

Customer Portal (CP) and CBS Claim Submissions User Manual



Medical Services Branch



Claims Replacement Project

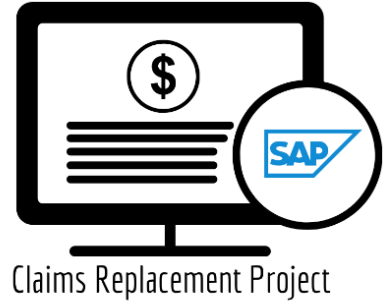
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Module ONE: Overview

Medical Services Branch



Learning Objectives

Upon completion of this course, learners will have an understanding of:

- How to submit claims through CBS’s billing software.
- The advantages and features of MSB’s Customer Portal.

Overview of Using CBS’s Billing Software and MSB’s Customer Portal

CBS’ billing software and **Medical Services’ new Customer Portal** will work together, allowing you to submit batch file claims, retrieve daily and bi-weekly return files, query claims, and submit support tickets.

Claim submissions will continue to be submitted through **CBS’s billing software**. The retrieval of the standard bi-weekly return files will continue to be available after the pay run. In addition, a daily return file has been added, allowing you to view the rejected claim submissions the very next day. These claims can be reviewed, updated/changed and re-submitted, with the goal of having that claim(s) paid on the next bi-weekly run.

Customer Portal (CP) is a web-based application, providing options to query claims, submit support tickets and contact MSB.

Benefits of CBS and Customer Portal

CBS	Customer Portal
<ul style="list-style-type: none"> • Submit batch claim files 	<ul style="list-style-type: none"> • Submit claim queries
<ul style="list-style-type: none"> • Retrieve Validation reports 	<ul style="list-style-type: none"> • Retrieve MSB contact information
<ul style="list-style-type: none"> • Retrieve Bi-weekly Return Files 	<ul style="list-style-type: none"> • Access to view and download frequently used forms and payment schedules
<ul style="list-style-type: none"> • Retrieve Daily Return Files 	
<ul style="list-style-type: none"> • Adjust rejected files and re-submit 	

Module TWO – Navigating CBS

Medical Services Branch



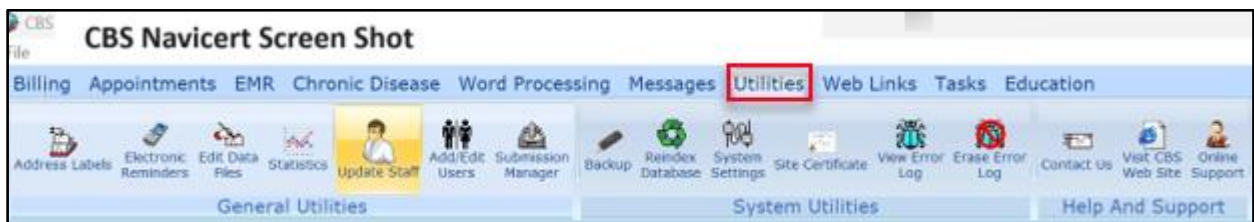
Claims Replacement Project

With the new system upgrade at Medical Services, **Clinic 000** has been eliminated. If you use **Clinic 000** a new clinic number has been assigned to you.

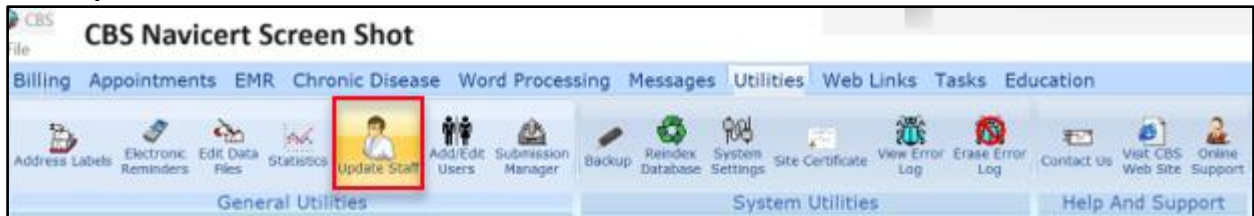
It is recommended to update your new clinic number in CBS after go-live but prior to your first submission and then save the changes. Once updated you will not have to change or update it again.

Changing the Clinic Number

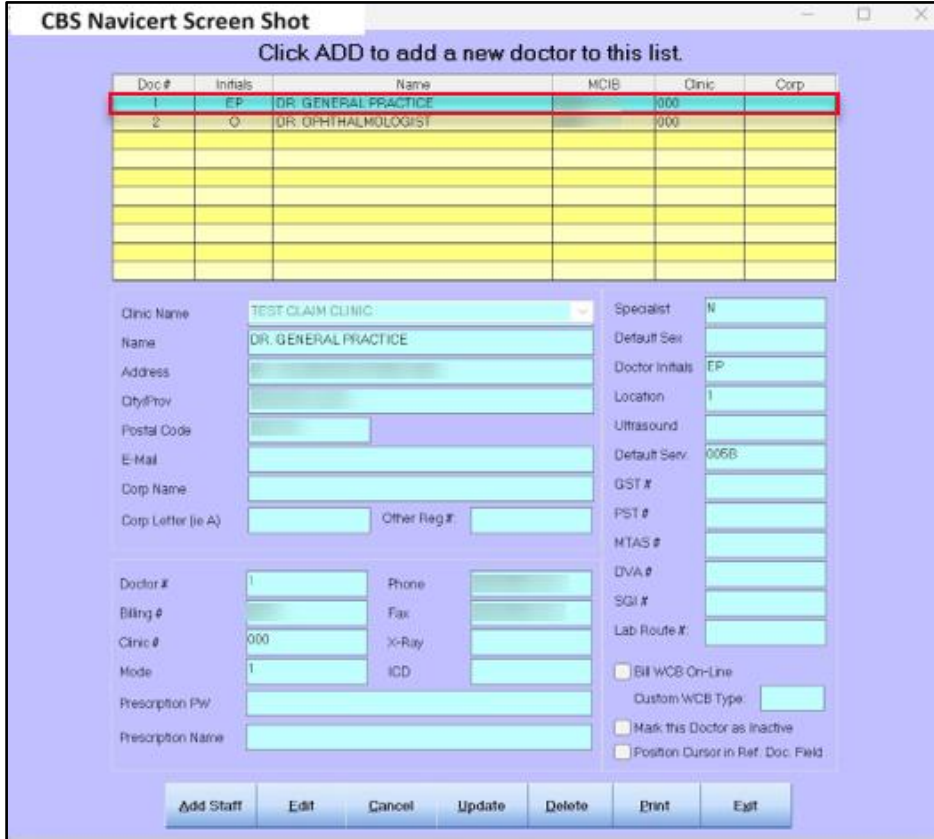
1. Click on **Utilities**.



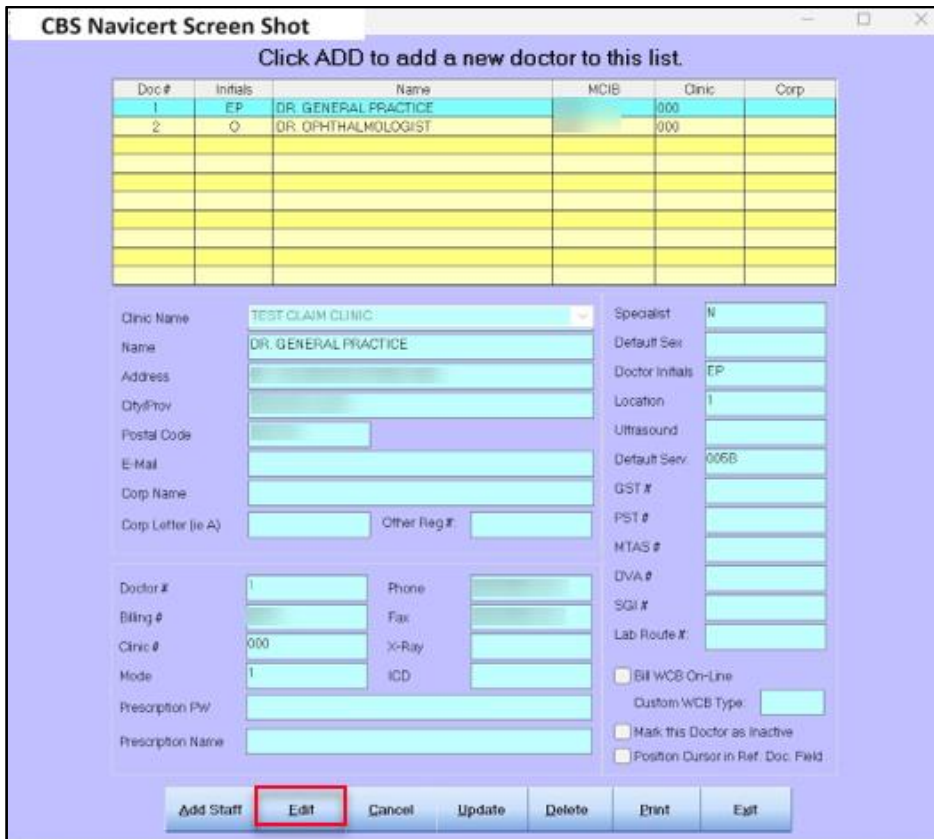
2. Click **Update Staff**.



- Click on the **Doctor to update**.



- Click **Edit**.



5. Enter the doctor's **new clinic number**.

CBS Navicert Screen Shot

Click ADD to add a new doctor to this list.

Doc #	Initials	Name	MCIB	Clinic	Corp
1	EP	DR. GENERAL PRACTICE		000	
2	O	DR. OPHTHALMOLOGIST		000	

Clinic Name: TEST CLAIM CLINIC
Name: DR. GENERAL PRACTICE
Address: [Redacted]
City/Prov: [Redacted]
Postal Code: [Redacted]
E-Mail: [Redacted]
Corp Name: [Redacted]
Corp Letter (ie A): [Redacted] Other Reg #: [Redacted]

Doctor # [Redacted] Phone [Redacted]
Billing # [Redacted] Fax [Redacted]
Clinic # 136 X-Ray [Redacted]
Mode [Redacted] ICD [Redacted]

Prescription PW [Redacted]
Prescription Name [Redacted]

Specialist: N
Default Sex: [Redacted]
Doctor Initials: EP
Location: 1
Ultrasound: [Redacted]
Default Serv.: 005B
GST #: [Redacted]
PST #: [Redacted]
MTAS #: [Redacted]
DVA #: [Redacted]
SGL #: [Redacted]
Lab Route #: [Redacted]

Bill WCB On-Line
Custom WCB Type: [Redacted]
 Mark this Doctor as inactive
 Position Cursor in Ref. Doc. Field

Add Staff Edit Cancel **Update** Delete Print Exit

6. Click **Update**.

CBS Navicert Screen Shot

Click ADD to add a new doctor to this list.

Doc #	Initials	Name	MCIB	Clinic	Corp
1	EP	DR. GENERAL PRACTICE		000	
2	O	DR. OPHTHALMOLOGIST		000	

Clinic Name: TEST CLAIM CLINIC
Name: DR. GENERAL PRACTICE
Address: [Redacted]
City/Prov: [Redacted]
Postal Code: [Redacted]
E-Mail: [Redacted]
Corp Name: [Redacted]
Corp Letter (ie A): [Redacted] Other Reg #: [Redacted]

Doctor # [Redacted] Phone [Redacted]
Billing # [Redacted] Fax [Redacted]
Clinic # 136 X-Ray [Redacted]
Mode [Redacted] ICD [Redacted]

Prescription PW [Redacted]
Prescription Name [Redacted]

Specialist: N
Default Sex: [Redacted]
Doctor Initials: EP
Location: 1
Ultrasound: [Redacted]
Default Serv.: 005B
GST #: [Redacted]
PST #: [Redacted]
MTAS #: [Redacted]
DVA #: [Redacted]
SGL #: [Redacted]
Lab Route #: [Redacted]

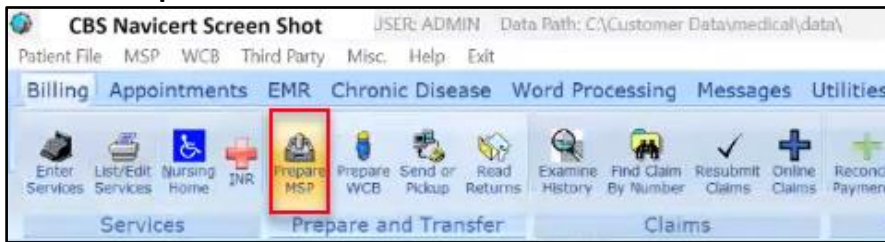
Bill WCB On-Line
Custom WCB Type: [Redacted]
 Mark this Doctor as inactive
 Position Cursor in Ref. Doc. Field

Add Staff Edit Cancel **Update** Delete Print Exit

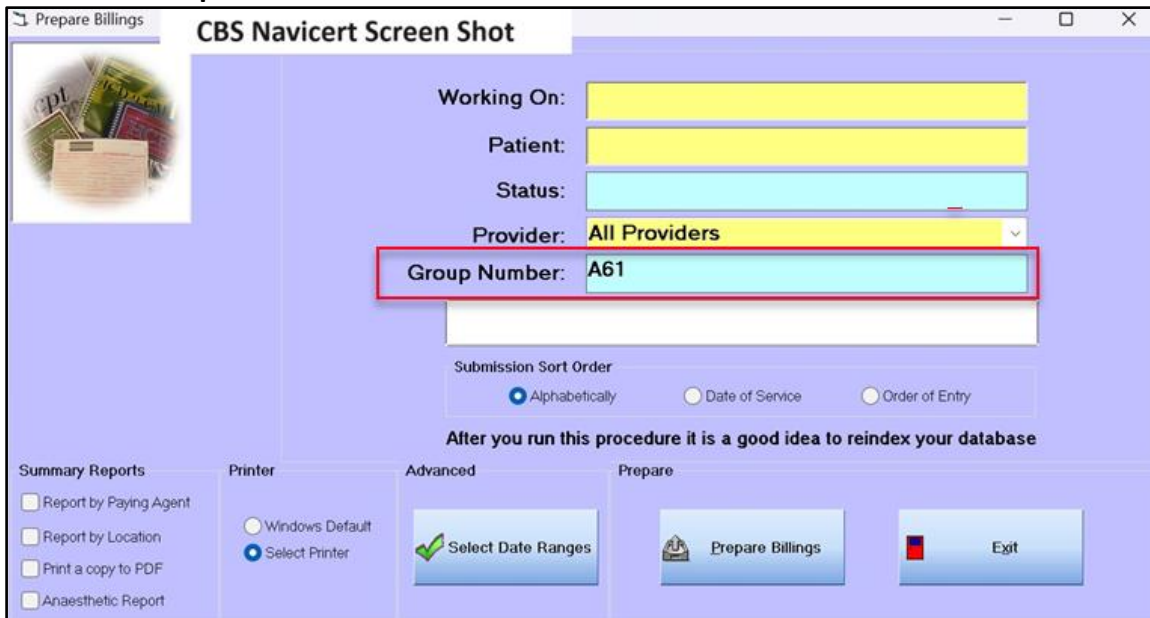
Preparing the File for Submission

Prepare the file for submission as normal. Then follow these steps to complete the submission.

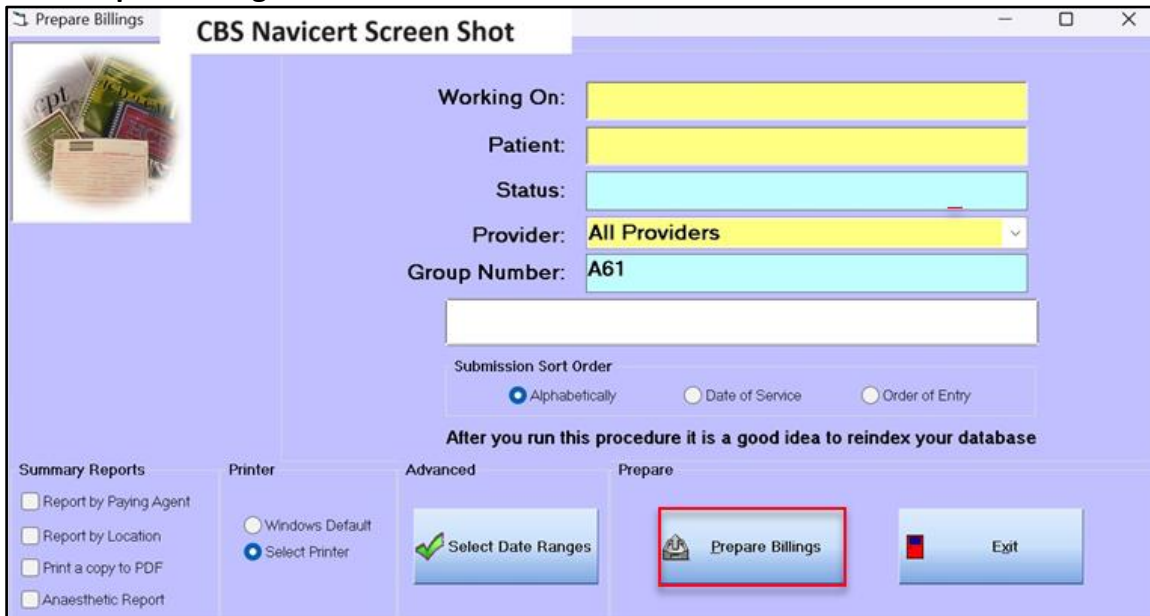
1. Click on **Prepare**.



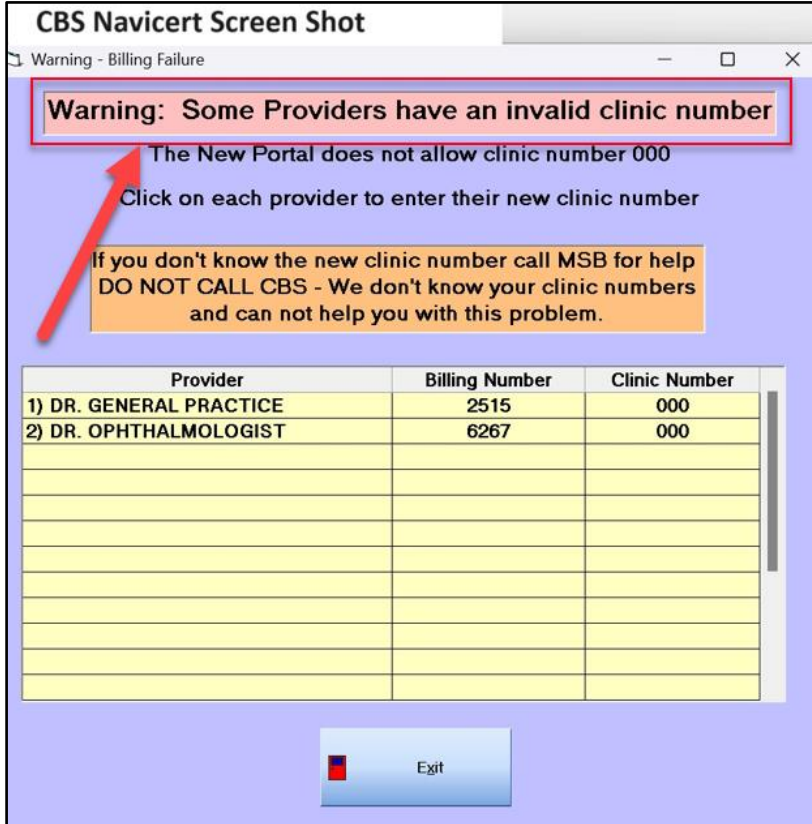
2. Enter the **Group Number**.



3. Click **Prepare Billings**.




4. If clinic 000 has NOT been changed, the following pop-up message will appear.



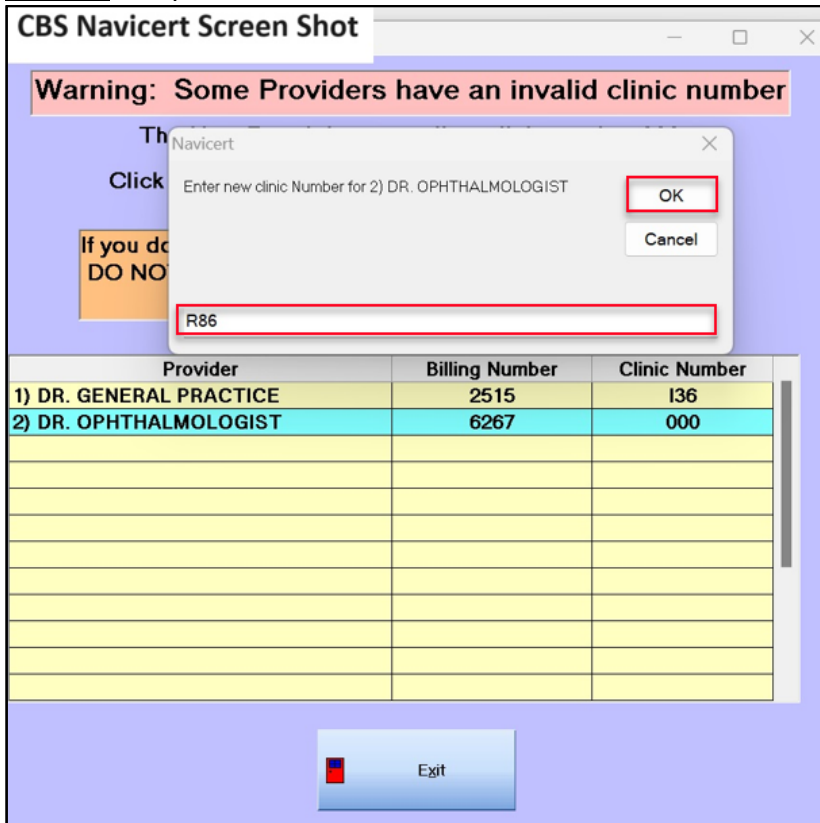
New clinic numbers take effect on Go-Live.

Entering your new clinic number PRIOR to Go-Live will cause errors.

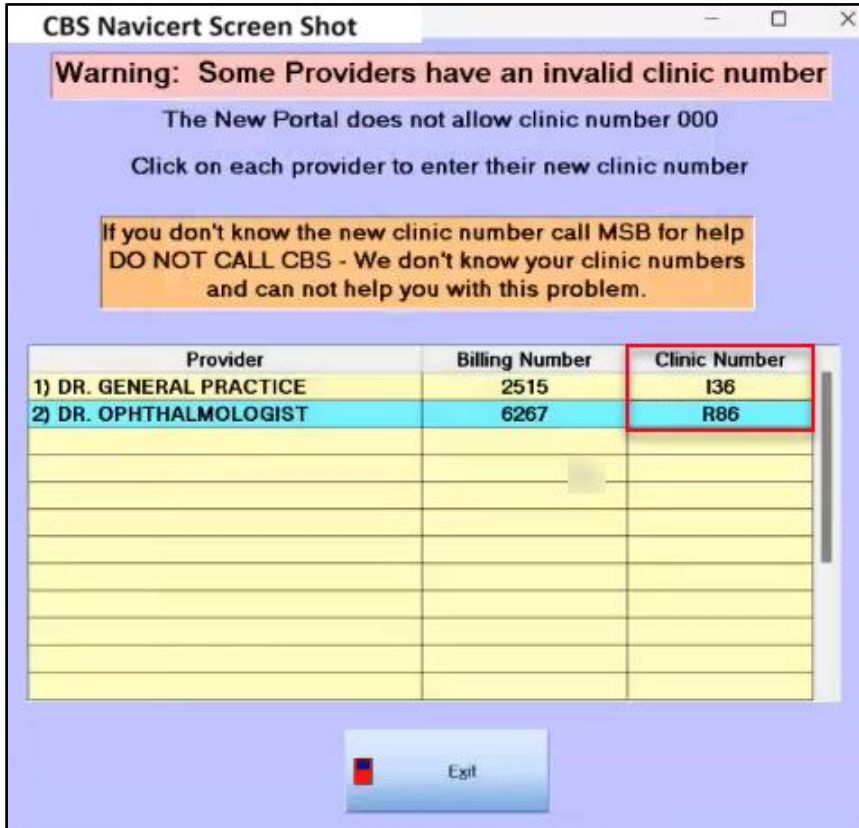
Your new clinic number will only work with the new portal.



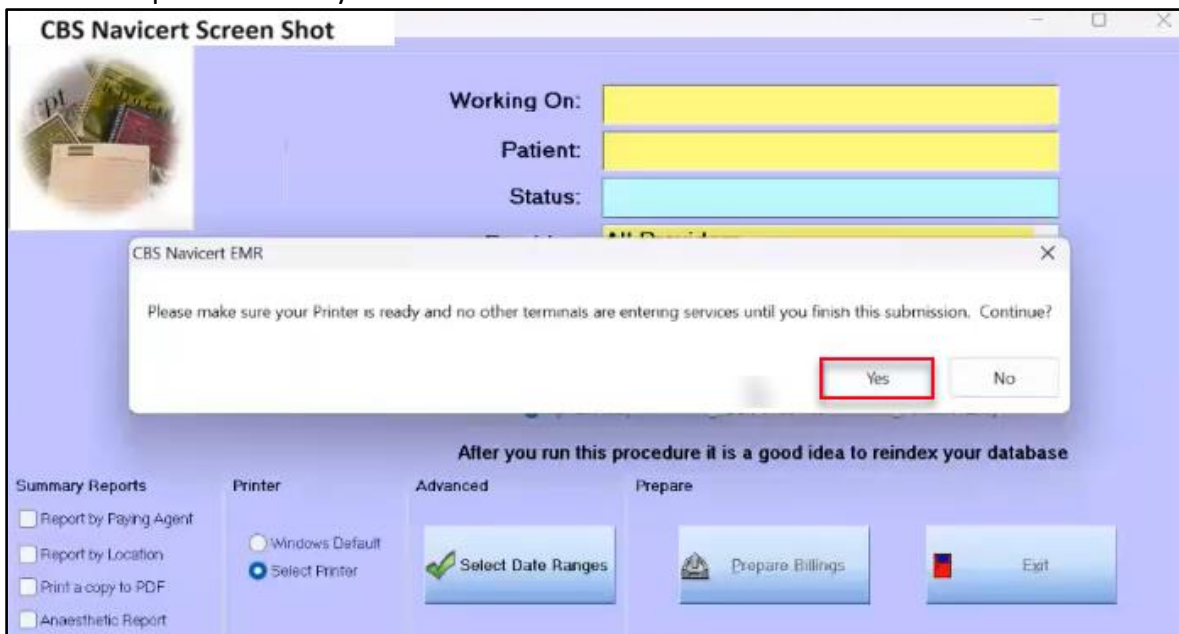
5. Click on the **Doctor** and enter the **new clinic number** in the pop-up window, then click **OK**. This must be completed for all doctors with clinic 000.



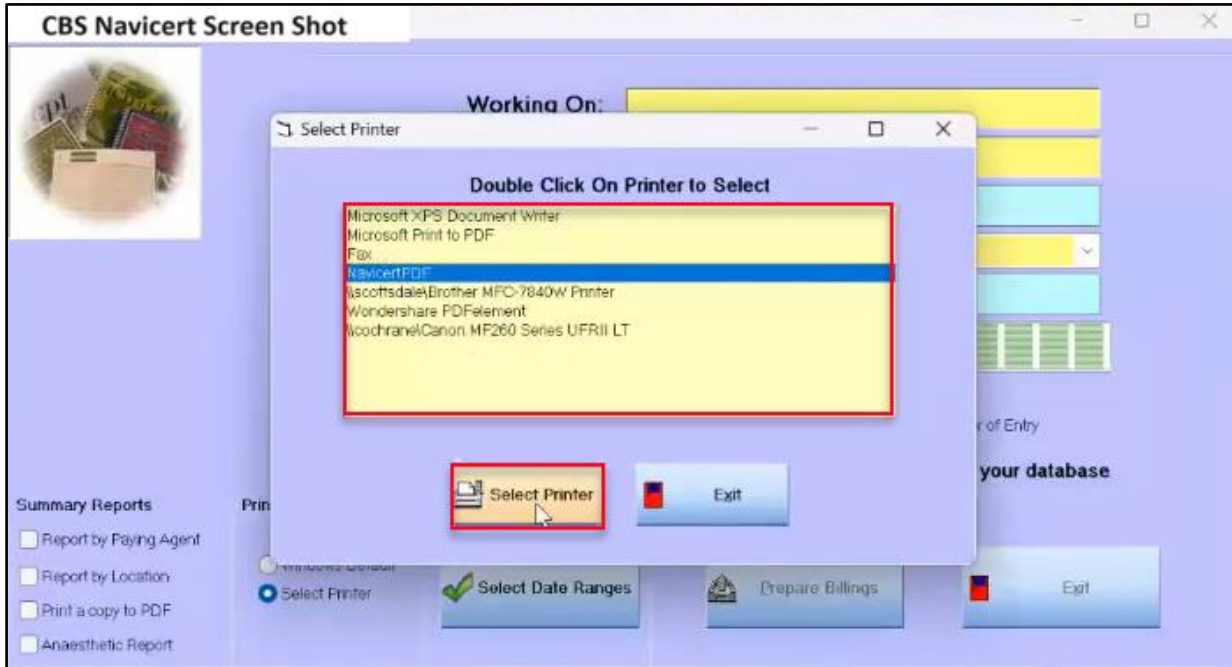
6. When all doctor’s clinic numbers have been updated, click **Exit**.



7. Ensure the printer is ready and then click **Yes**.



- Select the correct printer and click **Select Printer**.

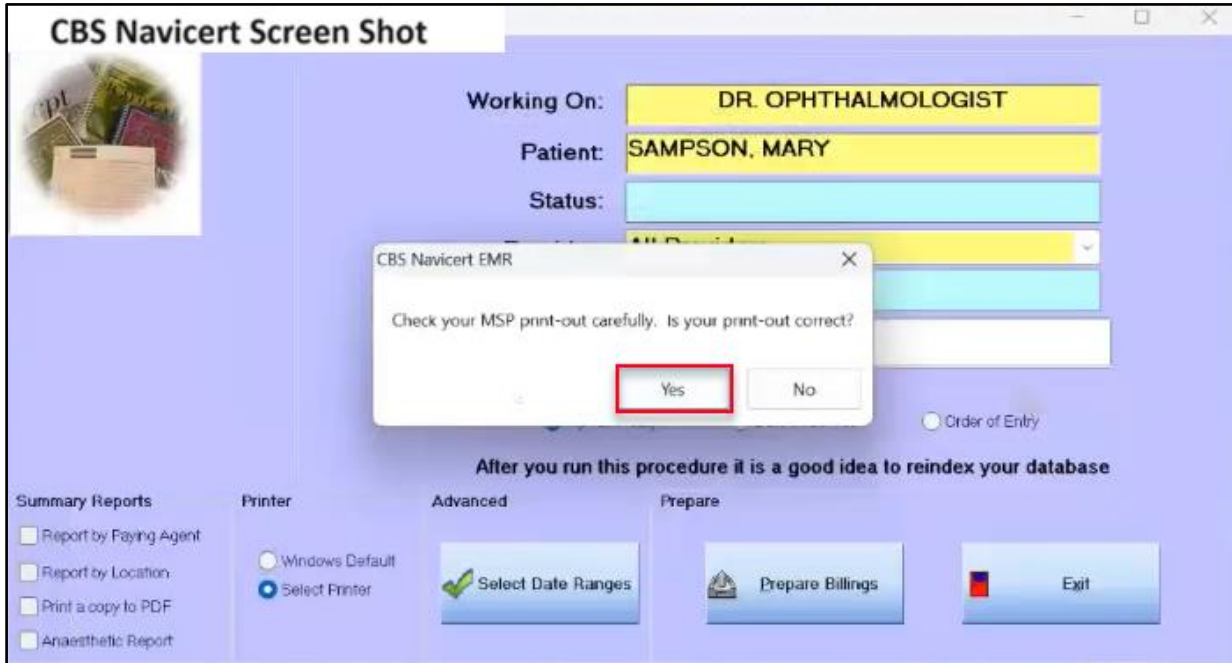


- The screen will display the print job.

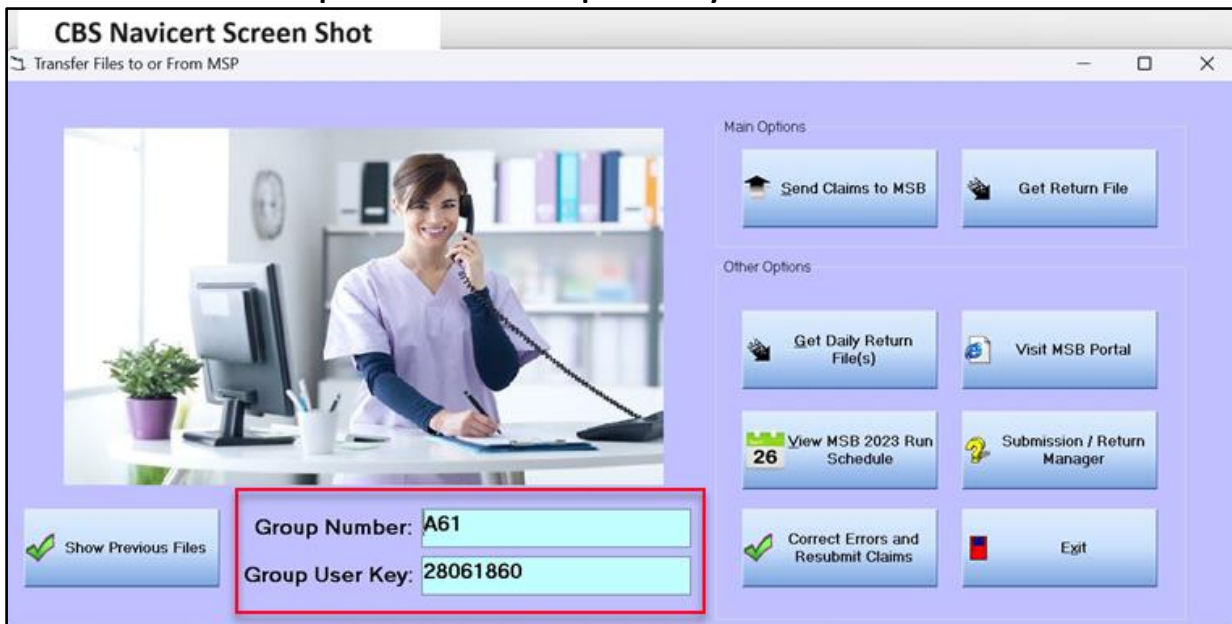
The screenshot shows the CBS Navicert software interface displaying a print job. The header information includes 'Test Claim Clinic #2 - 120 CENTRE STREET' and 'DR. GENERAL PRACTICE'. Billing details are listed as 'Billing #: 2515', 'Clinic #: 136', 'Mode: 1', 'Corp Letter: None', and 'Corp Name: None'. The date printed is 'Wednesday Sep 27, 2023'. The report title is 'MSP Submission Report - DR. GENERAL PRACTICE' and it is 'Page: 1'.

PHN	Name	Sex	DOB	Claim #	ICD	Serv. Date	Unit	Ret #	Loc	Service	Agent	Amount
				49097 0	290	Aug 28, 2022	01	9908	1	005B	MCIB	\$39.80
				49097 1	290	Aug 28, 2022	01	9908	1	890L	MCIB	\$60.00
				49098 0	300	Jul 21, 2022	01		2	062B	MCIB	\$45.25
				49099 0	550	Jul 19, 2022	10	2304	2	025B	MCIB	\$406.00
				49100 0	550	Jul 19, 2022	01	2304	2	009B	MCIB	\$83.05
				49101 0	550	Jul 29, 2022	10	2304	2	026B	MCIB	\$406.00
				49102 0	595	Jul 19, 2022	01		1	006B	MCIB	\$39.80
				49102 1	535	Jul 19, 2022	01		1	890L	MCIB	\$95.00
				49102 2	535	Jul 19, 2022	02		1	891L	MCIB	\$60.00
				49103 0	207	Oct 08, 2022	01		2	005B	MCIB	\$29.80
				49103 1	207	Oct 08, 2022	01		2	317A	MCIB	\$62.40
				49104 0	360	Jul 21, 2022	01		1	040B	MCIB	\$45.60
				49104 1	300	Jul 21, 2022	01		1	041B	MCIB	\$39.80
				49105 0	214	Aug 18, 2022	01		0	706L	MCIB	\$39.80
				NTS - SURGICAL DEBRIDEMENT, EXCISION OF BLE TISSUE - FOR A CLAIM TO BE PRO IF: A) THE PATIENT'S CLINICAL COND DED; C) TIME WHEN THE DEBRIDEMENT IS								
				49106 0	221	Aug 28, 2022	01		F	005B	MCIB	\$39.80
				49107 0	221	Aug 28, 2022	01		F	005B	MCIB	\$39.80
				49108 0	550	Aug 08, 2022	01		B	041P	MCIB	\$540.00
				49109 0	515	Aug 08, 2022	01		F	005L	MCIB	\$135.00

10. Retrieve and review the printout. If it is correct, click **Yes**.



11. Ensure the correct **Group Number** and **Group User Key** are entered.

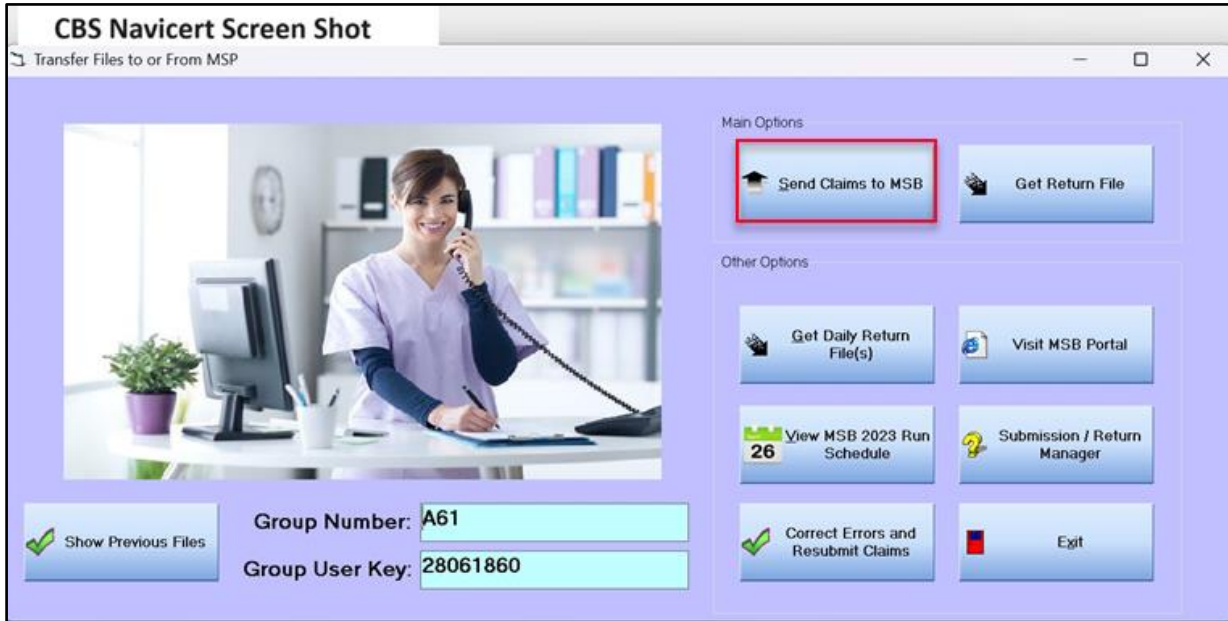


You cannot submit claims to MSB if you do not have the Group User Key.

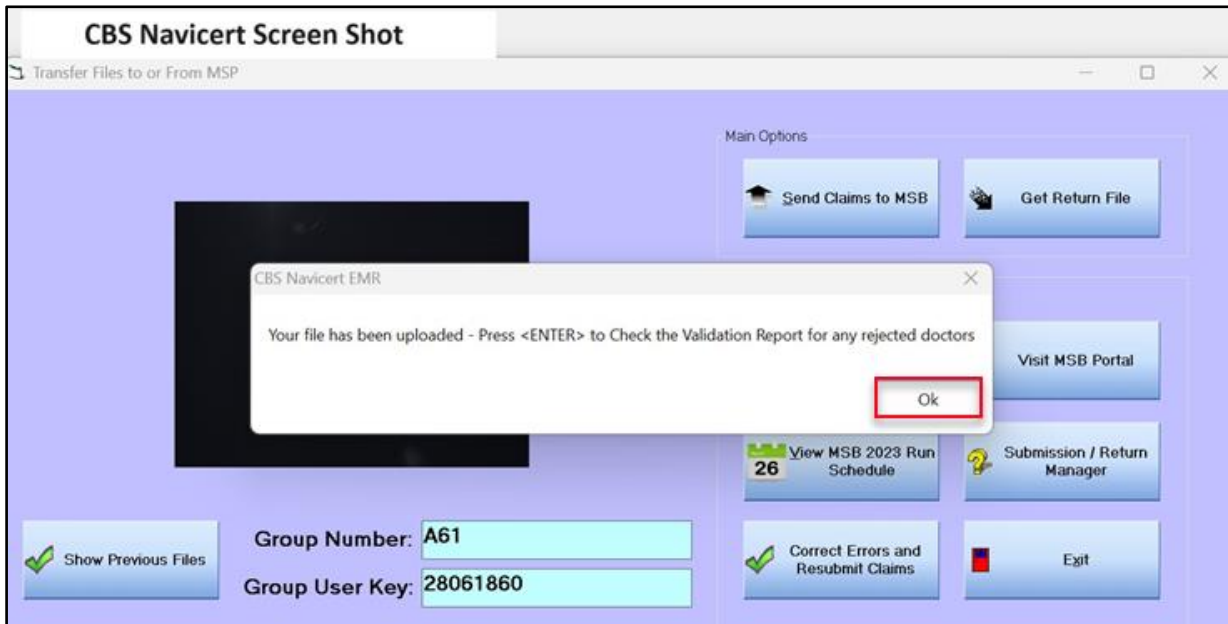
Your Group User Key will be emailed to you.

The system will remember the Group Number and Group User Key once entered.

12. Click **Send Claims to MSB**.



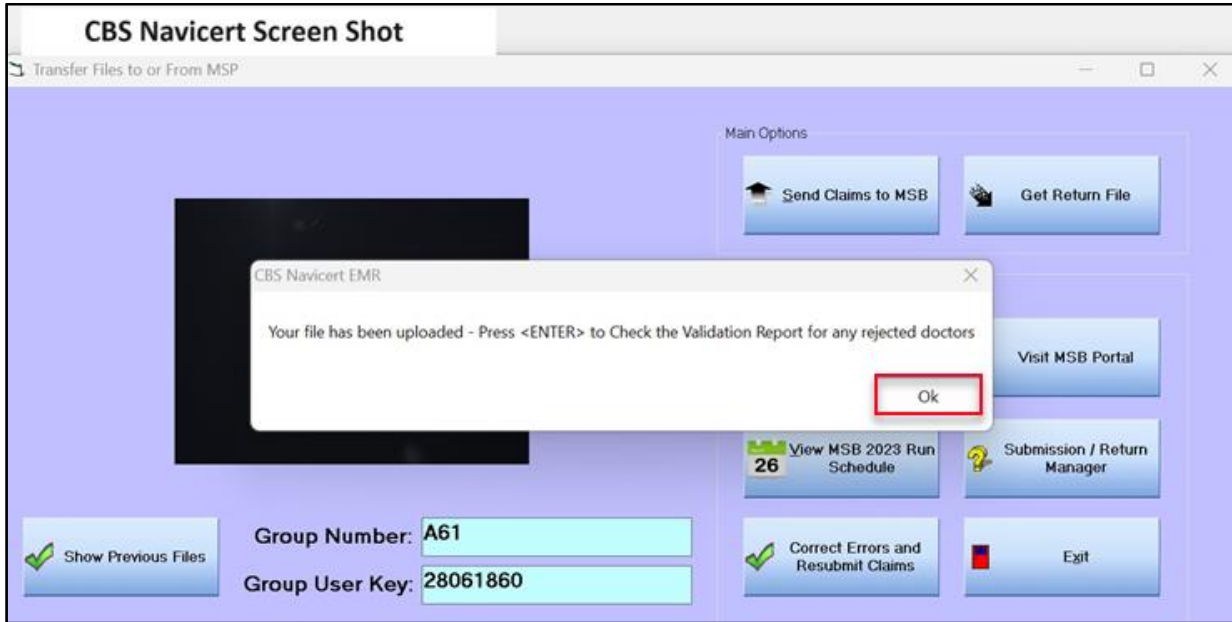
13. When confirmation of the upload is received, click **Ok**.



Validation Reports

When a batch file is successfully submitted, a validation report, stating it if was successful or unsuccessful, will be available.

14. Click **OK** to view the **Validation Report**.



15. When no errors are detected in the batch file, the validation report will say **Accepted** and will include totals for the submission.

Claims Submission Validation Report		CBS Navicert Screen Shot							
File Name : A61_20230927145215.txt									
Submission Date : Wed Sep 27 14:53:52 CST 2023									
Group Number : A61									
Status : Accepted									
Clinic	Doctor	Corporation Indicator	Claims	Records	Services	89 Recs	Comments	Fee Sub	
I36	2515		1	4	1	1	0	\$39.80	
R86	6267		1	3	1	0	0	\$83.05	
Totals:			2	7	2	1	0	\$122.85	

16. When errors are detected in the batch file, the validation report will say **Rejected** and states the reason for the rejection.

Claims Submission Validation Report		CBS Navicert Screen Shot							
File Name : A61_20230926193335.txt									
Submission Date : Tue Sep 26 19:33:48 CST 2023									
Group Number : A61									
Status : Rejected									
Clinic	Doctor	Corporation Indicator	Claims	Records	Services	89 Recs	Comments	Fee Sub	
I36	2515		15	37	23	3	9	\$2,649.40	
I36	6267		11	39	35	0	2	\$1,641.30	
Totals:			26	76	58	3	11	\$4,290.70	
Clinic	Doctor No	Corporation Indicator	Reject Description	Claim No					
I36	6267	NA	Physician Not Eligible to Submit	NA					

If system errors occur contact CBS at 1-800-563-4666.

If errors are due to the Physician Registry set-up contact MSB at 1-800-605-2965



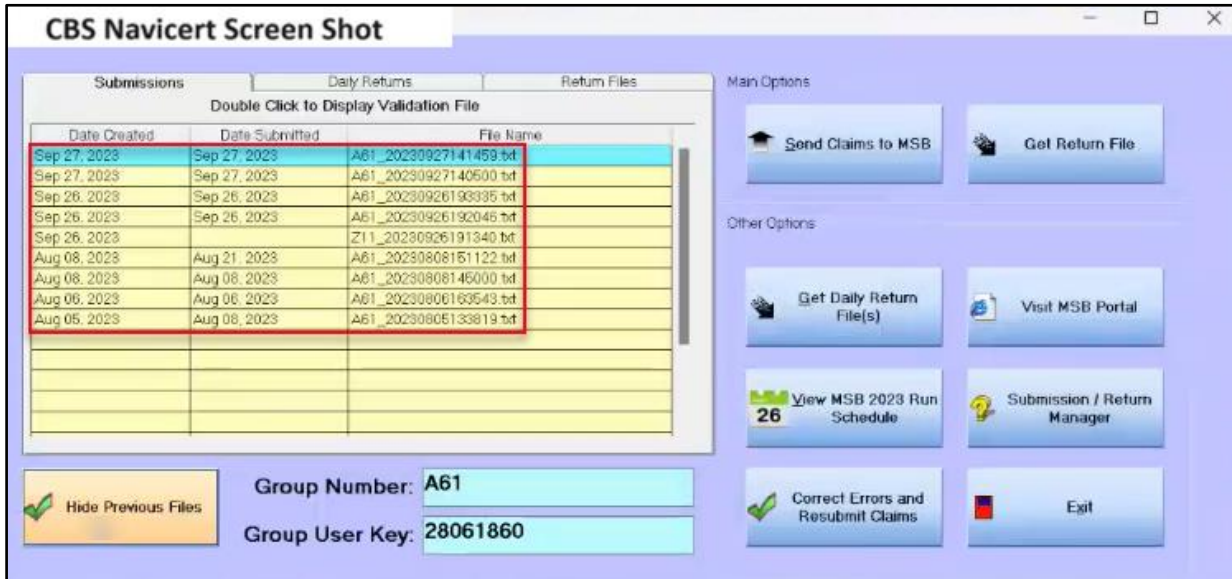
Retrieving Past Validation Reports

Previous validation reports can be viewed, referenced, and printed as needed.

1. Click **Show Previous Files**.



2. Double click on a file to view.



3. **Zoom in/out, view and/or print or exit, as needed.**

CBS Navicert Screen Shot

Claims Submission Validation Report

File Name : A61_20230927141459.txt
Submission Date : Wed Sep 27 14:15:46 CST 2023
Group Number : A61
Status : Accepted

Clinic	Doctor	Corporation Indicator	Claims	Records	Services	89 Recs	Comments	Fee Sub
I36	2515		15	37	23	3	9	\$2,649.40
R86	6267		11	39	35	0	2	\$1,641.30
Totals:			26	76	58	3	11	\$4,290.70

Zoom In
Zoom Out
Print
Exit

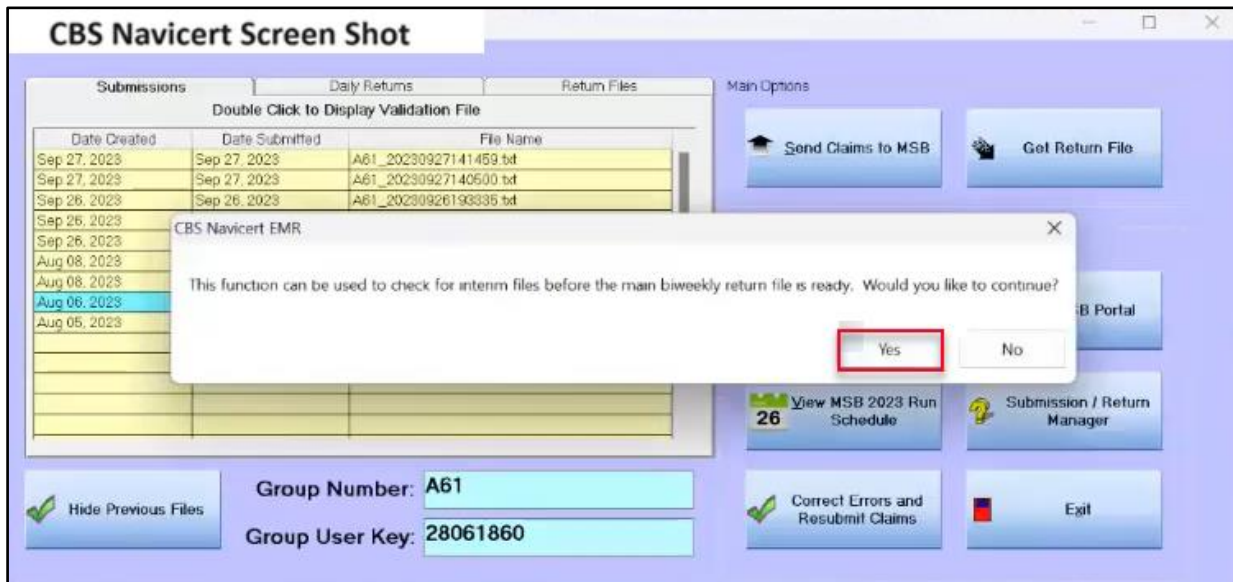
Daily Return Files

Daily Return Files are available the day following the submission (Monday through Friday). The Daily Return File will show all items that were rejected in yesterday's batch submission. It is highly recommended to view the Daily Return File daily. All rejected items are to be addressed.

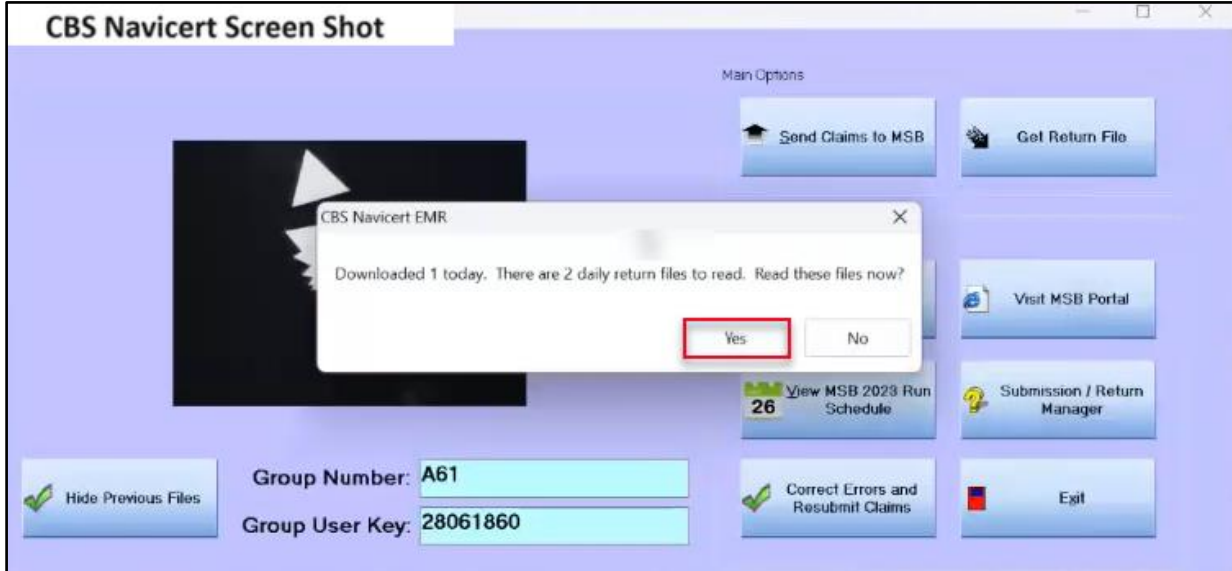
1. Click on **Get Daily Return File(s)**.



2. Click **Yes**.



3. Click **Yes**.



4. Daily Return file displays.

CBS Return File

CBS Navicert Screen Shot

Test Claim Clinic
#2 - 120 CENTRE STREET

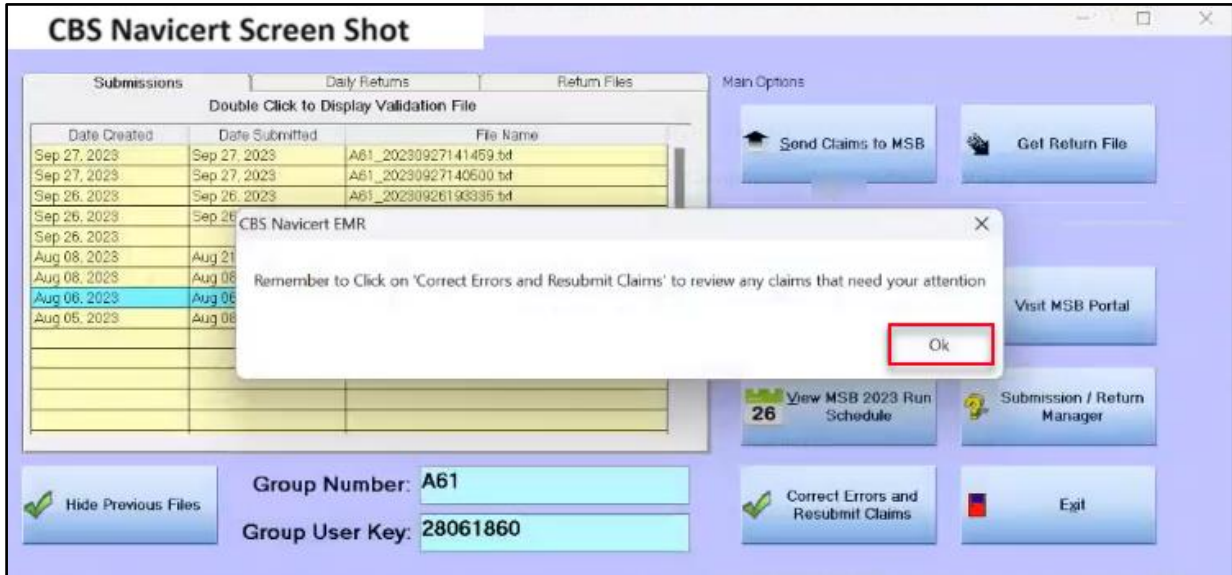
DR. GENERAL PRACTICE
Billing #: 2515
Clinic #: 136
Mode: 1
Corp Letter: None
Corp Name: None

Date Printed: Wed Sep 27, 2023

MCIB Error and Reject Report Run Code: ud Page: 2

PHN	Name	Claim	Date	Unit	Code	Billed	Code	Paid	Premium	Total	Ex	Provider
			Jul 28, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jul 22, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jul 21, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jul 20, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jul 19, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jul 18, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jul 17, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jun 25, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jun 24, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jun 23, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jun 22, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jun 21, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Aug 20, 2023	01	809B	67.50	809B	0.00	0.00	0.00	ZL	2515 136
			Aug 10, 2023	01	502H	34.00	502H	0.00	0.00	0.00	ZC	2515 136
			Aug 10, 2023	01	817A	62.40	817A	0.00	0.00	0.00	ZC	2515 136
			Aug 10, 2023	08	503H	417.60	503H	0.00	0.00	0.00	ZC	2515 136
			Jun 20, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			Jun 19, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			May 14, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			May 13, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			May 12, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136
			May 11, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 136

- Click **OK** to Correct Errors and Resubmit.



Correct Errors and Resubmit Claims

Errors on claims can be reviewed, updated, and resubmitted, using the **Correct Errors and Resubmit Claims** feature.

- Click on **Correct Errors and Resubmit Claims**.



- Review the list of rejected claims, paying close attention to the **Explanatory Code** and **Explanatory Code Description**.

CBS Navicert Screen Shot

Process Errors and Rejects

Date	Patient	PHN	Claim #	Serv	Units	Loc	Billed	Paid	Premium	Total Paid	ICD	Ex	Dr	Run	Agent
Feb 19, 2023				025B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DX	4	ps	MCIB
Mar 23, 2023				500H	1	3	\$29.20	\$ 0.00	\$ 0.00	\$ 0.00	Z17	AH	7	pr	MCIB
Mar 23, 2023				501H	1	3	\$45.60	\$ 0.00	\$ 0.00	\$ 0.00	Z17		7	pr	MCIB
Jan 15, 2023				040B	1	B	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	436	DW	4	pp	MCIB
Mar 29, 2023				009B	1	2	\$83.05	\$75.70	\$ 0.00	\$75.70	Z17	EN	9	pu	MCIB
Mar 27, 2023				030J	1	3	\$159.85	\$ 0.00	\$ 0.00	\$ 0.00	Z18	AR	3	pt	MCIB
Feb 16, 2023				025B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DW	4	ps	MCIB
Feb 14, 2023				025B	1	2	\$40.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DX	11	pr	MCIB
Nov 03, 2022				031D	1	3	\$9.70	\$ 0.00	\$ 0.00	\$ 0.00	427	BA	3	pp	MCIB
May 16, 2023				809B	1	3	\$67.50	\$ 0.00	\$ 0.00	\$ 0.00	Z16	BJ	6	pv	MCIB
Mar 18, 2023				725A	1	B	\$15.00	\$ 0.00	\$ 0.00	\$ 0.00	486	BK	4	pu	MCIB
Feb 18, 2023				025B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DW	4	pu	MCIB
Feb 15, 2023				040B	1	2	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 15, 2023				041B	1	2	\$39.30	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 19, 2023				040B	1	B	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 19, 2023				041B	1	B	\$39.30	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB

Search Option:

Patient:

Dr:

Run Code: (Note: Run Code is Case Sensitive - usually lower case)

Claim #: Count: 482

Comment:

Ex Code: **DX**

Concurrent care -- payment has been made to another physician for daily hospital care for this period. Payment to a second physician is only approved when a satisfactory explanation is provided that care by two physicians was required.

Submit This Comment:

If any claims are listed below they must be manually resubmitted - The Patient is not in the database.

Patient Name	PHN	Claim	Doctor	Date	Code Sub	Fee Sub	Code App	Fee App.	EX

Clear Manual List (Above)

With IGNORE you can select more than one service at a time.

Resubmit Ignore Print Edit EX Codes Auto-Fix Clear List Exit

- Update and change the rejected claim as needed, and then click **Resubmit**. The claim will be captured and resubmitted in the next batch upload.

CBS Navicert Screen Shot

Process Errors and Rejects

Date	Patient	PHN	Claim #	Serv	Units	Loc	Billed	Paid	Premium	Total Paid	ICD	Ex	Dr	Run	Agent
Feb 19, 2023				025B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DX	4	ps	MCIB
Mar 23, 2023				500H	1	3	\$29.20	\$ 0.00	\$ 0.00	\$ 0.00	Z17	AH	7	pr	MCIB
Mar 23, 2023				501H	1	3	\$45.60	\$ 0.00	\$ 0.00	\$ 0.00	Z17		7	pr	MCIB
Jan 15, 2023				040B	1	B	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	436	DW	4	pp	MCIB
Mar 29, 2023				009B	1	2	\$83.05	\$75.70	\$ 0.00	\$75.70	Z17	EN	9	pu	MCIB
Mar 27, 2023				030J	1	3	\$159.85	\$ 0.00	\$ 0.00	\$ 0.00	Z18	AR	3	pt	MCIB
Feb 16, 2023				025B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DW	4	ps	MCIB
Feb 14, 2023				025B	1	2	\$40.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DX	11	pr	MCIB
Nov 03, 2022				031D	1	3	\$9.70	\$ 0.00	\$ 0.00	\$ 0.00	427	BA	3	pp	MCIB
May 16, 2023				809B	1	3	\$67.50	\$ 0.00	\$ 0.00	\$ 0.00	Z16	BJ	6	pv	MCIB
Mar 18, 2023				725A	1	B	\$15.00	\$ 0.00	\$ 0.00	\$ 0.00	486	BK	4	pu	MCIB
Feb 18, 2023				025B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DW	4	pu	MCIB
Feb 15, 2023				040B	1	2	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 15, 2023				041B	1	2	\$39.30	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 19, 2023				040B	1	B	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 19, 2023				041B	1	B	\$39.30	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB

Search Option:

Patient:

Dr:

Run Code: (Note: Run Code is Case Sensitive - usually lower case)

Claim #: Count: 482

Comment:

Ex Code: **DX**

Concurrent care -- payment has been made to another physician for daily hospital care for this period. Payment to a second physician is only approved when a satisfactory explanation is provided that care by two physicians was required.

Submit This Comment:

If any claims are listed below they must be manually resubmitted - The Patient is not in the database.

Patient Name	PHN	Claim	Doctor	Date	Code Sub	Fee Sub	Code App	Fee App.	EX

Clear Manual List (Above)

With IGNORE you can select more than one service at a time.

Resubmit Ignore Print Edit EX Codes Auto-Fix Clear List Exit

4. Alternatively, if the claim is to be ignored (not fixed or reprocessed), click **Ignore**.

CBS Navicert Screen Shot

Process Errors and Rejects

Date	Patient	PHN	Claim #	Serv	Units	Loc	Billed	Paid	Premium	Total Paid	ICD	Ex	Dr	Run	Agent
Feb 19, 2023				026B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DX	4	ps	MCIB
Mar 23, 2023				500H	1	3	\$29.20	\$ 0.00	\$ 0.00	\$ 0.00	Z17	AH	7	pr	MCIB
Mar 23, 2023				501H	1	3	\$45.50	\$ 0.00	\$ 0.00	\$ 0.00	Z17		7	pr	MCIB
Jan 15, 2023				040B	1	B	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	436	DW	4	pp	MCIB
Mar 29, 2023				009B	1	2	\$83.06	\$75.70	\$ 0.00	\$75.70	Z17	EN	9	pu	MCIB
Mar 27, 2023				030J	1	3	\$159.86	\$ 0.00	\$ 0.00	\$ 0.00	Z18	AR	3	pt	MCIB
Feb 16, 2023				026B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DW	4	ps	MCIB
Feb 14, 2023				026B	1	2	\$40.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DX	11	pr	MCIB
Nov 03, 2022				031D	1	3	\$9.70	\$ 0.00	\$ 0.00	\$ 0.00	427	BA	3	pp	MCIB
May 16, 2023				809B	1	3	\$67.50	\$ 0.00	\$ 0.00	\$ 0.00	Z16	BJ	6	pv	MCIB
Mar 18, 2023				726A	1	B	\$15.00	\$ 0.00	\$ 0.00	\$ 0.00	486	BK	4	pu	MCIB
Feb 18, 2023				026B	1	1	\$ 0.00	-\$40.60	\$ 0.00	-\$40.60		DW	4	pu	MCIB
Feb 15, 2023				040B	1	2	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 15, 2023				041B	1	2	\$39.30	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 19, 2023				040B	1	B	\$43.60	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB
Feb 19, 2023				041B	1	B	\$39.30	\$ 0.00	\$ 0.00	\$ 0.00	038	DW	4	pr	MCIB

Search Option:

Patient:

Dr: (Note: Run Code is Case Sensitive - usually lower case)

Run Code:

Claim #: Count: 482

Comment:

Ex Code: **DX** Concurrent care -- payment has been made to another physician for daily hospital care for this period. Payment to a second physician is only approved when a satisfactory explanation is provided that care by two physicians was required.

Submit This Comment:

If any claims are listed below they must be manually resubmitted - The Patient is not in the database.

Patient Name	PHN	Claim	Doctor	Date	Code Sub	Fee Sub	Code App	Fee App.	EX

Clear Manual List (Above)

With IGNORE you can select more than one service at a time.

5. Repeat these steps until all rejected claims have been addressed.

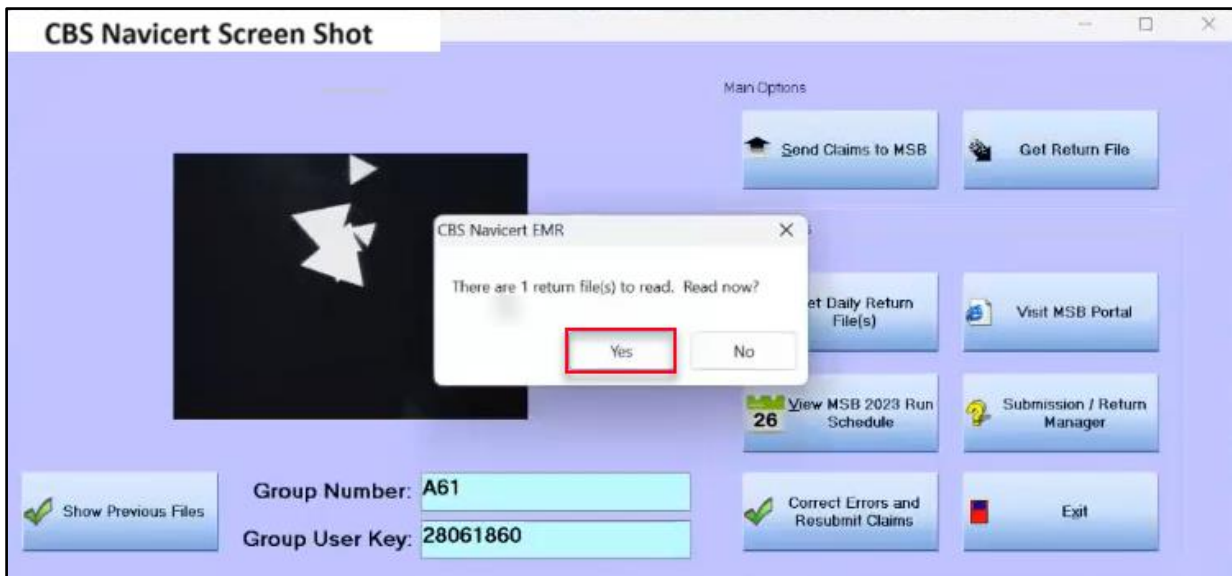
Bi-Weekly Return Files

Bi-weekly Return files are available after the bi-weekly pay run. It is encouraged to review this file and reconcile your files to ensure all submitted claims are accounted for.

1. Click **Get Return File**.



2. Click **Yes**.



- View the file to see the claims that were paid, rejected and/or pended. Use this file to reconcile your files.

CBS Return File **CBS Navicert Screen Shot**
 Date Printed: Wed Sep 27, 2023 **MCIB Error and Reject Report** Run Code: ue Page: 3

PHN	Name	Claim	Date	Unit	Code	Billed	Code	Paid	Premium	Total	Ex	Provider
			Aug 09, 2022	01	500H	29.20	500H	29.20	0.00	29.20	AE	2515 196
			Aug 09, 2022	04	501H	182.00	501H	182.00	0.00	182.00	AE	2515 196
			Aug 14, 2022	01	817A	62.40	817A	62.40	0.00	62.40	BV	2515 196
			Aug 16, 2022	07	585H	210.00	585H	210.00	0.00	210.00	BV	2515 196
			Aug 16, 2022	01	819A	145.20	819A	145.20	0.00	145.20	BV	2515 196
			Jul 26, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jul 27, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jul 21, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jul 20, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jul 19, 2023	04	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jul 18, 2023	01	817A	62.40	817A	62.40	0.00	0.00	63	2515 196
			Jul 17, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jun 25, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Aug 24, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jun 28, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jun 22, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jun 21, 2023	04	718A	266.40	718A	6.50	0.00	0.00	AJ	2515 196
			Aug 09, 2022	01	500B	87.50	500B	87.50	0.00	0.00	Z	2515 196
			Aug 16, 2022	01	817A	62.40	817A	62.40	0.00	0.00	ZC	2515 196
			Aug 10, 2022	01	502H	94.00	502H	94.00	0.00	0.00	ZC	2515 196
			Aug 16, 2022	06	503H	417.50	503H	417.50	0.00	0.00	ZC	2515 196
			Jun 28, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Jun 19, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			May 14, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			May 16, 2023	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			May 12, 2022	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			May 11, 2022	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			May 10, 2022	24	718A	266.40	718A	0.00	0.00	0.00	AJ	2515 196
			Feb 06, 2023	24	718A	266.40	718A	0.00	0.00	0.00	CM	2515 196
			Feb 07, 2023	24	718A	266.40	718A	0.00	0.00	0.00	CM	2515 196
			Aug 06, 2022	24	718A	266.40	718A	0.00	0.00	0.00	CM	2515 196

Accessing Customer Portal

MSB’s Customer Portal can be accessed through CBS’s portal or by entering (and saving) the website link. The website link can be found in the email communications that included your login information.

Full details on accessing and navigating Customer Portal are in the next modules.

CBS Navicert Screen Shot
 Transfer Files to or From MSP

Main Options

- Send Claims to MSB
- Get Return File

Other Options

- Get Daily Return File(s)
- Visit MSB Portal
- View MSB 2023 Run Schedule (26)
- Submission / Return Manager
- Correct Errors and Resubmit Claims
- Exit

Show Previous Files

Group Number: **A61**
 Group User Key: **28061860**

Module THREE – Getting Started in Customer Portal

Medical Services Branch



Claims Replacement Project

Getting Started

Several authorized users will access Customer Portal over the Internet. To ensure only authorized users gain access to Customer Portal, eHealth Saskatchewan requires Multi-Factor Authentication (MFA).

Logging In

Once fully registered in the Physician Registry (this includes having your direct email address registered with your profile), a welcome email and password reset email will be sent to you. Follow the prompts to reset your password to login to Customer Portal. Your userid will be your registered email address. The password you personally set must conform to eHealth Saskatchewan password complexity policy to be accepted.

Multi-Factor Authentication (MFA)

Logging into Customer Portal for the first time will also trigger the Multi-Factor Authentication (MFA) process.

Refer to the **Multi-Factor Authentication (MFA) User Manual** to set up the MFA.

Module FOUR – Navigating Customer Portal

Medical Services Branch



Claims Replacement Project

All users of Customer Portal will have a similar experience when logging into the application. The application features and functionality have a comparable look and feel regardless of the user’s profile, except for the Payment Schedules. The Payment Schedules match the user’s role and profession, meaning a medical physician will see the Medical Payment Schedule, an Optometrist will see the Optometry Payment Schedule and a Dentist will see the Dental Payment Schedule.

Explore the module to learn about the **Home Page** also referred to as the **Landing Page**.

Top Menu Bar

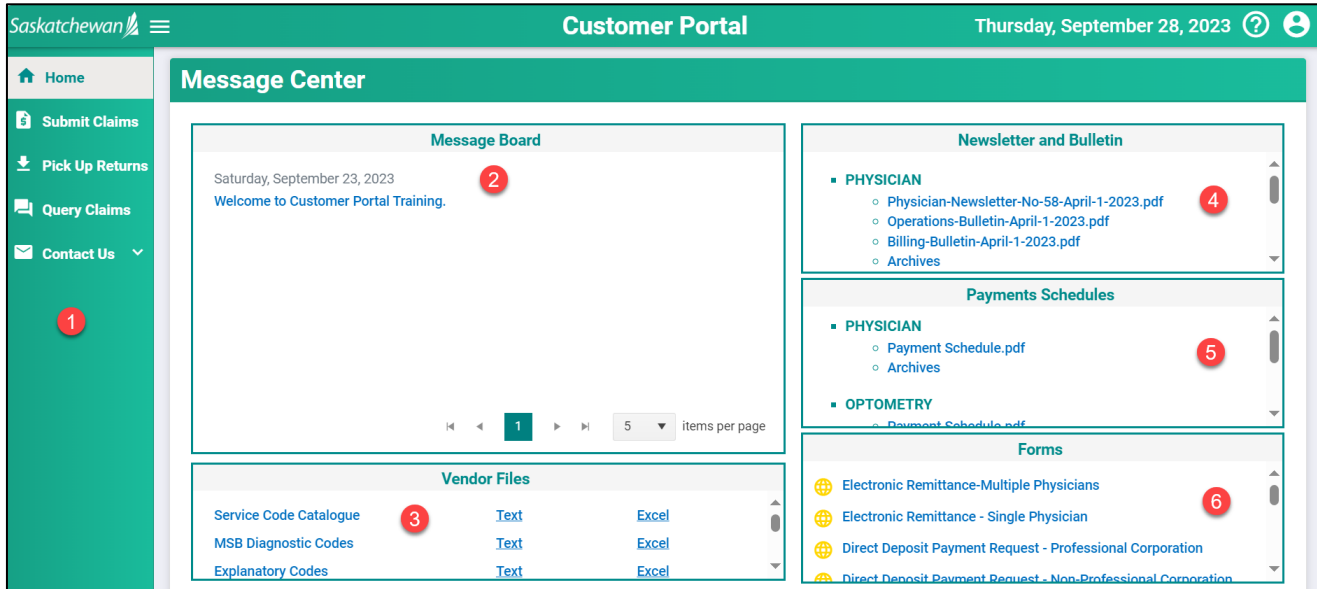
The top menu bar in Customer Portal provides four main options:



	Area	Description
1	Navigation Menu	Clicking on the three lines minimizes the side Navigation menu.
2	Date	Displays today’s date.
3	Help Menu	Access the MSB Directory and contact information.
4	User Profile	Displays the users’ userid (email address) and the logout feature.

Home Page

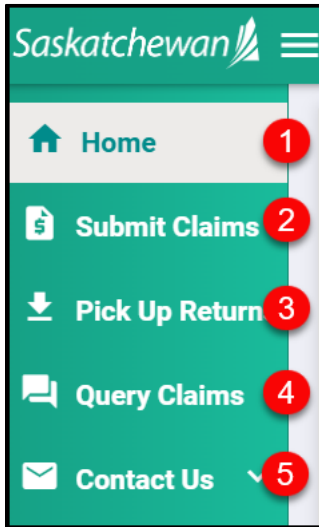
The **Home Page** or **Landing Page** is the first screen that appears when logging into Customer Portal. It serves as a gateway to the application’s features and functionality.



Area	Description
1	Navigation Menu A list of areas in Customer Portal the user can access, explore, and navigate to other areas of the application.
2	Message Board The Message Board hosts important information and updates. This section will be continually updated with current news and messages.
3	Vendor Files Commonly used Vendor Files, such as the Service Code Catalogue, MSB Diagnostic Codes and Explanatory (EOB) Codes are located here for easy access.
4	Newsletter and Bulletin The most recent Newsletters and Bulletins are posted for reference, along with archived options of each.
5	Payment Schedules The three most recent Payment Schedules, along with access to archived Payment Schedules are located here for easy access. A medical physician will see the Medical Payment Schedule, an Optometrist will see the Optometry Payment Schedule and a Dentist will see the Dental Payment Schedule. Those that submit claims for more than one profession will see the Payment Schedule for each profession.
6	Forms The most frequently used forms are located here. Click once to open the form, complete the fillable pdf, then save and/or print as needed.

Navigation Menu

The side Navigation Menu is a list of actions that can be performed within Customer Portal



Each option will be elaborated on in the following modules.

	Area	Description
1	Home	Clicking on Home takes the user back to the Home Page.
2	Submit Claims	Users enter in the claim details and submit batch file claims.
3	Pick Up Returns	Users can retrieve their Daily and Bi-weekly Returns here.
4	Query Claims	Users can search for submitted claims with the option of adding additional information or recovering an already submitted claim.
5	Contact Us	Provides several options for contacting Medical Services.

Module FIVE – Pick Up Returns

Medical Services Branch



Claims Replacement Project

Pick Up Return Files

Pick Up Return Files indicate the status of the claims submitted and can be viewed through Customer Portal.

There are two types of Return Files:

- Daily Return Files
- Bi-Weekly Return Files



Viewing and retrieving the Daily Return File and Bi-weekly Return file through Customer Portal is an **alternative** option. These files are identical to the files you can view and retrieve from CBS.

Daily Return Files

Daily Return Files display all rejected line items from the previous day's submission. All rejected line items, along with the corresponding explanatory code need to be reviewed to determine the following:

- A correction to the original submission is required (i.e., Invalid HSN – Explanatory Code AA,
- The line item needs to be queried to add additional information or documentation,
- No further action is required as the claim is not payable, based on the Assessment Rules.

Following the above three guidelines ensures a faster turn-around on fixing rejected line items, does not create a duplicate line item and ultimately allows the claim to be paid on the next bi-weekly run.

If the re-submitted item(s) still has an error, it will be returned, in the next **Daily Return File**, with a new Explanatory Code. Using the guidelines above, the line item(s) need to be reviewed to determine if it should be resubmitted, queried through Customer Portal or no further action is required. This process can occur multiple times in a two-week period.

NOTE: Only re-submit items that have invalid data or incorrect information (i.e., invalid character, Mode 1 vs Mode 0, Professional Corporation indicator missing, etc. or items rejected with Explanatory Code ZA, ZC or ZR)



If a service code is to be changed (i.e., change from a 3B to a 5B) query the item (see Module 6 – Query Claims). There is no need to resubmit in this instance as the new Claims Processing System keeps a history of all submitted items.

Bi-Weekly Return Files

Bi-weekly Return Files consists of the Payment List, Rejected List and Pended List. Use this file to account for all items submitted. Totals of each category are included to assist with reconciling the submission.

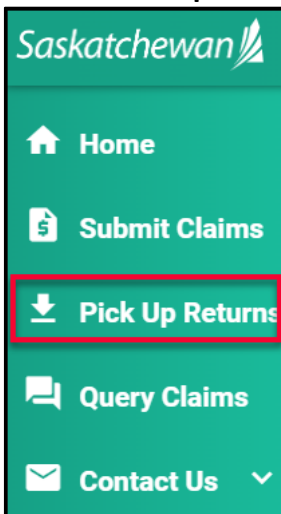
The **Bi-weekly Return File** will be categorized by doctor, clinic, mode, and professional corporation or non-professional corporation.

Retrieving Daily Return Files

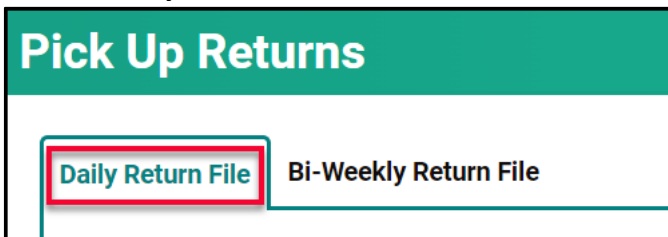
Daily Return Files are available every business day morning through the **Pick Up Returns** option in Customer Portal.

It is recommended to view your **Daily Return File** each morning, make the appropriate adjustments to the rejected claims and re-submit. This will ensure your claim(s) are paid quickly and efficiently.

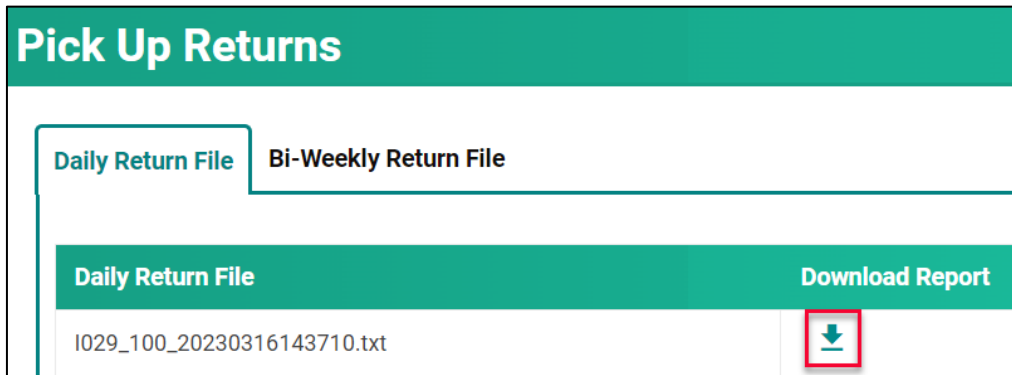
1. Click on **Pick Up Returns**.



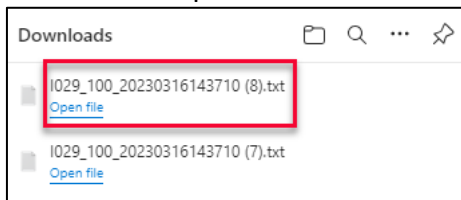
2. Click on **Daily Return Files**



3. Click on  to **Download Report**.



4. Click on the report name in the **Download List** to open it.



5. This file opens as a text file.
6. It is important to review this file so the rejected claims can be fixed and re-submitted.



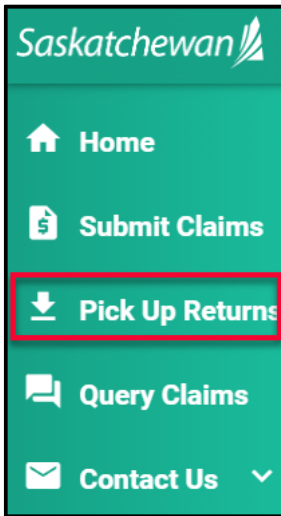
Refer to **Reading the Daily Return .txt File** located on eHealth Saskatchewan’s website to assist in reading the .txt return file or view the **Daily Return** file in your CBS Software.

Retrieving Bi-Weekly Return Files

Bi-Weekly Return File is available the morning of the pay date, through the **Pick Up Returns** option in Customer Portal.

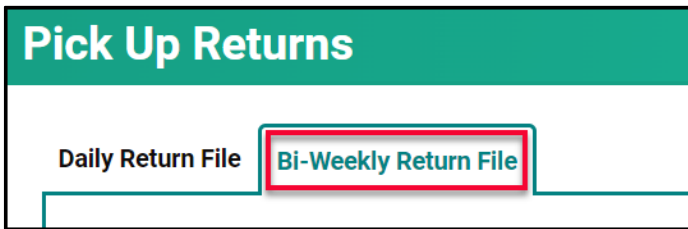
It is recommended to view your **Bi-Weekly Return File** on pay day to ensure the payments made reconcile with the claims sent and make adjustments on **rejected** claims as needed.

1. Click on **Pick Up Returns**.

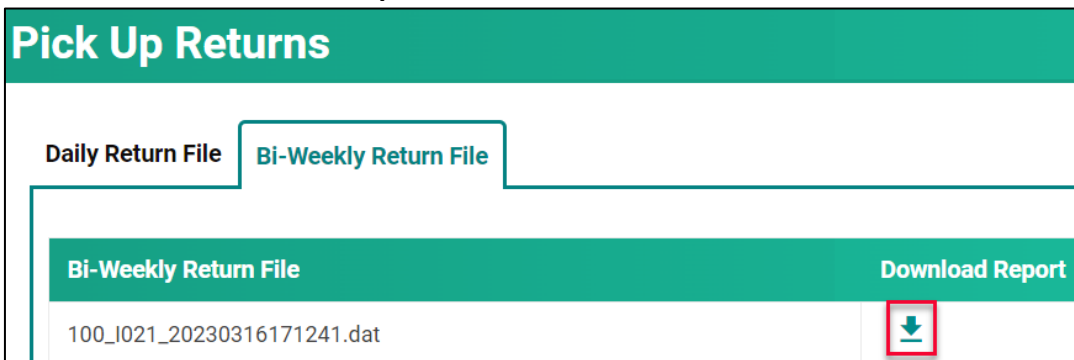


The **Bi-Weekly Return File** is also viewable on your CBS software.

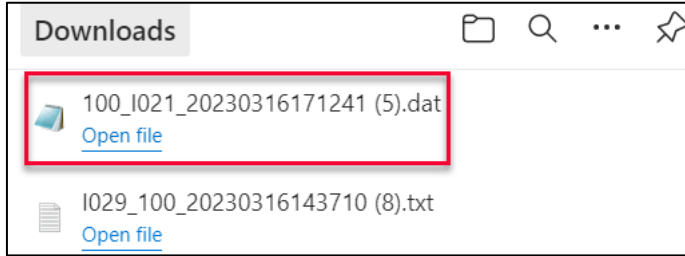
2. Click on **Bi-Weekly Return File**.



3. Click on  to **Download Report**.



- Click on the report name in the **Download List** to open it.



- This file opens as a text file.
- It is important to review this file as it includes a reconciliation of the files submitted against the files paid, rejected, and pending.



Refer to **Reading the Bi-Weekly Return .txt File** located on eHealth Saskatchewan's website to assist in reading the .txt return file or view the **Bi-Weekly Return** file in your CBS Software.

Module SIX – Query Claims

Medical Services Branch



Claims Replacement Project

Query Claims

From time to time, additional information needs to be added to a claim or a claim needs to be recovered after it is submitted. This can be done through a **query**.

There are two types of queries:

- Claim Query
- Supplementary Claim Information

Claim Query

A **Claim Query** is used when a claim must be recovered. Typically, this occurs when incorrect information was entered on the original claim. When a recovery is requested through the **Claim Query** one of two things happens.

- The claim is **Rejected** with an **Explanatory Code of BP**. The rejected file is returned so updates can be made. Once the claim is updated, it can be re-submitted for adjudication.
- The claim is **Pended** for a manual review by MSB. After reviewing the pended claim, it will either be paid or **Rejected** with an **Explanatory Code**.

The categories to select from for a **Claim Query** are:

Claim Query Categories	Result
Physician Requested Recovery – Incorrect Patient	Rejected = Explan Code of BP
Physician Requested Recovery – Incorrect Physician	Rejected = Explan Code of BP
Physician Requested Recovery – Incorrect Date of Service	Rejected = Explan Code of BP
Physician Requested Recovery – Incorrect Service Code	Rejected = Explan Code of BP
Physician Requested Recovery – Incorrect Billed in error	Rejected = Explan Code of BP
Physician Requested Recovery – Incorrect WCB paid claim	Rejected = Explan Code of BP
Physician Requested Recovery – Others (provide comment	Pended for Manual Review

Supplementary Claim Information

Supplementary Claim Information is typically used when supporting documentation must be added to the claim, or a special request, like time extension or Medical Consultant Review, is required. All claims queried with **Supplementary Claim Information** are reviewed by MSB. After reviewing the claim, it will either be **Paid** or **Rejected** with an **Explanatory Code**.

The categories to select from for **Supplementary Claim Information** are:

Supplementary Claim Information Categories	
Explan Code AU – Consultation Notes/Report/Letter	Reviewed by MSB
Explan Code AU – Operative Record and Operative Notes with Anesthetic and Surgical Start and Stop Times	Reviewed by MSB
Explan Code AU – Descriptive Letter	Reviewed by MSB
Ex. Code AU – Office Visit Medical Record and Notes with Start and Stop Times for Time Based Codes	Reviewed by MSB
Ex. Code AU – In Hospital Visit Medical Record and Notes with Start and Stop Times for Time Based Codes	Reviewed by MSB
Ex. Code AU – Emergency Visit Medical Notes with Nursing Bedside Notes with Start and Stop Times for Time Based Codes	Reviewed by MSB
Explan Code AZ – Current and Previous Procedure Operative Record and Report	Reviewed by MSB
Explan Code RA – RZ (Routine Audit and Recovery)	Reviewed by MSB
Request for extension of time limit (Explan code CM – CN)	Reviewed by MSB
Request for general reassessment (Claims Supervisor)	Reviewed by MSB
Request for Medical Consultant review	Reviewed by MSB
Request for Medical Assessment Board review	Reviewed by MSB

Query Claims

To query a claim certain claim criteria must be entered. All mandatory fields must be entered to perform the query. However, additional search fields can also be entered. The more specific the search criteria are the more defined the results.

The screenshot shows a search form titled "Query Claims" with the following fields: External Claim No (text input), Province (dropdown menu with "SK" selected), Health Card No (text input), Billing No * (dropdown menu with "8481" selected), Group Id (text input), Clinic No (text input), Mode (text input), From Date * (calendar icon, showing "01-06-2023"), and To Date * (calendar icon, showing "07-06-2023").

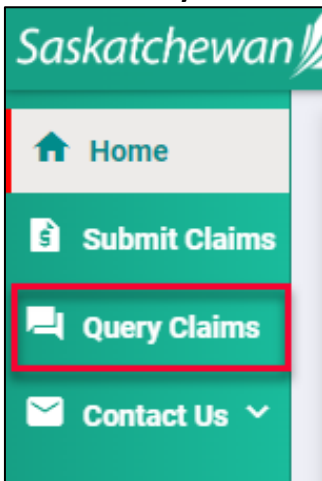
The mandatory fields are:

- **Billing No** (Auto-populated based on your login profile. If set to bill for more than one billing number, select the appropriate number from the drop-down list).
- **Submission From Date**
- **Submission To Date**

This close-up shows the "Submission From Date" and "Submission To Date" fields. Both are labeled with "From Date *" and "To Date *" respectively, and each has a calendar icon for date selection.

The **From Date** and **To Date** must be the **Submission Date** of the claim. In other words, the dates entered for the query must be the date the claim was submitted to MSB not the service date.

1. Click on **Query Claims**.



- Enter the three mandatory fields of **Billing No** (auto populated or selected from the drop-down list), **From Submission Date** and **To Submission Date**. Date format is DD-MM-YYYY. The calendar icons can be clicked on to select the date. **NOTE:** The date range can only be seven days.

The screenshot shows the 'Query Claims' form with the following fields and values:

- CPS Claim No: [Empty]
- External Claim No: [Empty]
- Province: SK
- Health Card No: [Empty]
- Billing No: 4733
- Group Id: [Empty]
- Clinic No: [Empty]
- Mode: [Empty]
- From Date: 15-10-2023
- To Date: 21-10-2023

- Enter additional query criteria as desired.

4. Click

- A list of claims matching the search criteria will be displayed.

The screenshot shows the 'Query Claims' results table with the following data:

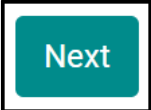
	CPS Claim No.	Ext Claim No.	Prov	HSN	Sub SC	DOS From	DOS To	Status	Paid SC	Paid LOS	Paid NOS	Paid Eligible A.	Paid Total A.	Explan Codes
<input type="checkbox"/>	1030023043		SK	370163829	038U	2023-06-15	2023-06-15	REJECTED				0.00	0.00	AA
<input type="checkbox"/>	1030023043		SK	370163829	037U	2023-06-15	2023-06-15	REJECTED				0.00	0.00	AA
<input type="checkbox"/>	1030023043		SK	370163829	036U	2023-06-15	2023-06-15	REJECTED				0.00	0.00	AA

- Place a check mark in the line item you wish to review. A check mark can be placed in more than one line item. This is beneficial if several claims are queried for the same reason (i.e., recovery). If a claim query requires an attachment, it is best to do this one at a time.

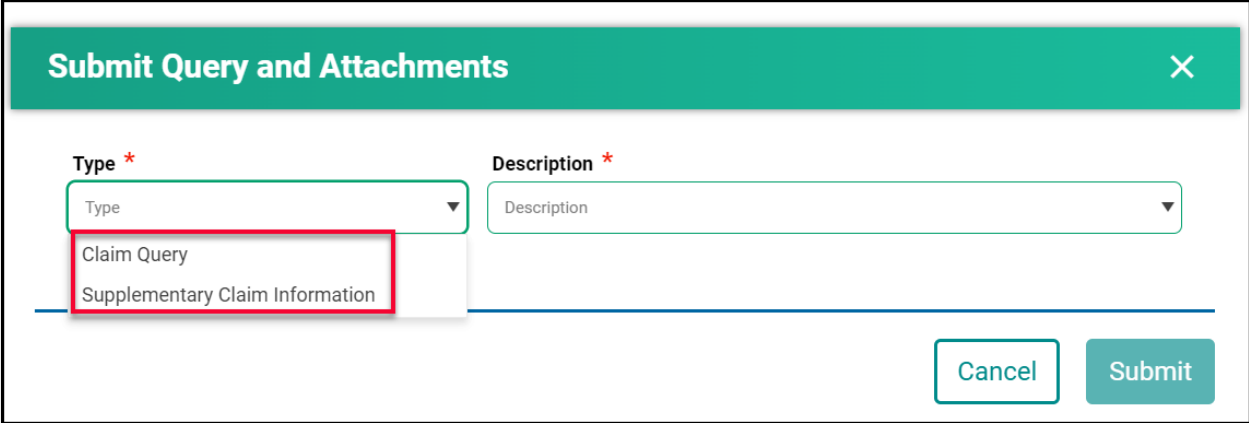
The screenshot shows the 'Query Claims' results table with a check mark in the first row. A tooltip 'Paid Total Amount' is visible over the 'Paid Total A.' column.

	CPS Claim No.	Ext Claim No.	Prov	HSN	Sub SC	DOS From	DOS To	Status	Paid SC	Paid LOS	Paid NOS	Paid Eligible A.	Paid Total A.	Explan Codes
<input checked="" type="checkbox"/>	1030023043		SK	370163829	038U	2023-06-15	2023-06-15	REJECTED				0.00	0.00	AA
<input type="checkbox"/>	1030023043		SK	370163829	037U	2023-06-15	2023-06-15	REJECTED				0.00	0.00	AA
<input type="checkbox"/>	1030023043		SK	370163829	036U	2023-06-15	2023-06-15	REJECTED				0.00	0.00	AA

7. Click **Next**.



8. Select either **Claim Query** or **Supplementary Claim Information**. Then follow the steps listed below for each query type.

A screenshot of a web form titled "Submit Query and Attachments" with a teal header bar. The form contains two dropdown menus: "Type *" and "Description *". The "Type *" dropdown is open, showing two options: "Claim Query" and "Supplementary Claim Information", both of which are highlighted with a red rectangular border. Below the dropdowns are two buttons: "Cancel" and "Submit".

Submit Query and Attachments [X]

Type * [Type] [v]
Claim Query
Supplementary Claim Information

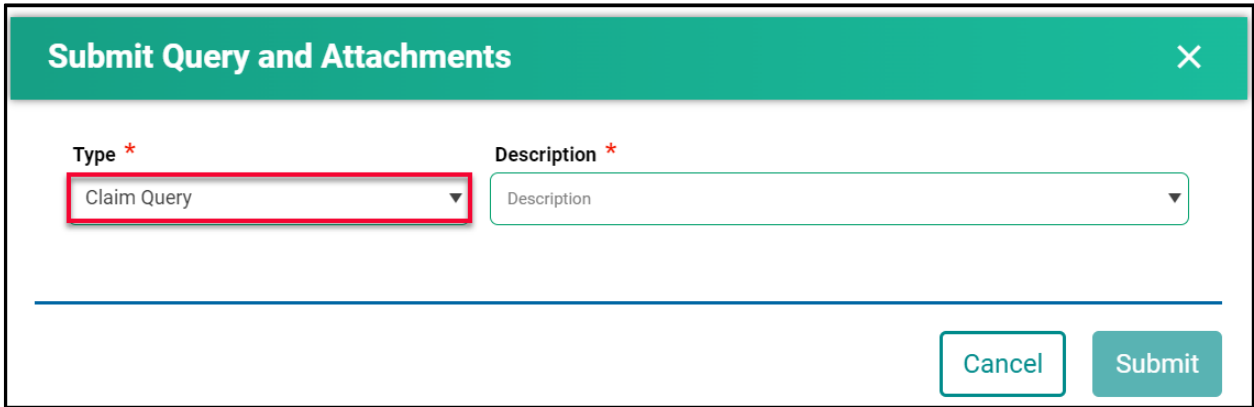
Description * [Description] [v]

[Cancel] [Submit]

How to Run a Claim Query

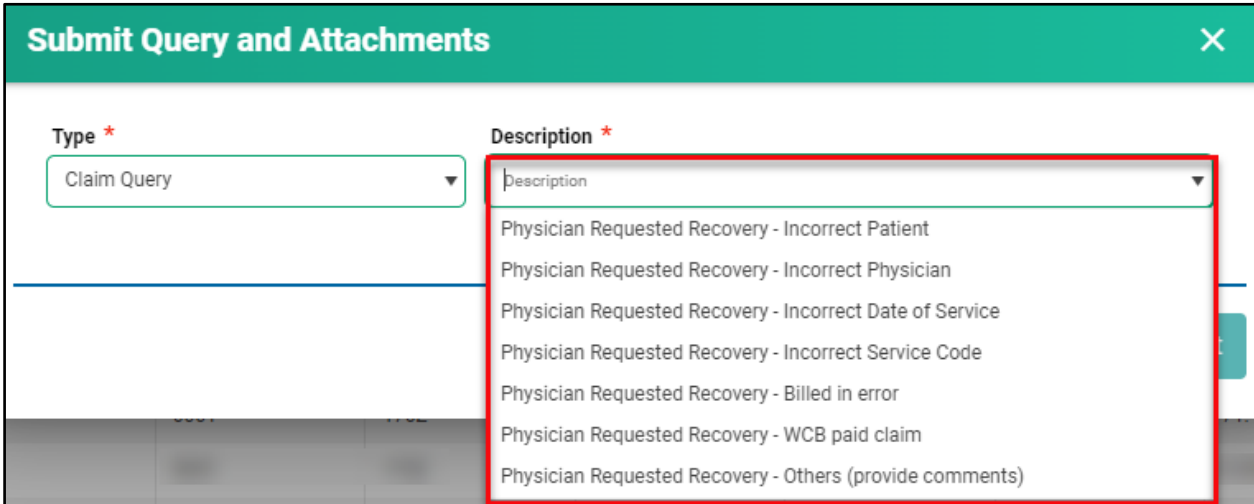
When recovering a claim due to an error on the initial submission, use the **Claim Query** option.

1. Select **Claim Query**.



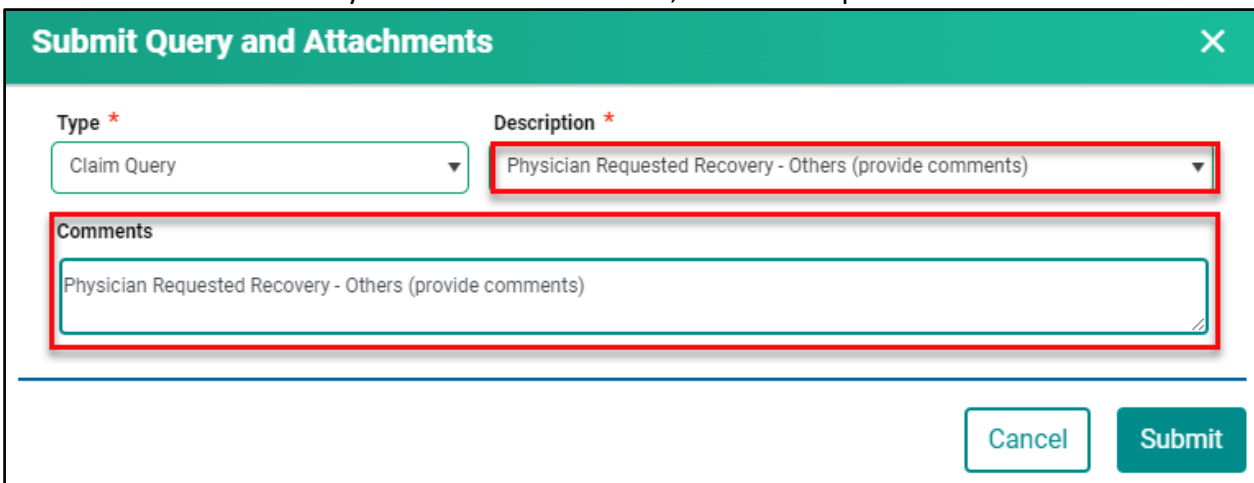
The screenshot shows a form titled "Submit Query and Attachments" with a close button (X) in the top right corner. There are two dropdown menus: "Type *" and "Description *". The "Type *" dropdown is highlighted with a red box and contains the text "Claim Query". The "Description *" dropdown contains the text "Description". At the bottom right, there are two buttons: "Cancel" and "Submit".

2. Select the correct **Description**.



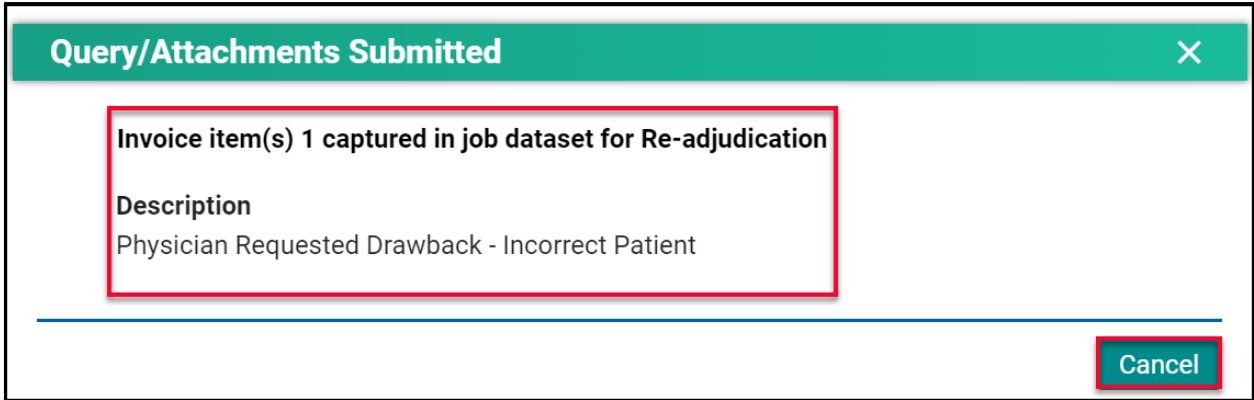
The screenshot shows the same "Submit Query and Attachments" form. The "Type *" dropdown is still set to "Claim Query". The "Description *" dropdown menu is open, showing a list of options: "Description", "Physician Requested Recovery - Incorrect Patient", "Physician Requested Recovery - Incorrect Physician", "Physician Requested Recovery - Incorrect Date of Service", "Physician Requested Recovery - Incorrect Service Code", "Physician Requested Recovery - Billed in error", "Physician Requested Recovery - WCB paid claim", and "Physician Requested Recovery - Others (provide comments)". The entire dropdown menu is highlighted with a red box.

3. If **Physician Requested Recovery – Others** are selected, enter in a detailed comment explaining the reason for the recovery. For all other selections, move to step 4.

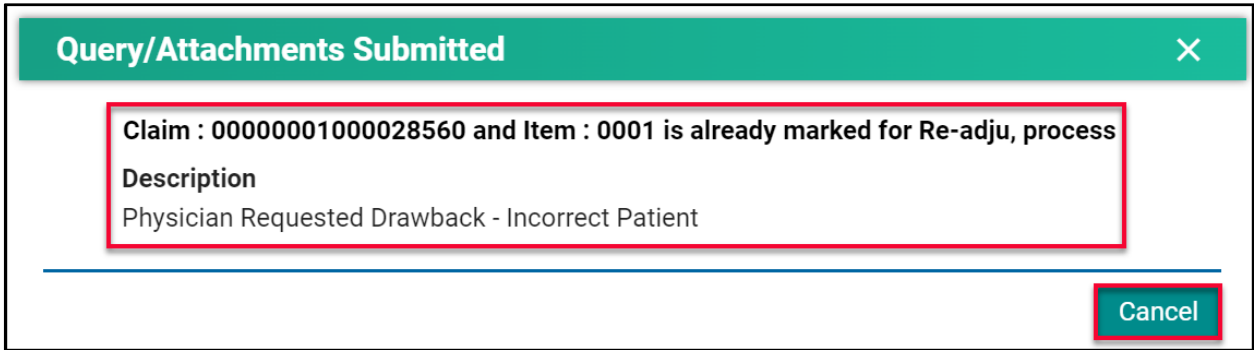


The screenshot shows the "Submit Query and Attachments" form. The "Type *" dropdown is "Claim Query". The "Description *" dropdown is highlighted with a red box and contains "Physician Requested Recovery - Others (provide comments)". Below the dropdowns is a "Comments" text area, also highlighted with a red box, containing the text "Physician Requested Recovery - Others (provide comments)". At the bottom right, there are "Cancel" and "Submit" buttons.

- 4. Click **Submit**.
- 5. Review the submitted Query message, then click **Cancel**.



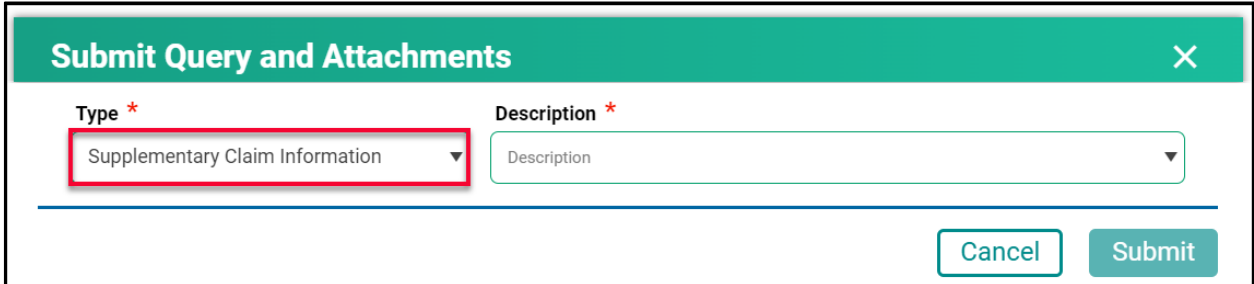
NOTE: If a query is submitted on a claim that already has an outstanding query on it, the following message will appear.



How to Run a Supplementary Claim Information Query

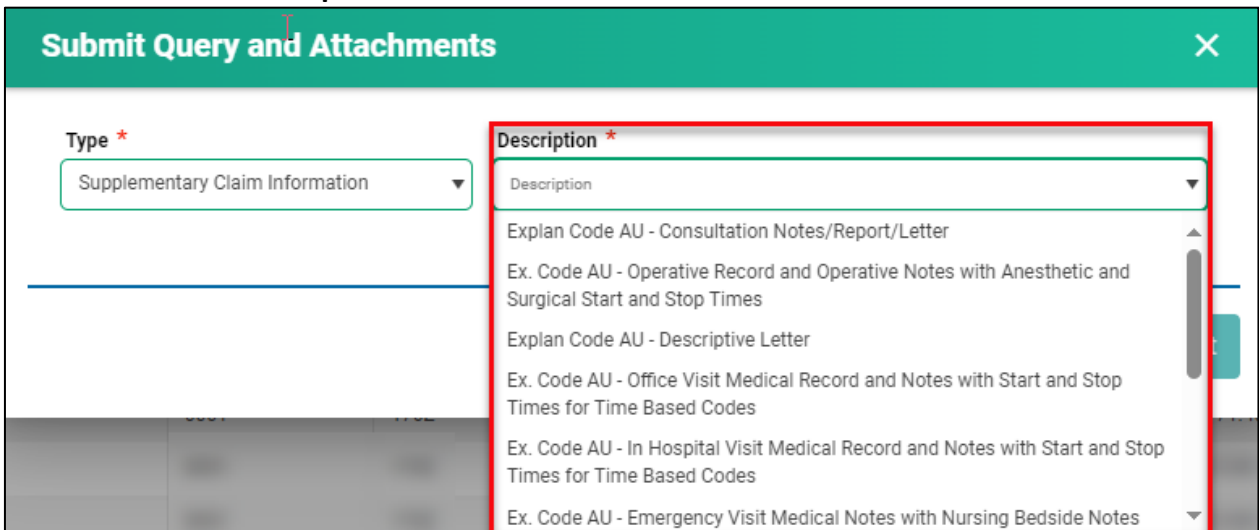
When additional documentation and/or comments are required on a claim, use the **Supplementary Claim Information Query**.

1. Select **Supplementary Claim Information**.



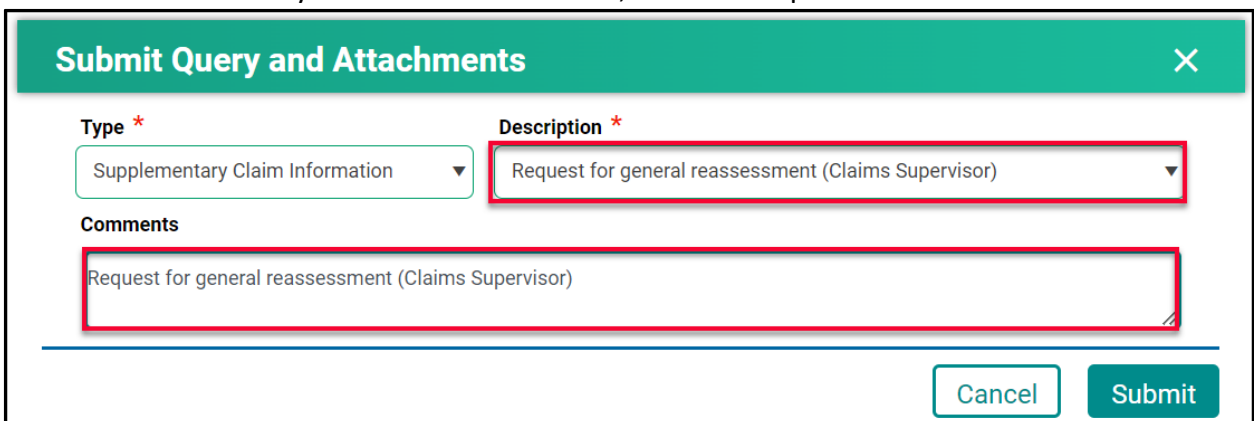
The screenshot shows a modal window titled "Submit Query and Attachments" with a close button (X) in the top right corner. Below the title bar, there are two dropdown menus. The first is labeled "Type *" and has "Supplementary Claim Information" selected. The second is labeled "Description *" and has "Description" selected. At the bottom right, there are two buttons: "Cancel" and "Submit".

2. Select the correct **Description**.



The screenshot shows the same modal window as above, but the "Description *" dropdown menu is expanded. The options listed are: "Description", "Explain Code AU - Consultation Notes/Report/Letter", "Ex. Code AU - Operative Record and Operative Notes with Anesthetic and Surgical Start and Stop Times", "Explain Code AU - Descriptive Letter", "Ex. Code AU - Office Visit Medical Record and Notes with Start and Stop Times for Time Based Codes", "Ex. Code AU - In Hospital Visit Medical Record and Notes with Start and Stop Times for Time Based Codes", and "Ex. Code AU - Emergency Visit Medical Notes with Nursing Bedside Notes".

3. If **Request for general reassessment** is selected, enter in a detailed comment explaining the reason for the recovery. For all other selections, move to step 4.



The screenshot shows the modal window with the "Description *" dropdown menu selected to "Request for general reassessment (Claims Supervisor)". Below this, there is a text area labeled "Comments" which contains the text "Request for general reassessment (Claims Supervisor)". The "Cancel" and "Submit" buttons are visible at the bottom right.

- For all other selections a document(s) will need to be uploaded. Click **Choose File**. The file format can be in pdf, word, excel, jpeg, png.

Submit Query and Attachments

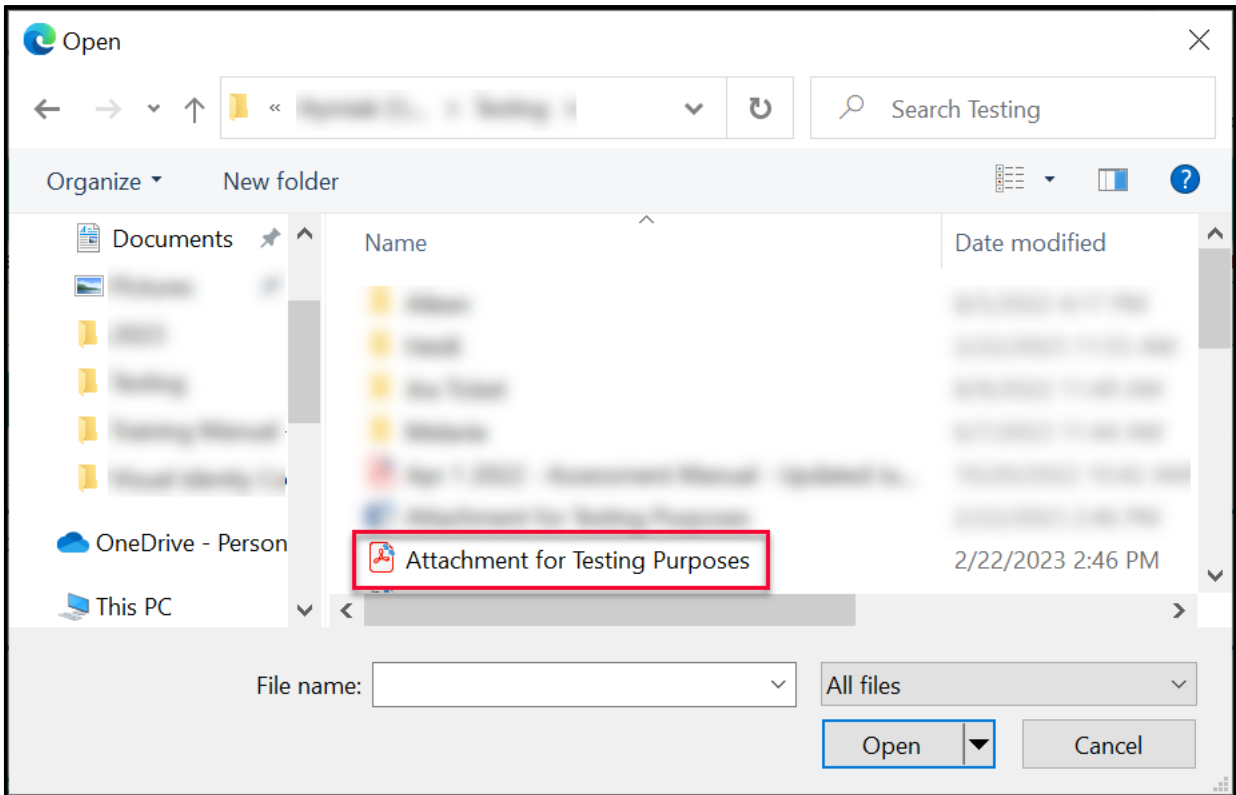
Type *
Supplementary Claim Information

Description *
Explan Code AU - Consultation Notes/Report/Letter

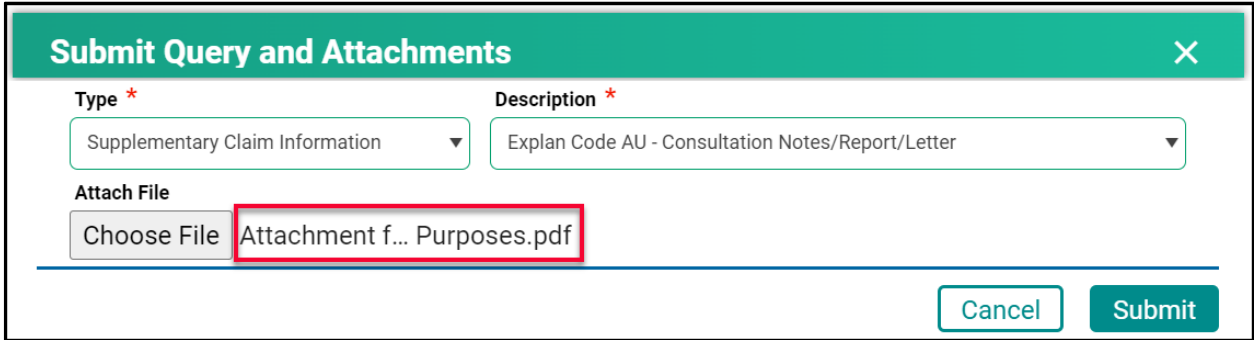
Attach File
Choose File No file chosen

Cancel Submit

- Find the file you wish to upload then double-click on the file name.

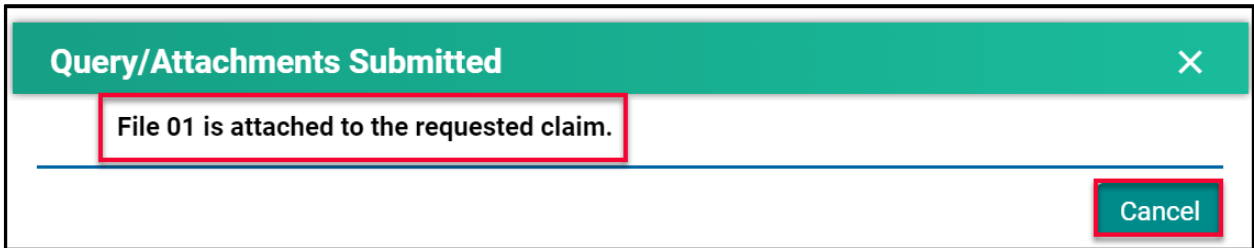


- The file name will populate in the pop-up window.



The screenshot shows a pop-up window titled "Submit Query and Attachments" with a close button (X) in the top right corner. The window contains two dropdown menus: "Type *" with the selected value "Supplementary Claim Information" and "Description *" with the selected value "Explan Code AU - Consultation Notes/Report/Letter". Below these is an "Attach File" section with a "Choose File" button and a text field containing "Attachment f... Purposes.pdf", which is highlighted with a red box. At the bottom right, there are "Cancel" and "Submit" buttons.

- Click **Submit**.
- Review the confirmation message and then click **Cancel**.



The screenshot shows a confirmation message pop-up window titled "Query/Attachments Submitted" with a close button (X) in the top right corner. The message text "File 01 is attached to the requested claim." is displayed in a white box with a red border. At the bottom right, there is a "Cancel" button with a red border.

Handling Rejected Line Items

Scenario #1

Your claim was originally submitted with the following two-line items:

- Line 1 - 9B
- Line 2 – 890L

After the adjudication process, the results were:

- Line 1 - 9B – Rejected with an explanatory code of BJ (missing referring doctor)
- Line 2 – 890L – Paid

Action required:

- Resubmit 9B, using your billing software, with the correct referring doctor’s billing number.
 - No action is required for 890L as it will be paid on the next bi-weekly run.
-

Scenario #2

Your claim was originally submitted with the following two-line items:

- Line 1 - 9B
- Line 2 – 890L

After the adjudication process, the results were:

- Line 1 - 9B – Rejected with an explanatory code of AU (MSB is auditing all 9B claims submitted by this physician)
- Line 2 – 890L – Paid

Action required:

- Query the line item with 9B to add the appropriate Consult Report

The screenshot shows a dialog box titled "Submit Query and Attachments". It has two dropdown menus: "Type" with the selected value "Supplementary Claim Information" and "Description" with the selected value "Explan Code AU - Consultation Notes/Report/Letter". Below these is an "Attach File" section with a "Choose File" button and the text "No file chosen". Underneath, it says "File format must be .doc, .docx, .jpeg, .txt & .pdf". At the bottom right, there are "Cancel" and "Submit" buttons.

- No action is required for 890L as it will be paid on the next bi-weekly run.
-

Scenario #3

Your claim was originally submitted with the following two-line items:

- Line 1 - 9B
- Line 2 – 795A

After the adjudication process, the results were:

- Line 1 - 9B – Paid
- Line 2 – 795A - Rejected with an explanatory code of BK (service is not payable)

Action required:

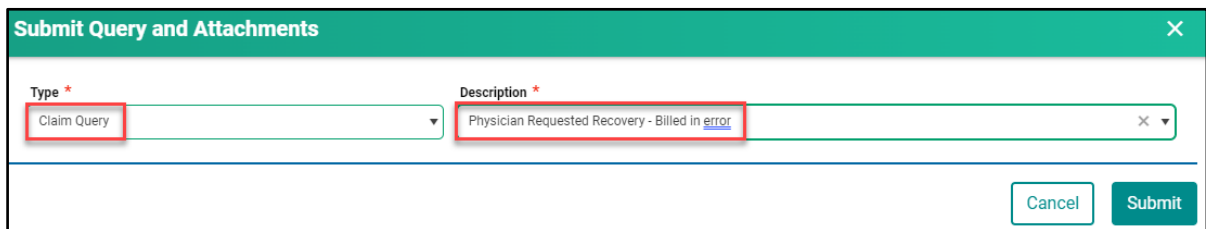
- No action required. 9B will be paid on the next bi-weekly run and 795A cannot be paid based on the Assessment Rules.

Scenario #4

Your claim was submitted, and all line items passed through the Assessment Rules and will be paid on the next bi-weekly run. However, you realize incorrect information was submitted on the claim.

Action required:

- The day following your submission (can only query a claim after the daily processing run is completed by the Claims Processing System), query the claim in Customer Portal to recover the claim. All line items associated with this claim will have a status of Paid.



The screenshot shows a web form titled "Submit Query and Attachments". It features two dropdown menus. The first dropdown, labeled "Type", has "Claim Query" selected. The second dropdown, labeled "Description", has "Physician Requested Recovery - Billed in error" selected. The word "error" in the description is highlighted in blue. At the bottom right of the form are two buttons: "Cancel" and "Submit".

- Once the claim has been recovered, resubmit the claim with the correct information. You can confirm that the claim was recovered by querying the claim again or by checking your Daily Return File after the daily processing run is completed by the Claims Processing System. All the line items will have a status of Rejected with explanatory code BP.

Scenario #5

The following claims were submitted on the same day, by the same physician, in the same clinic for the same patient:

- Claim #1 – 3B for a complete physical done in the morning.
- Claim #2 – 5B as the patient returned to the clinic for a broken ankle.

After the adjudication process, the results were:

- Claim #1 – 3B – Paid as it was the first claim submitted.
- Claim #2 – 5B – Rejected with an explanatory code DA as there was no comment attached to the original claim explaining the scenario.

Action required:

- Query the claim with 5B to add a comment. If a supporting document would be beneficial in explaining the scenario feel free to attach one.

Submit Query and Attachments

Type *
Supplementary Claim Information

Description *
Request for general reassessment (Claims Supervisor)

Comments
Physician saw the same patient, in the same clinic, on the same day as follows:
First visit
Patient came in for a complete physical assessment (3B) at 9am.
Second visit
Patient returned at 3pm in the afternoon as they broke their ankle. Physician assessed their ankle and sent them to the ER (5B).

Attach File
Choose File No file chosen
File format must be .doc, .docx, .jpeg, .txt & .pdf

Cancel Submit

- No action required on the claim with 3B.

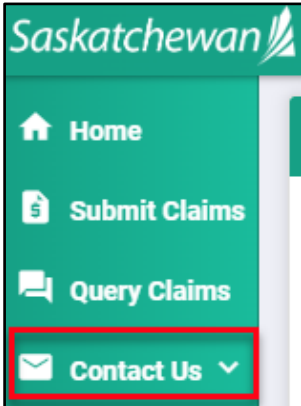
Module SEVEN – Contact Us

Contact Us

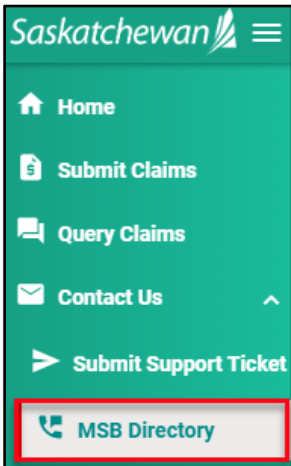
When requiring support with a claim or Customer Portal call **1-800-605-2965**, Monday to Friday from 8:00am to 5:00pm.

MSB Directory

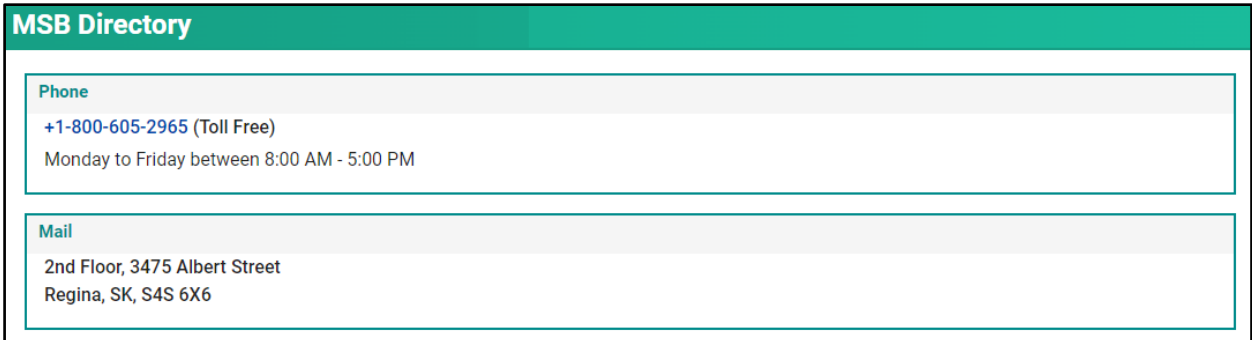
1. Click on **Contact Us**.



2. Click on **MSB Directory** to view the contact details.



3. Select an option to contact MSB.



Medical Services Branch



Claims Replacement Project