Beginning Billing Workshop
Secure Web Portal 837I

Colorado Medicaid
2016

COLORADO
Department of Health Care Policy & Financing

Centers for Medicare & Medicaid Services

COLORADO
Department of Health Care Policy & Financing

Medicaid

Xerox State Healthcare

Medicaid/CHP+
Medical Providers

Training Objectives

- Web Portal
  - Basic overview and functions
  - Maintaining user, provider and member data
- User access and roles
- Eligibility verification and response
- 837I (Institutional) claims
  - Collection of information that creates one
  - How to submit
- Accessing reports

Web Portal

Advantages

- Convenient, user-friendly and easily accessible
- Available 24 hours/7 days per week
- Quick response to claim entries
- Available anywhere internet can be accessed

Trading Partner

Question:

What is a Trading Partner (TP)?

Answer:

An entity which sends and/or receives electronic health care transactions to/from the Colorado Medical Assistance Program. (i.e.: provider, billing group, billing service, clearinghouse, or payer.)

Trading Partner Administrator (TPA)

What is a TPA?

- Information security point of contact between Department and provider's office
- User appointed by organization or provider
- TPA's username assigned by State Security Administrator
  - Username begins with COTP, includes TP number, and ends with an "A" (COTP123456A)

What does the TPA do?

- Tasks include assigning roles and adding/removing users
- TPA should know exact duties of each user they add to the system
- TPA should be readily available to users who access the Web Portal

Billing Agencies / Agents

- Do not have authority to request password resets for Web Portal User Names assigned to Providers
- Issued own Trading Partner ID for purposes of billing on behalf of provider
  - When calling help desk for password resets, be prepared to self-identify as individuals submitting claims on behalf of provider
- Department reserves right to revoke or suspend previously granted user access when security violations or fraudulent activity is suspected

Web Portal Login Rules

- Only one valid login session can be open at a time
- For security, users are automatically logged-out after 30 minutes of inactivity
- Passwords

Are case-sensitive	Must be between 8 and 16 characters	Must contain 1 alphabetic and 1 numeric character	Cannot be re-used

- For login problems, use “I forgot my password” link on the log-in page or contact the TPA

Department Website

1

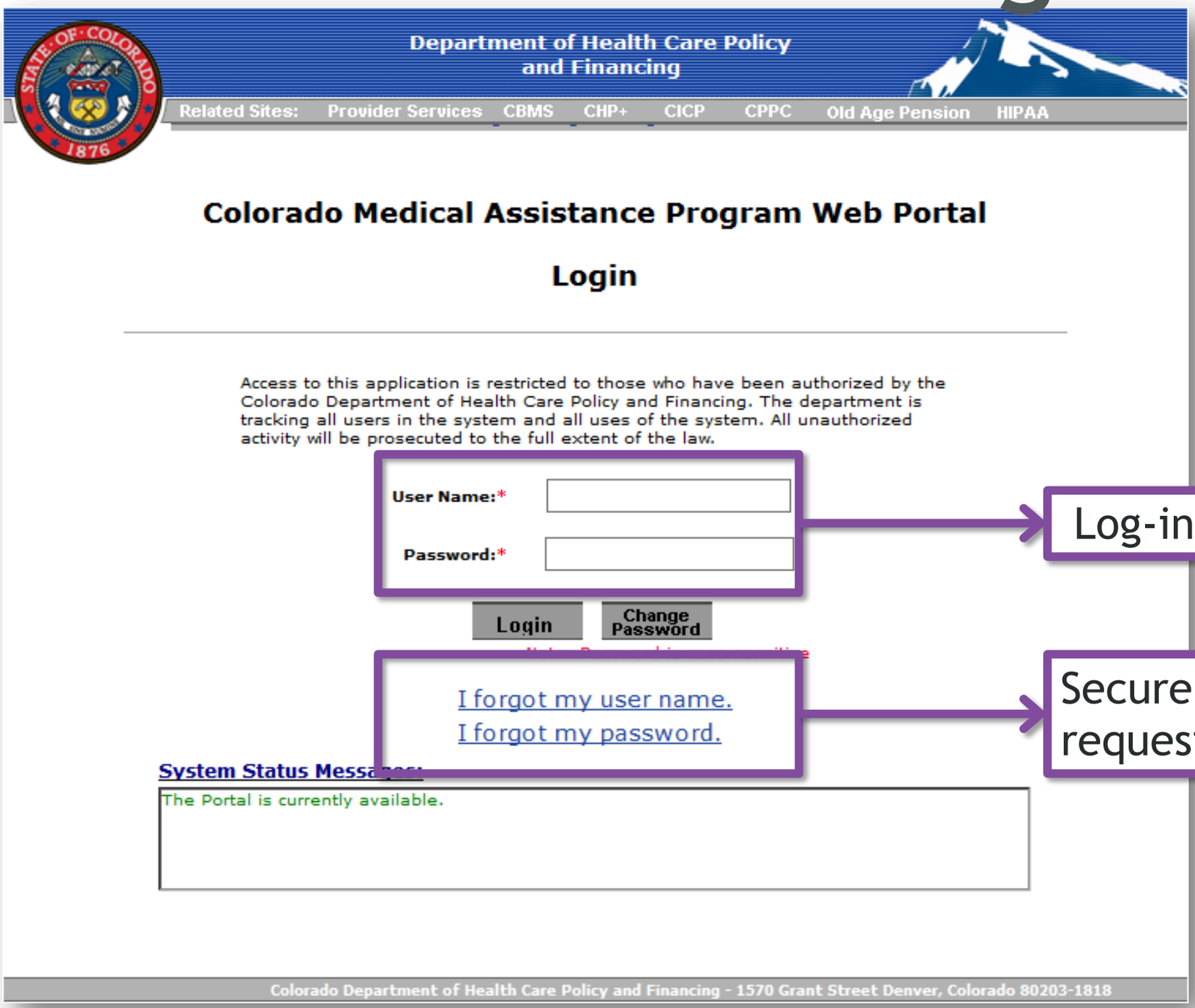
www.colorado.gov/hcpf

Provider Home Page

Find what you need here

Contains important information regarding Colorado Medicaid & other topics of interest to providers & billing professionals

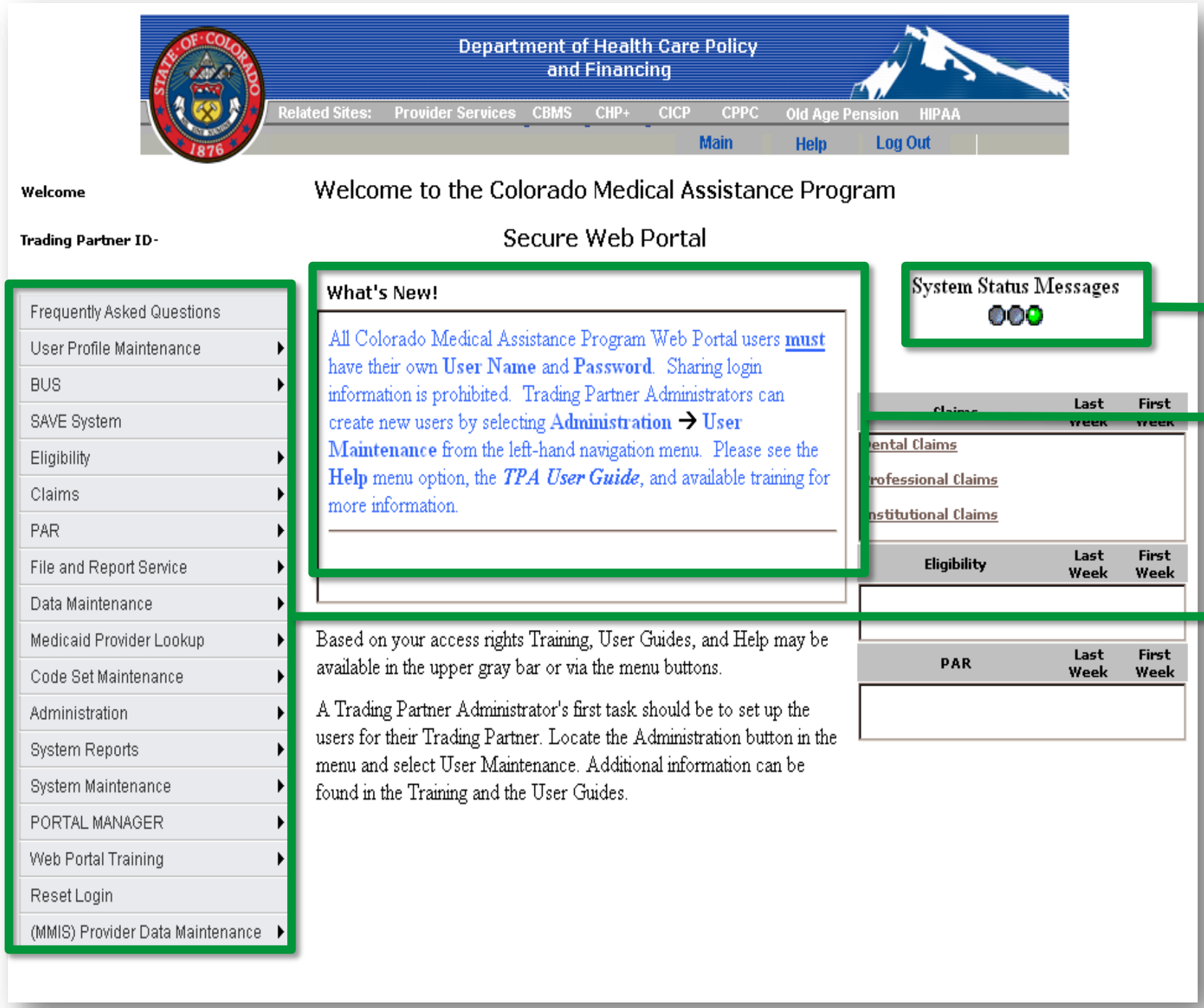
Web Portal Login Page



Log-in to access Web Portal

Securely reset password or request user name here

Web Portal Main Page

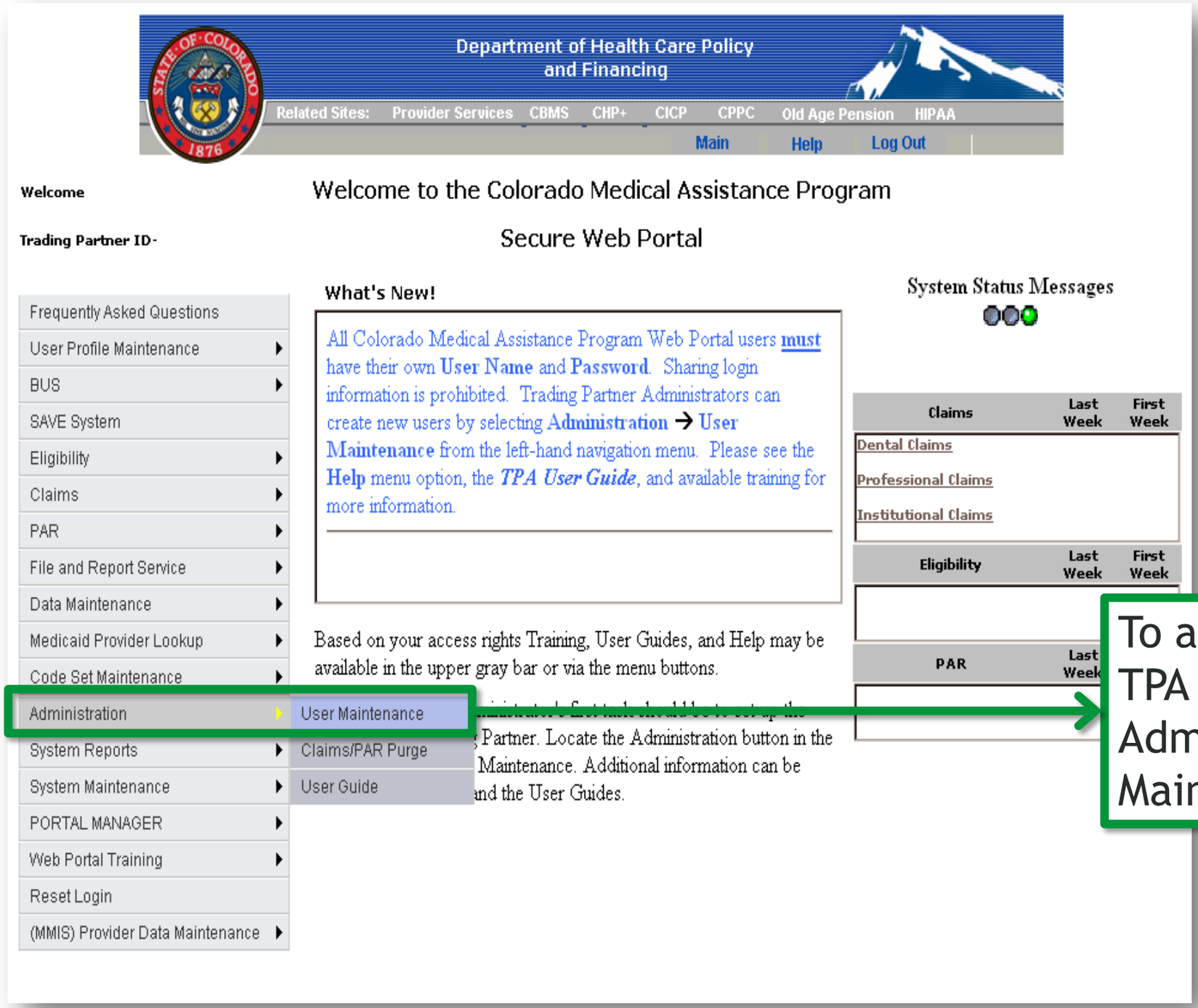


How is the Portal working?

What's New

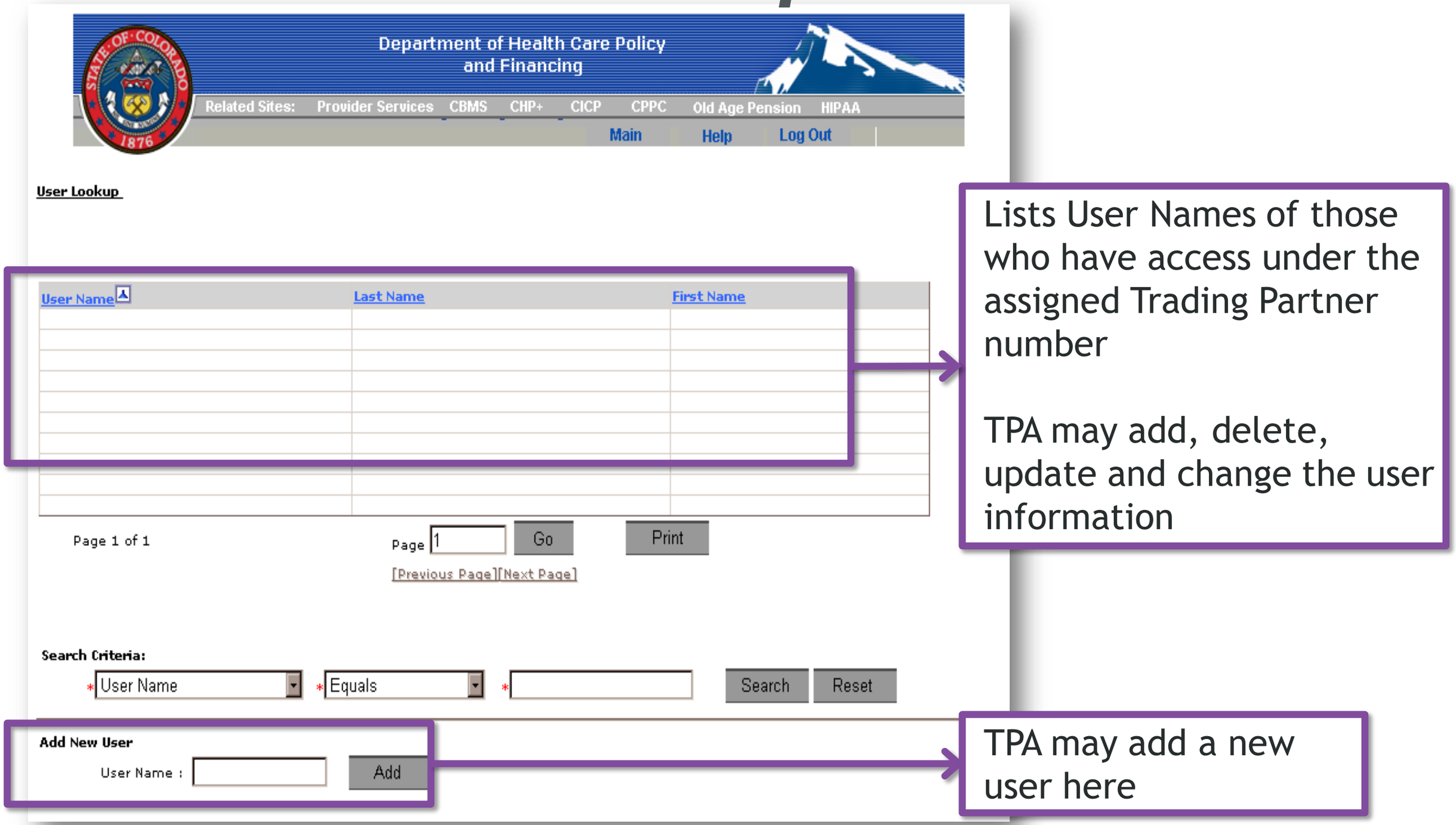
User Access dependent on roles assigned to user by TPA

Web Portal Main Page



To assign roles to users, TPA must access Administration then User Maintenance

User Lookup Screen

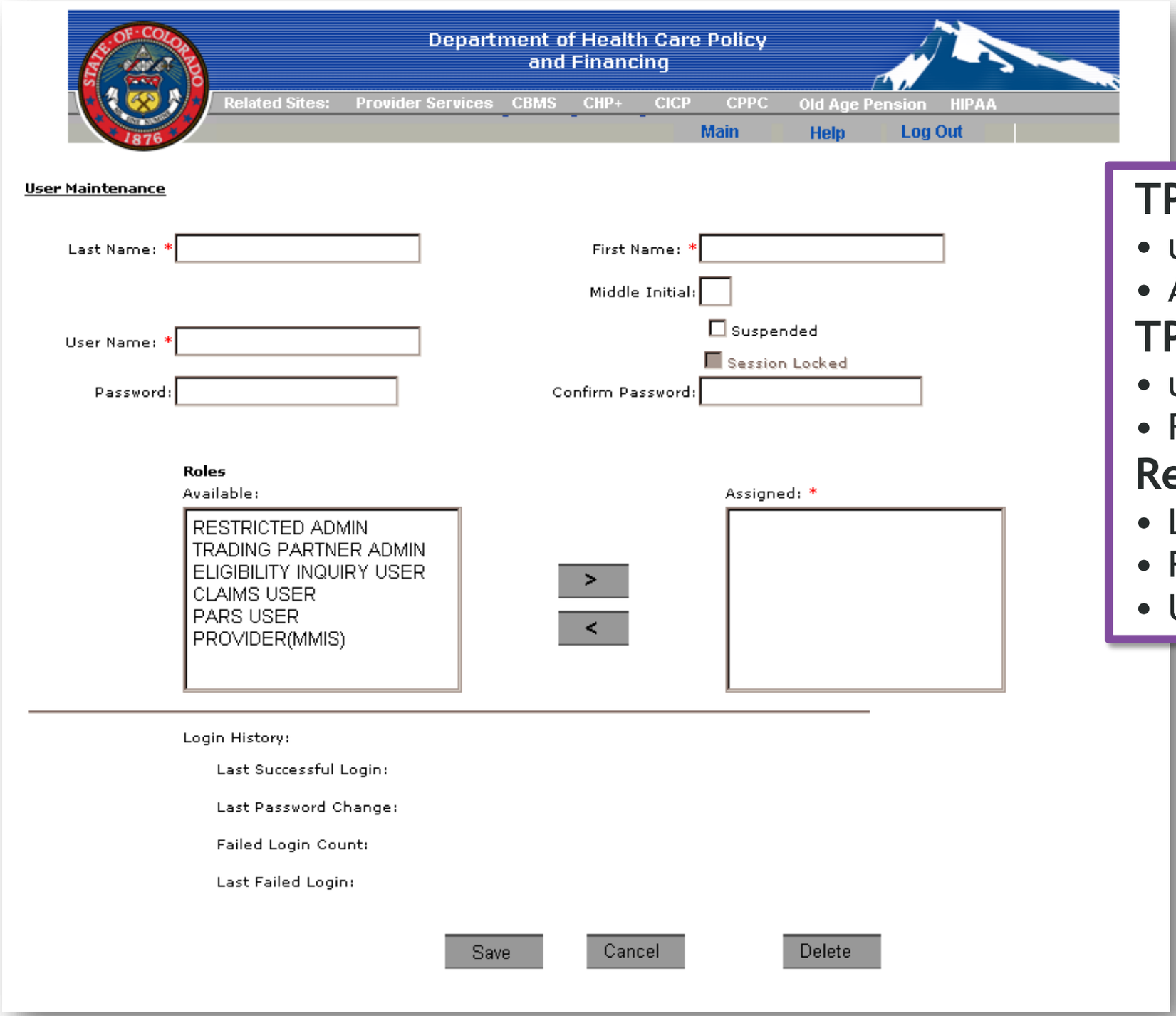


Lists User Names of those who have access under the assigned Trading Partner number

TPA may add, delete, update and change the user information

TPA may add a new user here

User Maintenance Screen



TPA assigns:

- user information
- Assign user roles

TPA can:

- un-suspend accounts
- Reset passwords

Restricted Admin:

- Limited authority
- Reset passwords
- Un-suspend accounts

User Roles

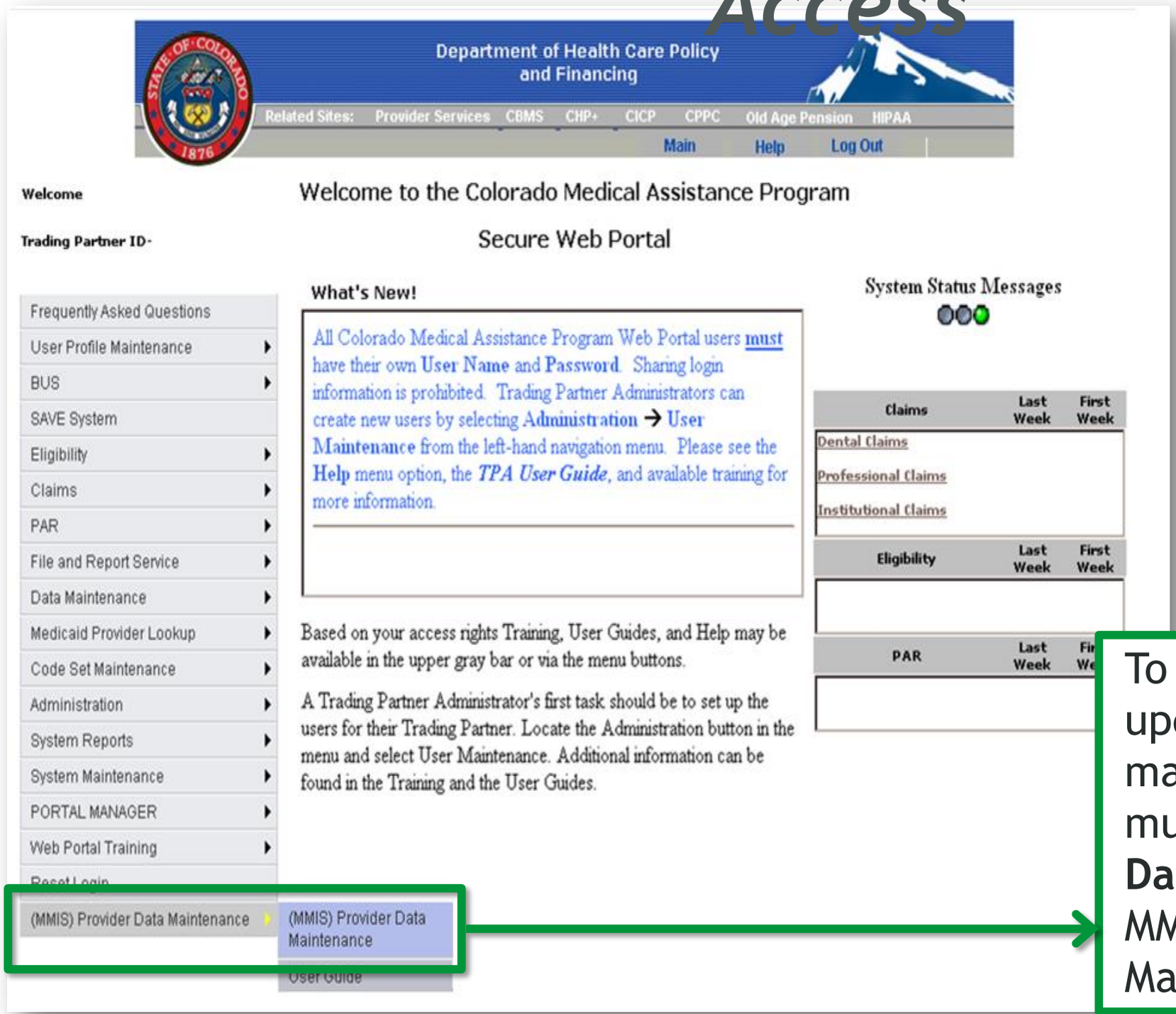
Understanding User Names and Roles" quick sheet

Lists differences between TPA & regular user

Includes a breakdown of what each role of users can do in Web Portal

Available at colorado.gov/hcpf
Provider Services
Colorado Medical Assistance Program Web Portal

MMIS Provider Data Maintenance Access

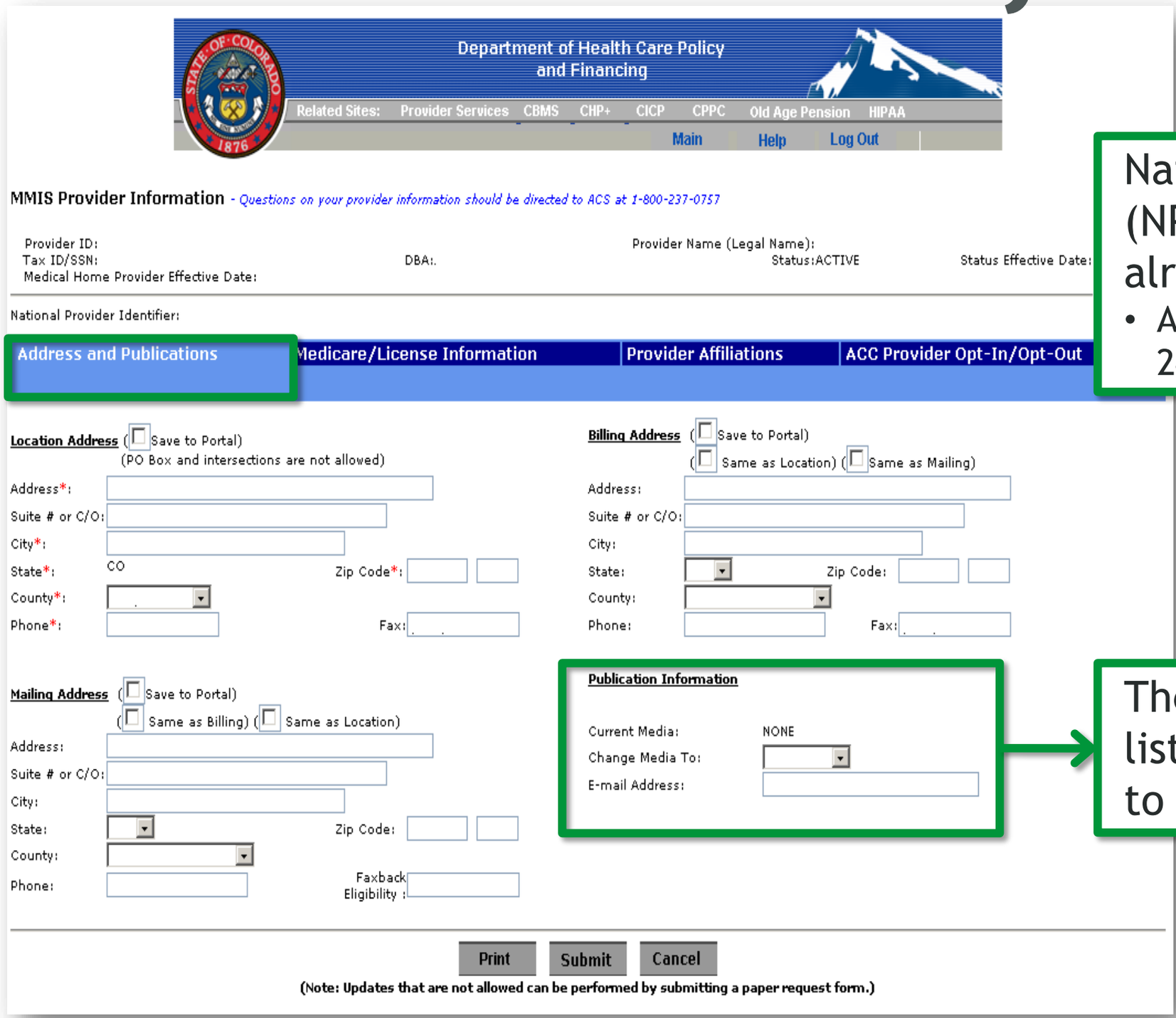


To view, correct, verify or update provider's file maintained in MMIS, users must access **MMIS Provider Data Maintenance** then MMIS Provider Data Maintenance

MMIS Provider Inquiry Screen

Enter 8-digit Medicaid ID & either the Social Security or Federal Tax ID of provider to access MMIS information

MMIS Provider Information



National Provider Identifier (NPI) appears in NPI field if already registered in MMIS

- Any updates take approximately 24 hours

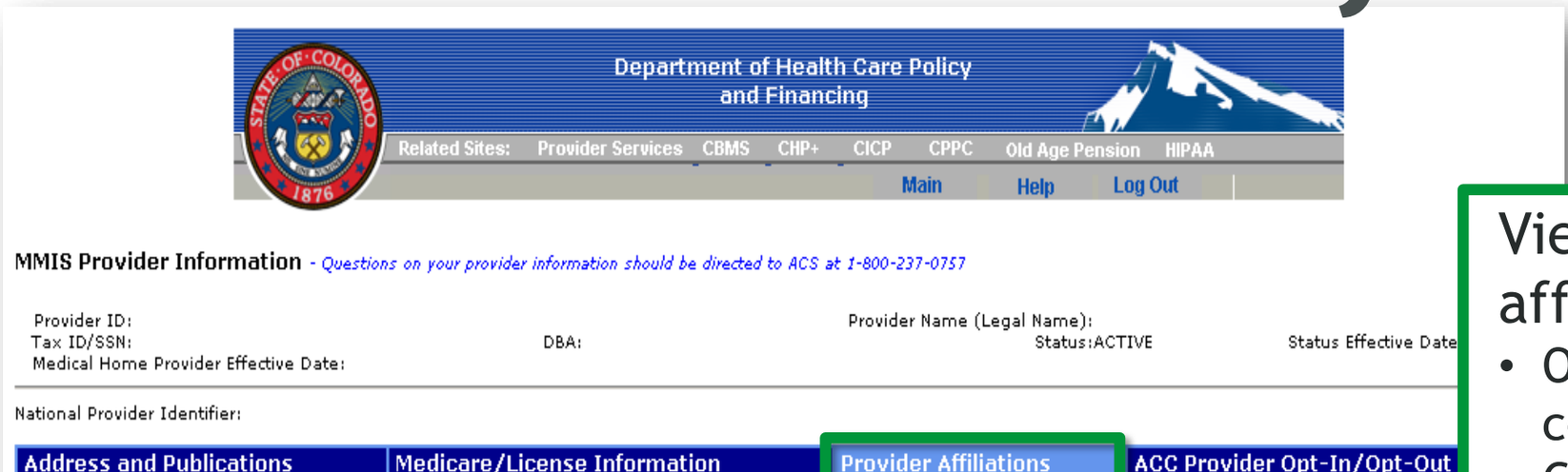
The user that has their email listed here will receive a link to the monthly bulletin

MMIS Provider Information

License information is presented as "view-only" and may not be updated through Web Portal

- Updates may be submitted to Fiscal Agent on paper

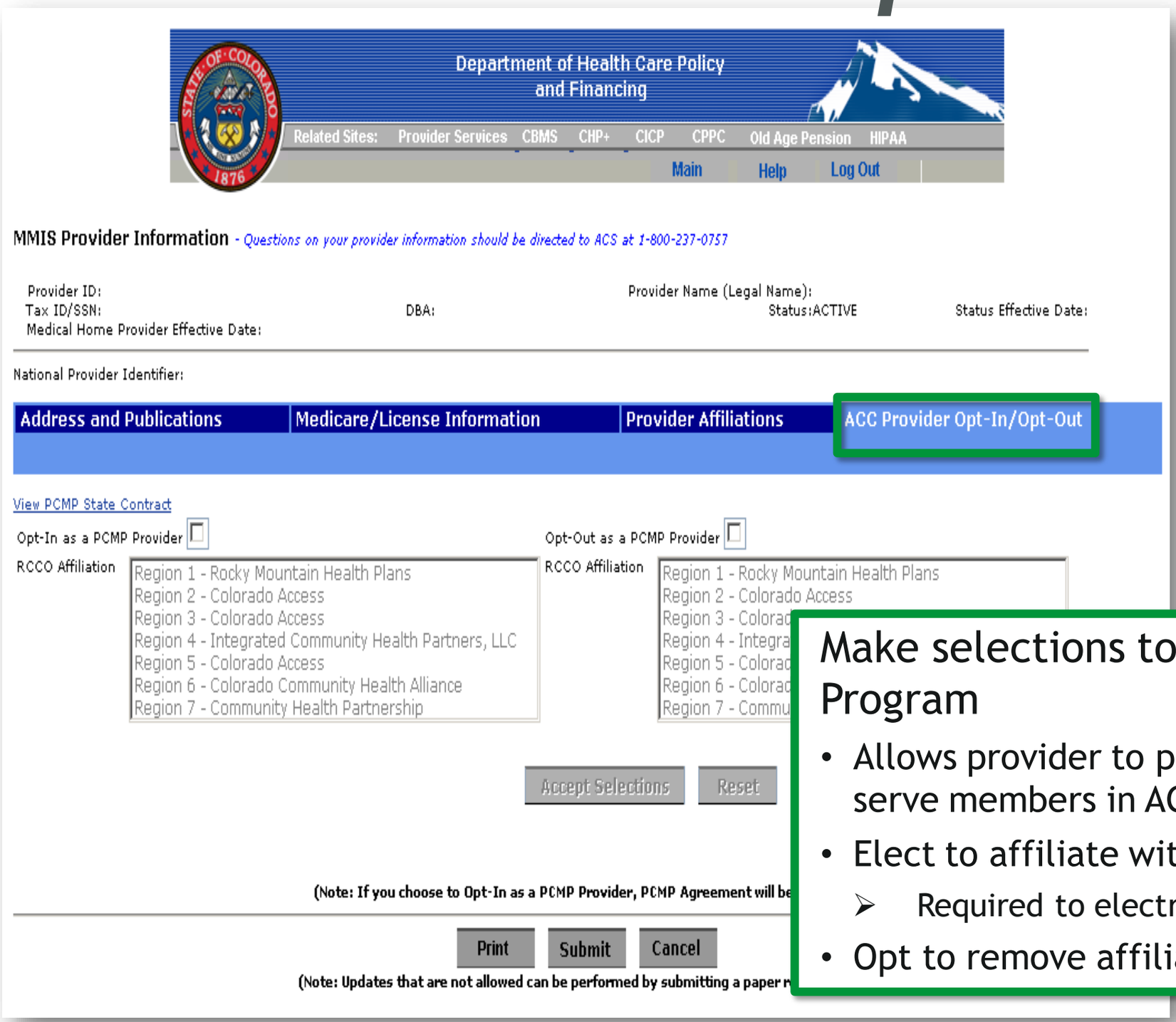
MMIS Provider Information



View, add, or remove affiliations here

- Once Submitted, provider confirmation page appears
- Check provider error report in File and Report Service (FRS) for errors when necessary

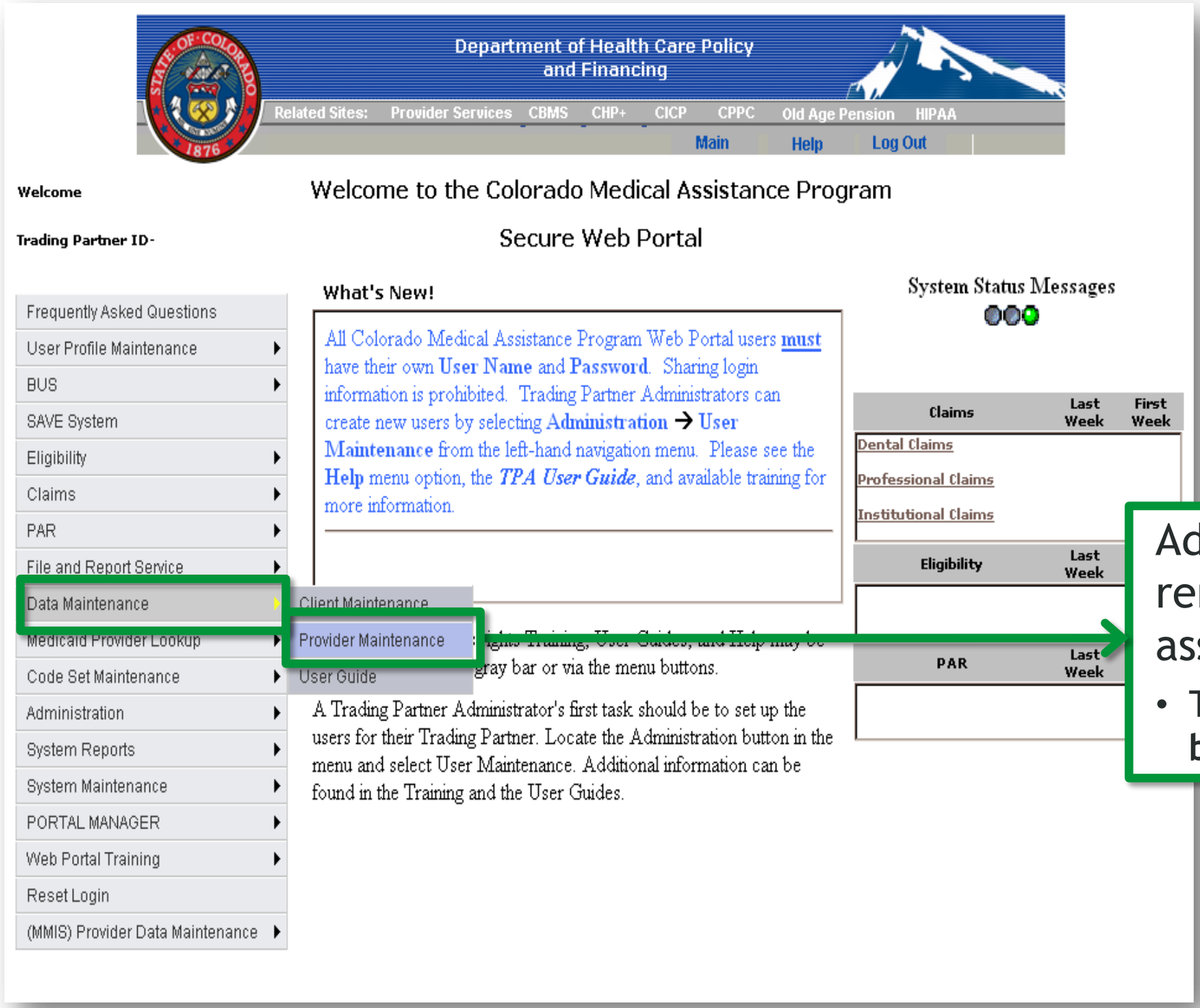
ACC Provider Opt-In/Opt-Out



Make selections to become a PCMP with ACC Program

- Allows provider to partner with different RCCOs and serve members in ACC Program
- Elect to affiliate with RCCOs
  - Required to electronically sign contract
- Opt to remove affiliation with RCCO

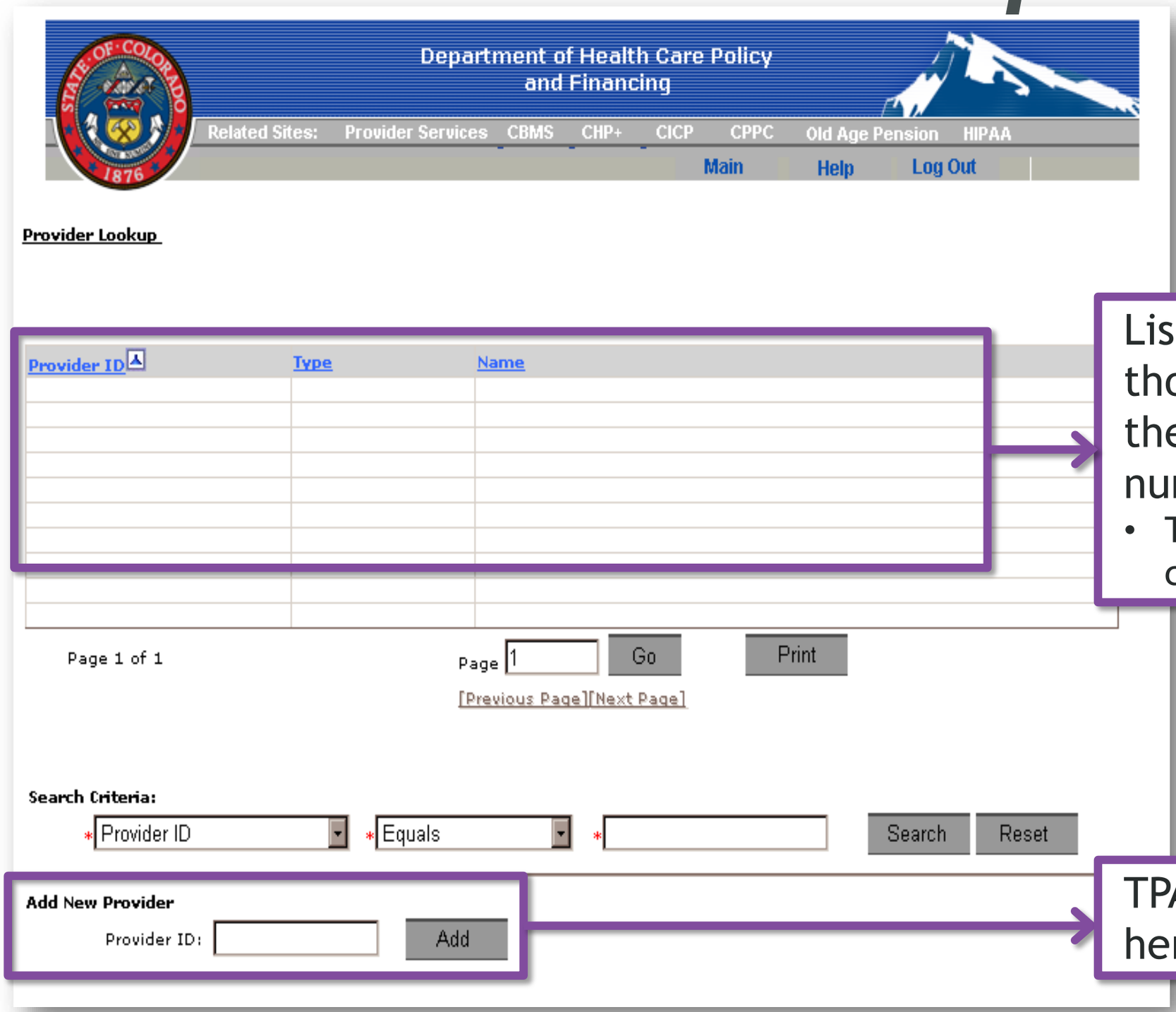
Provider Maintenance Access



Add **all** billing and rendering providers associated with TP ID here

- This information is **required before** submitting claims

Provider Lookup Screen



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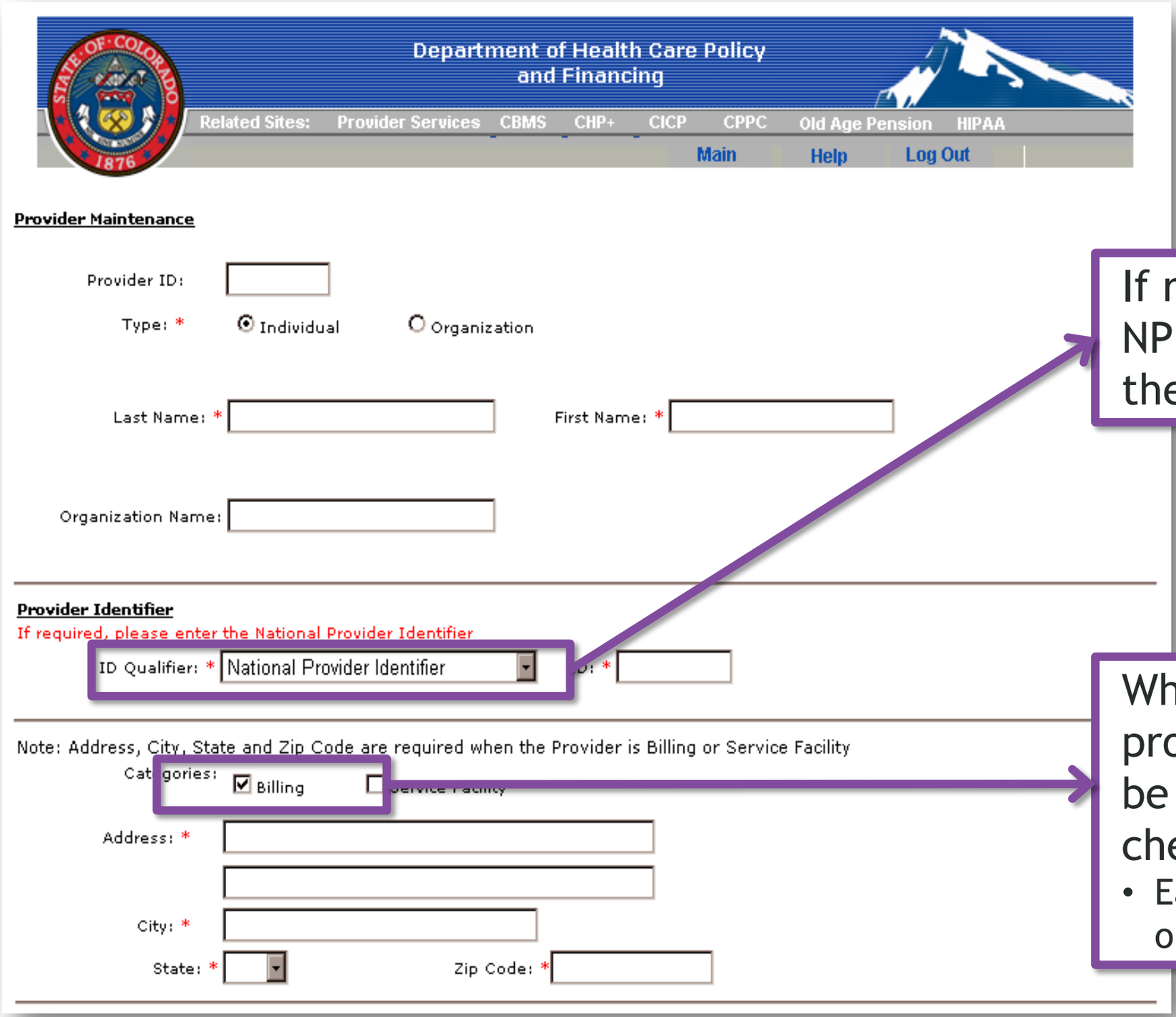
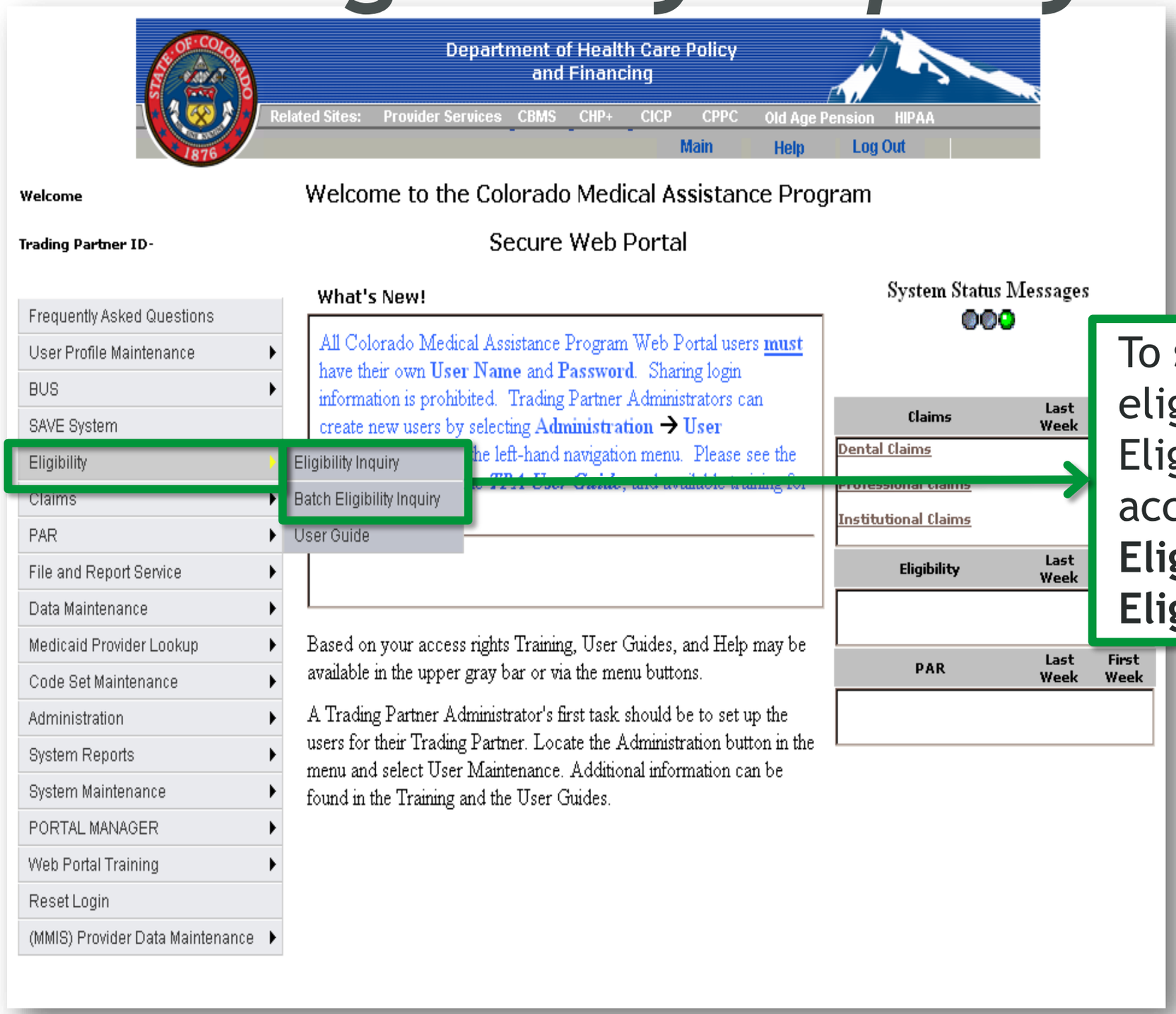


If required to bill using an NPI, the NPI must be used as the **ID Qualifier**

When adding a **billing** provider in your database, be sure the "billing" box is checked

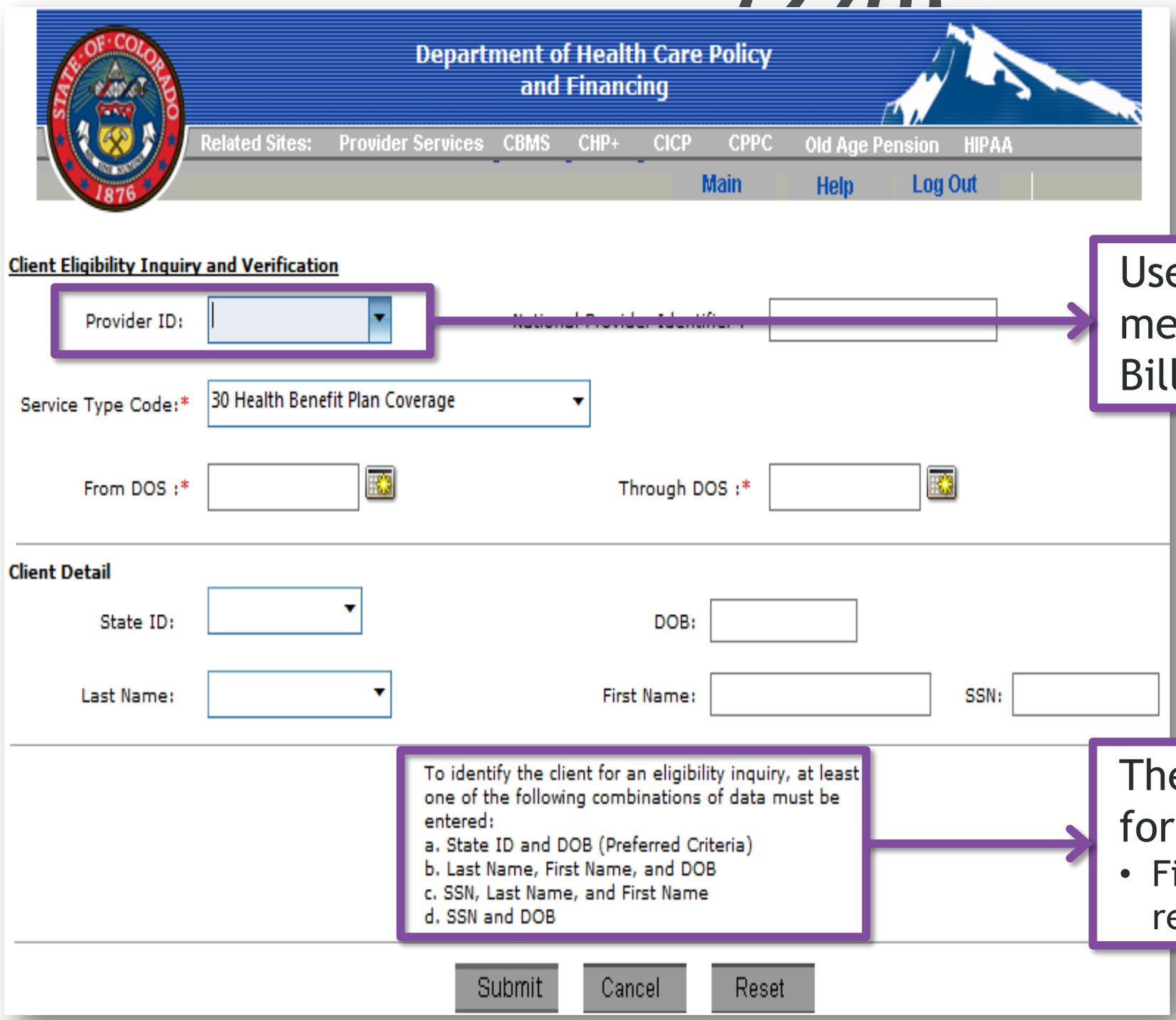
- Each provider must be added one at a time

Eligibility Inquiry Access



To submit an interactive eligibility request or a Batch Eligibility Inquiry, users must access **Eligibility** then either **Eligibility Inquiry** or **Batch Eligibility Inquiry**

Eligibility Inquiry and Verification (270)

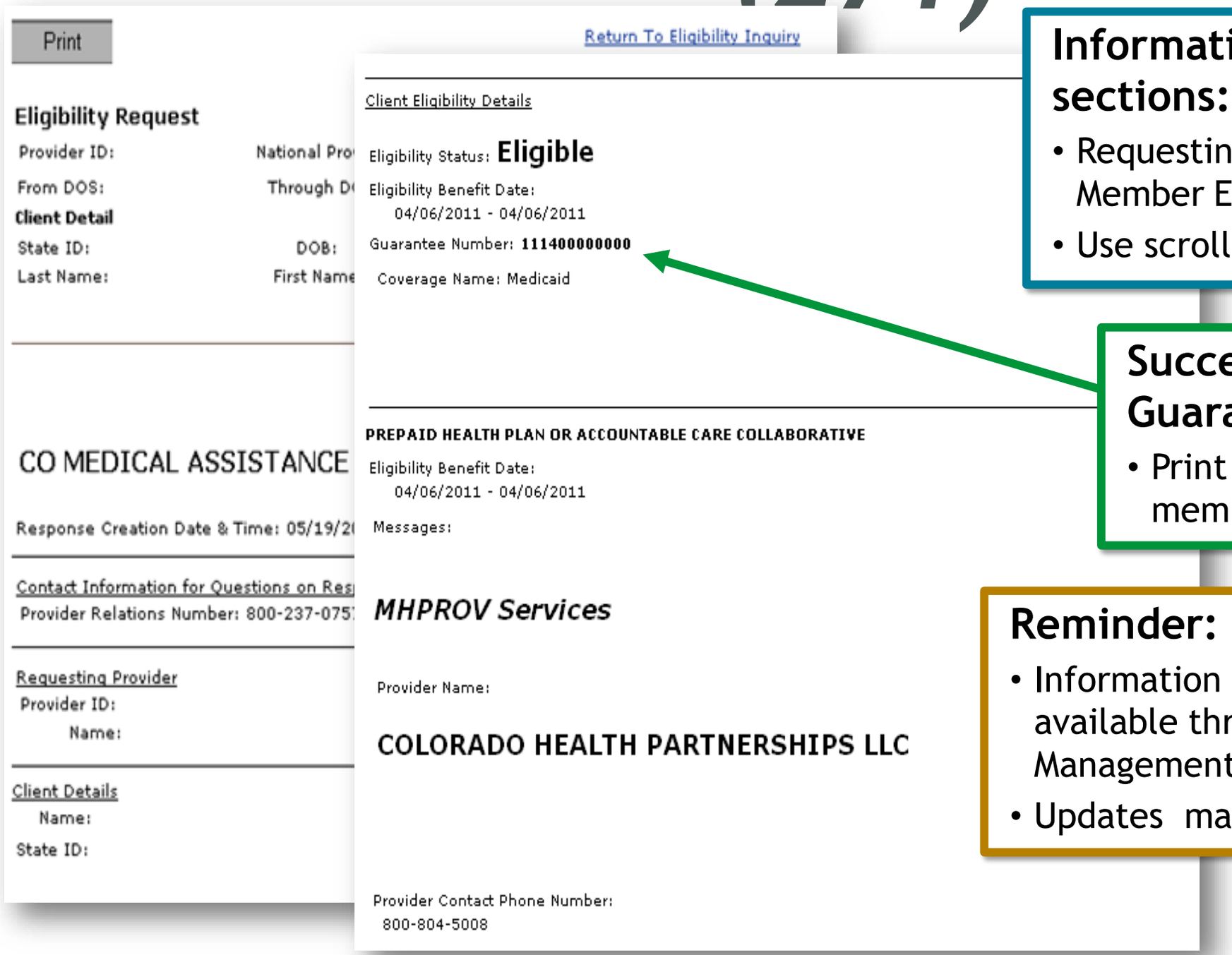


Users should check a members eligibility using the Billing Provider ID

There are different scenarios for conducting a search

- Fields noted with "*" are required

Eligibility Request Response (271)



Information appears in sections:

- Requesting Provider, Member Details, Member Eligibility Details, etc.
- Use scroll bar on right to view details

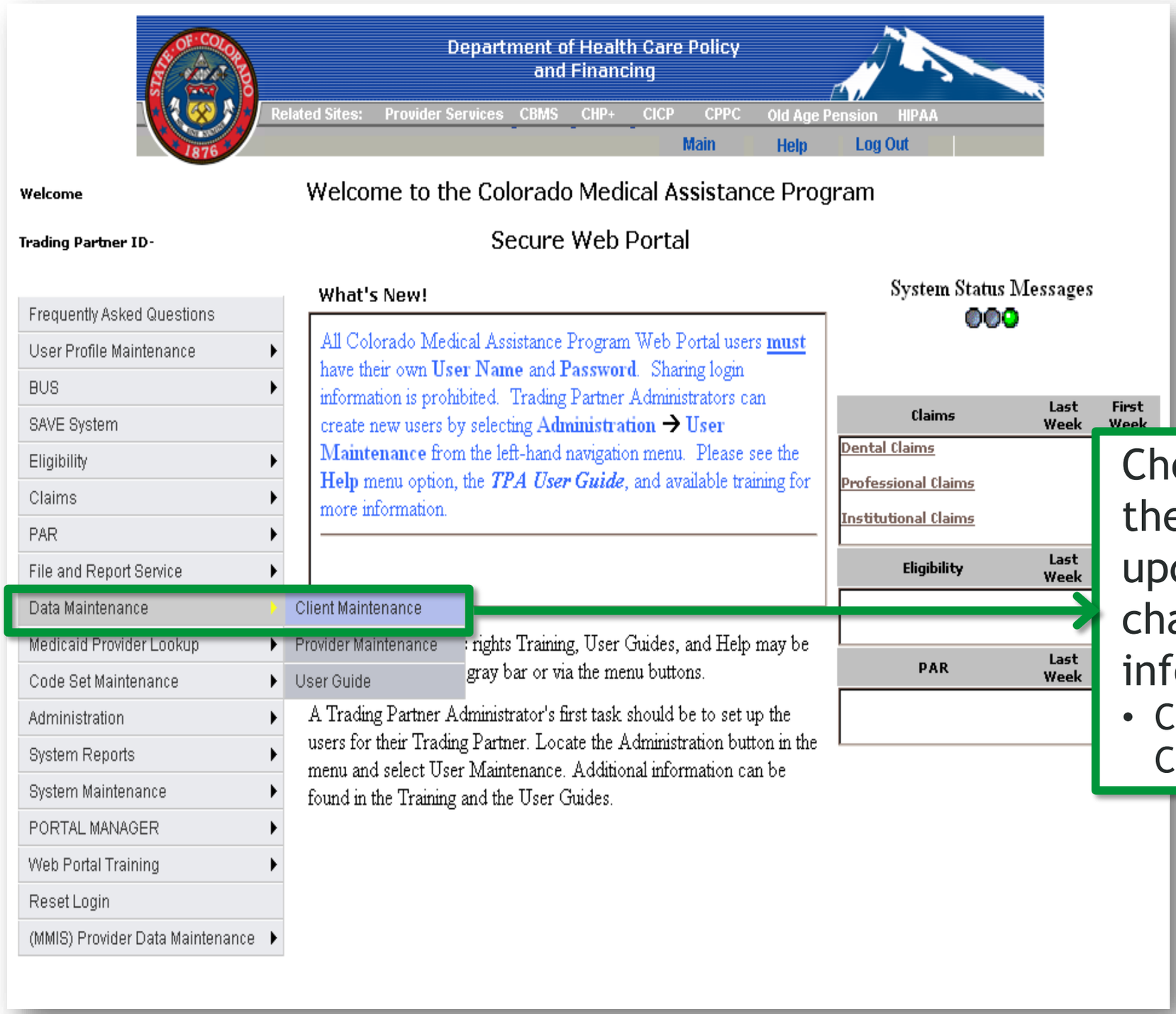
Successful inquiry notes a Guarantee Number:

- Print copy of response for member's file when necessary

Reminder:

- Information received is based on what is available through the Colorado Benefits Management System (CBMS)
- Updates may take up to 72 hours

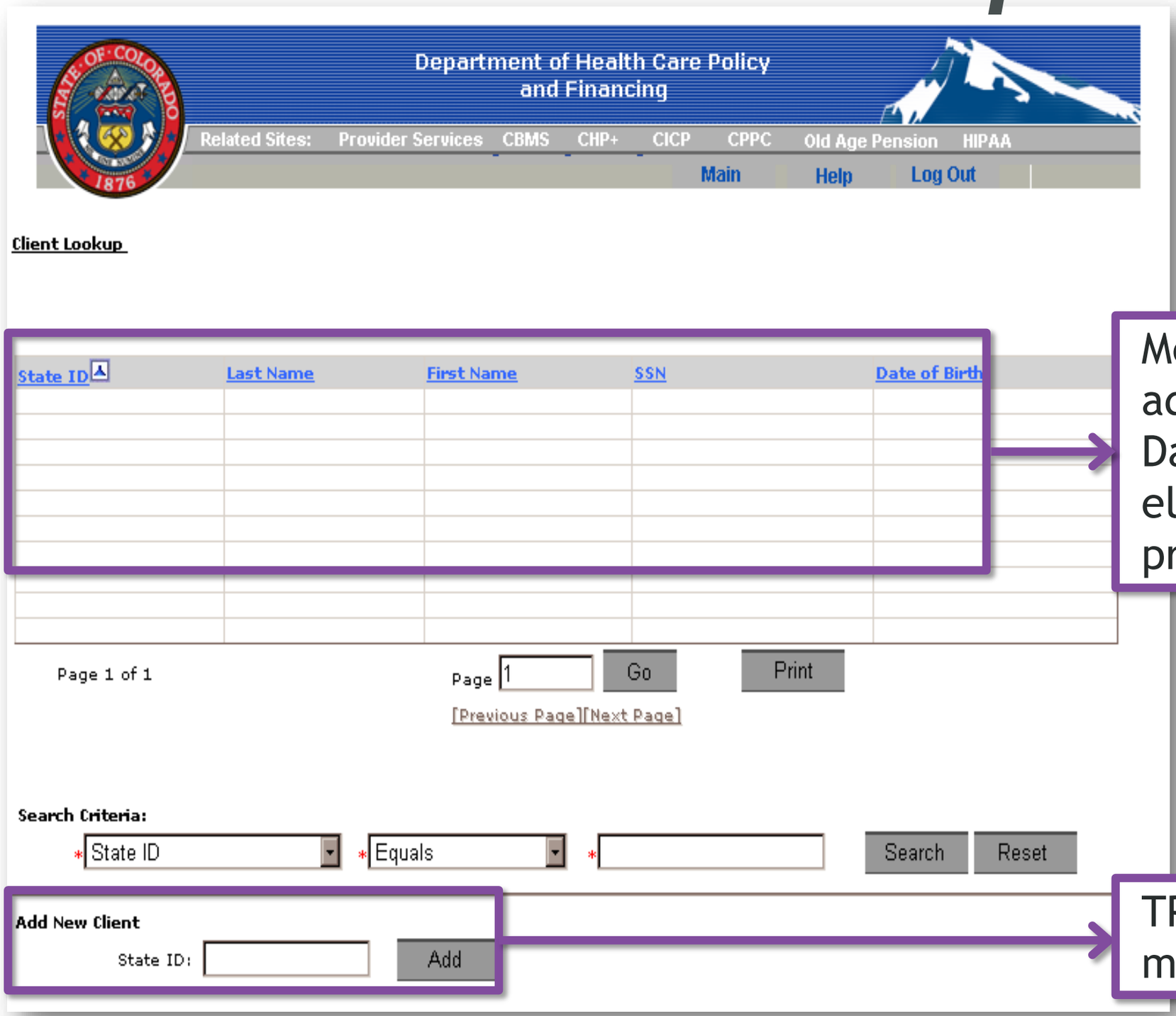
Member Maintenance Access



Choose **Data Maintenance** then **Client Maintenance** to update, delete, or make changes to member information

- Changes do not effect MMIS or CBMS

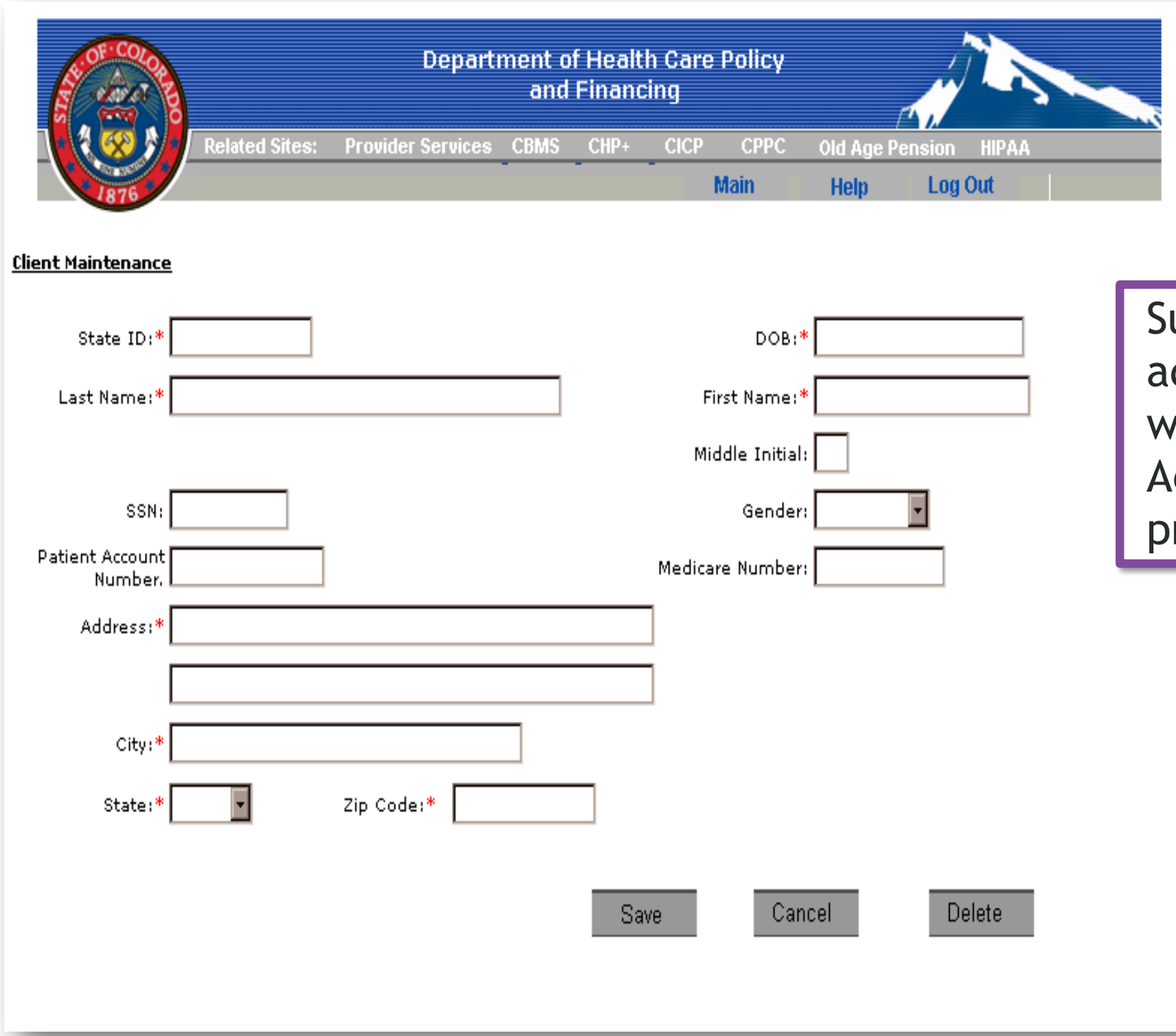
Member Lookup Screen



Member is automatically added to provider's Member Database when a successful eligibility inquiry is processed

TPA may add a new member here

Member Maintenance Screen



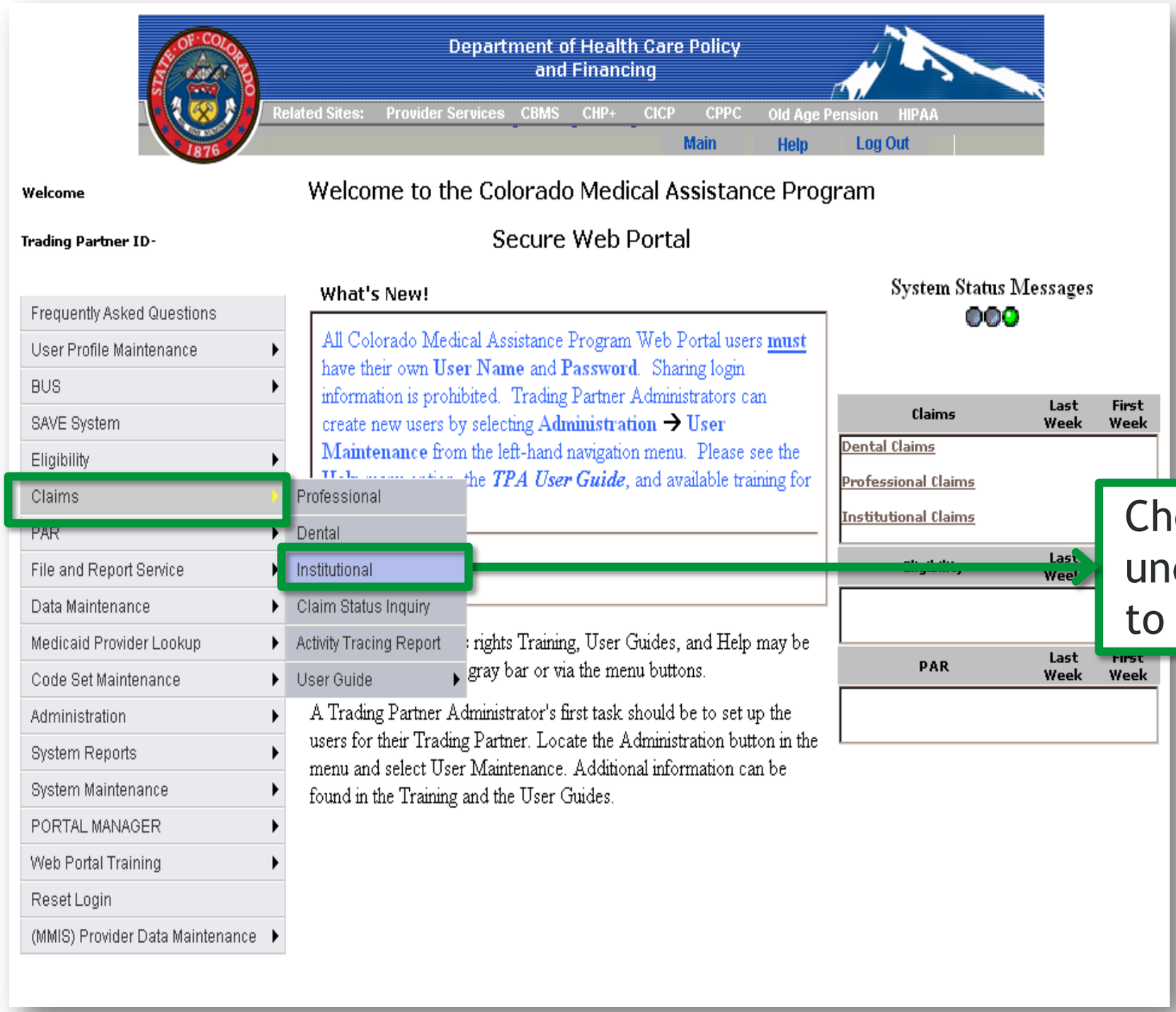
Successful eligibility inquiry adds member's information, with exception of Patient Account # (assigned by provider)

UB-04

Who completes the UB-04?

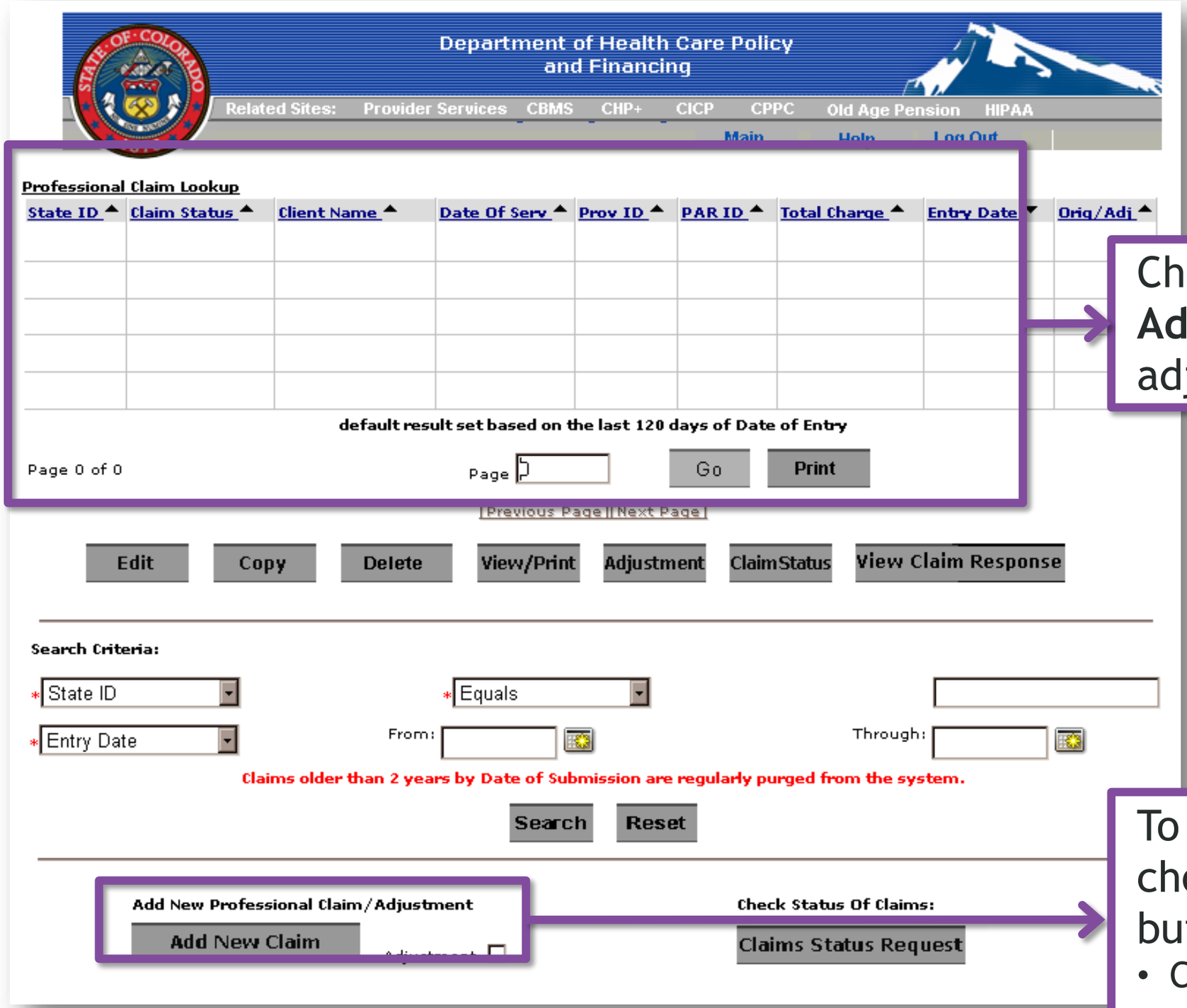
- Inpatient Hospital
- Nursing Facility
- Home Health/PDN
- Hospice
- Dialysis Centers
- Residential Treatment Centers
- Outpatient Hospital
- Outpatient Lab
- Rural Health Clinics
- FQHC
- Indian Health Services
- Hospital-Based Transportation

Institutional Claim Access



Choose **Institutional** option under Claims on main menu to submit 837I claim

Institutional Claim Lookup Screen

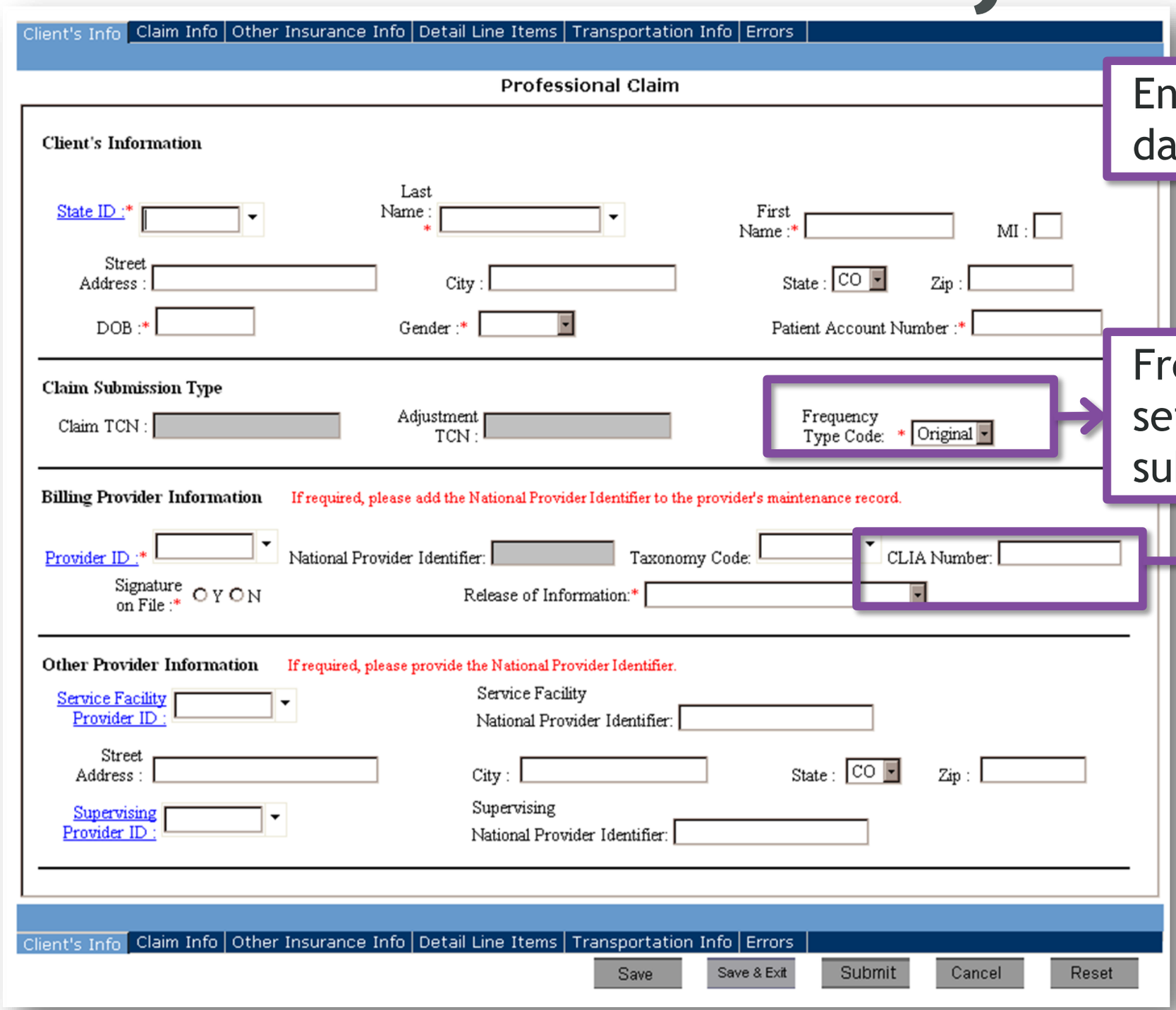


Choose the **Copy** or **Adjustment** button to add or adjust claims shown on grid

To submit a new claim, choose **Add New Claim** button

- Check the **Adjustment** box to adjust claims not shown on grid

Member's Info Tab



Enter new or adjusted claim data on this screen

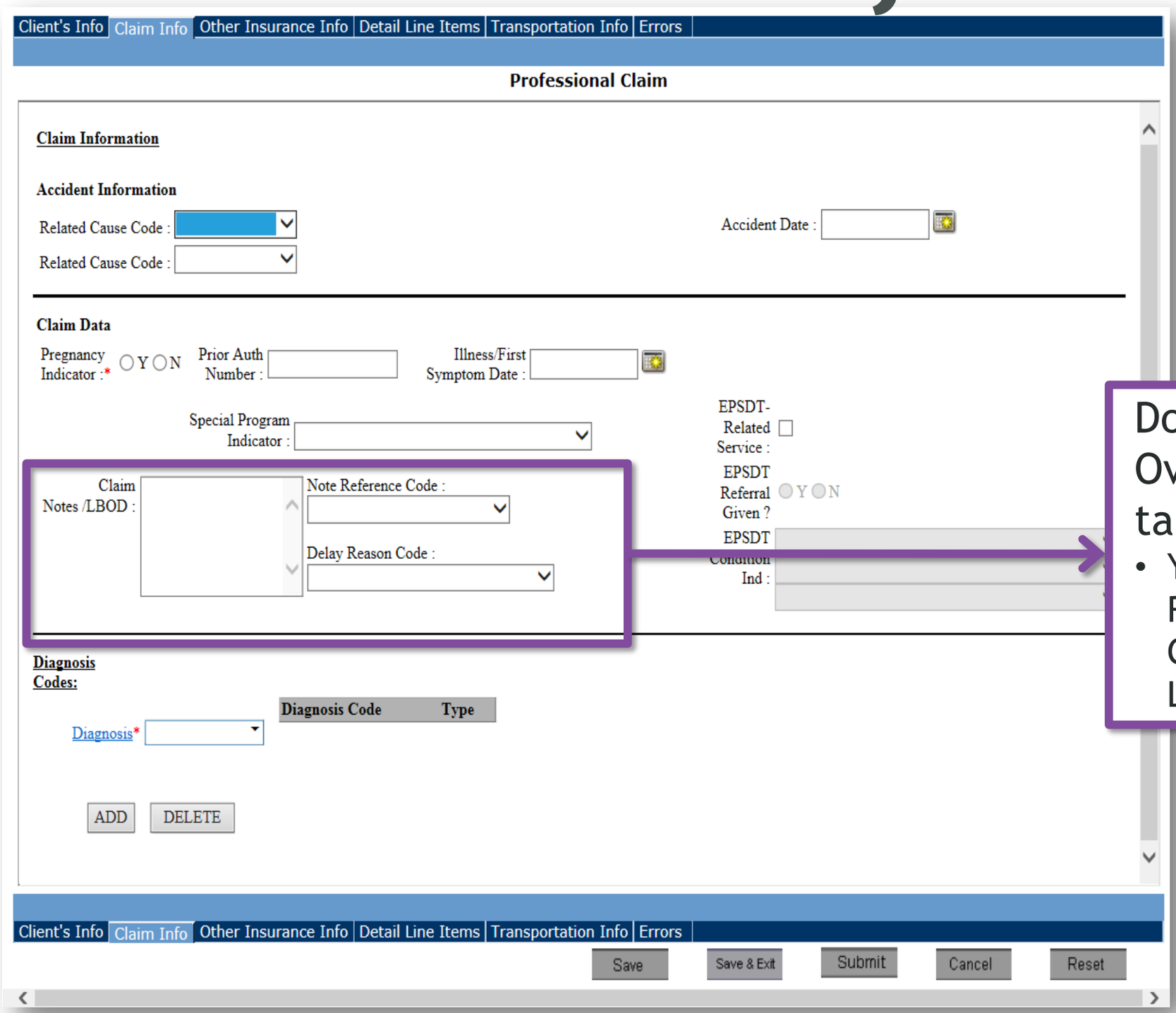
Frequency Type Code always set to original when submitting new claims

CLIA Number for laboratory claims, CLIA Number can now be entered here or on **Detail Line Items** tab

Clinical Laboratory Improvement Amendments (CLIA) Field

- CLIA Number only needs to be entered once if related to all procedure codes for the claim
- For multiple CLIA Numbers for multiple procedure codes, continue entering on Detail Line Items tab for each claim detail line
- New field validation ensures CLIA Number entered using following format: “99D9999999”
- As of July 1, 2011, failure to submit correct CLIA Number with claim will result in claim denial

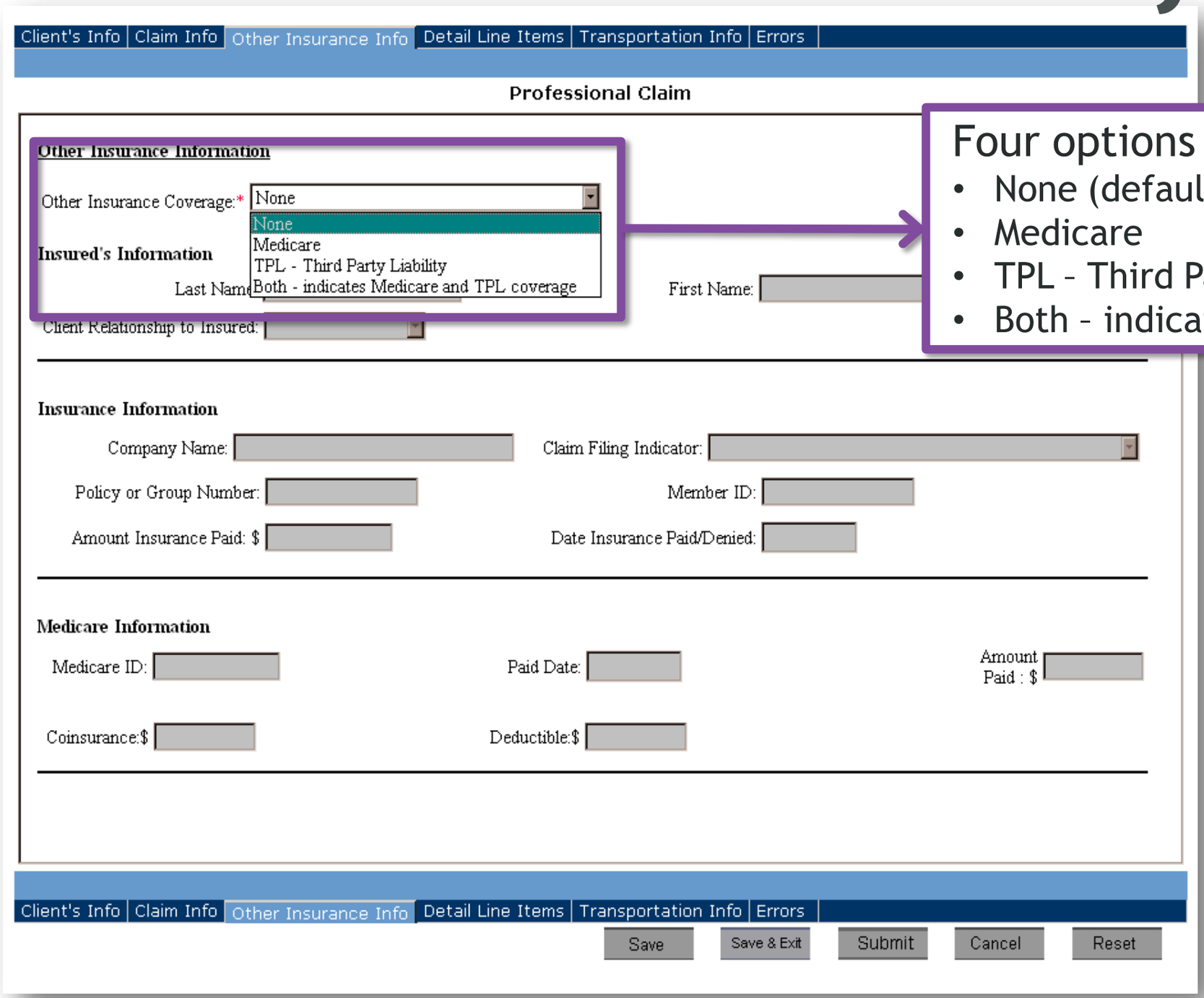
Claim Info Tab



Document the Late Bill Override Date (LBOD) on this tab

- You must choose a Note Reference and Delay Reason Code if using the Claim Notes / LBOD field

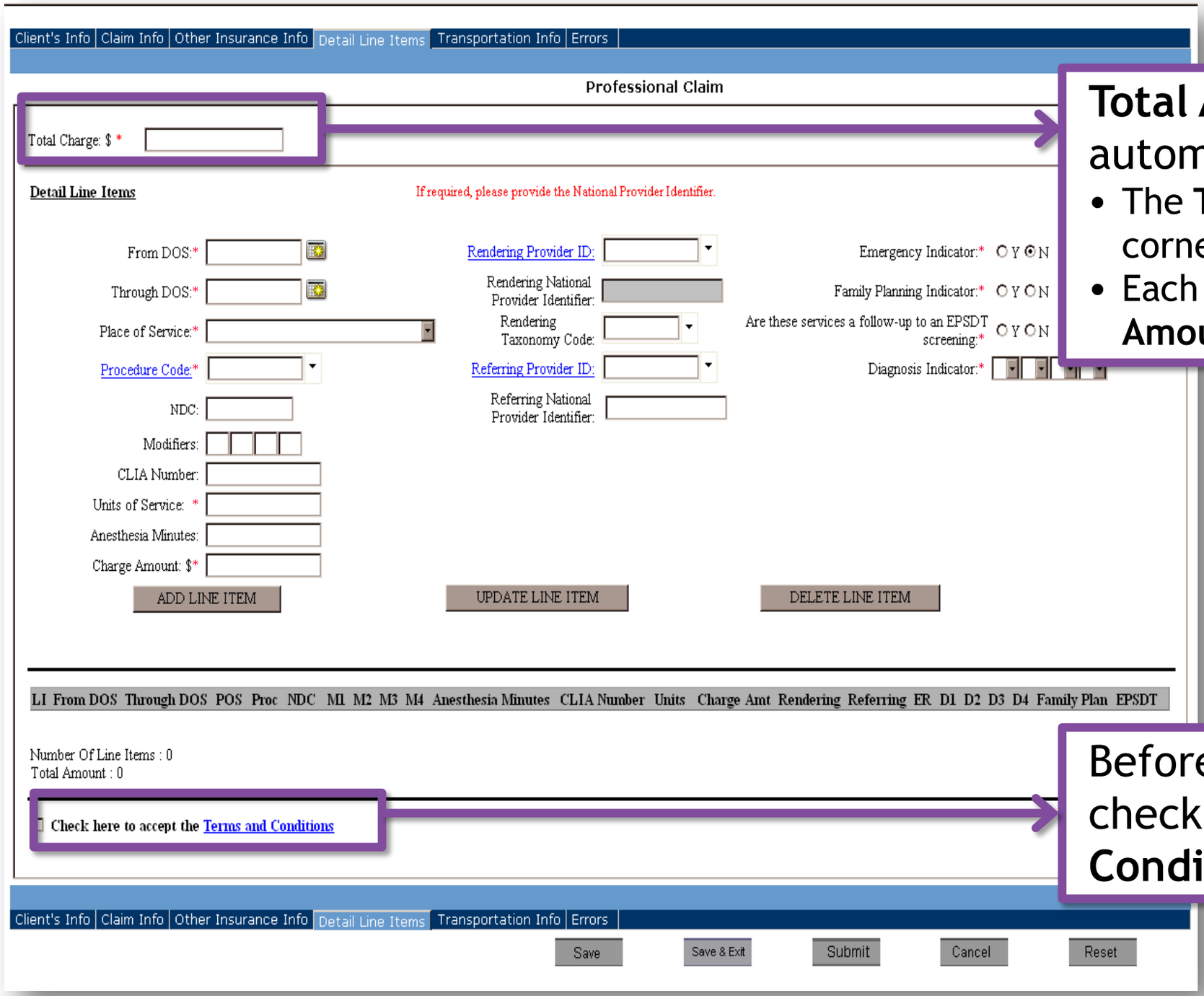
Other Insurance Info Tab



Four options to choose from:

- None (default)
- Medicare
- TPL – Third Part Liability
- Both – indicated Medicare and TPL coverage

Detail Line Item Tab

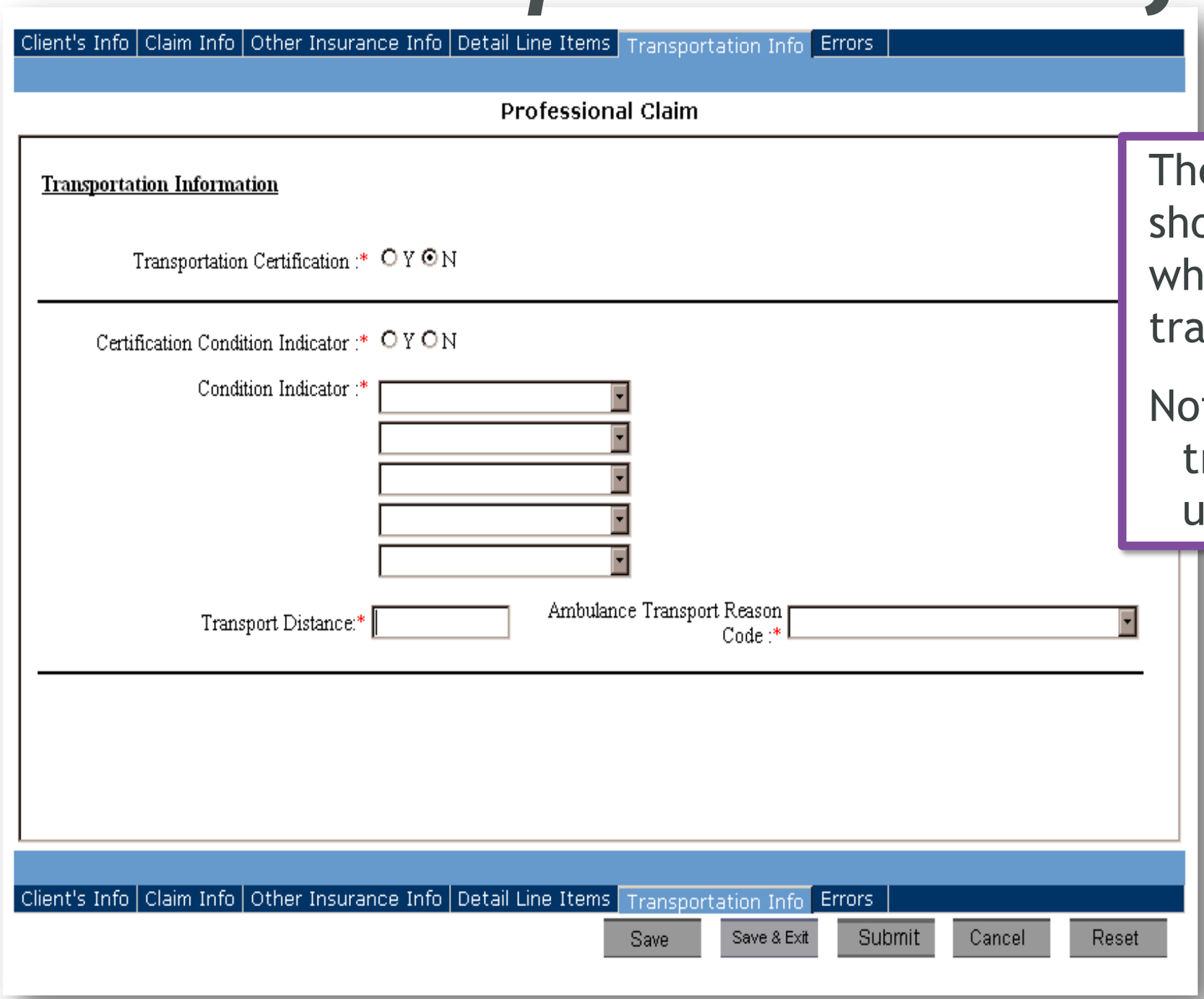


Total Amount for claim automatically calculated

- The **Total Charge** field (top left corner) must be the same amount
- Each line item is the **Charge Amount**

Before submitting claim, must check the **Terms and Conditions** box

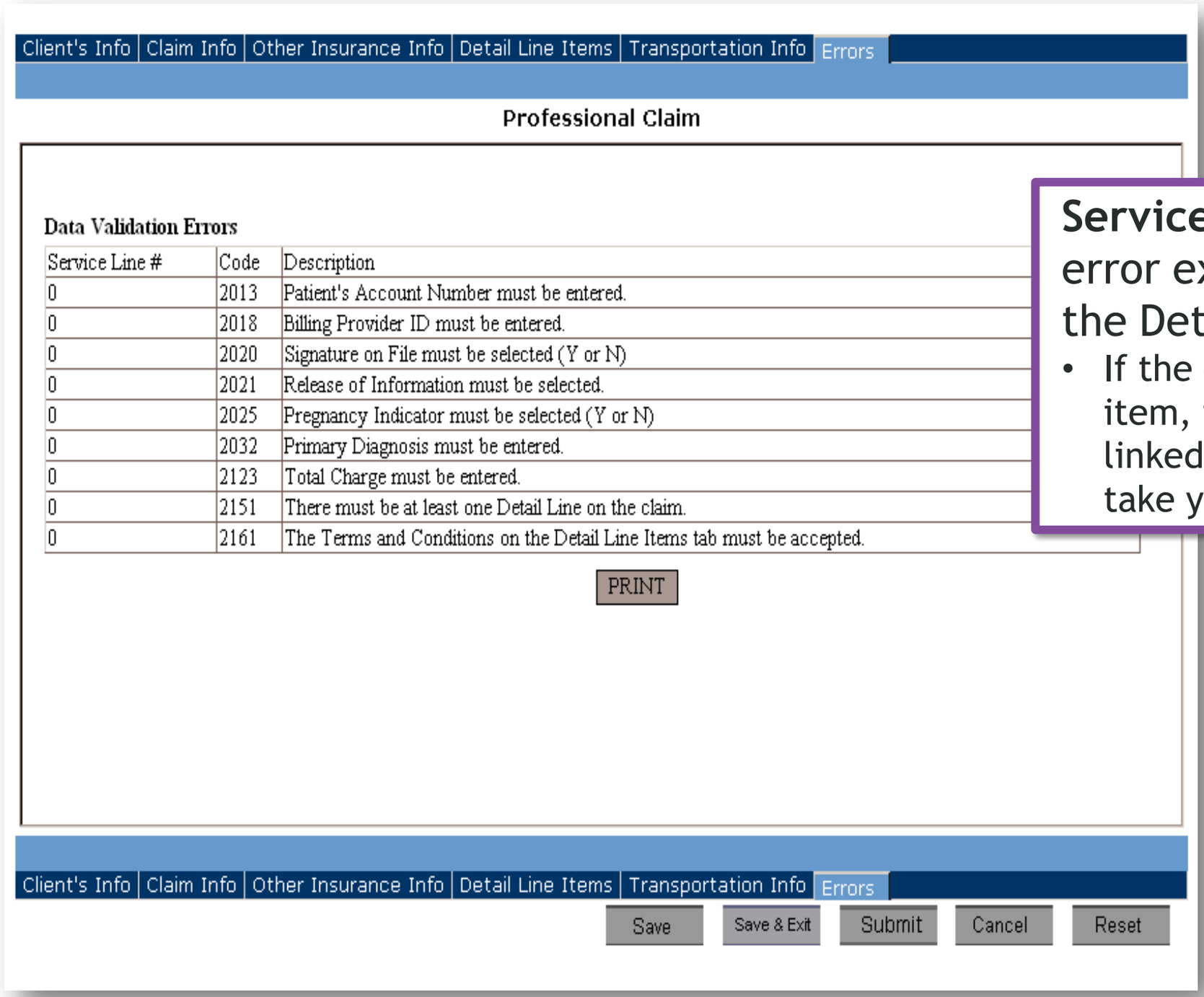
Transportation Info Tab



The Transportation Info tab should be completed only when emergency transportation is provided

Note: Hospital-based transportation is billed using 837I format

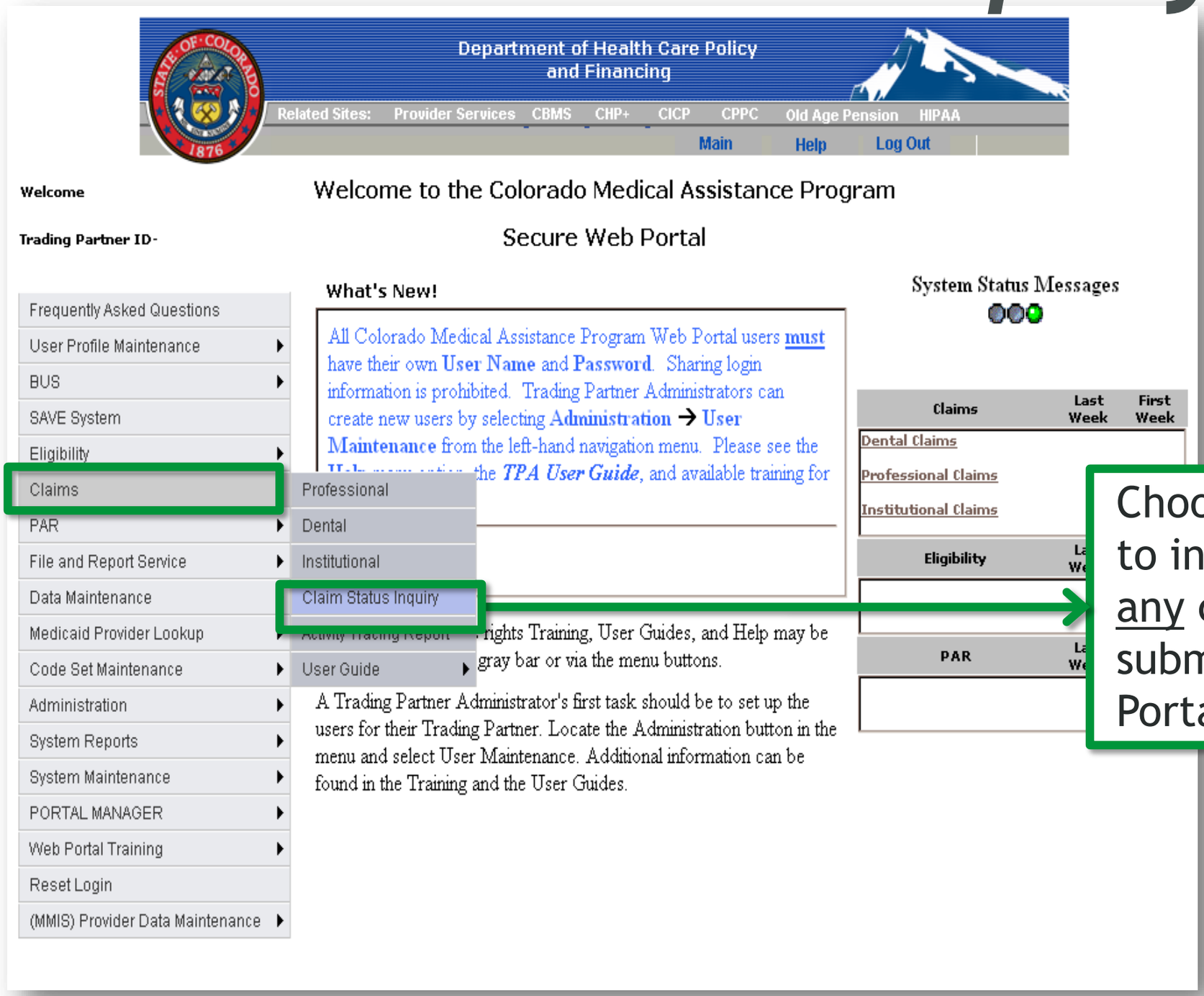
Errors Tab



Service Line # of 0 indicates an error exists on a tab **other than** the Detail Line Item tab

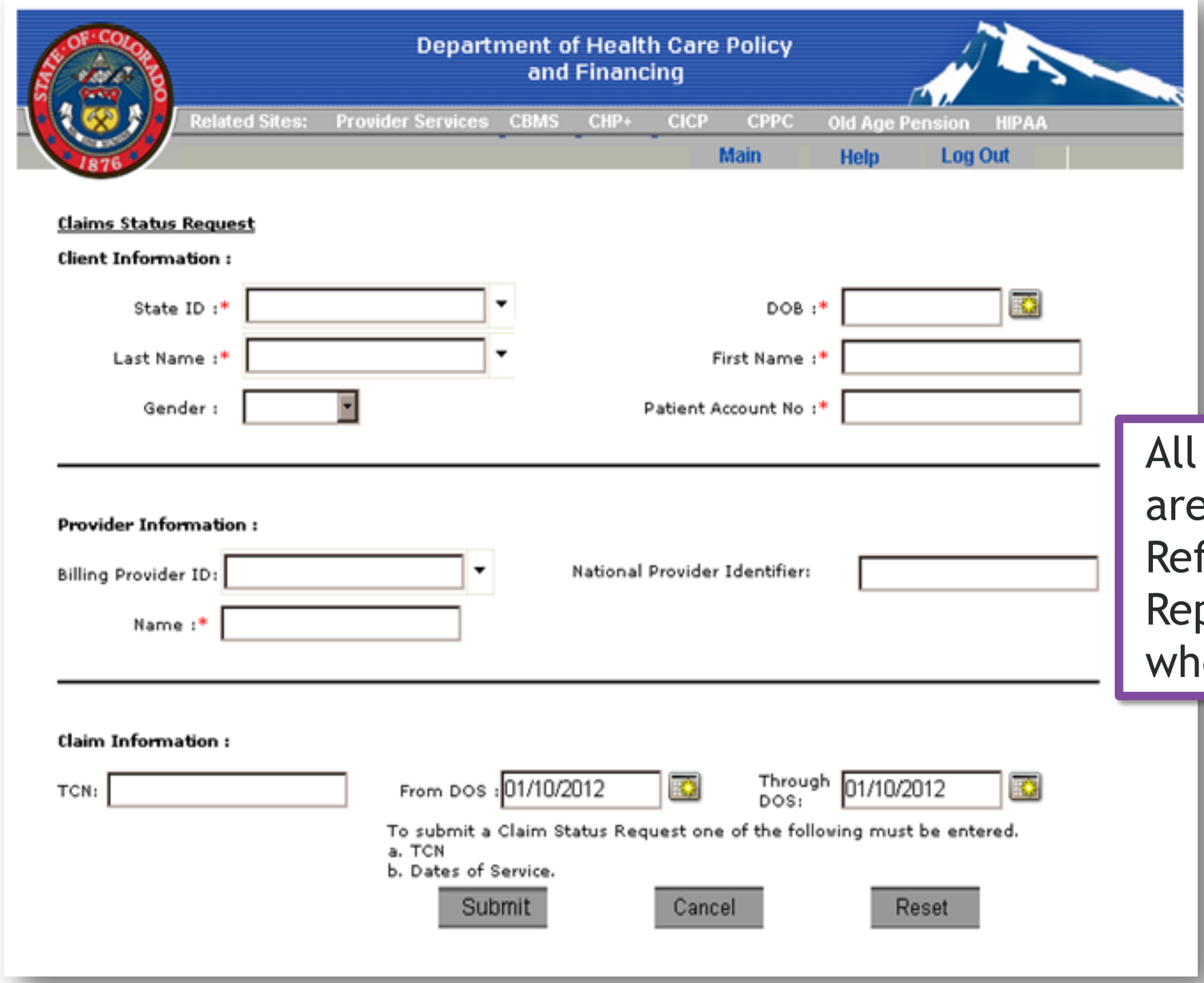
- If the error is related to a detail line item, the Service Line # will be a linked field, and clicking on it will take you to the tab with the error

Claims Status Inquiry Access



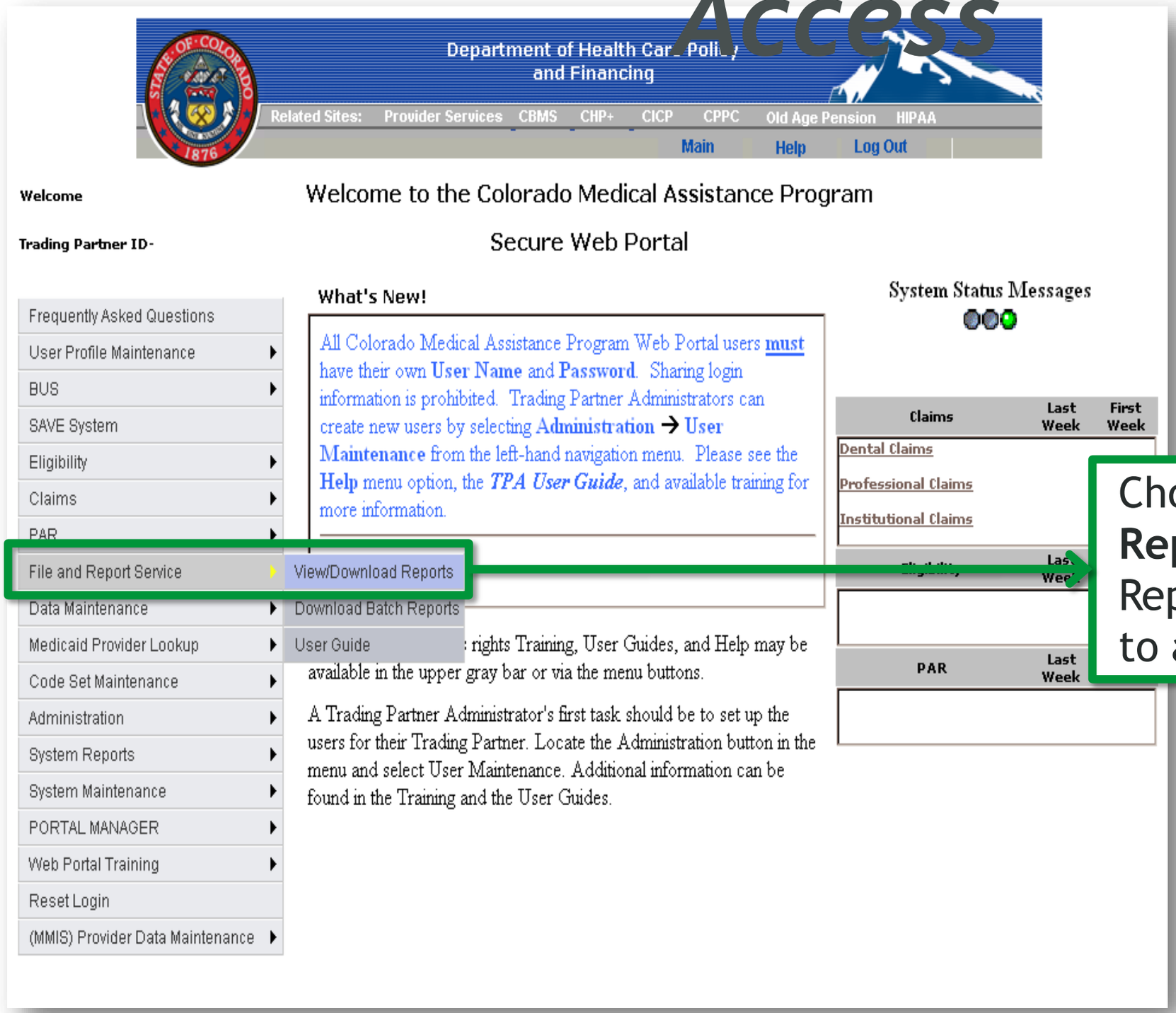
Choose **Claim Status Inquiry** to inquire about the status of <u>any</u> claim, even ones not submitted through the Web Portal (such as paper claims)

Claims Status Inquiry Access



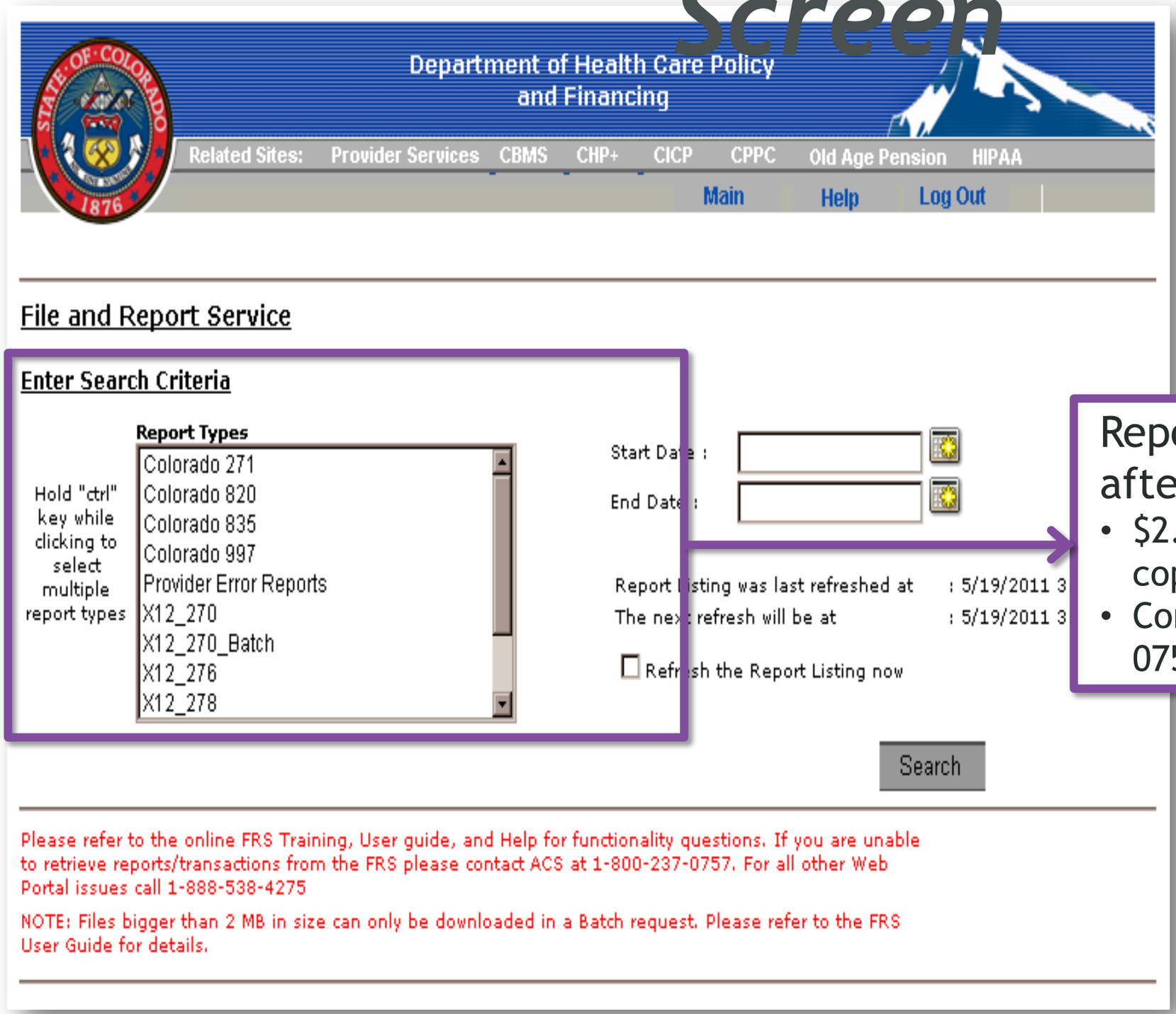
All fields noted with an "*" are required
Refer to your Provider Claim Report (PCR) for details when necessary

File and Report Services Access



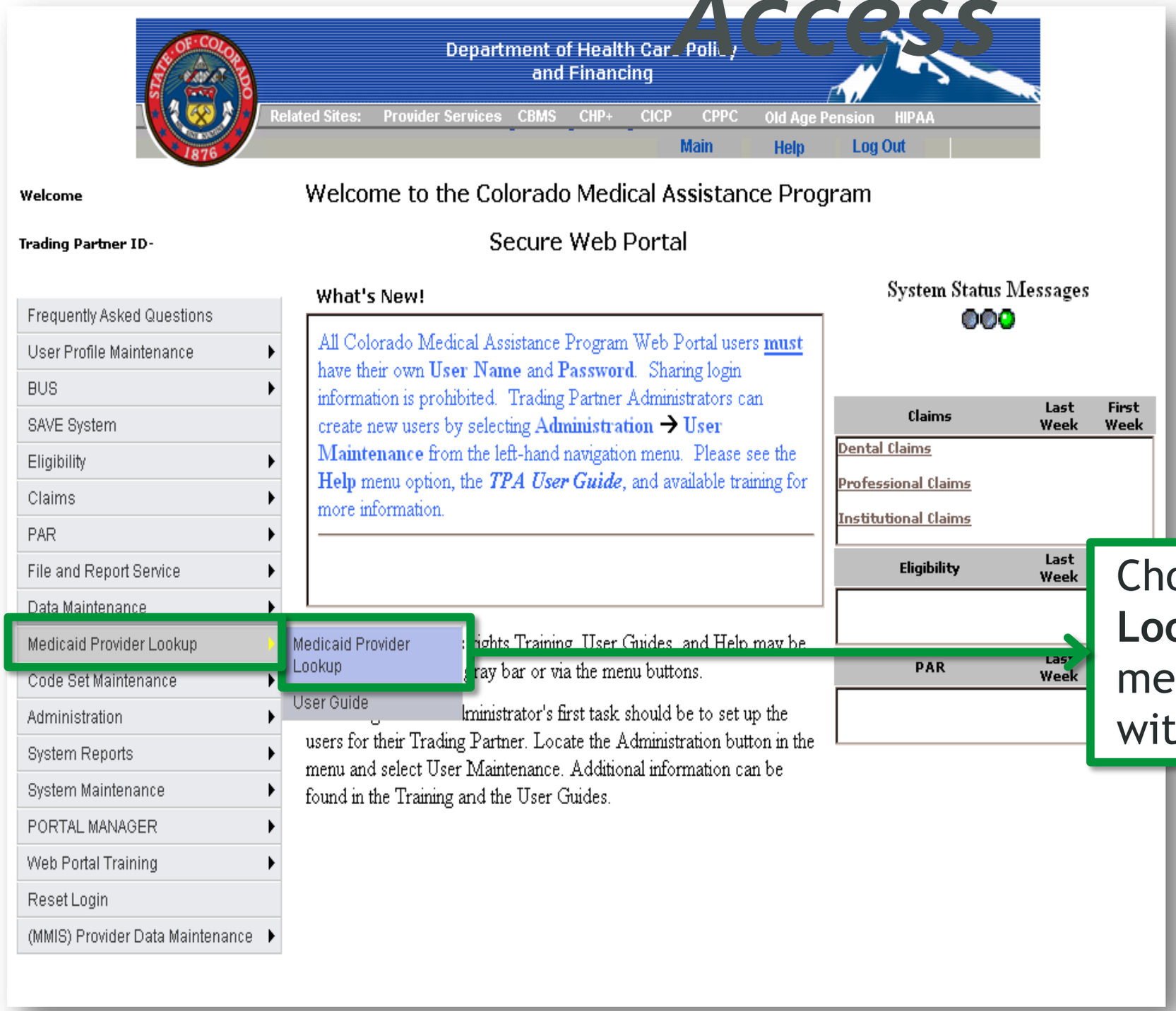
Choose **View / Download Reports** from the File and Report Service (FRS) option to access reports

File and Report Services Screen



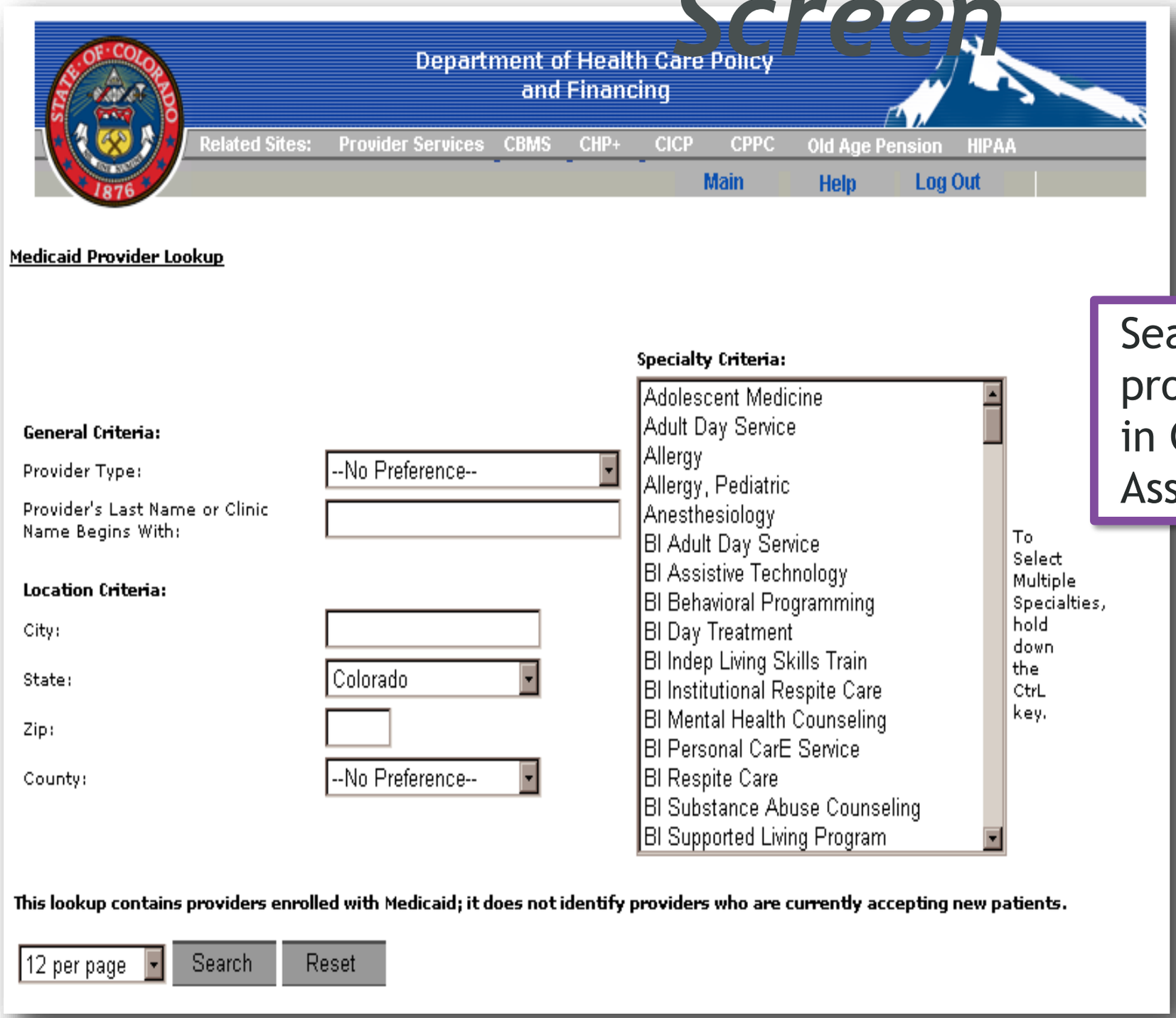
- Reports available for 60 days after posting
- $2.00 charge per page applied for copies requested from fiscal agent
- Contact Fiscal Agent at 1-800-237-0757 for assistance

Medicaid Provider Lookup Access



Choose **Medicaid Provider Lookup** option on main menu to search for providers with specialties

Medicaid Provider Lookup Screen



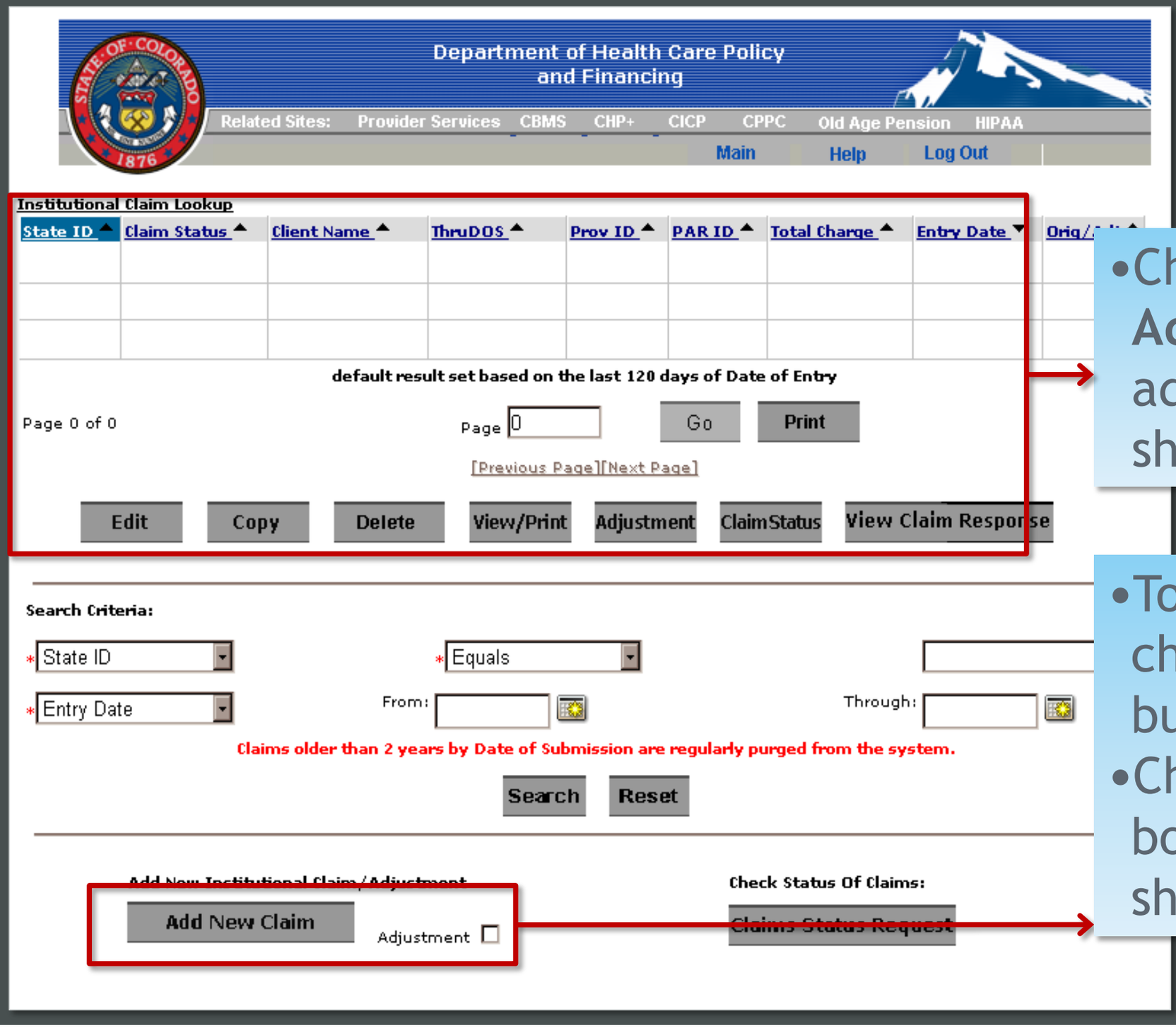
Search limited to Medicaid providers currently enrolled in Colorado Medical Assistance Program

Web Portal Support

- For all password resets & technical support
  - CGI Help Desk: 1-888-538-4275, option 1
  - helpdesk.HCG.central.us@cgi.com
- Missing TPA Welcome Letter?
  - Contact HCPF Security Administrators: 303-866-4473
- For Billing Questions
  - Contact Fiscal Agent Provider Services at 1-800-237-0757
  - Billing Instructions - choose Provider Services option on top grey menu bar
- End User Training
  - (online) - located in main menu
  - User Guides – located in main menu
  - Help Guide option – on upper grey menu bar & on each Web Portal page

Thank you!

Institutional Claim Lookup Screen



- Choose the **Copy** or **Adjustment** button to add or adjust claims shown on grid

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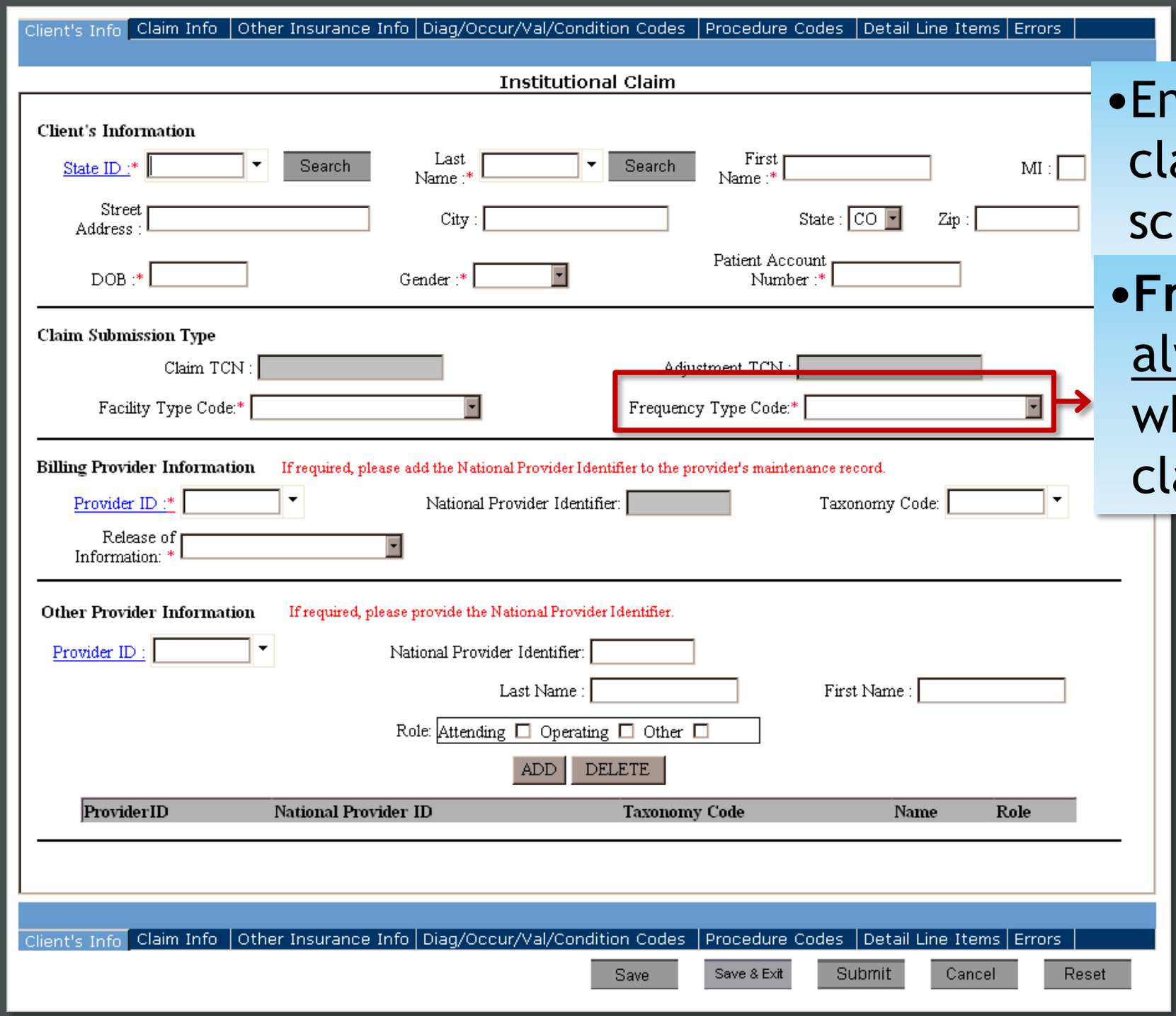
COLORADO
Department of Health Care Policy & Financing

Member's Info Tab



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Clinical Laboratory Improvement Amendments (CLIA) Field

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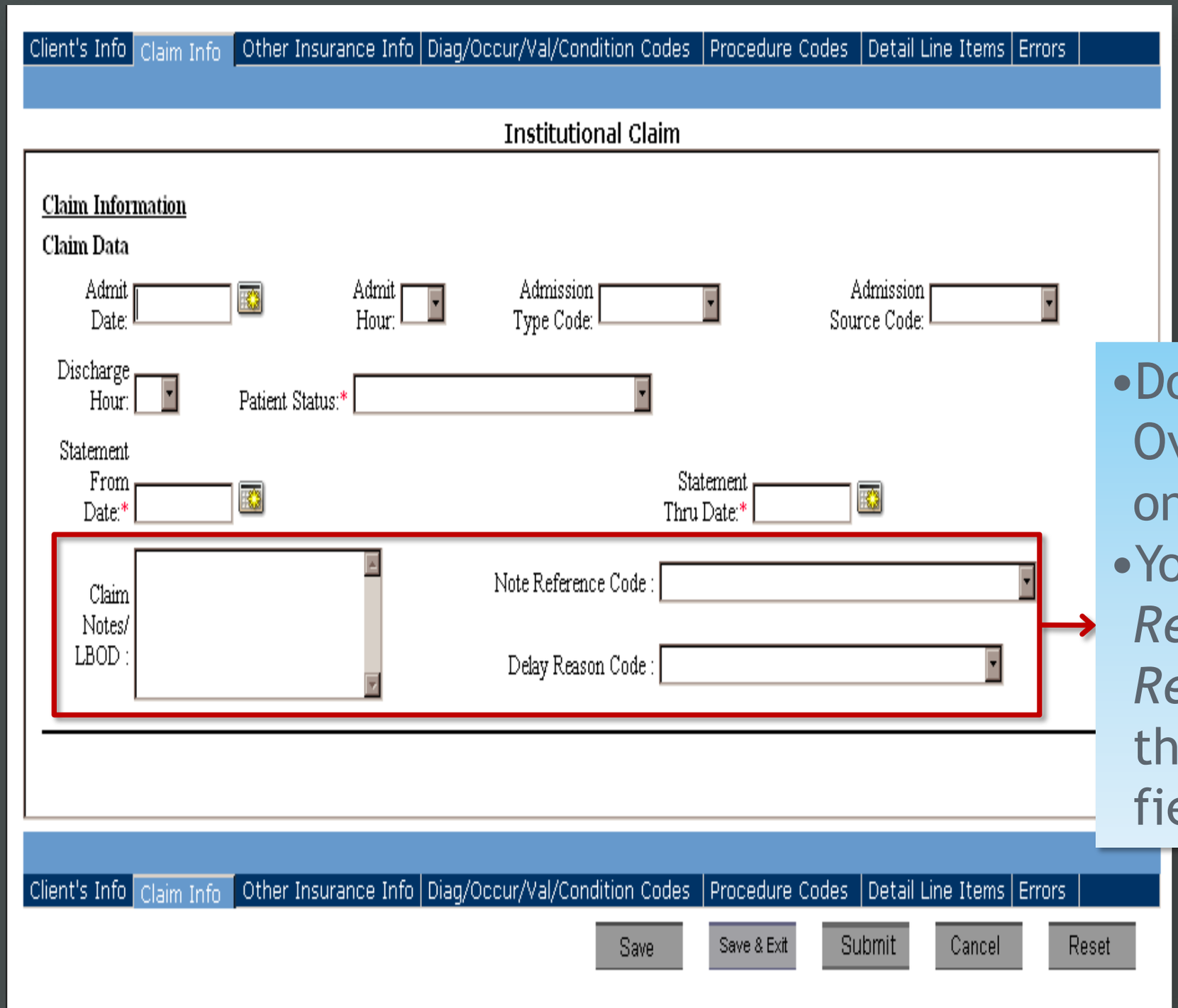
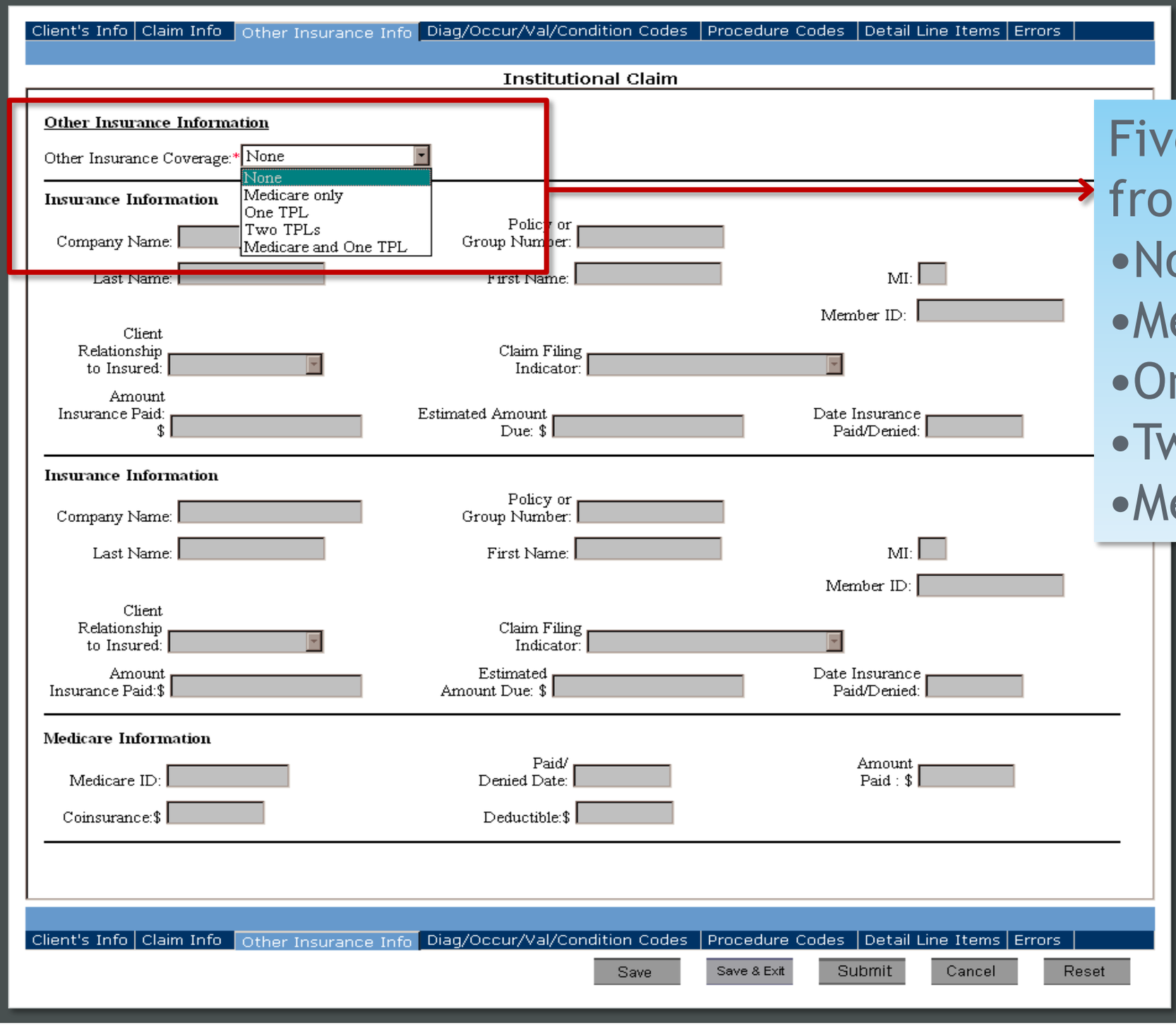


- Document the Late Bill Override Date (LBOD) on this tab
- You must choose a *Note Reference* and *Delay Reason Code* if using the Claim Notes/LBOD field

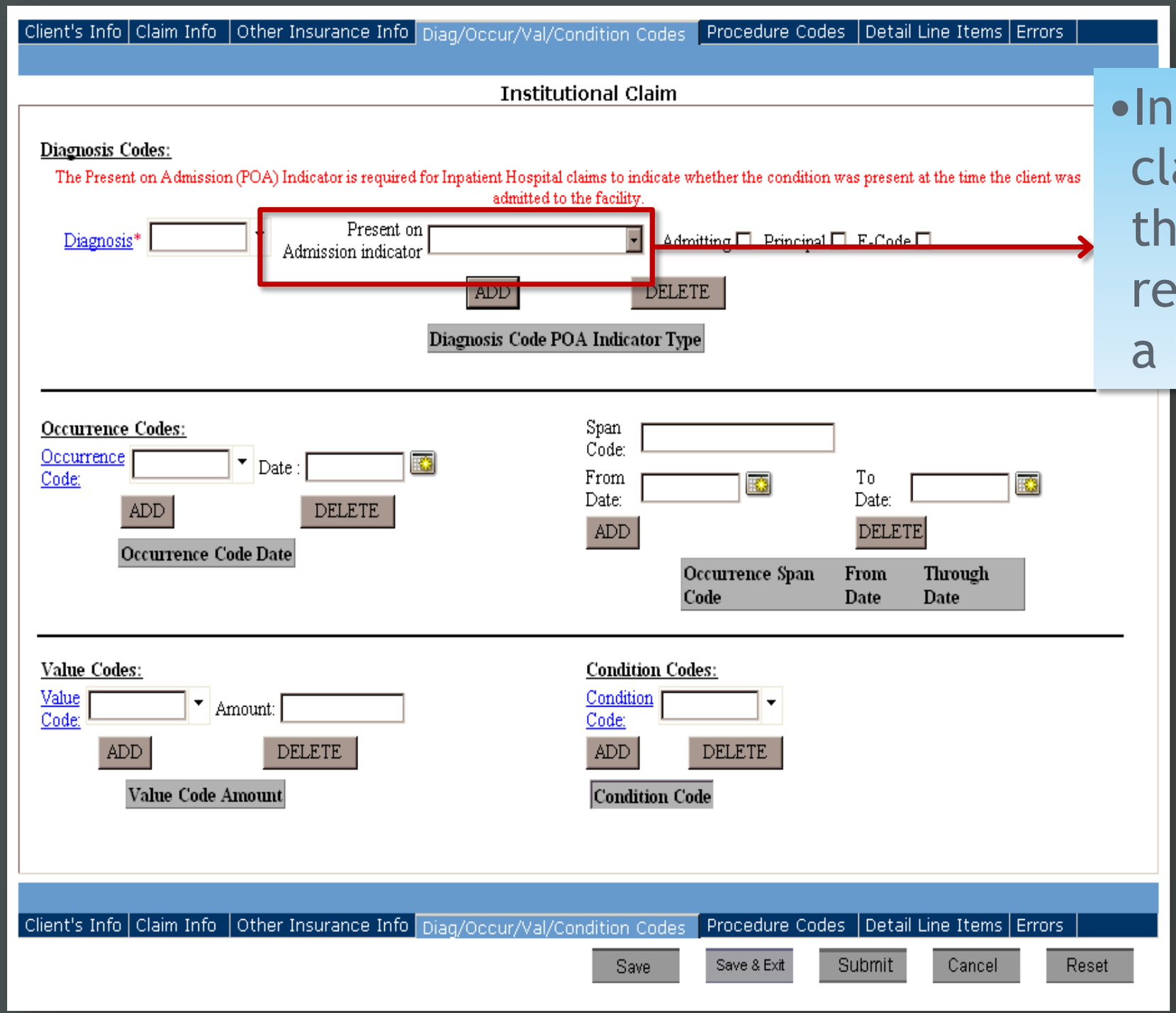
Other Insurance Info Tab



Five options to choose from:

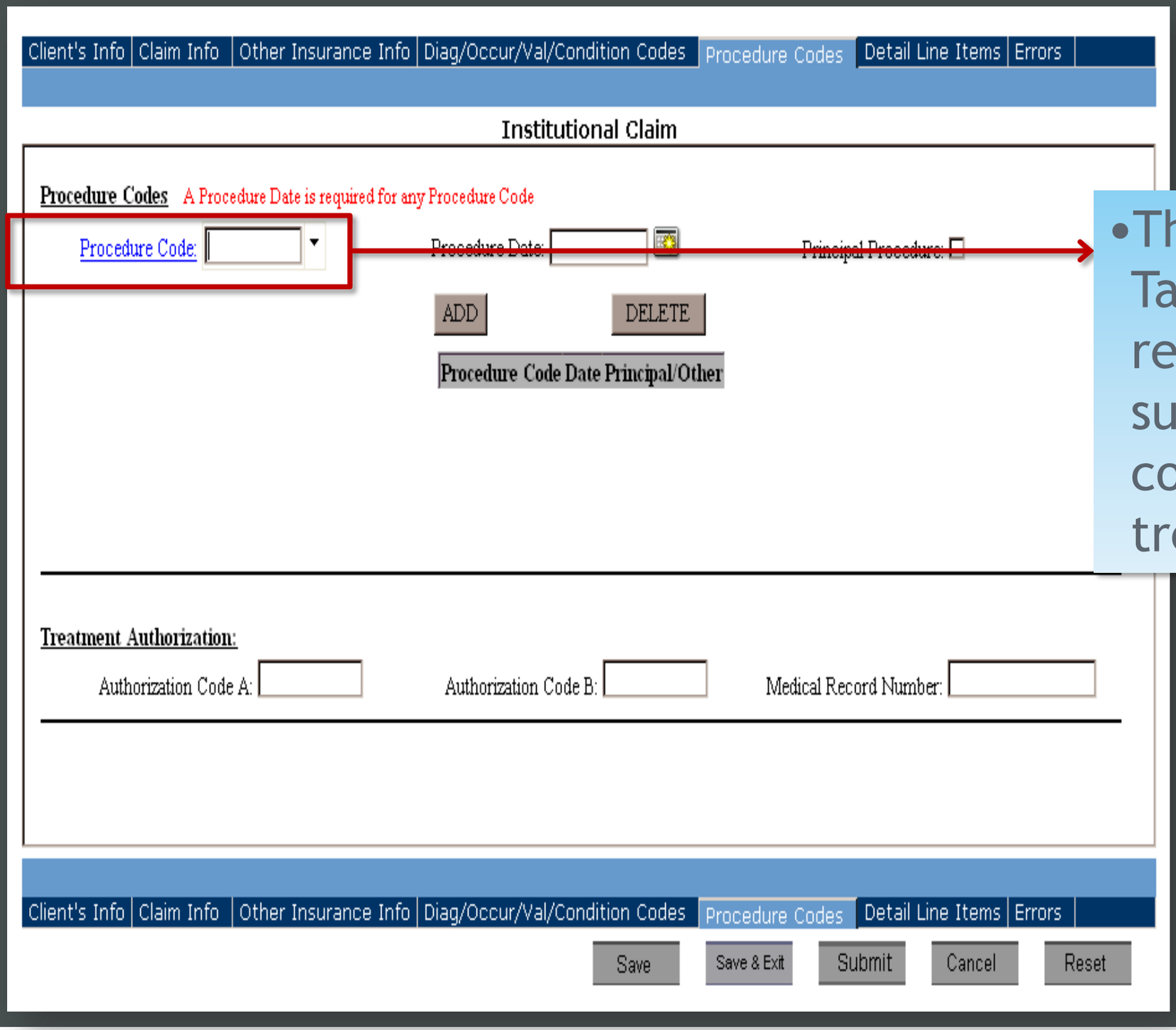
- None (default)
- Medicare
- One TPL
- Two TPLs
- Medicare and one TPL

Codes Tab



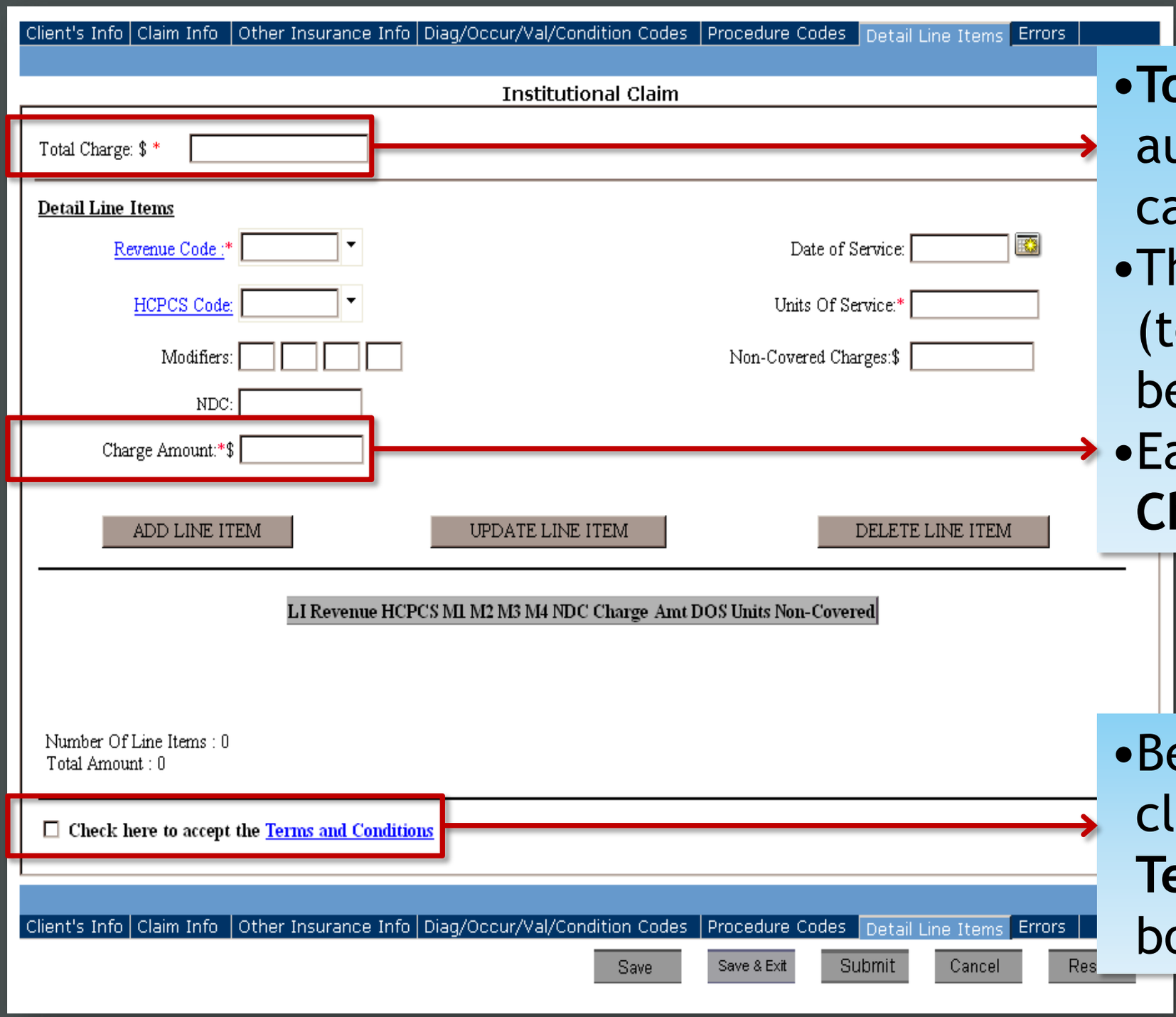
- Inpatient hospital claims submitted through the Web Portal require the inclusion of a **POA indicator**

Procedure Codes Tab



- The Procedure Codes Tab collects information relating to the ICD9-CM surgical procedure codes as well as treatment authorization

Detail Line Item Tab



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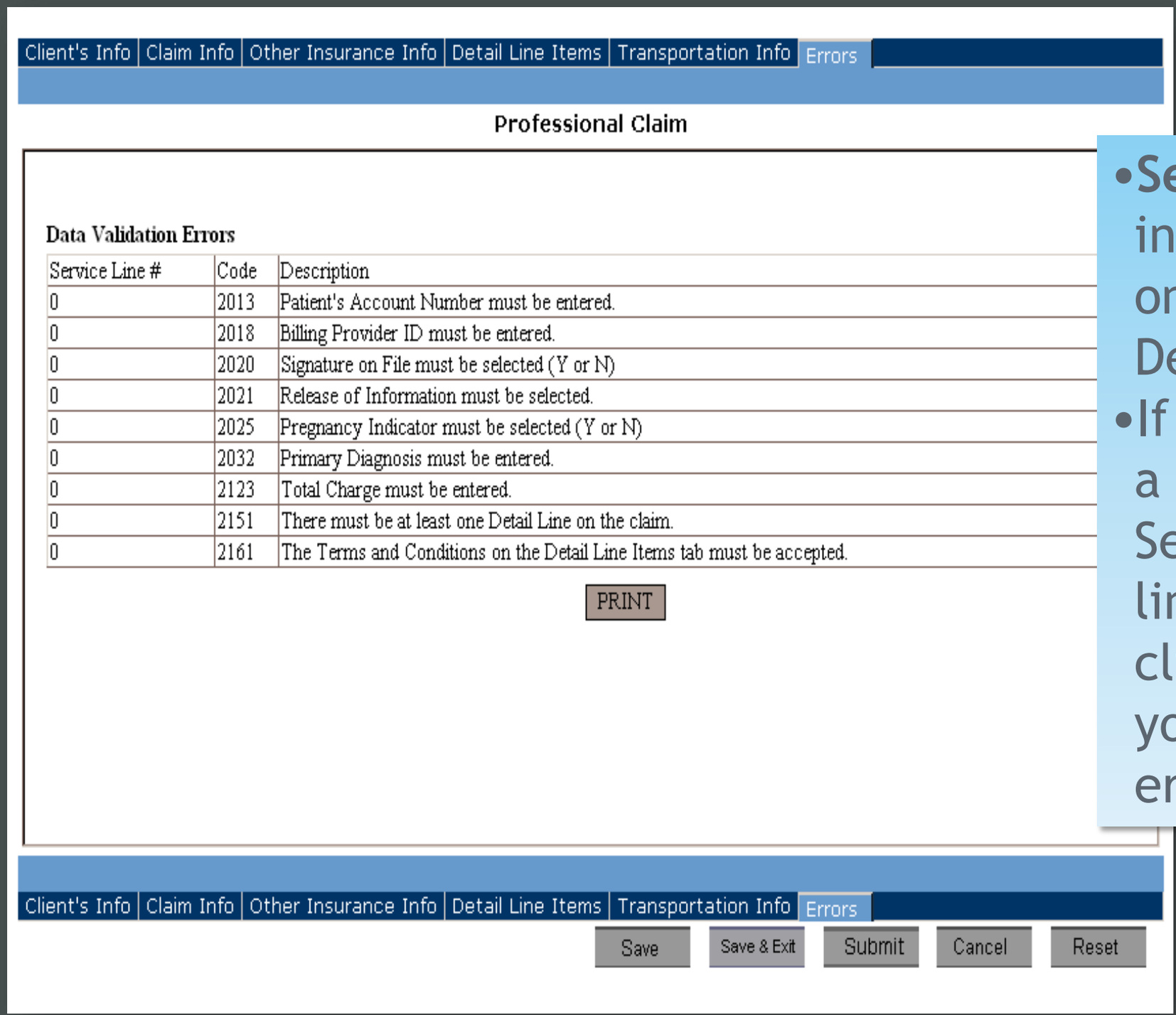
- Before submitting claim, must check the **Terms and Conditions** box

Errors Tab



- **Service Line # of 0** indicates an error exists on a tab **other than** the Detail Line Item tab
- If the error is related to a detail line item, the Service Line # will be a linked field, and clicking on it will take you to the tab with the error.