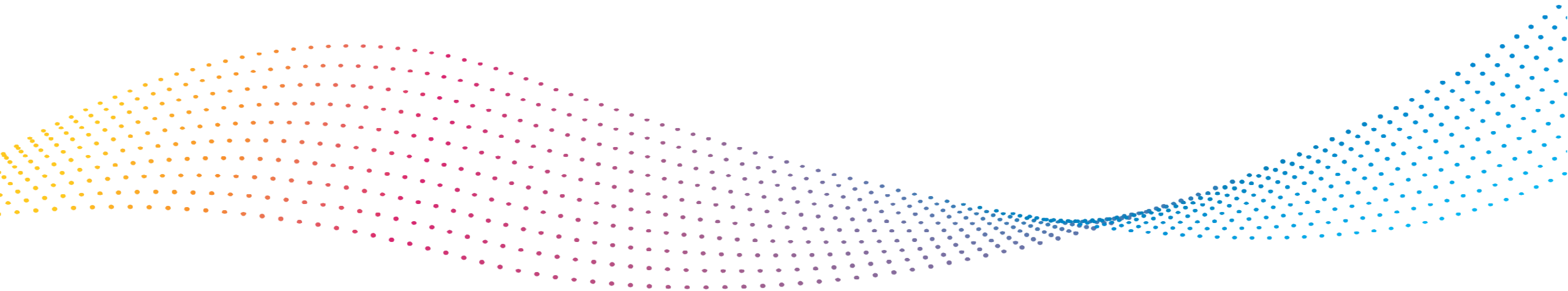


Provider Portal:

Claim Reconsiderations & Denial Explanations



Submit Reconsideration

The screenshot shows the 'Claim Details' page for a denied claim. At the top, the 'Claims' tab is selected in the navigation bar, indicated by a red arrow. Below the navigation bar, the 'Reconsider Claim' button is highlighted with another red arrow. The claim status is 'Denied', and a progress bar shows 'Claim Accepted' (green checkmark), 'In Process' (green checkmark), and 'Denied' (red X). The 'Service Lines' table below contains one entry:

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Payment Amount | Payment Date | Check No. | Status | Payment Codes |
|------|------------|-------|---|-----------|------------------|----------|----------------|--------------|-----------|--------|---------------|
| 1 | 01/22/2019 | 99213 | S82132 D, S82112 D, W010X XD | | 22 | \$160.00 | \$0.00 | 02/01/2019 | | VOID | L6 |

- Within the Claims tab, navigate to the Claim Details page of a paid or denied claim.
- The **Reconsider Claim** button will be visible unless a web-initiated reconsideration is already in progress.

Submit Reconsideration – Notice Enhancement

Reconsider Claim [X]

Claim No: 1

For reconsiderations only. Not for appeals/Claim disputes.
Example: If an authorization was not obtained and/or you need to review
for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type

Select Reconsideration Type...

Cancel Submit Reconsideration →

- Select **Reconsider Claim** to open Reconsider Claim pop-up window with a Reconsideration type dropdown.

Submit Reconsideration – Select Reconsideration Type

- From the dropdown, select a Reconsideration Type.
 - Examples:
 - “Denied for Global/Unbundled Procedure”
 - “Denied for Untimely Filing”
 - “Other”

Reconsider Claim
Claim No 5025NEE07212

Reconsideration type
Select Reconsideration Type...

- Select Reconsideration Type...
- Denied for a Global/Unbundled Procedure
- Denied for Untimely Filing
- Denial Related to an Authorization
- Claim Paid at the Incorrect Amount
- Coordination of Benefits (COB)
- Co-insurance/Co-pay/Deductible Applied Incorrectly
- Emergency Department Services Consent Form
- Denial Related to Itemized Billing
- Other

Member Name: [REDACTED]
Member ID: [REDACTED]
Member DOB: [REDACTED]

Service Lines

| Line | DOS | Proc | Di | Modifiers | Place of Service | Charged | Payment Amount | Payment Date | Check No. | Status | Payment Codes |
|------|------------|-------|---|-----------|------------------|----------|----------------|--------------|-----------|--------|---------------|
| 1 | 01/22/2019 | 99213 | S62132 D S62112 D W010X X0 | | 22 | \$160.00 | \$0.00 | 02/01/2019 | | VOID | L6 |

Please Note: Claims Tracker is only for Reconsiderations. Providers are not to use this for Appeals

Submit Reconsideration – Enter Information

HERITAGE HEALTH nebraska total care

Viewing Claims For: [Dropdown] Nebraska Total Care [GO] [Upload EDI] [Create Claim]

Back to Claims **Claim Details**

Claim #: [Redacted] : Denied

+ Copy Claim / Correct Claim / Reconsider

Member

Member Name: [Redacted]
Member ID: [Redacted]
Member DOB: [Redacted]

Service Lines

| Line | DOS | Proc | Dx | Mod | Check No. | Status | Payment Codes |
|------|------------|-------|---|-----|-----------|--------|---------------|
| 1 | 01/22/2019 | 99213 | S82132 D. S82112 D. W010X XD | | | VOID | L6 |

Reconsider Claim

Claim No 9025NEE07212

Reconsideration type
Denied for Untimely Filing

Notes
Brief Explanation
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed interdum et ipsum eget tempor. Fusce suscipit in nulla sit amet accumsan. Aenean lectus nibh, pretium ac dui sit amet, ullamcorper fermentum elit.

Upload Documents
Proof of Timely Filing attachment Required
Choose Files

Uploaded files
SampleAttachment.JPG

Note: Please upload files less than 5MB each and supported File Formats are PDF, ttf, tif, Jpeg

Cancel Submit

- Ability to add notes and upload documents.
 - The form is dynamic; depending on the dropdown item selected, notes and/or documents may be required.

Email Updates

The screenshot shows the 'Reconsider Claim' modal form in the HERITAGE HEALTH nebraska total care portal. The form is titled 'Reconsider Claim' and includes the following fields and options:

- Claim No. [Redacted]
- Reconsideration Type: Other
- Notes: Brief Explanation Required. Text area containing 'Test'.
- Upload Documents: Choose Files button.
- Uploaded Files: SampleFile1.jpeg, SampleFile2.pdf
- Email Updates: Check here to receive email status updates for this reconsideration. (Indicated by a red arrow)
- Note: Please upload files less than 5MB each and supported file formats are PDF, TIFF, TIF, JPEG, JPG
- Buttons: Cancel, Submit (Indicated by a red arrow)

The background shows the 'Claim Details' page with a 'Denied' status and a table of claim items:

| Line | DOS | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|-------|--------------------|--------------|--------------|--------|---------------|
| 1 | | \$0.00 | 03/26/2019 | | DENY | 6N, Ku |
| 2 | 11/23 | \$0.00 | 03/26/2019 | | DENY | 46, Ku |

- Providers may opt in or out of email updates using the **Email Updates checkbox**
- Email Updates are triggered when Reconsideration Letters are posted
- Provider's email address populates from portal
 - Not editable on form
- Emails will only generate for submitted cases
- Select **Submit** after populating all required fields.

Submit Reconsideration – Updated Tracker

The screenshot shows the 'Claim Details' page for a 'Reconsideration' claim. A green success banner states 'Your Reconsideration request has been submitted Successfully.' The progress tracker shows the following steps: Claim Accepted (green checkmark), In Process (green checkmark), Denied (red X), Submitted (green checkmark), and Outcome TBD (grey circle). A bracket labeled 'RECONSIDERATION' spans the Submitted and Outcome TBD steps. A red arrow points to the 'Reconsideration' status, another to the success banner, and a third to the 'Outcome TBD' step in the tracker.

Member

Member Name: [REDACTED]
 Member ID: [REDACTED]
 Member DOB: [REDACTED]

Provider

Ref/Act No.: [REDACTED]
 Servicing Provider: [REDACTED]
 Servicing NPI: [REDACTED]

Claim

DOS Range: 01/22/2019 - 01/22/2019
 Received Date: 01/25/2019
 Billed Amount: \$160.00

Service Lines

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Payment Amount | Payment Date | Check No. | Status | Payment Codes |
|------|------------|-------|---|-----------|------------------|----------|----------------|--------------|-----------|--------|---------------|
| 1 | 01/22/2019 | 99213 | S62132 D, S62112 D, W010X XD | | 22 | \$160.00 | \$0.00 | 02/01/2019 | | VOID | L6 |

- Upon submission, a success banner will be displayed.
- The tracker graphic will be updated to reflect that a reconsideration is in progress.
- **Reconsider Claim** button is no longer available.

Additional Attachments

HERITAGE HEALTH nebraska total care

Eligibility Patients Authorizations Claims Messaging Test Etest

Viewing Claims For: [dropdown] Nebraska Total Care GO Upload EDI Create Claim

Back to Claims Claim Details

Claim # [redacted] Denied

+ Copy Claim Correct Claim

RECONSIDERATION

Claim Accepted In Process Denied In Process Outcome TBD

| Created Date | Type | Current Status | Reference Number | Tools |
|--------------|------------------------|----------------|------------------|------------------|
| 06/05/2019 | General Correspondence | OPEN | [redacted] | [paperclip icon] |


Member Provider Claim

Member Name: [redacted] Ref/Acct No.: [redacted] DOS Range: [redacted]

Member ID: [redacted] Servicing Provider: [redacted] Received Date: [redacted]

Member DOB: [redacted] Servicing NPI: [redacted] Billed Amount: [redacted]

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|------------|-------|------|-----------|------------------|----------|--------------------|--------------|--------------|--------|---------------|
| 1 | 11/23/2018 | J7620 | J449 | | 12 | \$156.75 | \$0.00 | 03/26/2019 | | DENY | 6N,Ku |
| 2 | 11/23/2018 | Q0513 | J449 | | 12 | \$33.00 | \$0.00 | 03/26/2019 | | DENY | 46,Ku |

- Select the **paperclip**  icon in the Reconsideration Details table to view and add additional references/attachment(s) to on-going reconsideration cases

Additional Attachments – View Files

HERITAGE HEALTH nebraska total care

Viewing Claims For: [Redacted] Nebraska Total Care GO Upload EDI Create Claim

Back to Claims Claim Details

Claim # [Redacted] Denied

Copy Claim Correct Claim

Upload/View Files for Reference Number: [Redacted]

Upload Documents

Choose Files

Note: Please upload files less than 5MB each and supported formats are PDF, TIFF, TIF, JPEG, JPG

Previously Uploaded Files

- SampleFile1.jpeg_05_June_2019
- SampleFile2.pdf_05_June_2019

Cancel Submit

Member Name: [Redacted] Ref/Acct No.: [Redacted] DOS Range: [Redacted]

Member ID: [Redacted] Servicing Provider: [Redacted] Received Date: [Redacted]

Member DOB: [Redacted] Servicing NPI: [Redacted] Billed Amount: [Redacted]

Service Lines

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|------------|-------|------|-----------|------------------|----------|--------------------|--------------|--------------|--------|---------------|
| 1 | 11/23/2018 | J7620 | J449 | | 12 | \$156.75 | \$0.00 | 03/26/2019 | | DENY | 6N, Ku |
| 2 | 11/23/2018 | Q0513 | J449 | | 12 | \$33.00 | \$0.00 | 03/26/2019 | | DENY | 46, Ku |

- Files will appear with original file name and appended date
 - Special characters removed
- Files can be downloaded and opened by clicking on the document name

Additional Attachments – Upload Files

HERITAGE HEALTH nebraska total care

Eligibility Patients Authorizations Claims Messaging Test/Retest

Viewing Claims For: [Redacted] Nebraska Total Care GO Upload EDI Create Claim

Back to Claims Claim Details

Claim # [Redacted] Denied

+ Copy Claim Correct Claim

Upload/View Files for Reference Number: [Redacted]

Upload Documents

Choose Files SampleFile3.jpeg SampleFile4.jpeg SampleFile5.jpeg

Note: Please upload files less than 5MB each and supported file formats are PDF, TIFF, TIF, JPEG, JPG

Previously Uploaded Files

- SampleFile1.jpeg_05_June_2019
- SampleFile2.pdf_05_June_2019

Cancel Submit

Member ID: [Redacted] Servicing Provider: [Redacted] Received Date: [Redacted]

Member DOB: [Redacted] Servicing NPI: [Redacted] Billed Amount: [Redacted]

Service Lines

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|------------|-------|------|-----------|------------------|----------|--------------------|--------------|--------------|--------|---------------|
| 1 | 11/23/2018 | J7620 | J449 | | 12 | \$156.75 | \$0.00 | 03/26/2019 | | DENY | 6N,Ku |
| 2 | 11/23/2018 | Q0513 | J449 | | 12 | \$33.00 | \$0.00 | 03/26/2019 | | DENY | 46,Ku |

- Selected documents will display next to the **Choose Files** button
- Each submission is limited to 5 files
- There is no limit on the number of successive submissions

Additional Attachments – Success Banner

HERITAGE HEALTH nebraska total care

Eligibility Patients Authorizations Claims Messaging Test Etetest

Viewing Claims For: [dropdown] Nebraska Total Care [GO] [Upload EDI] [Create Claim]

Back to Claims **Claim Details**

✖ Claim # [redacted] Denied

+ Copy Claim Correct Claim

✔ Your attachment has been submitted successfully.

RECONSIDERATION

Claim Accepted In Process Denied In Process Outcome TBD

Reconsideration Details

| Created Date | Type | Current Status | Reference Number | Tools |
|--------------|------------------------|----------------|------------------|-------------------|
| 06/05/2019 | General Correspondence | OPEN | [redacted] | [print] [refresh] |

Member **Provider** **Claim**

Member Name: [redacted] Ref/Acct No.: [redacted] DOS Range: [redacted]

Member ID: [redacted] Servicing Provider: [redacted] Received Date: [redacted]

Member DOB: [redacted] Servicing NPI: [redacted] Billed Amount: [redacted]

Service Lines

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|------------|-------|------|-----------|------------------|----------|--------------------|--------------|--------------|--------|---------------|
| 1 | 11/23/2016 | J7620 | J449 | | 12 | \$156.75 | \$0.00 | 03/26/2019 | | ✖ DENY | 6N,Ku |
| 2 | 11/23/2018 | Q0513 | J449 | | 12 | \$33.00 | \$0.00 | 03/26/2019 | | ✖ DENY | 46,Ku |

- Upon successful upload of files, a success banner is displayed

Additional Attachments – View Files

The screenshot shows the Centene Claims Management System interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Test Elsest. Below this, a dropdown menu shows 'Viewing Claims For:' followed by 'Nebraska Total Care' and a 'GO' button. There are also 'Upload EDI' and 'Create Claim' buttons.

The main content area is titled 'Claim Details' and shows a 'Claim #' field with a red 'x' icon and the status 'Denied'. There are buttons for '+ Copy Claim' and 'Correct Claim'. A green notification bar states 'Your attachment has been submitted successfully.'

An 'Upload/View Files for Reference Number:' modal window is open, showing an 'Upload Documents' section with a 'Choose Files' button. Below this, a note reads: 'Note: Please upload files less than 5MB each and supported file formats are PDF, TIFF, TIF, JPEG, JPG'. Under 'Previously Uploaded Files', there is a list of five files:

- [SampleFile1.jpeg_05_June_2019](#)
- [SampleFile2.pdf_05_June_2019](#)
- [SampleFile4.jpeg_05_June_2019](#)
- [SampleFile5.jpeg_05_June_2019](#)
- [SampleFile3.jpeg_05_June_2019](#)

A red arrow points to the first file name. At the bottom of the modal are 'Cancel' and 'Submit' buttons.

Below the modal, the 'Claim Details' page shows fields for Member Name, Member ID, Member DOB, Request No., Servicing Provider, Servicing NPI, Bus. Range, Received Date, and Billed Amount. At the bottom, there is a 'Service Lines' table:

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|------------|-------|------|-----------|------------------|----------|--------------------|--------------|--------------|--------|---------------|
| 1 | 11/23/2018 | J7620 | J449 | | 12 | \$156.75 | \$0.00 | 03/26/2019 | | DENY | 6N, Ku |
| 2 | 11/23/2018 | Q0513 | J449 | | 12 | \$33.00 | \$0.00 | 03/26/2019 | | DENY | 46, Ku |

- To view files, navigate back to pop-up by clicking the **paperclip icon**
- Files can be downloaded and opened by clicking on the document name

Reconsideration Letters

HERITAGE HEALTH nebraska total care

Eligibility Patients Authorizations Claims Messaging Test Etelet

Viewing Claims For: [dropdown] Nebraska Total Care GO Upload EDI Create Claim

Back to Claims Claim Details

Claim # [redacted] Denied

+ Copy Claim Correct Claim

RECONSIDERATION

Claim Accepted In Process Denied In Process Outcome TBD

Reconsideration Details

| Created Date | Type | Current Status | Reference Number | Tools |
|--------------|------------------------|----------------|------------------|-----------------|
| 06/05/2019 | General Correspondence | OPEN | [redacted] | [document icon] |

Member Provider Claim

Member Name: [redacted] Ref/Acct No.: [redacted] DOS Range: [redacted]

Member ID: [redacted] Servicing Provider: [redacted] Received Date: [redacted]

Member DOB: [redacted] Servicing NPI: [redacted] Billed Amount: [redacted]

Service Lines

| Line | DOS | Proc | Dx | Modifiers | Place of Service | Charged | Total Check Amount | Payment Date | Check Number | Status | Payment Codes |
|------|------------|-------|------|-----------|------------------|----------|--------------------|--------------|--------------|--------|---------------|
| 1 | 11/23/2018 | J7620 | J449 | | 12 | \$156.75 | \$0.00 | 03/26/2019 | | DENY | 6N,Ku |
| 2 | 11/23/2018 | Q0513 | J449 | | 12 | \$33.00 | \$0.00 | 03/26/2019 | | DENY | 46,Ku |

- Select the **Reconsideration Letter** < [document icon] > icon to view letters associated to a reconsideration case

Reconsideration Case Letters

- Files can be downloaded and opened by clicking on the document name

HERITAGE HEALTH nebraska total care

Eligibility Patients Authorizations Claims Messaging Tyrion Lannister

Viewing Claims For: [redacted] Nebraska Total Care GO Upload EDI Create Claim

Back to Claims Claim Details

Claim # [redacted] Denied

+ Copy Claim Correct Claim

Your Reconsideration request [redacted]164NEW00002 has been submitted successfully.

Reconsideration Letters for Reference Number: [redacted]

No records found

Claim Accepted In Process Denied In Process Outcome TBD

Reconsideration Details

| Created Date | Type | Current Status | Reference Number | Tools |
|--------------|---------------------------------------|----------------|------------------|--------|
| 06/13/2019 | Denied for Global/Unbundled Procedure | Open | [redacted] | [icon] |

| Member | Provider | Claim | Most Recent Payment | |
|----------------------------|-----------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Member Name: [redacted] | Ref/Acct No.: [redacted] | DOS Range: [redacted] | Payment Date: [redacted] | Granted Claim Amount: [redacted] |
| Member ID: [redacted] | Servicing Provider: [redacted] | Received Date: [redacted] | Check Number: [redacted] | Total Check Amount: [redacted] |
| Member DOB: [redacted] | Servicing NPI: [redacted] | Billed Amount: [redacted] | Check Dated: [redacted] | |