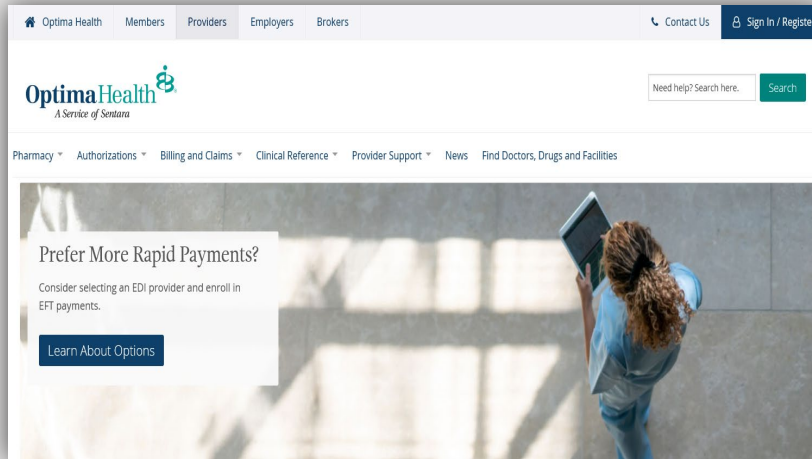




View Claim Status/Submit Reconsideration On-Line

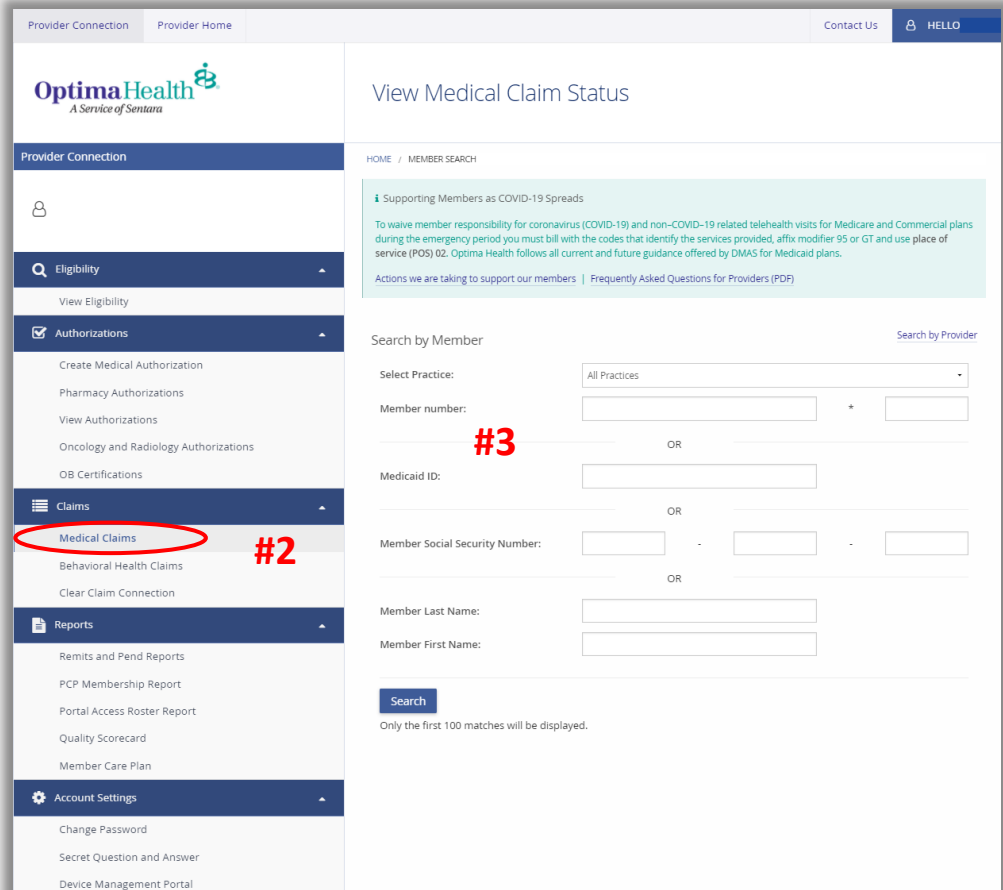
www.optimahealth.com/providers

**Step #1 -
Log into
Provider
Connection**



**Step #2 –
Select
Medical
Claims**

**Step #3 –
Create a
Member
Search**



**Step #4 –
Select
Member
Number to
bring up
claims
submitted for
the member.**

View Medical Claim Status

HOME / MEMBER SEARCH RESULTS

Medical Claim Status Search Results [Search by Provider](#)

You searched for:

- Claims for:
- Member ID

[New search](#)

Member Name	Member Number	Status	Date of Birth	Primary Medical Provider

**Step #5 –
Listing of
claims
submitted for
member.
Select claim
to be
Reviewed or
Reconsidered**

View Medical Claim Status

HOME / CLAIM RESULTS

Medical Claim Status Search Results [Search By Member](#)

You searched for:

- Claims for:
- Member ID:

[Perform a new search](#)

Claim Number	Claim Status	Date Of Service	Member Name	Provider Name
	DENIED	2019-02-25		
	PAID	2019-02-25		

**Step #6 – View
claim details.**

OR

Reconsider Claim.
Reconsider the
Entire Claim.
**PLEASE NOTE:
BEHAVIORAL
HEALTH CLAIMS
CANNOT BE
RECONSIDERED
ON-LINE, THEY
MUST BE MAILED.**

Medical Claim

Member Name:	
Medicaid ID:	
Member ID:	
Claim Number:	
Date(s) of service:	
Practice name:	
Provider name:	
Claim status:	
Payment Sent to:	
Payment Sent on:	
Check Number:	
Total charges:	
Total not covered:	
Total covered:	
Total deductible:	
Total copay/coinsurance:	
Total paid by plan:	
Patient responsibility:	
Comments:	

Need a Reconsideration of this claim [Reconsider Claim](#)

Step #7 – Begin Reconsideration. Select Inquiry Reason and add remarks.

View Medical Claim Status

HOME / CLAIM RECONSIDERATION

Inquiry Reason

CPT **Correct Charges** Place Of Service
 Diagnosis Quantity ***Other
 Taxonomy

Provider Remarks

Briefly describe problem and action requested (Limited to 80 Characters):

[Continue](#)

***Please Note: If the "Inquiry Reason" you select is "Other" you must enter Provider Remarks in the section above. Selecting "Other" will take you through a paper based reconsideration process, by selecting any other "Inquiry Reason" button will take you through an electronic submission process. Electronic submission will allow for provider notes if entered in section above.

Please Note: If selecting "other" the paper based reconsideration process must be followed.
 Claims submitted with Medical Records must be mailed.

Step #8 – Make changes as needed on electronic claim & select Continue.

View Medical Claim Status

HOME / CLAIM RECONSIDERATION

Claim Information: <input type="text"/>		1a. Insured's Member ID: <input type="text"/>	
2. Patient's Name: <input type="text"/>		3. Patient Birth Date: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	
5. Patient's Address/Phone: <input type="text"/>		6. Patient's Relationship: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other	
City <input type="text"/>	State <input type="text"/>	7. Insured's Address: <input type="text"/>	
Zip Code <input type="text"/>	Phone <input type="text"/>	8. Reserved For NUCC Use	
9. Other Insured's Name: <input type="text"/>		10. Patient Condition Related To: <input type="text"/>	
9a. Other Insured's Policy or Group Number: <input type="text"/>		10a. Employment: <input type="radio"/> Yes <input type="radio"/> No	
9b. Reserved for NUCC Use: <input type="text"/>		10b. Auto Accident?: <input type="radio"/> Yes <input type="radio"/> No	
9c. Reserved for NUCC Use: <input type="text"/>		10c. Other Incident?: <input type="radio"/> Yes <input type="radio"/> No	
9d. Insurance Plan Name: <input type="text"/>		10d. Claim Codes: <input type="text"/>	
12. Patient's or Authorized Person's Signature: <input type="text"/>		11. Ins. Policy Group or FECA #: <input type="text"/>	
Signed: <input type="text"/> Date: <input type="text"/>		11a. Insured's Date of Birth: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY Sex: <input type="radio"/> M <input type="radio"/> F	
14. Date of Current Illness, Injury, or Pregnancy(LMP): <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY QUAL <input type="text"/>		15. Other Date: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY QUAL <input type="text"/>	
17. Referring Physician: <input type="text"/>		16. Dates Patient Unable to Work: From: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY To: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	
17a. Referring Physician ID: <input type="text"/>		18. Hospitalization Dates: From: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY To: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	
17b. Referring Physician NPI: <input type="text"/>		13. Insured's Signature: <input type="text"/>	
19. Additional Claim Information: <input type="text"/>		20. Outside Lab? \$Charges <input type="text"/>	

PLEASE NOTE: When Submitting paper claims IN BOX 19 add Reconsideration or Corrected Claim including the Original Claim number.

SELECT



Continue

Clear

Step #9 –
Select **YES**
when ready
to submit

View Medical Claim Status

HOME / CLAIM RECONSIDERATION

Are You Ready to Submit?

Once you submit a reconsideration, you cannot make edits, add or delete information. Please make sure all of your changes are complete and accurate.

Submit Now?

Yes No

Claim reconsiderations that require medical records and Behavioral Health Reconsiderations must fill out the Reconsideration Form on the website.

Mail to:

Medical Claims to: P.O. Box 5028, Troy, MI 48007-5028; mail
Behavioral Health claims to: P.O. Box 1440, Troy, MI 48099-1440.
Facilities/Providers with EPIC Access in the Comment Box as well as make
reference to the original claim to be considered.