

- 1 You can check for claim status on your HealthLINK Homepage by using last name or member ID

Novita, welcome back!



Scheduled maintenance

HealthLINK will be down for scheduled maintenance work and unavailable from Friday, December 14 at 6pm until Sunday evening, December 16.

TOOLKIT

Search Providers >

Check Eligibility >

View Referrals & Authorizations >

Manage Claims >

MEMBER ELIGIBILITY

Search for a member's eligibility.

Search By

Last Name

DOB Gender

Any

SEARCH & ADD CLAIMS

Search or add claims for a patient.

Search By

Last Name

Search Claims Add Claim

REFERRALS & AUTHORIZATIONS

Create a referral

Select referral type

YOUR DOCUMENTS

[View All Documents](#)

Find documents by searching or using the categories found below.

- 2 You can also check claim status by choosing the claim button in Office Management tab.

The screenshot shows the Johns Hopkins Medicine US Family Health Plan website. The top navigation bar includes 'HOME', 'SUPPORT', 'CONTACT', 'MESSAGES 0', and 'NOV'. Below the navigation bar are tabs for 'Patient Management', 'Office Management', 'Administration', and 'References'. The 'Office Management' dropdown menu is open, showing options: 'Eligibility', 'Claims' (highlighted with a red box), 'Referrals/Auths', 'Provider Directory', 'Code Lookup', 'Document Manager', 'Provider Tools', 'iExchange', and 'Whole Health Assessment'. The main content area has a 'Claim Status' tab selected, with a sub-tab 'Remittance Advice'. Below the tabs, there is a heading 'Claim Status' and a form with fields for 'Claim Number' and 'Date of Service' (with a calendar icon).

- 3 Key in the claim number. If you do not have the claim number, enter at least two search parameters, i.e., member ID number and date of service. Click Search.

The screenshot shows the 'Claim Status Search' form. It has two tabs: 'Claim Status' (selected) and 'Remittance Advice'. The form includes the following fields and options:

- Claim Number:** A text input field with a help icon.
- Date of Service:** A date range selector with a calendar icon, showing '01/01/2016' to '6/25/2019'.
- Patient Search Options:** Radio buttons for 'Last Name', 'Member ID' (selected), 'Patient Account Number', and 'Medicaid ID'. Below these is a text input field containing 'Test11000001' and a '(Patient List)' dropdown menu.
- Patient Information:** Text labels for '(Name Example - Smith, John)', '(ID Example - 55555555,44444444)', '(SSN Example - 555-55-5555, 444-44-444)', '(Medicaid ID Example - AA5555,AA44444)', and '(Medicare ID Example - 5555555,4444444)'. Note that the SSN example in the image contains a typo: '555-55-5555'.
- Provider Search Options:** Radio buttons for 'Last Name' (selected) and 'Provider NPI'. Below is a text input field with a help icon.

- 4 The claim status will be displayed. On this screen, you can see the claim number, status on the claim and payment information such as allowed amount, copay, deductible and if there is payment by other insurance.

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Coinsurance Amount	Copay Amount	Deductible Amount	COB Amount
T20160107160350013400	Finalized/Payment	Doe, John		7 Jan 2016	SWINNEN, LODE J.	\$460.93	\$188.27	\$0.00	\$40.00	\$0.00	\$0.00
T20160105160400012800	Finalized/Denial	Doe, John		5 Jan 2016 - 13 Jan 2016	Non Par Provider	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
T20160105160470034900	Finalized/Payment	Doe, John		5 Jan 2016		\$250.00	\$112.59	\$0.00	\$0.00	\$0.00	\$0.00

- 5 To see why a claim is denied, you have to click on the claim number and the denial remark will be displayed

Payor Remarks

▶ Remark	2016010516040001280000012016010597014	MA_NCR_Y59 PROCEDURE CODE INVALID FOR MEDICARE ADVANTAGE PLAN-MEMBER NOT LIABLE
▶ Remark	2016010516040001280000022016010597012	MA_NCR_M11 MISCELLANEOUS NON MEDICARE AND NON PLAN SERVICES
▶ Remark	2016010516040001280000032016010598941	MA_NCR_H55 THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A MEDICAL NECESSITY BY THE PAYER
▶ Remark	2016010516040001280000042016011397014	MA_NCR_Y59 PROCEDURE CODE INVALID FOR MEDICARE ADVANTAGE PLAN-MEMBER NOT LIABLE
▶ Remark	2016010516040001280000052016011397012	MA_NCR_M11 MISCELLANEOUS NON MEDICARE AND NON PLAN SERVICES

▶ Indicates non-standard HIPAA data element

- 6 You can also pull remit using HealthLINK. Go to the “Remittance Advice” tab on your claim screen and enter the check number you want to view.

Claim Status | **Remittance Advice**

Remittance Advice

By Provider SELECT PROVIDER

By Patient

By Patient Account Number

By Remittance Advice Check Number

By Date Check Date From: To:

You can also search by using a date range

Claim Status | **Remittance Advice**

Remittance Advice

By Provider SELECT PROVIDER

By Patient

By Patient Account Number

By Remittance Advice Check Number

By Date Check Date From: To:

Once you click search, it will bring you to the screen with the check information

Claim Status **Remittance Advice**

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Remittance Advice Search Result

Check Number	Check Date	Payment	Payor	Vendor Name	Vendor Address	Tax ID Number
200001563	10 Mar 2016	\$562.95	Johns Hopkins HealthCare LLC	JOHNS HOPKINS UNIV REFERENCE LAB	PO BOX 64478 BALTIMORE, MD 21264	520595110

On the same screen you will see a button where you can print RA Report

[View Audit](#) [RA Report](#)

You can click on the button and the report will be available in your Document Manager in 30 minutes

OFFICE MANAGEMENT ▾ **ADMINISTRATION** ▾ **REFERENCES** ▾

Your report is currently processing and will take time to complete.
It will be delivered to your **Document Manager** when it is complete which may be 30 minutes or more.