TUFTS
Health Plan

Quick Reference Guide: Online Claim Adjustments

The Quick Reference Guide for Online Claim Adjustments contains general guidelines, helpful hints and instructions on submitting corrected claims, provider payment disputes and returning funds to Tufts Health Plan using the secure Provider portal.

Note: Tufts Health Plan's Provider Dispute Policies are available in the Resource Center on the public Provider website.

OVERVIEW

Registered users can submit claim adjustments using the secure Provider portal. If you are not registered for access to the secure Provider portal, you can register here.

Registered users can:

- Adjust claims, including changing provider and payee ID numbers, procedure and diagnosis codes, billed amounts, modifiers and member information
- Submit payment disputes by filling out an electronic form including rationale for the request, the ability to attach electronic documents for paperless submission or the option to submit documents by mail
- Return funds by selecting either a claim refund via check or a claim refund via a retraction from future claims payments

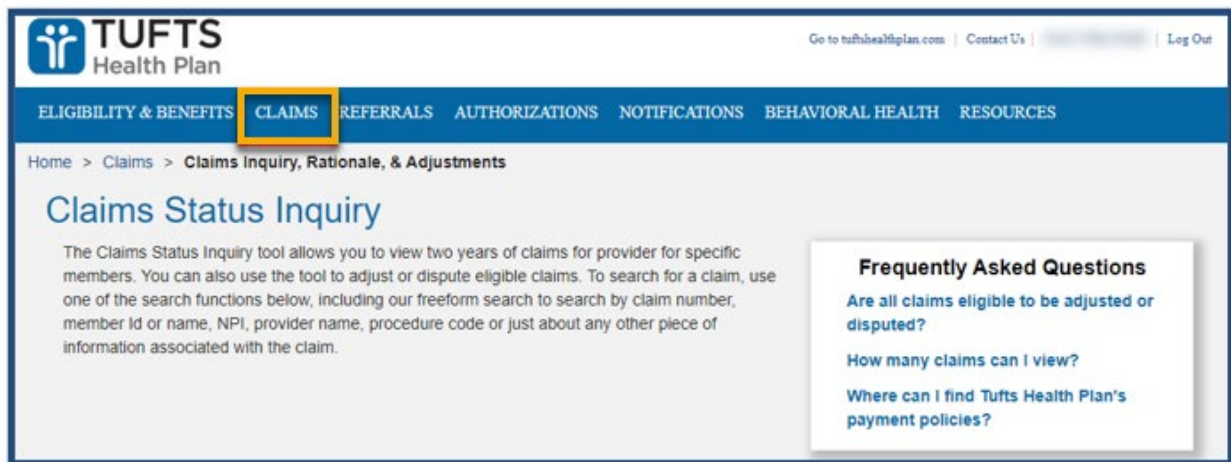Online claim adjustment is not available for claims under the following products:

- CareLink^{SM} when Cigna is primary administrator
- CareLink^{SM} – Shared administration

Note: Some claims may not be adjustable online. If your claim cannot be adjusted online, a message will appear indicating the claim is not adjustable.

HOW TO ACCESS AND USE THE CLAIMS INQUIRY, RATIONALE, & ADJUSTMENTS MENU

Step 1: Log in to the secure Provider portal.

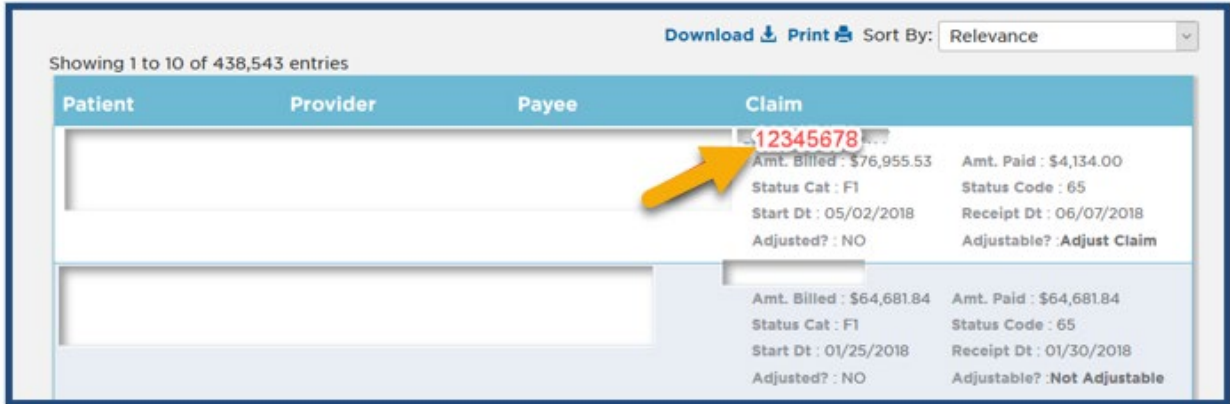**Step 2:** From the main menu, click "Claims Inquiry, Rationale, & Adjustments."

Step 3: Enter any information related to the claim(s) that you are inquiring about using the free form search. The claim results will display according to the search criteria used.

Note: This online search will dynamically display the available options for each claim. For example, the option to submit a refund will not be available on claims for which there was no payment.

Step 4: Then, to submit an online claim adjustment, click the "Adjust Claim" link.
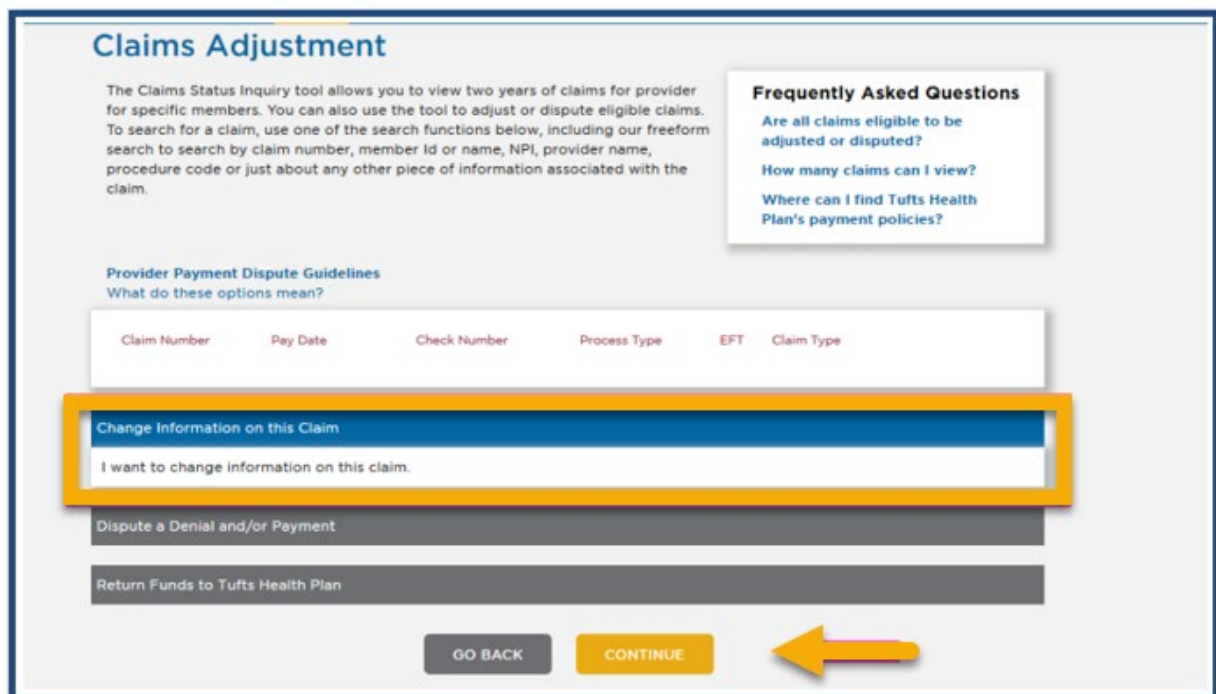

The *Claims Adjustment* menu will display. Select one of three claim adjustment options:

- "Change Information on this Claim"
- "Dispute a Denial and/or Payment"
- "Return Funds to Tufts Health Plan"

Step 5: Follow the specific steps below according to which claim adjustment option you choose.

CHANGE INFORMATION ON THIS CLAIM

Step 1: If you need to change information on a claim, select "Change Information on this Claim" from the *Claims Adjustment* menu and click "Continue."

Step 2: The *Claim Adjustment Entry* screen will display. From this screen, you can make corrections to the highlighted fields. Additionally, corrections can be made to service dates, place of service, number of services, modifiers, procedure codes, diagnosis pointers and billed amount.

Step 3: Providers also have the option to add or delete service lines on the claim by clicking the "(+) Add a Claim Detail Line" link. To remove a claim line, click the "(-) Delete" link.

Step 4: Diagnosis codes can be added or deleted from the claim. Click "(+) Add More Diagnosis Boxes" to add codes. To remove diagnosis codes from the claim, click "(-) Delete."

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

Step 5: Once you make corrections, click "Submit."

Note: Providers can click "Reset" to return all claim fields to their original state. If you click "Cancel," you will return to the *Claims Inquiry, Rationale, & Adjustments* main menu.

Step 6: A confirmation page will display, and you will need to select one of the following options:

- "Confirm" to accept your changes.
- "Edit" to make additional changes. You will be redirected to the *Adjustment Entry* screen.
- "Cancel" to cancel your request.

Step 7: Once you have confirmed your request, a final confirmation page displays with your tracking number for the adjustment.

DISPUTE A DENIAL AND/OR PAYMENT

Step 1: If providers need to dispute a denial and/or payment, select "Dispute a Denial and/or Payment" from the *Claims Adjustment* menu and click "Continue."

Step 2: The main menu selection expands to display any message codes listed on the claim. If there are claim lines where there is no message code, an option to dispute a reimbursement will display.

Step 3: Select the message code and/or fee reimbursement you are disputing and click "Continue."

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

Step 4: The *Claim Adjustment Dispute Entry* screen displays detailed requirements needed for the dispute you have selected. The *Adjustment Comments* box must be filled out with information indicating the rationale for the dispute. For most disputes, supporting documentation is required. The secure Provider portal supports the following two methods for submitting supporting documentation:

- Electronic files may be attached by clicking the "BROWSE" button. If you want to attach a supporting document to your claim adjustment, you can include the following file types, up to 5MB each: .txt, .pdf, .doc, .xls, .tif or .jpg

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

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

Step 5: Review the information you entered in the *Adjustment Comments* box and confirm that you have selected a method to submit supporting documents. Once this is complete, click "Submit."

Step 6: Once you have submitted the dispute request, a confirmation page displays your tracking number for the dispute.

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

RETURN FUNDS TO TUFTS HEALTH PLAN

Step 1: If providers need to return funds to Tufts Health Plan, select "Return Funds to Tufts Health Plan" from the *Claims Adjustment* menu.

Step 2: Select **"**I want to return funds to Tufts Health Plan." The main menu selection will expand to display the following three options for returning funds:

- I want to return an uncashed check to Tufts Health Plan.
- I want to cancel the claim and have funds retracted from future claim payments.
- I want to return partial funds to Tufts Health Plan.

Step 3: Selecting the option to return an uncashed check or to return partial funds will display a link for the *Return Check Form*. This should be completed and submitted with your check to Tufts Health Plan.

Step 4: When you select the option to cancel a claim and have funds retracted from future claim payments, you are taken to the *Claim Adjustment Retraction of Funds* screen. The *Adjustment Comments* box must be filled out for each retraction and can be used to specify a partial retraction when needed.

Step 5: Once you have filled in the comments box, click "Submit."

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

Note: Clicking "Reset" will clear the comments field and remove any attached documents. Clicking "Cancel" will redirect you to the *Claim Adjustment* menu.

Step 6: Once you have submitted the retraction request, a confirmation page displays with the tracking number.

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

FOLLOW UP ON A SUBMITTED ADJUSTEMENT REQUEST

All online claim adjustment requests can be viewed in the claim detail page within the *Claims Inquiry, Rationale, & Adjustments* section of the secure Provider portal. This information can be used to track the progress of a submitted request. Using the *Claims Inquiry, Rationale, & Adjustments* section, locate the claim for which an adjustment request was made. The *Status* category and code will update as the submission is processed.

Note: A sort filter is available to assist with follow-up on adjustment requests. The filter allows users to view results in ascending or descending order for claims with an adjustment request.