



**LTC Professional Claim submission
via SSI Claimsnet CSV.file**

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Registering with SSI Claimsnet

This is the first step to begin submitting iCare LTC Professional claims electronically.

If you need assistance with any of the steps in the process, completing the form or submitting the files, please contact SSI Claimsnet at helpdesk.dallas@ssigroup.com or 800-356-0092.

**iCare Customer Service or Provider Relations cannot assist with this process. Contacting iCare will cause a delay in your registration.*

Step 1) Visit <https://products3.ssigroup.com/ProviderRegistration/register> to complete the registration form.

Step 2) SSI will request a no-fee agreement from their legal department to submit electronic claims, this can 2-3 weeks.

Step 3) Once the agreement is complete the LTC provider will receive credentials via secure email

- These credentials will allow LTC providers to submit CSV files via Secure File Transfer Protocol (SFTP)
- This is the only method allowed to submit claims electronically to SSI Claimsnet

Notes for Completing the SSI Claimsnet Registration:

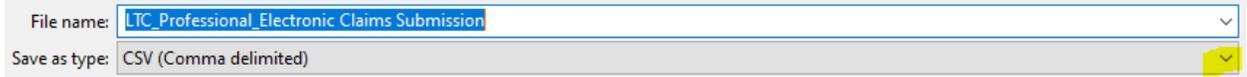
- Be sure to complete all required fields
 - Required fields are indicated with an *asterisk
- NPI
 - Enter 9999999999
- Claim Type
 - Select Professional
- Payer
 - Select 11695: ICARE
- Enter "LTC" in the last box to identify yourself as an LTC provider to SSI Claimsnet
-

If you selected "OTHER" in the Payer box above, please include the payer name here

How to Complete the CVS File

Using Microsoft Excel, please complete the LTC_Professional_Electronic Claims Submission form.

- When saving the file, choose the CSV (comma delimited) from the drop-down menu as the file “type”



*Unless otherwise specified, all fields in Columns A through BM are required to be completed in each row.

- Do not forget to review the end of the row for Column BM - Electronic Signature
- Do not include empty lines between Rows
 - Complete a Row for each claim to be submitted
 - Each Row allows for 6 services to be submitted
 - 1st Service – Columns W through AC
 - 2nd Service – Columns AD through AJ
 - 3rd Service – Columns AK through AQ
 - 4th Service – Columns AR through AX
 - 5th Service – Columns AY through BE
 - 6th Service – Columns BF through BL

Column A	Provider Accept Assignment Code <ul style="list-style-type: none"> • Enter 'Yes' • Accept contracted payment for covered services
Column B	Billing Provider Organization Name
Column C	Billing Provider Address - Street
Column D	Billing Provider Address - City
Column E	Billing Provider Address - State <ul style="list-style-type: none"> • State should only be 2 Characters, i.e., WI
Column F	Billing Provider Address – Zip Code
Column G	Billing Provider Tax ID Number <ul style="list-style-type: none"> • Enter Federal Tax Identification Number or social security number under which you bill
Column H	Billing Provider NPI <ul style="list-style-type: none"> • Use Default NPI 111111112 • <i>Default required to process via SSI Claimsnet. If any other NPI is used (i.e., existing home health NPI) it will direct the LTC claims to the incorrect benefit</i>

Column I	Member ID <ul style="list-style-type: none"> Member Medicaid ID, located on their ForwardHealth card
Column J	Member Last Name
Column K	Member First Name
Column L	Member Home Address - Street
Column M	Member Home Address - City
Column N	Member Home Address - State <ul style="list-style-type: none"> State should only be 2 Characters, i.e., WI
Column O	Member Home Address - Zip Code
Column P	Member Gender <ul style="list-style-type: none"> Male Female
Column Q	Member Date of Birth <ul style="list-style-type: none"> Date must be entered as MM/DD/YYYY (unless MM is a single digit month, i.e., January is 1)
Column R	Patient Account Number <ul style="list-style-type: none"> If used, enter your internal patient account number <i>*(not required)</i>
Column S	Place of Service <ul style="list-style-type: none"> 11 - Provider's Office 12 - Client's Home 99 - Other
Column T	Diagnosis <ul style="list-style-type: none"> Default is Z02.9
Column U	Service Request Number (authorization) <ul style="list-style-type: none"> Number which authorizes services; can be located on the authorization letter created by the Care Manager
Column V	M8 <ul style="list-style-type: none"> Enter M8 when a member has dual coverage with iCare (Medicare and Medicaid). This will allow the claim to by-pass Medicare processing which is non-covered and expedite processing under Medicaid
Column W	Start of 1 st Service - CPT/Service Code <ul style="list-style-type: none"> Enter the code that is approved on your Service Request, it must be a 5 digit/character code <i>Previously referred to as a HIPAA code</i>
Column X	Modifier 1 <ul style="list-style-type: none"> 2 digit/character code that provides specific information relating to the CPT/Service Code (if applicable); located on the Service Request after the CPT/Service Code
Column Y	Modifier 2 <ul style="list-style-type: none"> 2 digit/character code that provides specific information relating to the CPT/Service Code (if applicable); located on the Service Request after the CPT/Service Code

Column Z	From Date of Service <ul style="list-style-type: none"> • This is the date when services start • Date must be entered as MM/DD/YYYY (unless MM is a single digit month, i.e., January is 1)
Column AA	To Date of Service <ul style="list-style-type: none"> • This the date when the services end • Date must be entered as MM/DD/YYYY (unless MM is a single digit month, i.e., January is 1)
Column AB	Number of Days/Units <ul style="list-style-type: none"> • Enter quantity or unit of measure (MUST BE WHOLE UNITS)
Column AC	End of 1 st Service - Billed Amount
Column AD through AJ	2 nd Service - Repeat data as required in Columns W through AC if there are additional services/date ranges to submit. <ul style="list-style-type: none"> • If there aren't additional services to submit, these fields can be blank.
Column AK through AQ	3 rd Service - Repeat data as required in Columns W through AC if there are additional services/date ranges to submit. <ul style="list-style-type: none"> • If there aren't additional services to submit, these fields can be blank.
Column AR through AX	4 th Service - Repeat data as required in Columns W through AC if there are additional services/date ranges to submit. <ul style="list-style-type: none"> • If there aren't additional services to submit, these fields can be blank.
Column AY through BE	5 th Service - Repeat data as required in Columns W through AC if there are additional services/date ranges to submit. <ul style="list-style-type: none"> • If there aren't additional services to submit, these fields can be blank.
Column BF through BL	6 th Service - Repeat data as required in Columns W through AC if there are additional services/date ranges to submit. If there aren't additional services to submit, these fields can be blank
Column BM	Type the submitters name to be accepted as an electronic signature

See a Sample CSV File: <https://www.icarehealthplan.org/Education/Resources.htm> under Claims Education

If you need assistance completing this form, please contact ProviderRelationsSpecialist@icarehealthplan.org

**iCare Customer Service cannot help you with this form or the electronic submission. Contacting Customer Service will cause a delay and won't guarantee follow up within 24 hours*

- Provide your contact information when emailing
 - Name and phone number you can be reached at
- Provided a summary of your questions or concerns
- A Provider Relations Rep will be in contact within 24 hours

Steps to submit test CSV File to SSI Claimsnet

Step 1) Submit a test file to **\test\csv** SFTP folder

- A report to submit a test file can be retrieved from the **\test\reports** folder.
- Send an email to helpdesk_dallas@ssigroup.com indicating a test file has been sent

Step 2) SSI Claimsnet will review the CSV test file submission and send feedback to the provider on the results of the test.

Step 3) If the test submission passes, SSI Claimsnet will approve CSV file submission to production with live claim data

- Production CSV files should be deposited in the **\csv** folder.
- Production reports can be retrieved from the **\reports** folder.

Example of what the folders will look like in SSI Claimsnet SFTP



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**iCare Customer Service or Provider Relations cannot assist with this process. Contacting iCare will cause a delay in you file processing.*

Ongoing Submission

Once you have successfully completed your first submission you will begin to submit your files to the CSV SFTP folder.

- Production CSV files (new claims) should be deposited in the **\csv** folder.
- Production reports (prior submissions) can be retrieved from the **\reports** folder.
 - Production Reports can be retrieved for review



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Files submitted before 10:00am will appear in our system the same day, claim files submitted after 10:00am will appear the following day.

Please watch for rejected files in the Reports folder and correct them immediately to avoid confusion or delays.

Updated 9/25/2023

- The STA file is a readable text file. It reports the status of each submitted claim.
 - *Any rejection reasons are listed towards the end of the report.*
- The 999 and 277 files are the response files for the 837 converted from the CSV.
 - 837 is the electronic submission of the claims to iCare

Name

 365862.STA.2098205

 LTC_Professional_ElectronicClaimsSubmissionForm_Update4.2023.csv.20230425152137.837.365862.277

 LTC_Professional_ElectronicClaimsSubmissionForm_Update4.2023.csv.20230425152137.837_365862.999