# *Beginning Billing Workshop*
# *Secure Web Portal 837I*

Colorado Medicaid
2016

COLORADO
Department of Health Care Policy & Financing

Centers for Medicare & Medicaid Services

Xerox State Healthcare

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Medicaid/CHP+
Medical Providers

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# *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

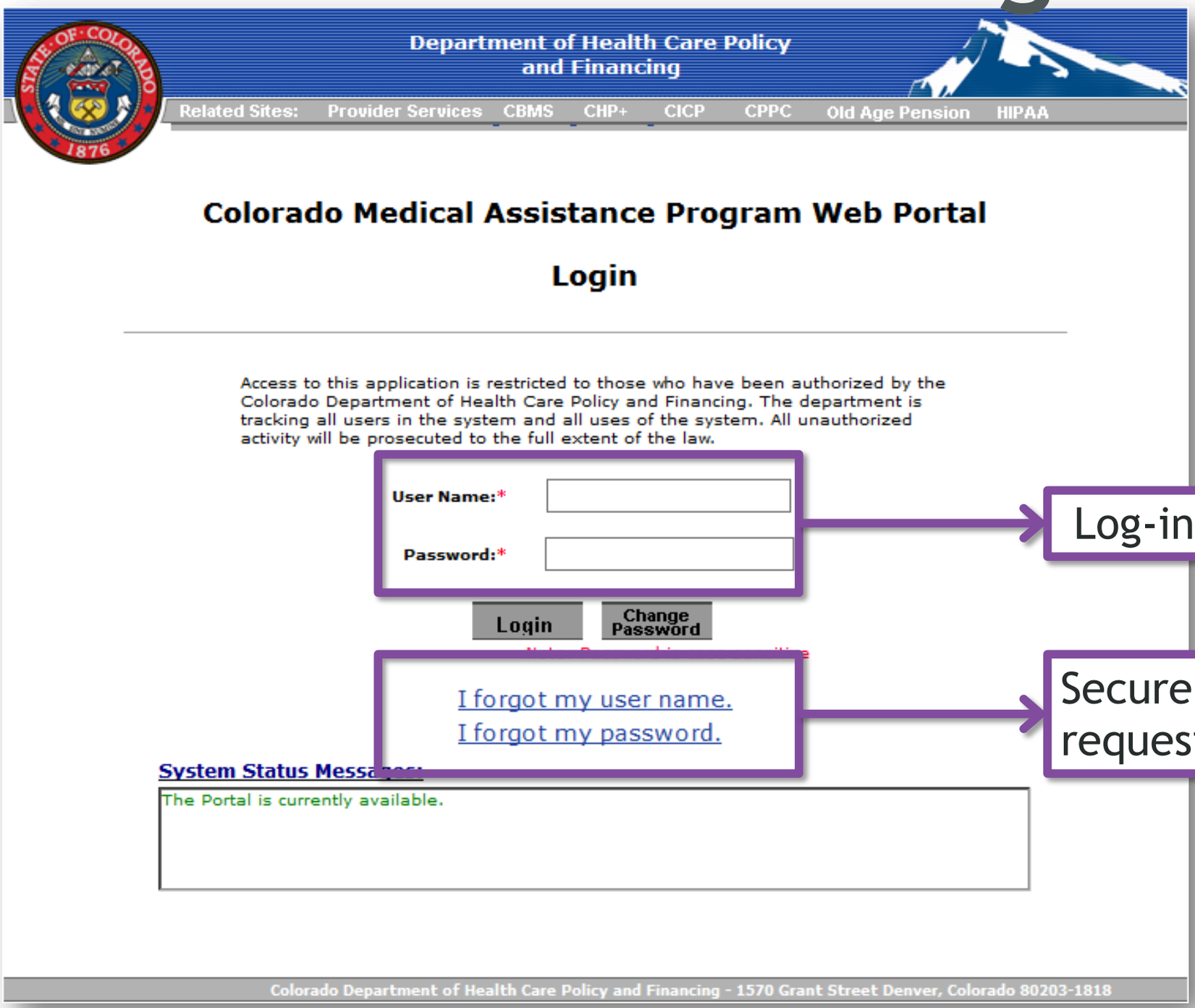
www.colorado.gov/hcpf

# Provider Home Page

**Find what you need here**

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

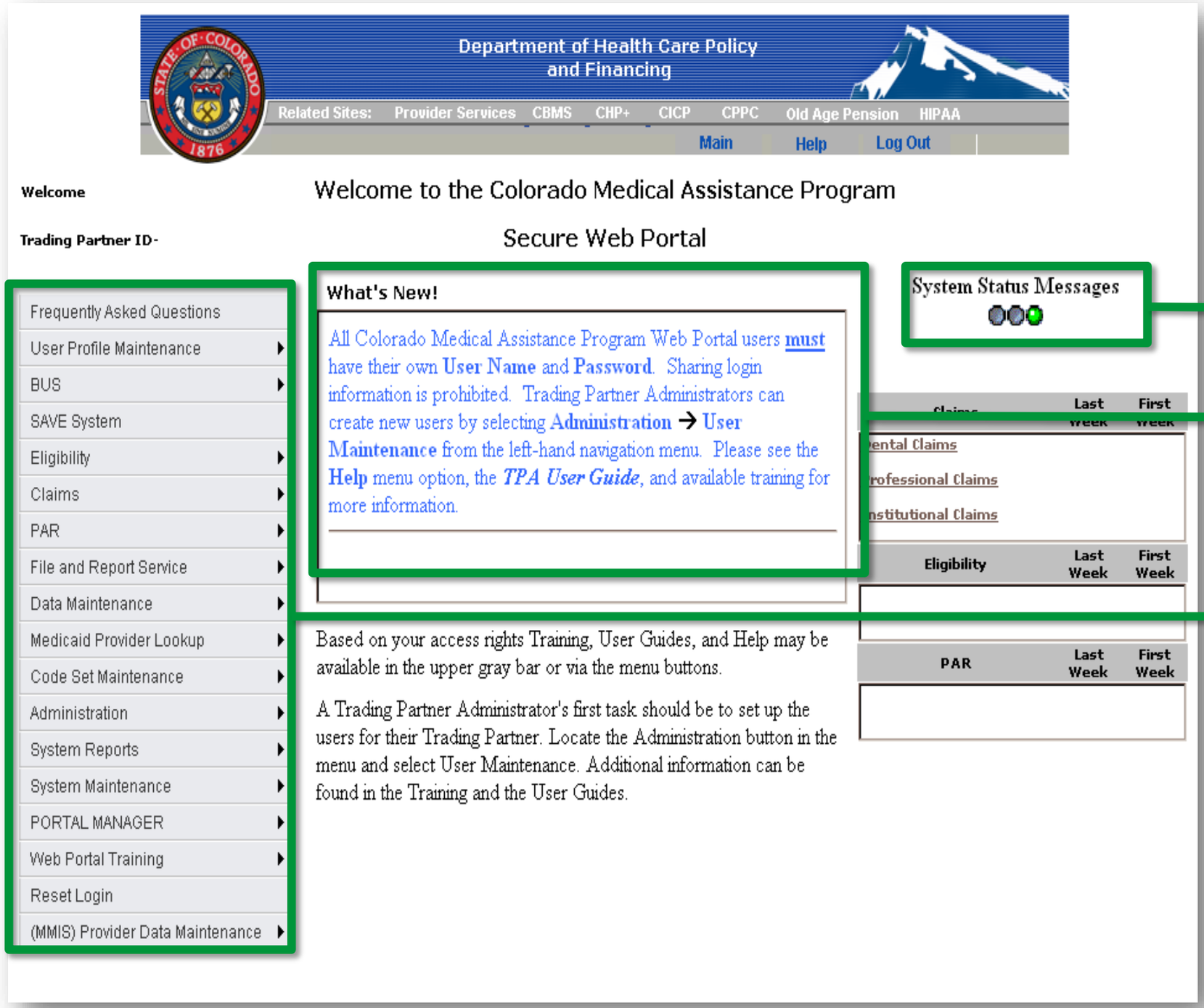
# Web Portal Login Page




Log-in to access Web Portal

Securely reset password or request user name here

# Web Portal Main Page

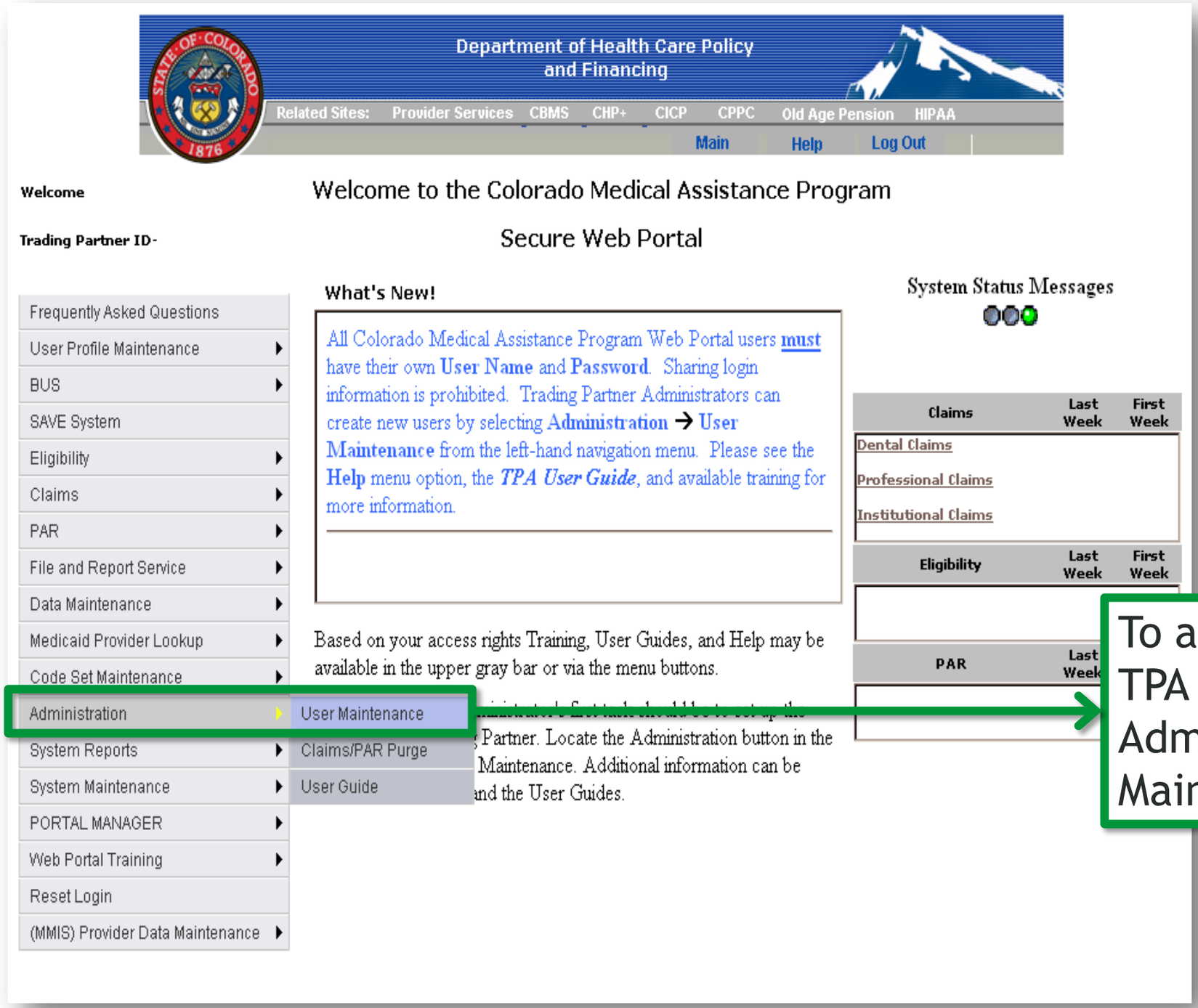



How is the Portal working?

What's New

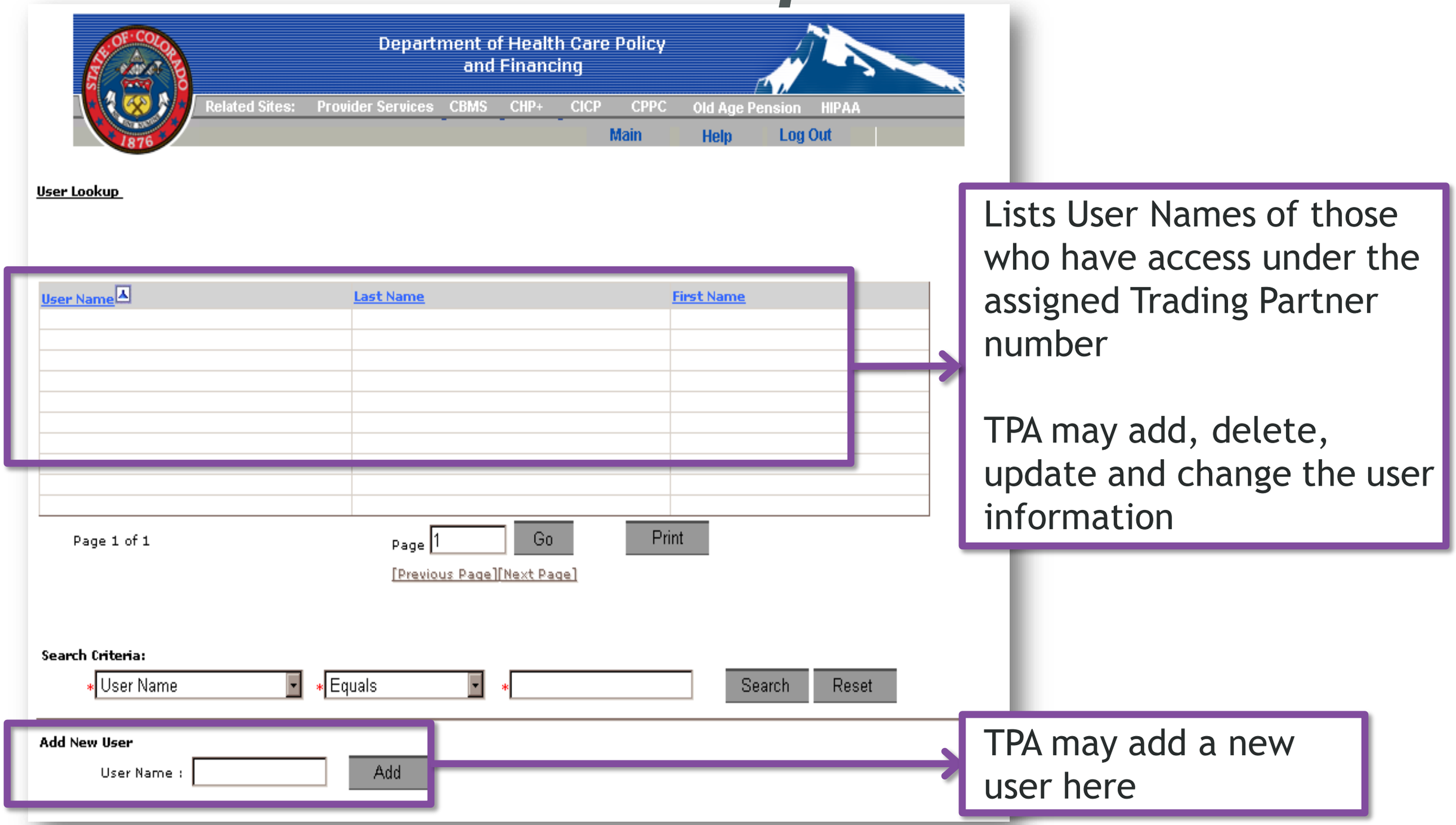
User Access dependent on roles assigned to user by TPA

# Web Portal Main Page




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

# User Lookup Screen

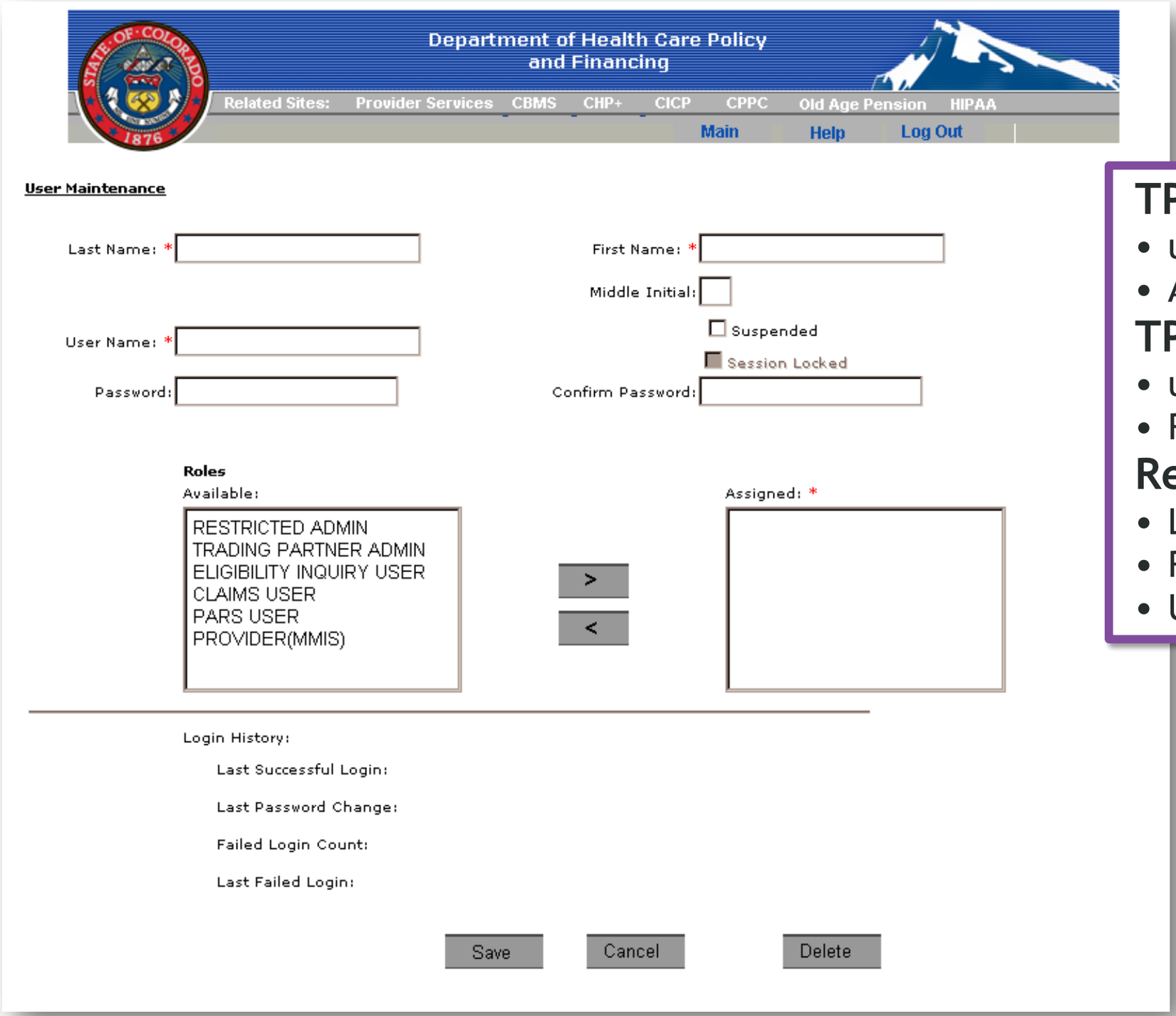



Lists User Names of those who have access under the assigned Trading Partner number

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

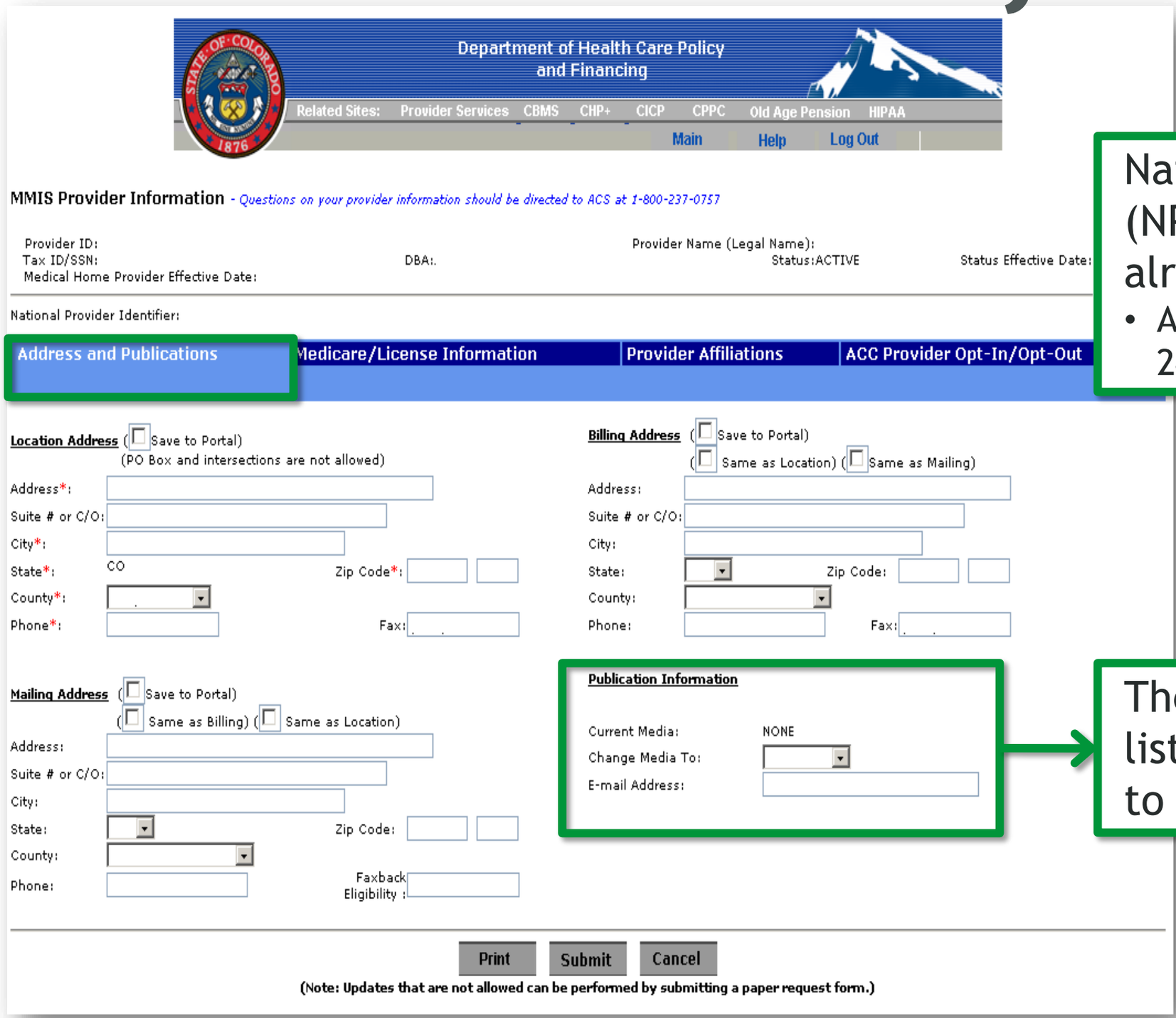
# MMIS Provider Data Maintenance Access

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

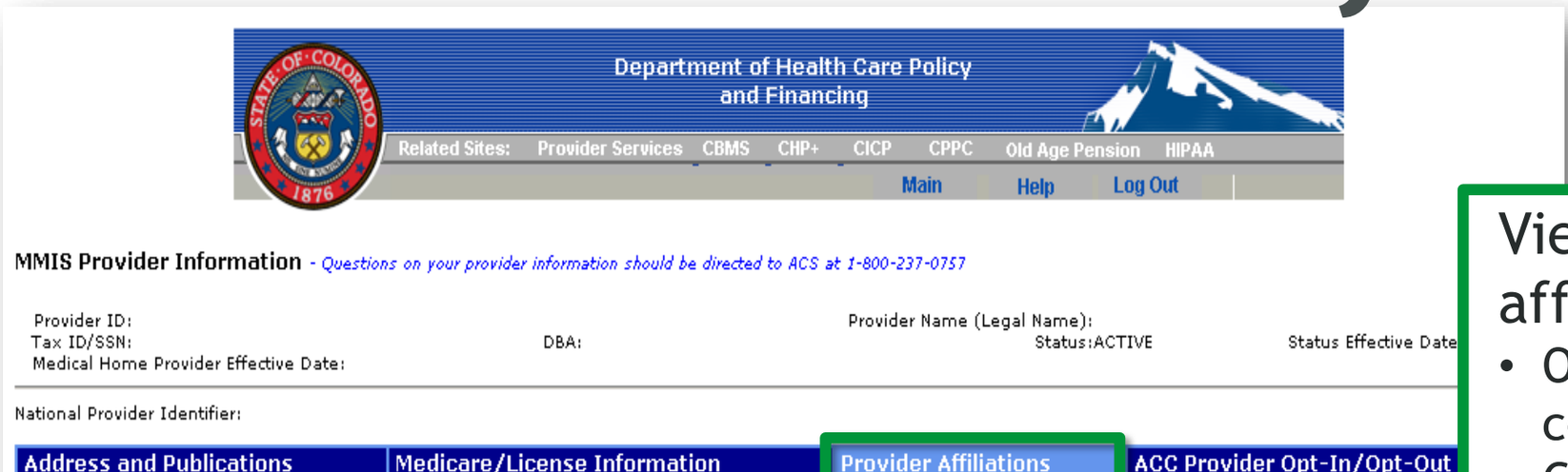
The user that has their email listed here will receive a link to the monthly bulletin

# 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

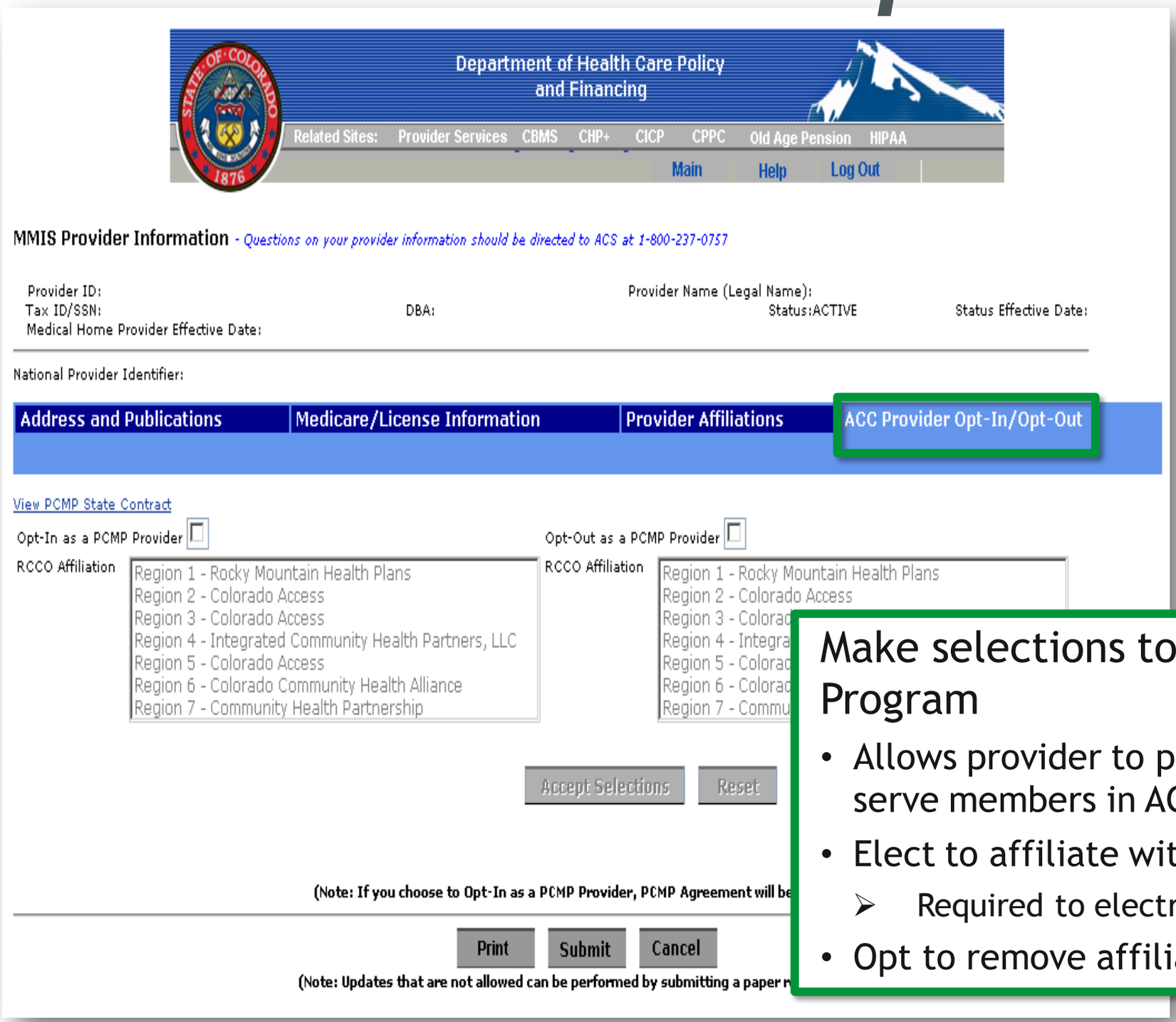
# MMIS Provider Information




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

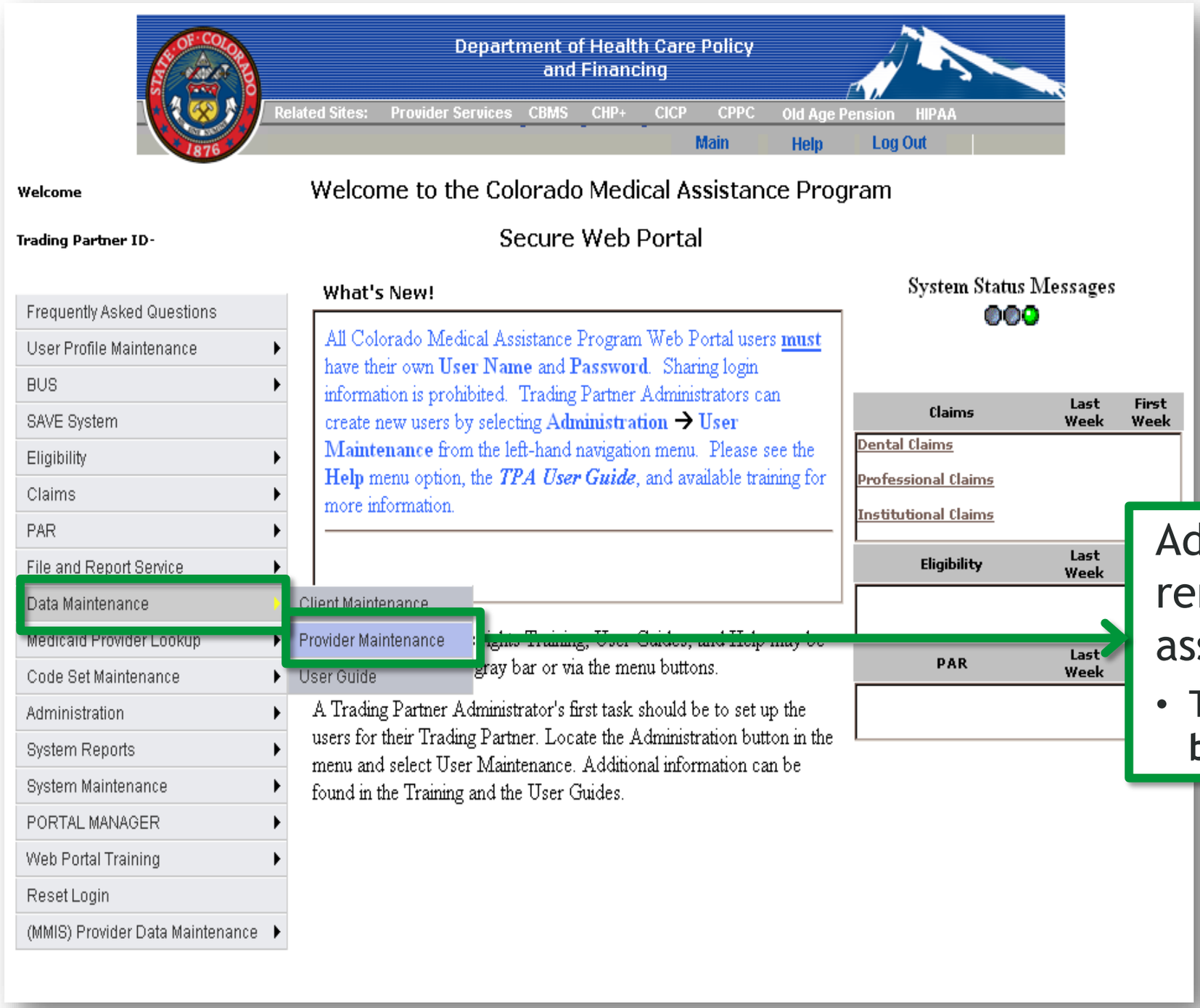
# ACC Provider Opt-In/Opt-Out




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

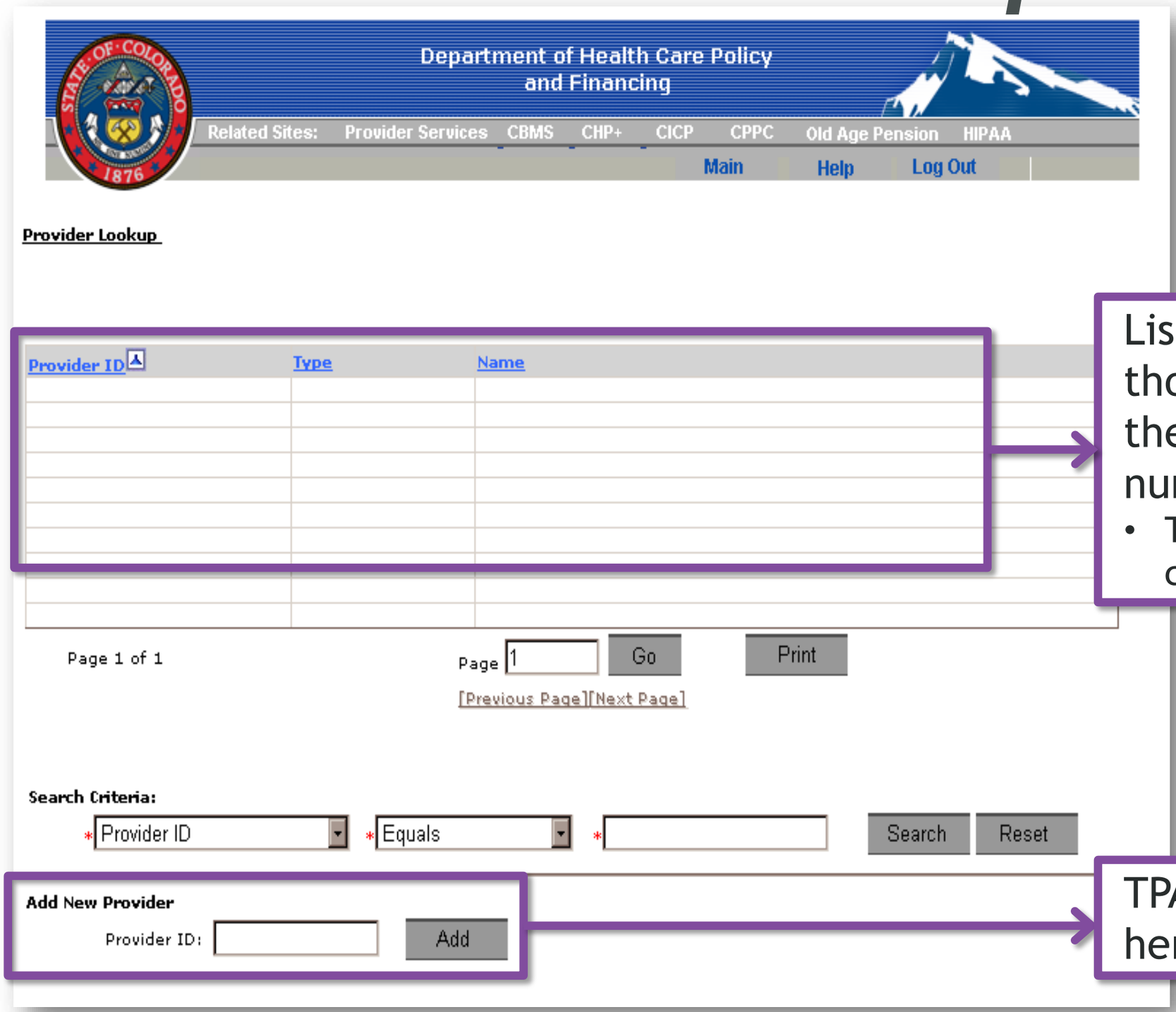
# Provider Maintenance Access




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

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

# Provider Lookup Screen




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

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TPA may add a new provider here

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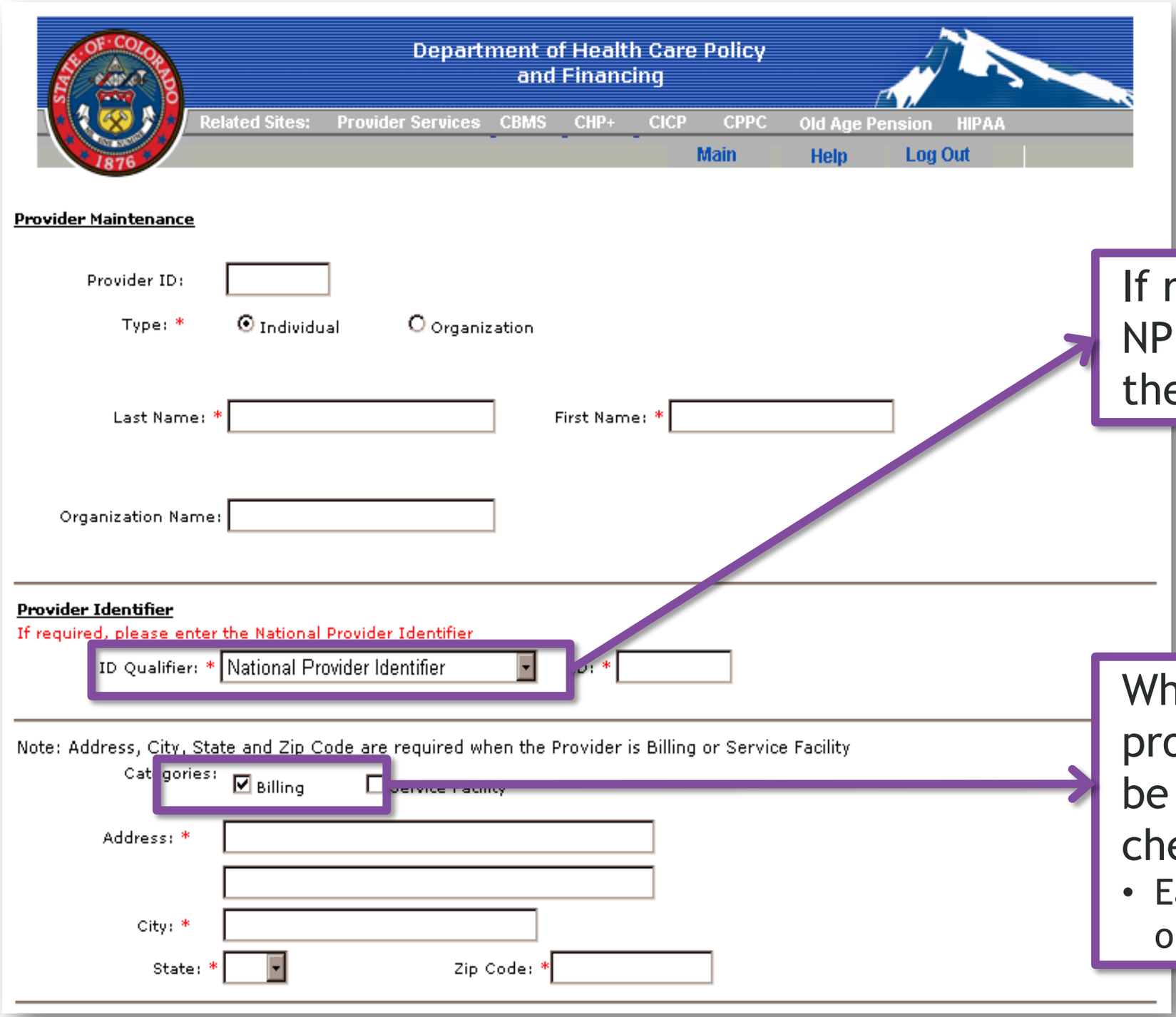
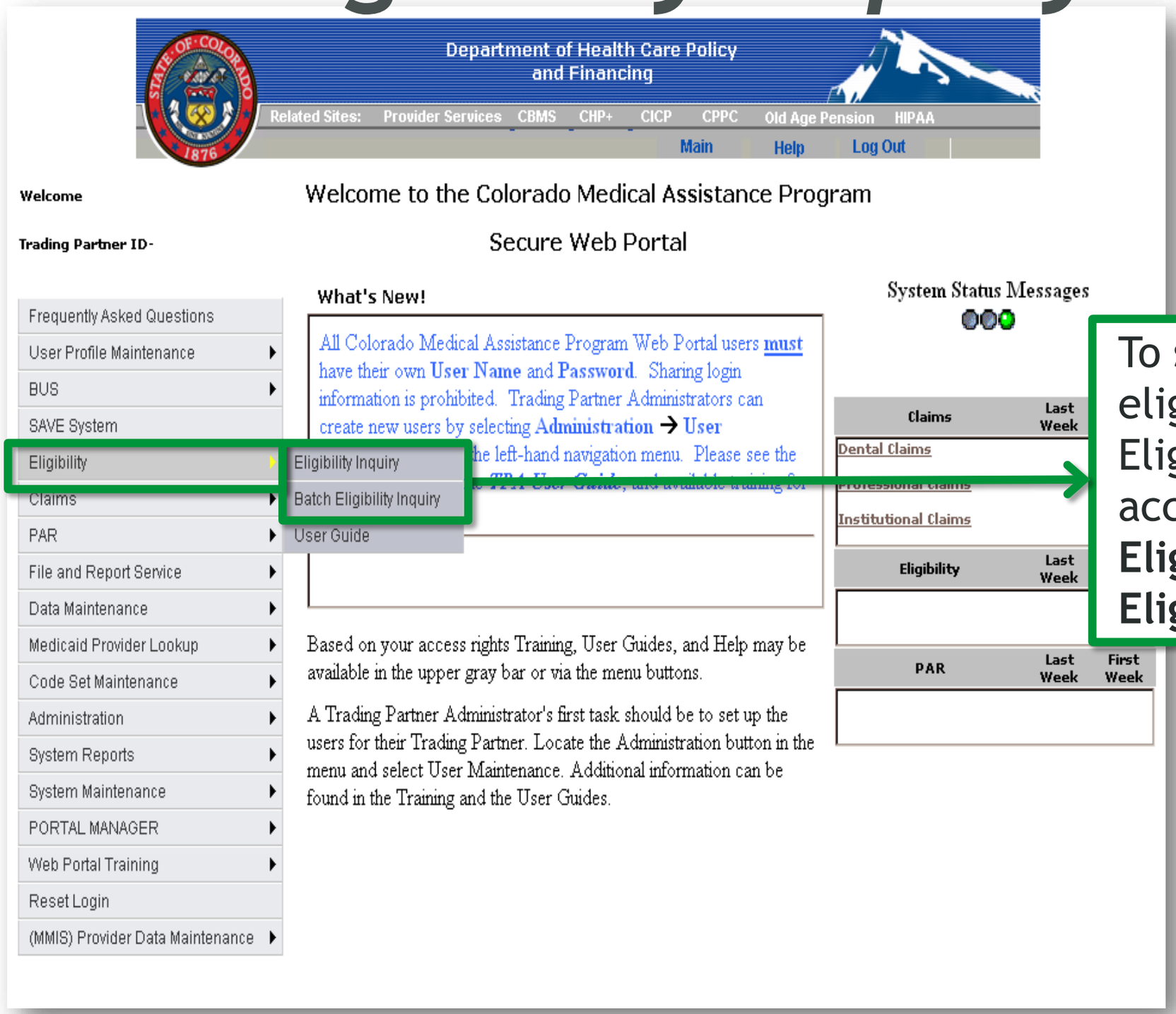



If required to bill using an NPI, the NPI must be used as the **ID Qualifier**

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

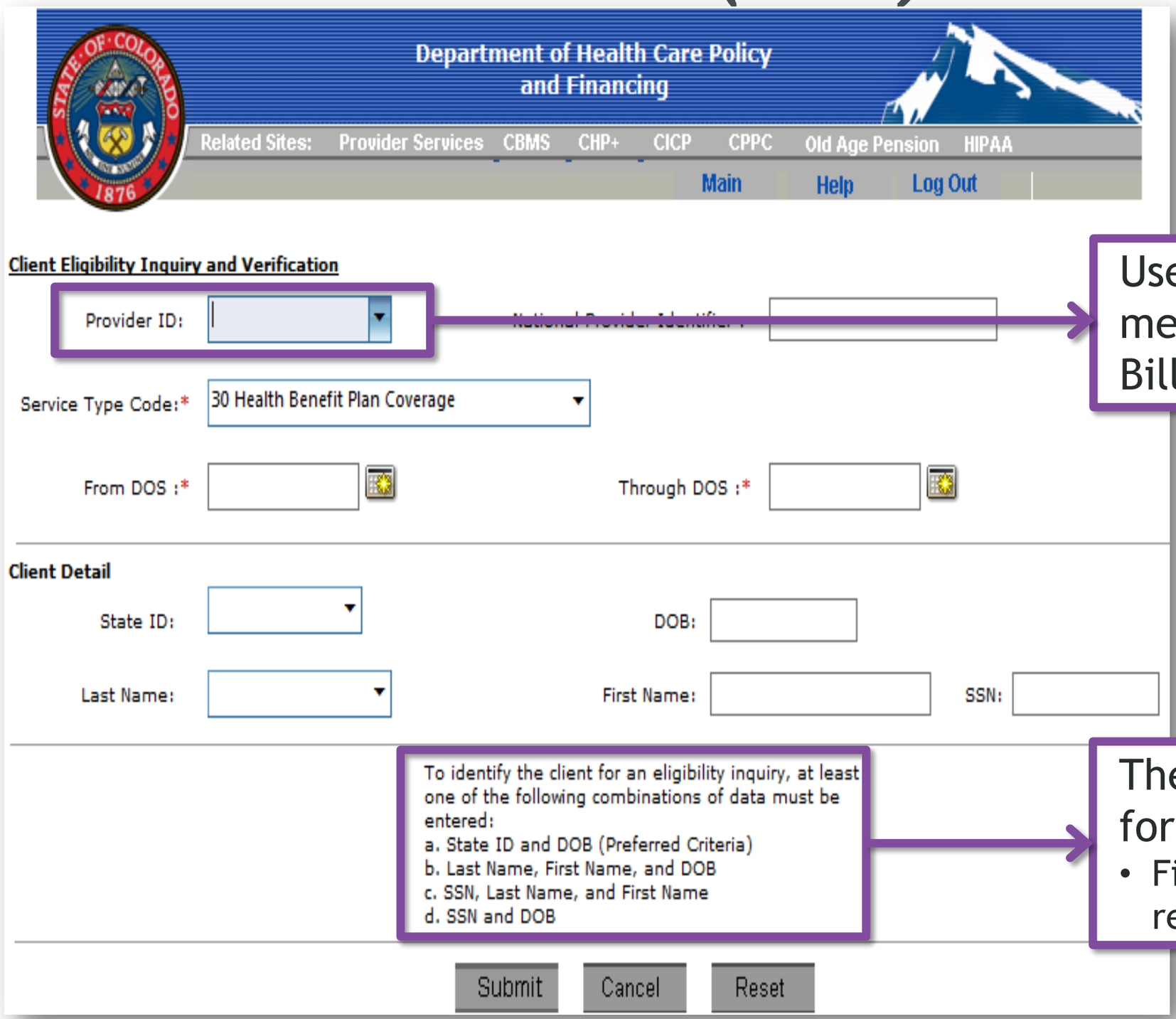
- Each provider must be added one at a time

# 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)

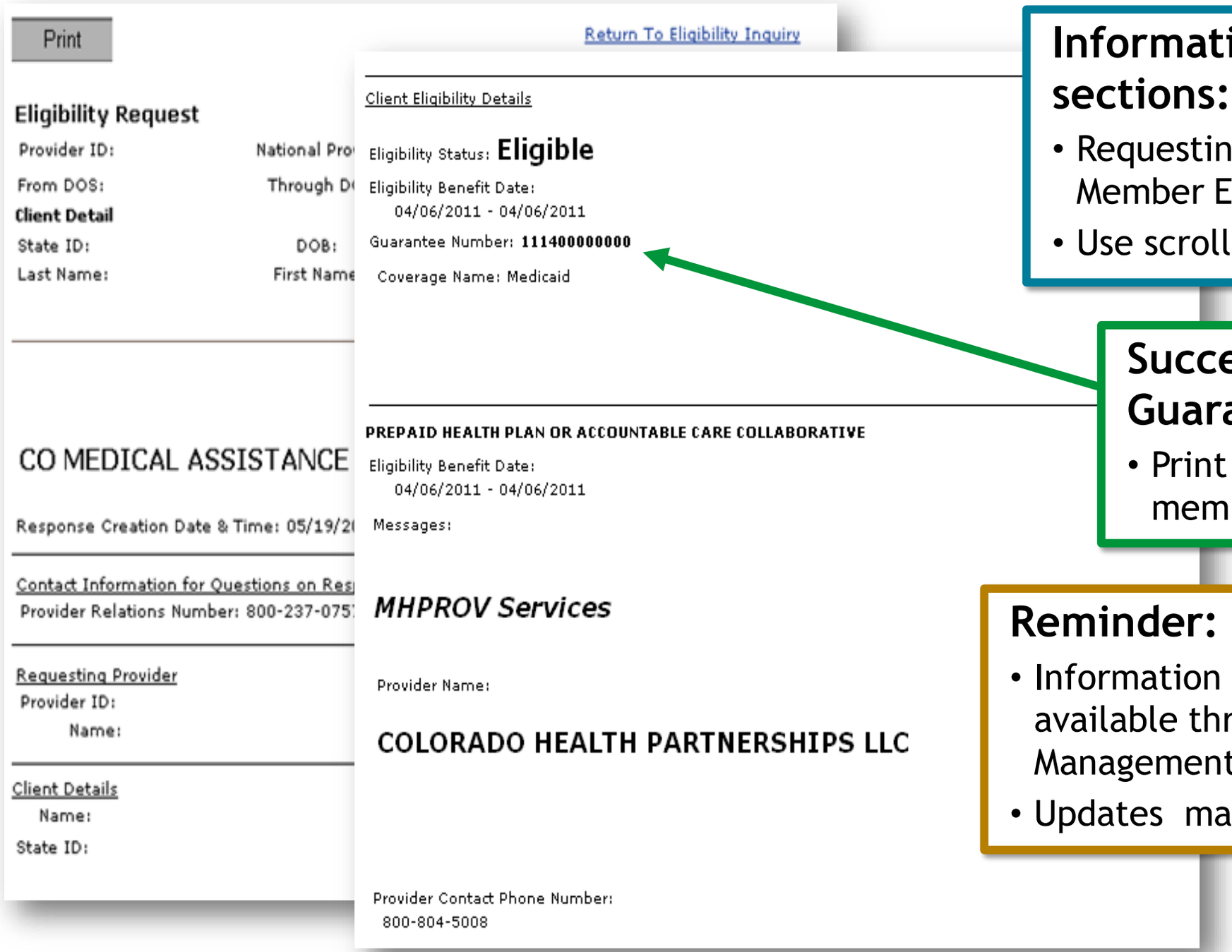



Users should check a members eligibility using the Billing Provider ID

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

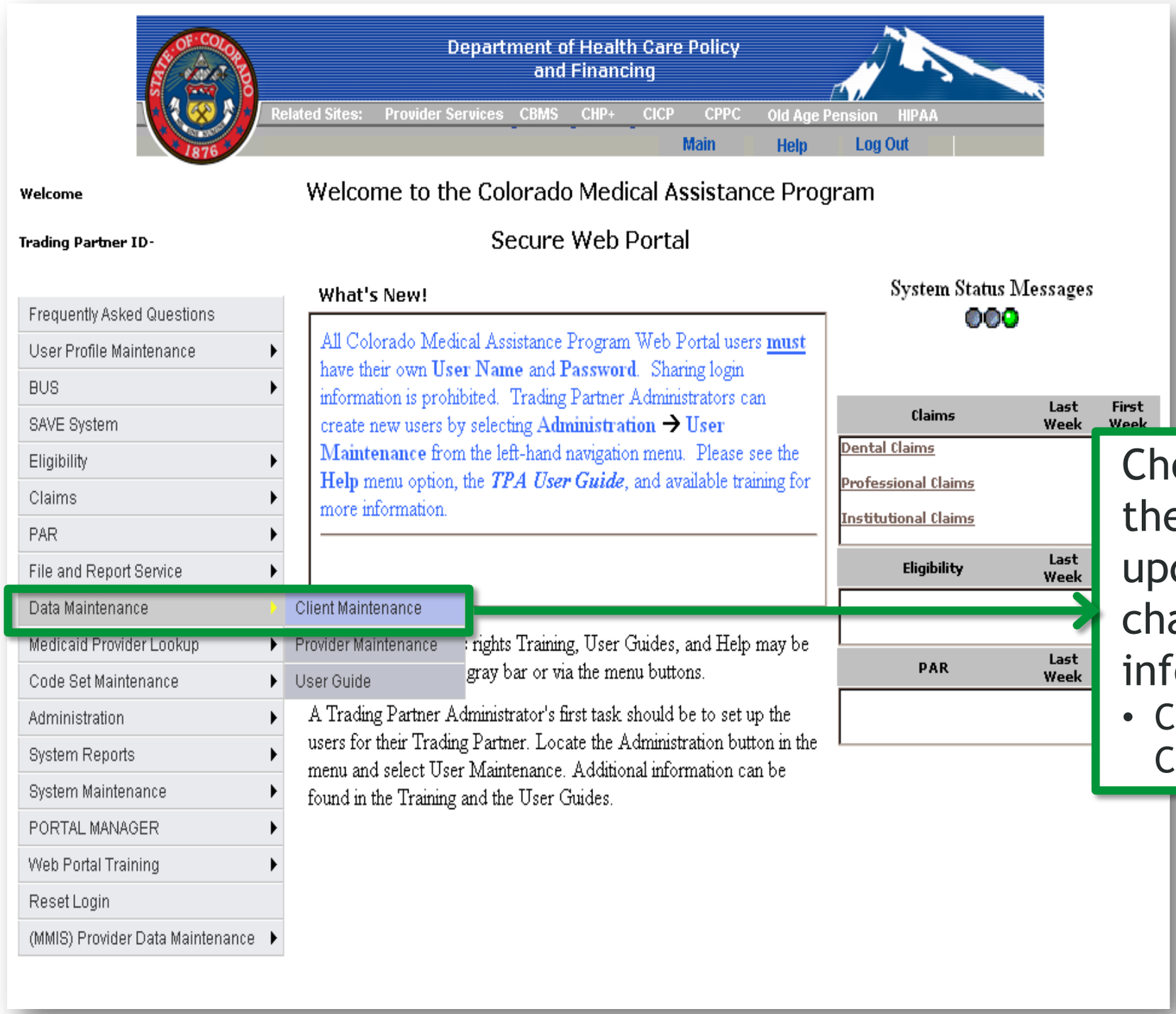
**Successful inquiry notes a Guarantee Number:**

- 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

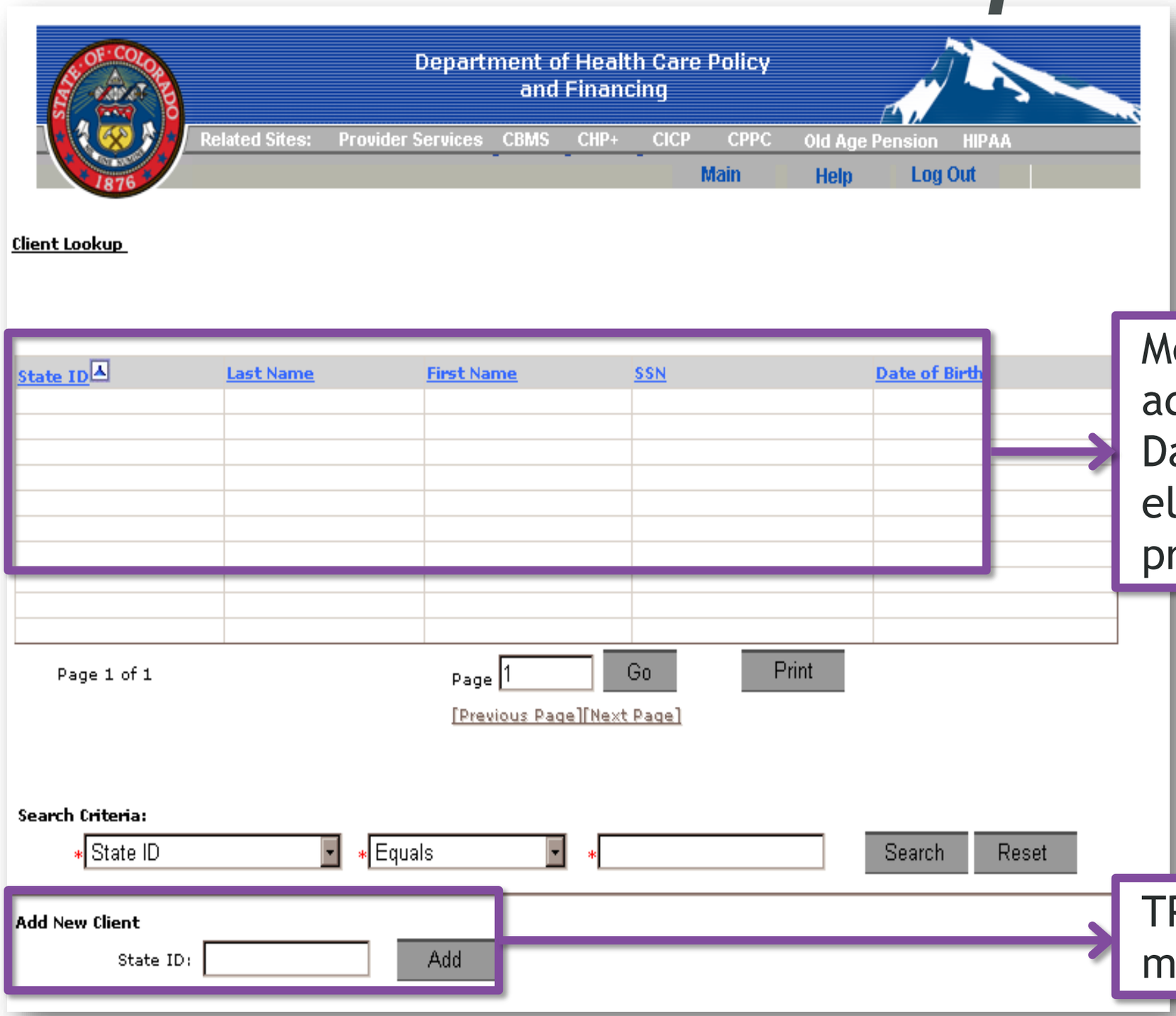
# Member Maintenance Access




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

- Changes do not effect MMIS or CBMS

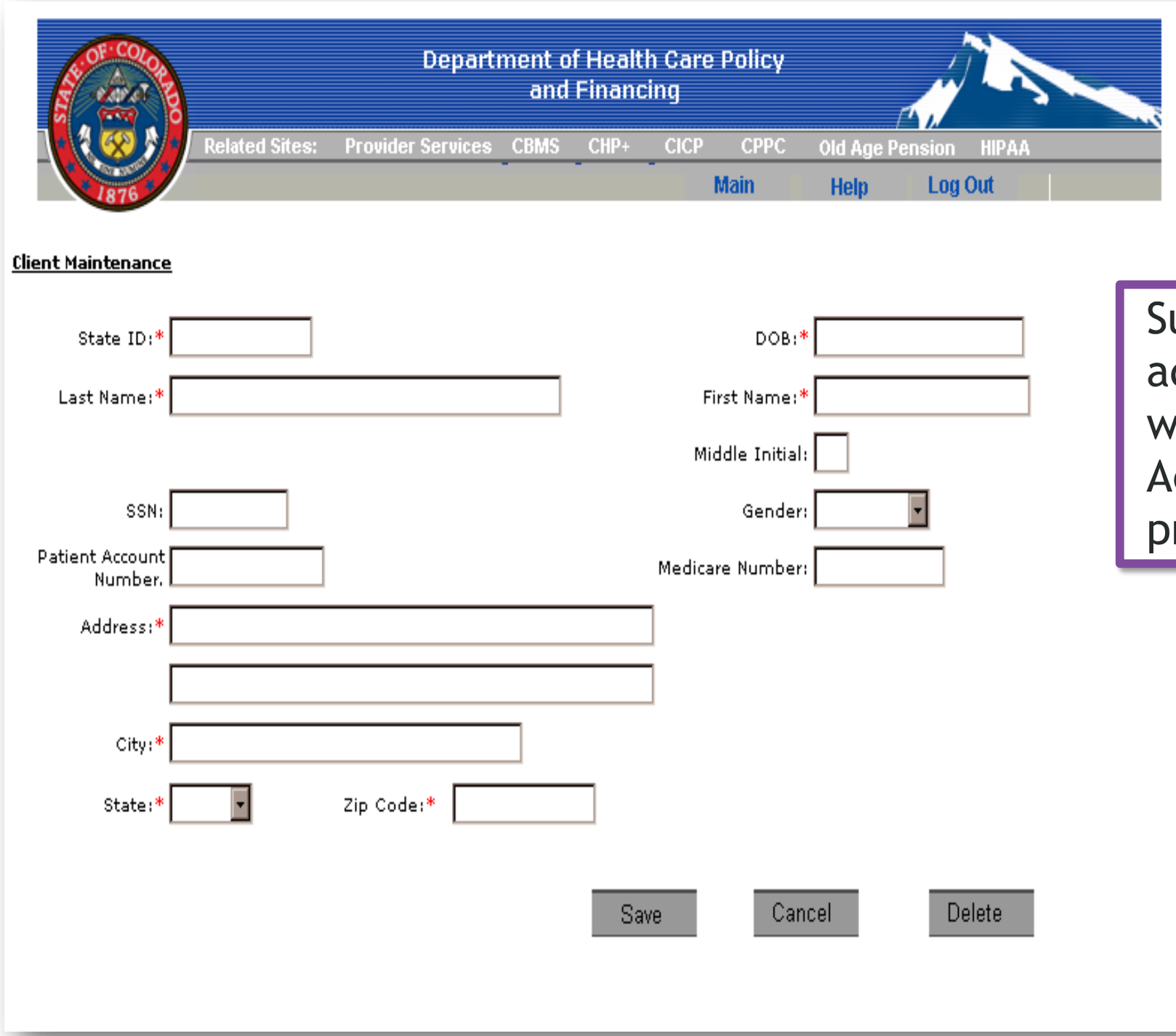
# Member Lookup Screen




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



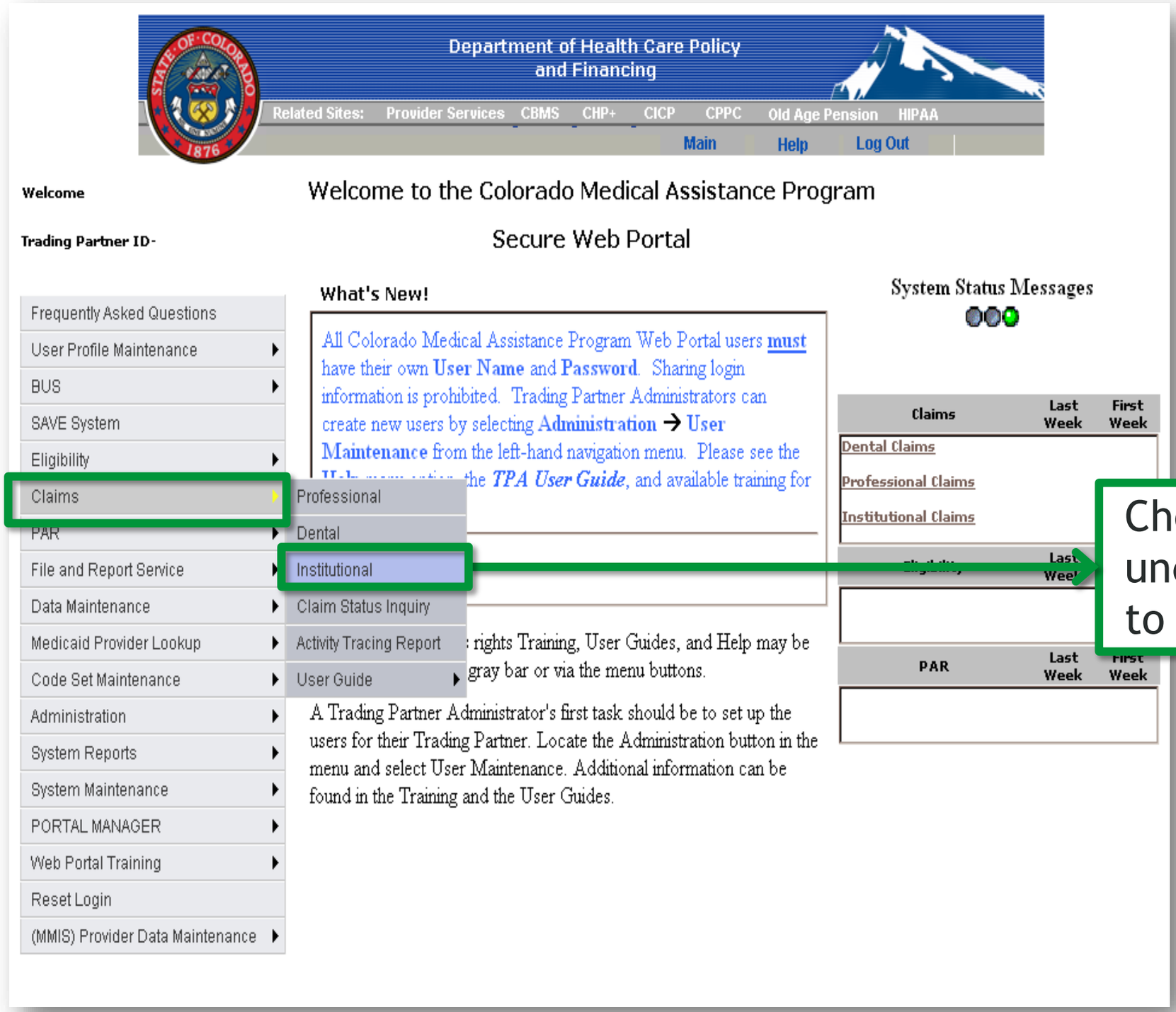

Successful eligibility inquiry adds member's information, with exception of Patient Account # (assigned by provider)

# *UB-04*

## Who completes the UB-04?

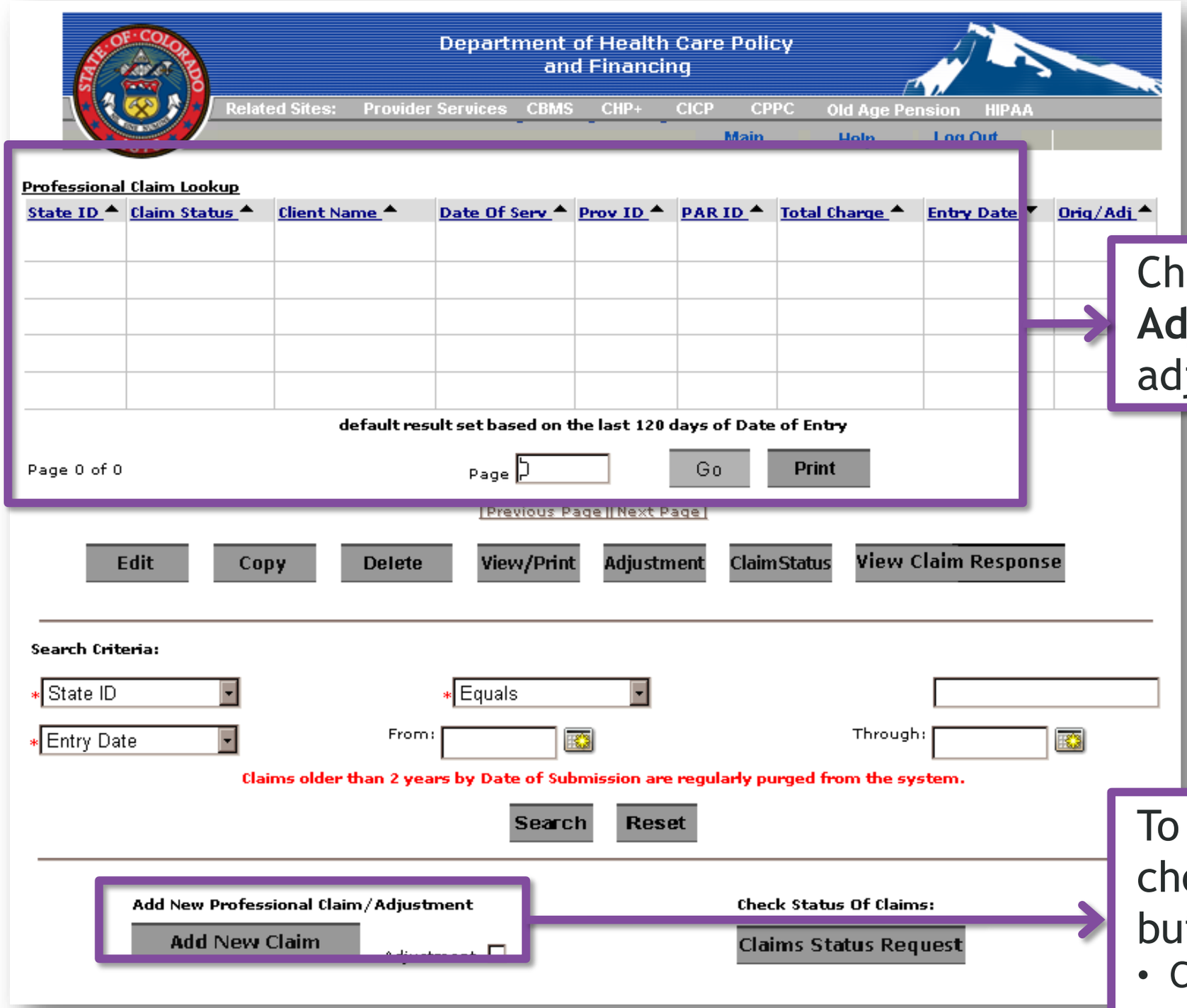
- Inpatient Hospital
- Nursing Facility
- Home Health/PDN
- Hospice
- Dialysis Centers
- Residential Treatment Centers
- Outpatient Hospital
- Outpatient Lab
- Rural Health Clinics
- FQHC
- Indian Health Services
- Hospital-Based Transportation

# Institutional Claim Access




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

# Institutional Claim Lookup Screen

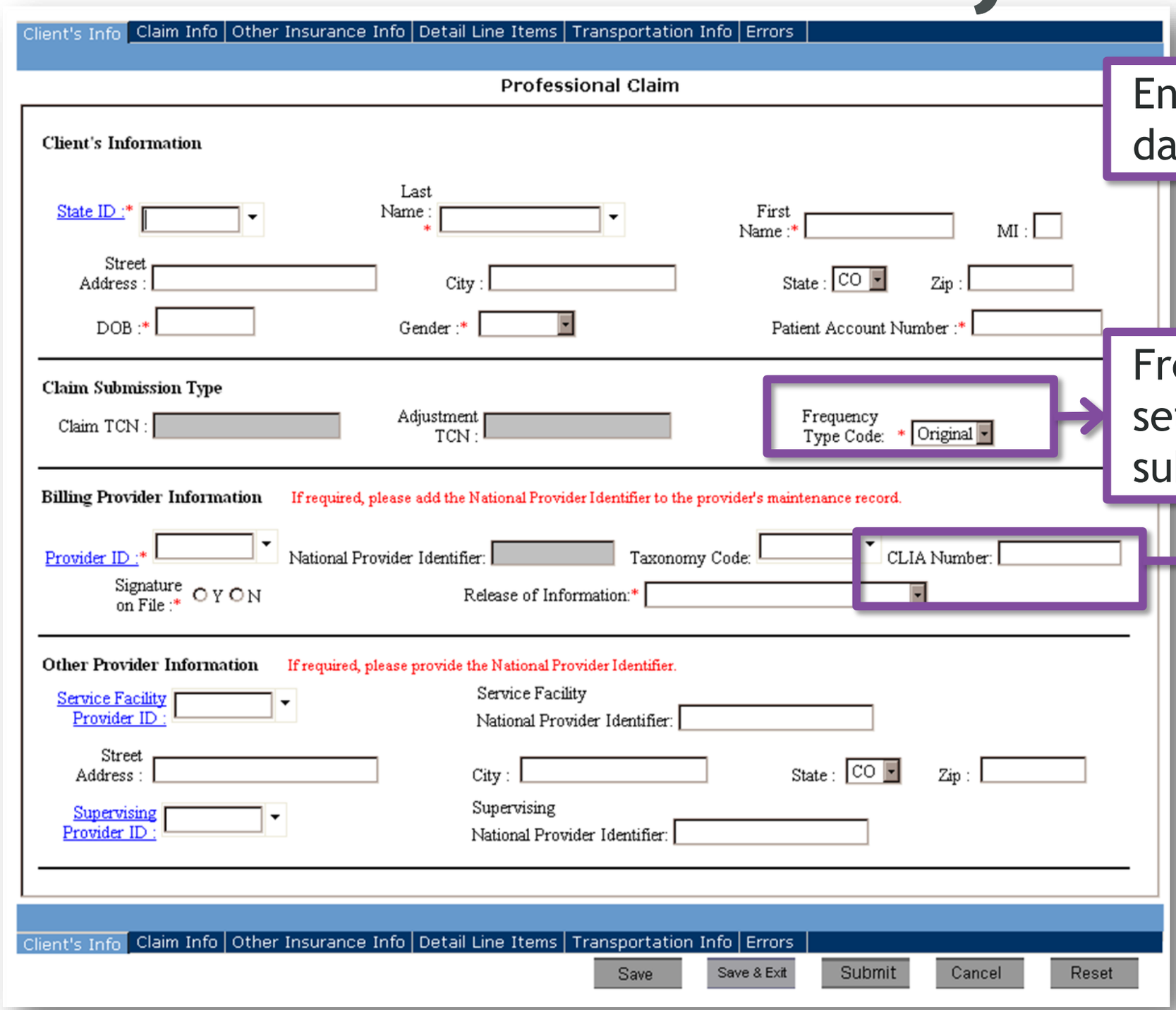



Choose the **Copy** or **Adjustment** button to add or adjust claims shown on grid

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

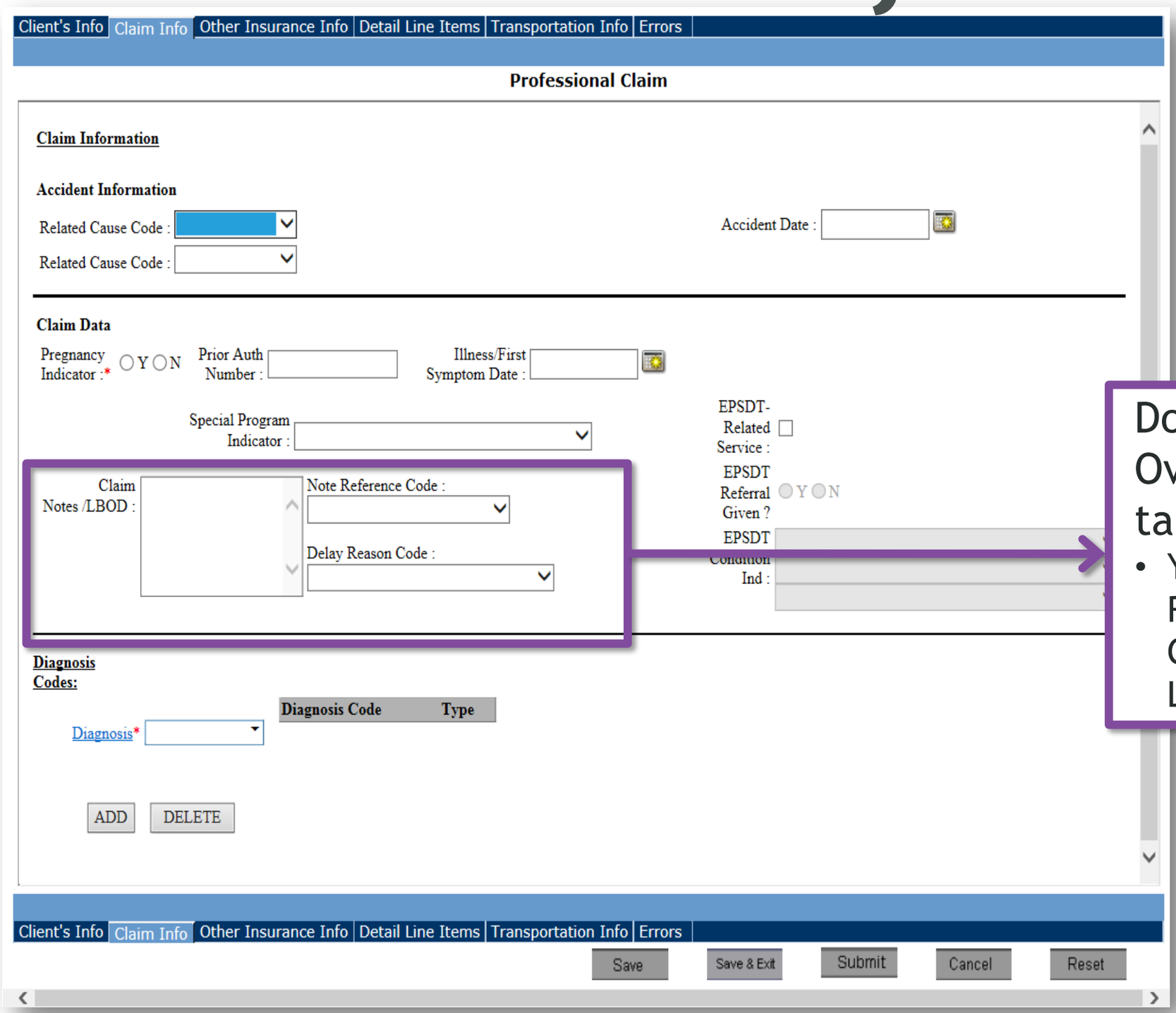
Frequency Type Code always set to original when submitting new claims

**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

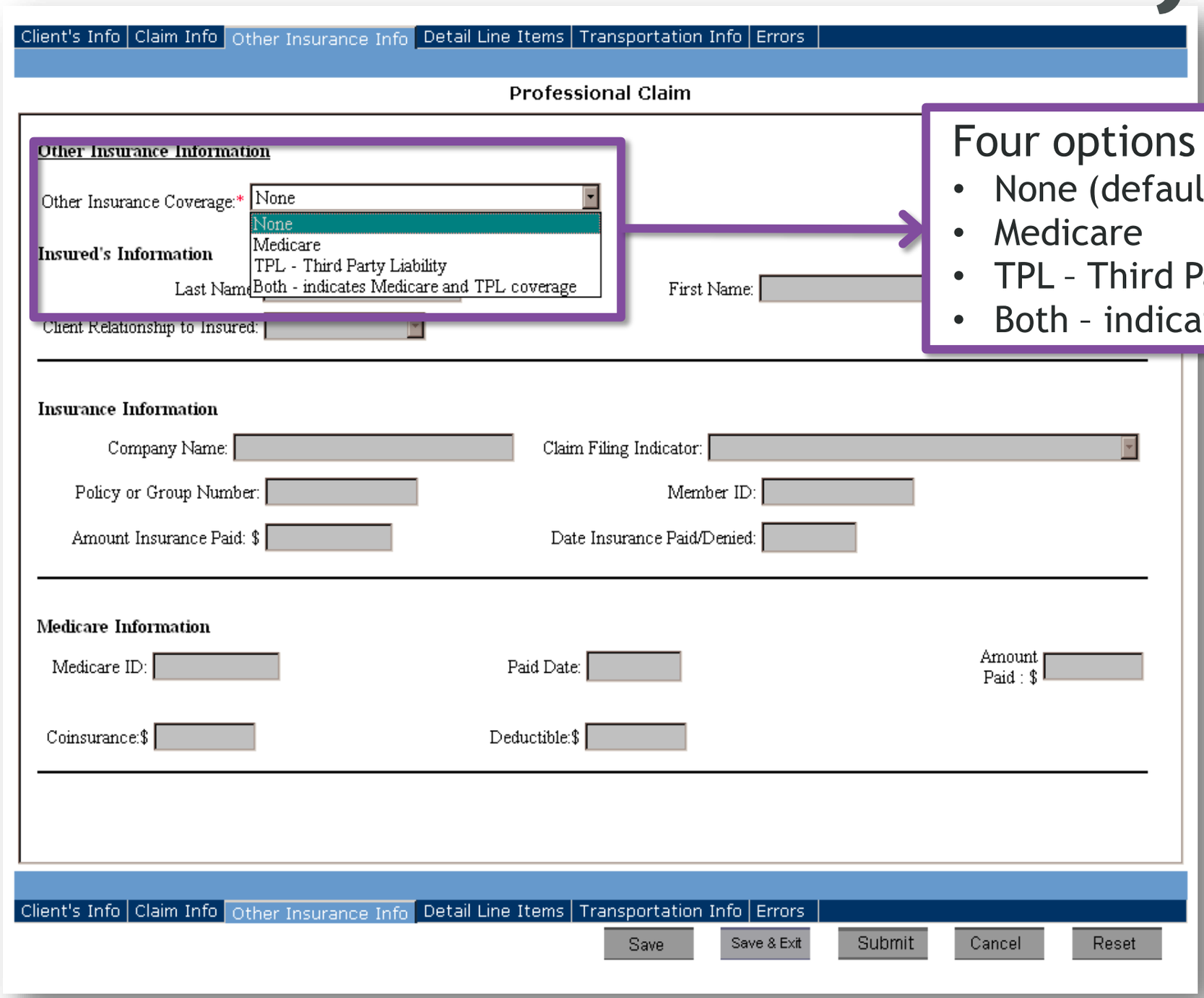
# Claim Info Tab




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

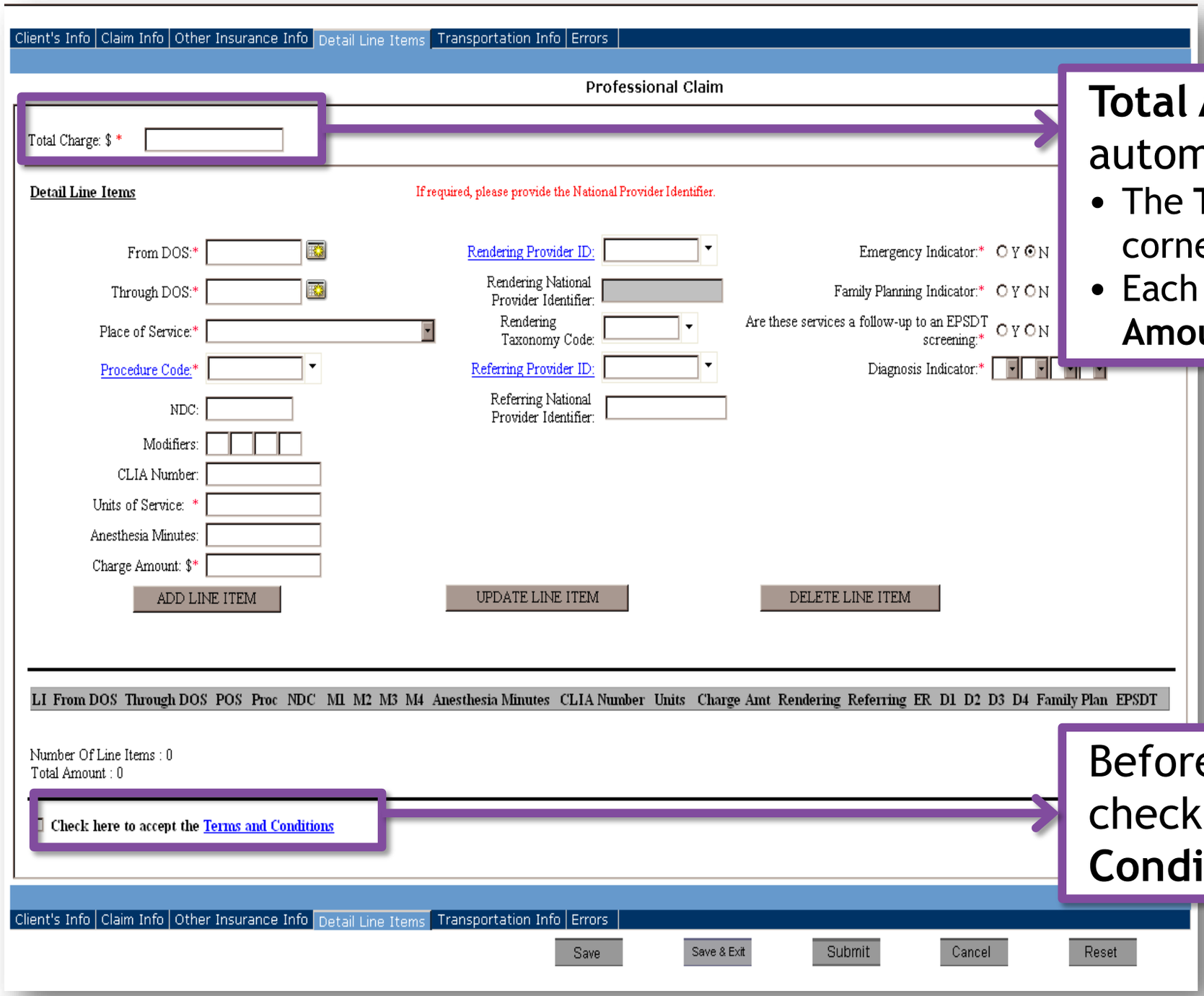
# Other Insurance Info Tab




Four options to choose from:

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

# Detail Line Item Tab

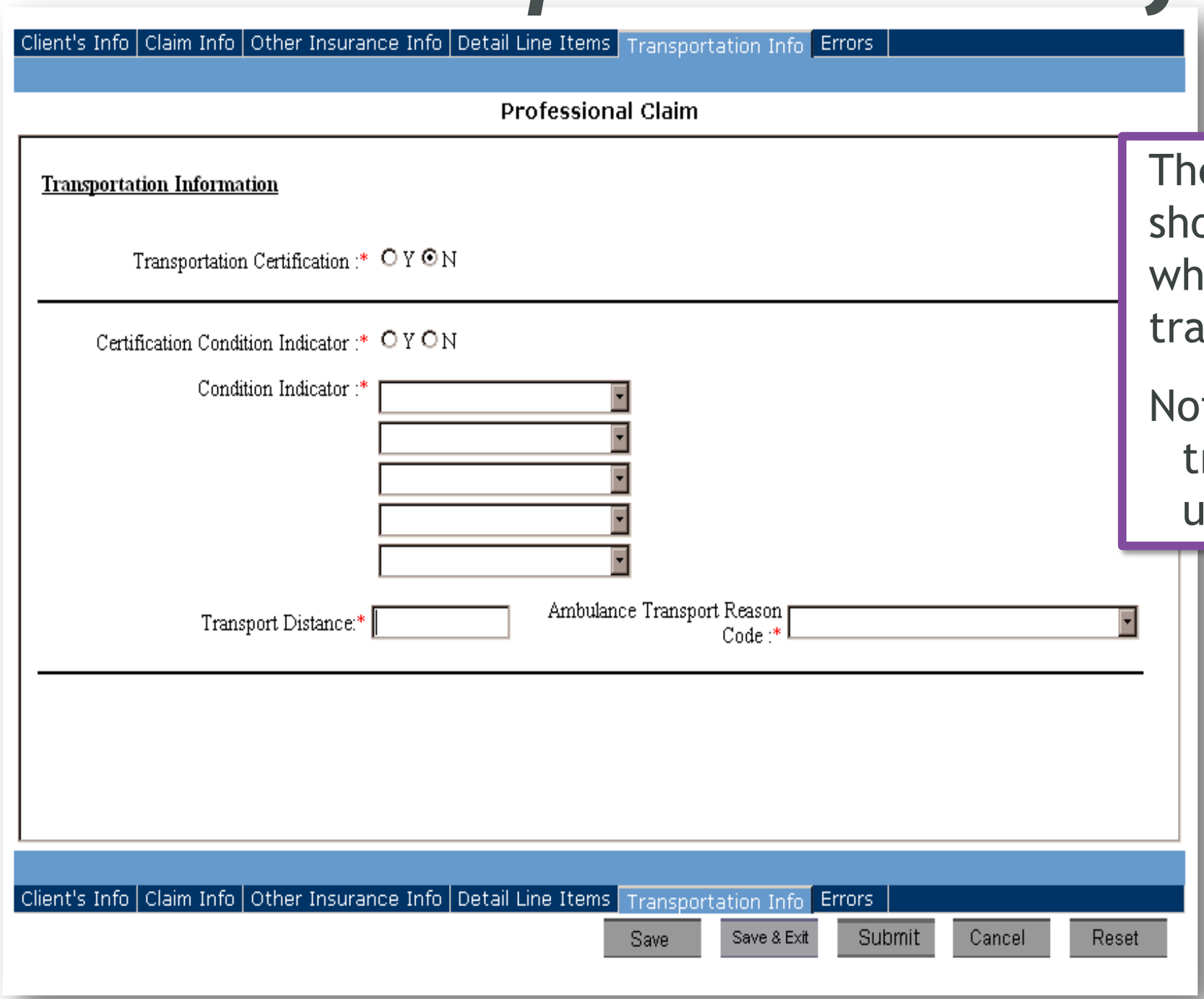



**Total Amount** for claim automatically calculated

- 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

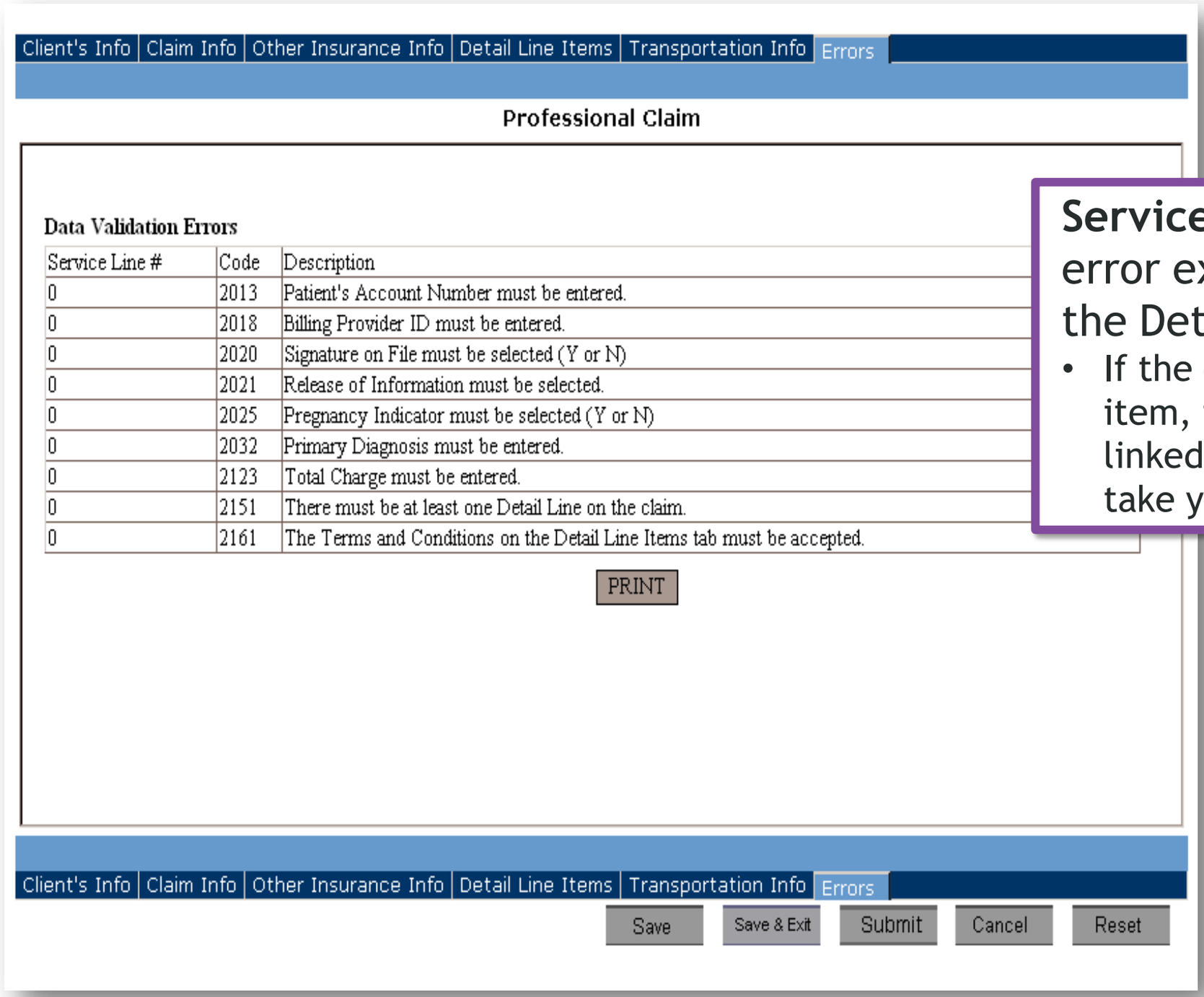
# Transportation Info Tab




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

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

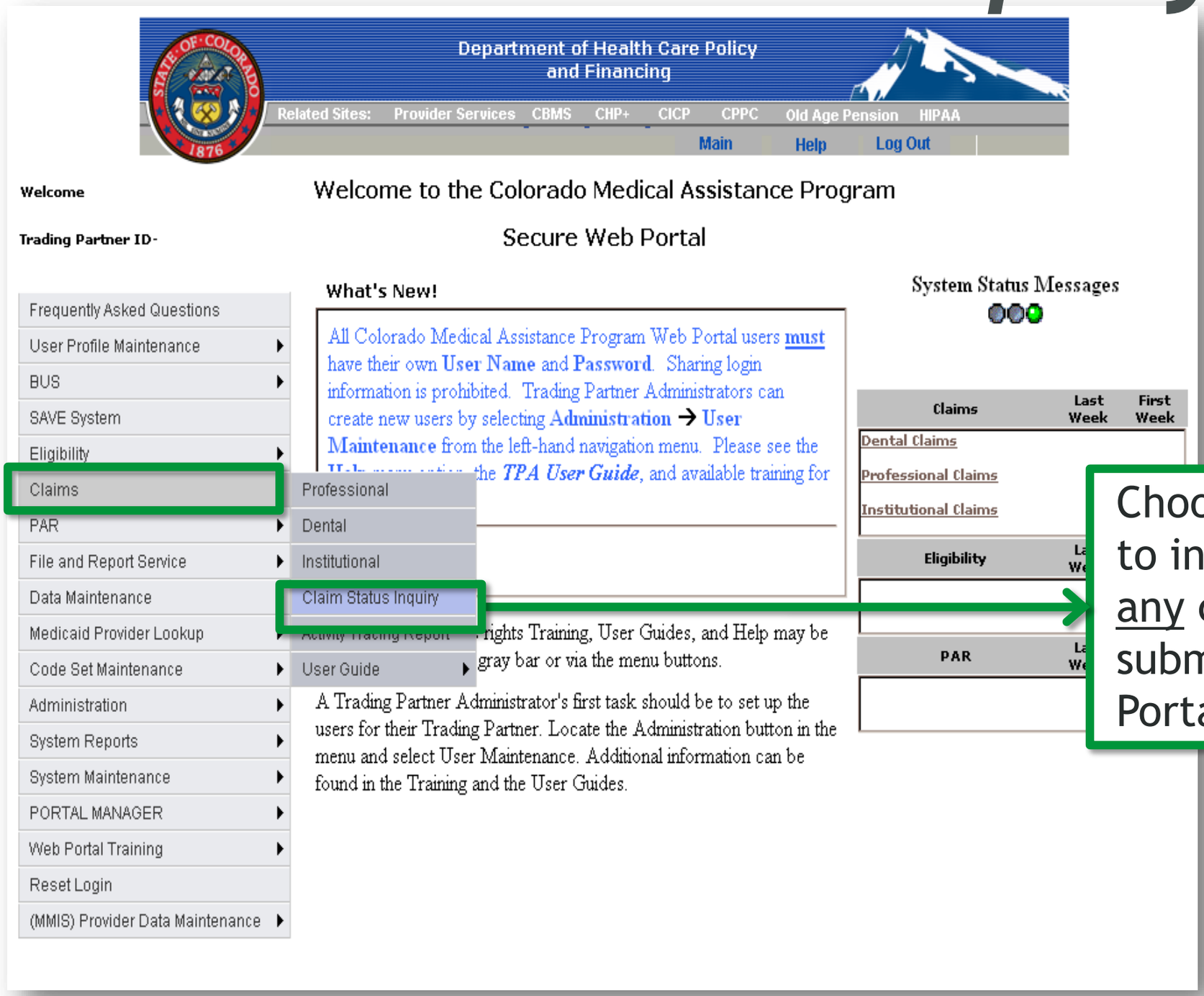
# Errors Tab




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

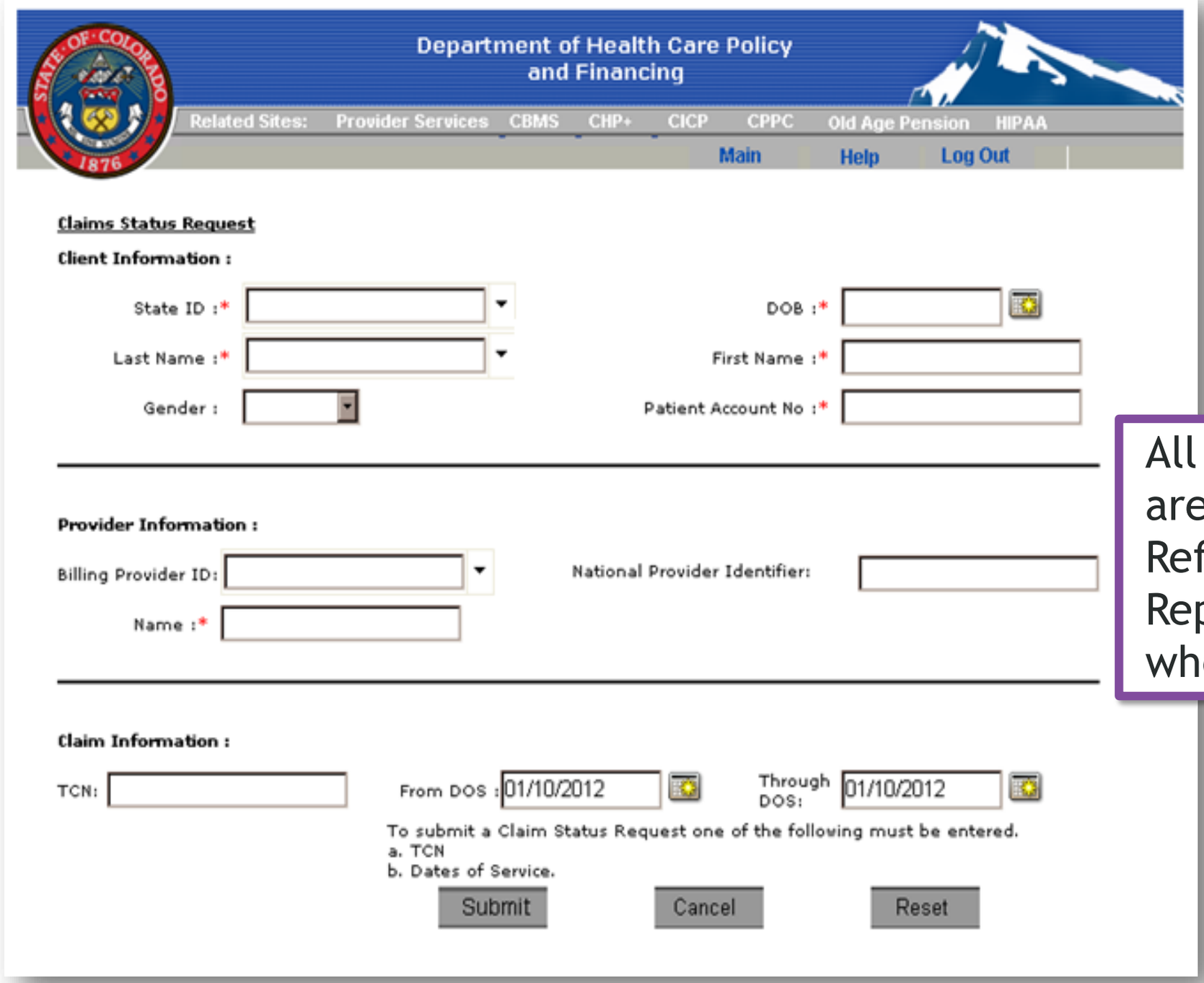
- If the error is related to a detail line item, the Service Line # will be a linked field, and clicking on it will take you to the tab with the error

# Claims Status Inquiry Access



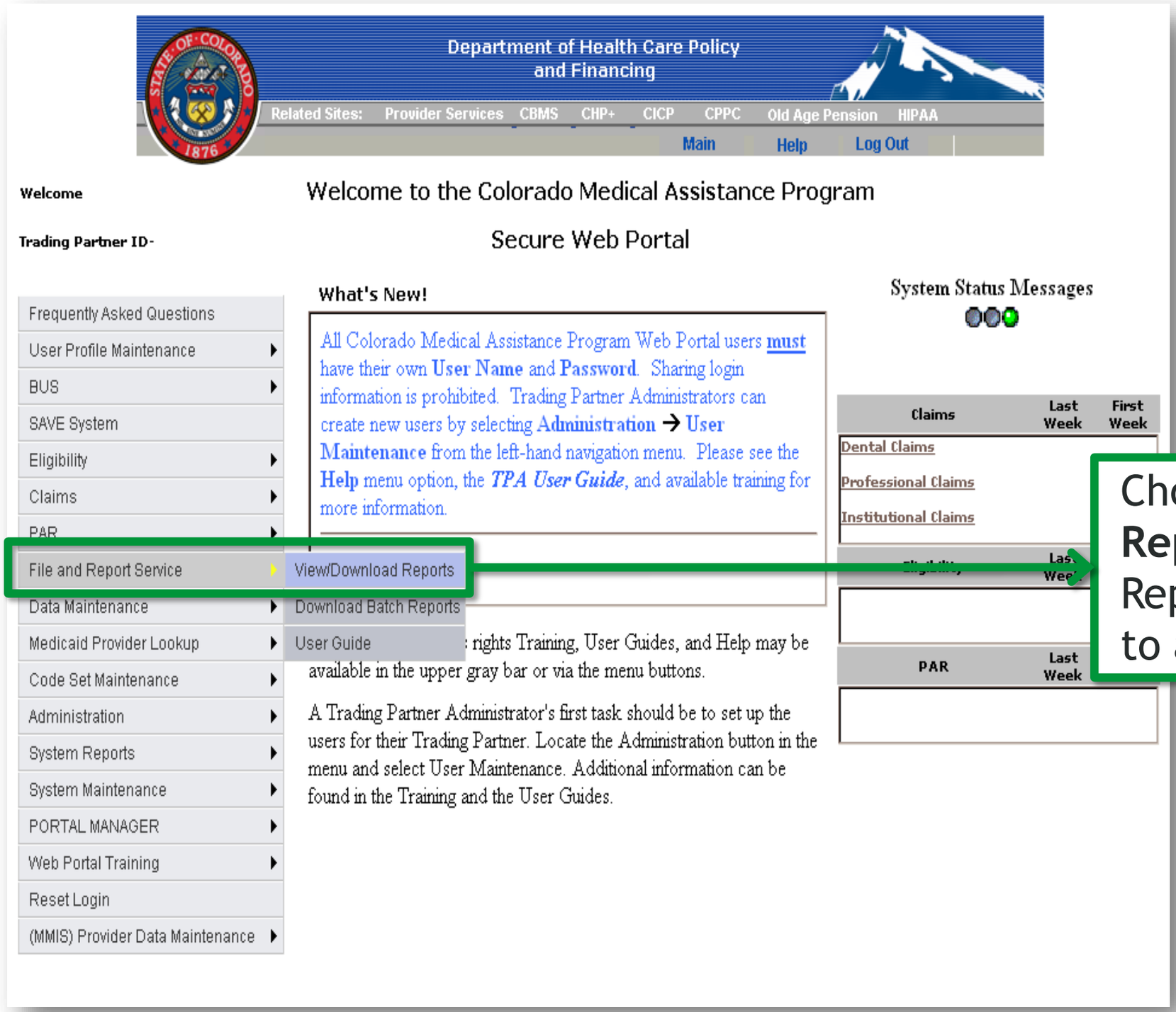

Choose **Claim Status Inquiry** to inquire about the status of <u>any</u> claim, even ones not submitted through the Web Portal (such as paper claims)

# Claims Status Inquiry Access



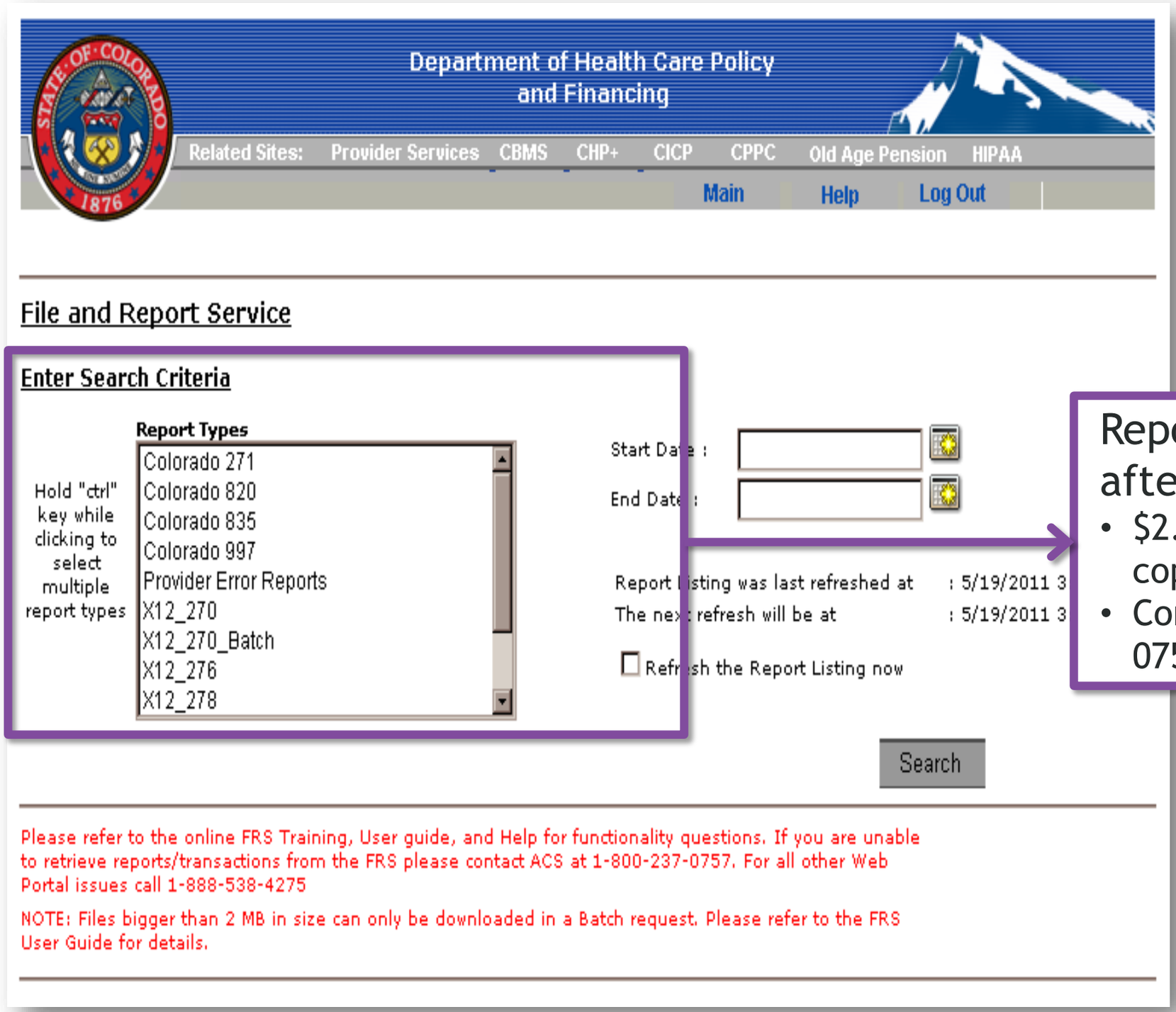

All fields noted with an "*" are required
Refer to your Provider Claim Report (PCR) for details when necessary

# File and Report Services Access



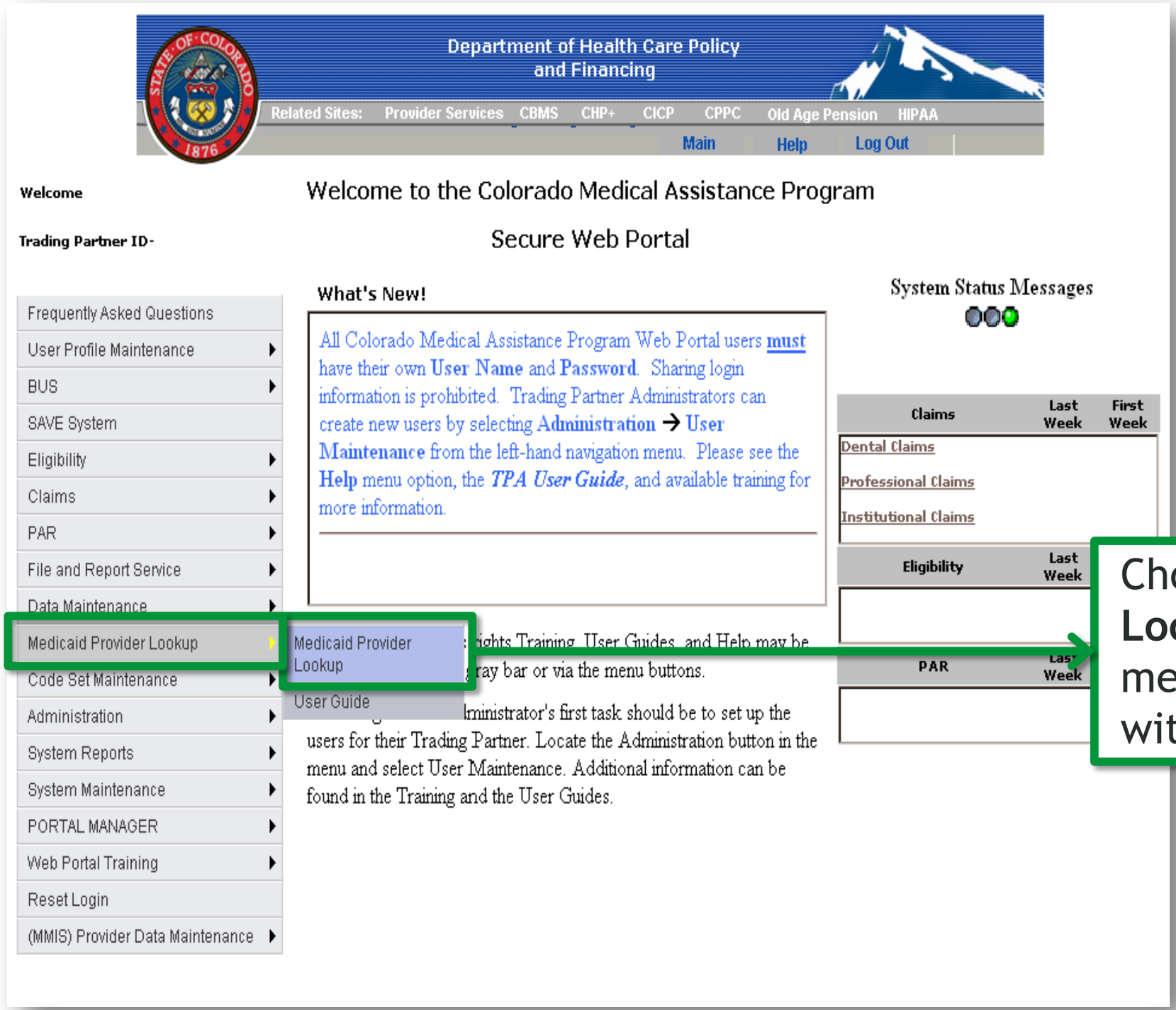

Choose **View / Download Reports** from the File and Report Service (FRS) option to access reports

# File and Report Services Screen



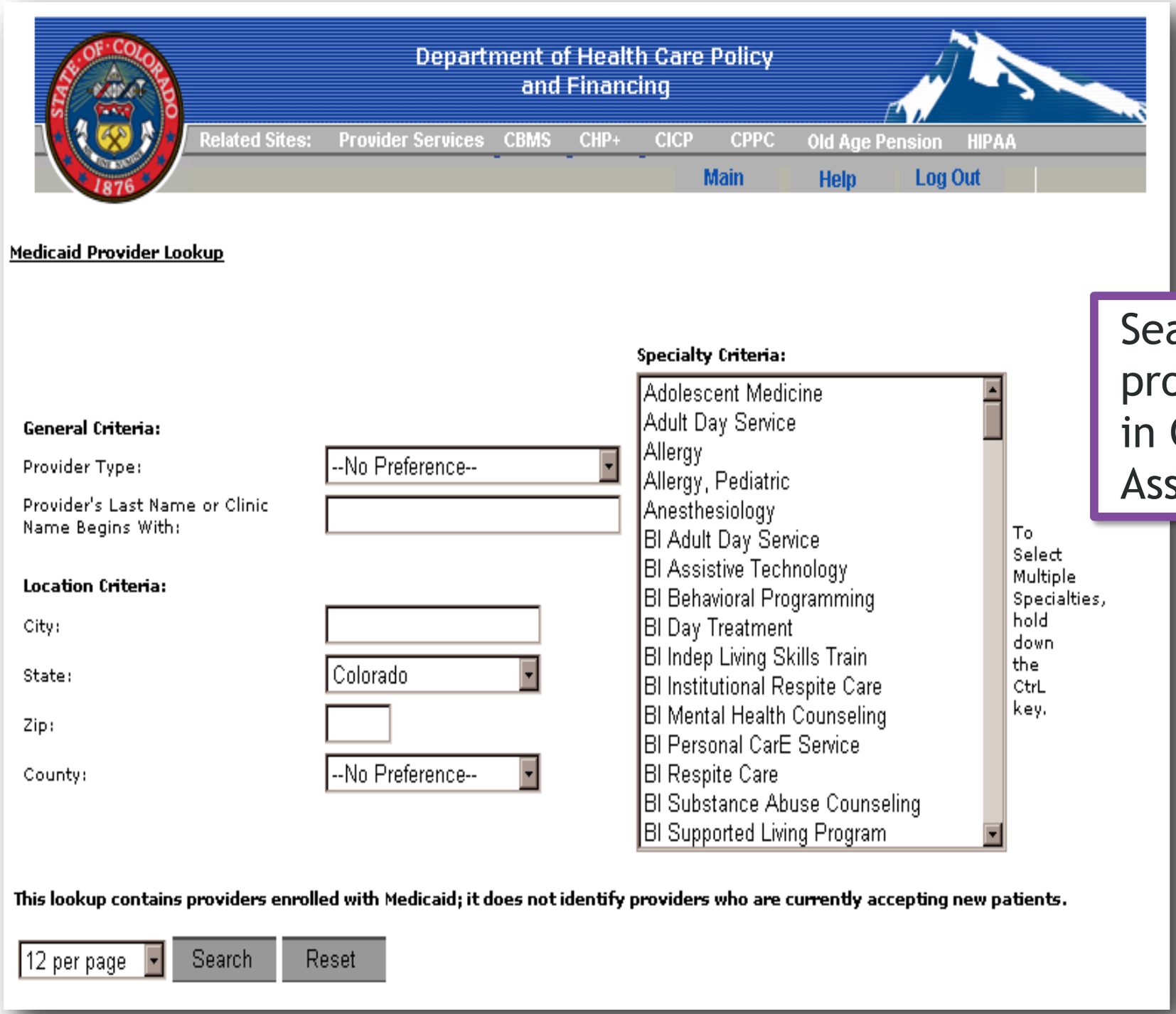

- Reports available for 60 days after posting
- $2.00 charge per page applied for copies requested from fiscal agent
- Contact Fiscal Agent at 1-800-237-0757 for assistance

# Medicaid Provider Lookup Access




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

# Medicaid Provider Lookup Screen

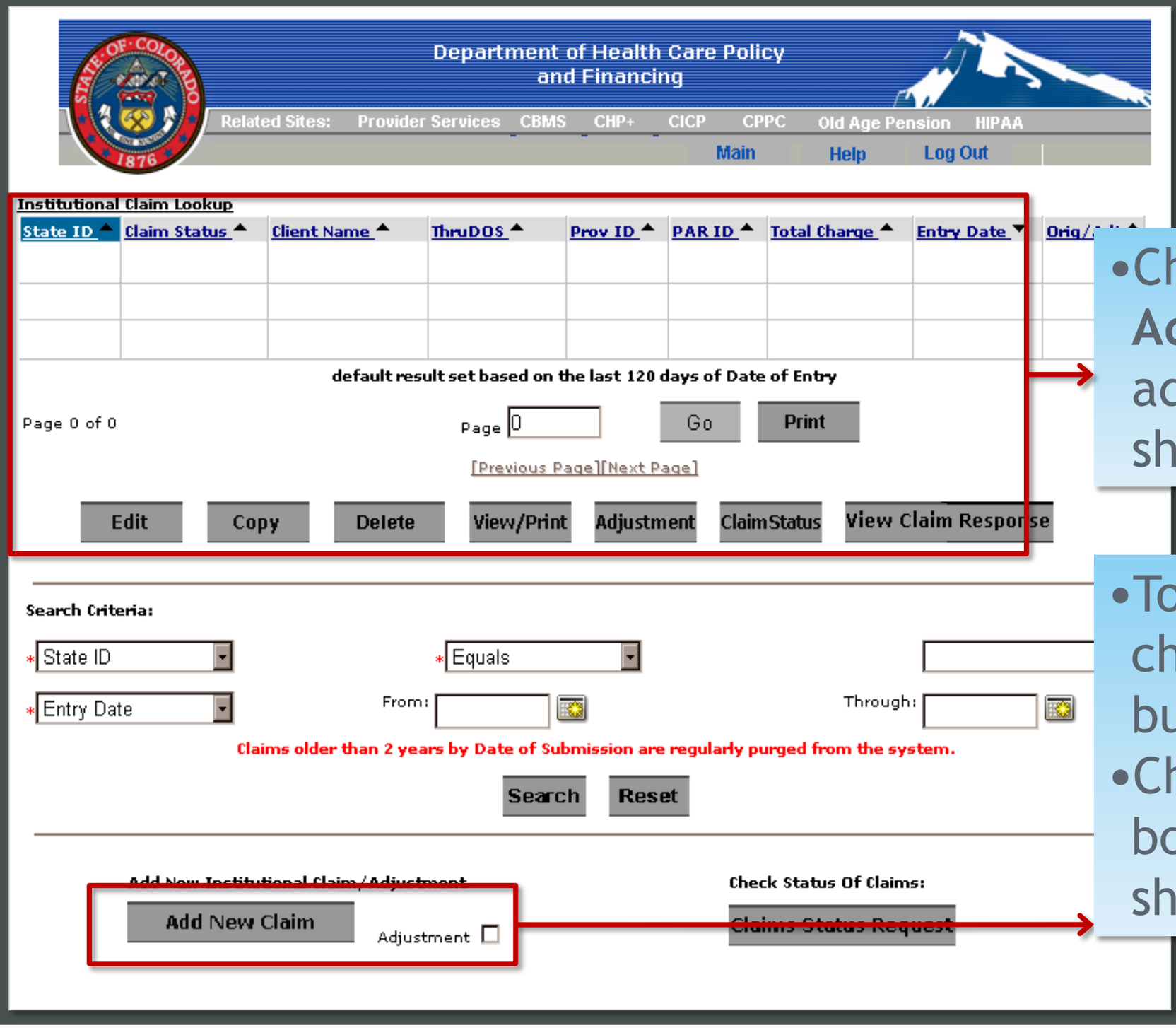



Search limited to Medicaid providers currently enrolled in Colorado Medical Assistance Program

# *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

# Institutional Claim Lookup Screen




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

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COLORADO
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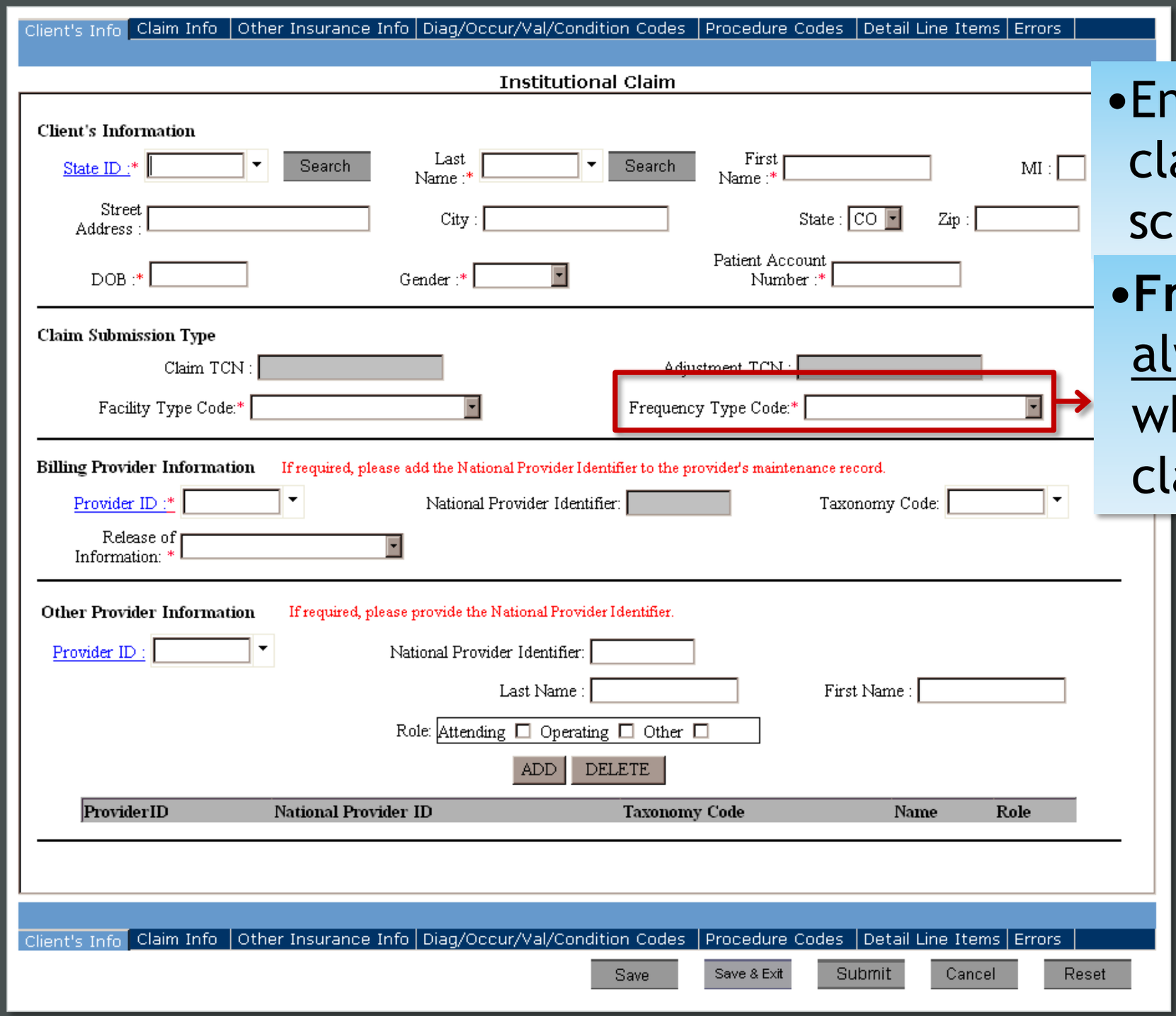
# Member's Info Tab




- Enter new or adjusted claim data on this screen
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# *Clinical Laboratory Improvement Amendments (CLIA) Field*

- CLIA Number only needs to be entered once if related to all procedure codes for the claim
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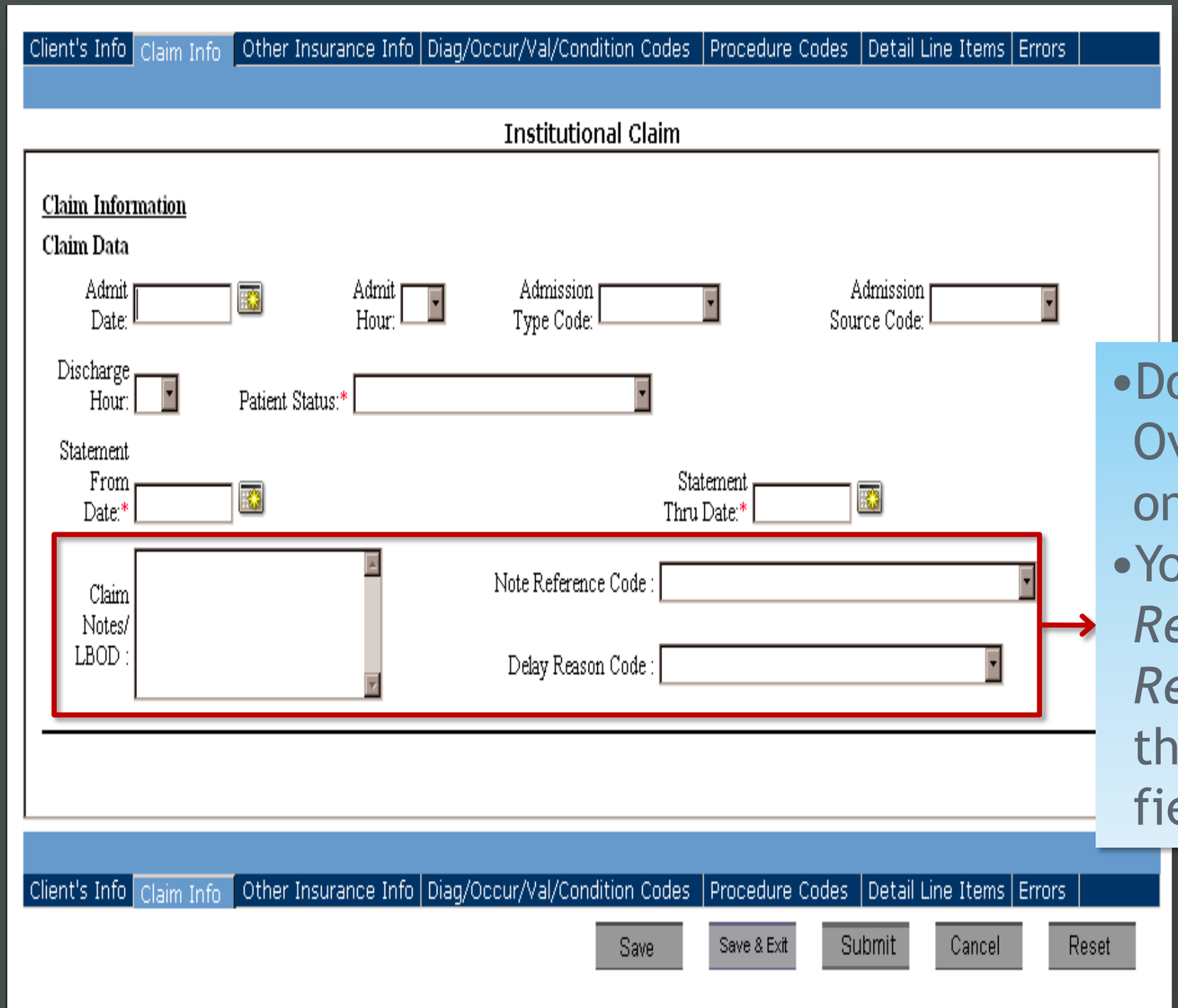
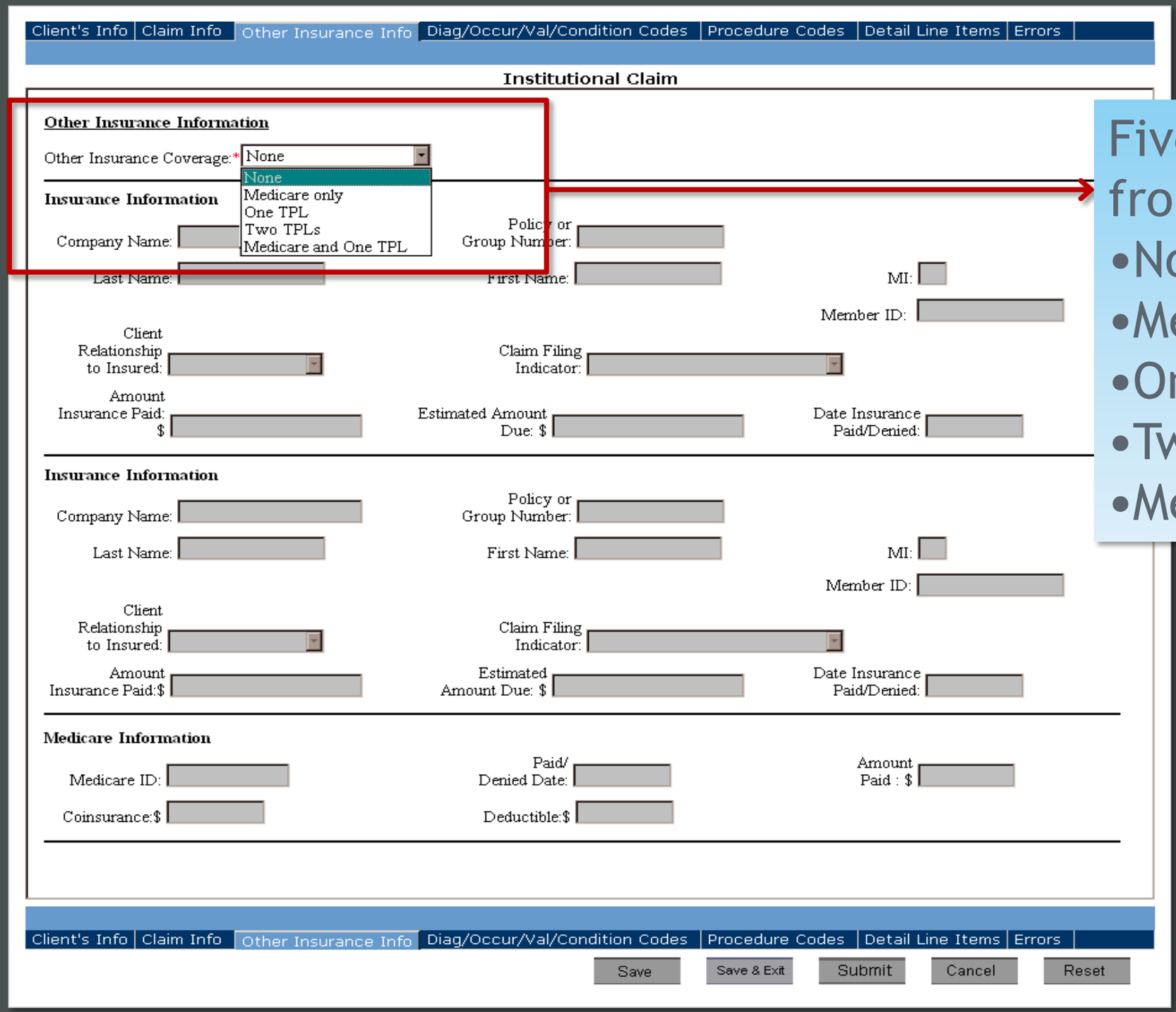



- Document the Late Bill Override Date (LBOD) on this tab
- You must choose a *Note Reference* and *Delay Reason Code* if using the Claim Notes/LBOD field

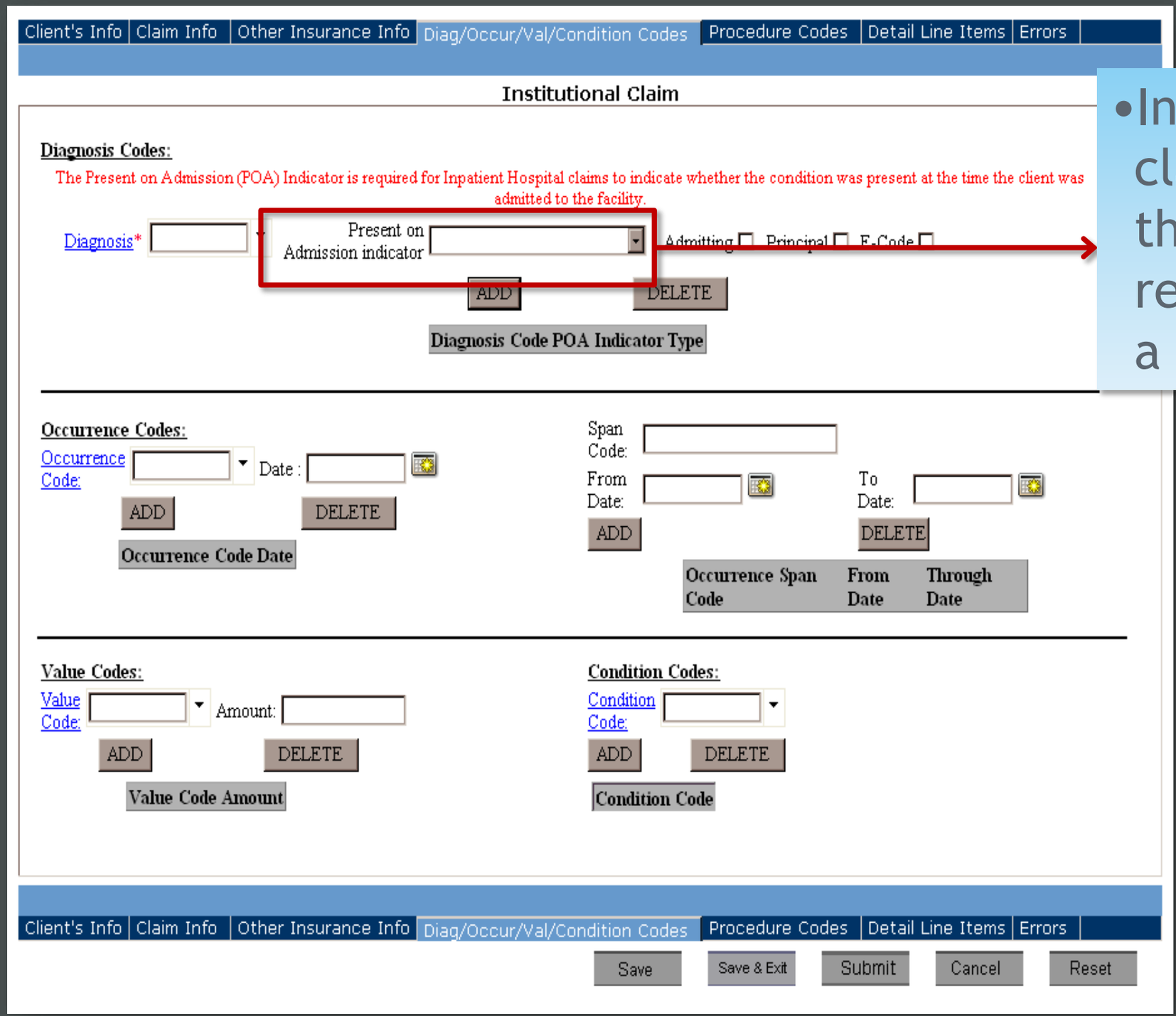
# Other Insurance Info Tab




Five options to choose from:

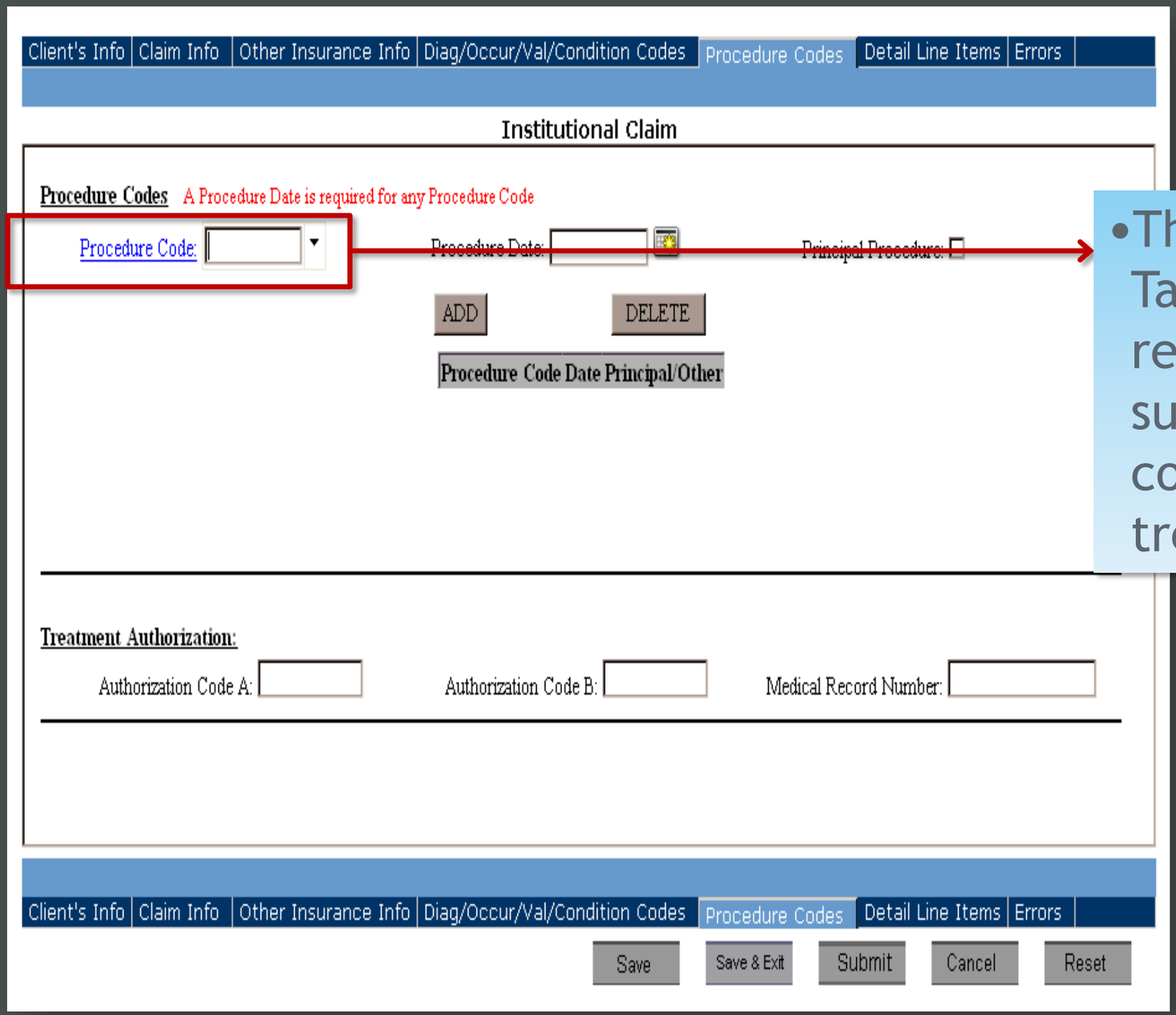
- None (default)
- Medicare
- One TPL
- Two TPLs
- Medicare and one TPL

# Codes Tab



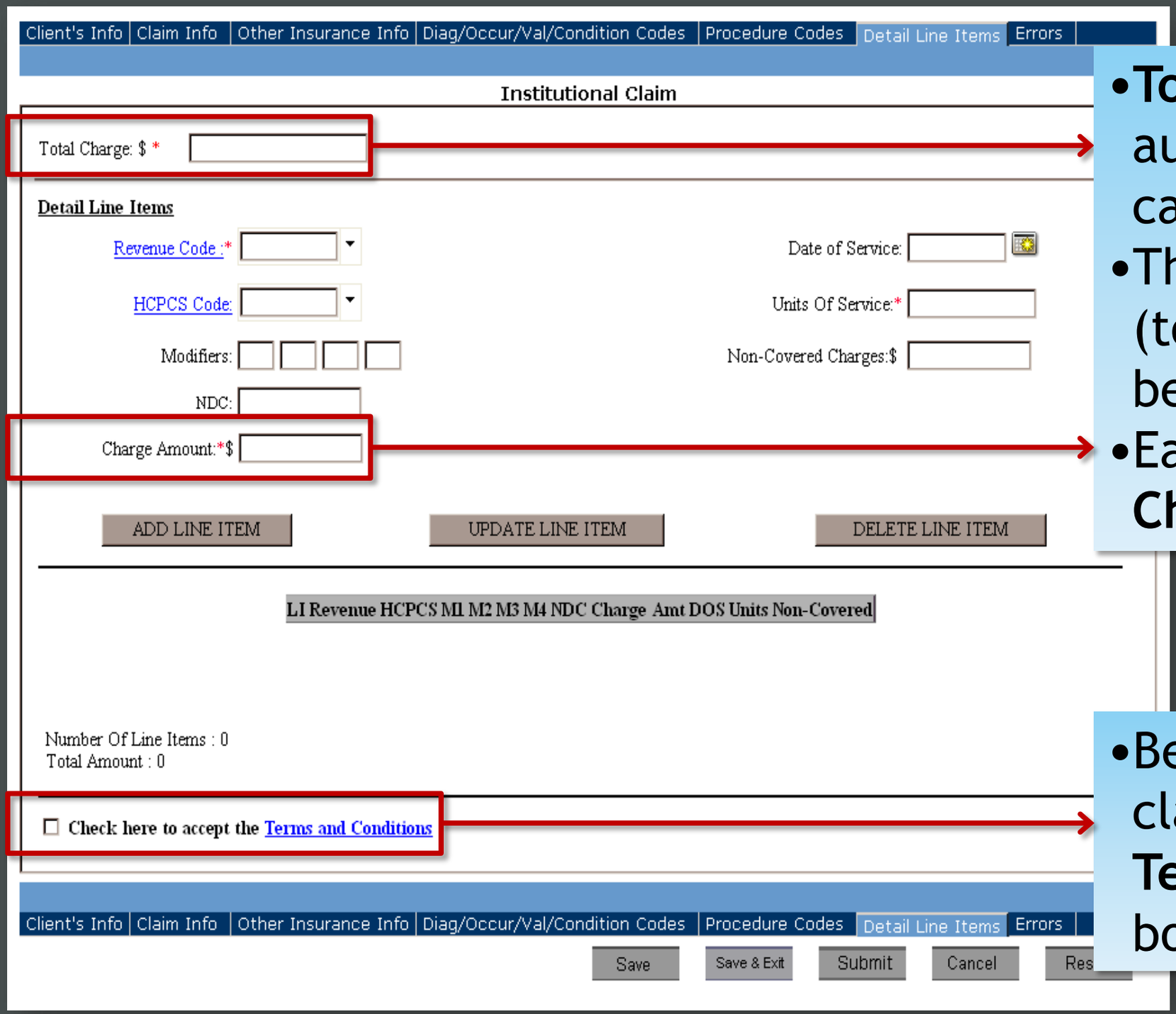

- Inpatient hospital claims submitted through the Web Portal require the inclusion of a **POA indicator**

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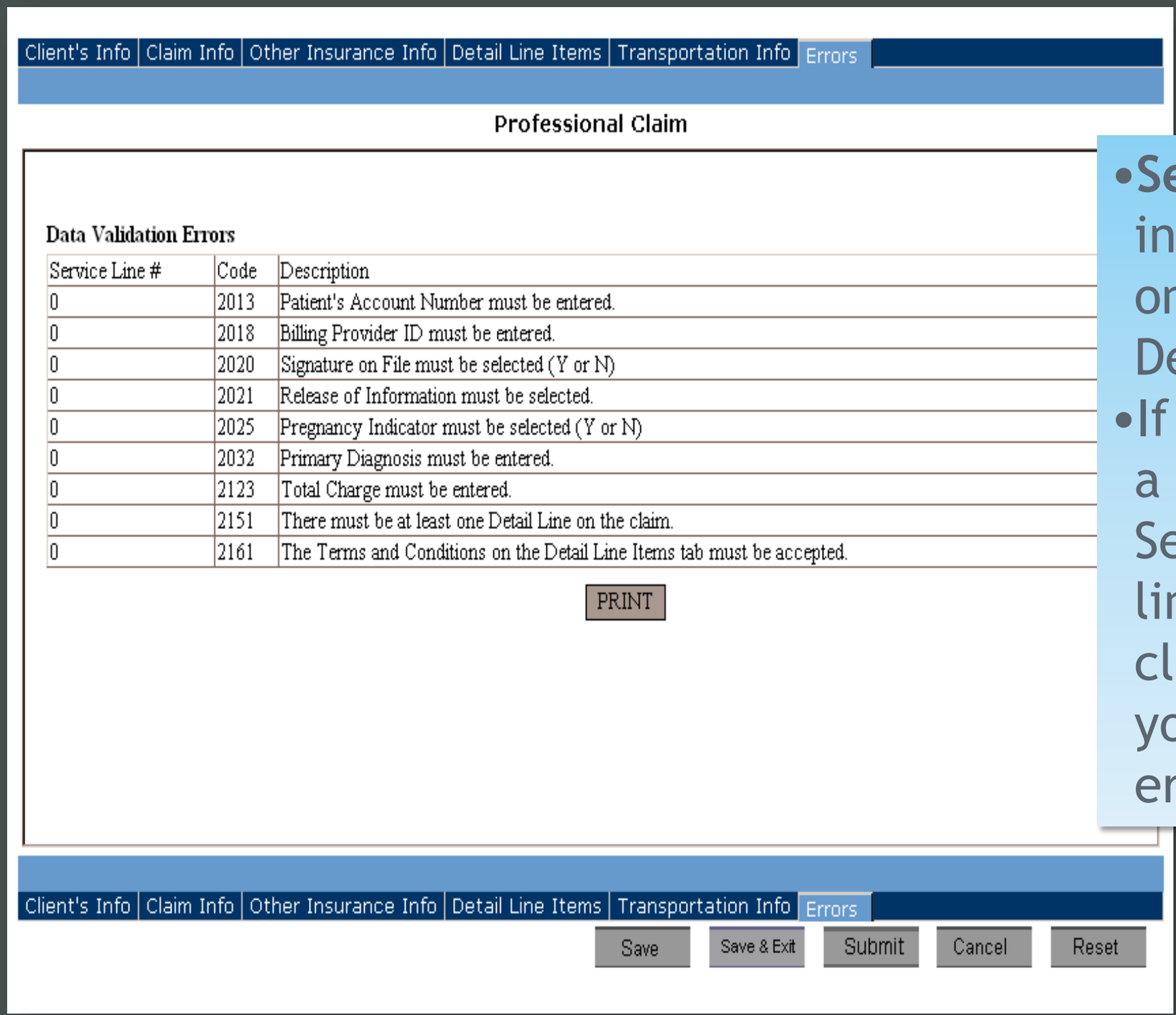
- Before submitting claim, must check the **Terms and Conditions** box

# 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.

# *Thank you!*