



Claims Submission Portal
User Guide

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Introduction

Welcome to the Community Care Claims Submission Portal (CSP). This document will walk providers through the steps to create and submit claims through the Claims Submission Portal (CSP).

For *New Providers that need initial access* to the Claims Submission Portal, please contact your Account Representative directly or contact Provider Management:

Phone: (866) 937-2783 option 2, M-F 8am to 4:30pm CST

Email: ContractInquiries@communitycareinc.org

For questions about claim submission, claim status, or assistance with the Claims Submission Portal, please contact Claims Customer Service:

Phone: (866) 937-2783 option 1, M-F 8am to 4:30pm CST

Email: ClaimsInquiries@communitycareinc.org

Logging Into the Claims Submission Portal (CSP)

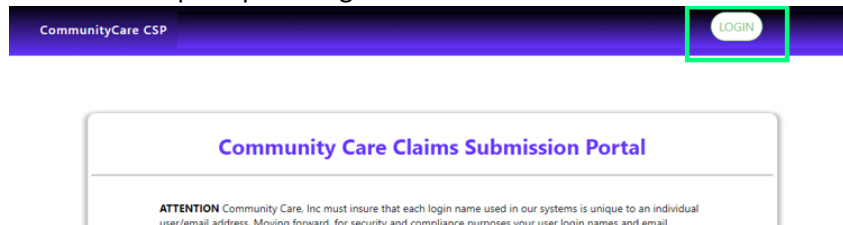
New Providers

- Newly contracted providers will first need to work with their Account Representative to setup initial access to the Claims Submission Portal (CSP). After initial access has been setup, new providers will be able to log in using the steps below.
- Accounts cannot be shared by multiple users within an organization, each user will need their own unique login.
- New providers should work with their Account Representative when submitting their first claim.

Getting Logged In

Community Care now uses a Single Sign-On Portal, which means that providers can now log into all provider portals at the same time by using one email address and password.

- To access the Single Sign-On Portal, click the **Login** button in the top right corner of the Claims Submission Portal landing page and follow the prompts to log in.



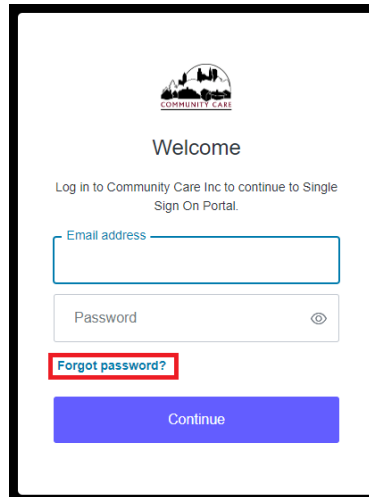
- For help with the Log In process, please reference [this Log In guide](#).
- Providers with access to multiple CCI portals will see all available options listed in the Provider Portal landing page. If you are missing one or more portals, please contact Provider Management:

Phone: (866) 937-2783 option 2, M-F 8am to 4:30pm CST

Email: ContractInquiries@communitycareinc.org

Changing and Resetting Passwords

- From the Single Sign-On screen, click *Forgot password?* and follow the prompts.



- You will receive an email with an orange Confirm button. *Click the button* and follow the prompts to select a new password.
- Once the password is reset, follow the Log In process using the new password.

User Roles

Access Levels

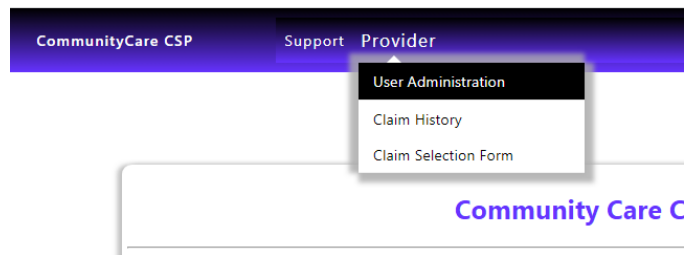
CSP has now been setup to allow for providers to have two different types of user roles:

- Provider Administrator (Provider Admin) –
 - *Create new users*
 - *Modify existing users*
 - Create/Submit Claims
 - View Claims Submission History
- Provider User –
 - Create/Submit Claims
 - View Claims Submission History

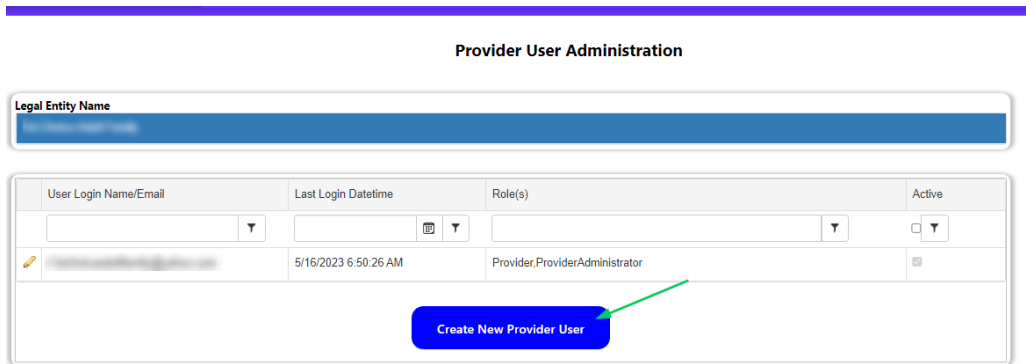
Create New User(s)

Provider Administrators now have the ability to create new Provider Users for their organization.

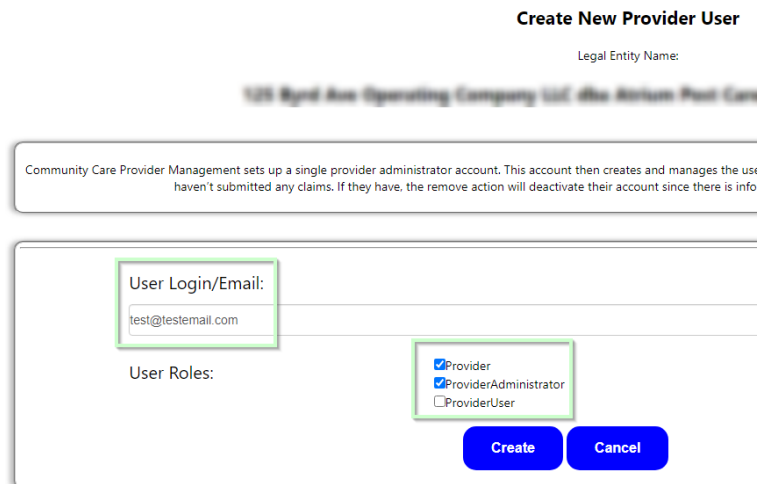
- Towards the top left of the screen, hover over the Provider menu.
- Click *User Administration*.



- You will be taken to the Provider User Administration page, which will list all Provider Users associated with your organization. Click *Create New Provider User* in the lower left corner.



- In the Create New Provider User Screen:
 - Enter the email address for the new user
 - Check the “Provider” box (required)
 - Check either the “Provider Administrator” – or- “Provider User” box, depending on the access the user should have
 - Provider Administrator- Add/Deactivate Users and Submit Claims
 - Provider User- Claims Submission only
 - Verify the information you’ve entered is correct and click *Create*




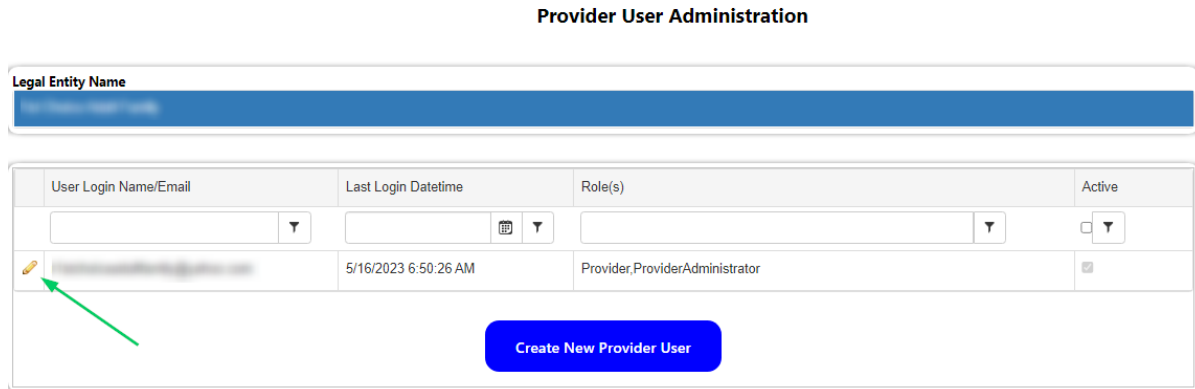
- The new user will receive an email prompting them to login for the first time and set a password.

User Management – Change, Deactivate, Reactivate Users

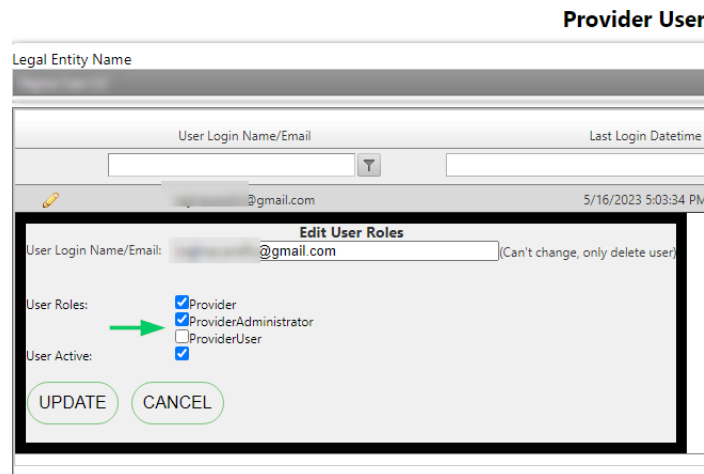
Provider Administrators now have the ability to change user access levels, temporarily deactivate and reactivate users, and permanently delete users.

Change Access

- Hover over the Provider menu, then hover over the Provider Admin menu option.
- Click the *User Administration* menu option
- You will be taken to the Provider User Administration page, which will list all Provider Users associated with your organization. Locate the user email address and click the *pencil icon* () to the left.




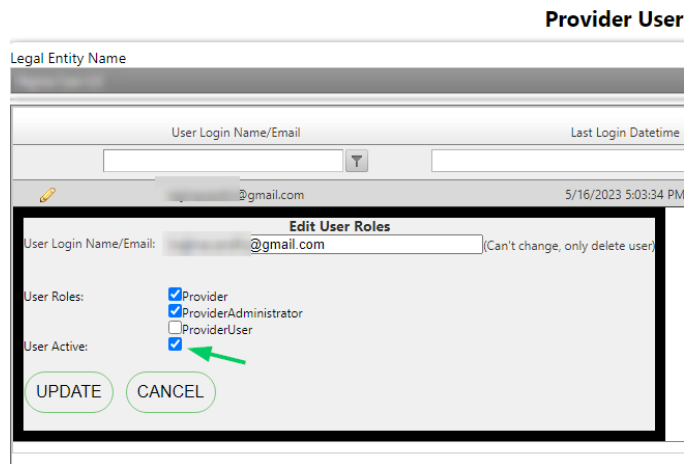
- Select the appropriate checkbox for the access level and click *Update*



- The Role(s) listed for this user in the User Administration page will update

Deactivate/Reactivate User

- Within the User Administration page, locate the user email address and click the *pencil icon* () to the left of their email address.
- Check or Uncheck the User Active box and click *Update*.

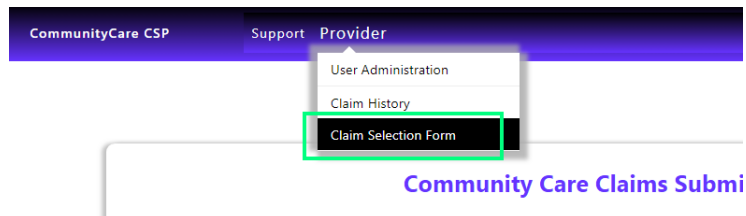


- Once a user is deactivated, their Active checkbox will no longer be checked on the User Administration page

Entering Claim(s)

Select Member/Authorization

1. From the CSP home page, hover over the Provider menu on the upper tool bar and click on *Claim Selection Form*.



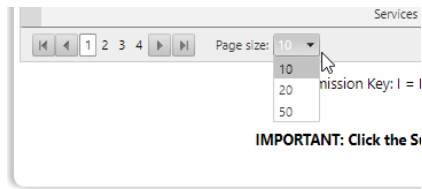
2. The Provider Claim Selection Form will display a list of current authorizations, as well as authorizations that ended within the past 3 months.
 - If the authorization ended more than 3 months ago, you will need to submit a [paper claim](#).

Provider Claim Selection Form

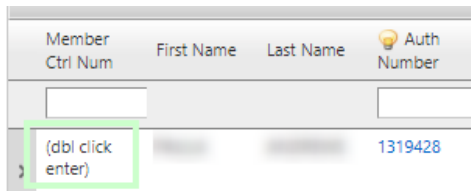
1) Select Member and Service Authorization

Member Ctrl Num	First Name	Last Name	Auth Number	Legal Entity Name	Procedure Code	Code	Modifier	Description	Affiliate Name	Start	End	Address	City	State	Zip	Submission
0001			1302190		55135			COMPANION C1 CARE ADULT; PER 15 MIN		03/01/2023	08/31/2023					
0001			1302190		55135			COMPANION CARE ADULT; PER 15 MIN		03/01/2023	08/31/2023					

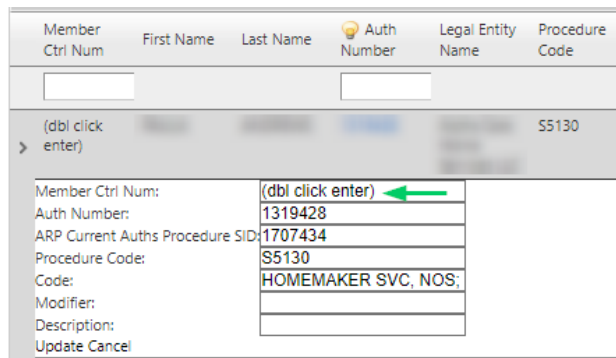
3. In order to enter a claim, locate the member/authorization for the services that you would like to bill.
 - Hover over the blue Auth Number to view a copy of the authorization
 - The system will display the first 10 authorizations by default. To view additional authorizations:
 - Use the arrows and page numbers to view additional pages
 - Change the page size to display more lines



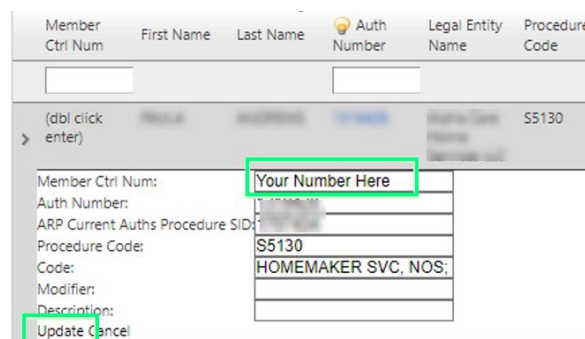
4. For initial billing or to bill new members, you will need to enter a Member Control Number. The member control number is a unique identifier that you select for your members and is a required field.
 - Double-click in the *Member Ctrl Num* field for the member




- Delete the default text “(dbl click enter)”



- Enter in the unique number you have selected and click *Update*
 - Letters and numbers only, no special characters are allowed



Enter Claim Data

5. Find the member, authorization, and specific service to be billed.
6. Click the *gray arrow* () to the left of the member’s name and control number.

Member Ctrl Num	First Name	Last Name	Auth Number	Legal Entity Name	Procedure Code
0004					

7. Click on the text "Enter Claim Data".

Member Ctrl Num	First Name	Last Name	Auth Number	Legal Entity Name	Procedure Code
0004					S5125
+ Enter Claim Data					

8. Verify Bill Type, Admission Source, and Discharge Code are correct and enter the member's Admit Date.

- Use the drop-down menus to change Bill Type, Admission Source, and Discharge Codes. For help determining which code to select, please reference the [UB04 Claim Form Instructions](#) and the [CSP Type of Bill Chart](#).
- **For new members:** select Bill Type, Admission Source, and Discharge Code from the drop downs, and enter the member's Admit Date. Once this information is entered, it will carry over to future claims.

Enter Claim Data

Category:

Bill Type:

Admission Source:

Discharge Code:



Admit Date:


Diagnosis Code

Principal: R6889	Other 1:	Other 4:
	Other 2:	Other 5:
	Other 3:	Other 6:


9. Once the information has been entered, click the *Insert* button.

10. The Claim Data information will populate, verify the information is correct.

- Click the pencil icon () on the left to edit the information.
- Click the delete button () on the right to delete the information.

11. Then, click the *gray arrow* () to the left of the new Claim Data.

Enter Claim Data

 Category: AFH, CBRF and RCAC TOB


Bill Type: 861 Admission through discharge

Admit Date: 01/13/2023

Admission Source: 9 Information not available

Discharge Code: 30 Still patient or expected to return for outpatient services.

Princi



12. Then click on the *Add New Claim Date(s) of Service* text to open the calendar.

Enter Claim Data

Category: AFH, CBRF and RCAC TOB
 Bill Type: 861 Admission through discharge
 Admit Date: 01/13/2023
 Admission Source: 9 Information not available
 Discharge Code: 30 Still patient or expected to return for outpatient services.

Principal: R6889

Claim Date(s) of Service
 + Add New Claim Date(s) of Service

Procedure Code	Modifier	Start Date	End Date	Units	Contract Rate	Total Billed
No Service Date(s) to display.						
Total :						

- The Provider Calendar Input screen will appear:

Provider Calendar Input

Calendar Instructions

- 1) Enter the contracted rate per unit in the *Contract Rate* field.
- 2) Select the month from the drop-down for the dates you intend to bill. Click *Get Data* button.
- 3) Enter the number of Units Billed for each day.
- 4) **Dates in GRAY:** These dates cannot be billed. Confirm that date is within the authorization range, are not future dates, and have not already been billed.
- 5) **Dates in RED:** The date cannot be billed, the EVV visit(s) have not been received. Please confirm that the visit has been verified with Sandata. Allow 3 business days for verified EVV visits to show in the Claims Submission Portal.
- 6) **KX checkbox (dates in BLUE):** Checking this box will automatically add the KX modifier (Live-In Caregiver) to this service. If services were provided by a Live-In Caregiver, check the KX box and enter the number of units. **DO NOT** check the "KX" box if worker does not qualify as a Live-In Caregiver.
- 7) **UC checkbox (dates in BLUE):** Checking this box will automatically add the UC modifier (System Outage) to this service. **DO NOT** check the "UC" box if there was no valid outage (Sandata system outage, power or network outage, etc). CCI will request proof of system outage from provider.

Selected Auth for Claim Submission

Member: **XXXXXX**
 Auth #: **XXXXXX**
 Procedure: **XXXXXX**
 Facility: **XXXXXX**
 Address: **XXXXXX**

Select Month and Set Cost Rate

Contract Rate: Select Billing Month: 8/2023

Aug, 2023 Month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1 Aug	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1 Sep	2

Adding Billed Charges

Within the Provider Calendar Input screen:

1. Enter the contracted rate for the services into the *"Enter Contract Rate"* field.
2. Select the *Month* to bill from the drop-down and click the *Get Data* button.

Provider Calendar Input

Selected Auth for Claim Submission

Member: [REDACTED]

Auth #: [REDACTED]

Procedure: [REDACTED]

Facility: [REDACTED]

Address: [REDACTED]

Calendar

- 1) Enter the contracted rate per unit in the *Contract Rate*
- 2) Select the month from the drop-down for the dates yo
- 3) Enter the number of Units Billed for each day.
- 4) **Dates in GRAY:** These dates cannot be billed. Confirm t dates, and have not already been billed.
- 5) **Dates in RED:** The date cannot be billed, the EVV visit(s) been verified with Sandata. Allow 3 business days for veri
- 6) **KX checkbox (dates in BLUE):** Checking this box will aut service. If services were provided by a Live-In Caregiver, c check the "KX" box if worker does not qualify as a Live-In
- 7) **UC checkbox (dates in BLUE):** Checking this box will aut service. **DO NOT** check the "UC" box if there was no valid etc). CCI will request proof of system outage from provid

Select Month and Set Cost Rate

Contract Rate: Select Billing Month:

3. To add bill units, find the first date of service in the calendar and enter the appropriate amount of unit(s) into the *Units Billed* field. Repeat to bill for additional dates, as needed.
 - Any dates grayed out are unable to be billed for one of the following reasons:
 - Authorization has not been signed
 - Date is outside of the authorization period
 - Date is a future date
 - Date has already been billed

Select Month and Set Cost Rate

Contract Rate: Select Billing Month:

May, 2023

Sun	Mon	Tue	Wed
30	1 May	2	3
	<input type="text" value="4"/> Units Billed	<input type="text" value="0"/> Units Billed	<input type="text" value="0"/> Units Billed
7	8	9	10

4. To bill for multiple weeks or full month for the same number of units, right click in the Units Billed box and select the appropriate option. Once selected, units can be changed/deleted from individual days, if needed.

Select Month and Set Cost Rate

Contract Rate: Select Billing Month:

May, 2023

Sun	Mon	Tue	Wed
30	1 May	2	3
	<input type="text" value="4"/> Units Billed	<input type="text" value="0"/> Units Billed	<input type="text" value="0"/> Units Billed
7	8	9	10
<input type="text" value="0"/> Units Billed	<input type="text" value="0"/> Units Billed	<input type="text" value="0"/> Units Billed	<input type="text" value="0"/> Units Billed

5. Once all charges are entered, click the *Save* button.

Provider Calendar Input

Selected Auth for Claim Submission Member: [Redacted] Auth #: [Redacted] Procedure: [Redacted] Facility: [Redacted] Address: [Redacted]	Calendar Instructions 1) Enter the contracted rate per unit in the <i>Enter rate</i> field. 2) Select the month from the drop-down for the dates you intend to bill. Click <i>Get Data</i> button. 3) Any dates grayed out are outside of the authorization range, are future dates, or have already been billed. 4) Enter the number of Units Billed for each day.	Save Data or Cancel <input type="button" value="Save"/> <input type="button" value="Cancel"/>
---	--	---

Select Month and Set Cost Rate
 Contract Rate: Select Billing Month:

May, 2023							Month
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
30	1 May <input type="text" value="5"/> Units Billed	2 <input type="text" value="5"/> Units Billed	3 <input type="text" value="5"/> Units Billed	4 <input type="text" value="5"/> Units Billed	5 <input type="text" value="5"/> Units Billed	6 <input type="text" value="5"/> Units Billed	
7	8	9	10	11	12	13	

Billing Electronic Visit Verification (EVV) Claims

Claims that require Electronic Visit Verification (EVV) may need additional action(s) in order to bill:

- Dates that have a matching EVV visit can be billed as normal (see steps above).
- Dates in **RED** do not have a matching EVV visit and cannot be billed until a matching EVV record is received.
 - Please confirm that the visit has been submitted and verified. It may take up to 3 business days (72 hours) for verified EVV visits to be available to bill in the CSP.
 - Once submitted/verified, please check back 1-2 days later and submit claim once the visit has been received and the day has opened up for billing.

Select Month and Set Cost Rate
 Contract Rate: Select Billing Month:

Jan, 2024		
Sun	Mon	Tue
31	1 Jan <input type="checkbox"/> KX <input type="checkbox"/> UC System Outage	2 <input type="checkbox"/> KX <input type="checkbox"/> UC System Outage
7	8	9

Unable to bill EVV claims for these dates

- Dates in **BLUE** have the option of being submitted with a KX modifier or a UC modifier
 - KX modifier: This checkbox should only be used when billing for services provided by Live-In Caregivers. Check the KX box and then enter the number of units for the Live-In Caregiver service.
 - Note- Live-In caregiver claims should **only** be submitted when care is provided by a Live-In caregiver. Community Care Inc. may request additional documentation for claims submitted for Live-In caregivers. For additional information on how Live-In caregivers are defined, please visit www.dhs.wisconsin.gov

Select Month and Set Cost Rate

Contract Rate: Select Billing Month:

Jan, 2024

Sun	Mon	Tue
31	1 Jan	2
	<input checked="" type="checkbox"/> KX <input type="text" value="10"/> KX Units Billed <input type="checkbox"/> UC System Outage	<input type="checkbox"/> KX <input type="checkbox"/> UC System Outage

Live-In Caregiver (KX) claims can be billed

- UC modifier: This checkbox should only be used when billing for services during a system outage. Check the UC box and then enter the number of units for the UC System Outage.
 - Note- System Outage claims should **only** be submitted when care is provided during a valid system outage (Sandata system is down, power outage, etc.) Community Care Inc. may request additional documentation for claims submitted for system outage claims. For additional information on how system outages are defined, please visit www.dhs.wisconsin.gov

Select Month and Set Cost Rate

Contract Rate: Select Billing Month:

Jan, 2024

Sun	Mon	Tue
31	1 Jan	2
	<input type="checkbox"/> KX <input checked="" type="checkbox"/> UC System Outage <input type="text" value="10"/> Units Billed	<input type="checkbox"/> KX <input type="checkbox"/> UC System Outage

System Outage (UC) claims can be billed


- If the KX (Live-In Caregiver) or UC (System Outage) options are selected, you will receive a warning message.
 - Please review the message to ensure you are billing correctly
 - Click Yes to continue and save the claim
 - Click No to clear the calendar and start over.






System Outage Warning: I understand that I have checked the UC System Outage box, which indicates that services were provided during a system outage (Sandata outage, power outage, etc.). I understand that Community Care and regulatory bodies may request proof of outage to verify charges were not fraudulently billed in order to bypass any EVV requirements. For more information, please visit www.DHS.Wisconsin.gov/evv

DO YOU WANT TO CONTINUE?

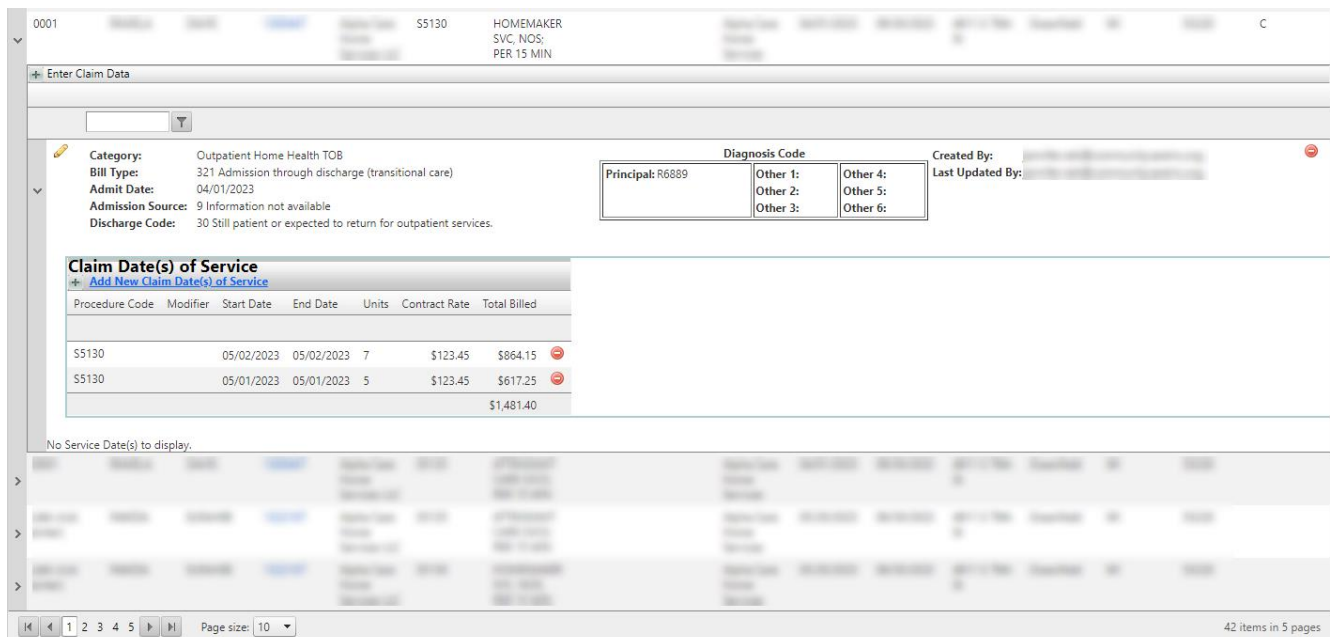
Review, Add Additional Charges, and Submit

1. After clicking the Submit button, the system will take you back to the Provider Claim Selection Form where you will see the claim lines that were just added into the Calendar screen. Review for accuracy.

- To add additional charges or make a change, click Add New Date(s) of Service and make the changes in the Calendar.
- To delete individual lines, click the delete button () on the right to delete the information.

Claim Date(s) of Service						
+ Add New Claim Date(s) of Service						
Procedure Code	Modifier	Start Date	End Date	Units	Contract Rate	Total Billed
S5125		04/08/2023	04/08/2023	3	\$3.00	\$9.00 
S5125		04/07/2023	04/07/2023	3	\$3.00	\$9.00 
S5125		04/06/2023	04/06/2023	3	\$3.00	\$9.00 
S5125		04/05/2023	04/05/2023	3	\$3.00	\$9.00 
S5125		04/04/2023	04/04/2023	3	\$3.00	\$9.00 
S5125		04/03/2023	04/03/2023	3	\$3.00	\$9.00 
						\$54.00

- Repeat for any additional members/services. Multiple claims can be billed/submitted at once.
- Once ready to submit, click the *Submit Claims* button at the bottom of the screen.





0001 55130 HOMEMA... SVC, NOS: PER 15 MIN

Enter Claim Data

Category: Outpatient Home Health TOB
 Bill Type: 321 Admission through discharge (transitional care)
 Admit Date: 04/01/2023
 Admission Source: 9 Information not available
 Discharge Code: 30 Still patient or expected to return for outpatient services.

Diagnosis Code
 Principat: R6889
 Other 1:
 Other 2:
 Other 3:
 Other 4:
 Other 5:
 Other 6:

Created By:
 Last Updated By:

Claim Date(s) of Service						
+ Add New Claim Date(s) of Service						
Procedure Code	Modifier	Start Date	End Date	Units	Contract Rate	Total Billed
S5130		05/02/2023	05/02/2023	7	\$123.45	\$864.15 
S5130		05/01/2023	05/01/2023	5	\$123.45	\$617.25 
						\$1,481.40


No Service Date(s) to display.

Page size: 10 42 items in 5 pages

[Submission Key: I = INCOMPLETE, meaning you have a claim entered without service dates: C = COMPLETE, claim and service dates are input]

IMPORTANT: Click the Submit Claims button only ONCE, and wait for the review submission screen to appear!



- If you are unable to proceed to the next screen, review the claims for any lines marked with an "I" to the right of the screen. Any line with an "I" is incomplete for some reason and cannot be submitted as-is.
 - Incomplete lines must be reviewed and fixed before proceeding. Once resolved, they will be marked "C" for complete.
 - If a line cannot be fixed or was added in error, delete the entry using the delete button () to the right of the screen.

ARP Claim History


A date range selector at the right of the screen is now preset to view the past 90 days. This will help to minimize result reporting time for the website. You may widen the date range when needed. The "My Submissions" tab reflects the purpose of this screen. Only claims submitted by you are displayed.

All claim IDs use a newer ARP claim number. The historical claims are still in the system, but all are represented by this newer claim ID - for correspondence purposes.

NEW: The original authorization number is displayed on the search forms, and can be previewed by hovering over the auth number. Note that the preview is not designed for printing purposes. To make the preview stay in place, click on it while it is displayed.

Start Date: 3/9/2023 End Date: 6/7/2023


Submission Number	Auth Number	Legal Entity	Affiliate	Address	City	Period Start	Period End	Submission Total	Submitted By
0001						04/01/2023	04/30/2023	\$2,160.00	
0002						04/01/2023	04/30/2023	\$528.00	
0003						03/20/2023	04/30/2023	\$1,920.00	
0004						03/20/2023	04/30/2023	\$504.00	
0005						04/03/2023	04/21/2023	\$180.00	

- In the Member History and Procedure Code History tabs, click the *gray arrow* to the left () to expand the information and show greater detail

Start Date: 3/9/2023 End Date: 6/7/2023

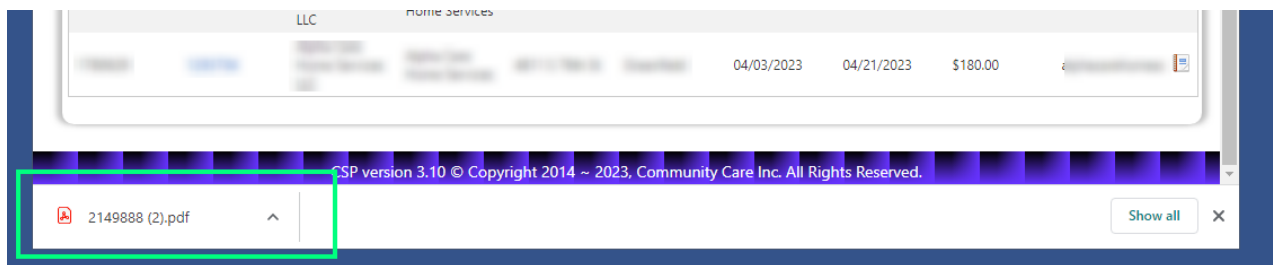
Member CTRL Number	Member Name	Member ID
> 0001		
> 0002		
> 0003		

Member CTRL Number	Member Name	Member ID
▼ 0001		
>	Claim ID	Auth Number
>	Bill Type	Submitted Date
>	Legal Entity	Start Date
>	End Date	Total Claim
>		
>		
>		
>		
>		
>		
>		
>		
>		
>		
>		

- To view a copy of a claim
 - Within each tab, once you have located the claim you would like to review, click on the notebook icon () to the far right of the screen

Claims Submission Summary		My Submissions		Member History		Procedure Code History	
Member CTRL Number	Member Name	Member ID					
0001							
Claim ID	Auth Number	Bill Type	Submitted Date	Legal Entity	Start Date	End Date	Total Claim
>		321	6/7/2023 4:08:12 PM		05/01/2023	05/02/2023	\$1,481.40
>		321	6/5/2023 10:39:41 AM		04/01/2023	04/30/2023	\$528.00
>		321	6/5/2023 10:09:53 AM		04/01/2023	04/30/2023	\$2,160.00

- A PDF will download from the website and will appear at the bottom of your browser window. Click on the download to open the PDF. This document is a copy of the claim.



Submitting Corrected Claims

Corrected Claims **cannot** be submitted through CSP at this time. To submit corrected claims, providers will need to submit a correction by mail, email, or fax using one of the following methods:

Option 1- Print a copy of the original claim (see Reviewing Claim Submission History for steps).

- Hand-write the corrections on the claim.
 - Be sure to cross out/update any codes, modifiers, dates, \$ amounts, etc.
- Change the type of bill so that it ends in "7".
 - Example: Original claim- 861, Corrected Claim- 867.
- Write "Corrected Claim" at the top of the claim form.
- Send back by mail, email, or fax, info below.

Option 2- Fill out a claim form with the corrected claim info.

- Complete the [UB04 Claim Form](#), following the [UB04 Claim Form Instructions](#).
- In box 10, enter a Type of Bill ending in "7".
- In box 36, enter the original DCN/Claim number.
- Send back by mail, email, or fax, info below.

Fax	Mail
Attn: Claims Processing (414) 385-6615	Community Care, Inc. Attn: Claims Processing PO Box 923 Brookfield, WI 53008
Email	
ClaimsProcessing@communitycareinc.org	

CSP Troubleshooting

I Can't log Into CSP?

New Provider

For *New Providers that need initial access* to the Claims Submission Portal, please contact your Account Representative directly or contact Provider Management:

Phone: (866) 937-2783 option 2, M-F 8am to 4:30pm CST

Email: ContractInquiries@communitycareinc.org

Existing Provider/CSP is Missing From Provider Portal Landing Page

Confirm that you have used the correct email address to log into the system and try logging in again

If you are still not able to see all portals, it is possible that you may have two or more email addresses setup in our system. If this is the case, they will need to be consolidated into one email address. To resolve this, you will need to contact your primary account admin (typically someone within your office/organization) to have your email addresses consolidated into one. If you do not know who is your admin is or you need further assistance with this, please contact us at (866) 937-2783.

I Never Received the Password Reset Email or the Link Expired

Click on the link below and follow the "Forgot Password" prompts:

<https://providerportal.communitycareinc.org/NewUser>

What is a Provider Administrator? Who is My Provider Administrator?

Providers designated as 'administrators' have been setup with new access that will allow them to create new users within their organization. These Provider Administrators will also have the ability to change access levels, deactivate users, and update email addresses.

To see if you are setup as a Provider Administrator:

Hover over the "Provider" field at the top of the screen.

- If you see "Provider Admin" as a drop-down option, you have special Provider Administrator access.
- If you see "Provider User" as the only drop-down option, you have been setup with standard access.

If you need help determining who has been setup as the Provider Administrator for your account, please contact us at (866) 937-2783.

I Can't Enter a Claim for a Specific Date - Why?

One or more date(s) may be blocked for billing for a few different reasons:

The date is grayed out:

- The authorization has not been signed. Confirm that the authorization has been signed in APP.
- The date is a future date. Claims can only be submitted for dates of service that have passed.
- A claim has already been submitted for this date.


The date is blocked out in red:

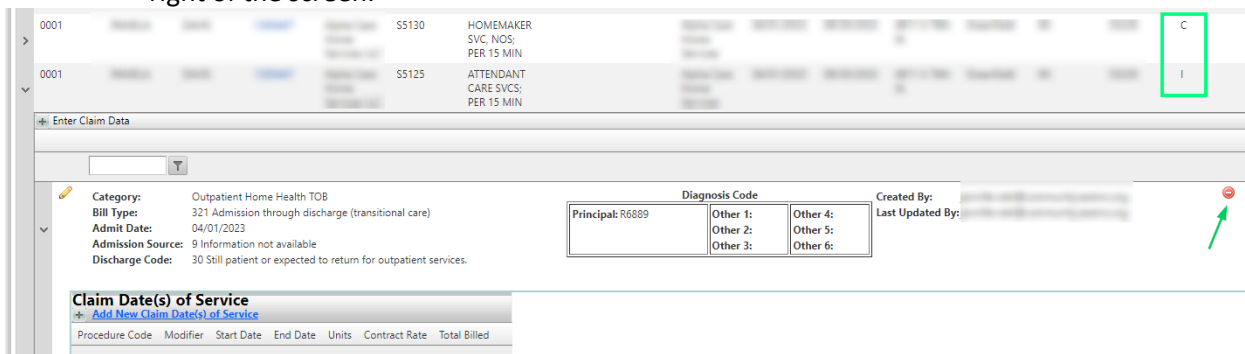
- The service requires Electronic Visit Verification (EVV), but the EVV record was not submitted/validated *OR* has not been transmitted by Sandata to Community Care. Confirm that the EVV visit has been submitted to Sandata and validated. Once complete, please allow up to 3 business days for the verification to be transmitted by Sandata and for it to display in our system as open for billing.

For additional information about Electronic Visit Verification (EVV) and how it may impact claim submission and payment, please visit our website - <https://communitycareinc.org/for-providers>

I've Entered a Claim But the System Won't Let Me Submit

If you are unable to proceed to the Review and Accept Claim Submission Screen (final step), review the claims for any lines marked with an "I" to the right of the screen. Any line with an "I" is incomplete for some reason and cannot be submitted as-is.

7. Incomplete lines must be reviewed and fixed before proceeding. Once resolved, they will be marked "C" for complete.
8. If a line cannot be fixed or was added in error, delete the entry using the delete button () to the right of the screen.



I Can't See All of the Fields

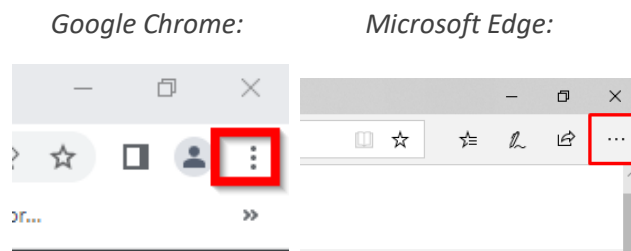
Parts of the screen are missing or cut-off

CSP works best on laptops and computers while using Google Chrome or Microsoft Edge browsers. Other devices (tablets, cell phones) and other browsers (Apple Safari, Mozilla Firefox, etc) may not work properly.

To resize your screen:

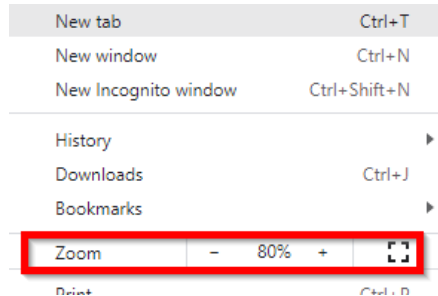
Option 1

Google Chrome or Microsoft Edge: *Click* on the 3 dots on the top right corner of the browser window.

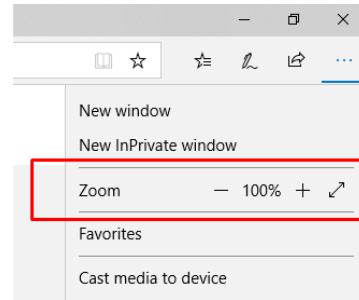


Next to the word "Zoom", *click* on the minus symbol (-) to make the text and images smaller until everything is visible. Clicking on the plus symbol (+) will make the text and images larger.

Google Chrome:



Microsoft Edge:



Option 2:

Hold the "Ctrl" key on the computer keyboard *and* scroll down on the mouse scroll wheel to make the text and images smaller until everything is visible. Scrolling the opposite direction will make the text and images larger.



Option 3:

Hold the "Ctrl" key on the computer keyboard *and* hit the MINUS (-) key to make the text and images smaller until everything is visible. Hitting the PLUS (+) key will make the text and images larger.



Electronic Visit Verification (EVV) Resources

FOR MORE INFORMATION ON ELECTRONIC VISIT VERIFICATION (EVV)

Please visit our website: <https://communitycareinc.org/for-providers/electronic-visit-verification>

WHAT IS EVV?

Electronic Visit Verification, known as EVV, is a federally mandated initiative that is designed to mitigate fraudulent billing and neglect of vulnerable persons by caregivers. The 21st Century Cures Act mandates that all states implement EVV.

EVV data is collected by the State of Wisconsin's EVV provider (Sandata). This data is sent by to Community Care on a regular basis. This data is then matched with claim data prior to claim processing. Claims that do not have a corresponding EVV visit will be denied.

HOW ARE EVV VISITS VALIDATED?

Community Care receives data from the State's EVV provider (Sandata) on a regular basis which is matched with claim data. The data is matched using provider Medicaid ID or EVV ID, member Medicaid ID, date of service, and type of service, along with other data elements.

WILL COMMUNITY CARE DENY SERVICES MISSING EVV VALIDATION?

Yes. Claims received with dates of service 5/1/2023 and later that are missing the EVV record will deny.

WHAT CAN PROVIDERS DO TO AVOID ANY DELAYS IN CLAIM PAYMENT?

Community Care asks that providers submit EVV claims 2-3 business days *after* submitting and verifying EVV information in the Sandata system. This small delay allows appropriate time for the EVV data to be sent from Sandata to Community Care. As long as Community Care has received the EVV visit when the claim is received, the claim will process as normal without delay.

WHAT ARE THE IDENTIFICATION REQUIREMENTS OF A LIVE-IN WORKER?

The DHS definition of Live-in worker can be found in the Electronic Visit Verification Live-In Worker Identification form in section 5: Identification: <https://www.dhs.wisconsin.gov/forms/f02717.pdf>

WISCONSIN DHS RESOURCES FOR PROVIDERS

Wisconsin EVV Customer Care:		Internet Resources	
Phone	(833) 931-2035 M-F 7am to 6pm	EVV webpage:	https://www.dhs.wisconsin.gov/evv/index.htm
		EVV Resource Page:	https://www.dhs.wisconsin.gov/evv/training.htm
Email	VDXC.ContactEVV@wisconsin.gov	Live-In Worker Info	https://www.dhs.wisconsin.gov/forms/f02717.pdf

COMMUNITY CARE PROVIDER SUPPORT

Provider Management is available to assist with contract questions and general EVV support:

Phone: (866) 937-2783 option 2, M-F 8am to 4:30pm

Email: ContractInquiries@communitycareinc.org

Claims Customer Service is available to assist with questions regarding claim payment and/or denial:

Phone: (866) 937-2783 option 1, M-F 8am to 4:30pm