

# **Community Care Claim Submission Portal (CSP)**



## **Provider Manual**

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# Introduction

Welcome to the Community Care Claim Submission Portal. Community Care has created this manual to assist you and serve as a reference when submitting claims through the Claim Submission Portal. It should be noted that the Claim Submission Portal (CSP) is subject to updates and it is recommended to refer to the most recent version of the CSP Manual in order to ensure the most up to date information. The Claim Submission Portal itself can be found at: <https://claimsportal.communitycareinc.org:444/>

For any questions or concerns please contact the provider hotline toll free at 1-866-937-2783 option "1" between the hours of 8am to 4:30pm Monday through Friday (Central Time).

# Logging into the CSP

In order to access the Claim Submission Portal and submit claims, you first will need to login using your username and password, that is supplied by CCI. Then you will be able to follow the below instructions along with screenshots of the login process that will give you an understanding on how to complete this process.

**Step 1)** Using your mouse “Click” the [Log In](#) button on the top right of the page. This is the CSP Home Page.



[ [Log In](#) ]

Home

## Community Care Claims Submission Portal

Welcome to the Community Care Claim Submission Portal. Community Care has created this portal to assist you in submitting claims that meet the Centers for Medicare and Medicaid Services(CMS) and State of Wisconsin Department of Health Services (DHS) requirements.

Our provider education team will setup and contact each provider with their login information upon completion of training.

For any questions or concerns please contact the provider hotline toll free at 1-866-937-2783 option "1" between the hours of 8am to 4:30pm Monday through Friday (Central Time). Send feedback or questions about the site to the [provider education specialist inbox](#) .

**Click to download:** [CSP User Manual](#)

### Browser Support

We have tested this application under Microsoft Internet Explorer and Firefox browsers. If the system doesn't look or work properly for you and you are not using one of these browsers, it is recommended to load and try IE or Firefox.

**Step 2)** This will take you to the log in screen where you will be able to enter your CCI Supplied **Username** and **Password**. Then “Click” on the [Log In](#) button.



[ [Log In](#) ]

Home

## Log In

Please enter your username and password.

### Account Information


Username:

Password:

Log In

## Entering a Claim

**Step 1)** After logging in you will be taken back to the CSP home page. Use your mouse to highlight **Provider** which is located on the tool bar. When you highlight **Provider** move your cursor down to **Provider Claim Selection Form** and “Click” on the Provider Claim Selection Form option.



Welcome **grussell!** [ [Log Out](#) ]

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Home Account Administrator **Provider** Provider Management

Claim Submission History  
**Provider Claim Selection Form**


### Community Care Claims Submission Portal

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**Step 2)** You will be taken to the **Provider Claim Selection Form Screen**. Here you will notice that all of your active authorizations up to 3 months (90 days) back are available. This screen is where you will select the appropriate member and service authorization that you wish to submit a claim.



Welcome **grussell!** [ [Log Out](#) ]

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Home Account Administrator **Provider** Provider Management

### Provider Claim Selection Form

#### 1) Select Member and Service Authorization

Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
< 1234	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ROOM & BOA/General	0120		
> 1234	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ROOM & BOA/Other	0159		
> 1234	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ALL-INCLUS/General	0240		
> 1234	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ALL-INCLUS/Specialty	0243		
> 1234	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	OUTPATIENT/General	0670		
> 1234	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	ASSISTED LIVING WAIVER/PER DIEM	T2031		

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

**Step 3)** Double click on the area that says *(dbl click enter)* . A box will appear and you will be able to add your own member control number for internal tracking purposes (Example: 0001, 0002, 0003, etc.). After entering the number, click update in the lower left corner. This number is required to move forward. Please see examples below.

**TIP:** The authorization page can be sorted by any of the categories. To utilize this function click on the column you would like to sort. The sort function will assist you with organizing your authorizations.

1) Select Member and Service Authorization

Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
(dbl click enter)	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ROOM & BOA/General	0120		
(dbl click enter)	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ROOM & BOA/Other	0159		
(dbl click enter)	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ALL-INCLUS/General	0240		
(dbl click enter)	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ALL-INCLUS/Specialty	0243		
(dbl click enter)	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	OUTPATIENT/General	0670		
(dbl click enter)	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	ASSISTED LIVING WAIVER/PER DIEM	T2031		

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

Submit Claims

Member Ctrl Num:

ARP Current Auths Procedure SID:

Procedure Code:

Code:

Modifier:

Description:

[Update](#) [Cancel](#)


If not all your authorizations are on the main page, you will find the remaining authorizations on subsequent pages.

Page size: 
69 items in 7 pages

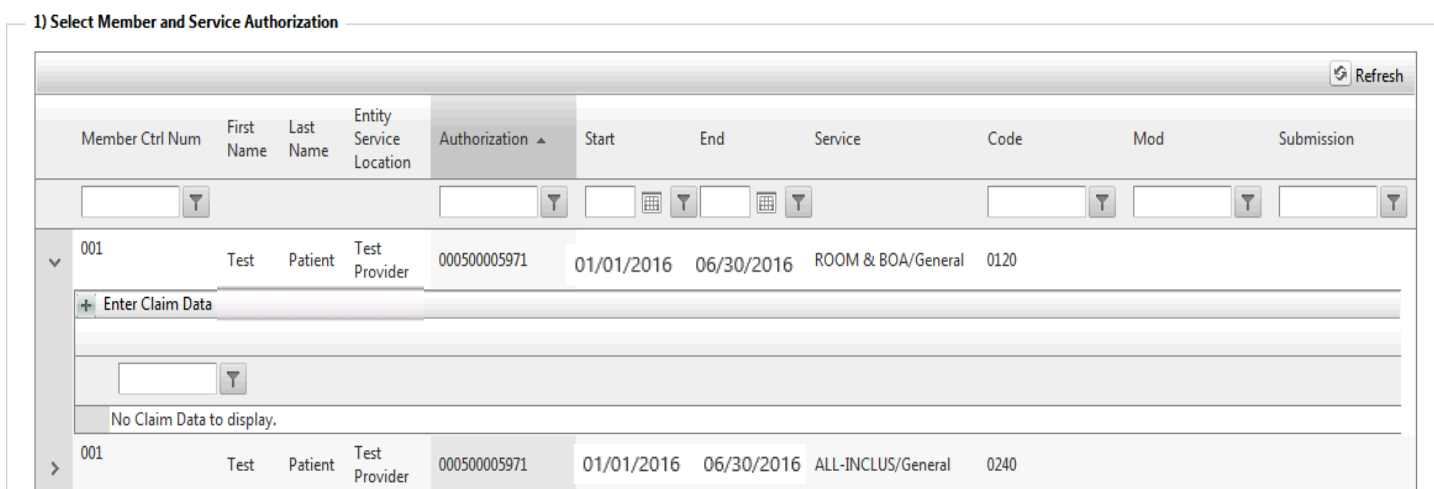
**TIP:** To increase the number of service authorizations on one page, select the **Page Size** drop down.

## Entering/Updating the Claim Data

Now that you are familiar with the **Provider Claim Selection Form Screen** select the member and corresponding authorization that you wish to submit a claim. Below are instructions along with screenshots that demonstrate how to submit a claim.

**Step 1)** To enter Claim Data “Click” on the gray arrow (  ) located on the far left sidebar in front of the member’s name. The arrow will now expand and reveal: **Enter Claim Data**. (Click on it)

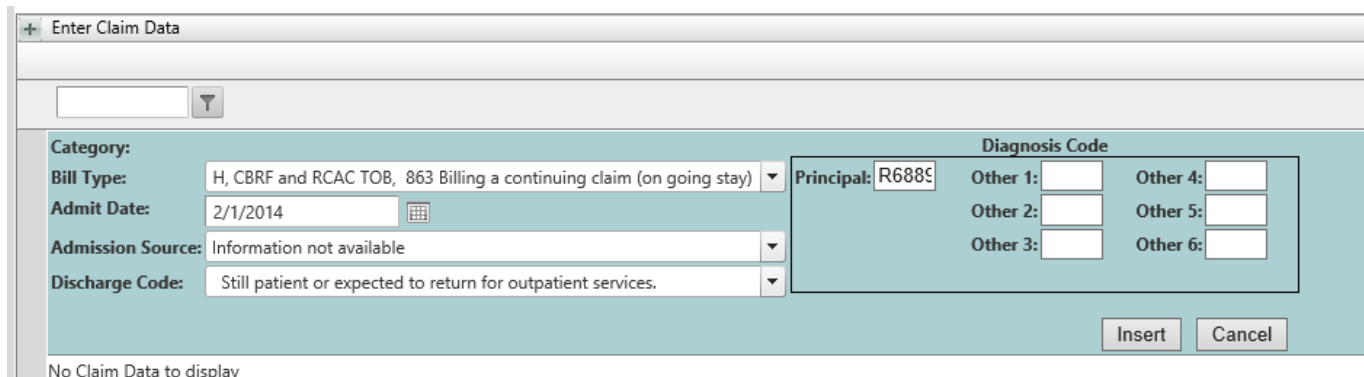
1) Select Member and Service Authorization



Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
001	Test	Patient	Test Provider	000500005971	01/01/2016	06/30/2016	ROOM & BOA/General	0120		
+ Enter Claim Data										
No Claim Data to display.										
>	001	Test	Patient	Test Provider	000500005971	01/01/2016	06/30/2016	ALL-INCLUS/General	0240	

Step 2) The claim data box will appear with the fields that are required to process your claim and receive payment. You will need to select the correct Bill Type (please see below), as well as entering in the admission date.

**Please note the bill type:** You must submit with the correct bill type that correlates to the service you are billing for. For example if are billing for Supportive Home Care Services you must submit with the 32(X) Type of Bill and/or Residential Services you would submit with a 86(X). For further clarification please see the Type of Bill chart on the bottom of the CSP homepage.



Enter Claim Data

Category:

Bill Type: H, CBRF and RCAC TOB, 863 Billing a continuing claim (on going stay)

Admit Date: 2/1/2014

Admission Source: Information not available

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

Diagnosis Code

Principal: R688E

Other 1:

Other 2:

Other 3:

Other 4:


Other 5:


Other 6:


Insert Cancel

No Claim Data to display

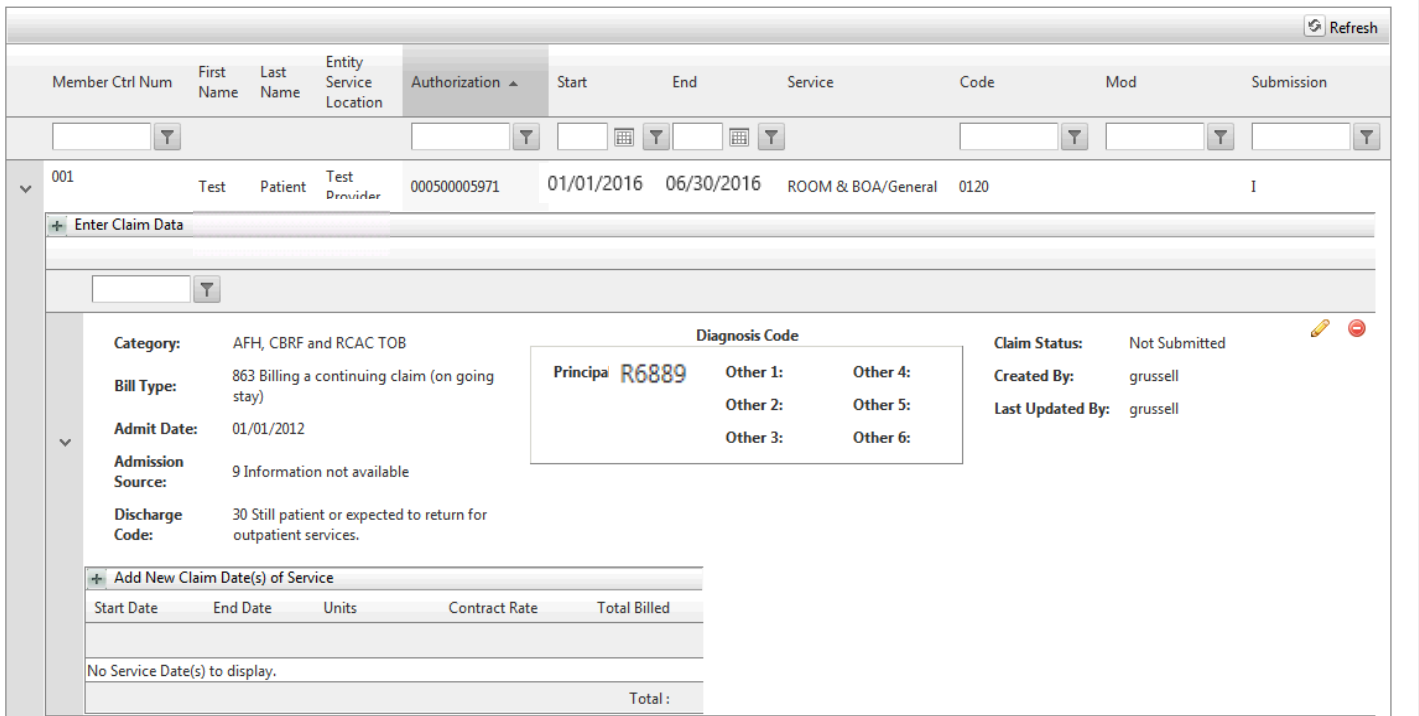
Once the data has been entered “Click” on the Insert button.

Once you have clicked on insert, the data will be displayed on the screen. If the data is not correct, and changes need to be made you can click on the edit icon (  ) to make the necessary changes.

**Tip:** The (  ) icon will delete the entire claim.

**Step 3)** To add new claim date(s) of service: “Click” on the gray arrow (  ) pointing right on left side of the Claim Data Information you have just entered located to the left the admit date. Clicking on the arrow will reveal a box entitled **Add New Claim Date(s) of Service.**

1) Select Member and Service Authorization



Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
001	Test	Patient	Test Provider	000500005971	01/01/2016	06/30/2016	ROOM & BOA/General	0120		I

**Enter Claim Data**

Category: AFH, CBRF and RCAC TOB  
 Bill Type: 863 Billing a continuing claim (on going stay)  
 Admit Date: 01/01/2012  
 Admission Source: 9 Information not available  
 Discharge Code: 30 Still patient or expected to return for outpatient services.

**Diagnosis Code**

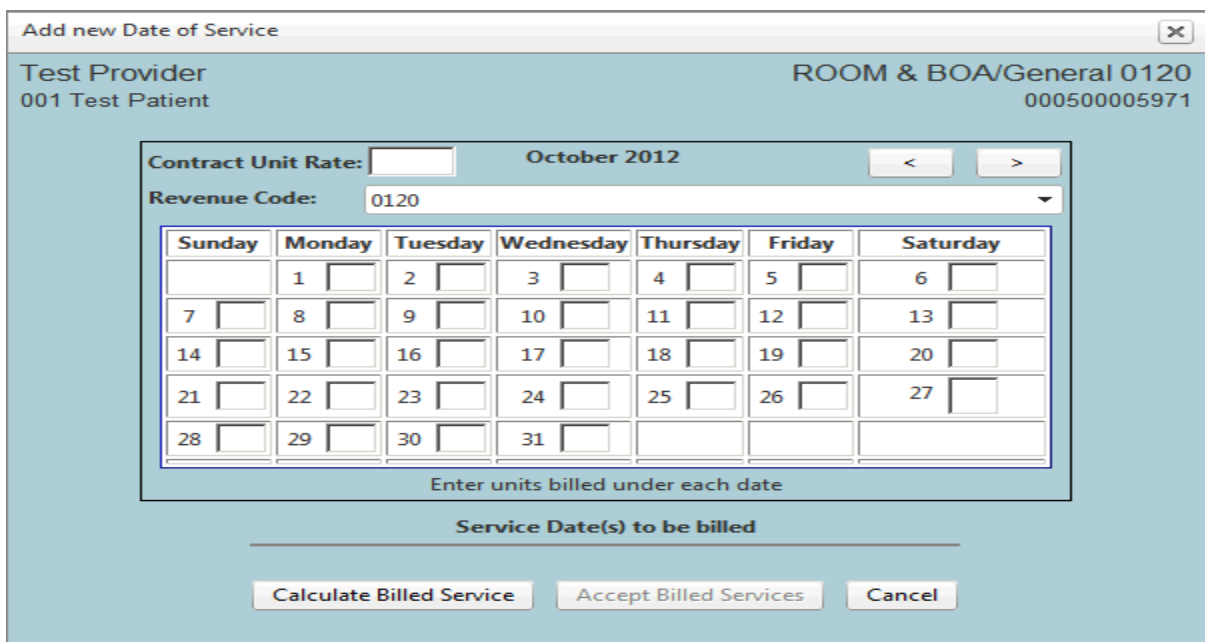
Principa R6889  
 Other 1:  
 Other 2:  
 Other 3:  
 Other 4:  
 Other 5:  
 Other 6:

**Claim Status:** Not Submitted  
 Created By: grussell  
 Last Updated By: grussell

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

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

**Step 4)** “Click” on the words Add New Claim Date(s) of Service and the below box will appear.



**Add new Date of Service**

Test Provider  
001 Test Patient

ROOM & BOA/General 0120  
000500005971

Contract Unit Rate:  **October 2012** < >

Revenue Code: 0120

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	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			

Enter units billed under each date

**Service Date(s) to be billed**

Calculate Billed Service Accept Billed Services Cancel



**Step 5)** If necessary switch the calendar to the appropriate month using the arrow keys located in the top right corner. Once on the correct month, enter your contracted unit rate for the corresponding code you are billing for (Rates can be found on your contract). To bill units select the first date of service and enter the appropriate amount of unit(s).

**TIP:** To bill the entire month, week or two weeks at a time, right click the mouse on the first date of service to auto fill the service dates, or individually fill out the service dates.

**Add new Date of Service**

Test Provider: 001 Test Patient      ROOM & BOA/General 0120  
000500005971

Contract Unit Rate: 16.99      October 2012

Revenue Code: 0120

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1   1	2	3	4	5	6
7	8					9
14	15					16
21	22					23
28	29	30	31			

Enter units billed under each date

Service Date(s) to be billed

Calculate Billed Service    Accept Billed Services    Cancel

**Step 6)** By clicking on **Calculate Billed Services** your total billed amount will appear. If accurate click **Accept Billed Services**.

**Add new Date of Service**

Test Provider: 001 Test Patient      ROOM & BOA/General 0120  
000500005971

Contract Unit Rate: 16.99      September 2012

Revenue Code: 0120

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1   1
2   1	3   1	4   1	5   1	6   1	7   1	8   1
9   1	10   1	11   1	12   1	13   1	14   1	15   1
16   1	17   1	18   1	19   1	20   1	21   1	22   1
23   1	24   1	25   1	26   1	27   1	28   1	29   1
30   1						

Enter units billed under each date

Service Date(s) to be billed

Start Date	End Date	Units	Contract Unit Rate	Total Billed
09/01/2012	09/30/2012	30	16.99	\$509.70
				\$509.70

Calculate Billed Service    Accept Billed Services    Cancel

**Step 7)** Once you clicked on Accept Billed Services, the screen below will appear (Example 1). If for some reason you need to change the billed services please hit the red button next to the total billed. This will allow you to delete the information and re-start at step 3.

TIP: Notice in example 2 the “C” in the Submission. The “C” represents a clean claim and is ready to submit. If you have an “I” in the Submission column you will receive an error and the claim will not be submitted

If services look to be billed correctly, and you have completed the steps above for all services being billed. You are ready to Submit your claim(s) for payment. “Click” on the Submit Claims button on the bottom left of the page.

**EXAMPLE 1**

+ Enter Claim Data

**Category:** AFH, CBRF and RCAC TOB

**Bill Type:** 861 Admission through discharge

**Admit Date:** 01/01/2012

**Admission Source:** 9 Information not available

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

**Diagnosis Code**

**Principal:** R6889    **Other 1:**    **Other 4:**

**Other 2:**    **Other 5:**

**Other 3:**    **Other 6:**

**Claim Status:** Not Submitted

**Created By:** grussell

**Last Updated By:** grussell

+ Add New Claim Date(s) of Service

Start Date	End Date	Units	Contract Rate	Total Billed	
01/01/2016	06/30/2016	30	\$16.99	\$509.70	
				\$509.70	

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

[Submit Claims](#)

**EXAMPLE 2**

Refresh

Member Ctrl Num	First Name	Last Name	Entity Service Location	Authorization	Start	End	Service	Code	Mod	Submission
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> 001	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ROOM & BOA/General	0120		C
> 001	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ROOM & BOA/Other	0159		
> 001	Test	Patient	Test Provider	000500005971	05/01/2012	10/31/2012	ALL-INCLUS/General	0240		
> 001	Test	Patient	Test Provider	000500005972	05/01/2012	10/31/2012	ALL-INCLUS/Specialty	0243		
> 001	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	OUTPATIENT/General	0670		
> 001	Test	Patient	Test Provider	000500005973	05/01/2012	10/31/2012	ASSISTED LIVING WAIVER/PER DIEM	T2031		

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

**Step 8)** This will take you to the **Review and Accept Claim Submission** screen. Here you will be able to re-view the information that you would like to submit. If the information is accurate click on the **Accept** button and you will have submitted your claim(s).

**TIP:** If you need to make corrections to the information click on the **Reject** button. This will return you to the **Provider Claim Selection Form Screen**. Make applicable corrections and repeat **step 6**.

**Review and Accept Claim Submission**

Click to view Claim Submission Line Items

<b>Submission ID:</b> 22563	<b>Provider:</b> Test Provider	<b>Bill Type:</b> R6889	<b>Diagnosis Codes</b>		
<b>Submitted Date:</b> 11/19/2012	999 Test Drive	<b>Admission Type:</b> 9	<b>Principal:</b> V60.4	<b>Other 1:</b>	<b>Other 4:</b>
<b>Submitted By:</b> grussell	Test, WI 99999	<b>Admission Src:</b> 9	<b>Other 2:</b>	<b>Other 5:</b>	
<b>Member Name:</b> Patient, Test	<b>Provider Tax ID:</b> 999999999	<b>Discharge Status:</b> 30	<b>Other 3:</b>	<b>Other 6:</b>	
<b>Control ID:</b> 1234	<b>Provider NPI:</b> 1111111111	<b>Authorization:</b> 000500005972			
	<b>Period Covered:</b> 10/01/2012 - 10/31/2012				

Rev Code	Description	Code	Mod	Serv Date	Units	Total Charges
0159	ROOM & BOA/Other			01/01/2016	31.0	526.69
						Total: 526.69

# Reviewing Claim Submission History

Now that you have submitted a claim, you can utilize the **Claim Submission History**. Below are instructions along with screenshots that demonstrate how to view claim history:


COMMUNITY CARE

Home Account Administrator Provider Provider Management

### Claim Submission History

Submission and Date For Member By Service

ID	Status	Submitted	Entity	Member Ctrl Num	Member	Bill Type	Serv From	Serv To	Total Charge
> 22563	Submitted	11/19/2012 2:36:01 PM	Test Provider	1234	Patient, Test	863	01/01/2016	06/30/2016	\$526.69

To view additional information on the submitted claim left click on the gray arrow (  ) located on the far left sidebar in front of the claim Id. You also have the option to print, save and/or view a copy of your claim by clicking on the paper icon to the right of the total charge but please note this form is automatically saved on the internet.

Gray Arrow

Paper Icon

### Claim Submission History

Submission and Date For Member By Service

ID	Status	Submitted	Entity	Member Ctrl Num	Member	Bill Type	Serv From	Serv To	Total Charge
✓ 22563	Submitted	11/19/2012 2:36:01 PM	Test Provider	1234	Patient, Test	863	01/01/2016	06/30/2016	\$526.69

Rev	Description	Code	Serv Date	Units	Cost	Total Charge
0159	ROOM & BOA/Other		10/01/2012	31.0	\$16.99	\$526.69