Connecticut Medical Assistance Program Workshop Web Claim Submission



Presented by

The Department of Social Services

& HP for Dental Providers

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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
- Demographic Maintenance
- 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
- 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

11/1	CONNECTICUT DEPARTMENT OF SOCIAL SERVICES	
	Caring for Connecticut	Wednesday, August 15, 2

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

Messages Account	Claim Inquiry	
account home account maintenance account setup change password clear	Professional	nance reset password log out
	Institutional	- Quick Link
Your password expires in 0 day(s) on 8/15/2012 at 12:00	Dental	 Check E-messages
	Eyeglass Vision and Denture Claim	<u>Claim Status Inquiry</u> Client Eligibility Verification
	History	 Prior Authorization Inquiry
		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 Na	me Contact Last Name		
CLERKID1 Terry	Neill		
1322100 500	Tv	pe changes below.	
remove clerk add clerk		g	reset password
User ID	ISEEYOU		
Contact First Name	Joe		
Contact Last Name	Shmoe		
Phone Number	(860)555-1234		
AVR ID			
AVR Pin			
Confirm AVR Pin			
Clerk Roles (Internet Only)	Assigned Roles Client Eligibility Verification Claim Inquiry/Submission/Adjustment Claim Inquiry	t < PA Inquiry/Submission Prior Authorization Inquiry Trade Files	

submit cancel



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					
Client ID	Claim Type		*		
TCN	Status	~			
FDOS	FDate Paid				
TDOS	TDate Paid				
Prescription No (Pharmacy Only)	Pending Claims				
	Exclude Adjusted Claims				search
	Records	20 🕶			clear



- 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.

2					Sea	rch Results					
N	ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid 🔻	Amount Billed	Amount Paid
	2211339050026	003623539	TOM DENT		11/01/2011	11/02/2011	Dental Claims	Paid	05/19/2012	\$135.00	\$39.56
	5312006001780	003623539	TOM DENT		11/02/2011	11/04/2011	Dental Claims	Paid	01/11/2012	\$145.00	\$96.72
	5911348001004	003411489	DAVE PARKER		11/01/2011	11/01/2011	Dental Claims	Paid	12/17/2011	\$210.00	\$150.00
	5911348001008	003411489	DAVE PARKER		11/10/2011	11/10/2011	Dental Claims	Adj/Voided	12/17/2011	\$130.00	\$130.00
	2211348050005	003411489	DAVE PARKER		11/03/2011	11/03/2011	Dental Claims	Paid	12/17/2011	\$15.00	\$10.00
	2211348050003	003411489	DAVE PARKER		11/10/2011	11/10/2011	Dental Claims	Adj/Voided	12/17/2011	\$130.00	\$130.00
	2211348050002	003411489	DAVE PARKER		11/01/2011	11/01/2011	Dental Claims	Adj/Voided	12/17/2011	\$120.00	\$120.00
	2211348050001	003411489	DAVE PARKER		11/01/2011	11/01/2011	Dental Claims	Denied	12/17/2011	\$120.00	\$0.00
	5911348001009	003411489	DAVE PARKER		11/10/2011	11/10/2011	Dental Claims	Paid	12/17/2011	\$160.00	\$150.00
	2211339050027	003623539	TOM DENT		11/02/2011	11/04/2011	Dental Claims	Adj/Voided	12/07/2011	\$145.00	\$51.44



Home Information Pro	ovider Trading Partner Co	onnPACE Pharmacy Inform	ation Claims	Eligibility F	Prior Authorization	Hospice	Trade Files M	APIR Messages	s Account	
home claim inquiry	professional institution	onal dental eyeglass visi	on and dentu	re claim hist	tory					
Quick Links										
 Internet Clair Instructions f 	ms Submission FAQ or submitting Dental claims									
 <u>Claim Resolu</u> 	tion Guide									
🚱 Back To Searc	h Results									
Dental Claim										*
ICN	2212199050010	Emergency	•							
Provider ID	1616161616 NPI	Accident	•							
AVRS ID	008001007	Facility Type Code* 11	[Search]							
Client ID*	002372049									
Last Name	STAMP	Total Charges								
First Name, MI	POSTAGE	Total Billed Amount	\$180.00							
Date of Birth	10/10/1950	TPL Amount	\$0.00							
Patient Account #		Total Paid Amount	\$18.20							
837 Version	5010 -									



Detai	il								
Item	DOS	Procedure	Units Billed	Tooth Number	Quadrant	Charges	Status	Allowed Amount	t
1	07/17/2012	D0120	1.00			\$55.00	PAID	\$18.20)
2	07/17/2012	D0310	1.00		_	\$125.00	DENIED	\$0.00	
					Se	elect row	above (to update -or-	· click Add button below.
	Item					DO	S		
Proce	edure	[5	Search]		l	Jnits Bille	d		
Mod	lifiers	[Searc	:h]	[Search]		Charge	s		
		[Searc	ch]	[Search]	Allowe	ed Amour	t		
Tooth Nu	imber				Renderin	g Provide	r		[Search]
Qua	drant	[Sear	rch]			Statu	s	*	
Surfac	es								
Bucca		istal 🗌	Facial	In Inc	cisal 🗌	Ling	gual 🗆	Mesial	Occlusal
<u> </u>									
delete	add								



7				Diagnosis						
Diag-Sequence A Diagnosis Desc	ription									
Code Set ICD 9 🔻										
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Othor 2										
Utiler 5	cn J									
TPL										
Carrier Code Plan Name	CONNECTION	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth	
M 060 BC/BS OF 0	CONNECTION	A208498092	\$0.00	Type changes b	elow.					
Client Carriers	060 - BC/BS C	F CONNECTIC	UT 🔻							
Carrier Code	060 [5	earch]		Relationship	Self					-
Plan Name	BC/BS OF CON	INECTICUT		Last Name	STEELE					
Policy Number	AZO849809290	0		First Name, MI	TROY			M		
Paid Amount*	\$0.00	D		Date of Birth	irth 11/29/1990					
Paid Date*	01/01/2011									
Adjustment Reason Code	27 [[Search]	1	Search]	[Search]				
Adjustment Amount	\$0.	00	\$0.00		\$0.00					
delete add										



Claim Stat	us Information
Claim Status	PAID
Claim ICN	2212199050010
Paid Date	
Paid Amount	\$18.20

Detail Number	Code	Description
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
2	3003	PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF THIS SERVICE.
2	3003	PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF THIS SERVICE.
2	4021	THE PROCEDURE BILLED IS NOT A COVERED SERVICE UNDER THE CLIENT'S BENEFIT PLAN.





Claim function buttons

Paid 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.



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 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 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.

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.



Demographic Maintenance

 The Department of Social Services (DSS) will soon require providers to update their demographic information via their secure Web account only. Demographic information includes provider addresses, Electronic Funds Transfer (EFT) and member of organization maintenance. The main account administrator must log on to their account and click on the Demographic Maintenance tab. See Chapter 10 of the Provider Manual for more information.

home account log out	home account mainten	ance account setup	change pas	sword clerk maintenance	demographic maintenance	reset password
Provider In	formation					
Provider ID	2012587459 NPI		Address	45 ANDREWS ROAD		
Organization	Corporation		City			
Usage	Service Location			WOLCOTT		
Provider Type	72 - Physician Group		County	New Haven		
Ownership	No		State/Zip	CT 06716-2124		
Phone	860-255-3900					
Phone	860-255-3900					

Demographic Maintenance – Address Updates

• 1. Click on Location Name Address 2. Click on the appropriate address 3. Click Maintain Address 4. Update the Address Information 5. Click Save

Location Name Address Mame Address Address Timolicap Usage Name Address Address City State Zip + 4 Phone Ext Address Main to Pay to GRICE ASSOCIATES 45 ANDREWS ROAD WOLCOTT CT 06716 2124 (860)255-3900 N N To GRICE ASSOCIATES 45 ANDREWS ROAD WOLCOTT CT 06716 2124 (860)255-3900 N N Service Location GRICE ASSOCIATES 45 ANDREWS ROAD WOLCOTT CT 06716 2124 (860)255-3900 N Nome time of the time of time	wase Informati	ion > Servio	e Location > Locatio	n Name Address >	EFT Accou	nt > Ser	vice Lar	nguage :	> Maintain Organ	izatio	n Members			
bage Name Address 1 City State 2 product 2 product Pandicase Enrollment Address GRICE ASSOCIATES 45 ANDREWS ROAD WOLCOTT CT 06716 2124 (860/255-30) N Pay to GRICE ASSOCIATES 45 ANDREWS ROAD WOLCOTT CT 06716 2124 (860/255-30) N Name GRICE ASSOCIATES 45 ANDREWS ROAD WOLCOTT CT 06716 2124 (860/255-39) N Name Type Business Name Person Name Sve Loc Image Image N Title - Sve Loc Image	Location	Name Add	ress										[×
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save cancel	Zip	06716	2124				E	Mail						
save cancel														
Save Cancel											534		cancel	
											Sav		cancel	

Demographic Maintenance – EFT Updates

1. Click on EFT Account 2. Click on the EFT row 3. Click Change 4. Update the ABA and Account information
 5. Click Save

Base Information > Service Location > Location Name Address > EFT Account > Service Language

20

EFT Account								×			
Financial Institution	ABA Number	Account Number	Account Type	Last Change Date	EFT Sta	tus					
	123456789	12345678901	Checking	04/09/2012	Active						
Type changes below.											
change											
ABA Numb	er 123456	789				Account Number	12345678901				
ABA Number (rekey)*					Account Number (rekey)					
Financial Institution	on			[Se	arch]	Account Type	Checking	-			
						Last Change Date	04/09/2012				
						EFT Status	Active	-			
							save	cancel			



Demographic Maintenance – Organization Updates

 1. Click on Maintain Organization Members 2. Click on the member row to separate an existing member or the add button to add a member 3. Enter the date the member was separated, or enter the new member's NPI and effective date 4. Click Save

Base Information > Service Location > Location Name Address > EFT Account > Service Language > Maintain Organization Members

Maintain Organization Members								×		
• This Maintain Organization Members panel allows providers to view, add or separate members of their organization. Members must first enroll in the Connecticut Medical Assistance Program in order to join your organization. Members will receive a letter from HP when any additions or separations are made to their association to your organization. Note: 12/31/2299 represents an open ended association with the organization.										
Scroll down to add or separate a mem	ıber.									
Refer to section 10.15 within Chapter 10 of the Provider Manual to view instructions for maintaining your organization members. Click here to view Chapter 10.										
Refer to section 3.1 within Chapter 3 of the Provider Manual to view which provider types and specialties may join your organization. Click here to view Chapter 3.										
CAI Current Historical Orga	nization Member ID		Member Busi	ness/Last Name		Member First Name		search		
Organization Member ID 🖉	ID Type	Organization Member Name	Effective Date	End Date				,		
14141414	NPI	BOYLE, DR. DAWN	06/01/2012	12/31/2299						
Total Count: 2	Current Count:	2 2	Historical Count:	12/31/2299 0						
Type changes below.										
To add a new member, click the add button.										
• To separate a member from your organization, click on the existing member row, then enter the end date of their affiliation with your organization. This date cannot be in the past.										
add										
Organization Member ID 14141414	earch]	Effective Date	06/01/2012							
Organization Member Name BOYLE, DR. DAWN				12/31/2299						
								-		

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)







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