

Online Claim Adjustment Tool

>User Guide

Tufts Health Plan has created this user guide to illustrate navigation of the Online Claim Adjustment Tool and to provide information on the Tufts Health Plan secure Provider website.

This guide contains general guidelines, helpful hints and instructions on submitting claim adjustments, provider payment disputes and returning funds to Tufts Health Plan.

For additional information, visit Tufts Health Plan's public Provider website at tuftshealthplan.com/provider.

Register for Secure Access

1. Go to tuftshealthplan.com/provider and click "Register for Access."
2. Under "Register for Secured Access to our Provider Portal," click "For Providers Contracted with Commercial Plans, Medicare Preferred or Tufts Health Plan SCO." In the "Get Registered," section of the page, click "provider log in page." This will take you to the Tufts Health Plan Provider Portal page. Under "Need access to the site?" click "Provider Registration."
3. After the brief overview, click "Continue" and follow the steps below to register:
 - a. Supply registration information:
 - National Provider ID (NPI) and either a Tax ID (for group registrations) or a Social Security Number (for individual registration).
 - b. Identify who will manage website access for the NPI:
 - Designate an individual who will manage access to the various functionalities on the website.
 - c. Submit a signed authorization form:
 - Complete and print an authorization form for each NPI. The authorization form must be signed by the provider or an individual empowered to bind the organization in this legal agreement. Fax or mail the completed form to Tufts Health Plan using the following information:

Fax: [617.673.0312](tel:617.673.0312)
Mail: [Tufts Health Plan](#)
[Provider Services Web Access Management](#)
[705 Mt. Auburn Street](#)
[Watertown, MA 02472](#)
4. Once Tufts Health Plan receives the signed authorization form and validates the request, you will receive two emails containing a temporary username and password. Use the temporary login information to complete your online registration.

Online Claim Adjustment Tool Overview

The Online Claim Adjustment Tool allows registered users to:

1. Adjust claims, including changing provider and payee ID numbers, procedure and diagnosis codes, billed amounts, modifiers and member information.
2. 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.
3. Return funds by selecting either a claim refund via check or a claim refund via a retraction from future claims payments.

An adjustment request submitted using the online tool is given a tracking number consisting of the claim number and the date the adjustment request was submitted, e.g., 1234567A – 12122016.

Each request can be reviewed within the claim status inquiry (CSI) tool by viewing the claim detail. The Claim Adjustment Summary provides updates on the progress of the adjustment request as it is processed internally at Tufts Health Plan.

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

- CareLinkSM when Cigna is primary administrator
- CareLinkSM – Shared administration
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options

Accessing the Online Claim Adjustment Tool

1. From the main menu, click "Claims Status Inquiry, Rationale & Adjustments".



2. Once in the CSI tool, you can search by:
 - Claim number
 - Member information (either member ID number and date of birth or by member first name, last name and date of birth)
 - Provider ID by selecting the appropriate provider ID from the drop-down menu. This search option provides a complete list of claims, by provider, for a date range of up to 31 days.

3. The claim results will display according to the search criteria used.
4. To view the claim details, click the "Patient ID number" link.
5. To access the online claim adjustment tool, click "Yes."

Provider Home | **Account Services** | Reporting Tools

Inpatient Notification System | Referral Submission | **Claims Status Inquiry, Rationale & Adjustments** | Advanced Search | Eligibility and Benefits Inquiry | Authorization Inquiry

Authorized Inpatient Notification to Providers | Referral Inquiry | Inpatient Notification Inquiry | Prior Auth Applying InterQual® | Mental Health / Substance Abuse Services | Membership Report | Cape Cod Healthcare Referral Exception Form

Claims Status Inquiry, Rationale & Adjustments

Claims Status Inquiry - Claim Level Summary [View a Print-Friendly Version](#)

Claim Service Period: 03/01/2017 - 03/01/2017
 Number of Claims Selected: 123
 Page 1 of 3

Select a tab to sort: Patient ID | Claim No. | Status Category | **Patient Account No.** | Adjustments Next

Patient ID	Name	Birth Date	Claim No.	Claim Amount	Amount Paid	Status Category	Status Code	Patient Account No.	Adjusted	Adjustable
0123456789 01	WILLIAM F MITCHELL	07/17/1965	1234G5GG	363.00	137.53	F1	65	XXY12345	N	<input type="button" value="Yes"/>
8001234567 01	DORIS A SELF	09/18/1935	012345678A9AA	155.00	54.74	F1	65	XXY67890	N	<input type="button" value="No"/>
1234567890 01	STEPHEN J WIEBE	01/03/1969	2345XXYZ	340.00	180.74	F1	65	XXY01234	N	<input type="button" value="Yes"/>

Status Effective Date: 04/04/2017

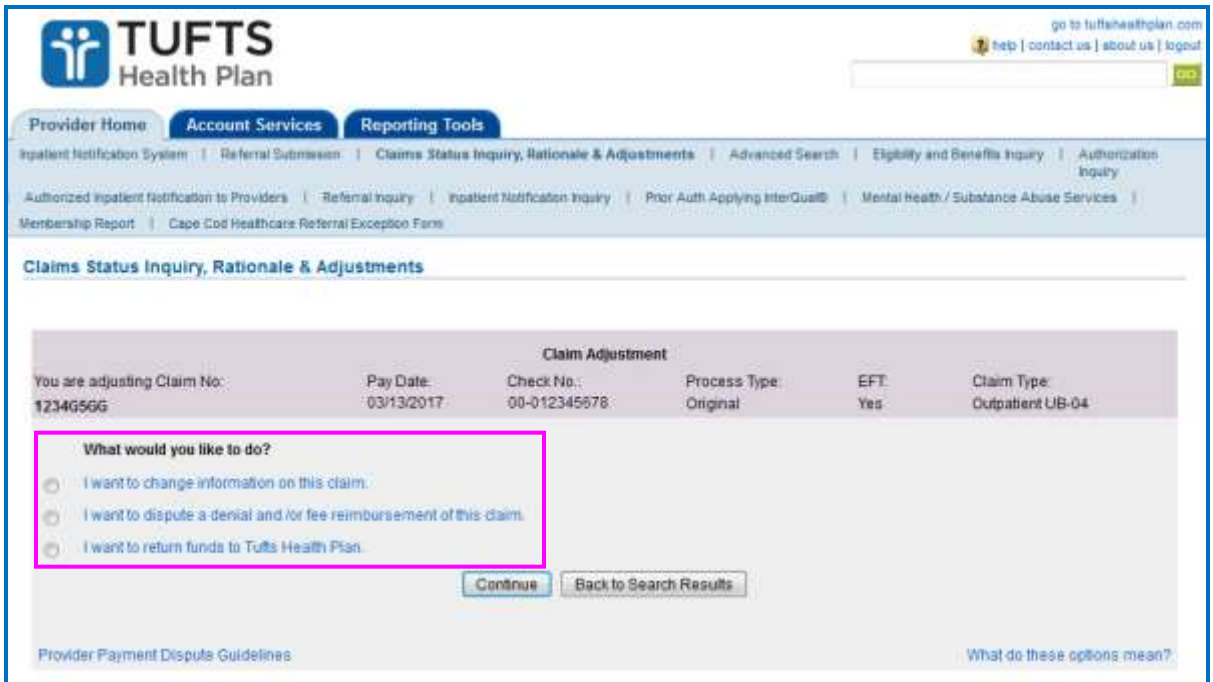
Status Category:
 F1 = Finalized / Payment
 F2 = Finalized / Denial
 P1 = Pending / In Process

Status Code:
 0 = Cannot provide further status electronically
 8 = No payment due to contract/plan provisions
 20 = Accepted for processing
 38 = Awaiting next periodic adjudication cycle
 65 = Partial payment made for this claim

[Try another query](#)

Web Adjustments Main Menu

From the Claim Adjustment main menu, you can submit an adjustment, payment dispute or refund request.



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Provider Home | Account Services | Reporting Tools

Inpatient Notification System | Referral Submission | Claims Status Inquiry, Rationale & Adjustments | Advanced Search | Eligibility and Benefits Inquiry | Authorization Inquiry

Authorized Inpatient Notification to Providers | Referral Inquiry | Inpatient Notification Inquiry | Prior Auth Applying InterQual® | Mental Health / Substance Abuse Services

Membership Report | Cape Cod Healthcare Referral Exception Form

Claims Status Inquiry, Rationale & Adjustments

Claim Adjustment					
You are adjusting Claim No:	Pay Date:	Check No.:	Process Type:	EFT:	Claim Type:
1234G56G	03/13/2017	00-012345678	Original	Yes	Outpatient UB-04

What would you like to do?

- I want to change information on this claim.
- I want to dispute a denial and/or fee reimbursement of this claim.
- I want to return funds to Tufts Health Plan.

Provider Payment Dispute Guidelines What do these options mean?

Note: The Online Claim Adjustment Tool dynamically displays 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.

Submitting a Claim Adjustment Request

1. From the Claim Adjustment main menu, select "I want to change information on this claim", then click "Continue."
2. The Claim Adjustment Entry screen will display. From this screen, you can modify any blank field. You also have the option to add or delete service lines on the claim by selecting the corresponding links.

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

Claim Adjustment

You are adjusting Claim No: 12345678 Pay Date: 03/13/2017 Check No.: 00-012345678 Process Type: Original EFT: Yes Claim Type: Outpatient UB-04

This is the information used to process the current claim. Corrections can be made to the highlighted fields.

* Required field

Provider Information

Facility ID*: CENTRAL MEDICAL CENTER -OUTP (1234567890)

Member Information

Patient ID*: 0123456789 / 01 Patient Account No.: BBH69834
 Patient Name: WILLIAM F MITCHELL Member DOB: 7 / 17 / 1985

Admission Information

Attending Physician: Type of Bill: 131

Service Line Information (+) Add a Claim Detail Line

Service Date *	Rev code	CPT/HCPCS	Modifiers	No. DVC *	Amount Billed *	Message Code	
03 / 01 / 2017	0300	12345		1	363.00		Delete
CLAIMS TOTALS:					363.00		

Diagnosis Information (up to 24)

* ICD-9	ICD-10								
201	018								

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

Contact Name: * NICOLE FARLEY Contact Phone: * 617-1234-567 Contact Email: test@test.com

3. Once you make your corrections, click "Submit".
 - Note:** You may also click "Reset" to return all claim fields to their original state. Clicking "Cancel" will return you to the CSI tool.
4. A confirmation page will display.
 - Click "Confirm" to accept your changes.

- Click "Edit" to make additional changes. You will be redirected to the Adjustment Entry screen.
 - Click "Cancel" to cancel your request.
5. Once you have confirmed your request, a final confirmation page displays with your tracking number for the adjustment.

Claim Adjustment

You have submitted an adjustment for Claim: 1234G5GG

Your tracking number for this adjustment is 990123AB-45678901

Please Print this confirmation for your records. To submit additional information with this request, please refer to the [Provider Payment Dispute Process](#) and attach this confirmation page.

To check the status of this adjustment, go to Claim Status Inquiry and isolate the claim number referenced above.

Note: Your changes will not be immediately reflected in the system.

Acceptance of this request is not a guarantee of payment nor a final prediction of how specific claims will be adjudicated. Claims are processed in accordance with Tufts Health Plan claims adjudication processing guidelines.

Claim Adjustment				
You are adjusting Claim No: 1234G5GG	Pay Date: 03/13/2017	Check No.: 00-012345678	Process Type: Original	Claim Type: Outpatient UB-04

Provider Information

Payee ID: CENTRAL MEDICAL CENTER -OUTP (1234567890)
 Provider ID: CENTRAL MEDICAL CENTER -OUTP (1234567890)

Member Information

Patient ID: **0123456789 01** Patient Account No.: **XXY12345**
 Patient Name: WILLIAM F MITCHELL Member DOB: **07/17/1965**

Admission Information

Type of Bill: **131**

Service Line Information

Service Date *	POS *	No. SVC *	Modifiers	Procedure Code *	Diagnosis Pointers	Amount Billed *	Message Code
03/01/2017	Outpatient	1		12345	1	363.00	C5
CLAIMS TOTALS :						363.00	

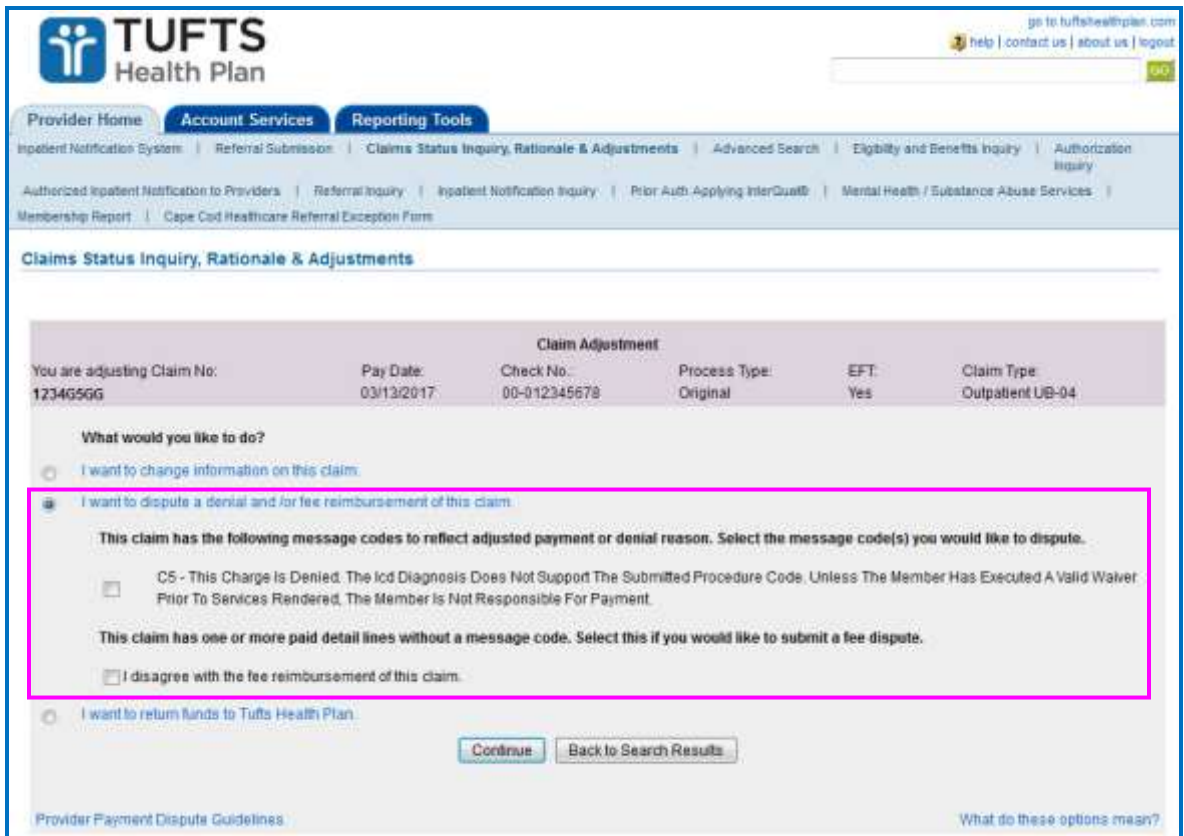
Diagnosis Information

1. Z01-818						
------------	--	--	--	--	--	--

Please confirm the contact information we have on file for this document
 Contact Name: Jo-Ann Summer Contact Phone: 888-555-1234

Submitting a Provider Payment Dispute

1. From the Claim Adjustment main menu, select "I want to dispute a denial and/or fee reimbursement on this claim".
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.



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Provider Home Account Services Reporting Tools

Inpatient Notification System | Referral Submission | Claims Status Inquiry, Rationale & Adjustments | Advanced Search | Eligibility and Benefits Inquiry | Authorization Inquiry

Authorized Inpatient Notification to Providers | Referral Inquiry | Inpatient Notification Inquiry | Prior Auth Applying InterQual® | Mental Health / Substance Abuse Services |

Membership Report | Cape Cod Healthcare Referral Exception Form

Claims Status Inquiry, Rationale & Adjustments

Claim Adjustment					
You are adjusting Claim No: 12346566	Pay Date: 03/13/2017	Check No.: 00-012345678	Process Type: Original	EFT: Yes	Claim Type: Outpatient UB-04

What would you like to do?

I want to change information on this claim.

I want to dispute a denial and/or fee reimbursement of this claim.

This claim has the following message codes to reflect adjusted payment or denial reason. Select the message code(s) you would like to dispute.

C5 - This Charge Is Denied. The Icd Diagnosis Does Not Support The Submitted Procedure Code. Unless The Member Has Executed A Valid Waiver Prior To Services Rendered, The Member Is Not Responsible For Payment.

This claim has one or more paid detail lines without a message code. Select this if you would like to submit a fee dispute.

I disagree with the fee reimbursement of this claim.

I want to return funds to Tufts Health Plan.

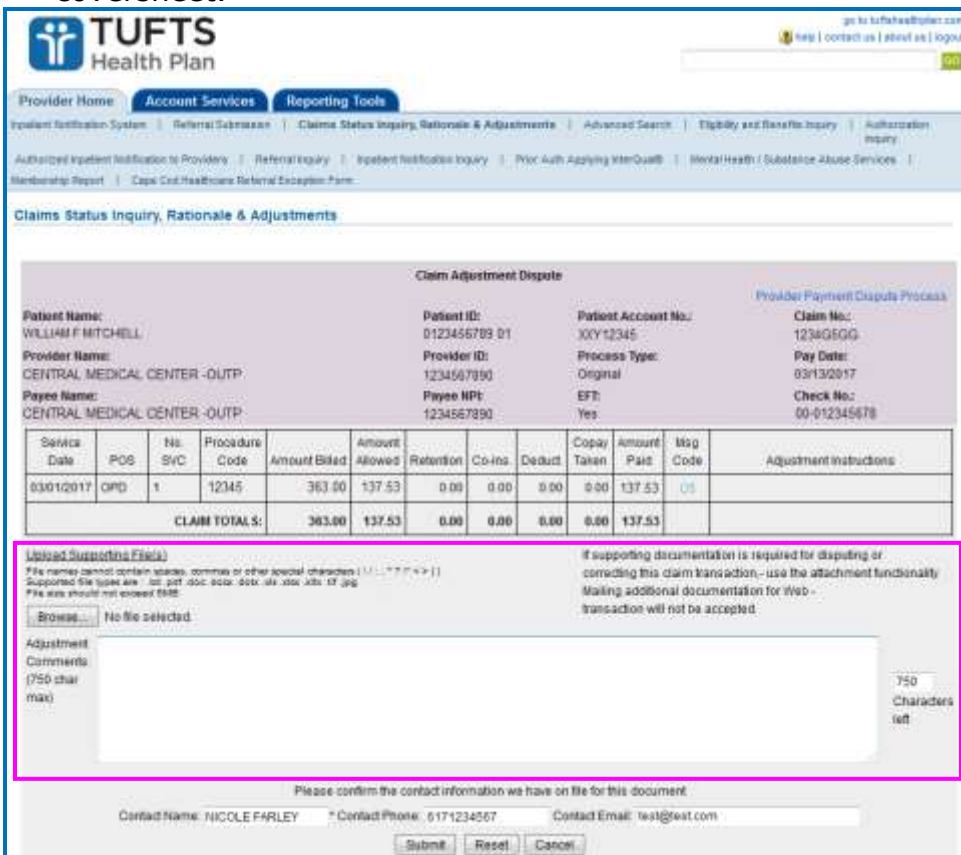
Provider Payment Dispute Guidelines [What do these options mean?](#)

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.

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 Online Claim Adjustment Tool supports two methods for submitting supporting documentation:

- Electronic files may be attached by selecting "Upload a file". Most common file types are accepted with a size limitation of 5 MB.
- Paper documents can be mailed to our current payment disputes address at Tufts Health Plan using the confirmation page as a coversheet.



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Provider Home | Account Services | Reporting Tools

Claims Status Inquiry, Rationale & Adjustments

Claim Adjustment Dispute

Patient Name: WILLIAM F MITCHELL	Patient ID: 0123456789 01	Patient Account No.: XXX12345	Claim No.: 12345678
Provider Name: CENTRAL MEDICAL CENTER -OUTP	Provider ID: 1234567890	Process Type: Original	Pay Date: 03/13/2017
Payee Name: CENTRAL MEDICAL CENTER -OUTP	Payee NPI: 1234567890	EFT: Yes	Check No.: 00-012345678

Service Date	POS	No. SVC	Procedure Code	Amount Billed	Amount Allowed	Retention	Co-ins	Deduct	Copy Taken	Amount Paid	Msg Code	Adjustment Instructions
03/01/2017	OPD	1	12345	363.00	137.53	0.00	0.00	0.00	0.00	137.53	05	
CLAIM TOTAL \$:				363.00	137.53	0.00	0.00	0.00	0.00	137.53		

Upload Supporting Files

Files names cannot contain spaces, commas or other special characters (! , ; ' * < > |)
Supported file types are: .txt, .pdf, .doc, .docx, .xls, .xlsx, .xlsb, .xlt, .xltm, .jpg
File size should not exceed 5MB

No file selected

Adjustment Comments
(750 char max)

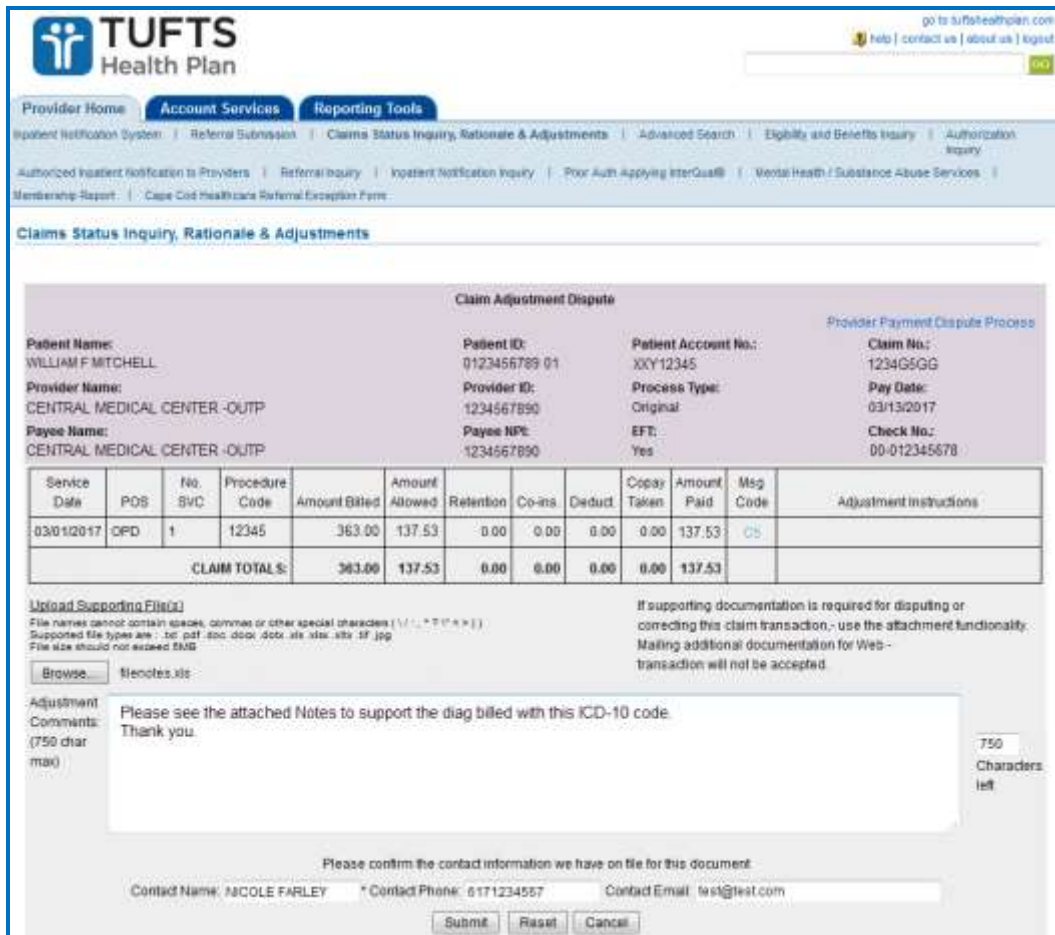
750 Characters left

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

Contact Name: NICOLE FARLEY * Contact Phone: 6171234567 Contact Email: test@tuhp.com

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

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



Claim Adjustment Dispute

Patient Name: WILLIAM F MITCHELL
Provider Name: CENTRAL MEDICAL CENTER -OUTP
Payee Name: CENTRAL MEDICAL CENTER -OUTP

Patient ID: 0123456789 01
Provider ID: 1234567890
Payee NPI: 1234567890

Patient Account No.: XXY12345
Process Type: Original
EFT: Yes

Provider Payment Dispute Process

Claim No.: 123456789
Pay Date: 03/13/2017
Check No.: 00-012345678

Service Date	POS	No. SVC	Procedure Code	Amount Billed	Amount Allowed	Retention	Co-ins	Deduct	Copay Taken	Amount Paid	Msg Code	Adjustment Instructions
03/01/2017	OPD	1	12345	363.00	137.53	0.00	0.00	0.00	0.00	137.53	CS	
CLAIM TOTALS:				363.00	137.53	0.00	0.00	0.00	0.00	137.53		

Upload Supporting Files
 File names cannot contain spaces, slashes or other special characters (/ \ : * ? " > <)
 Supported file types are : doc, pdf, doc, docx, xls, xlsx, ppt, pptx, zip, rar, gif, jpg
 File size should not exceed 5MB

Adjustment Comments: (750 char max)
 Please see the attached Notes to support the diag billed with this ICD-10 code.
 Thank you.

750 Characters left

Please confirm the contact information we have on file for this document:
Contact Name: NICOLE FARLEY **Contact Phone:** 6171234567 **Contact Email:** test@test.com

Submit **Reset** **Cancel**

- A confirmation popup window will display.
 - To submit the dispute, click "Ok."
 - To cancel the request, click "Cancel" (This will redirect you to the Claim Adjustment Dispute Entry screen.)

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

Note: If you have selected to mail in supporting documents, print the confirmation page and attach it as a coversheet. Documents should be sent to the current payment disputes addresses at Tufts Health Plan.

Claim Adjustment

You have submitted an adjustment for Claim: **1234G5GG**

Your tracking number for this adjustment is **990123AB-45678901**

Please [Print this confirmation for your records](#). To submit additional information with this request, please refer to the [Provider Payment Dispute Process](#) and attach this confirmation page.

To check the status of this adjustment, go to [Claim Status Inquiry](#) and isolate the claim number referenced above.

Note: Your changes will not be immediately reflected in the system.

Acceptance of this request is not a guarantee of payment nor a final prediction of how specific claims will be adjudicated. Claims are processed in accordance with Tufts Health Plan claims adjudication processing guidelines.

Submitted Dispute Information

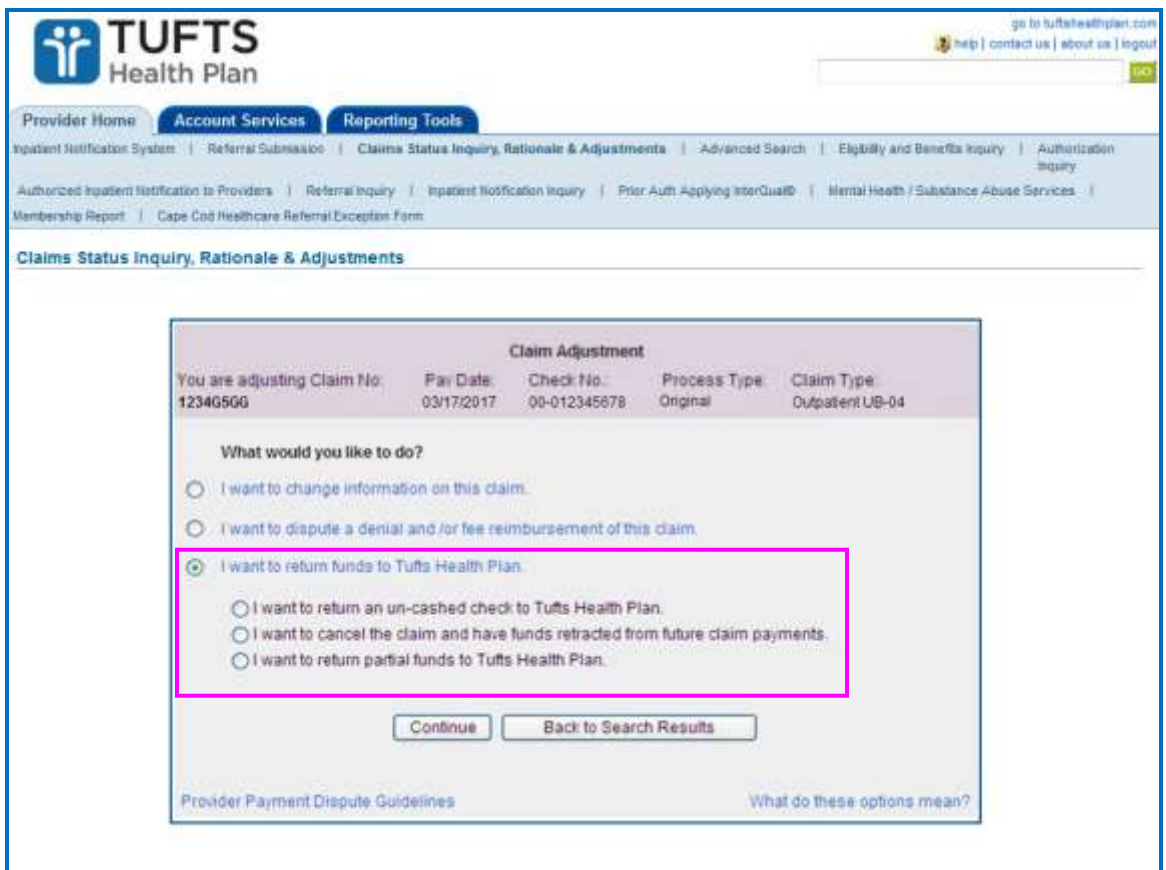
Adjustment Comments: (750 char max)	Please see the attached Notes to support the diag billed with the ICD-10 code. Thank you.
Attached File(s)	<ul style="list-style-type: none">• filenotes.xls

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

Contact Name: Nicole Farley Contact Phone: 617-123-4567

Submitting a Refund Request

1. From the Claim Adjustment main menu, select “I want to return funds to Tufts Health Plan.”
2. 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.



The screenshot shows the Tufts Health Plan website interface. At the top, there is a navigation bar with the Tufts Health Plan logo and a search bar. Below the navigation bar, there are several tabs: "Provider Home", "Account Services", and "Reporting Tools". The "Reporting Tools" tab is selected, and it contains a sub-menu with "Claims Status Inquiry, Rationale & Adjustments" highlighted. Below the sub-menu, there is a table with the following information:

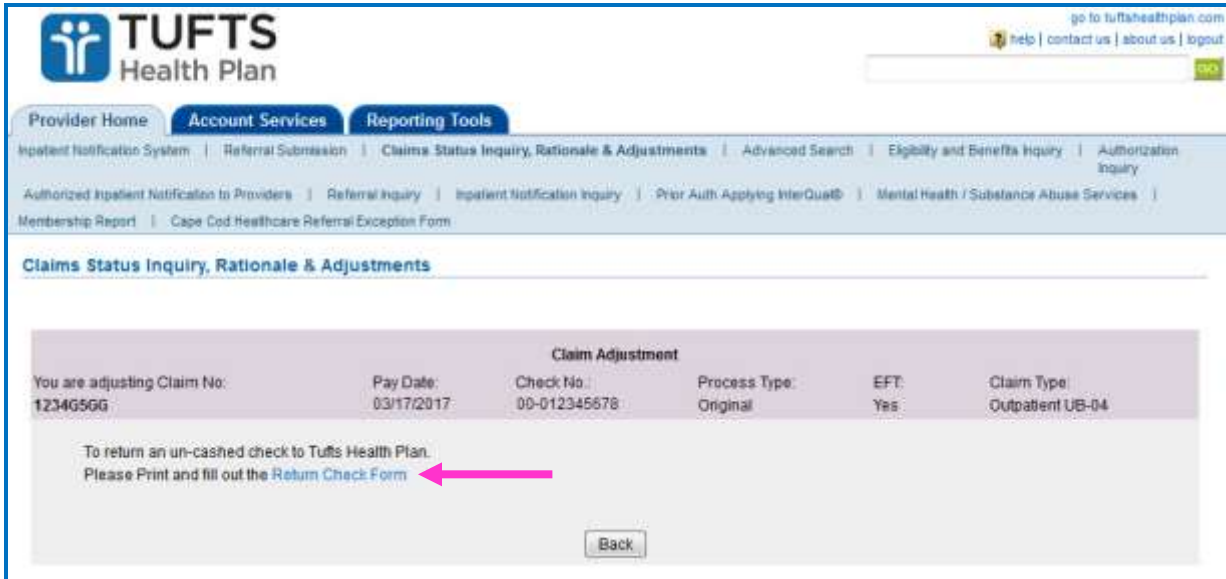
Claim Adjustment				
You are adjusting Claim No.	Pay Date	Check No.	Process Type	Claim Type
12346566	03/17/2017	00-012345678	Original	Outpatient UB-04

Below the table, there is a section titled "What would you like to do?" with three radio button options:

- I want to change information on this claim.
- I want to dispute a denial and /or fee reimbursement of this claim.
- I want to return funds to Tufts Health Plan.

The third option is highlighted with a pink box. Below the options, there are two buttons: "Continue" and "Back to Search Results". At the bottom of the form, there are two links: "Provider Payment Dispute Guidelines" and "What do these options mean?"

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.



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Provider Home | Account Services | Reporting Tools

Inpatient Notification System | Referral Submission | Claims Status Inquiry, Rationale & Adjustments | Advanced Search | Eligibility and Benefits Inquiry | Authorization Inquiry

Authorized Inpatient Notification to Providers | Referral Inquiry | Inpatient Notification Inquiry | Prior Auth Applying InterQual® | Mental Health / Substance Abuse Services |

Membership Report | Cape Cod Healthcare Referral Exception Form

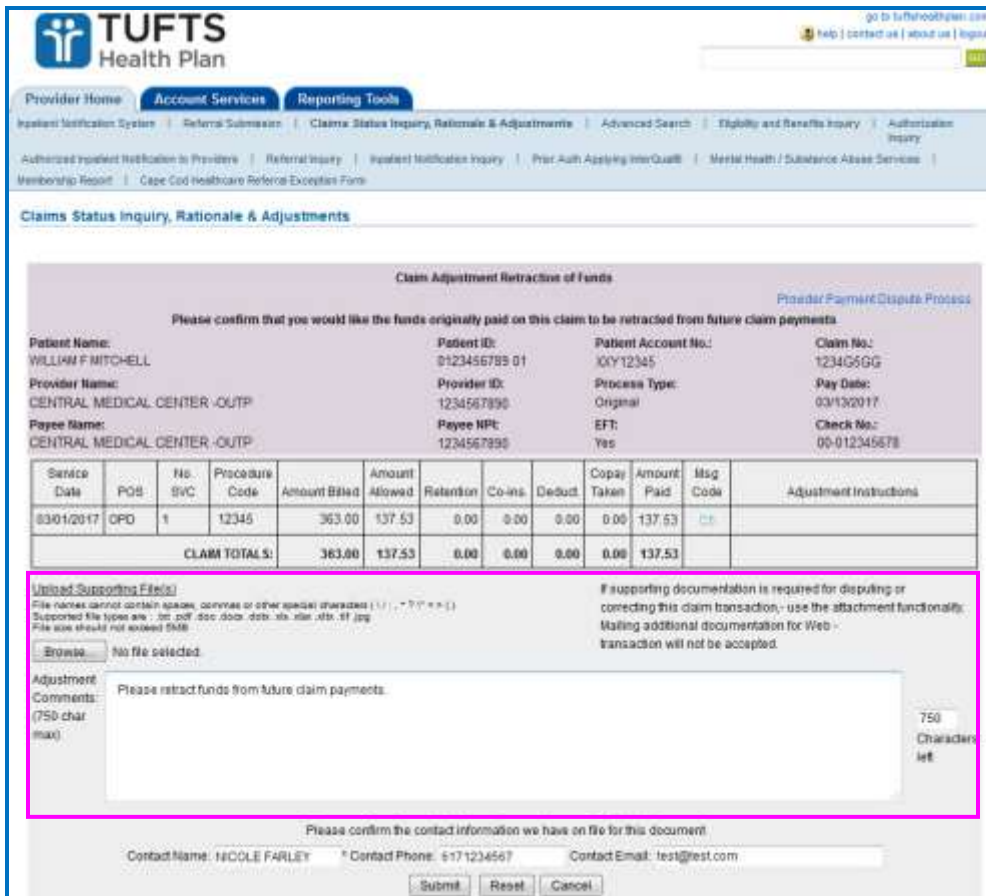
Claims Status Inquiry, Rationale & Adjustments

Claim Adjustment					
You are adjusting Claim No:	Pay Date:	Check No.:	Process Type:	EFT:	Claim Type:
1234G5GG	03/17/2017	00-012345678	Original	Yes	Outpatient UB-04

To return an un-cashed check to Tufts Health Plan.
Please Print and fill out the [Return Check Form](#)

Back

- 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.



Claim Adjustment Retraction of Funds

Please confirm that you would like the funds originally paid on this claim to be retracted from future claim payments.

[Provider/Member/Dispute Process](#)

Patient Name: WILLIAM F MITCHELL
Patient ID: 0123456789 01
Patient Account No.: 00Y12345
Claim No.: 123456GG
Provider Name: CENTRAL MEDICAL CENTER -OUTP
Provider ID: 1234567890
Process Type: Original
Pay Date: 03/13/2017
Payee Name: CENTRAL MEDICAL CENTER -OUTP
Payee NPI: 1234567890
EFT: Yes
Check No.: 00-012345678

Service Date	POS	No. SVC	Procedure Code	Amount Billed	Amount Allowed	Retention	Co-ins.	Deduct.	Copay Taken	Amount Paid	Msg Code	Adjustment Instructions
03/01/2017	OPD	1	12345	363.00	137.53	0.00	0.00	0.00	0.00	137.53	CL	
CLAIM TOTALS:				363.00	137.53	0.00	0.00	0.00	0.00	137.53		

Upload Supporting Files:
 File names cannot contain spaces, commas or other special characters (/ \ : * ? " < > |)
 Supported file types are : .txt .pdf .doc .docx .docb .xls .xlsx .xlsb .if .jpg
 File size should not exceed 5MB

No file selected.

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

Adjustment Comments: (750 char max)
 Please retract funds from future claim payments.

750 Characters left

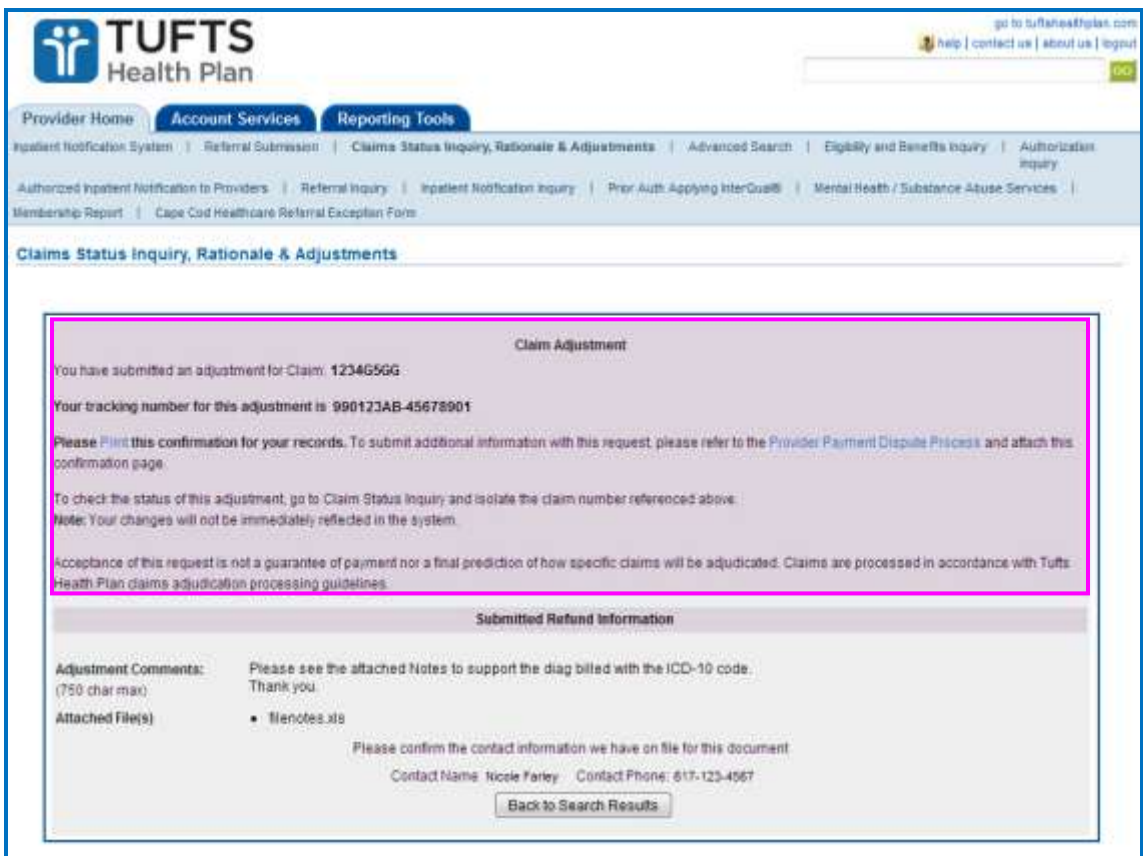
Please confirm the contact information we have on file for this document

Contact Name: NICOLE FARLEY Contact Phone: 6171234567 Contact Email: test@test.com

- 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 CSI tool.

6. A confirmation popup window displays.
 - To submit the dispute, click "Ok".
 - To cancel the request, click "Cancel" (This will redirect you to the Claim Adjustment Retraction of Funds entry screen.)
7. Once you have submitted the retraction request, a confirmation page displays containing the tracking number.

Note: If you have elected to mail in supporting documentation, print the confirmation page and attach it as a coversheet to your documents. Documents should be sent to the current payment disputes address at Tufts Health Plan.



The screenshot shows the Tufts Health Plan website interface. At the top left is the Tufts Health Plan logo. On the right, there is a search bar and a 'GO' button. Below the logo, there are navigation tabs for 'Provider Home', 'Account Services', and 'Reporting Tools'. A horizontal menu contains various links such as 'Inpatient Notification System', 'Referral Submission', 'Claims Status Inquiry, Rationale & Adjustments', 'Advanced Search', 'Eligibility and Benefits Inquiry', and 'Authorization Inquiry'. Below this menu, there are more specific links for 'Authorized Inpatient Notification to Providers', 'Referral Inquiry', 'Inpatient Notification Inquiry', 'Prior Auth Applying Inter-Qualif', 'Mental Health / Substance Abuse Services', 'Membership Report', and 'Cape Cod Healthcare Referral Exception Form'.

The main content area is titled 'Claims Status Inquiry, Rationale & Adjustments'. A central box with a pink border contains the following text:

Claim Adjustment

You have submitted an adjustment for Claim: 1234G5GG.

Your tracking number for this adjustment is: 990123AB-45678901

Please **Print** this confirmation for your records. To submit additional information with this request please refer to the [Provider Payment Dispute Process](#) and attach this confirmation page.

To check the status of this adjustment, go to [Claim Status Inquiry](#) and isolate the claim number referenced above.

Note: Your changes will not be immediately reflected in the system.

Acceptance of this request is not a guarantee of payment nor a final prediction of how specific claims will be adjudicated. Claims are processed in accordance with Tufts Health Plan claims adjudication processing guidelines.

Below this box is a section titled 'Submitted Refund Information'. It contains the following details:

Adjustment Comments: (750 char max) Please see the attached Notes to support the diag billed with the ICD-10 code. Thank you.

Attached File(s): • Tlenotes.xls

Please confirm the contact information we have on file for this document
 Contact Name: Nicole Farley Contact Phone: 617-123-4567

[Back to Search Results](#)

Follow up on a Submitted Request

All submissions made using the Online Claim Adjustment Tool are recorded in the claim detail page within the CSI tool. This information can be used to track the progress of a submitted request.

- Using the CSI tool, locate the claim for which an adjustment request was made.


Note: A search filter has been created that allows the users to view search results that include only claims for which an adjustment request has been made.

- Select the Patient ID number link from the claim level summary page.

- The claim detail screen will display in a new window.

Note: The Status field will update as the submission is processed.

Close this window | Print (To print this page, be sure to adjust your printer preferences or page setup to the "landscape" setting)



Summary of Amount
Product: POS

Patient Name: William F Mitchell	Patient ID: 0123456789 01	Patient Account No.: 00XY12345	Class No.: 1234GSGG
Provider Name: Medical CTR -DUTP	Provider ID: 1234567890	Process Type: Adjusted	Pay Date:
Payee Name: Medical CTR -DUTP	Payee NPI: 1234567890	EFT	Check No.:

Service Date	POS	No. SVC	Procedure Code	Description	Amount Billed	Amount Allowed	Amount Disallowed	Co-ins.	Deduct.	Copy Taken	Amount Paid	Msg Code	Edi Remarks
03/01/2017	OPD	1	90297	LOW DOSE CT SCN LUNG CANCER SC	1,200.00	0.00	0.00	0.00	0.00	0.00	0.00		IN PROCESS
CLAIM TOTALS:					1,200.00	0.00	0.00	0.00	0.00	0.00	0.00		

Claim Adjustments Summary

Adj#	Request Date	Claim Version	Submitted By	Type of Request	Current Status	Reject/Decision Reason	Communication Available to View?
1	04/03/2017	00	WC8GRS001	Contested Claim	Claim Adjusted		NO

The search filter is available to assist each user with follow-up on adjustment requests. The filter allows users to view results for only those claims with an adjustment request.

Claims List by Provider ID

<input type="radio"/>	<p>Identify a Provider</p> <p>Note: Please be aware that searching by provider can take several minutes. Using a smaller date range will reduce the amount of time for your results to be processed.</p>
<input type="checkbox"/>	<p>Show only Adjusted Claims and /or Requested Adjustments</p>
	<p>Note: This tool will only find adjustments entered from Electronic or Paper process as of 03/14/2008</p>
Provider Name and ID	CENTRAL MED CTR - OUTPT (1234567890)
Book Of Business	Commercial & Medicare Preferred ▾
Claim Service Period	
Start Date / Admit Date*	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
End Date / Discharge Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
<p>Note: only claims dating back 2 years for which the user is the provider rendering service or the payee will be displayed</p>	
	Maximum of 31 days

Contact Information

For training on this or any other tools within Tufts Health Plan's secure Provider website, contact the Provider Education Department:

Email: provider_education@tufts-health.com

Phone: 888.306.6307, option 7

For claim inquiries, contact Tufts Health Plan Provider Services:

Phone: 888.884.2404

For technical assistance with registration, account management and website navigation, contact Provider Services:

Email: network_tech@tufts-health.com

Phone: 888.884.2404