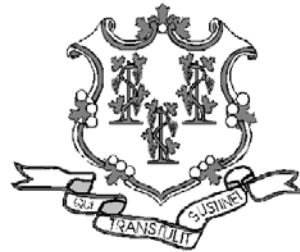




Web Claim Submission Workshop for PCA Service Billing Providers



Presented by
The Department of Social Services
& Hewlett Packard Enterprise



Training Topics

- Web Claim Submission Benefits
- Access to Claim Submission Tool
- Claim Inquiry
- Other Insurance Claim Submission
- Medicare Payment/Denial
- Correction and/or Resubmission of Previously Denied Claim
- 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. A drop down list with "CLAIM INQUIRY" will appear if the clerk has been given permission to "QUERY CLAIMS" only. The entire dropdown list will appear if the clerk has permission to both "CLAIM INQUIRY" and "CLAIM SUBMISSION." Select claim inquiry to find a claim or professional to submit a first time claim for the client.

Connecticut Department of Social Services
Making a Difference

Help
Friday, February 19, 2016

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

account home account maintenance account setup change password clerk maintenance Claim Inquiry password log out

Professional
Institutional
Dental
Claim History for Specific Services

Welcome, P008057864
Provider ID: 1174635650 NPI
Provider AVRS ID: 008057864
Reenrollment Due Date: Not Currently Applicable
Zip Code: 06511 - 5991

Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.

Your Password will expire in 61 days on April 20, 2016

Quick Link

- Check E-messages
- Claim Status Inquiry
- Client Eligibility Verification
- Prior Authorization Inquiry
- Download Remittance Advices
- ACA Ordering/Prescribing/Referring Provider List

Email Subscription

- Register/Update Email Subscription

Global Messages
*** No rows found ***

Secure Mailbox
*** No rows found ***

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.

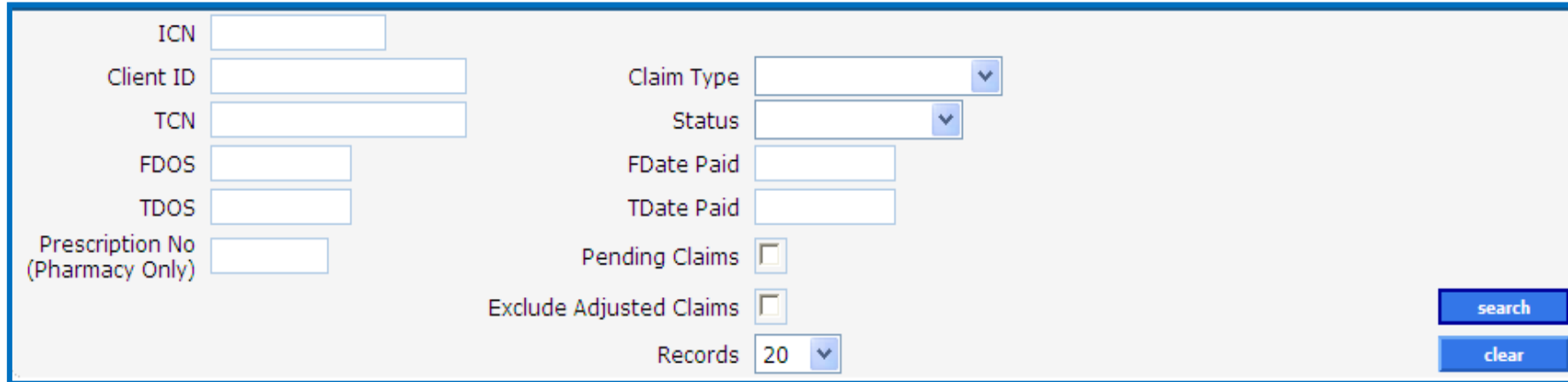
The main account holder must log onto the main account, click on the clerk maintenance tab, click on the clerk account in question and move the Claim Inquiry/Submission/Adjustment Available Role to Assigned Roles in order to grant access.

The screenshot displays the 'Clerk Maintenance' web application interface. At the top, there is a navigation menu with options: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Trade Files, Messages, and Account. Below this is a secondary menu with options: home, account home, account maintenance, account setup, change password, clerk maintenance (highlighted), demographic maintenance, and reset password. The main content area is titled 'Clerk Maintenance' and contains a table with columns: User ID, Contact First Name, and Contact Last Name. The table lists two users: CLERKID1 Terry Neill and ISEEYOU Joe Shmoe. Below the table, there are buttons for 'remove clerk' and 'add clerk', and a 'reset password' button. A form section contains input fields for User ID (ISEEYOU), Contact First Name (Joe), Contact Last Name (Shmoe), Phone Number ((860)555-1234), AVR ID, AVR Pin, and Confirm AVR Pin. At the bottom, there are two lists: 'Assigned Roles' (Client Eligibility Verification, Claim Inquiry/Submission/Adjustment, Claim Inquiry) and 'Available Roles' (PA Inquiry/Submission, Prior Authorization Inquiry, Trade Files). Navigation arrows are between the lists. 'submit' and 'cancel' buttons are at the bottom right.

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



The screenshot shows a search form with the following fields and controls:

- ICN:
- Client ID:
- TCN:
- FDOS:
- TDOS:
- Prescription No (Pharmacy Only):
- Claim Type:
- Status:
- FDate Paid:
- TDate Paid:
- Pending Claims:
- Exclude Adjusted Claims:
- Records:
- 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.

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

claim inquiry professional institutional dental claim history for specific services

Claim Search 008021814 MCD

ICN
Client ID Claim Type
TCN Status
FDOS FDate Paid
TDOS TDate Paid
Prescription No (Pharmacy Only) Pending Claims
Exclude Adjusted Claims
Records

Sort by column heading. Click the triangle to sort in ascending or descending order.

ICN	Client ID	Client Name	Prescription No	FDOS #	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2216053600008		MP SEG CLIENT TWO		02/07/2016	02/07/2016	Professional Claims	Paid	0	\$50.00	\$43.01
2216053600002		MP SEG CLIENT TWO		02/08/2016	02/08/2016	Professional Claims	Denied	0	\$88.00	\$0.00
2216053600003		MP SEG CLIENT TWO		02/08/2016	02/09/2016	Professional Claims	Denied	0	\$90.00	\$0.00
2216053600005		MP SEG CLIENT TWO		02/10/2016	02/10/2016	Professional Claims	Denied	0	\$75.00	\$0.00
2216053600004		MP SEG CLIENT TWO		02/10/2016	02/10/2016	Professional Claims	Denied	0	\$75.00	\$0.00
2216053600006		MP SEG CLIENT TWO		02/10/2016	02/10/2016	Professional Claims	Denied	0	\$75.00	\$0.00
2216053600007		MP SEG CLIENT TWO		02/11/2016	02/12/2016	Professional Claims	Paid	0	\$215.00	\$186.18

Claim Inquiry Search Results – Selected Claim

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

claim inquiry **professional** institutional dental claim history for specific services

Quick Links

- Internet Claims Submission FAQ
- Instructions for submitting Professional claims
- Claim Resolution Guide

From and to dates of service populate from claim line details.

Back To Search Results

Professional Claim

ICN 2216053600007	From Date 02/11/2016
Provider ID 008021814 MCD	To Date 02/12/2016
AVRS ID 008021814	Admission Date
Client ID* 00XXXXXXXX	EPSOT Referral
Last Name CLIENT TWO	Total Charges \$215.00
First Name, MI MP SEG	Total Paid \$186.18
Date of Birth 01/01/1920	TPL Amount \$0.00
Patient Account #	CoPay Amount \$0.00
Medical Record Number	Medicare Crossover No
Referring Physician [Search]	837 Version 5010
SSN	Accident Related No
Accident Date	Accident Date

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Claim Inquiry Search Results – Selected Claim

Diagnosis

*** No rows found ***

Code Set: [Search]

Principal: [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]

Diagnosis not required for PCA Service Providers.

Condition

*** No rows found ***

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

Cond-Sequence: Condition: [Search]

Detail

Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
1	02/11/2016	02/11/2016	5140Y	1.00	\$90.00	PAID	\$78.05
2	02/12/2016	02/12/2016	5140Z	1.00	\$125.00	PAID	\$108.13

Type changes below.

Item:

From DOS*:

To DOS*:

Procedure*: [Search]

Modifiers: [Search] [Search]

Units*:

Facility Type Code*: [Search]

Charges*:

Rendering Physician: MCD [Search]

Referring Provider: [Search]

Ordering Provider: [Search]

Status:

Emergency Indicator:

Pregnancy:

EPSDT Referral:

Family Planning:

Allowed Amount:

CoPay Amount:

Medicare Paid Date:

Medicare Calc Allowed Amt:

Medicare Paid Amount:

Medicare Deductible Amount:

Medicare Coinsurance Amount:

Diagnosis Code Pointer:

National Drug Code:

NDC Quantity:

NDC Unit of Measurement:

Claim Inquiry Search Results – Selected Claim

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

Not Applicable

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

Not Required. Claim will not cost avoid if other insurance is on client's eligibility file.

Claim Status Information

Claim Status PAID

Claim Inquiry Search Results - Selected Claim

Claim Status Information

Claim Status	PAID	
Claim ICN	2216053600007	
Paid Date		Will populate after financial cycle.
Paid Amount	\$186.18	
Applied Income	\$0.00	If applicable will be calculated but not taken.
Client Contribution	\$0.00	N/A
Charter Oak Coinsurance	\$0.00	
Charter Oak Deductible	\$0.00	

EOB Information

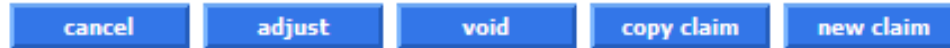
Detail Number	Code	Description	
0	9997	REFER TO DETAIL EOB	
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	If billed at usual and customary rate, paid amount is adjusted to rate on fee schedule.
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	

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

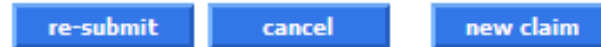
Claim Inquiry Search Results – Selected Claim - Submission Options

Claim function buttons

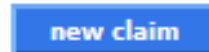
• Paid Claim



• 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. No action by the provider should be taken on suspended claims. These claims will be worked by the claim team and/or systematically be reprocessed to pay or deny depending on the disposition instructions for the edit/audit which caused the claim to suspend.

Secondary Claim Billing - Other Insurance

The Department of Social Services (DSS) will not cost avoid (deny) a PCA Service Provider claim if the claim does not contain the client's other insurance information with an indication of payment or denial as noted below, as non-medical services are usually not covered under a client's medical insurance coverage.

- If you wish to indicate an Other Insurance payment or denial on your claim, 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

- **The Department of Social Services (DSS) will not cost avoid (deny) a PCA Service Provider claim if the claim does not contain the client's Medicare information with an indication of payment as noted below as non-medical services are usually not covered under Medicare.**
- However, If you wish 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

- The Department of Social Services (DSS) will not cost avoid (deny) a PCA Service Provider claim if the claim does not contain the client's Medicare information with an indication of denial as noted below, as non-medical services are usually not covered under Medicare.
- However, if you wish 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 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
- **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, 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. No action by the provider should be taken on suspended claims. These claims will be worked by the claim team and/or systematically be reprocessed to pay or deny depending on the disposition instructions for the edit/audit which caused the claim to suspend.**

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 Pharmacy Information Hospital Modernization Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages Account

prior authorization search care plan pharmacy prior authorization

QuickLink

- Web Guide - Prior Authorization Search

Provider 008021814 MCD

Prior Authorization Search

Client ID	<input type="text" value="OOXXXXXXXX"/>	Prior Authorization	<input type="text"/>
Client Name	<input type="text" value="MP SEG CLIENT TWO"/>	PA Assignment	<input type="text" value=""/>
Search Pharmacy PAs only	<input type="checkbox"/>	PA Assign - Sub	<input type="text" value=""/>
Requested Eff Date	<input type="text"/>	Procedure	<input type="text" value=""/> [Search]
Requested End Date	<input type="text"/>	Revenue Code	<input type="text" value=""/> [Search]
Authorized Eff Date	<input type="text"/>	Proc/Mod List	<input type="text"/>
Authorized End Date	<input type="text"/>	Procedure Code List	<input type="text" value=""/> [Search]

Records [v]

Prior Authorization Inquiry Search Results

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

prior authorization search care plan pharmacy prior authorization

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

Provider 008021814 MCD

The Procedure Code List of 972 allows the provider to bill S5140, 5140X, 5140Y or 5140Z in any combination up to the number of units allowed (5) within the (weekly) frequency.
 Code S5140 is authorized with a U2 modifier which must be submitted on the claim with procedure code S5140.

Prior Authorization Search

Client ID: 00XXXXXXX
 Client Name: MP SEG CLIENT TWO
 Search Pharmacy PAs only:
 Requested Eff Date: 02/01/2016
 Requested End Date: 02/13/2016
 Authorized Eff Date:
 Authorized End Date:

Prior Authorization:
 PA Assignment:
 PA Assign - Sub:
 Procedure: [Search]
 Revenue Code: [Search]
 Proc/Mod List:
 Procedure Code List: [Search]

Records: 20

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	Mod 1	Mod 2	Mod 3	Mod 4	Revenue	NDC	Proc/Mod List	Procedure Code	Frequency
2016053008	01	02/07/2016	02/13/2016	5	\$0.00	Auto Approved for Care Plan	0	PCA	Initial									972	5 Per Calendar Week
2016053009	01	02/07/2016	02/07/2016	1	\$0.00	Auto Approved for Care Plan	0	PCA	Initial	S5140	U2								1 Per Calendar Week
2016053007	01	02/08/2016	02/13/2016	32	\$0.00	Auto Approved for Care Plan	0	PCA	Initial	2040Z									32 Per Calendar Week

Prior Authorization Inquiry Search Results

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

prior authorization search care plan pharmacy prior authorization

[Back To Search Results](#)

Base Information

Prior Authorization Number: 2016053009

Client ID: 003658371 PA Assignment: PCA

Last Name: CLIENT TWO First Name, MI: MP SEG

Billing Provider: 008021814 MCD Date of Birth: 01/01/1920

Diagnosis: [Search] Insurance: None

Estimated Date of Delivery: [Search] Patient Condition: Fair

Search Results

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2216053600004		MP SEG CLIENT TWO		02/10/2016	02/10/2016	Professional Claims	Denied	0	\$75.00	\$0.00
2216053600006		MP SEG CLIENT TWO		02/10/2016	02/10/2016	Professional Claims	Denied	0	\$75.00	\$0.00
2216053600008		MP SEG CLIENT TWO		02/07/2016	02/07/2016	Professional Claims	Paid	0	\$50.00	\$43.01
2216053600007		MP SEG CLIENT TWO		02/11/2016	02/12/2016	Professional Claims	Paid	0	\$215.00	\$186.18
2216053600003		MP SEG CLIENT TWO		02/08/2016	02/09/2016	Professional Claims	Denied	0	\$90.00	\$0.00
2216053600005		MP SEG CLIENT TWO		02/10/2016	02/10/2016	Professional Claims	Denied	0	\$75.00	\$0.00
2216053600002		MP SEG CLIENT TWO		02/08/2016	02/08/2016	Professional Claims	Denied	0	\$88.00	\$0.00

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Procedure Code List	Proc/Mod List	Revenue Code	Revenue Code List	Drug Name
01	1.000	\$0.00	1.000	\$0.00	Auto Approved for Care Plan	S5140		U2							

Type changes below.

Line Item: 01

Service Type Code*: Procedure Code

Procedure Code: S5140 [Search] Adult foster care per diem

Mod 1: U2 [Search]

Mod 2: [Search]

Mod 3: [Search]

Mod 4: [Search]

Revenue Code/List: [Search] [Search]

Proc/Mod List: [Search]

Procedure Code List: [Search]

Requested Eff./End Dates*: 02/07/2016 02/07/2016

Requested Units/Dollars*: 1.000 \$0.00

Authorized Units/Dollars: 1.000 \$0.00

Authorized Eff./End Dates: 02/07/2016 02/07/2016

Used Units/Dollars: 1 \$43.01

Available Units/Dollars: 0 (\$43.01)

Frequency: 1 Per Calendar Week

Notes

*** No rows found ***

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.
		Comments related to this Prior Authorization may appear here.	
Description*		Some Access Agencies utilize the notes section to document the service orders issued to the service provider. These notes/service orders need to be carefully reviewed to determine if there is a discrepancy in the Access Agencies communication with the provider, notes and service authorization. All discrepancies in service authorizations should be directed to the client's care manager for clarification/resolution as noted in the contact section of this presentation.	

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

- **Hewlett Packard Enterprise 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)



Time For Questions

THANK YOU FOR ATTENDING TODAY'S WEB CLAIM SUBMISSION WORKSHOP! PLEASE BE SURE TO COMPLETE THE ONLINE SURVEY.