Connecticut Medical Assistance Program Workshop
Web Claim Submission

Presented by

The Department of Social Services

& HP for Dental 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
- Demographic Maintenance
- Web Claim Submission Demonstration
- Resources
- Questions

Web Claim Submission Benefits

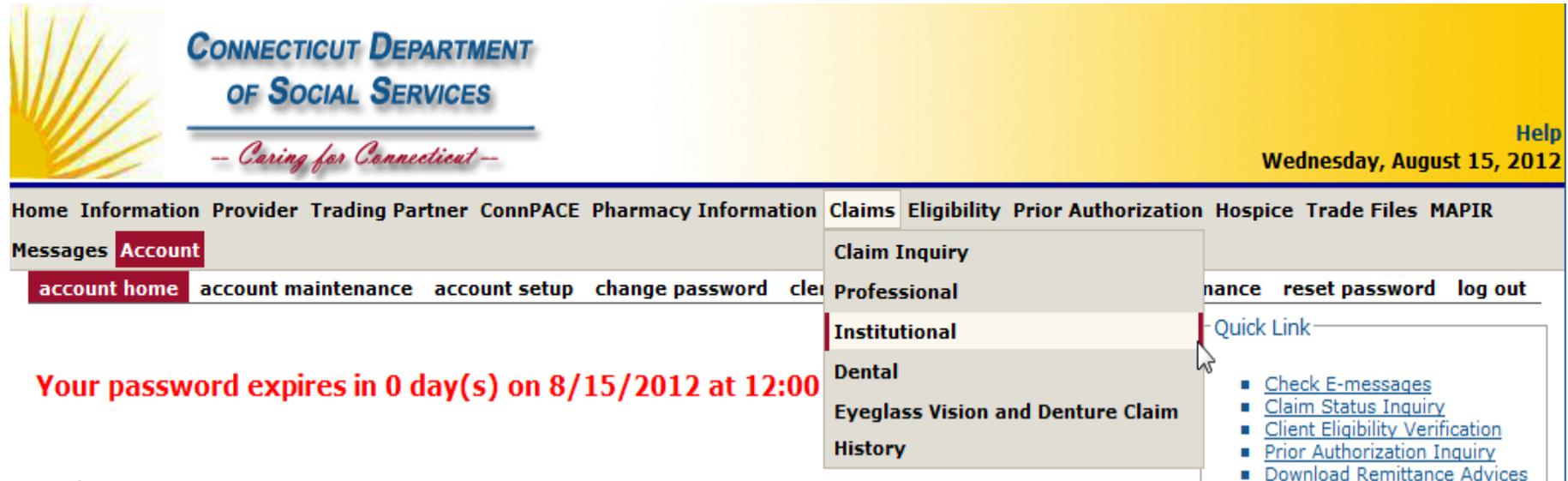**Top 5 reasons to use the Web claim submission tool:**

- 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

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

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	☐
		Records	20

search

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
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

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 and denture claim history

Quick Links
- Internet Claims Submission FAQ
- Instructions for submitting Dental claims
- Claim Resolution Guide

⬅ Back To Search 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		

Claim Inquiry Search Results

Claim Inquiry Search Results

Claim Inquiry Search Results

Claim Status Information

Claim Status	PAID
Claim ICN	2212199050010
Paid Date	
Paid Amount	$18.20

EOB Information

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.

[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.

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

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

Provider Information

Provider ID	2012587459 NPI
Organization	Corporation
Usage	Service Location
Provider Type	72 - Physician Group
Ownership	No
Phone	860-255-3900

Address	45 ANDREWS ROAD
City	WOLCOTT
County	New Haven
State/Zip	CT 06716-2124

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

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

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

Location Name Address

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Enrollment Address	GRICE ASSOCIATES	45 ANDREWS ROAD	WOLCOTT	CT	06716	2124	(860)255-3900		N
Mail to	GRICE ASSOCIATES	45 ANDREWS ROAD	WOLCOTT	CT	06716	2124	(860)255-3900		N
Pay to	GRICE ASSOCIATES	45 ANDREWS ROAD	WOLCOTT	CT	06716	2124	(860)255-3900		N
Service Location	GRICE ASSOCIATES	45 ANDREWS ROAD	WOLCOTT	CT	06716	2124	(860)255-3900		N

Type changes below.

maintain address

Name Type ⦿ Business Name ◯ Personal Name

Apply Changes To:
- ☐ Svc Loc
- ☐ Pay To
- ☐ Mail To
- ☑ Enrollment

Name GRICE ASSOCIATES

Title ▼

Usage Enrollment Address ▼

Country UNITED STATES ▼

Address 1 45 ANDREWS ROAD

Address 2

City WOLCOTT

State CT ▼

Zip 06716   2124

Phone (860)255-3900

Fax

Handicap Accessible? No ▼

EMail

save **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

EFT Account ☒

Financial Institution	ABA Number	Account Number	Account Type	Last Change Date	EFT Status
	123456789	12345678901	Checking	04/09/2012	Active

Type changes below.

change

ABA Number	123456789		Account Number	12345678901
ABA Number (rekey)*			Account Number (rekey)	
Financial Institution		[Search]	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 member.

    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.

○ All ◉ Current ○ Historical   Organization Member ID [   ]   Member Business/Last Name [   ]   Member First Name [   ]   [search]

[clear]

Organization Member ID △	ID Type	Organization Member Name	Effective Date	End Date
1414141414	NPI	BOYLE, DR. DAWN	06/01/2012	12/31/2299
2011120906	NPI	GEORGETTE, GOVOLA	06/01/2012	12/31/2299

Total Count: 2   Current Count: 2   Historical Count: 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 [1414141414]   NPI [Search]   Effective Date [06/01/2012]
Organization Member Name [BOYLE, DR. DAWN]   End Date* [12/31/2299]

[save] [cancel]

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