

How to submit an eClaim Part A in eMedicaid

eMedicaid URL - <https://encrypt.emdhealthchoice.org/emedicaid/>

Must be a Participating Maryland Medicaid Provider with an established eMedicaid Account.

If you do not have an eMedicaid Account please refer to [How to register for eMedicaid](#) to get started.

Administrators will need to authorize eclaim Part A services to all users that will be submitting claims.

For instructions of how to manager users please refer to [How to manage eMedicaid Accounts](#) .

1. Log into Maryland Department of Health's eMedicaid Site with your provider ID and Password.





Welcome to our site!

If you are not a Maryland Medicaid provider or their representative, please visit our [home page](#).

Healthcare Professionals:

This site provides secure online services for Maryland Medicaid Providers where you can verify recipient eligibility, obtain payment information and Remittance Advice (RA).

Step 1: Apply to participate in Maryland's Medicaid Program as a Medical Care Provider through ePREP. please select 'go!' next to Step 1. 

Step 2: If you already have a Medicaid Provider Number, Register to use this site. Check [eMedicaid User's guide](#) for help. 

Step 3: Sign in!

[Creating and Managing eMedicaid Accounts.](#)

[eMedicaid User's guide](#)

[EVS Help](#)

[eClaim Overview](#)

[eClaim Tutorial](#)

[eClaim PartB Tutorial](#) 

[New Password Info](#)

[MFA Tutorial](#)

Sign In

User ID:

Password:


[Forgot Your Password?](#)

For best results when using this site, do not use your browser's "Back" button for navigation.

2. Signing in will take you to the home page.

This page provides the different services available under your account. Please click on eClaim (UB04 Part A) to begin entering a claim.



You are currently signed in as 
Last sign in: 03/24/2025 08:29:44 [sign out](#)

[Update Your Profile](#)
[View Your Transaction History](#)
[NDC Unit of Measure List](#)
[Provider Information](#)
[Who is my site administrator?](#) 






... brought to you by the Maryland Department of Health

Remittance Advice (EOB)

Provider Number	Practice Address	Most Recent Check Amount	Remittance Advice Date for this Check	View Remittance Advice
				<div>-- Select date -- </div>

 eClaim(UB04 PartA)	Claim Lookup	Recipient Eligibility Verification
Presumptive Eligibility	Newborn Enrollment	

This page you can submit a new claim or search all the claims previously submitted.



You are currently signed in as
[sign out](#)

eClaim (Part A / CMS UB04)

1. In order to submit a new claim, choose from which location you will submit the claim(if applicable).
2. To view the past claims click on the claim history link.
3. Delete this test new branch

Browser: Chrome; Version: 134
Chrome is supported

Provider Name: [REDACTED]

Provider Base Number: [REDACTED]

Provider Location: [REDACTED]

New Medicare Crossover Claim:

User type is 'Provider User': You can search all claims which you have submitted

Claim No.:	<input type="text"/>	Claim Version:	<input type="text"/>	Recipient MAID:	<input type="text"/>	<input type="button" value="Find Claim"/>
Prov Base Num:	<input type="text"/>	Date Start >=	<input type="text"/>	Recip First Name:	<input type="text"/>	
Prov Loc:	<input type="text"/>	Date End <=	<input type="text"/>	Recip Last Name:	<input type="text"/>	
Status:	--Claim Status-- ▾	ICN:	<input type="text"/>			

Number of results: 3

Emedicaid Claim Number	Claim Version	Recipient MAID	Recipient First Name	Recipient Last Name	Provider No.	Submitter	Submit Time
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3. To start an eClaim Part A lookup the recipient by entering the Recipient MA ID. This will pre-populate all the recipient details that was Previously entered under your provided id.

NOTE: Usage notes are available to assist in completing the form.
You can always hide this display by clicking on the box next to Usage Notes

[sign out](#)

eClaim(Part A / CMS form UB04)

Step 1 Recipient Information
- If the patient has visited this office before, use the lookup function to autofill recipient information.
- Only the characters listed in the table below are allowed.


a..z	A..Z	0-9	'	#	/	@	&	.	-	spaces
------	------	-----	---	---	---	---	---	---	---	--------

Recipient Lookup/Auto Fill Recipient Information

11 digit Medical Assistance Number (MAID):

UB04 HEALTH INSURANCE CLAIM FORM

[UB04 BILLING GUIDE](#)
[BILLING REFERENCE](#)

Usage Notes 

- Labels highlighted in yellow are required fields.
- Labels highlighted in peach are *sometimes* required fields.
- You can start in the first field and tab to the bottom of the form.
- Field 67 consists of two fields next to each other. Ditto with a few other fields.
- MAID lookup (above - the "Lookup" button) will load fields 8-11 and 60 line 3 if you've already submitted a claim for that recipient. Otherwise, the lookup will only confirm whether the MAID is in the system and will put the last name in field 8b.
- COB fields (fields 50-65): each line is one record. It highlights in green when you click in a COB field to highlight this fact.
- If you hover over a field (and have not checked the "Disable mouse-over help messages"), it will give you information about what to put in that field.
- Clicking the plus sign in a square next to certain fields will add more rows.

Attention IE Users

- The hide tooltips check box is checked because if you uncheck it, drop-down lists don't work.
- Fields 31-41: The "code" fields have drop-down lists associated with them. The date fields have date picker drop-downs associated with them. They don't open and close correctly when tabbing through the fields. You should click on blank spaces on the form to make them disappear, and click in the fields, rather than tabbing into them, to make them appear.

- Required Fields:
- 3a. PAT. CTRL#
4. TYPE OF BILL
6. STATEMENT COVER PERIOD: FROM AND THROUGH
8. PATIENTS NAME
10. BIRTH DATE
14. ADMISSION: TYPE
14. ADMISSION: SRC
17. STAT
39. VALUE CODES: CODE, AMOUNT
- (There are 2 boxes for amount: 1st box enter dollars and 2nd box enter cents)

6

b. Enter the Pat. CNTL #

Hover over the box to see details on the field and required format.

	3a. PAT. CNTL #	12345678912	4	TYPE OF
	b. MED REC #		13	▼
	5 FED TAX NO.			
		01/01/2025	01/10/2025	
S	a			

Patient control number. Required. Enter the patient's unique alphanumeric control number assigned to the patient by the hospital. A maximum of 20 positions will be returned on the remittance advice to the provider.

c. Enter the EOB details:

Required Fields:

38. EOB Summary Information: Medicaid Paid Date and Medicare Paid Amount

a) Total Deductible

b) Total Coinsurance

c) Total Copay

42. REV CD.

45. SERV. DATE

46. SERV. UNITS

47. TOTAL CHARGES

EOB Summary Information													
Medicare Paid Date:		03/01/2025		A. Total Deductible:		0							
Medicare Paid Amount:		257		B. Total Coinsurance:		65							
				C. Total Copay:		0							
42 REV CD.	EOB	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49		
1	0915						01/01/2025	1 Unit ▾	378 69		1		
2	0915						01/02/2025	1 Unit ▾	378 69		2		
3	0915						01/03/2025	1 Unit ▾	378 69		3		
4	0915						01/04/2025	1 Unit ▾	378 69		4		
5								▾			5		
6								▾			6		
7								▾			7		
8								▾			8		

d. Enter the Payer details.

Required Fields:

50. PAYER NAME

58. INSURED NAME (Enter name in “c”)

60. INSURED UNIQUE ID (Enter MAID in “c”)

66. Principal Diagnosis code

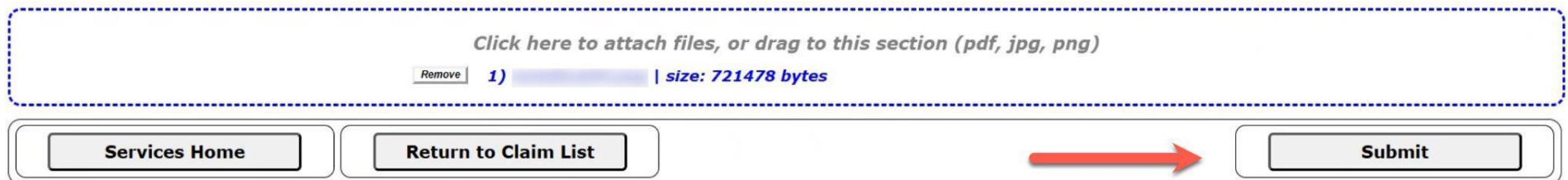
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	1184712085	
A	Medicare									57	45100	
B	Secondary payer									OTHER		
C	MARYLAND MEDICAID			Y	Yes					PRV ID		
58 INSURED'S NAME			59 P.REL	60 INSURED'S UNIQUE ID			61 GROUP NAME		62 INSURANCE GROUP NO.			
A	First Name	Middle	Last Name									
B	First Name	Middle	Last Name									
C	Tinker	Middle	Bell	18 Self	34245672441							
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME				
A												
B												
C	Prior Auth #: Enter DHMH 3808 Document Number (if applicable)											
66 DX	t82110a	7		A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q			

- e. To attach a file to the claim. Click the box and select a file or drag and drop a file to this box. Attachment is required. Attachments formats only; PNG, PDF, JPG.



The screenshot shows a web interface for attaching files. At the top, there is a dashed blue rectangular box containing a red arrow pointing to the right and the text "Click here to attach files, or drag to this section". Below this box is a solid white rectangular box. At the bottom of the interface, there is a horizontal bar containing three buttons: "Services Home", "Return to Claim List", and "Submit". A faint "Activate Windows" watermark is visible in the bottom right corner.

- f. Once all the required details are entered with the attachment, submit the eClaim by clicking on submit button as shown below.



The screenshot shows the same web interface as above, but with a file attached. Inside the dashed blue box, the text "Click here to attach files, or drag to this section (pdf, jpg, png)" is present. Below this text, there is a small "Remove" button, followed by the text "1)" and a blue bar, and then the text "size: 721478 bytes". At the bottom, the "Services Home" and "Return to Claim List" buttons are on the left, and the "Submit" button is on the right. A red arrow points from the "Return to Claim List" button towards the "Submit" button.

g. Successful submission you will be provided a date and time stamp and a Claim Number for reference.

Click here to attach files, or drag to this section (pdf, jpg, png)

CLAIM SUCCESSFULLY SUBMITTED AT: 2025-03-14 11:50:11.435. CLAIM NUMBER: 250733000002, VERSION: 1

[Services Home](#)

[Return to Claim List](#)

[Submit](#)

h. Any errors in the submission you will receive the below error message displaying the respective claim field number (see number is box for reference) with the error and a brief description. Resolve all errors and re-submit the claim.

Claim Submittal Results

Run number: 185

Errors:

- 1) Missing field 3: patient control number
- 2) Field 4: Missing type of bill
- 3) Field 67: Missing principal diagnosis code
- 4) Error 982415: Claim data did not pass rules check

Warnings: None

Info Messages: None

[Services Home](#)

[Return to Claim List](#)

[Submit](#)