

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:

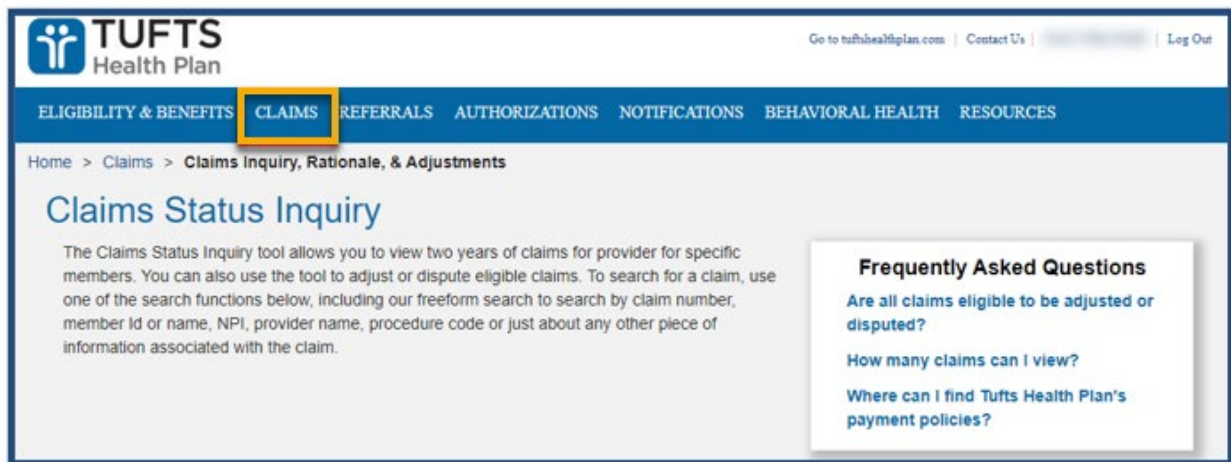
- CareLinkSM when Cigna is primary administrator
- CareLinkSM – Shared administration

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."

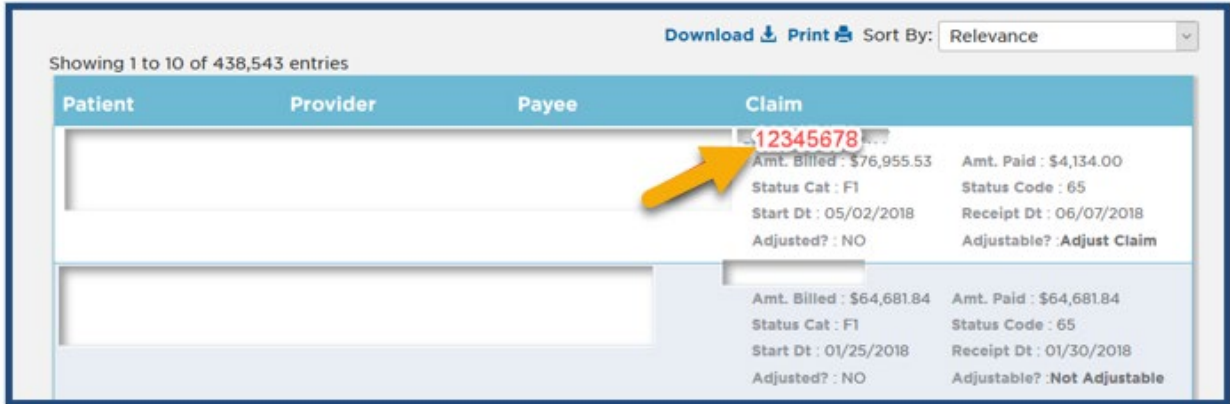


The screenshot shows the Tufts Health Plan website interface. At the top left is the Tufts Health Plan logo. To the right of the logo are links for "Go to tuftshealthplan.com", "Contact Us", and "Log Out". Below the logo is a navigation bar with the following menu items: "ELIGIBILITY & BENEFITS", "CLAIMS" (highlighted with a yellow box), "REFERRALS", "AUTHORIZATIONS", "NOTIFICATIONS", "BEHAVIORAL HEALTH", and "RESOURCES". Below the navigation bar is a breadcrumb trail: "Home > Claims > Claims Inquiry, Rationale, & Adjustments". The main content area has the heading "Claims Status Inquiry" and a paragraph explaining the tool: "The Claims Status Inquiry tool allows you to view two years of claims for provider for specific members. You can also use the tool to adjust or dispute eligible claims. To search for a claim, use one of the search functions below, including our freeform search to search by claim number, member id or name, NPI, provider name, procedure code or just about any other piece of information associated with the claim." To the right of this text is a "Frequently Asked Questions" box with three questions: "Are all claims eligible to be adjusted or disputed?", "How many claims can I view?", and "Where can I find Tufts Health Plan's payment policies?".

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.



Showing 1 to 10 of 438,543 entries

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Patient	Provider	Payee	Claim
			12345678 Amt. Billed : \$76,955.53 Amt. Paid : \$4,134.00 Status Cat : F1 Status Code : 65 Start Dt : 05/02/2018 Receipt Dt : 06/07/2018 Adjusted? : NO Adjustable? : Adjust Claim
			Amt. Billed : \$64,681.84 Amt. Paid : \$64,681.84 Status Cat : F1 Status Code : 65 Start Dt : 01/25/2018 Receipt Dt : 01/30/2018 Adjusted? : NO Adjustable? : Not Adjustable

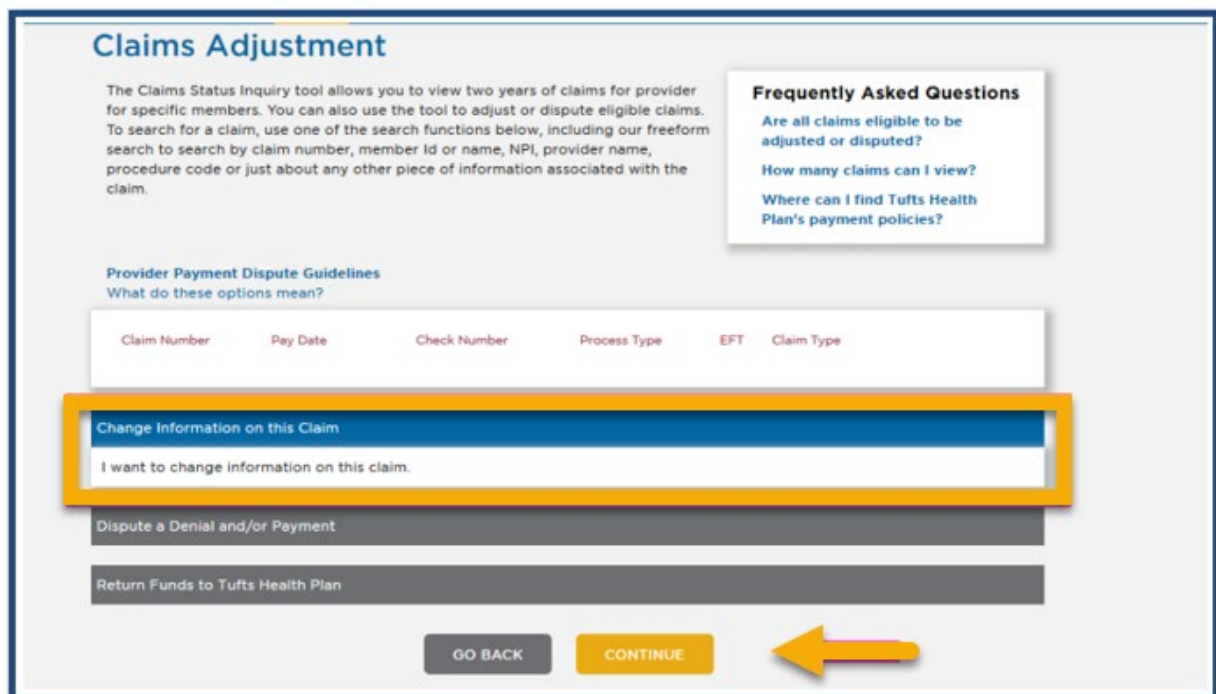
The *Claims Adjustment* menu will display. Select one of three claim adjustment options:

- “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.”



Claims Adjustment

The Claims Status Inquiry tool allows you to view two years of claims for provider for specific members. You can also use the tool to adjust or dispute eligible claims. To search for a claim, use one of the search functions below, including our freeform search to search by claim number, member Id or name, NPI, provider name, procedure code or just about any other piece of information associated with the claim.

Provider Payment Dispute Guidelines
What do these options mean?

Claim Number	Pay Date	Check Number	Process Type	EFT	Claim Type
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Change Information on this Claim

I want to change information on this claim.

Dispute a Denial and/or Payment

Return Funds to Tufts Health Plan

Frequently Asked Questions

- Are all claims eligible to be adjusted or disputed?
- How many claims can I view?
- Where can I find Tufts Health Plan's payment policies?

GO BACK 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.

The screenshot shows a web interface for disputing a denial or payment. The top navigation bar includes 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. The 'CLAIMS' tab is selected. Below the navigation bar is a section titled 'Provider Payment Dispute Guidelines' with the sub-heading 'What do these options mean?'. This section contains a table with columns: Claim Number, Pay Date, Check Number, Process Type, EFT, and Claim Type. Below the table is a section titled 'Change Information on this Claim' which contains a sub-section 'Dispute a Denial and/or Payment'. This sub-section has the text: 'This claim has the following message codes to reflect adjusted payment or denial reason. Select the message code(s) you would like to dispute.' followed by three radio button options:
1. ET - Denied. Payment For This Procedure Is Included In The Payment For A Different Procedure. The Member Is Not Responsible For Payment.
2. This claim has one or more paid detail lines without a message code. Select this if you would like to submit a fee dispute.
3. I disagree with the fee reimbursement of this claim.
Below this section is another section titled 'Return Funds to Tufts Health Plan'. At the bottom of the page are two buttons: 'GO BACK' and 'CONTINUE'. A yellow arrow points to the 'CONTINUE' button.

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

04/30/2018	OFF	1	90471	51.00	37.76	3.77	0.00	0.00
CLAIMS TOTALS				390.00	284.11	24.46	0.00	0.00

If supporting documentation is required for disputing or correcting this claim transaction, use the attachment functionality. Mailing additional documentation for Web transactions will not be accepted.

Upload Supporting File(s)
Supported file types are: .txt, .pdf, .doc, .docx, .dotx, .xls, .xlsx, .xlsx, .tif, .jpg File size should not exceed 5MB

Attach file(s):

Adjustment Comments
750 characters left: (750 max)

Please confirm the contact information we have on file for this document

Contact Name* Contact Phone* Contact Email

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.

If supporting documentation is required for disputing or correcting this claim transaction, use the attachment functionality. Mailing additional documentation for Web transactions will not be accepted.

Upload Supporting File(s)
Supported file types are: .txt, .pdf, .doc, .docx, .dotx, .xls, .xlsx, .xltx, .tif, .jpg File size should not exceed 5MB

Attach file(s):

Adjustment Comments

750 characters left. (750 max)

Please confirm the contact information we have on file for this document

Contact Name*	Contact Phone*	Contact Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 ADJUSTMENT 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.

ELIGIBILITY & BENEFITS **CLAIMS** REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH RESOURCES

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO **SERVICE PERIOD**

Find a claim by entering the service period and/or procedure code. (Up to two years)

Start/Admit Date End/Discharge Date

First Proc Code Last Proc Code

Download Sort By: Adjustments : Ascending