



Affinity Provider Portal Training Manual

Affinity Provider Portal

Claims Search

This page enables the user to perform a claim search by either entering up to ten (10) claim numbers at one time or narrowing the search criteria by clicking on the advanced search. The advanced search criteria differ between professional and ancillary/facility providers. Searches conducted with data elements other than date range only, can search for up to seven years of claims.

Advanced Search Criteria

Professional Providers

The following are the data elements required to conduct an advanced search:

1. Selecting the location
2. Member information
 - a. Affinity Member ID
 - b. Medicaid / CIN ID
 - c. Last Name
 - d. Date of Birth (DOB)
3. Check number
4. Patient Control Number
and/or
5. Date range – searches only will return up to 18 months of data

The following control buttons performs the function:

1. Search - Clicking on the button shall perform the search against the backend system
2. Cancel - Clicking on the button shall enable the user to navigate to the home page
3. Clear – Clicking on the button shall clear the entries

The screenshot shows the 'Claims Search' interface with the 'Advanced Search' section expanded. At the top, there is a checkbox for 'Advanced Search' with a link '(Click to narrow your search criteria)'. Below this, a note states: 'Note: if you enter the last name of the member, you must also enter the date of birth.' The form contains several input fields: 'Select Location' (a dropdown menu currently set to 'All'), 'Patient Control #' (a text input), 'Last Name' (a text input), 'Check #' (a text input), 'Affinity Member Id' (a text input), 'Medicaid / CIN ID' (a text input), 'Date of Birth' (a date picker set to 'MM/DD/YYYY'), 'Claims From' (a date picker set to '02/22/2016'), and 'Claims To' (a date picker set to '08/22/2017'). At the bottom of the form are three buttons: 'Search' (highlighted in red), 'Cancel', and 'Clear'.

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Facility Providers

The following are the data elements required to conduct an advanced search:

1. Select the Link Groups
2. Select the Provider
3. Member information
 - a. Affinity Member ID
 - b. Medicaid / CIN ID
 - c. Last Name
 - d. Date of Birth (DOB)
4. Check number
5. Patient Control Number
and/or
6. Date range

The following control buttons performs the function:

1. Search - Clicking on the button shall perform the search against the backend system
2. Cancel - Clicking on the button shall enable the user to navigate to the home page
3. Clear – Clicking on the button shall clear the entries

The screenshot displays the 'Claims Search' interface. At the top, there is a red header with the text 'Claims Search'. Below this, a checkbox labeled 'Advanced Search' is checked, with a red link '(Click to narrow your search criteria)'. The main search area is titled 'Advanced Search' and contains the following elements:

- A red instruction: *Search by Member criteria AND/OR Date Range. NOTE: If you enter the last name of the member, you must also enter the date of birth.*
- Two columns of input fields:
 - Left Column:** 'Linked Groups' (dropdown menu with 'All' selected), 'Affinity Member Id' (text input), 'Last Name' (text input), 'Patient Control #' (text input), 'Claims From' (date input with '02/01/2017' and a calendar icon).
 - Right Column:** 'Select Location' (dropdown menu with 'All' selected), 'Medicaid / CIN ID' (text input), 'Date of Birth' (text input with 'MM/DD/YYYY' placeholder and a calendar icon), 'Check #' (text input), 'Claims To' (date input with '02/28/2017' and a calendar icon).
- A red instruction: *AND / OR enter a date range below*
- At the bottom, three buttons: 'Search' (red), 'Cancel' (grey), and 'Clear' (grey).

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Claims Search - Result

This section enables the user to view the details of the claims search conducted. The claim search results are displayed at the bottom of the claims search page.

Listed below are the lines of business an end user can perform a search for:

1. Medicaid (ME)
2. Child Health Plus (CHP)
3. Essential Plan (EP)
4. Enriched Health (HARP)
5. Medicare Advantage (MA)
6. Qualified Health Plan (QHP)

The following fields are displayed:

1. Claim # - hyperlinks to the details of the claim
2. Member Name – hyperlinks to the member eligibility details page
3. LOB (Lines of Business)
4. Service Date
5. Servicing Provider – hyperlinks to the provider details page
6. Claim Status
7. Location
8. Charged Amount

The user can scroll back and forth thru pages by clicking on any of the various options provided

1. “Arrow” buttons (“<”) (“>”)
2. “Previous” and/or “Next”
3. Select one of the numbers

Note: The “Back to Search” button allows the user to return to the “Claim Search” page.

Claims Search Results								Click column header to sort
Claim #	Member Name	LOB	Service Date	Servicing Provider	Claim Status	Location	Charged Amount	
TMG17193M033800	Jose Garcia	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Denied	111 E 210TH ST.	\$165.00	
TMG17182M088100	Rajdai Oudal	MA	02/28/2017	Gitkind, Andrew I.	Denied	111 E 210TH ST.	\$1,188.04	
TMG17180M010400	Rajdai Oudal	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Denied	111 E 210TH ST.	\$395.00	
TMG17173M071400	Angelita Justiniano	MA	02/28/2017	RAJDEV, LAKSHMI N.	Denied	1095 EASTCHESTER RD.	\$688.00	
TMG17161M103100	Cristobal Roman Sanchez	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Paid	111 E 210TH ST.	\$2,376.51	
TMG17161M040400	Margaret Lloyd	MA	02/28/2017	TENORE, PETER L.	Paid	1510 WATERS PLACE.	\$254.40	
TMG17161M038200	America Martinez Santiago	MA	02/28/2017	CHAITOWITZ, MARK H.	Paid	600 E 233RD ST.	\$510.14	
TMG17159M038500	Rajdai Oudal	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Denied	111 E 210TH ST.	\$395.00	
TMG17159M037500	Clement Hamilton	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Paid	111 E 210TH ST.	\$7,576.33	
TMG17136M027000	Ahmed Faridi	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Paid	111 E 210TH ST.	\$175.00	
TMG17131M026200	Francisco Mercado	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Paid	111 E 210TH ST.	\$839.65	
TMG17131M019400	Margaret Lloyd	MA	02/28/2017	MONTEFIORE MEDICAL CENTER	Paid	111 E 210TH ST.	\$38,064.62	
TMG17129M100700	Ahmed Faridi	MA	02/28/2017	CHAE, KRISTINA S.	Paid	3444 KOSSUTH AVE.	\$688.00	
TMG17123M044600	Salvador Valle-montalvo	MA	02/28/2017	Palmares, Francine A.	Paid	1825 EASTCHESTER RD.	\$464.53	
TMG17119M058100	Juliette Roserie James	MA	02/28/2017	Oza, Sandra K.	Denied	3444 KOSSUTH AVE.	\$254.40	

24422 Claims matched your search criteria but only 200 records were returned. Please narrow your search criteria to limit the results.

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Claims Search Details

This page enables the user to view detailed information for the claim selected in the results page.

The following fields are displayed within each section:

Claims Detail Section

1. Claim #
2. Service Date
3. Billed Amount
4. Status of Claim
5. Processed Date
6. Check Number
7. Check Issue Date

Servicing Provider Section

1. Provider Name – hyperlinks to “Provider Details” page
2. Provider Type
3. NPI
4. Street Address
5. City
6. County
7. State
8. ZIP
9. Office Phone
10. Other Phone
11. Fax

Member Details Section

1. Member Name – hyperlinks to “Member Details” page
2. Affinity Member ID - will be 9-digits alpha-numeric for MA, ME, EP, and HARP, and 11-digits for QHP
3. Date of Birth
4. Gender
5. Medicaid/CIN#
6. Account Number
7. Medical Record Number

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Service Lines Information Section

1. Svc Ln – Service Line
2. Service Date
3. Diag – Diagnosis Code
4. Rev – Revenue Code
5. Proc Cd – Procedure Code
6. Mod 1 – Modifier to the procedure code
7. Units
8. Charge Amount
9. Denied Amount
10. Allowed Amount
11. Copay
12. Payment Amount
13. Remark Code

Remarks Explanation

1. Remark Code –EOC (Evidence of Coverage) Code
2. Remark Code Description

Note: The “Back to Search” button allows the user to return to the “Claim Search” page.

Claim Details

Claim # 1283987362	Service Date 10/07/2016
Billed Amount \$680.00	Status Completed
Processed Date 10/09/2016	Check # 123
Check Issue Date 10/09/2016	

Servicing Provider

Provider Name Sun, Derek D	Provider Type PCP – Internal Medicine (MD)
NPI 625273839	Address 123 Front Street
City Flushing	State NY
County Queens	Zip 123
Office Phone 718-555-0934	Other Phone 718-555-1123
Fax 718-555-8776	

Member Details

Member Name Smith, John	Affinity Member ID 232220966778
Date of Birth 01/01/1980	Gender Male
Medicaid / CIN # 11100098976	Account Number 223898098
Medical Record Number 336272625	

Service Lines Information

Click column header to sort

SVCLN	Service Date	DIAG	REV	Proc Cd	Mod 1	Units	Charge Amount	Denied Amount	Allowed Amount	Copay	Payment Amount	Remark Code
1	10/12/16 - 10/12/16	R02		9924	25	1	\$95.00	\$10.00	\$109.96	\$0.00	\$109.96	PHL
2		R01		9834		1	\$500.00	\$287.47	\$215.50	\$0.00	\$175.50	PHL

*PHL - Protected Health Information. This data cannot be displayed in order to protect the privacy of our members.

Remarks Explanations

Code	Remark Code Description
PHL	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.

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