

This job aid describes how to:

Void a claim after it has been paid by MassHealth. •

Access Inquire Claim Status

From the **POSC** home page:

Provider Services

- 1. Click Manage Claims and Payments.
- 2. Click Inquire Claims Status. The Claims Search panel displays.

MassHealth Provider Online Service Center



If you suspect that the security of your account has been compromised, please contact the MassHealth Customer Service Center at 1-800-841-2900

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

Registered User?	Would like to enroll as a provider?	Need more information?
Login	Enroll Now	FAQs

Enter Search Criteria

For more effective claim searching, enter as much search information as possible.

From the Claims Search panel:

- 3. Select **Provider ID** from the dropdown list.
- 4. Enter the **Member ID**.
- 5. Enter From Date of Service and To Date of Service.

Note: Enter the exact date of service if known, or enter an **ICN**, which returns only the specific claim in the Search Results.

6. Click Search.

Provider Services	Inquire Claim Status						
> Home							
> Provider Search	Claims Search						
Manage Batch Files Manage Santice Authorizations	Plass select Provider ID						
> Manage Correspondence and							
Reporting	Provider						
> Manage Members	Inquire Claim Status Claims Search Provider ID Provider ID Provider ID To identify the member, please enter the following information: Member ID Please enter a Date of Service Range within a six-month span: From Date of Service To Date of Service ID You may request the status of a specific Internal Control Number (ICN) by entering all 13 characters as on your RA: ICN You may further tailor your request by entering the following: Original Billed Amount Claims Search Results Click on the Internal Control Number (ICN) link to view the Claim Details. ICN Member Name Status Paid \$43.29 \$169.00 06/29/2023						
 Manage Claims and Payments 	To identify the member places rates the following information:						
Enter Single Claim	To identify the member, please effet the following information.						
> Hearing Aid Member Search	Member ID						
> View PACE Payments							
> <u>View SCO Payments</u>	Please enter a Date of Service Range within a six-month span:						
> Manage Provider Information	From Date						
Reference Publications	of Service To Date of Service						
> News & Updates	07						
> Related Links	- UR						
	You may request the status of a specific Internal Control Number (ICN) by entering all 13 characters as on your RA:						
	You may further tailor your request by entering the following:						
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	Original						
	Amount						
	Amount						
	Clear Search						
	Claims Search Results						
	Click on the Internal Control Number (ICN) link to view the Claim Details						
	Ick of the internal control Number (forty link to view the claim betails.						
	ICM Menuber Manie Status Payments Charges PD05						
	Paid \$43.29 \$169.00 06/29/2023						
	Close						

From the Claims Search Results panel:

7. Select the paid claim to be voided.

Review the Claim Detail Panel

From the Claim Detail panel:

- 8. Review the claim status.
- 9. Click Void.

Home						_
Provider Search Manage Batch Files	Claim Detail					
Manage Service Authorizations	PI	ovider		Provider ID		
Reporting	Men	iber ID				
 Manage Members Manage Claims and Payments Enter Single Claim Inquire Claim Status Hearing Aid Member Search View PACE Payments View SCO Payments Manage Provider Information Administer Account Reference Publications News & Updates Related Links 	Patient Acc	ount #				
	Member	Name				
		ICN	l.			
	Charged A	mount \$332.00		Payment Amount	\$89.10	
	Statu	s Date 08/25/2023				
	Adjudicatio	n Date 08/24/2023		Service Date(s)	08/22/2023 - 08/22/2	2023
	Check Issu	e Date 08/29/2023				
	Claim	Status F1-FIN				
	HC Claim	Status				
	List Of Servi	ces				
	Detail	Service Code	Units	Charges	Paid Amount Statu	15
	91	58300	1.00	\$293.00	\$81.51 Paid	
	92	81025	1.00	\$39.00	\$7.59 Paid	
	Close Return	to Search Results		- Void (ony Replace Re-	S.O.To

From the Claim Confirmation panel:

10. Click Confirm.



If the void failed, be sure to verify that you are voiding the last claim that paid. You cannot void or adjust a denied claim.



MassHealth Provider Online Service Center