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 though AC
    - 2nd Service – Columns AD though 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

<table>
<thead>
<tr>
<th>Column A</th>
<th>Provider Accept Assignment Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Enter 'Yes'</td>
</tr>
<tr>
<td></td>
<td>• Accept contracted payment for covered services</td>
</tr>
</tbody>
</table>

| Column B | Billing Provider Organization Name |
| Column C | Billing Provider Address - Street |
| Column D | Billing Provider Address - City |
| Column E | Billing Provider Address - State |
|          | • State should only be 2 Characters, i.e., WI |
| Column F | Billing Provider Address – Zip Code |

| Column G | Billing Provider Tax ID Number |
|          | • Enter Federal Tax Identification Number or social security number under which you bill |

| Column H | Billing Provider NPI |
|          | • Use Default NPI 11111111112 |
|          | • 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 |

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<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
</table>
| Column I | Member ID  
  * 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  
  * State should only be 2 Characters, i.e., WI |
| Column O | Member Home Address – Zip Code |
| Column P | Member Gender  
  * Male  
  * Female |
| Column Q | Member Date of Birth  
  * 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  
  * If used, enter your internal patient account number *(not required)* |
| Column S | Place of Service  
  * 11 – Provider’s Office  
  * 12 – Client’s Home  
  * 99 – Other |
| Column T | Diagnosis  
  * Default is Z02.9 |
| Column U | Service Request Number (authorization)  
  * Number which authorizes services; can be located on the authorization letter created by the Care Manager |
| Column V | M8  
  * 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 1st Service - CPT/Service Code  
  * Enter the code that is approved on your Service Request, it must be a 5 digit/character code  
  * Previously referred to as a HIPAA code |
| Column X | Modifier 1  
  * 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  
  * 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 |
<table>
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<th>Column</th>
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</table>
| Column Z | From Date of Service  
- 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  
- 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  
- Enter quantity or unit of measure (MUST BE WHOLE UNITS) |
| Column AC | End of 1st Service - Billed Amount |
| Column AD through AJ | 2nd 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 AK through AQ | 3rd 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 AR through AX | 4th 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 AY through BE | 5th 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 BF through BL | 6th 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](https://www.icarehealthplan.org/Education/Resources.htm) under Claims Education

If you need assistance completing this form, please contact [ProviderRelationsSpecialist@icarehealthplan.org](mailto: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

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Steps to submit test CVS 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.*

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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

*Unless otherwise specified, all fields on the CSV file 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
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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.

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• The STA file is a readable text file. It reports the status of each submitted claim.
  o *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.
  o 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

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