

(Please note, <u>this is not the process for a corrected claim</u>. Corrected claims can be submitted through the same process as submitting a new claim using our WebConnect tool and designating the claim as a corrected claim.)

- 1. The Provider logs into the Secure Provider Portal Medicaid Web Portal (MWP).
- 2. Click on Tasks from the banner on the top



3. Click on Claims Search located in the left pane under "Tasks".

Hello (Provider Relatio	n Admin)	
Home My Account Tasks	Administration	
	Users & Tasks & Author	
	About Authorizatio	on Search
	You can see which ser	vices your provider(s) have asked us po
Tasks	Search Authorizat	ions
Authorization Search	Note: Please enter Membe	r last name or Provider last name, then use sub-
Claims Search	Member/Provider Infor	rmation
Search Remittances	Member Last Name	Member Last Name
Search Members	Provider Last Name	Provider Last Name
Search Panel Roster		•
Search Providers		5
Health Tools		
	and the second second	



4. The **Provider Name** should default to the logged in provider. Enter **Claim ID**, and click the **search** button at the lower right.

Hello (Provider Relation	Admin)					Home Help	D FAQ	Sign Out	^
Home My Account Tasks	Administration								
	Home Tasks Claims	Search							
	About Claims Searc	ch							
	You can view your clain	ns to see which services your	provider(s) has	billed and if they've been pai	id.				I
Tasks	Search Claims								Ш
Authorization Search	Member/Provider Inform	mation		Claim Information					
Claims Search	Member Last Name	Member Last Name	٩	Claim ID	Enter Cla	im ID	×		Ш
Search Remittances	Member ID	Member ID		Claim Type	Claim Ty	pe	~	1	Ш
Search Members	Provider Last Name	Provider Last Name	٩	Claim Status	Claim Sta	atus	~		Ш
Search Panel Roster	Provider ID	Defaults to Provider		Check Number	Check Nu	umber			н
Search Floviders				Service Date Range					
Health Tools				Date From (mm/dd/yyyy)	Date From	n (mm/dd/yyyy))	-	
				Date To (mm/dd/yyyy)	Date To (mm/dd/yyyy)			
						Search	h Can	cel	~
<							<i></i>		~

- 5. The Search results grid will load.
- 6. The Provider will see **"Claim Deliverable"** link under the **Claim Deliverable** column in the Search results grid. Click on the **Claim Deliverable** link to begin the Dispute process for the selected claim.

About Claim	is Search										^
This page lists Download the	claim records m claim list using th	atching your in te icon links on	put criteria the page.	. Se	lect the Claim	Number to	di	splay the de	tails of the cla	im. You can Pr	int or
Search Clai	ms										
Bearch Res	ults (1)										•
Claim ID	Check No	Claim Type	Member Name	¢	Paid Date	Provider Name	¢	Claim Status	Total Billed Amount	Total Paid	Claim Deliverabl
		Professiona I	in the second se			OLIN, KEVIN S		OPENL	\$235.00	\$124.98	Claim Deliverabl
Showing 1 -	1 of 1 results									1	



- 7. This will take the Provider to the **Upload Claim Deliverables** screen.
- 8. Most of the information on the screen will be 'Auto populated' based on the claim number
- 9. Provider will select a **Type of Claim Resubmission (Dispute)** from the dropdown and enters the information in the relevant Mandatory fields;
 - a. Submitter's First Name,
 - b. Submitter's Last Name, &
 - c. Submitter's Phone Number

his form is only for resubmissions, which do not	require a Corrected Claim. All Resubmissions require supporting documenta	ation. This form shall not be used to submit Grievances and Appe
Claim Number 14210E32035	Type of Claim ResubmissionSelect	NPI 1043293632
Provider Name OLIN, KEVIN S	Submitter's First Name	Submitter's Last Name
Submitter's Phone Number	Provider Street Address 6225 S Rural Rd Ste 111	Provider City Tempe
Provider State AZ	Provider ZIP 85283	Provider Contact Number 4807207488
Remittance Advise Date	Date of Service (From) 04/02/2014	Date of Service (To) 04/02/2014
Amount Billed 235.0000	Amount Paid 124.9800	Member Name QSYSYT33, PQOFJS32
Member ID 932865088	Comments	

10. The **Comments** field is a mandatory input required, *when* the selected Type of claim Resubmission (Dispute) is "Other"

his form is only	for resubmissions, which do not r	equire a Corrected Claim. All Resubmissions require supporting docu	imentation. This form shall not be used to submit Grievances and Appe
Claim Number	14210E32035	Type of Claim ResubmissionSelect	▶ NPI 1043293632
Provider Name	OLIN, KEVIN S	Submitter's First Name	Submitter's Last Name
Submitter's Phor	ne Number	Provider Street Address 6225 S Rural Rd Ste 111	Provider City Tempe
Provider State	AZ	Provider ZIP 85283	Provider Contact Number 4807207488
Remittance Advi	se Date	Date of Service (From) 04/02/2014	Date of Service (To) 04/02/2014
Amount Billed	235.0000	Amount Paid 124.9800	Member Name QSYSYT33, PQOFJS32
Member ID g	332865088	Comments	



11. The Provider can upload supporting documentation (any type of file) from here by clicking the "**Browse**" button and thus activating the Browse functionality.

his form is only	for resubmissions, which do not r	equire a Corrected Claim. All Resubmissions requir	e supporting documentation. This f	form shall not be	used to submit Grievances and Appe
Claim Number	14210E32035	Type of Claim ResubmissionSe	lect 🗸	NPI 10432936	532
Provider Name	OLIN, KEVIN S	Submitter's First Name		Submitter's Last No	ame
Submitter's Pho	ne Number	Provider Street Address 6225 S I	tural Rd Ste 111	Provider City T	empe
Provider State	AZ	Provider ZIP 85283		Provider Contact N	lumber 4807207488
Remittance Advi	se Date	Date of Service (From) 04/02/20	14	Date of Service (To) 04/02/2014
Amount Billed	235.0000	Amount Paid 124.9800		Member Name	QSYSYT33, PQOFJS32
Member ID	932865088	Comments			

On successful attachment of the supporting documentation, the Provider clicks
 "Submit" at the bottom and receives a Confirmation message window. Upon clicking
 "Yes" the provider receives a success message, completing the workflow for submission.

13. The Provider can view a previously submitted document (any type of file) from the below screen through clicking the link under the **Claim ID** column of the displayed grid, thus activating the **View Deliverable** functionality.

Aetna Better Health Premier Plan MMAI Online Provider Dispute: User Manual for Providers Page 4



<u>Claim ID</u>	Submitter Name	<u>File Name</u>	Submission Date	View Deliverable
15147C000417	Kevin Olin	SubmitGrievance-LA(4).pdf	3/6/2017 7:26:56 PM	
15147C000417	Kevin Olin	SubmitGrievance-LA(2).pdf	3/6/2017 6:24:16 PM	±
15147C000417	Kevin Olin	$adverselncident {\it Reporting} Instructions {\it Definitions-LA}(3).pdf$	3/6/2017 6:22:55 PM	±.
15147C000417	Kevin Olin		3/6/2017 6:21:50 PM	±.
15147C000417	Kevin Olin	Testing worddoc for Upload(2).docx	3/6/2017 3:51:30 PM	±.
2 3 4 5 6				

14. The submitted resubmission form is displayed, and the user can view the previously submitted information on the form and download the attachment by clicking the **Download File** button or through the **Button** below the **View Deliverable** column of the displayed Grid

Resubmission Form	×
Claim Number(s):	14210E32035
Type of Claim Resubmission:	Medical Records Required
NPI:	1043293632
Provider Name:	OLIN, KEVIN S
Submitter's name:	Tejas, Moola
Submitter's Phone Number:	7654329876
Provider Street Address:	6225 S Rural Rd Ste 111
Provider City:	Tempe
Provider State:	AZ
Provider Zip:	85283
Provider Phone Number:	4807207488
Date of Service (From):	4/2/2014 12:00:00 AM
Date of Service (To):	4/2/2014 12:00:00 AM
Remittance Advise Date:	
Amount Billed:	235.0000
Amount Paid:	124.9800
Member Name:	QSYSYT33, PQOFJS32
Member ID:	A125448789
Comments:	
	± Download File
	★ Close

- 15. Alternatively click **Close** button to exit.
- 16. The provider's Dispute submission will be reviewed and processed by claims operations team. Please note, there is no status provided of the Dispute on the tool. A remit will be sent with the new claim to the provider once the request has been processed.

Note – The Provider has to repeat the process from claim search to upload deliverables for another claim