ForwardHealth Portal Basics for New Users-Claims

Part 4 of 4 Training Sessions

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Agenda

- Electronic Claims Submission Methods
- Accessing Claims Information
- Search Claims Tool
- Adjusting, Copying, and Voiding Paid Claims
- Resubmitting Denied Claims
- Provider Resources
- Communications

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Electronic Claims Submission Methods

o Submitting claims electronically is the most efficient claims submission method.

o Providers may submit claims using the following electronic claims submission options:

- – ForwardHealth Portal via Direct Data Entry (DDE).

- – Provider Electronic Solutions software.

- – 837 Health Care Claim transactions for Electronic Data Interchange (EDI).

- – National Council for Prescription Drug Programs.

Electronic Claims Submission Methods (Cont.)

DDE

Forms available for DDE include:

o 1500 Health Insurance Claim Form

o UB-04 Claim Form

o ADA 2006/2012 Dental Claim Form

o Compound Drug Claim form, F-13073

o Noncompound Drug Claim form, F-13072

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Electronic Claims Submission Methods (Cont.)

DDE (Cont.)

o Users can access the Claims tab within the secure Provider area of the Portal.

o Refer to the Claims Submission User Guide for detailed information.

Claims

Claims Submission Options

Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- Claim search

- Claims Submission Report

- Submit Dental Claim

- Submit Institutional Claim

- Submit Compound/Noncompound Claim

- Submit Professional Claim

- Upload Claim Attachments

- WWWP Reporting Form Search

- Submit WWWP Breast Cancer Diagnostic and Follow Up Report

- Submit WWWP Cervical Cancer Diagnostic and Follow Up Report

- Submit WWWP Breast and Cervical Cancer Screening Activity Report

- Private Duty Nursing - Prior Authorization Claims Report

Electronic Claims Submission Methods (Cont.)

Professional Claim

Required fields are indicated with an asterisk (*).

ICN	
Provider ID	1639245558 NPI
Member ID*	
Last Name	
First Name, MI	
Date of Birth	
Patient Account #	
Medical Record Number	
SOI Date	

Rendering Provider		[Search]
Referring Provider 1		[Search]
Referring Provider 2		[Search]
Medicare Disclaimer	no disclaimer	
Other Insurance Indicator		
Total Charge*	$0.00	
Other Insurance Amount	$0.00	
Total Amount Paid	$0.00	

Diagnosis   Condition   Medicare   Anesthesia   Other Insurance

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Electronic Claims Submission Methods (Cont.)

Institutional Claim

Required fields are indicated with an asterisk (*).

ICN			
Provider ID	1639245558 NPI ⌄	Type Of Bill*	[Search]
Member ID*		From Date of Service*	
Last Name		To Date of Service*	
First Name, MI		Patient Status*	[Search]
Date of Birth		Point of Origin*	[Search]
Patient Account #		Admission Date	
Medical Record #		Priority*	[Search]
Attending Provider*		Admission Diagnosis Code	[Search]
Rendering Provider	[Search]	Covered Days	0
Referring Provider	[Search]	Non Covered Days	0
Other Provider		Medicare Disclaimer	no disclaimer ⌄
Notes		Other Insurance Indicator	⌄
		Total Charge*	$0.00

Diagnosis   Condition   Medicare   Payer   Procedure   Occurrence/Span   Value   Patient Reason for Visit   External Cause of Morbidity   Other Insurance

Electronic Claims Submission Methods (Cont.)

Dental Claim

Required fields are indicated with an asterisk (*).

ICN		Place of Service Code*	11 [Search]
Provider ID	1639245558 NPI	Emergency	No ✔
Member ID*		Other Insurance Indicator	✔
Last Name			
First Name, MI			
Date of Birth			
Patient Account #			
Rendering Provider ID		[Search]	Total Charges* $0.00
Referring Provider 1		[Search]	Other Insurance Amount $0.00
Referring Provider 2		[Search]	Total Payable Amount $0.00
Notes			

Diagnosis   Other Insurance

Electronic Claims Submission Methods (Cont.)

Diagnosis

Sequence 1   Diagnosis 1 [____] [Search]

Sequence 2   Diagnosis 2 [____] [Search]

Sequence 3   Diagnosis 3 [____] [Search]

Sequence 4   Diagnosis 4 [____] [Search]

Sequence 5   Diagnosis 5 [____] [Search]

Sequence 6   Diagnosis 6 [____] [Search]

Sequence 7   Diagnosis 7 [____] [Search]

Sequence 8   Diagnosis 8 [____] [Search]

Sequence 9   Diagnosis 9 [____] [Search]

Sequence 10   Diagnosis 10 [____] [Search]

Sequence 11   Diagnosis 11 [____] [Search]

Sequence 12   Diagnosis 12 [____] [Search]

Electronic Claims Submission Methods (Cont.) – Professional Detail

Detail

	Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A	1									0	$0.00

Type data below for new record.

Line Number 1   Rendering Provider [   ] [Search]
From Date of Service* [   ]   Referring Provider 1 [   ] [Search]
To Date of Service* [   ]   Referring Provider 2 [   ] [Search]
Procedure Code* [   ] [Search]   Ordering Provider [   ] [Search]
Modifiers [   ] [Search] [   ] [Search] [   ] [Search] [   ] [Search]
Diagnosis Code Pointers [   ] [   ] [   ] [   ]
Units* 0
Charge* $0.00   Status [   ]
Place of Service Code* [   ] [Search]   Allowed Amount $0.00
Emergency [▼]   CoPay Amount $0.00
Family Planning [▼]

Notes [   ]   Professional Service Description [   ]

                                                                      [Delete] [Add]

NDCs for JCode

Electronic Claims Submission Methods (Cont.) – Professional Detail

Electronic Claims Submission Methods (Cont.) - Institutional Detail

Detail

Line Number	Revenue Code	Rendering Provider	Referring Provider	Procedure Code	Units	Charge	Status	Allowed Amount
A	1				0	$0.00		$0.00

Type data below for new record.

Line Number [1]

Revenue Code [   ] [Search]

From Date of Service* [   ]

Rendering Provider [   ] [Search]

To Date of Service* [   ]

Referring Provider [   ] [Search]

Procedure Code [   ] [Search]

Units* [0]

Charge [$0.00]

Modifiers [   ] [Search] [   ] [Search] [   ] [Search] [   ] [Search]

Status [   ]

Professional Service Description [   ]

Allowed Amount [$0.00]

Delete   Add

NDCs for JCode

Electronic Claims Submission Methods (Cont.) - Dental Detail

Detail

	Line Number	Date of Service	Procedure	Units	Tooth	Area of Oral Cavity	Charges	Status	Allowed Amount
A	1			1.00			$0.00		$0.00

Type data below for new record.

Line Number   1   Date of Service* [ ]

Procedure* [ ]   [Search]   Place Of Service [ ]   [Search]

Tooth [ ]   Rendering Provider ID [ ]   [Search]

Area of Oral Cavity [ ]   [Search]   Units*   1.00

Diagnosis Code Pointers [ ] [ ] [ ] [ ]   Charges* $0.00

Status [ ]

Allowed Amount $0.00

[Delete]   [Add]

Surfaces (Line Number 1)

*** No rows found ***

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

Surface [▼]

[Delete]   [Add]

Electronic Claims Submission Methods (Cont.) – Medicare Information

Medicare Information(Header)

Medicare Date Paid		Medicare Deductible	$0.00
Medicare Paid Amount	$0.00	Medicare Coinsurance	$0.00
Medicare Non Covered Charge	$0.00	Psychiatric Reduction	$0.00
		Medicare Copayment	$0.00

Clear

Medicare Information(Detail)

Line Number	1	Medicare Deductible	$0.00	+
Medicare Date Paid		Medicare Coinsurance	$0.00	+
Medicare Paid Amount	$0.00	Psychiatric Reduction	$0.00	+
Medicare Non Covered Charge	$0.00	Medicare Copayment	$0.00	+
		Remaining Patient Liability*	$0.00	=

Electronic Claims Submission Methods (Cont.) – Other Insurance Information

Other Insurance Header Information

*** No rows found ***

Carrier Number [   ] [Search]   Payment Date [   ]

Carrier Name [   ]   Payment Amount [   ]

Claim Filing [∨]   OI Circumstance [∨]

| Delete | Add |

Other Insurance Detail Information

*** No rows found ***

Detail [1 ∨]

Carrier Number [   ]   Payment Date [   ]

Carrier Name [   ]   Payment Amount [   ]

| Delete | Add |

Other Insurance EOB Information

*** No rows found ***

Detail [0 ∨]

Carrier Number [∨]   Adjustment Amount [   ]

Adjustment Code [   ] [Search]   Group Code [∨]

Adjustment Code Description [   ]

| Delete | Add |

Electronic Claims Submission Methods (Cont.) – Additional Other Insurance Information - Institutional

Other Insurance Header Information

	Carrier Number	Carrier Name	Claim Filling	Payment Date	Payment Amount
A	085	BC BS OF WISCONSIN	CI	11/20/2011	$50.00

Carrier Number* [085] [Search]   Payment Date* [11/20/2011]

Carrier Name* [BC BS OF WISCONSIN]   Payment Amount* [$50.00]

Claim Filing* [CI-Commercial Insurance Co. ▼]   OI Circumstance [▼]

[Delete] [Add]

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
1	10/18/2011	10/18/2011	97022	GO					1.00	$50.00
2	10/18/2011	10/18/2011	97110	GO					2.00	$150.00

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

Other Insurance Detail Information

	Detail	Carrier Number	Carrier Name	Payment Date	Payment Amount
A	2	085	BC BS OF WISCONSIN	11/20/2011	$25.00
A	1	085	BC BS OF WISCONSIN	11/20/2011	$25.00

Detail* [2 ▼]

Carrier Number [085]   Payment Date* [11/20/2011]

Carrier Name [BC BS OF WISCONSIN]   Payment Amount* [$25.00]

[Delete] [Add]

Other Insurance EOB Information

	Detail	Carrier Number	Adjustment Code	Adjustment Amount	Group Code
A	2	085	1	$125.00	PR
A	1	085	2	$25.00	PR

Detail* [2 ▼]

Carrier Number* [085 ▼]   Adjustment Amount* [$125.00]

Adjustment Code* [1] [Search]   Group Code* [PR-Patient Responsibility ▼]

Adjustment Code Description [Deductible Amount]

[Delete] [Add]

Electronic Claims Submission Methods (Cont.)

Attachments

*** No rows found ***

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

Attachment Control Number [   ]

Description [   ]

[Delete] [Add]

Claim Status Information

Claim Status [Not submitted yet]

[Submit] [Cancel]

Electronic Claims Submission Methods (Cont.)

Claim Status Information

Claim Status SUSPEND

Claim ICN 2219162001001

Paid Amount $0.00

EOB Information

Detail Number	Code	Description
0	0	This claim/service is pending for program review.
0	9817	Billing provider number was used to adjudicate the service(s)
1	9817	Billing provider number was used to adjudicate the service(s)
2	9817	Billing provider number was used to adjudicate the service(s)

Accessing Claims Information

o   All submitted claims will appear in the secure Claims area of the Portal.

o   Providers have the ability to view and search for claims.

o   Paid claims may be adjusted, copied, or voided.

o   Denied claims may be corrected and resubmitted.

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Accessing Claims Information (Cont.)

Claims via the Provider Area of the Portal

o Providers may customize their home page to display the most recent five to 20 claims.

o Providers may also customize claims so that only claims of a particular type and/or status display on the home page.

o Any claims older than 30 days will not appear under the Provider tab.

o Providers can click any claim to select it; the claim detail will then be displayed.

o Providers will need to select the Provider tab to return to the home page.

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Accessing Claims Information (Cont.)

Claims via the Claims Page

o A claim search can display current claims as well as those dating back three years.

o Search for claims by entering data into at least one of the parameter fields.

o The more parameters completed, the narrower the search.

o Navigate through multiple pages of results by:

– Using the page numbers.

– Modifying the sort by selecting any of the column headers.

o Providers can click any claim to select it; the claim detail will then be displayed.

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Search Claims Tool

o Providers may perform a search by entering the internal control number (ICN) in the claims search function.

o Providers may also search by ICN in the submit a claim function.

o If the provider enters an ICN incorrectly in the claim search field, click Clear and re-enter the ICN.

Search Claims Tool (Cont.)

o Click New Search and to return to the Claims Search screen.

o Enter data into at least one of the parameter fields:

  – The more parameters completed, the narrower the search.

  – The search results will also include the member's first and last name.

o If multiple claim results appear, click one claim result to view.

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Accessing Claims Information (Cont.)

Claim Search

Required fields are indicated with an asterisk (*).

Provider ID :

Internal Control Number(ICN)

Rendering Provider ID

Member ID

Claim Type

Old Internal Control Number(ICN)

Status

From Date of Service

Date Paid

To Date of Service

Amount Billed

Search

Clear

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Claim Search

Required fields are indicated with an asterisk (*).

Provider ID : [▼]

Internal Control Number(ICN) [   ]   Rendering Provider ID [   ]

Member ID [1110560117]   Claim Type [▼]

Old Internal Control Number(ICN) [   ]   Status [▼]

From Date of Service [   ]   Date Paid [   ]

To Date of Service [   ]   Amount Billed [$0.00]

[Search]

[Clear]

Search Results

ICN/Old ICN	Member ID	Member First Name	Member Last Name	From Date of Service	To Date of Service	Claim Type	Status	Date Paid	Amount Billed
2212018001002	1110560117	MARY	MEDICAID	01/01/2012	01/08/2012	Inpatient Xover	DENY	12/07/2018	$22,541.33
2212018001003	1110560117	MARY	MEDICAID	12/20/2011	12/24/2011	Inpatient Xover	DENY	12/07/2018	$5,400.00
1111361001001	1110560117	MARY	MEDICAID	12/17/2011	12/17/2011	Professional Xover	PAY	12/07/2018	$313.00
2211348001027	1110560117	MARY	MEDICAID	11/02/2011	11/02/2011	Professional Xover	PAY	12/07/2018	$314.00
2211300001013	1110560117	MARY	MEDICAID	10/27/2011	10/27/2011	Inpatient	DENY	12/07/2018	$229.90
2211300001011	1110560117	MARY	MEDICAID	10/26/2011	10/26/2011	Outpatient	PAY	12/07/2018	$549.16
2211298001052	1110560117	MARY	MEDICAID	10/20/2011	10/20/2011	Outpatient	DENY	12/07/2018	$549.16
2211298001053	1110560117	MARY	MEDICAID	10/20/2011	10/20/2011	Outpatient	PAY	12/07/2018	$549.16
2211319001011	1110560117	MARY	MEDICAID	10/18/2011	10/18/2011	Professional	PAY	12/07/2018	$200.00
2212013001001	1110560117	MARY	MEDICAID	12/01/2011	12/31/2011	Long Term Care	DENY	01/13/2012	$7,158.75
2211348001026	1110560117	MARY	MEDICAID	11/02/2011	11/02/2011	Professional Xover	DENY	12/14/2011	$314.00
2211320001002	1110560117	MARY	MEDICAID	10/26/2011	10/26/2011	Outpatient	DENY	11/16/2011	$549.16
2211320001003	1110560117	MARY	MEDICAID	10/05/2011	10/05/2011	Outpatient	PAY	11/16/2011	$540.00
2211300001008	1110560117	MARY	MEDICAID	10/27/2011	10/27/2011	Outpatient	DENY	10/27/2011	$549.16
2211300001009	1110560117	MARY	MEDICAID	10/26/2011	10/26/2011	Outpatient	DENY	10/27/2011	$549.16
2219162001001	1110560117	MARY	MEDICAID	05/15/2019	05/17/2019	Professional	SUSPEND	0	$100.00

Adjusting, Copying, and Voiding Paid Claims

Adjusting Paid Claims

o   Some reasons for adjusting a claim:

  –   To correct billing or processing errors

  –   To correct inappropriate payments — overpayments/underpayments

  –   To add or delete services

Adjusting, Copying, and Voiding Paid Claims (Cont.)

Copying Paid Claims

o Select the claim and click Copy at the bottom of the page.

o Once all the necessary changes are made, click Submit. (*Note:* Change both header and detail information, as necessary.)

o Attachment information will not be retained on a copied claim.

o To indicate an attachment, users must add a row in the attachment panel.

o Follow the instructions to electronically upload an attachment.

Adjusting, Copying, and Voiding Paid Claims (Cont.)

Voiding Paid Claims

o Select a claim and click Void at the bottom of the page.

o The status of a claim will change to Denied once voided.

o The EOB reflecting the void will be displayed on the original claim.

o The Void function can be performed on any paid claim that has not previously been adjusted or voided.

Adjusting, Copying, and Voiding Paid Claims (Cont.)

Claim Status Information

Claim Status	PAY
Claim ICN	2211319001011
Paid Date	11/15/2011
Paid Amount	$79.56

EOB Information

Detail Number	Code	Description
0	9817	Billing provider number was used to adjudicate the service(s)
1	9817	Billing provider number was used to adjudicate the service(s)
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.
1	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
2	9817	Billing provider number was used to adjudicate the service(s)
2	9918	Pricing Adjustment - Maximum allowable fee pricing applied.
2	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.

Cancel   Adjust   Void   Copy claim

Resubmitting Denied Claims

o   Providers may resubmit denied claims via the Portal.

o   EOB codes are listed at the bottom of the page.

o   Providers can change information at the header and detail levels.

o   Once resubmitted, the claim is reprocessed and the new status will be displayed with a new ICN.

o   Each time a denied claim is resubmitted, it will result in a new claim record on the RA.

o   interChange continuously processes claims; however, there is only one financial cycle per week, per financial payer.

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Resubmitting Denied Claims

Claim Status Information

Claim Status: DENY

Claim ICN: 2211361001002

Denied Date: 12/27/2011

Paid Amount: $0.00

EOB Information

Detail Number	Code	Description
0	9817	Billing provider number was used to adjudicate the service(s)
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.
1	9817	Billing provider number was used to adjudicate the service(s)
1	1690	Quantity indicated for this service exceeds the maximum quantity limit establis

re-submit   Cancel

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Provider Resources

o ForwardHealth Portal: *www.forwardhealth.wi.gov/*

o Provider Services: 800-947-9627

o WiCall: 800-947-3544 (ForwardHealth's Automated Voice Response system)

o ForwardHealth Portal Helpdesk: 866-908-1363

o EDI: 866-416-4979

Provider Resources (Cont.)

o Provider Relations Representatives

o ForwardHealth Managed Care Ombudsmen: 800-760-0001

o Member Enrollment: *www.access.wi.gov/*

Communications

o User Guides:

– Public home page: Policy and Communication > Communication > User Guides

– Secure Portal: Providers > Users Guide

o E-mail Subscription Sign-up on the public home page: Policy and Communication > Communication > E-mail Subscription Sign-up

o Updates on the public home page: Policy and Communication > Policy > ForwardHealth Updates

Communications (Cont.)

o Trainings on the public home page: Policy and Communication > Communication > Trainings

o Contact link at the bottom of Portal pages

o Secure Messaging on the secure Portal

o RA Banner Messages on the secure Portal

Thank You