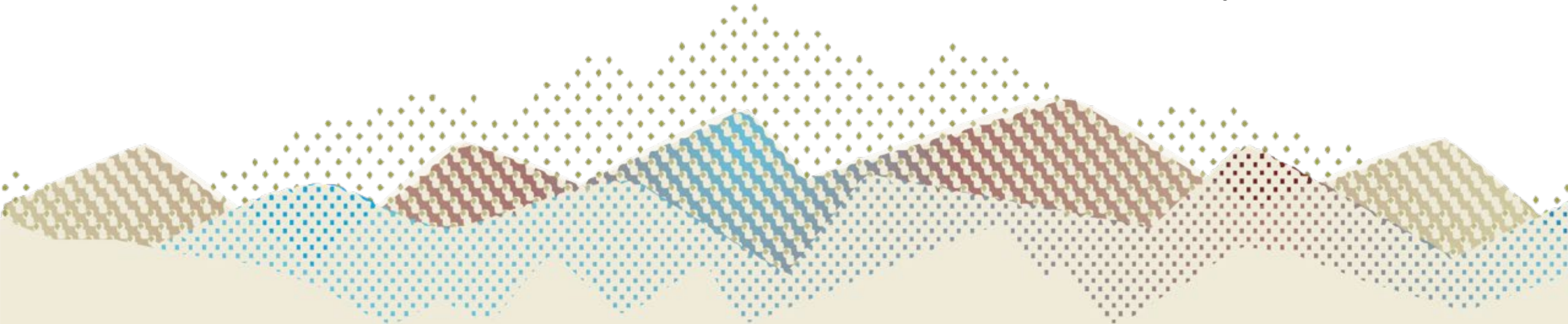


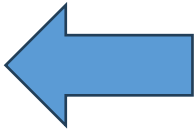
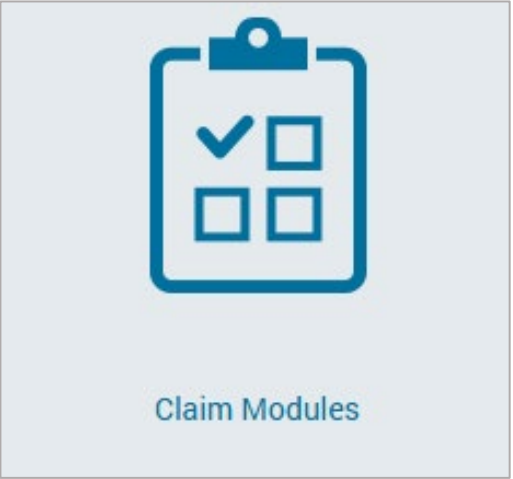
# Claims Module

How to Use Submodules:

Claims Search, EOP Remittance Advice, and the PDR System



# Claims Submodules



# Claim Search



Use the dropdown menu to find the appropriate affiliations, then click **Select Provider Profiles**.

PHC - Claim Search

**Claim Search**

Search for affiliations... **Select Provider Profiles**

CIN :

Last Name:

First Name:

Date of Birth:

Claim Control Number:

Date of Service Range: From  To

**Search** **Clear**

**Search Help!**

Below is the search Criteria with the Date of Service

- 1.CIN (for e.g.: 9999999999)
- 2.Last Name OR First Name AND Date of Birth
- 3.Claim Control Number

Please Note: Billed Amounts will display specific to the Date(s) of Service within your search criteria.

Once search criteria is entered, click the **green search button**.



# Claim Search (continued)

Member#	Member Identifier/ CIN	Member Name	Gender	Date of Birth	Program	Actions
					Medi-Cal	<a href="#">Select</a>



Searching by member information such as **Member CIN number, name, or date of birth** will pull up the member at the bottom of the screen. Click the **green select button** to see the claims associated with that member.

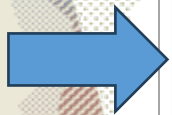
**Claims Detail**

**Member Demographics**

Member#: [REDACTED] Member Name: [REDACTED]  
Person#/CIN: [REDACTED] Phone: [REDACTED]  
DOB / Sex: [REDACTED] Medi-Cal Case# / HCFA#: [REDACTED]  
Address: [REDACTED] Member eEligibility: [Click Here](#)

Claim Number	Claim Type	Member ID	From Date Of Service	To Date Of Service	Affiliation#	Service Provider Name	Date Paid	Billed Amount	Amount Paid	Status	Letters
000000000000	M	[REDACTED]	12/13/2024	12/13/2024	[REDACTED]	CLINIC	01/03/2025	\$400.00	\$0.00	Approved	

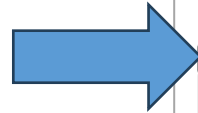
Page size: 10 1 items in 1 pages



Once the claims have populated, click on the claim number to the left to view the claims summary.

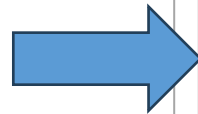
# Claim Search (continued)

To view all line items associated with a claim, click the **“Expand All”** button




Click on the **green square** to **download** an excel sheet of the claims data

You can view each line item individually by clicking on the **arrows** in the lefthand column



### Claims Summary


  
Back

Claim Type : M      Member Name : ██████████      Claim Number : ██████████  
 Date Of Service : 04/23/2024      Charge Amount : \$286.00

Expand All
■

Line#	Date	Count/ Days	Proc	LC	EX	Check Number	Charge(\$)	Allow-P(\$)	Deny	Coins(\$)	SOC/ Ded(\$)	Tax(\$)	Pay(\$)	write-off(\$)
0100	04/23/2024	1/0	80053	81	10	██████████	\$69.00	\$24.35	\$0.00	\$0.00	\$0.00	\$0.00	\$24.35	\$44.65
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>                     Business Program: MC                      PCP: DIRECT MEMBER                      Auth#: ██████████                      Location: 81                      Procedure Code(s) 80053                      Charges(\$): \$69.00                      M-Allow: \$0.00                      TPP-Allow: \$0.00                      Deduct (\$): \$0.00                      Paid Date: 5/13/2024                 </div> <div>                     Covers: - 4/23/2024                      NS: NN                      Claims Received Date: 5/3/2024                      +U: 0                      Modifier 1 / 2: QW/                      Diag Code: Z79899 , D509                      ExCode: 10                      M-Pay: \$0.00                      TPP-Pay: \$0.00                      Contractual Adjustment: \$44.65                 </div> </div>														
> 0200	04/23/2024	1/0	85025	81	10	██████████	\$51.00	\$17.89	\$0.00	\$0.00	\$0.00	\$0.00	\$17.89	\$33.11
> 0300	04/23/2024	1/0	83550	81	10	██████████	\$48.00	\$18.26	\$0.00	\$0.00	\$0.00	\$0.00	\$18.26	\$29.74
> 0400	04/23/2024	1/0	83540	81	10	██████████	\$43.00	\$15.16	\$0.00	\$0.00	\$0.00	\$0.00	\$15.16	\$27.84

**EX Codes and Descriptions**

Code	Description
3F	DENIED - AUTHORIZATION LIMITS ALREADY REACHED
8C	DENIED - INVALID MODIFIER FOR PROCEDURE
33	DENIED - THIS SERVICE IS AN EXACT DUPLICATE OF A PRIOR CLAIM

# Check Search



# Check Search



Claim Modules



Check Search

### eChecks Search

Check Number:

Payee:

Date From:

Date To:

#### Search Help!

Below is the search Criteria

1. Full Check Number (for e.g.: R20000000000)

OR

2. Payee Number(s) AND Date Range (Both From & To Dates)

If both Check number and Dates are entered, Search is performed on the Check Number

To perform Search by Payee number and Dates, leave the Check number empty

Select the desired **payees**, then enter either:

**12-digit check number** (beginning with R2) or **Date range**

Then click **Search Check(s)**. Check **information** will populate at the bottom of the screen.

Clicking on the check number will open the **check summary**, which includes all claims associated with the check.

Check Number	Date Paid	Amount Paid	Is EFT?	Status
<input type="text"/>	<input type="text"/>			
R2000	08/04/2025	\$ 124393.95	Yes	Paid by normal batch run. Check has cleared the bank
R2000	08/04/2025	\$ 1930.62	Yes	Paid by normal batch run. Check has cleared the bank
R2000	08/11/2025	\$ 4192.89	Yes	Paid by normal batch run. Check has cleared the bank
R2000	08/11/2025	\$ 73368.50	Yes	Paid by normal batch run. Check has cleared the bank



Click on the **Claim numbers** to view claim information.

Summary				
<b>Check Number:</b>	R2000		<b>Total Paid:</b>	124393.95
<b>Check Status:</b>	Paid by normal batch run. Check has cleared the bank		<b>Date Paid:</b>	8/4/2025
<b>Payee:</b>			<b>Total Claims:</b>	418

Claim Number	Member#	Member Name	Provider#	Service Provider
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
25				THERAPEUTIC SR
25				THERAPEUTIC SR
25				THERAPEUTIC SR
25				THERAPEUTIC SR

# Explanation of Payment (EOP) – Remittance Advice



# EOP Remittance Advice

Search the EOP by entering a **date range** and a **claim number**.  
To find the **entire remittance**, search only by **date range**.





Claim Modules



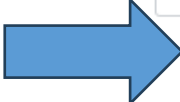
EOP - Remittance Advice

### EOP Search

EOP From Date:  

EOP To Date:  

Claim Number:



#### Search Help!

Below is the search Criteria to search EOP



1. From Date (for e.g.: mm/dd/yy) AND To Date (for e.g.: mm/dd/yy)
- 2.Claim Number

Note :12 months (8/1/2024 to 8/22/2025 ) of data available for review.  
For service outside this date range please contact PHC Claims department @ (707) 863-4130. for RAF,TAR and Claims transactions  
Please Note: Listed below is a preview of your EOP. If you require the entire EOP, please select "Load All Claims"

**Please Note:** The search parameters apply to all RA submodules, including:

- Affordable Care Act (ACA) Remittance Advice
- Prop 56 Remittance Advice
- Primary Care Access Initiative Payments (PCP AI)
- Targeted Rate Increase (TRI) Payments

# EOP Remittance Advice

PHC - Remittance Advice Paid/Denied [Back](#)  

[Load All Claims](#)

Provider Name:	<input type="text"/>	Control #:	<input type="text" value="Claim Control#"/>
Address:	<input type="text"/>	Patient Name:	<input type="text" value="FirstName OR LastName"/>
Check #:	<input type="text"/>	ID #:	<input type="text" value="Patient CIN#"/>
Run Date:	<input type="text"/>	<a href="#">Search in RA</a> <a href="#">Clear/Refresh</a>	
Payee #:	<input type="text"/>		

**Please note:** You must click the **load all claims button** prior to reviewing or printing the remittance. This ensures all claims processed on the remittance are captured and reflect accordingly.

Once your check comes up, you can view the **paid/denied claims** and **pending claims**.

Run Date	Check Run Type	Payee	Check#	Actions	Actions
6/6/2025	Medi-Cal	[REDACTED]	R2000000000	<a href="#">Paid/Denied Claims</a>	<a href="#">Pending Claims</a>

<b>Provider Name:</b> <b>Address:</b>  <b>Check #:</b> R2000-[REDACTED] <b>Run Date:</b> 8/1/2025 <b>Payee #:</b> [REDACTED]	<b>Control #:</b> <input type="text" value="Claim Control#"/>  <b>Patient Name:</b> <input type="text" value="FirstName OR LastName"/>  <b>ID #:</b> <input type="text" value="Patient CIN#"/>  <a href="#">Search in RA</a> <a href="#">Clear/Refresh</a>
---	--

You can **search** for specific claims within your EOP remittance advice by using the search fields on the following screen.

# Provider Dispute Resolution System (PDR)



A Public Agency



# Submitting a PDR



Claim Modules



Claim Search

### Claim Search

All items checked

CIN :

Last Name:

First Name:

Date of Birth:

Claim Control Number:

Date of Service Range: From

To

### Search Help!

Below is the search Criteria with the Date of Service

- 1.CIN (for e.g.: 9999999999)
- 2.Last Name OR First Name AND Date of Birth
- 3.Claim Control Number

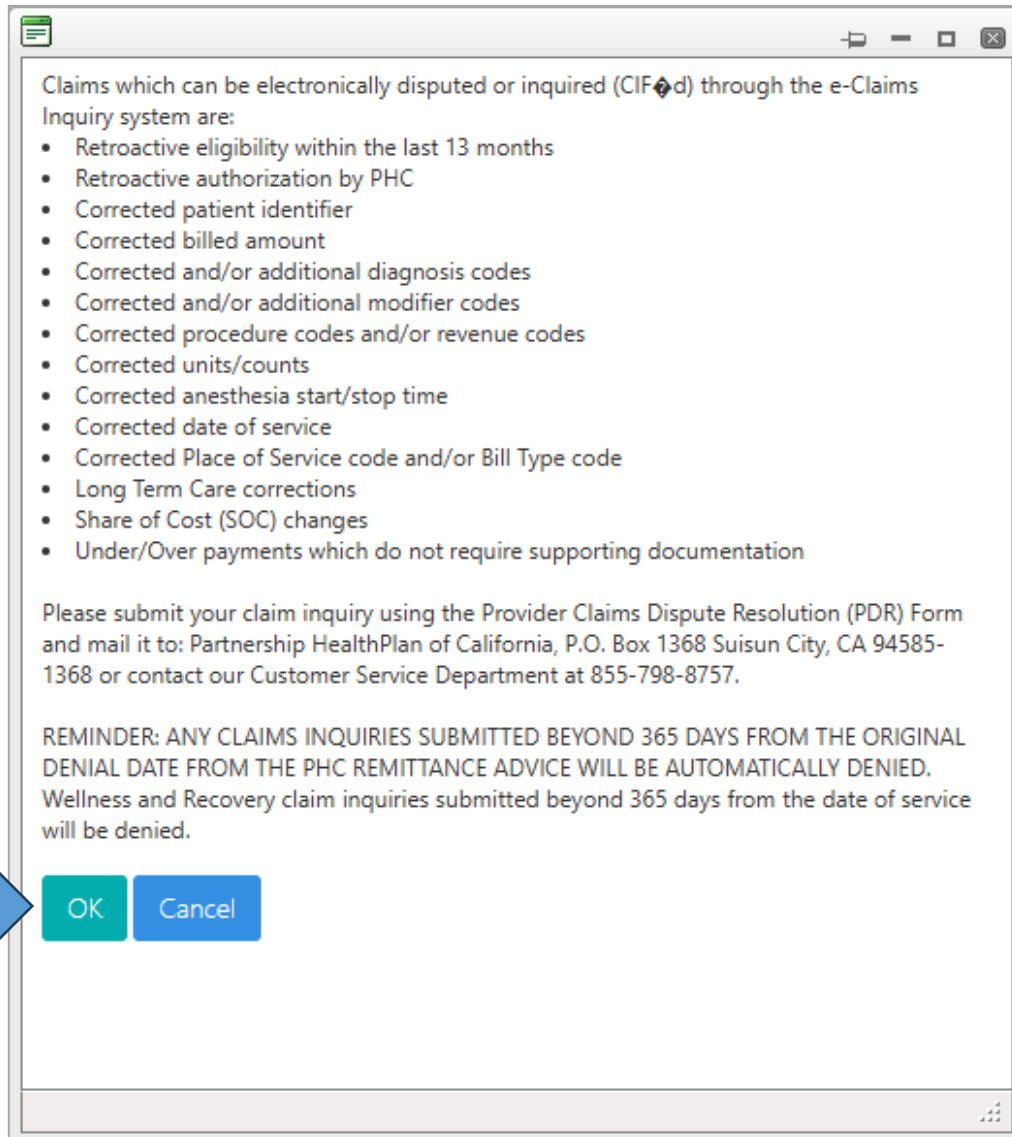
Please Note: Billed Amounts will display specific to the Date(s) of Service within your search criteria.

Select **Provider Profiles**, then search for your claim via **Claim Control Number** or **Date of Service AND** one of the following:

- **Member CIN Number**
- **First/Last Name AND Date of Birth**

Then click **Search**





After clicking **Submit PDR/CIF**, you will be met with this pop-up informing you of the different claim details that can be disputed.

Please read over this section, then click **OK** when you are ready to continue.

PHC - Claims Inquiry Form



PDR/CIF Details

PDR/CIF Number:

Retro Authorization#:

Bill Type (UB04 Only Box 4):

CCN Number:

Claim Type:

Type (UB04 Only Box 19):

Patient Details

Medi-Cal #:

Change Medi-Cal # to:

Retroactive eligibility within last 13 months:

Patient Name:

New Patient Name:

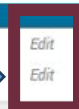
Provider Details

Medi-Cal ID:

Provider Name:

Service Lines

Line#	Date From	Date To	Proc Code(s)	LC	Charge(\$)	SOC/Ded(\$)	Pay(\$)	Counts/Units	Diagnosis	Modifiers	U+	Amount Expected	NDC Code	Edit	Delete
0100		1/23/2025	80048	81	59.00	0.00	20.21	1/0	Z01818_	QW/,	0			<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
0200		1/23/2025	85025	81	53.00	0.00	18.77	1/0	Z01818_	/,	0			<input type="button" value="Edit"/>	<input type="button" value="Delete"/>



Action Requested

Action:

Notify Me:

Email:

Phone:

Once you have made your edits, click Submit **PDR/CIF** at the bottom.

### Service Lines

Line#	Date From	Date To	Proc Code(s)	LC	Charge(\$)	SOC/Ded(\$)	Pay(\$)	Counts/Units	Diagnosis	Modifiers	U+	Amount Expected	NDC Code		
0100		7/1/2025								/,	0			Edit	Delete

#### Update ServiceLine:

Date Of Service From:

Date Of Service To:

Place of Service:

Proc. / Rev Code:

Surgical ProcCode:

Diagnosis Codes Primary:

Diagnosis Codes Secondary:

Primary Modifier:

Secondary Modifier:

NDC Codes:

Billed Amount:

Share Of Cost:

Units / Counts:

Payment Type:

+ Units:

Amount Expected:

On this screen, **only fill out the fields for the information you want to change.** In those fields, enter only the desired information.

Be sure to **save** any changes that you make to the service lines by clicking the **Save Changes to Service Line button** at the bottom of the screen.

Save Changes to Service Line

Cancel

**Please note:** It is not necessary to enter any information in any fields which you do not wish to change

- Additional Information
- Change/Add - Procedure Code/ HCPC/ REV/  
Accom Code
- Change/Add - Diagnosis Code
- Change/Add - Modifier
- Change/Add - Quantity/ Count
- Change/Add - A Remark to the claim (e.g.  
SBMD, 911, Pre-op, Trauma)
- Change/Add - Additional Charges (e.g. add a  
line to the claim)
- Change/Add - Attachments (EOB/ RX/  
Catalog/ Pricing)
- Change/Add - Date Change
- Change/Add - NDC
- Change/Add- Place of Service
- Overpayment - Duplicate payment
- Overpayment - Take back payment
- Retro Updates to - RAF
- Retro Updates to - TAR
- Retro Updates to - SOC
- Retro Updates to - Eligibility
- Underpayment

Select the **Action tab** and select all changes made to claim.  
Then click **Submit PDR/CIF** when complete.

Be sure to click **'notify me'** and enter your email address  
and phone number if you wish to be notified of the  
outcome of the PDR. This must be completed **before**  
submitting your PDR.

You can submit up to **two PDRs** on the provider portal.  
Any additional PDRs will need to be submitted by mail.

### Action Requested

Action:

Notify Me:

Email:

Phone:





PDR System (Claims CIF or Re-CIF)



# PDR/CIF Status Inquiry

- Enter the **PDR/CIF**
- Enter the **Date Range** for the CIF
- Select **PDR/CIF Status** from the dropdown menu
- Click **Search**



## PDR/CIF or PDR-Re-CIF Search

PDR/CIF or PDR/Re-CIF# :

Claim Control Number:

CIN :

PDR/CIF or PDR/Re-CIF submitted date range:

PDR/CIF or PDR/Re-CIF Status:

[Search](#)

[Clear](#)

### Search Help!

Below is the search Criteria

- 1.PDR/CIF or PDR/Re-CIF #
- 2.Claim Control Number
- 3.CIN #
- 4.PDR/CIF or PDR/Re-CIF submitted date range
- 5.PDR/CIF or PDR/Re-CIF Status

\*Your PDRs will populate on the bottom. Click **View** to see the details of the corresponding PDR



PDR/CIF or PDR/Re-CIF #	Status	Member CIN	Member Name	Submit Date	Submit By	Dt Response	view
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
C2	PDR/CIF Submitted			08/22/2025			<a href="#">View</a>
C2	PDR/CIF Submitted			08/21/2025			<a href="#">View</a>
C2	PDR/CIF Submitted			08/21/2025			<a href="#">View</a>





**Thank you!**