Using eClaim Service:

- When the authorized user logs in to the eMedicaid site, a new link “eClaim” will appear on the page.

  - Click on the eClaim link to navigate to “Claim Home” page.
  - User can submit new claim, view recently submitted claims or search the claim history.
  - If the user is authorized to submit claim from only one location, that location is pre-selected.
  - In order to submit a new claim the user must:
    - click on “New Claim” button, however,
    - if the user is authorized to submit claims from more than one location, all authorized locations are displayed in a drop down list and the user must select the location from which he is submitting the claim and then click “New Claim” button.
  - If the user has submitted claims from any of the authorized locations in the past, the recently submitted claims will appear on the screen. Only the most current 100 claims are displayed in the “Recently Submitted Claims” box. The list can be sorted by clicking on the column name. Optionally, the list can be exported to Excel file.
### New Claim

**Provider Name:** Provider Name  
**Provider Base Number:** 1234567  
**Provider Location:** 00

- [New Claim]

---

### Recent claims submitted by test1 lobtest

7 recent claims found, displaying all recent claims:

<table>
<thead>
<tr>
<th>Claim Num</th>
<th>HADM</th>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>Prov Num</th>
<th>Submitter</th>
<th>Submitted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>190420000005</td>
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<td>190140000002</td>
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</tbody>
</table>

- [Export Excel]
Submitting a new claim

- If you are authorized to submit claims from more than one locations, you must select the location from where you are submitting the claim.

- If you are authorized to submit claim from only one location, that location is pre-selected.

- Click on “New Claim” button. It will navigate to “Recipient Information” page.

- Complete the recipient information on this page. Patients Last Name, First Name and Medical Assistance (MA#) number are required fields. MA# must be reported in block 9a.

Auto Fill Recipient Information

- If you have submitted a claim for this patient from one of the authorized locations before, you can auto fill recipient information.

  o Type in the recipient’s MA# number in “Recipient Lookup” box and click “Lookup” button. If patient’s information is found, the system will populate and auto-fill the information. You should verify the auto filled information before continuing. Some fields on this form are not auto filled and you must type in the information manually (if applicable).

  o If the patient’s information is not found, it will display a message. You can continue typing the recipient information manually.

  o The auto-fill only searches data that was previously entered by your sites. No validation of Recipient is done.

- Once the recipient information is entered, click “Continue” button.
If everything is valid, it will navigate to “Service Information” page.
HEALTH INSURANCE CLAIM FORM (2)

14. DATE OF CURRENT ILLNESS:
   (MM/DD/YYYY)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE:
    (MM/DD/YYYY)

16. DATES PATIENT WAS UNABLE TO WORK IN CURRENT OCCUPATION:
    (MM/DD/YYYY)
    FROM TO

17. NAME OF REFERENCING PROVIDER OR OTHER SOURCE
   (Last Name, First Name, Last Initial)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES:
    (MM/DD/YYYY)
    FROM TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE HOSP.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY
    (Select Items 1, 2, 3 or 4 to Item 25E by line)

22. MEDICAL REASON/INJURY CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE:
   From (MM/DD/YYYY) To (MM/DD/YYYY)

   PROCEDURE/SERVICE OR SUPPLIES

   NDC

   1

   2

   3

   4

   5

   Clear

Add More Service Lines
• Some fields on this page are required for certain provider types only. Depending upon your provider type, you will be asked to provide the information. To see what fields should be entered, you can simply click “Continue” button on “Service Information” page. All required fields will be highlighted with red border and appropriate validation message will appear at the top of the screen.

• Five service lines are displayed on this page. If you need more service lines, select the number of lines that you need to add from the drop down list and click on the “Add More Service Lines” button.

• You cannot delete service lines; however, you can clear the data of any service line by clicking on “Clear” button on the right side of the service line.

• All blank service lines are disregarded.

• If you do not know the appropriate “Place of Service Code”, you can click on the “Look-up” link next to the box. Click on the desired place of service and it will populate that code in the field. If you already know the Place of Service Code, you may type it in the box.

• If you need to enter “NDC” information in a service line, click on “NDC” button or click on the long text box next to “NDC” button. It will open another window where you can provide up to 5 NDC information. Remember, the qualifier N4 is already filled for you. Do not include N4 in Drug NDC Code. When you are done, click “Ok”. The NDC information will be filled in the long text box.

• If you have already filled the NDC and need to update the information, repeat the procedure above.
When you are done entering all service information, click “Continue” button.

A summary page will be displayed which will allow you to review the information that you have entered. If you need to make any changes, click on “Make Changes” button.

If no changes are required, agree to Electronic Signature and click “Submit” button and wait for the “Transaction Confirmation” page.
• Each claim is assigned a unique 12 digit claim number.

• While you are on the confirmation page, if you want to submit another claim from the same location, click on “New Claim From This Location” button.

• If you want to submit claim from another location or want to view the recently submitted claim, click on “Claim Home” button.
View the submitted claim
You can view the recently submitted claim on “Claim Home” page. Click on the claim number link to view the detail.

- By default, it displays the compact version of the claim. You can click on “Click Here to View Detail” link to view the detailed information.
- You can search the past claims by clicking on “Claim History” button. Remember: the search result will display only the claims from the locations that you are currently authorized to submit claims. If you are authorized to submit claims from location 0 and location 1 then the search result will display all the claims that matched your search criteria in location 0 and location 1.
IMPORTANT INFORMATION

• **Once you submit a claim, it cannot be modified.** As soon as you submit the claim, it will be transferred to the claim processing system for adjudication. Claims go through final adjudication on the Saturday after they are submitted.

• Claims received by 1:00 PM on Thursday will be processed in the weekly payment cycle. Any necessary changes due to State holidays, will be posted on the main eMedicaid page.

• The disposition of all claims including those entered on this site can be viewed in the Remittance Advice which is available Monday morning.

If you have questions, please send them to: [mdh.eMedicaidMD@maryland.gov](mailto:mdh.eMedicaidMD@maryland.gov). You can expect a response within three business days.