

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
- Demographic Maintenance
- Web Claim Submission Demonstration
- Resources
- Questions



Web Claim Submission Benefits

Top 5 reasons to use the Web claim submission tool:

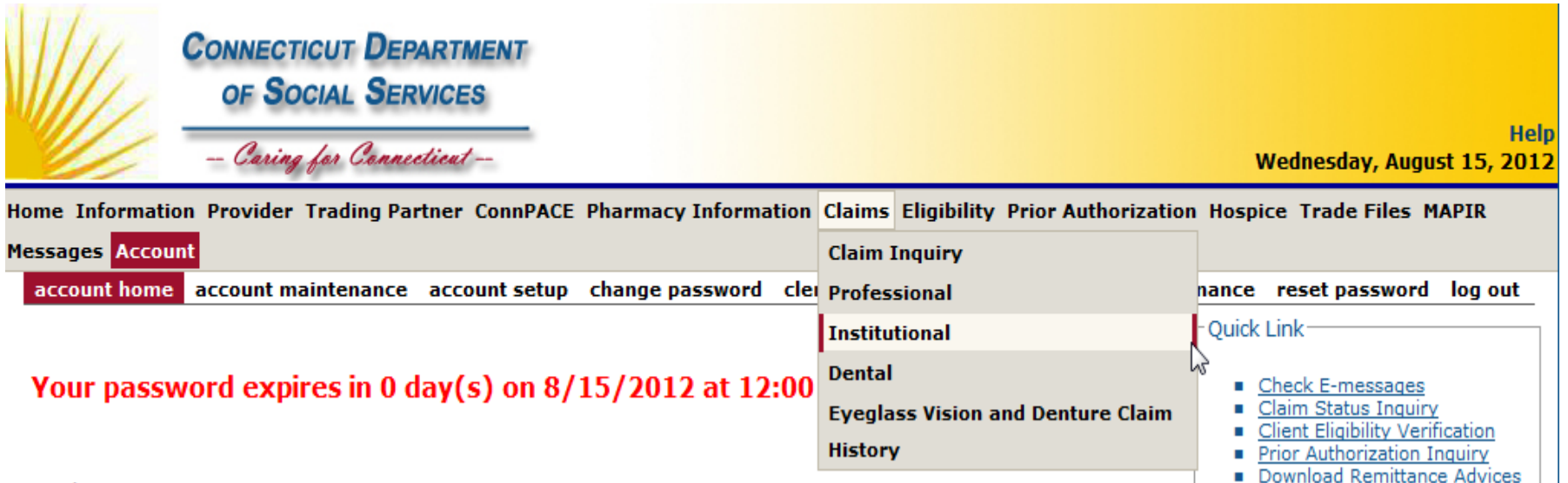
- Easily resubmit previously denied claims
- Submit secondary claims containing payments or denials from Other Insurance or Medicare
- Adjust claims on the Web and eliminate paper Paid Claim Adjustment Requests (PCAR)
- Claim results are immediate
- Eliminate paper claims



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 links for 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"/>	<input type="button" value="search"/>
Client ID	<input type="text"/>	Status	<input type="text"/>	<input type="button" value="clear"/>
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"/>	



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 Trade Files Messages Account

home claim inquiry **professional** institutional dental

Quick Links

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

 Back To Search Results

Professional Claim

ICN	2211153600005	From Date	11/18/2010
Provider ID	1414141414 NPI	To Date	11/18/2010
AVRS ID	008001011	Admission Date	
Client ID*	001785846	EPSDT Referral	
Last Name	STEELE	Total Charges	\$45.00
First Name, MI	TROY M	Total Paid	\$13.04
Date of Birth	11/29/1990	TPL Amount	\$0.00
Patient Account #	2468912	CoPay Amount	\$0.00
Medical Record Number		Medicare Crossover	No
Referring Physician	[Search]	837 Version	5010
Accident Related	No		
Accident Date			

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	<input type="text"/>	[Search]	Other 2	<input type="text"/> [Search]
Other 3	<input type="text"/>	[Search]	Other 4	<input type="text"/>	[Search]	Other 5	<input type="text"/> [Search]
Other 6	<input type="text"/>	[Search]	Other 7	<input type="text"/>	[Search]	Other 8	<input type="text"/> [Search]
<input type="button" value="add more"/>							

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
1	11/18/2010	11/18/2010	99211	1.00	\$45.00	PAID	\$13.04

Type changes below.

Item	<input type="text" value="1"/>	Status	PAID
From DOS*	<input type="text" value="11/18/2010"/>	Emergency Indicator	No ▼
To DOS*	<input type="text" value="11/18/2010"/>	Pregnancy	Not pregnancy Related ▼
Procedure*	<input type="text" value="99211"/> [Search]	EPSDT Referral	None ▼
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Family Planning	No ▼
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	\$13.04
Units*	<input type="text" value="1.00"/>	CoPay Amount	\$0.00
Facility Type Code*	<input type="text" value="11"/> [Search]	Medicare Paid Date	<input type="text"/>
Charges*	<input type="text" value="\$45.00"/>	Medicare Calc Allowed Amt	\$0.00
Rendering Physician	<input type="text" value="1414141414"/> NPI [Search]	Medicare Paid Amount	\$0.00
Diagnosis Code Pointer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Medicare Deductible Amount	\$0.00
National Drug Code	<input type="text"/>	Medicare Coinsurance Amount	\$0.00
NDC Quantity	<input type="text" value="0"/>		
NDC Unit of Measurement	<input type="text"/>		
<input type="button" value="delete"/> <input type="button" value="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

Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
M 060	BC/BS OF CONNECTICUT	AZO8498092	\$0.00	01/01/2011	Self				

Type changes 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

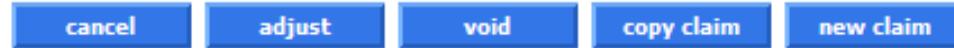
Detail Number	Code	Description
0	2100	CLIENT NOT FOUND ON ELIGIBILITY MANAGEMENT SYSTEM.
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

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

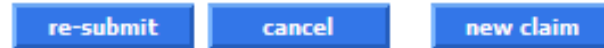
Claim Inquiry Search Results

Claim function buttons

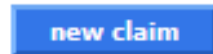
Paid Claim



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.



Demographic Maintenance

- The Department of Social Services (DSS) will soon require providers to update their demographic information via their secure Web account. 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	Address	45 ANDREWS ROAD
Organization	Corporation		
Usage	Service Location	City	WOLCOTT
Provider Type	72 - Physician Group	County	New Haven
Ownership	No	State/Zip	CT 06716-2124
Phone	860-255-3900		

[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

Name

Title

Usage

Country

Address 1

Address 2

City

State

Zip

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Enrollment

Phone

Fax

Handicap Accessible?

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	<input type="text" value="123456789"/>	Account Number	<input type="text" value="12345678901"/>
ABA Number (rekey)*	<input type="text"/>	Account Number (rekey)	<input type="text"/>
Financial Institution	<input type="text"/> [Search]	Account Type	<input type="text" value="Checking"/>
	<input type="text"/>	Last Change Date	<input type="text" value="04/09/2012"/>
	<input type="text"/>	EFT Status	<input type="text" value="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

Organization Member ID ^A	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.

Organization Member ID NPI [Search] Effective Date

Organization Member Name End Date*



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

