

Connecticut Medical Assistance Program Workshop Web Claim Submission



Presented by
The Department of Social Services
& HP for Billing Providers

Training Topics

- Web Claim Submission Benefits
- Access to Claim Submission Tool
- Claim Inquiry
- Resubmission of Previously Denied Claim
- Secondary Claim Billing – Other Insurance
- Secondary Claim Billing – Medicare
- Claim Adjustments
- Claim Void
- Claim Copy
- New Claim Submission
- Prior Authorization/Care Plan Search
- Web Claim Submission Demonstration
- Resources
- Questions



Web Claim Submission Benefits

Top 5 reasons to use the Web claim submission tool:

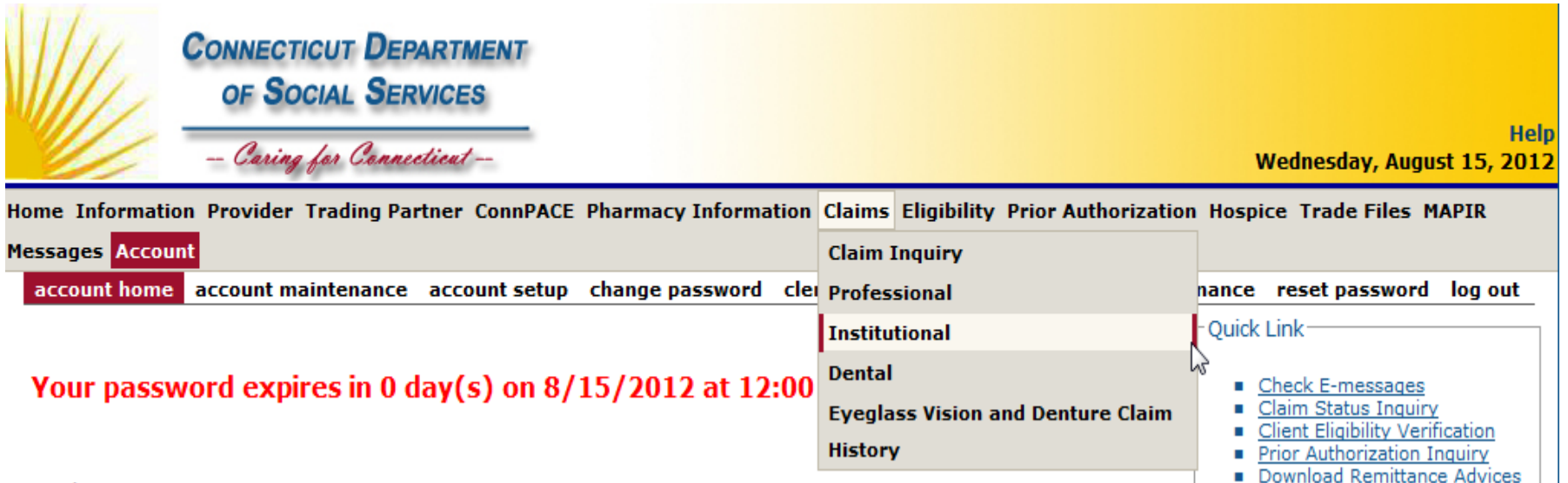
- Easily resubmit previously denied claims
- Submit secondary claims containing payments or denials from Other Insurance or Medicare
- Adjust claims on the Web and eliminate paper Paid Claim Adjustment Requests (PCAR)
- Claim results are immediate
- Eliminate paper claims



Access to Claim Submission Tool

www.ctdssmap.com

- Log onto the secure Web portal
- Select Claims



The screenshot shows the website header for the Connecticut Department of Social Services. The logo on the left features a sunburst and the text "CONNECTICUT DEPARTMENT OF SOCIAL SERVICES" with the tagline "-- Caring for Connecticut --". The date "Wednesday, August 15, 2012" and a "Help" link are in the top right. A navigation bar contains links for Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, and MAPIR. Below this is a "Messages Account" section with sub-links for account home, account maintenance, account setup, change password, and clear. A red warning banner states: "Your password expires in 0 day(s) on 8/15/2012 at 12:00". A dropdown menu is open under "Claims", listing: Claim Inquiry, Professional, Institutional, Dental, Eyeglass Vision and Denture Claim, and History. A "Quick Link" section on the right includes: Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, and Download Remittance Advices.



Access to Claim Submission Tool

If the Claims tab is not present, or if Claim Inquiry is the only option in the drop down list, the clerk account has not been granted access to the claim submission tool.

The main account holder must log onto the main account, click on the clerk maintenance tab, click on the clerk account in question and move the Claim Inquiry/Submission/Adjustment Available Role to Assigned Roles in order to grant access.



Access to Claim Submission Tool

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization Trade Files Messages **Account**

home account home account maintenance account setup change password **clerk maintenance** demographic maintenance reset password log out

Clerk Maintenance

User ID	Contact First Name	Contact Last Name
CLERKID1	Terry	Neill
ISEEYOU	Joe	Shmoe

Type changes below.

User ID

Contact First Name

Contact Last Name

Phone Number

AVR ID

AVR Pin

Confirm AVR Pin

Assigned Roles

Clerk Roles (Internet Only)

- Client Eligibility Verification
- Claim Inquiry/Submission/Adjustment
- Claim Inquiry

Available Roles

- PA Inquiry/Submission
- Prior Authorization Inquiry
- Trade Files



Claim Inquiry

- View claims processed regardless of the submission method
- Search by:
 - Internal Control Number (ICN)
 - Client ID and date of service (no greater range than 93 days)
 - Date of payment (no greater range than 93 days)
 - Pending claims
 - Exclude adjusted claims
- Records – allows view of up to 100 claims per page

ICN	<input type="text"/>	Claim Type	<input type="text" value="▼"/>
Client ID	<input type="text"/>	Status	<input type="text" value="▼"/>
TCN	<input type="text"/>	FDate Paid	<input type="text"/>
FDOS	<input type="text"/>	TDate Paid	<input type="text"/>
TDOS	<input type="text"/>	Pending Claims	<input type="checkbox"/>
Prescription No (Pharmacy Only)	<input type="text"/>	Exclude Adjusted Claims	<input type="checkbox"/>
		Records	20 <input type="text" value="▼"/>
			<input type="button" value="search"/>
			<input type="button" value="clear"/>



Claim Inquiry Search Results

- When more than one claim matches the claim inquiry search criteria, a list of claims will appear in the Search Results panel.
- Search results may be sorted by clicking on the column heading.
- Click anywhere on the row to select the claim to view.

Search Results										
ICN	Client ID ▾	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2209110016001	009999999	BABYC CAREY		01/01/2009	01/01/2009	Professional Xover Claims	Denied	04/20/2009	\$20.00	\$0.00
5909110001006	009999999	BABYC CAREY		01/01/2009	01/01/2009	Professional Claims	Paid	04/20/2009	\$20.00	\$12.00
5909110001007	009999999	BABYC CAREY		01/01/2009	01/01/2009	Professional Xover Claims	Denied	04/20/2009	\$20.00	\$0.00
2209132016002	009999999	BABYC CAREY		01/07/2009	01/07/2009	Professional Xover Claims	Paid	05/15/2009	\$675.00	\$29.61
2209133016001	009999999	BABYC CAREY		01/01/2009	01/01/2009	Professional Xover Claims	Paid	05/15/2009	\$675.00	\$29.61

1 2 Next >



Claim Inquiry Search Results

Home Information Provider Trading Partner ConnPACE Pharmacy Information **Claims** Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home claim inquiry **professional** institutional dental eyeglass vision denture claim history

Quick Links

- [Internet Claims Submission](#)
- [FAQ](#)
- [Instructions for submitting Professional claims](#)
- [Claim Resolution Guide](#)

[Back To Search Results](#)

Professional Claim

ICN	221315660002	From Date	03/01/2013
Provider ID	008021184 MCD	To Date	03/01/2013
AVRS ID	008021184	Admission Date	<input type="text"/>
Client ID*	009999999	EPSDT Referral	<input type="text"/>
Last Name	CAREY		
First Name, MI	BABYC	Total Charges	\$25.00
Date of Birth	01/20/2007	Total Paid	\$0.00
Patient Account #	<input type="text"/>	TPL Amount	\$0.00
Medical Record Number	<input type="text"/>	CoPay Amount	\$0.00
Referring Physician	<input type="text"/> [Search]	Medicare Crossover	No <input type="text"/>
Accident Related	No <input type="text"/>	837 Version	5010 <input type="text"/>
Accident Date	<input type="text"/>		

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Claim Inquiry Search Results

Diagnosis									
Diag-Sequence	Diagnosis	Description							
Principal	250	DIABETES MELLITUS							
Code Set	ICD 9								
Principal	250	[Search]	Other 1		[Search]	Other 2		[Search]	
Other 3		[Search]	Other 4		[Search]	Other 5		[Search]	
Other 6		[Search]	Other 7		[Search]	Other 8		[Search]	
add more									

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
1	03/01/2013	03/01/2013	1262Z	1.00	\$25.00	DENIED	\$0.00

Type changes below.

Item	1	Status	DENIED
From DOS*	03/01/2013	Emergency Indicator	No
To DOS*	03/01/2013	Pregnancy	Not pregnancy Related
Procedure*	1262Z [Search]	EPSDT Referral	None
Modifiers	[Search] [Search]	Family Planning	No
	[Search] [Search]	Allowed Amount	\$0.00
Units*	1.00	CoPay Amount	\$0.00
Facility Type Code*	12 [Search]	Medicare Paid Date	
Charges*	\$25.00	Medicare Calc Allowed Amt	\$0.00
Rendering Physician*	008021184 MCD [Search]	Medicare Paid Amount	\$0.00
Diagnosis Code Pointer	[Search] [Search] [Search]	Medicare Deductible Amount	\$0.00
National Drug Code		Medicare Coinsurance Amount	\$0.00
NDC Quantity	0		
NDC Unit of Measurement			
delete		add	



Claim Inquiry Search Results

Additional
NDCs
(Detail
Item 1)

*** No rows found ***

Select row above to update -or- click Add button below.

National Drug Code Quantity Unit of Measurement

delete

add

TPL

*** No rows found ***

Select row above to update -or- click Add button below.

Client Carriers

Carrier Code [Search]

Relationship

Plan Name

Last Name

Policy Number

First Name, MI

Paid Amount

Date of Birth

Paid Date

Adjustment Reason Code [Search] [Search] [Search]

Adjustment Amount

delete

add



Claim Inquiry Search Results

Claim Status Information

Claim Status	PAID
Claim ICN	2211153600005
Paid Date	
Paid Amount	\$13.04
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

EOB Information

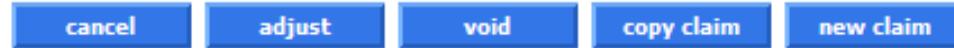
Detail Number	Code	Description
0	2100	CLIENT NOT FOUND ON ELIGIBILITY MANAGEMENT SYSTEM.
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

[cancel](#)[adjust](#)[void](#)[copy claim](#)[new claim](#)

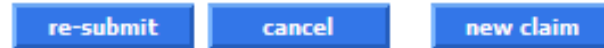
Claim Inquiry Search Results

Claim function buttons

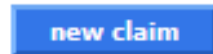
Paid Claim



Denied Claim



Suspended Claim



Resubmission of Previously Denied Claim

- Perform the following steps to easily resubmit a denied claim:
 - Select claim inquiry
 - Enter the denied claim ICN in the ICN field
 - Click the search button
 - Once the claim is retrieved, make any necessary changes to the claim
 - Click the re-submit button at the bottom of the claim page
- The claim will process immediately and return a status of Paid, Denied or Suspended.



Secondary Claim Billing - Other Insurance

- To indicate an Other Insurance payment or denial, the TPL panel must contain the following:
 - If the Other Insurance is present on the client's file, the Client Carrier's field will contain the 3 digit carrier code. Select the appropriate carrier code from this drop down list. If the code is not present, select Other in the drop down list and enter the appropriate code in the Carrier Code field.
 - Enter the payment amount or leave zero to indicate a denial.
 - Enter the Other Insurance paid date.
 - All other TPL panel fields are optional.



Secondary Claim Billing – Medicare Payment

- To indicate a Medicare payment, the Medicare Crossover field on the Professional Claim panel must indicate Yes.
- Each claim detail must contain the following:
 - Medicare Paid Date
 - Medicare Calculated Allowed Amount
 - Medicare Paid Amount
 - Medicare Deductible Amount
 - Medicare Coinsurance Amount



Secondary Claim Billing - Medicare Denial

- To indicate a Medicare denial, the Medicare Crossover field on the Professional Claim panel must indicate No.
- The TPL panel must contain the following:
 - Select Other in the drop down list within the Client Carriers field.
 - Enter MPB for Medicare Part B in the Carrier Code field.
 - Zero should remain in the Paid Amount field.
 - Enter the Medicare denial date.
 - All other TPL panel fields are optional.



Claim Adjustments

- Perform the following steps to easily adjust a paid claim:
 - Select claim inquiry
 - Enter the paid claim ICN in the ICN field
 - Click the search button
 - Once the claim is retrieved, make any necessary changes to the claim
 - Click the adjust button at the bottom of the claim page
- The adjustment will process immediately and return a status of Paid, Denied or Suspended.



Claim Adjustments

- The following claims **cannot** be adjusted via the Web:
 - **Denied claims.** Denied claims must be resubmitted.
 - **Claims with an ICN that begins with either 12 or 13.** These claims were specially handled by HP. An adjustment to these claims may also need to be specially handled. The provider should contact HP before attempting to adjust these claims.
 - **Paid Medicare crossover claims.** They must be voided, then resubmitted. This is easily accomplished by completing the following steps:
 - Void the paid crossover claim
 - Copy the original crossover claim
 - Make the necessary changes to the claim data
 - Click the submit button



Claim Void

- Perform the following steps to easily void or completely recoup a paid claim:
 - Select claim inquiry
 - Enter the paid claim ICN in the ICN field
 - Click the search button
 - Once the claim is retrieved, click the void button at the bottom of the claim page
- The void will process immediately and return a message that the claim has been successfully adjusted/voided with the new ICN.



Claim Copy

- Paid claims may be copied and submitted as a new claim. This feature is helpful for reoccurring services.
- Perform the following steps to easily copy a claim for submission as a new claim:
 - Select claim inquiry
 - Enter the paid claim ICN in the ICN field for the claim you wish to copy
 - Click the search button
 - Once the claim is retrieved, click the copy button at the bottom of the claim page
 - Make the necessary changes to the claim
 - Click the submit button at the bottom of the claim page
- The new claim will process immediately and return a status of Paid, Denied or Suspended.



New Claim Submission

- Perform the following steps to easily submit a new claim:
 - Select professional
 - A blank claim will appear
 - At a minimum, enter all required fields identified by an asterisk after the field name
 - To enter additional diagnosis codes, claim details, additional NDC's, or a TPL record, click the add button within the panel
 - Click the submit button at the bottom of the claim page
- The claim will process immediately and return a status of Paid, Denied or Suspended.



Prior Authorization/Care Plan Search

The Prior Authorization (PA) Search allows providers to view the services authorized on the client's care plan. The PA search request is completed by entering, at a minimum, either the Client ID or PA number.

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages Account

home **prior authorization search** care plan

Quick Link

- [Web Guide - Prior Authorization Search](#)

Provider 008021184 MCD

Prior Authorization Search

Client ID	<input type="text" value="009999999"/>	Prior Authorization	<input type="text"/>
Client Name	BABYC CAREY	PA Assignment	<input type="text"/>
Requested Eff Date	<input type="text"/>	PA Assign - Sub	<input type="text"/>
Requested End Date	<input type="text"/>	Procedure	<input type="text"/> [Search]
Authorized Eff Date	<input type="text"/>	Revenue Code	<input type="text"/> [Search]
Authorized End Date	<input type="text"/>	Proc/Mod List	<input type="text"/>
		Records	20 <input type="text"/>



Prior Authorization Inquiry

Search Results

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages Account

home prior authorization search care plan

Quick Link

- Web Guide - Prior Authorization Search

Provider 008021184 MCD

Prior Authorization Search

Client ID	<input type="text" value="009999999"/>	Prior Authorization	<input type="text"/>
Client Name	BABYC CAREY	PA Assignment	<input type="text"/>
Requested Eff Date	<input type="text"/>	PA Assign - Sub	<input type="text"/>
Requested End Date	<input type="text"/>	Procedure	<input type="text"/> [Search]
Authorized Eff Date	<input type="text"/>	Revenue Code	<input type="text"/> [Search]
Authorized End Date	<input type="text"/>	Proc/Mod List	<input type="text"/>
		Records	20 <input type="text"/>

Search Results

Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Revenue	NDC	Proc/Mod List	Frequency
2013156011	01	04/01/2013	05/31/2013	9	\$0.00	Auto Approved for Care Plan	06/05/2013	Home Care Program for Elders	Initial	1266Z				1 Per Calendar Week
2013156010	01	03/01/2013	03/31/2013	5	\$0.00	Auto Approved for Care Plan	06/05/2013	Home Care Program for Elders	Initial	1262Z				1 Per Calendar Week



Prior Authorization Inquiry

Search Results

Base Information			
Prior Authorization Number	2013156010		
Client ID	009999999	PA Assignment	HOME CARE PROGRAM FOR EL
Last Name	CAREY	First Name, MI	BABYC
Billing Provider	008021184 MCD	Date of Birth	01/20/2007
Diagnosis	<input type="text"/> [Search]	Insurance	None
		Estimated Date of Delivery	<input type="text"/>
		Patient Condition	Fair

Line Item											
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Procedure Code List	Proc/Mod List	NDC	Revenue Code	Revenue Code List
01	5,000	\$0.00	5,000	\$0.00	Auto Approved for Care Plan	1262Z					

Type changes below.

Line Item 01											
Service Type Code*	Procedure Code		Tooth	<input type="text"/> [Search]	Authorized Units/Dollars	5,000	\$0.00				
Procedure Code/List	1262Z	[Search]	Quad	<input type="text"/> [Search]	Authorized Eff./End Dates	03/01/2013	03/31/2013				
Modifier 1	<input type="text"/> [Search]		Tooth Surface 1	<input type="text"/> [Search]	Used Units/Dollars	0	\$0.00				
Modifier 2	<input type="text"/> [Search]		Tooth Surface 2	<input type="text"/> [Search]	Available Units/Dollars	5	\$0.00				
Modifier 3	<input type="text"/> [Search]		Tooth Surface 3	<input type="text"/> [Search]							
Modifier 4	<input type="text"/> [Search]		Tooth Surface 4	<input type="text"/> [Search]							
Revenue Code/List	<input type="text"/> [Search]	<input type="text"/> [Search]	Tooth Surface 5	<input type="text"/> [Search]							
Proc/Mod List	<input type="text"/>										
Requested Eff./End Dates*	03/01/2013	03/31/2013	NDC	<input type="text"/> [Search]							
Requested Units/Dollars*	5,000	\$0.00	Status	Auto Approved for Care Plan							



Prior Authorization Inquiry

Search Results

			Notes
Line Number	Date Notice Created	Description	
1		Comments related to this Prior Authorization may appear here.	Type changes below.
Description*		Comments related to this Prior Authorization may appear here.	



Resources

- Connecticut Medical Assistance Program Web site
 - www.ctdssmap.com
 - Information > Publications > Claims processing information
 - Internet Claims Submission FAQ
 - Information > Publications > Provider Manuals
 - Chapter 10 Web Portal/AVRS
 - Chapter 11 Other Insurance and Medicare Billing Guides
- HP Provider Assistance Center (PAC):
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-842-8440 (toll free)
- EDI Help Desk
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-688-0503 (toll free)



Thank you

