



USER CLAIM FILING & MANAGEMENT MANUAL

MINNESOTA SEXUAL ASSAULT EXAM PAYMENT PROGRAM
DEPARTMENT OF PUBLIC SAFETY, OFFICE OF JUSTICE PROGRAMS



TABLE OF CONTENTS

SUBMIT A CLAIM.....	2
VIEW THE STATUS OF A CLAIM.....	5
UPLOAD DOCUMENTATION.....	6
MANAGE/DELETE DOCUMENTS IN A CLAIM.....	9

MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

SUBMIT A CLAIM

- 1) On the [MSAEPP Provider Portal](#): Click on the drop-down menu for the Provider you wish to file a claim for. Select **Submit Claim** and click the **Go** button.

OFFICE OF JUSTICE PROGRAMS
Minnesota Sexual Assault Exam Payment Program Claims System

*DO NOT CLICK THE BROWSER BACK BUTTON
[My Account](#) | [Logout](#)

Dashboard

Providers

Name	Location Code	Status	Actions
Test Provider1	002	Approved	Submit Claim Go

Claims
You have no Claims in our system at this time.

Add New Provider

- [Request Access to Submit Claims for New Provider](#)

- 2) Enter all the information on the form. At the very least, we **MUST** know the month and year as well as the county in which the assault took place.

Note: The date must be entered using the **mm/dd/yyyy** format. When entering the victim's information, please only enter the **first initial of their first name** and their **full last name** (i.e. J. Smith)

OFFICE OF JUSTICE PROGRAMS
Minnesota Sexual Assault Exam Payment Program Claims System

*DO NOT CLICK THE BROWSER BACK BUTTON
*Content with a Red Asterisk is required

[Return To Dashboard](#)

Claim Submission Form

Please enter the information for the claim below.

✓ Your Contact Information

* First Name
Sheyla

* Last Name
Scholl

* Email
sheylascholl@gmail.com

* Phone
6512483015

✓ Patient Details

* First Name

* Last Name

* Date of Birth

* Gender
--None--

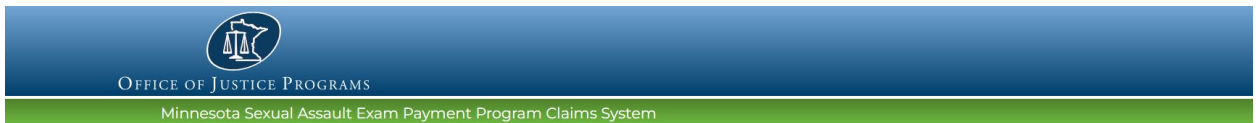
MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

- 3) **Certify** that the victim of the assault has not been billed for any exam-related expenses. Click the **Submit Claim** button.

*I certify that the victim has not been billed for any sexual assault exam-related expenses

Yes

- 4) You will be prompted to submit your claims attachments in the next page. Note: **Please attach a detailed bill or statement that includes all the expenses associated with the exam.** Click the **Upload** button.



*DO NOT CLICK THE BROWSER BACK BUTTON
*Content with a Red Asterisk is required

[Return To Dashboard](#)

Upload Files

Upload invoices/billing related information here

Files/Attachments

Drag and drop file(s)

Home

- 5) Click the **Add** button and locate the desired file in your internal file explorer. Click **Open**.

[Return To Dashboard](#)

Upload Files

Upload invoices/billing related information here

Upload Files

File	Description	Size
Drag files here or click Add (+) button to select files for upload		

MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

7) Click the **Complete** button in the Information pop up window. Click **Next**.

Return To Dashboard

Upload Files
Upload invoices/billing related information here

*DO NOT CLICK THE BROWSER BACK BUTTON
*Content with a Red Asterisk is required

File	Description	Size
MSAEPP FAQs.pdf		475 kb

Information
Upload(s) completed successfully
Complete Add More

Next

8) You have submitted a claim successfully. At the end, your claim number will be issued to you. **Note:** Please take this number for your records as you can use it to track the progress of your claim. Click **Finish** to return to the Dashboard.

Return To Dashboard

Thank you for submitting your claim. Your claim number is 2024-0812

*DO NOT CLICK THE BROWSER BACK BUTTON
*Content with a Red Asterisk is required

Finish

MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

VIEW THE STATUS OF A CLAIM

1) From the Claims section of the Dashboard, open the **Actions** dropdown menu. Select **View Status**. Click the **Go** button.

Dashboard


Providers

Name	Location Code	Status	Actions
Test Provider	001	Approved	- Select an option - <input type="button" value="Go"/>
Test Provider1	002	Approved	- Select an option - <input type="button" value="Go"/>

Claims

Claim Number	Name	Submitted By	Location Code	Provider Reference Number	Status	Last Update	Actions
2024-0812	Test Provider1	S SSS	002	123456	Claim Submitted	3/18/2024	- Select an option - <input type="button" value="Go"/>
2024-0814	Test Provider	S SSS	001	123456	Claim Submitted	3/21/2024	- Select an option - <input type="button" value="Go"/>
2024-0816	Test Provider	S SSS	001	1234567	Claim Submitted	3/22/2024	- Select an option - <input type="button" value="Go"/>

2) After you have reviewed the information on the Claim Status page, click **Finish** to be brought back to the Dashboard.



OFFICE OF JUSTICE PROGRAMS
Minnesota Sexual Assault Exam Payment Program Claims System

*DO NOT CLICK THE BROWSER BACK BUTTON
*Content with a Red Asterisk is required

[Return To Dashboard](#)

Reference Number: 123456
Date Submitted: 3/18/2024

Patient Initials: J. Doe.
Patient Date of Birth: 12/11/1997
Patient Gender: Female

Claim Status: Claim Submitted

MSAEP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

UPLOAD DOCUMENTATION

- 1) From the **Claims** section of the Dashboard, open the **Actions** drop down menu for the specific claim you would like to upload documentation. Select **Upload Documentation**. Click **Go**.

Claims

Claim Number	Name	Submitted By	Location Code	Provider Reference Number	Status	Last Update	Actions
2024-0812	Test Provider1	S SSS	002	123456	Claim Submitted	3/18/2024	- Select an option - <input type="button" value="Go"/>
2024-0814	Test Provider	S SSS	001	123456	Claim Submitted	3/21/2024	- Select an option - View Status Upload Documentation - Select an option - <input type="button" value="Go"/>
2024-0816	Test Provider	S SSS	001	1234567	Claim Submitted	3/22/2024	- Select an option - <input type="button" value="Go"/>

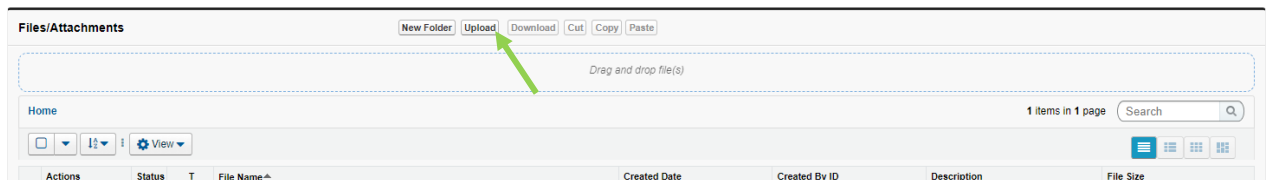
- 2) Click the **Upload** button.

*Content with a Red Asterisk is required

[Return To Dashboard](#)

Upload Files

Upload invoices/billing related information here

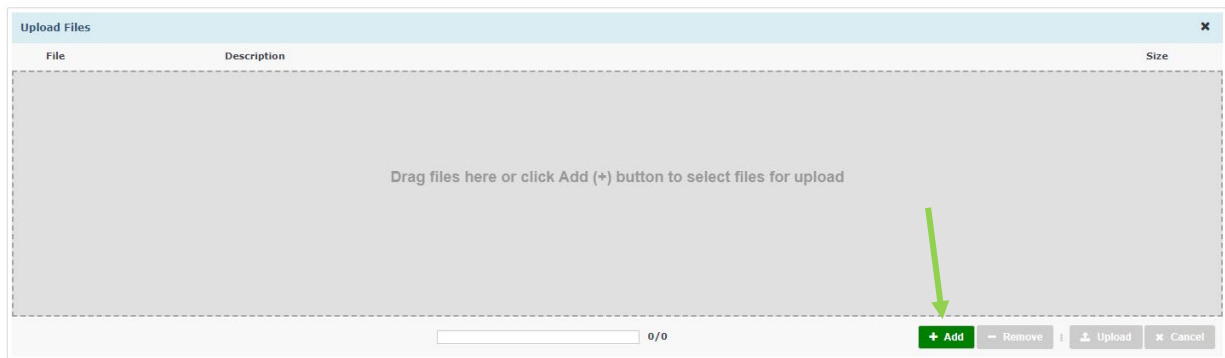


- 3) Click the **Add** button to add the files you want to the claim.

[Return To Dashboard](#)

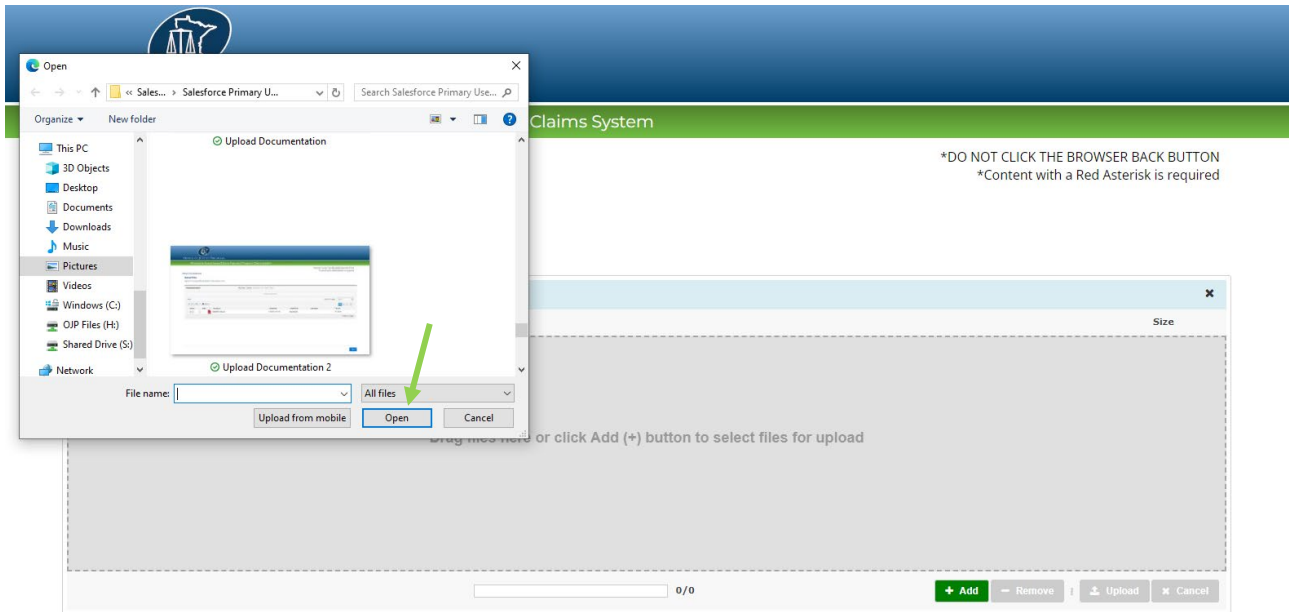
Upload Files

Upload invoices/billing related information here



MSAEP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

- 4) Locate the file in your internal file explorer and Click **Open** or drag and drop the file into the gray field.



- 5) Then click the **Upload** button.

*Content with a Red Asterisk is required

[Return To Dashboard](#)

Upload Files

Upload invoices/billing related information here



MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

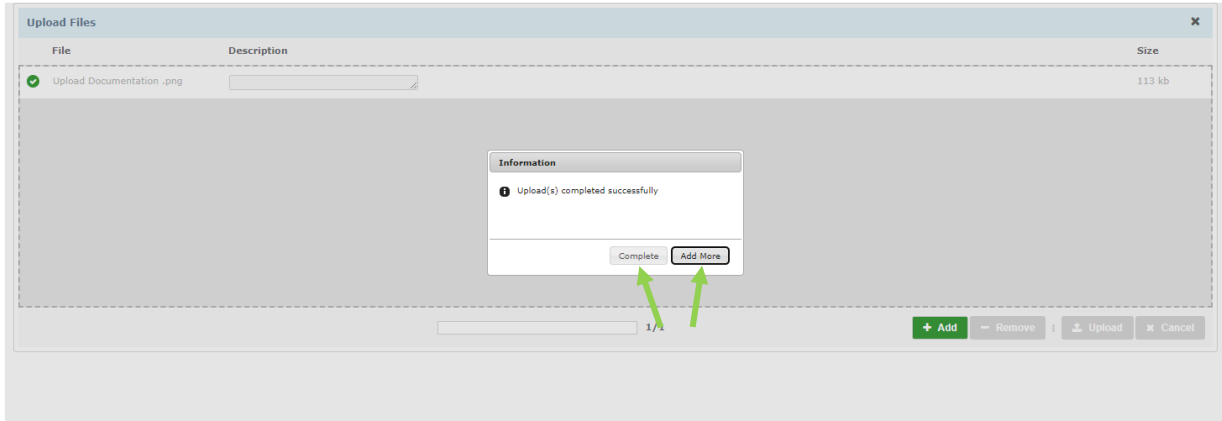
6) Confirm **Upload** of your file. To upload additional documentation, Click **Add More**. If you're Then click the **Upload** button. Once finished, Click **Complete**.

[Return To Dashboard](#)

*Content with a Red Asterisk is required

Upload Files

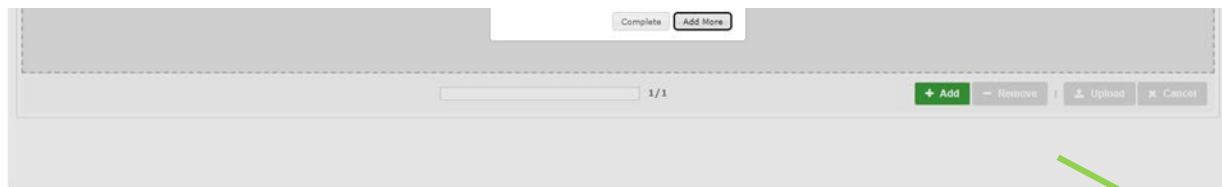
Upload invoices/billing related information here



The screenshot shows a web interface titled "Upload Files" with a table containing one file: "Upload Documentation .png" with a size of "113 kb". An "Information" dialog box is open in the center, displaying the message "Upload(s) completed successfully". Below the message are two buttons: "Complete" and "Add More". Green arrows point to these buttons. At the bottom of the interface, there are buttons for "+ Add", "- Remove", "Upload", and "Cancel".

Next

7) Once you see the documentation attached, click **Next**.



This screenshot is a close-up of the bottom right corner of the "Upload Files" interface. It shows the "Complete" and "Add More" buttons from the previous dialog, and the "+ Add", "- Remove", "Upload", and "Cancel" buttons. A green arrow points from the "Upload" button area towards the "Next" button.

Next

8) Click the **Return to Dashboard** link or **Next** button to go back to the dashboard.

[Return To Dashboard](#)

*Content with a Red Asterisk is required

Thank you for submitting your documentation.

Finish

MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

MANAGE/DELETE DOCUMENTS IN A CLAIM

1) In the Claims section of the Dashboard, open the actions drop down menu for the claim you would like to manage documentation for.

Select **Upload Documentation** and click the **Go** button.

Claims

Claim Number	Name	Submitted By	Location Code	Provider Reference Number	Status	Last Update	Actions
2024-0812	Test Provider1	S SSS	002	123456	Claim Submitted	3/18/2024	- Select an option - - Select an option - View Status Upload Documentation Go
2024-0814	Test Provider	S SSS	001	123456	Claim Submitted	3/21/2024	Go

Claims

Claim Number	Name	Submitted By	Location Code	Provider Reference Number	Status	Last Update	Actions
2024-0812	Test Provider1	S SSS	002	123456	Claim Submitted	3/18/2024	Upload Documentation Go

2) From this menu, find the document that you want to manage or delete. Click the **File Name** link of the document you would like to delete.

Actions	Status	T	File Name	Created Date	Created By ID	Description	File Size
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSAEPP FAQs.pdf	3/18/2024 5:00 PM	Sheyla Smith		474.58 KB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upload Documentation.png	3/26/2024 9:47 AM	Sheyla Smith		113.34 KB

Upload Documentation .png 2 items in 1 page

3) A window will pop up with the file details. Scroll down until you see the buttons at the bottom. Click **Delete** then click **Next**.

[Return To Dashboard](#) *Content with a Red Asterisk is required

Upload Files

Upload invoices/billing related information here

File name: **upload documentation 4.png**

File Type: image/png

Created Date: 3/19/2024 4:25 PM

Created By ID: Sheyla_Smith

Description:

File Size: 71.83 KB

File Size

74.58 KB

1.83 KB

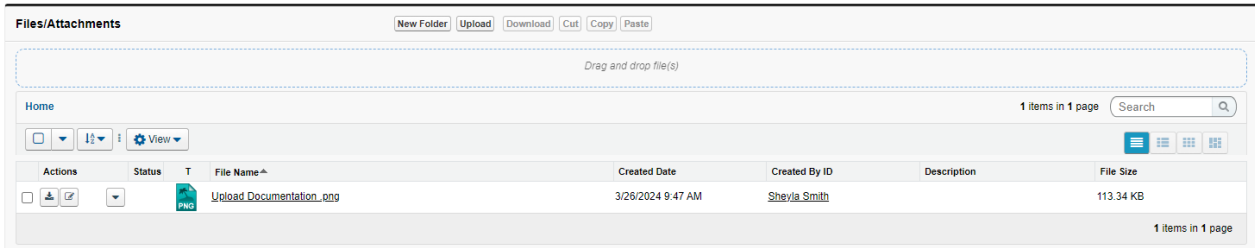
2 items in 1 page

Open Download Copy URL Edit Rename Delete

Next

MSAEPP CLAIM SYSTEM FILING & CLAIM MANAGEMENT MANUAL

- 4) You will be brought back to the claim files screen. You should no longer be able to see the file that was deleted. Click **Next**.



[Next](#)

- 5) When you are finished managing the documentation, you can either click the **Return to Dashboard** link or click the **Finish** button to return to the dashboard.

[Return To Dashboard](#)

Thank you for submitting your documentation.

Do not click the Finish button if you have content with a Red Asterisk is required

[Finish](#)

IMPORTANT CONTACT INFORMATION

If you have any questions, please contact our office at:

**MINNESOTA SEXUAL ASSAULT EXAM PAYMENT PROGRAM
DEPARTMENT OF PUBLIC SAFETY – OFFICE OF JUSTICE PROGRAMS**



PHONE: 651-201-7279

FAX: 651-797-1140

EMAIL: OJP.SA.Exams.DPS@state.mn.us

WEBSITE: [Minnesota Sexual Assault Exam Payment Program](#)