

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 <u>portal</u>.

Note: CarePartners of Connecticut's <u>Provider Payment Dispute Policy</u> 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 <u>here</u>. 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.

ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH RESOURCES Home * Claims * Claims Inquiry, Rationale, & Adjustments Claims Status Inquiry tool allows you to view two years of claims for provider for specific members. You can also use the tool to adjust or dispute eligible claims. To search for a claim, use one of the search functions below, including our freeform search to search by claim number, member Id or name, NPI, provider name, procedure code or just about any other piece of information associated with the claim. Frequently Asked Questions SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO SERVICE PERIOD You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply ut a comma and/or space in between your search items. Click here to learn more. Search for any information related to claim or claims	CarePartners	
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You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. Click here to learn more. Search for any information related to claim or claims	SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO SERVICE PERIOD	
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Step 4: To submit an online claim adjustment, click on the "Adjust Claim" link. The *Claims Adjustment* main menu will appear.

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ELIGIBILITY & BENEFITS	CLAIMS	REFERRALS	AUTHORIZATIONS	NOTIFICATIONS	BEHAVIORAL HEALT	H RESOURCES
				Downlo	ad 🕹 Print 🚔 Sort By:	Start Date : Descending v
Patient	Prov	ider	Payee	С	laim	
				1	2345678ABC Amt. Billed : \$385.00	Amt. Paid : \$229.92
				5	Status Cat : F1 Start Dt : 11/01/2023	Status Code : 65 Receipt Dt : 11/03/2023
				1	Adjusted? : NO	Adjustable? Adjust Claim
				-	87654321XYZ Amt. Billed : \$305.00	Amt. Paid : \$174.32
				\$	Status Cat : F1	Status Code : 65
				5	Start Dt : 10/16/2023	Receipt Dt : 10/18/2023
				l.	Adjusted? : NO	Adjustable? :Adjust Claim

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.

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ELIGIBILITY & BENEFITS	CLAIMS REFERRAL	S AUTHORIZATIONS	NOTIFICATIONS BEH.	AVIORAL HEALTH RESOURCES
Claims Adju	stment			
The Claims Status Inqu members. You can also one of the search func member Id or name, Ni information associated	iry tool allows you to view o use the tool to adjust or tions below, including our PI, provider name, procedu with the claim.	two years of claims for j dispute eligible claims. T freeform search to sear ure code or just about a	provider for specific fo search for a claim, use ch by claim number, ny other piece of	Frequently Asked Questions Are all claims eligible to be adjusted or disputed? How many claims can I view?
Claim Number	Pay Date	Check Number	Process Type	EFT Claim Type
Change Information on t	his Claim			
I want to change inform	ation on this claim.			
Dispute a Denial and/or	Payment			
Return Funds to CarePa	artners of Connecticut			
		GO BACK	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.

Care	Partners							
ELIGIBILITY &	BENEFITS CLAIMS	REFERRALS	AUTHORIZATIONS	NOTIFICATIONS	BEHAVIORAL HEALTH	RESOURCES		
Change Inform	nation on this Claim							
Below is the * Required ** At a minin Provider I	e information used to p Field mum, a value is require nformation	rocess the curre	ent claim. Corrections (gnosis Pointers field fo	can be made to the or every service line	highlighted fields.			
Payee NP) *		٩	Provider ID*			۹	
Member I	nformation Patient ID* Patient Name		Suffix* 01	Member DOB	*			

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."

ervice Line Inform	ation			(+) Add a Claim De	etail Lin
Service Date*	POS*	No SVC*	Modifiers	Procedure Code*	Diag
12/20/2023 🛗	Office	✓ 1		36415	
C)
viagnosis Informatio	on (up to 12) *			(+) Add More Diagnos	sis box
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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.

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ELIGIBILITY & BENEFITS	CLAIMS REFERRALS	AUTHORIZATIONS	NOTIFICATIONS	BEHAVIORAL	HEALTH	RESOURCES
Claim Number	Pay Date	Check Number	Process Type	EFT	Claim Type	
Change Information on th	is Claim					
Dispute a Denial and/or P	Payment					
This claim has one or mo	ore paid detail lines without e reimbursement of this cla	t a message code. Sele aim.	ect this if you would I	ike to submit a fe	ee dispute.	
Return Funds to CarePar	tners of Connecticut					
		GO BACK	CONTINUE		-	

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.

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Service Date	POS	No SVC	Procedure Code	Amount Billed	Amount Allowed	Copay Taken
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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.

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ELIGIBILITY & BENEFITS	CLAIMS	REFERRALS	AUTHORIZATIONS	NOTIFICATIONS	BEHAVIORAL HE	ALTH RESOURCES		
Claim Number	PayD	ate	Check Number	Process Type	EFT Cla	im Type		
Change Information on th	is Claim							
Dispute a Denial and/or F	ayment							
Return Funds to CarePar	tners of Cor	nnecticut						
I want to return a	n uncashe	d check to Ca	rePartners of Conne	ecticut.				
I want to return p	artial fund	s to CarePartr	ners of Connecticut.	re claim payments			_	
			GO BACK	CONTINUE				

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.

Return Funds to CarePartners of Connecticut	
To return an uncashed check to CarePartners of Connecticut, please print and f	II out the Return Check Form
GO BACK	

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.

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Service Date	POS	No SVC	Procedure Code	Amount Billed	Amount Allowed	Copay Taken
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If supporting doc Upload Suppo Supported file ty Attach file(s):	cumentation is orting File(s) opes are: .txt, .	pdf, .doc, .do	disputing or correcting the provident of	nis claim transaction, us x, .tif, .jpg File size shou	e the attachment functiona Ild not exceed 5MB	ality.
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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.