Quick Reference Guide: Online Claim Adjustments

This guide contains instructions and helpful hints on submitting corrected claims, provider payment disputes and returning funds to CarePartners of Connecticut through the secure Provider portal.

Note: CarePartners of Connecticut's Provider Payment Dispute Policy is available in the Resource Center on the public Provider website.

Online Claim Adjustments Overview

Registered users can submit claim adjustments using the secure Provider website. If you are not registered for secure access to the secure Provider website, you can register here. Registered users can:

Adjust claims, including changing provider and payee ID numbers, procedure and diagnosis codes, billed amounts, modifiers and member information.

Submit payment disputes, adjustment comments and supporting documentation electronically.

Return funds by selecting either a claim refund by check or a claim refund through a retraction from future claims payments.

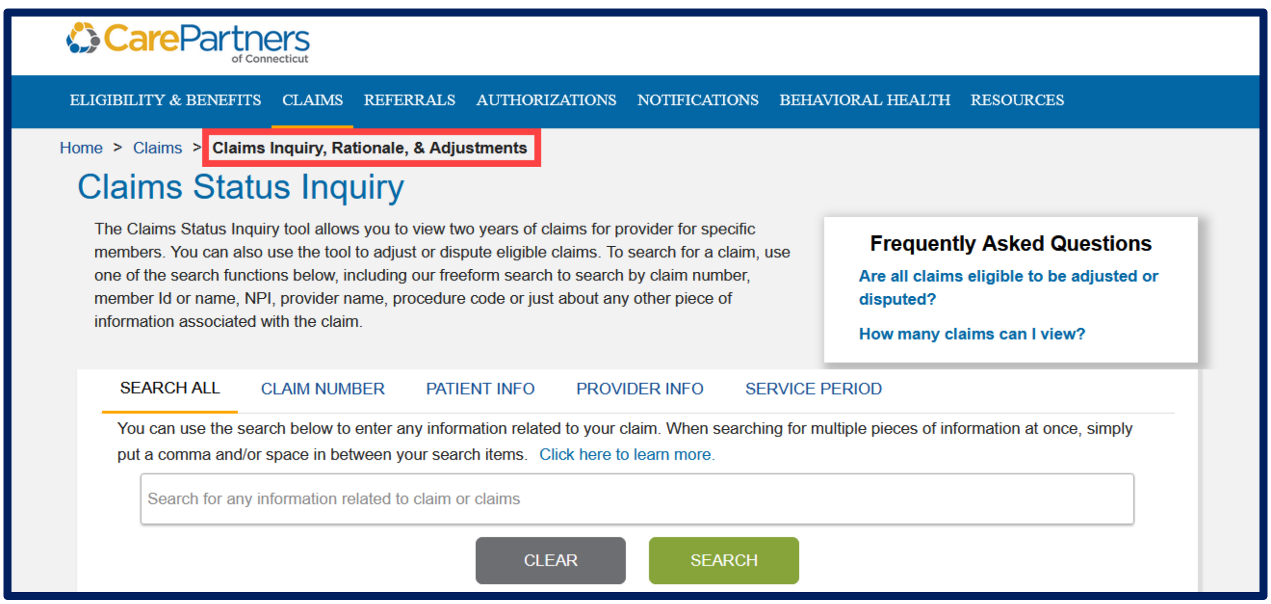
Note: Some claims may not be adjusted online. If a claim cannot be adjusted online, a message will appear indicating the claim cannot be adjusted.

ACCESSING THE CLAIMS INQUIRY, RATIONALE, & ADJUSTMENTS

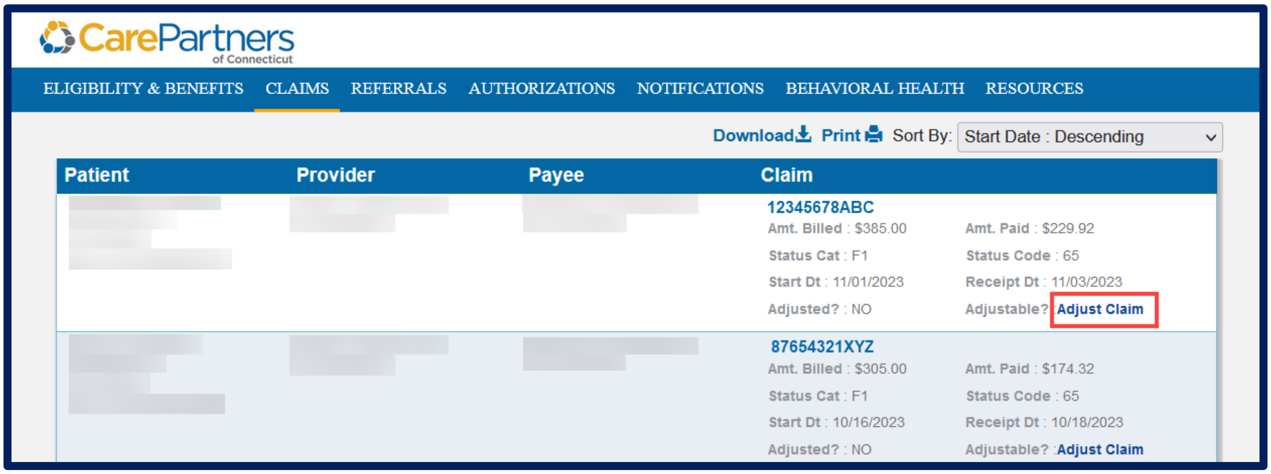
Step 1: Log on to the secure Provider portal.

Step 2: From the main menu, click "Claims Inquiry, Rationale, & Adjustments."

Step 3: Enter any information related to the claim(s) that you are inquiring about using the free form search. The claim results will display according to the search criteria used.



Step 4: To submit an online claim adjustment, click on the "Adjust Claim" link. The *Claims Adjustment* main menu will appear.



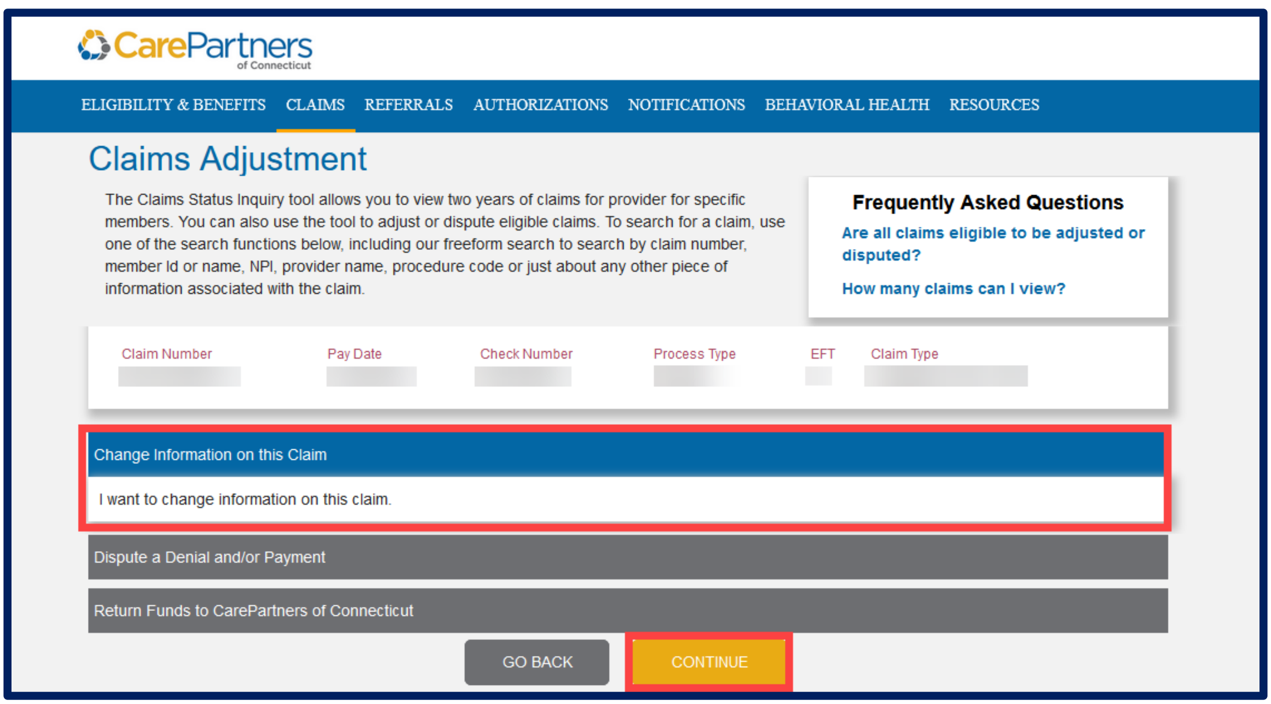
Claims Adjustment Main Menu

From the *Claims Adjustment* main menu, you can select to change information on a claim, submit a denial and/or payment dispute or return funds to CarePartners of Connecticut.

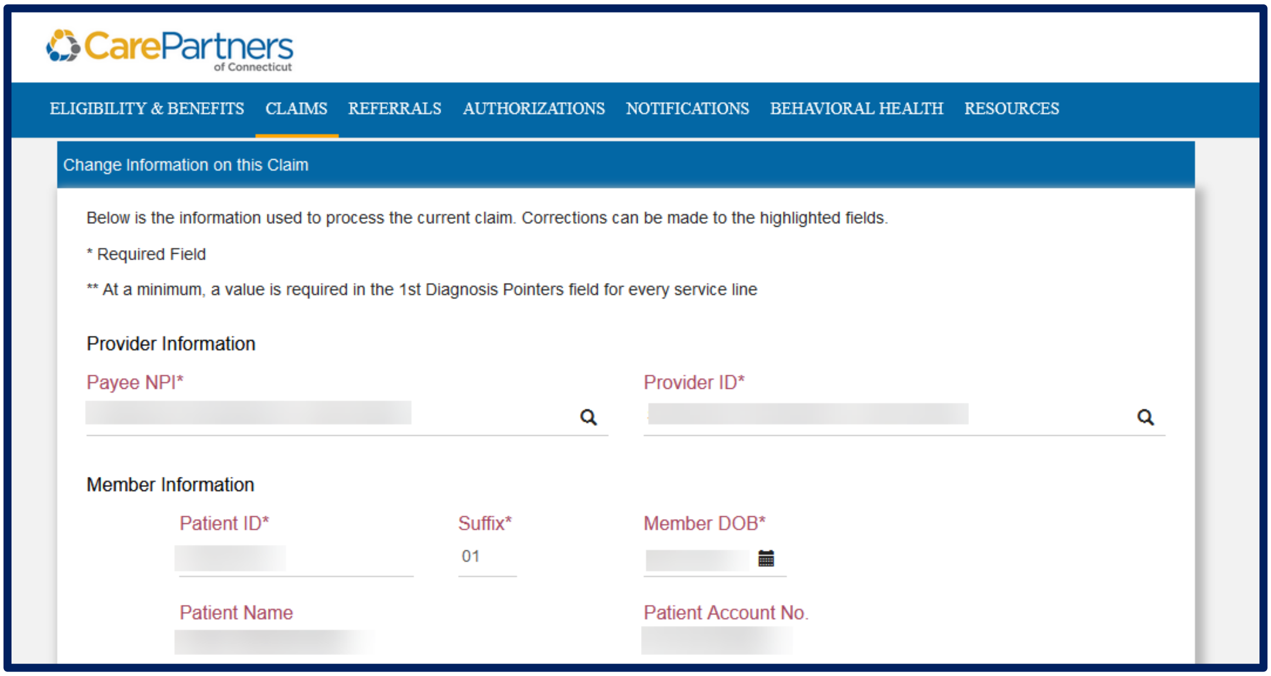
Note: This menu will dynamically display the available options for each claim. For example, the option to submit a refund will not be available on claims for which there was no payment.

CHANGE INFORMATION ON THIS CLAIM

Step 1: From the *Claims Adjustment* menu, select "Change Information on this Claim" and then click CONTINUE.

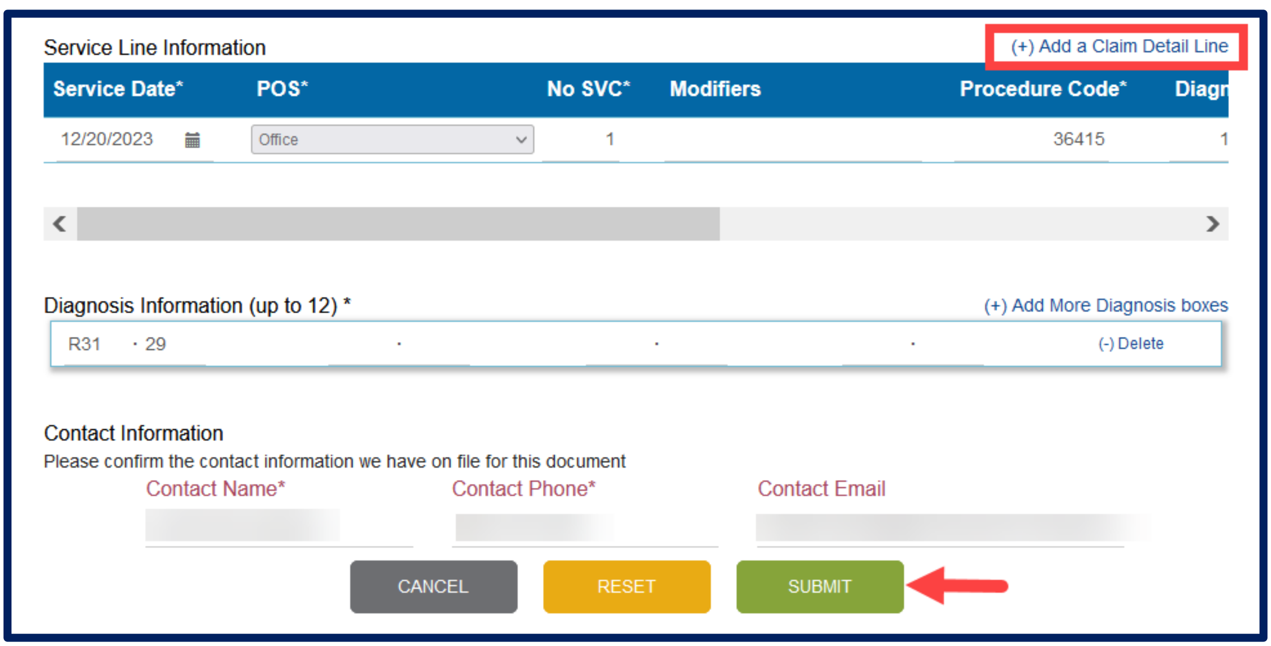


Step 2: The *Change Information on this Claim* screen will display. From this screen, you can make corrections to any of the highlighted fields.



Step 3: You also have the option to add or delete service lines on the claim by selecting "(+) Add a Claim Detail Line." To remove a claim line, select "(-) Delete." **Note:** A claim must have at least one service line. Claims cannot be deleted online.

Step 4: To add more diagnosis codes to the claim, select "(+) Add More Diagnosis boxes." To remove diagnosis codes from the claim, select "(-) Delete."



Step 5: Once you make all needed changes, click SUBMIT.

Note: You can click RESET to return all claim fields to their original state. If you click CANCEL, you will return to the *Claims Inquiry, Rationale, & Adjustments* main menu.

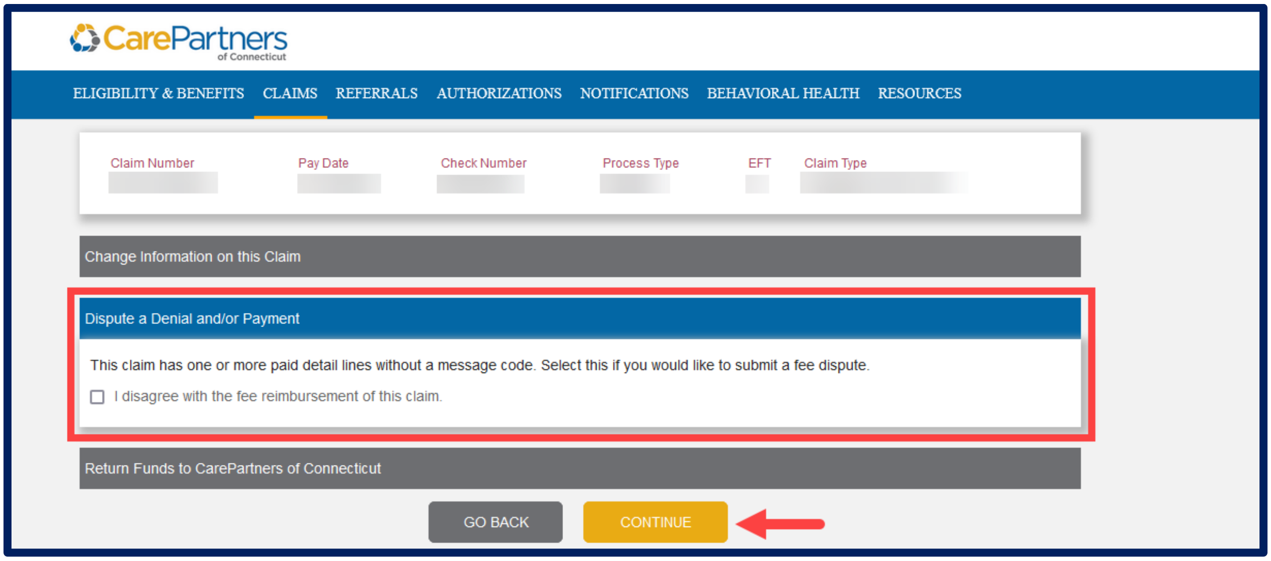
Step 6: A confirmation page will display the following options:

- Click "Confirm" to accept your changes.
- Click "Edit" to make additional changes. You will be redirected to the Adjustment Entry screen.
- Click "Cancel" to cancel your request.

Step 7: Once you have confirmed your request, a final confirmation page displays with your tracking number for the adjustment.

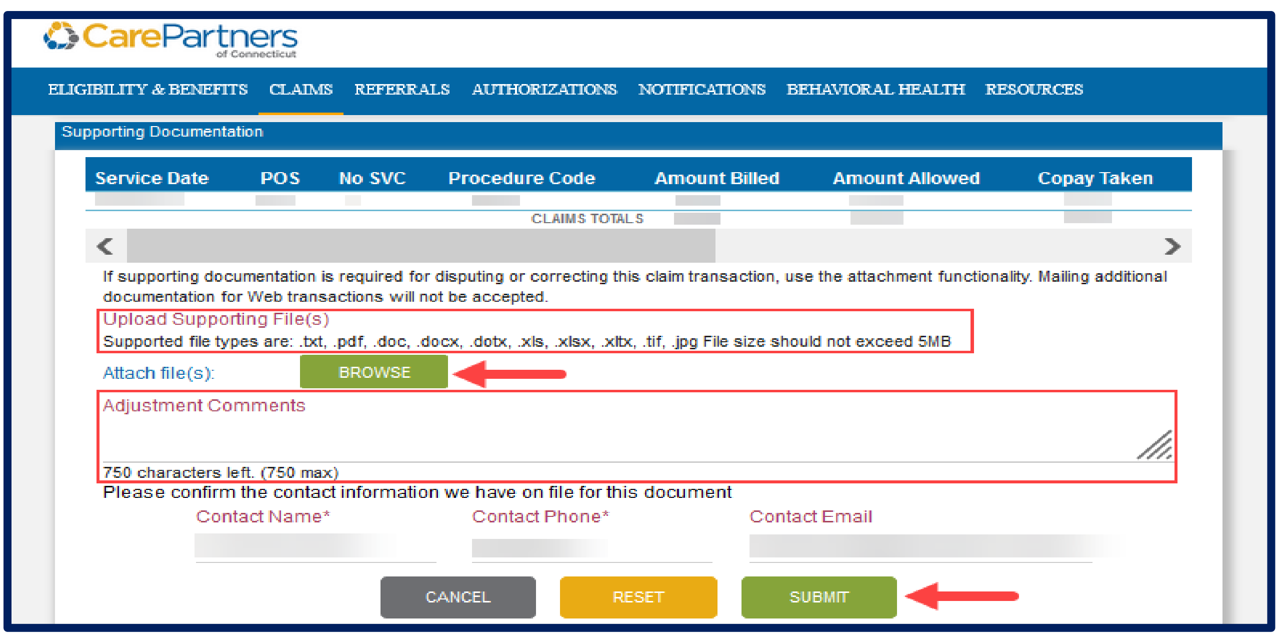
SUBMITTING A PROVIDER PATMENT DISPUTE

Step 1: From the *Claim Adjustment* menu, select "Dispute a Denial and/or Payment." The main menu selection expands to display any message codes listed on the claim. If there are claim lines where there is no message code, an option to dispute a reimbursement will display. **Note:** You may select any combination of code and/or payment disputes as needed.



Step 2: Select the message code and/or fee reimbursement you are disputing and click CONTINUE.

Step 3: The *Claim Adjustment Dispute Entry* screen will appear. The "Adjustment Comments" box must be filled out with information supporting the rationale for the dispute. Supporting documentation is required for most disputes. Electronic files may be attached by selecting BROWSE.



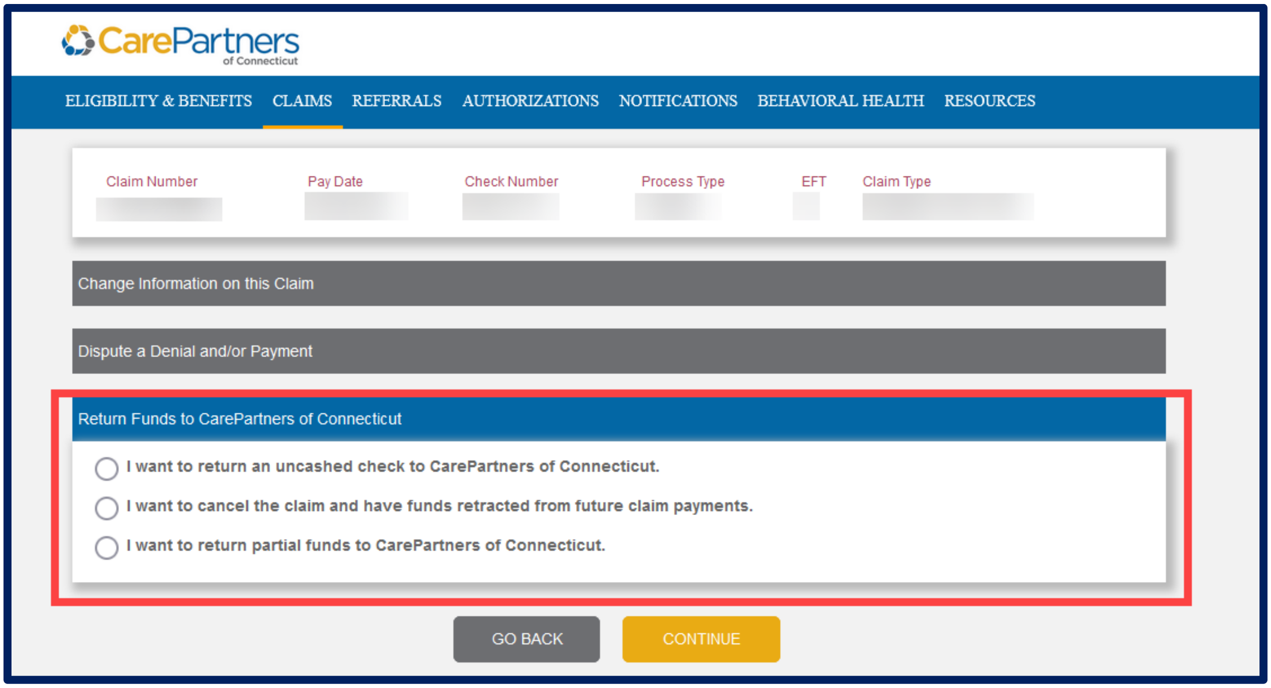
Step 4: Review the information you have entered in the "Adjustment Comments" box and confirm that you have uploaded all needed supporting documents. Once this is complete, click SUBMIT.

Step 5: Once submitted, a confirmation page will display the tracking number for the dispute.

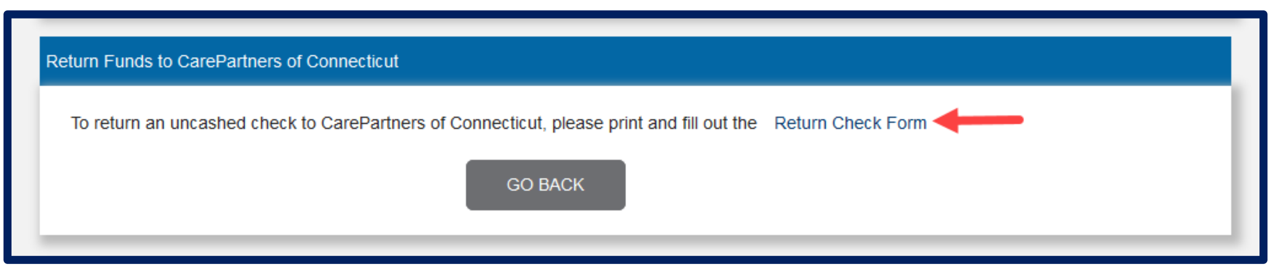
RETURN FUNDS TO CAREPARTNERS OF CONNECTICUT

Step 1: From the *Claim Adjustment* main menu, select "Return Funds to CarePartners of Connecticut." The main menu selection will expand to display the following three options for returning funds:

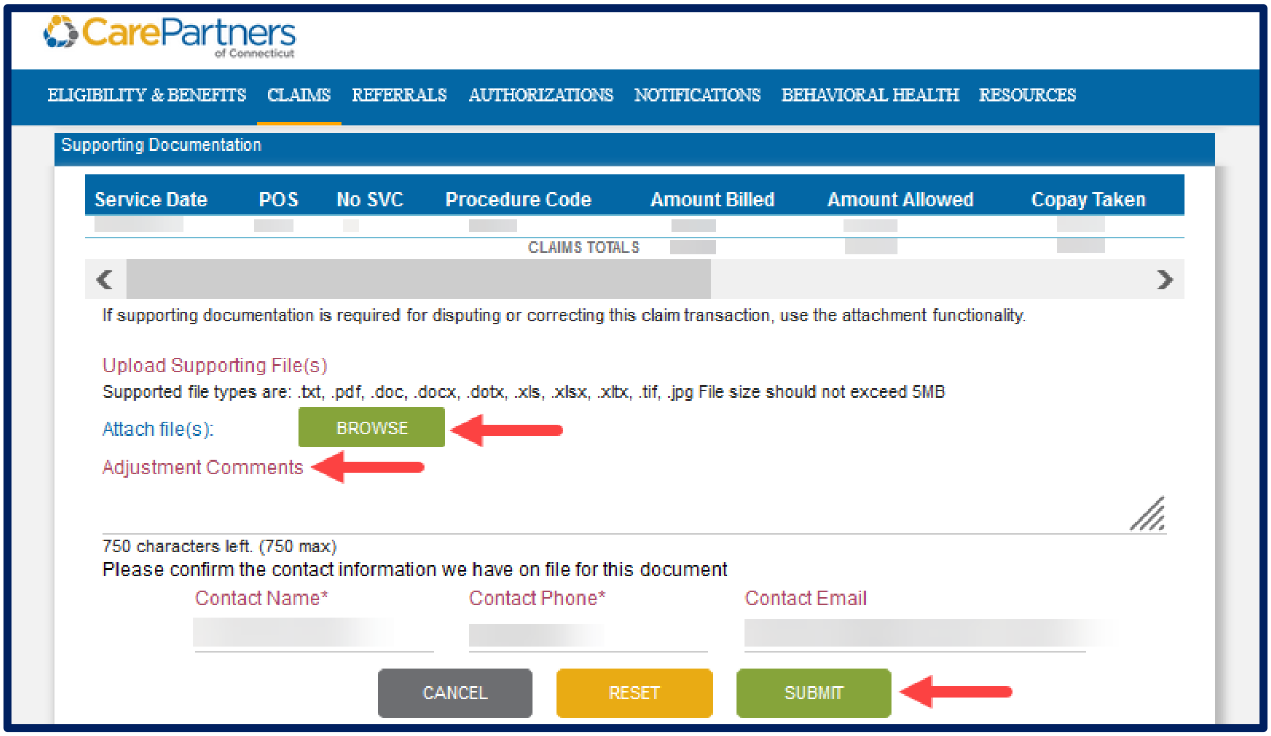
1. I want to return an uncashed check to CarePartners of Connecticut.
2. I want to cancel the claim and have funds retracted from future claim payments.
3. I want to return partial funds to CarePartners of Connecticut.



Step 2: Selecting either the option to return an uncashed check or to return partial funds will display a link for the Return Check Form. This form should be completed and submitted by mail with your check to CarePartners of Connecticut.



Step 3: When you select the option to cancel a claim and have funds retracted from future claim payments, you are taken to the *Claim Adjustment Retraction of Funds* screen. The "Adjustment Comments" box must be filled out for each retraction and can be used to specify a partial retraction when needed. If necessary, you may attach supporting documentation electronically.



Step 4: Once you have filled in the comments box, click SUBMIT.

Note: Clicking RESET will clear the comments field and remove any attached documents. Clicking CANCEL will redirect you to the claim search feature.

Step 5: Once you have submitted the retraction request, a confirmation page will display the tracking number.

FOLLOW UP ON A SUBMITTED ADJUSTMENT REQUEST

Online claim adjustment requests may be viewed in the claim detail page within the CLAIMS option on the Provider portal. This feature may be used to track the progress of a submitted request. The status category and code on the claim will be updated as the claim is reprocessed.