

For Paramount

Institutional Claims – CMS 1450

Powered By:

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Getting Started

Once your account has been created, the Administrator will receive an email from <u>ProviderRelations.Paramount@Promedica.org</u> with the subject line: **TransShuttle Organization Administrator Notice.** The Administrator will be the first user on the account and can add additional users later.

Organization Administrator

The email you receive will have your Login ID and a link for you to click on to set your password. The link expires after one hour from distribution. If you click on the link after an hour from distribution, you will be asked to enter the email address you used during sign up so that a new email with a refreshed link can be sent to you.

Click on the link "<u>Click here</u>" to set your password. Follow the instructions provided on the page when creating your password.

TransShuttle Organization Administrator Notice							
You are receiving this email because you were listed as an An account in possession of this email account. At this time no password	You are receiving this email because you were listed as an Organization Administrator on the TransShuttle system at An account has been created for you and it can only be activated by you or whoever is in possession of this email account. At this time no password is set on the account and it cannot be used until you set a password.						
Your Account login ID is: Need to set your initial password?	[UserID]@[OrgID]						

Your home page URL will be on the User Invitation email you received.

Enter your User ID, formatted in 2 parts separated by an @ symbol: "UserID@OrgID" and the password you created. (If you can't find the initial email with your Login, click Forgot Password and enter the e-mail address you used when you registered so a new User Invitation e-mail can't be re-sent to you)

Enter your User ID and Password to log in.						
User ID	Password					
<u>Create an account</u>	Forgot password?					

The **Home Page** is called the Activity Stream.

- The page will include notices as published by the TransShuttle System Administrators.
- The page will include the account's login activities.

The **Main Menu** is accessed by clicking on the waffle icon on the upper left corner of the TransShuttle page.

The Menu items that you will be using within the application are as follows:

- Setup Section: Security, Providers, & Patients
- Tasks: Claim Manager and Message Center
- Activity Stream

Adding Users & Managing Existing Users

The **Security Page** is where an Organization Administrator can manage users. To go to the Security Page just click on the Main Menu icon and under the Setup section, click on Security. The Security Page is divided into 2 tabs: Users & Security Roles.

To add a user:

- 1. Click on Create a New User on the Users Tab.
- 2. Enter the desired User ID for the user (do not enter the "@OrgID" as that is automatically appended by the system when the user is created).
- 3. User Type should be User.
- 4. Complete the user's contact information. It is very important that you enter a valid email address so the user can receive their user invitation and setup their login password. If you make a mistake with the email address after the profile has been saved, you will have to delete the entire user profile and add it again using the correct email address.
- 5. Make sure the box for "Send account information to the user" is checked.
- 6. Click Create User.
- 7. Once the user profile is created you will need to assign the user a role.
 - a. You have 2 roles to choose from:
 - i. Organization Administrator can manage users on the account.
 - 1. Organization Administrators will also need the Site Administrator role in order to use the application for Claim Entry.
 - ii. Site Administrator can use the application but cannot manage users on the account.
- 8. Click Alter security roles at the top to assign a role or roles to a user's profile.
- 9. The Security Role Memberships section at the bottom will list the user's assigned roles.

To Delete or Edit Users:

1. From the Main Menu go to Setup then click on Security.

- 2. Click Edit this User on the user's profile.
 - a. Click Delete this User to delete the user's profile.
 - b. Click Send Invite to resend a user invitation to the user.
 - c. Click Alter security roles to add or remove a role.
 - d. Uncheck the Logins Enabled box to disable a user.
- 3. Always click Save at the end of your changes.

Your Organization/Provider Profile

The **Providers Page** is where your billing entity profile is stored which you will use on the electronic claims you send to Paramount. To go to the Providers Page, click on the Main Menu icon, then click on Providers under the Setup section.

When you first signed up for the application, you entered your Provider Information as the billing entity record that will be used for Loop 2010AA (FL1) of your claims and that is the initial billing entity record that <u>will already be setup in your account</u>. Review the information in your Organization/Provider profile on this page **BEFORE** you start entering claims to make sure it is correct.

To review the existing record that was created off the information you entered during your sign up, click on the blue link under the Code column to the left of your Organization/Provider name.

Code 🥜 AUSTIOନ୍ଦ୍ରୀ

NOTE: If you do not see a record for your Organization on this page please add it by following the instructions below.

Your Organization setup should be as follows (see image below for guidance):

- Entity Type: Organization or Solo Practice
- Enter <u>EITHER</u> the Organization Name recognized by Paramount <u>or</u> your First and Last Name, not BOTH.
 - If both sections are filled please delete the data in the field(s) that should not be filled.
 - Normally for Institutional Claims, only the Organization Name is filled in.
- The Address you enter MUST BE A PHYSICAL ADDRESS with a 9-digit zip code.
 - If you receive mail at a PO Box, utilize the Pay-To section if it's registered with Paramount.
- Check the box for "Provider Signature on File"
- Enter your Name for Contact Name & Email (phone is optional ,only enter 10 digits for phone #)
- If you have a PO Box address, enter it in the Pay-To section with a 9-digit zip code, otherwise leave it blank.
- Org Type is optional
- Provider Code is System generated (if not populating enter a short unique value like: Prov1)
- Enter your registered Tax ID or SSN and switch the drop-down box to EIN for Tax Id or SSN
- Enter your NPI that is registered with Paramount
- Enter your Taxonomy Code which specifies the specialty code tied to your NPI

- If you do not know your Taxonomy code you may search for it on the NPPES site at https://npiregistry.cms.hhs.gov/
 - Enter your NPI and click Search. Click on the result and scroll to the bottom to find the Taxonomy Code attached to you NPI
- o Just enter the actual Taxonomy Code. Do NOT enter the ZZ qualifier in front of it.
 - For Example, if the taxonomy code is "213E00000X Podiatrist", just enter 213E00000X in the box
- UPIN, State License, Site No, and Location No are not needed, leave them blank
- Skip the PIN Overrides section
- Click Save at the top left to save your billing entity profile

Provider Ir	nformation	1	🙎 Sa	ve 🔰 🤱 Delet	te	Provider Identi	fiers	
Er	ntry Type	Organization or Solo Practice	•			Provider Code	NUGGE0001	
Organizati	on Name					Tax ID	123456788 🖌	Type EIN
OR	st Name	Solo		MI		NPI	1234567802	-
La	ast Name	Provider		Suffix		Taxonomy	2084A0401X 🕑	
	Address	555 Vegas Way				UPIN		
			Mustib	e a Physical Ad	Idress	te License		
	City	Phoenix 🔶	9	Digit Zip Requi	red	Site No		
	State	Arizona 👻				Location No		
	Zip	850539998				PIN Overrides		
		Medicare Participating?			_ I	Plan Pay	er PIN Usage	
		Provider Signature on File?				💿 Add		
Conta	act Name		V		Г			
	Email		V			For PO Box add	dresses ONLY. 9 -digit I. Otherwise leave blar	t zip ik.
	Phone				_ L			
РауТо	Address					1		
Pa	ayTo City					ノ		
Pay	yTo State	•						
F	PayTo Zip							
	Org Type	*						

Attending providers can be set up in the Address page so that you can select them from a list that will allow the auto-population of the provider's name and NPI into FL 76. To go to the Address page click on the Main Menu icon and click on Address under the Setup section. Click on Add Address on the top left side of the screen to begin.

- Enter the provider's name in the First and Last name boxes.
- For Address Type, choose Physician
- If the Address Code box is not auto populated, enter a unique record value like Phys1, Phys2, etc...for each profile you create.
- Enter the provider's NPI in the NPI box and click Save on the top right side of the screen.

Setting up Patient Profiles

It is highly recommended for users to setup patient profiles in the TransShuttle Patients Page before creating claims. The **Patients Page** is where you can pre-setup your patient's information so that their name and demographic information can be auto filled on the CMS-1450 Claim Form. To go to the Patients Page, click on the Main Menu icon and click on Patients under the Setup section.

To setup a patient's profile, click on Create Patient. There are 3 tabs that you may fill out to get the most out of the auto fill feature:

Demographics Tab – Complete the items with green check marks in the image below. If the Patient Code box does not auto-populate, just enter a unique short code like: Patient1, Patient2, etc... for each record.

First Name	MI Patier	nt Code System Generated
Last Name	Suffix Responsible Par	ty Type Self 🔻
Demographi	cs Provider Insurance	
Address 1		SSN
Address 2		Gender Unknow
City		Birth Date
State	Alabama 🖌 -	Death Date
Zip	9 digits NOT needed	Marital Status
Phone		Inactive?
		Inactive Date 🗸

Demographics Pro	vider Insurance		
Provider	0	Referral Type None 👻	
Ordering Provider		Referral Code	٩
Attending Provider		Referral Date 👻	8
CLIA #		First Seen 👻	

You do not need to complete the Secondary or Tertiary Tabs if Paramount is the Primary payer.

Demographics Provider Insurance	
Signature Date	
Release Signed? Release Of Info Signed? Fee Schedule	
Primary Secondary Tertiary	
Payer Plan Name	
Assignment of Benefits? Group No	
Insured Type Self Auth No	
Insured Code	
Relationship None -	
Member ID	

Note: If the subscriber is different from the Patient. Add the subscriber in Setup>Address as a "Guarantor" and change the Insured Type on the Patient's profile as Guarantor and select the Guarantor's profile by clicking the magnifying glass by the Insured Code box. Then select the relationship as necessary i.e. spouse, child, etc...

Entering Claims

To begin entering claims go to the Main Menu icon and click on Institutional Claims under the Tasks section.

The **Claim Manager** page will be where the history of your billed claims will be stored. This is also where you will create your claims.

- 1. Click the New Claim button to begin today's batch of claims. You may have as little as 1 claim in a day's batch or as many as you would like to send.
- 2. If you have pre-setup your patient's information in the Patients page:
 - a. Click the magnifying glass in FL 3a to open the Auto-Fill box. In the Auto-Fill Patient box, click on the magnifying glass to open your patient list. Select the patient you want to create a claim for and click the Autofill button. Proceed to Step 4 below.
- 3. If you have NOT pre-setup your patient's information in the Patient page:
 - a. Begin entering your claim by starting in FL 3a with your patients control number
 - b. You may use your tab key on your keyboard to move on to other fields or use your mouse to click onto other fields you need to complete.
 - c. For Dates, enter mmddyyyy and hit the tab key on your keyboard so it can auto format into mm-dd-yyyy.
 - d. Optional: Once you are done entering your Patient's claim information, you can click Save and then the Sync button in FL 3A and choose *Sync This Patient to File* to have the patient's name and demographics saved to the Patients page.
- 4. When entering service lines, enter the dates as mmddyyyy and hit your tab key to move to the next field. The date will auto format to mm-dd-yyyy.
- 5. Enter additional information needed to complete your claim in the Form Locator fields
 - a. Value Codes 80, 81, 82 and 83 are not valid in electronic billing. To enter Covered Days, Non-Covered Days, Coinsurance Days, and Lifetime Reserve Days you will need to click on the Patient tab at the top and enter the days in the specific boxes labeled for those day entries.
 - b. Click on the CMS 1450 tab to return to the form.

CMS 1450 Payers Patie	ent Provider Cc
Austin Surgical Center 241 E. 4th St Frederick, Mr DEMO	Once you are in the Patient Tab, scroll down to find
8 PATIENT NAME a	Days Days Boxes.
	 Covered
	Noncovered
	Coinsurance
	Lifetime Reserve

- a. If you have not setup your Attending Provider in the Address list you may type in his/her NPI in the NPI box and enter his/her name in this format : Last Name, First Name
- 7. Scroll up and click the Save button. Once saved, click the Verify button at the top right to run system edit checks to make sure your claim is free of errors that may cause it to be rejected by Paramount.

l (warnings) 🔻	BDI Preview	0	Add	d 🤤 Delete	📑 Save	🛛 Close
Attachments						
Health	Care			11 Warnings	Verify	Ignore All
		CARRIE		Field: DIAG1 Severity: Medium		
	PICA			Status: Pending Message:		
. NUMBER	(For Program in Item 1)	1	· .	A diagnosis code is requ	ired.	
ME (Last Name, First Name	, Middle Initial)	\exists				Ignor

Status Ready	/ to send 👻	BDI Preview	📀 Add	😑 Delete	Save	🙁 Close
Chiropractic	Attachments		_			
550868	Health	Care		Warnings	Verify	Ignore All
00216-TEST	~					

- To assist with resolving warnings, you may click on the Field button for each warning.
 When the field button is clicked once, you will be taken to the Tab/Screen that holds the field that must be corrected. In some cases, if you click the Field button a second time, your cursor will blink in the field that needs correction.
- b. Read the Warning Message in its entirety to understand what needs to be corrected.



- c. Once you have corrected the field causing the warning, click the Verify button again. If you have resolved the issue, the warning will be removed from the list and you will see your total # of warnings decrease.
- d. Click on the CMS1450 tab to return to the claim form.
- e. As mentioned in Step #8 above, once all warnings within your claim have been resolved, you may Save & Close then Transmit.

Transmitting Claims

Each day that you login to enter claims, your claims will be in that current day's batch. You may transmit what you have "Ready to Send" and add more claims to the day's batch later and transmit those added claims once you are ready to send them. To add more claims any time during the day, just click the New Claim button at the top.

Once you have a claim or claims that are in "Ready to send" status, you may left click on batch line that you are ready to transmit and then click on the Transmit Claims button in the Claim Manager screen / Institutional Tab to transmit your claims.

Once you click the Transmit Claims button, you're done and your claims have now transmitted. You may Log off.



, P	✓ New Claim ✓ Transmit Claims ✓ Transmit Claims ✓ ✓ Transmit Claims ✓													
		Batch	File	Label	Claims	Total	Created		Transmitted	Status	Tags			
	-	1000041	20191002 '		1	\$120.00	2019-10-02 11:12:3	35.763		Ready to send				^ !!
		Clai	lick Arrow to expand bate see contents	ch and No	Patient	DOB	DOS	Payer ID	Provide	Asg	Total	Status	Mailbox	olum
	Ø	2	123456789	NONE	doe, jane	1956-10-01	2019-09-20	14165086	8 1234567893	2	\$120.00	Ready to s	FBP00216	ns

Reading Response Reports from Paramount

You will receive 2 response reports for every file you send. These reports will be available for you to review by the next day or sooner. You will know when each report has arrived based on the status of your claim. If the status of your claim is 'Received' it means a 999 File Acknowledgment report has been attached to it. If the status of our claim is 'Accepted' it means a 277CA Claim Acknowledgement report has been attached to it. If the status of our claim is 'Rejected' at any time, please contact our helpdesk for assistance so we can advise you on your rejection.

To read the response reports attached to your claim, follow the steps below:

- Go to the Institutional Claims page
- Click on the blue folder on the left of the batch of claims you want to review



- Your batch will open into the Batch Editor Screen
- Right-click on the claim you want to review and left-click on Claim Event Info

Batch Editor - 2020060	4-Gigi				
Claim Manager > Batch Editor					
837P Batch 20200604-Gigi					
Batch Label Status Accepted Create Date 2020-06-04 13:38:31.768 Transmit Date 2020-06-04 14:42:44.661		Map Used of Records tal Charges of Warnings	100.0	0 1 00 0	
Claim Insured ID	Acct No	Patient Name	DOB	DOS	Paye
1 R 123456789	NONE	Jones, Sally	15	-01	TEST
Right-click			Print Claim Even	nt Info	
			Delete		

The 999 acknowledges that your claim file was received with no errors. There's really no need to review the 999 report unless the status of your claim is 'Rejected'. If your claim's status is 'Accepted' you may skip reading the 999 report and just read the 277CA report. Click the 'View' link to read the 277CA Claim Acknowledgment report.

Pay	er ID Pro	vider ID As	g To	otal Status	Mailbox		
Claim Event	nfo						
Insured ID	12345678	9 Provider	NPI 12345	67893	Pa	tient Control #	003J201560001
Patient Name	SALLY JON	NES Provider	TIN 002305	897	So	IAce Claim ID	003J201560001
Patient DOB	1957-10-1	0 Provider	Name AUSTI	N SURGICAL CE	NTER		
Total Billed	\$100.00						
Service From	2020-06-0	1 Payer ID	AXIOM				
Service To	2020-06-0	1 Payer Na	me TEST P/	AYER			
Claim Ev	ent History		Acknowledged	2020-06-04 21:	01:45 999	- Clic	k for 999
Sent	2020-06-0	4 14:42:44	Received	2020-06-04 05:	25:00 View	Click	for 277CA
Date	User	Event			_		
2020-06-04	21:01:45 taskr	unner TEST I	AYER accepted re	eceipt of the file (containing this clair	n	
2020-06-04	21:01:45 taskr	unner <u>View</u> File/B	atch #0000D9 has	been matched t	o the acknowledge	ment inbound	file, at the batch level
2020-06-04	14:42:44 taskr	unner 837 Ti	ansmitted				
2020-06-04	14:37:24 Gigi	837 b	atch # 0000D9 Qu	eued to be sent			
2020-06-04	05:25:00 taskr	unner <u>View</u> TEST I	AYER has receive	d this claim.			
		This -	and the second second	and a set of the set of the second set of the set of the second set of the second second set of the second s	astebad to an inhou	and 277 file	

• When you review your 277CA report, the 2 main things you want to see are the status that shows your claim has been 'Accepted' and the CCN # which is the claim # that has been assigned for your claim. Should you need to follow up on this claim for any reason, this is the # you can give to the claims department so they can find this claim in their system.

PAYER	2	RECEIVED) BY		B/	ATCH STATUS			
AXIOM C	ORE4 TEST SERVER	SUPPORT PR	ODUCT	DEMO	S ACCE	EPTED [A1/20/40]			
	ID: AXIOM		ID:	DEMC	тот	AL ACCEPTED: 1			
TRAN TR	ACE NO: 1239	BATCH TRAC	E NO:	1239		ACCEPTED \$: 100	.00		
RECEIF	PT DATE: 2020060	01			TO	TAL REJECTED: 0			
PROCES	SS DATE: 2020060	02				REJECTED \$: 0			
PROVI	DER								
AUSTIN S	URGICAL CENTER N	NPI: 1234567893							
PATIENT	MEMBER ID	ACCOUNT #	DATES		BILLED	CCN [Tracking #]		STATUS	
JONES, SA	ALLY 123456789 (003J201560001	2020-0	06-02	100.00	10401805000	[00DB20056002I	ACCEPTED	[A1/20/40]
Code Glos	sary					2			1
Code	Message								
A1/20/40	For Receiver due to been received. This	Accepted for pro does not mean th	cessing. hat the c	Acknow laim ha	ıledgeme s been ac	nt/Receipt-The clair cepted for adjudicat	n/encounter has ion.		

Message Center

The **Message Center** page is where you can also read your response reports regarding the claims you previously sent to Paramount. These are the same reports you see from the Claim Event Info box. To go to the Message Center page, click on the Main Menu icon and click on Message Center under the Tasks section.

The Inbound folder will only appear if you have received response reports. Click on the "+" symbol to the left of the Inbound section to expand it. A single left click on a message/report will allow you to preview its contents on the bottom preview pane of the Message Center screen. Double left clicking on it will open in into a new tab in your browser. Remember to return to your original tab to return to the Message Center screen.

You may also notice an Outbound folder in the Message Center page. If you just transmitted a file, it may sit in the Outbound folder for a few minutes before it disappears on its own. You should NEVER touch the Outbound folder, unless you want to cancel the file you just transmitted.

If you need to cancel your file from the Outbound directory so it does NOT transmit, left click on the Outbound folder to expand it then left click on the batch file to select it and then right click it to activate

the selection menu and left click on Cancel Outbound.

III Message Center									
Tasks Message Center									
Mailboxes	File	Label	TranType	Ctl#	Batch ID	Date	Rec	Total	
O Demo Organization (1)									
▼ FBP00216-TEST (1)									
Outbound (1)									
	S20191002-01	Professional Claims	837P	12:12	900080	2019-10-02 12:21:31.284	1	\$120.00	



Tips & Tricks

Copying Claims

To copy a previously submitted claim, you must first find the batch that has the claim that you want to copy. Once you find the batch, click the blue folder to the left of the batch to open the batch in Batch Editor.

		20200	121-gigi-01		1	\$10.00	2020-01-21 09:	24:22.865	Ready	to send			
	•	No	Insured ID	Acct No	Patient Name	DOB	DOS	Payer ID	Provider ID	Asg	Total	Status	Mailbox
6	1	1	5552221	MALPA001	male, patient	1977-10-20	2020-01-21	TESTID	1234567893	7	\$10.00	Ready to send	DEMO

Once your batch is open in Batch Editor left click to select the claim you want to copy (the row should grey out). If there are multiple claims that you want to copy, hold down the Ctrl key on your keyboard and left click each claim that you want to copy. The claim line(s) must be fully highlighted in grey for the copy to work.

To select all claims in the batch left click on the first claim to highlight it, hold down the Shift key on your keyboard, and then left click on the last claim. All claims in between your first and last claim should now be highlighted.

Once you are done selecting the claim lines, click the Copy button at the top right.

837P Bate	ch 20190304-	01											🔫 Transmit 🚺	Сору
Batch	Label Gigi 03-I	04	0	Map Used	1000038	3								1
:	Status Sent		- #	of Records	3	3								
Create	Date 2019-03	-04 10:45:55.396	То	tal Charges	150.00)								
Transmit	Date 2019-03	-04 11:06:32.475	# 0	of Warnings	()								
	Claim	Insured ID	Acct No	Patient Name	DOB	DOS	Payer ID	Provider ID	Asg	Total	Status	Mailbox		
ø	1	777888999	JOHJA001	Johns, Jason	1980-06-01	2019-03-04	987654321	1234567893		\$75.00	Sent:90004B	DEMO	highlighted	
ø	2	212112345	ADDTI001	Address, Tim	1980-10-10	2019-03-04	987654321	1234567893		\$25.00	Sent:90004B	DEMO	copying 2 out of	
ø	3	123456789	NONE	test, patient	1950-10-10	2019-03-04	987654321	1234567893	V	\$50.00	Sent:90004B	DEMO	5 claims	

Once your copy is created the Create Date box will be populated with the current date and time, that is how you'll know that is your copy that you can now edit. Click on the pencil icon on the left of the first claim to begin editing the claim. If you simply needed to resend the claim(s) and do not need to make any changes to the claim(s), just click the Transmit button on the top right to transmit the claim(s).

NOTE: We do not recommend copying claims that were previously rejected since some data on claims are linked to other fields. Correcting a single field may not correct other fields it was originally linked to. It is always best to enter claims from scratch if the original was rejected.

Voiding a Claim or Sending a Corrected Claim

To send a Corrected Claim or to Void a Claim, click on the Payers tab in the Claim Editor screen. Choose either 7 or 8 for the Type of Bill Frequency. Under the Primary tab, enter the Payer's Claim Number of the original claim that was submitted that you want to Correct (Replace) or Void in the ICN/DCN box.

1 of 1 > >	Status Hold	d (warnings) 👻 None 👻 🗮 Claim Info 🕞 EDI Preview 💿 Add 🥥 🛛
CMS 1450 Payers	Provider Codes Charges	bs Diagnosis Attachments
V Destination	▼ TOB/Late Filing	Patient Responsibility 0
Mailbox <paper> ></paper>	Type of Bill	Est. Amount Due
Bill to Primary 👻	Delay Reason	Select Type of Service
Primary Secondary Tertiary Payer ID	Q	Facility Type 1 - Hospital Bill Classification Frequency
Address City	Sta	Cancel OK 4 - Interim - Last Claim 5 - Late Charges Only Claim 6 - Reserved
Claim Filing Indicator	Q	7 - Replacement of Prior Claim
Payer Secondary ID		9 - Final Claim for Home Health PPS Episode
Prior Payment		A - Admission/Election Notice
Est Amount Due		B - Termination/Revocation
ICN/DCN		D - Void/Cancel E - Hospice Change of Ownership