

Quick Reference Guide: Online Claim Adjustments

This guide contains general guidelines, helpful hints and instructions 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.

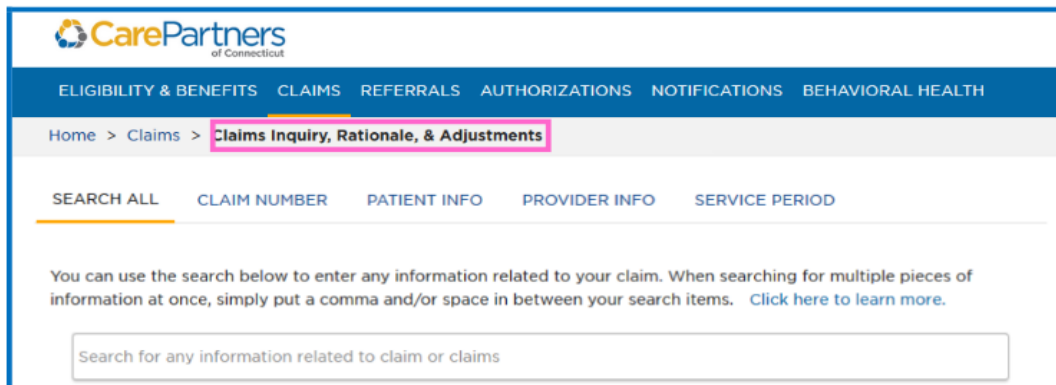
Note: Some claims may not be adjusted online. If your claim cannot be adjusted online, a message will appear indicating the claim cannot be adjusted. An adjustment request submitted online is assigned a tracking number.

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.



Patient	Provider	Payee	Claim
EATON, JACK S00123456 01 08/08/1950 Acct. #: ABC123	JOHN HARTWELL, MD ID: 1234567890	SUNNY DAY WELLNESS GROUP ID: 0987654321	O2O12345CMSU Amt. Billed : \$250.00 Status Cat : F1 Start Dt : 02/13/2019 Adjusted? : NO Amt. Paid : \$250.00 Status Code : 65 Receipt Dt : 02/14/2019 Adjustable? Adjust Claim

Claims Adjustment Main Menu

From the *Claims Adjustment* main menu, you can submit an adjustment, payment dispute or refund request.

Note: This online search 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".

The screenshot shows the CarePartners of Connecticut website. The navigation bar includes: ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, BEHAVIORAL HEALTH. The breadcrumb trail is: Home > Claims > Claims Inquiry, Rationale, & Adjustments. The main heading is "Claims Adjustment". A text block explains the Claims Status Inquiry tool. A "Frequently Asked Questions" box contains three questions. Below is a "Provider Payment Dispute Guidelines" table with columns: Claim Number, Pay Date, Check Number, Process Type, EFT, Claim Type. Three buttons are visible: "Change information on this Claim" (highlighted with a pink border), "Dispute a Denial and/or Payment", and "Return Funds to CarePartners of Connecticut". At the bottom are "GO BACK" and "CONTINUE" buttons, with a pink arrow pointing to "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.

The screenshot shows the "Change Information on this Claim" screen. It includes the CarePartners of Connecticut logo and navigation bar. The heading is "Change Information on this Claim". A text block states: "Below is the information used to process the current claim. Corrections can be made to the highlighted fields." Below this are instructions: "* Required Field" and "** At a minimum, a value is required in the 1st Diagnosis Pointers field for every service line". The form is divided into two sections: "Provider Information" and "Member Information". Under "Provider Information", there are dropdown menus for "Payee NPI*" and "Provider ID*". Under "Member Information", there are input fields for "Patient ID*", "Suffix*", and "Member DOB*" (with a calendar icon). At the bottom, there are input fields for "Patient Name" and "Patient Account No.".

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".

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

Note: A claim must have at least one service line. Claims cannot be deleted online.

Service Line Information (+) Add a Claim Detail Line

Service Date*	POS*	No SVC*	Modifiers	Procedure Code*	
03/06/2019	Office	1		G0438	1

Diagnosis Information (up to 12) * (+) Add More Diagnosis boxes

000| . 0 (-) Delete

Contact Information

Please confirm the contact information we have on file for this document

Contact Name*	Contact Phone*	Contact Email
JOHN HARTWELL	(123) 456-7890	jhartwell@sunnyday.com

CANCEL RESET SUBMIT

Step 5: Once you make corrections, 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.

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

Note: You may select any combination of codes or fee disputes on a particular claim as needed.

Step 3: The *Claim Adjustment Dispute Entry* screen displays detailed requirements needed for the dispute you have selected. The "Adjustment Comments" box must be filled out with information indicating the rationale for the dispute. For most disputes, supporting documentation is required. The secure Provider [portal](#) supports the following two methods for submitting supporting documentation:

1. Electronic files may be attached by selecting "BROWSE". If you need to attach supporting documents to your claim adjustment, you can include the following file types, up to 5MB: .txt, .pdf, .doc, .xls, .tif, .jpg

Service Date	POS	No SVC	Procedure Code	Amount Billed	Amount Allowed	Copay Taken
03/06/2019		1	99212	199.00	54.77	0.00
CLAIMS TOTALS				199.00	54.77	0.00

2. If you would like to send paper documents, refer to the instructions in the [Provider Payment Dispute Policy](#), which is available in the Resource Center on CarePartners of Connecticut's public Provider website. Mailed submissions must include a tracking sheet (i.e., confirmation page) on top of any documents that are being mailed to support an online claim adjustment request. **Do not** attach a Provider Payment Dispute form to documents that support an online claim adjustment.

Note: You may elect to submit documents both electronically and by mail.

Step 4: Review the information you have entered in the "Adjustment Comments" box and confirm that you have selected a method to submit supporting documents. Once this is complete, click "SUBMIT".

Step 5: Once you have submitted the dispute request, a confirmation page displays your tracking number for the dispute.

Note: If you are mailing supporting documents, print the confirmation page and attach it as a tracking sheet.

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.

The screenshot shows the CarePartners of Connecticut website interface. At the top is the logo and a navigation bar with links: ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, and BEHAVIORAL HEALTH. Below the navigation bar is a section titled "Provider Payment Dispute Guidelines" with a table of columns: Claim Number, Pay Date, Check Number, Process Type, EFT, and Claim Type. Below the table are three buttons: "Change Information on this Claim", "Dispute a Denial and/or Payment", and "Return Funds to CarePartners of Connecticut". The "Return Funds to CarePartners of Connecticut" button is highlighted with a pink border. Below this button is a list of three radio button options: "I want to return an uncashed check to CarePartners of Connecticut.", "I want to cancel the claim and have funds retracted from future claim payments.", and "I want to return partial funds to CarePartners of Connecticut.". At the bottom of the form are two buttons: "GO BACK" and "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 should be completed and submitted 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 fill 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.

CarePartners of Connecticut

ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH

Supporting Documentation

Please confirm that you would like the funds originally paid on this claim to be retracted from future claim payments

Service Date	POS	No SVC	Procedure Code	Amount Billed	Amount Allowed	Copay Taken
03/06/2019		1	99213	199.00	54.77	0.00
CLAIMS TOTALS				199.00	54.77	0.00

If supporting documentation is required for disputing or correcting this claim transaction, use the attachment functionality. Mailing additional documentation for Web transactions will not be accepted.

Upload Supporting File(s)
Supported file types are: .txt, .pdf, .doc, .docx, .dotx, .xls, .xlsx, .xltx, .tif, .jpg File size should not exceed 5MB

Attach file(s): [BROWSE](#) ←

Adjustment Comments

750 characters left. (750 max)

Please confirm the contact information we have on file for this document

Contact Name* JOHN HARTWELL
Contact Phone* (123) 456-7890
Contact Email jhartwell@sunnyday.com

[CANCEL](#) [RESET](#) [SUBMIT](#) ←

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

Note: If necessary, you may submit supporting documentation electronically or by mail.

Note: Clicking “RESET” will clear the comments field and remove any attached documents. Clicking “CANCEL” will redirect you to the *Claim Status Inquiry* feature.

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

Note: If you are mailing supporting documents, print the confirmation page and attach it as a tracking sheet.

FOLLOW UP ON A SUBMITTED ADJUSTMENT REQUEST

Online claim adjustment requests can be viewed in the claim detail page within the *Claim Status Inquiry* feature. This information can be used to track the progress of a submitted request. Using *Claim Status Inquiry*, locate the claim for which an adjustment request was made. The status category and code will update as the submission is processed.