Wisconsin Medicaid Provider Training
Options for Electronic Claims Submission
Agenda

- Pros and Cons to Various Electronic Claims Submission Options.
- Overview of Claim Submission on the Portal.
  - Search for a Claim.
  - Enter and Submit a Claim.
  - Portal Adjustments, Voids, and Resubmissions.
- Overview of Claim Submission on Provider Electronic Solutions (PES).
  - Basics.
  - Lists.
  - Claims.
  - Other Insurance and Medicare.
  - Reports.
- Contact Information.
- Resources.
All claims, regardless of whether they are submitted on paper or electronically, will appear on the Claims area of the Portal.

Submitting claims electronically is the most efficient claims submission method.

Providers may submit claims using the following electronic submission options:
- ForwardHealth Portal via Direct Data Entry (DDE).
- Provider Electronic Solutions (PES) software.
- 837 Health Care Claims (837) for EDI.
- National Council for Prescription Drug Programs.
Submitting Paper Attachments with Electronic Claims

- Paper attachments that go with electronic claims must be submitted with the Claim Form Attachment Cover Page, F-13470.
- The Attachment Control Number (ACN) that the provider enters on the claim must match what the provider enters on the cover page in order for the electronic claim to match up with the paper attachment.
- ForwardHealth will hold a claim for up to 30 calendar days if an attachment is required for processing of the claim. If the corresponding attachment is not received within 30 calendar days, the claim will be processed without the attachment and will be denied.
- When such a claim is denied, both the paper attachment(s) and the electronic claim will need to be resubmitted.
Accessing Claims Information

- Claims via the Provider Page.
- Providers may customize their secure Provider home page to display the most recent 5-20 claims.
- Providers may also customize claims so that only claims of a particular type and/or status display on their secure Provider home page.
- No claim that has aged beyond 30 days will appear under the Provider tab.
- Click on any claim to select it. The claim detail will then display.
- Providers will need to select the Provider tab to get back to the secure Provider home page.
• Claims via the Claims Page.
• Any claim dating back three years through present date can be located by selecting “Claim search” on the Claims page.
• Providers search for claims by entering data into at least one of the parameter fields.
• The more parameters completed, the narrower the search.
• Providers can navigate through multiple pages of results by using the page numbers at the bottom of the screen or by modifying the sort by selecting any of the column headers.
• Click on any claim to select it. The claim detail will then display.
• Once a claim is selected, the provider can either work the claim or navigate back to the Claims page and perform another claim search.
In addition to being able to submit and view claims in the Portal, providers may adjust, copy, and void paid claims and resubmit denied claims. As a reminder, interChange continuously processes claims. (There is still only one financial cycle per week, per financial payer.)

Providers who monitor and work denied claims via the Portal have more control over their weekly reimbursement.
Provider Electronic Solutions (PES) is Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant software used for submitting claims to Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and the Wisconsin Chronic Disease Program.

- **837 Health Care Claim transactions and adjustments:**
  - Professional.
  - Institutional Inpatient/Outpatient/Nursing Home.
  - Dental.
- **National Council for Prescription Drug Programs (NCPDP) transactions:**
  - NCPDP Pharmacy Claim/Reversal.
- **997 Functional Acknowledgement (997).**
- **835 Health Care Payment/Advice (835).**
Available for download from the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/.
  — Trading Partner area of the Portal.
  — PES.

May be installed on a computer’s hard drive or a network.
Initial set-up required.
Testing.
The PES software contains lists of information that are frequently used to build claims. Some lists are required to be built, some are preloaded, and others are optional.

- Lists to build:
  - Client.
  - Other Provider.
  - Policyholder.
  - Provider.
• Submission:
  — New claims.
  — Adjust/void paid claims.
• Resubmission:
  — Resubmitting/copying claims (copy function also applies to batches).
Other insurance and Medicare information can be reported in PES:

- **Other insurance:**
  - Reported at the header level.
  - Ability to report OI-D (denied/deductible), P (paid) or Y (yes).

- **Medicare information:**
  - Reported at both the header and detail.
  - Ability to report M-8.
• PES Manual, Appendix 2 — Here’s Help:
  – ForwardHealth Portal:
    o Professional Relations Representatives (See map.)
    o Online Handbook
  – Provider Services — Policy and billing questions:
    o (800) 947-9627.
  – Electronic Data Interchange Help Desk — technical questions:
    o (866) 416-4979.
Thank you!