Trans Shuttle

For Paramount Healthcare

Professional Claims – CMS 1500

Powered By: 

Ver.032022

Table of Contents

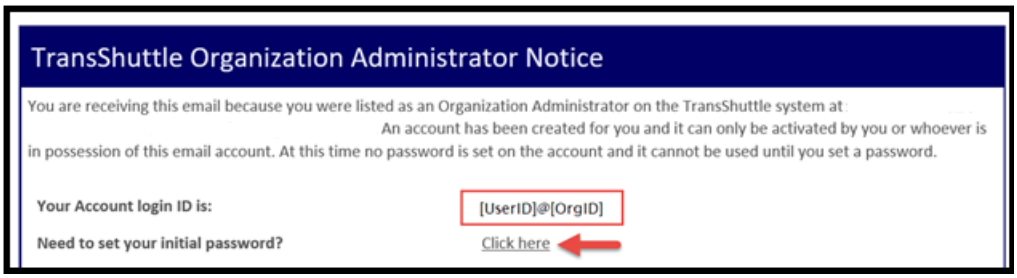
Getting Started

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

Organization Administrator

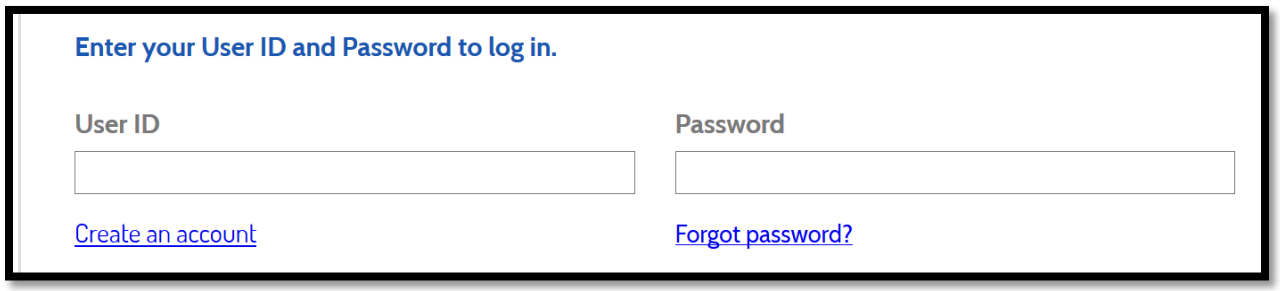
The email you receive will have your Login ID and a link for you to click on to set your password. The link expires after one hour from distribution. If you click on the link after an hour from distribution, you will be asked to enter the email address you used during sign up so that a new email with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

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



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

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



Your Home Page & the Main Menu

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

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

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

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

- *Setup Section*: Security, Providers, & Patients
- *Tasks*: Professional Claims, Institutional Claims, and Message Center
- *Activity Stream*

Adding Users & Managing Existing Users

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

To add a user:

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

To Delete or Edit Users:

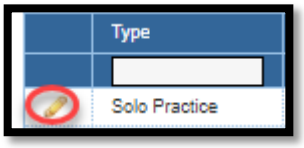
1. From the Main Menu go to Setup then click on Security.
2. Click Edit this User on the user's profile.
    a. Click Delete this User to delete the user's profile.
    b. Click Send Invite to resend a user invitation to the user.
    c. Click Alter security roles to add or remove a role.
    d. Uncheck the Logins Enabled box to disable a user.
    e. Uncheck the Enable Two-Step Verification to disable this feature.
3. Always click Save at the end of your changes.

Your Organization/Provider Profile

The **Providers Page** is where your billing entity profile is stored as well as any rendering provider profiles that will need to be used on the electronic claims you send to Paramount. To go to the Providers Page, click on the Main Menu icon, then click on Providers under the Setup section.

When you first signed up for the application, you entered your Provider Information as the billing entity record that will be used for Loop 2010AA (Box 33) of your claims and that is the initial billing entity record that will already be setup in your account. Review the information in your Organization/Provider profile on this page **BEFORE** you start entering claims to make sure it is correct.

To review the existing record that was created off the information you entered during your sign up, click on the pencil to the far left of your Organization/Provider name.

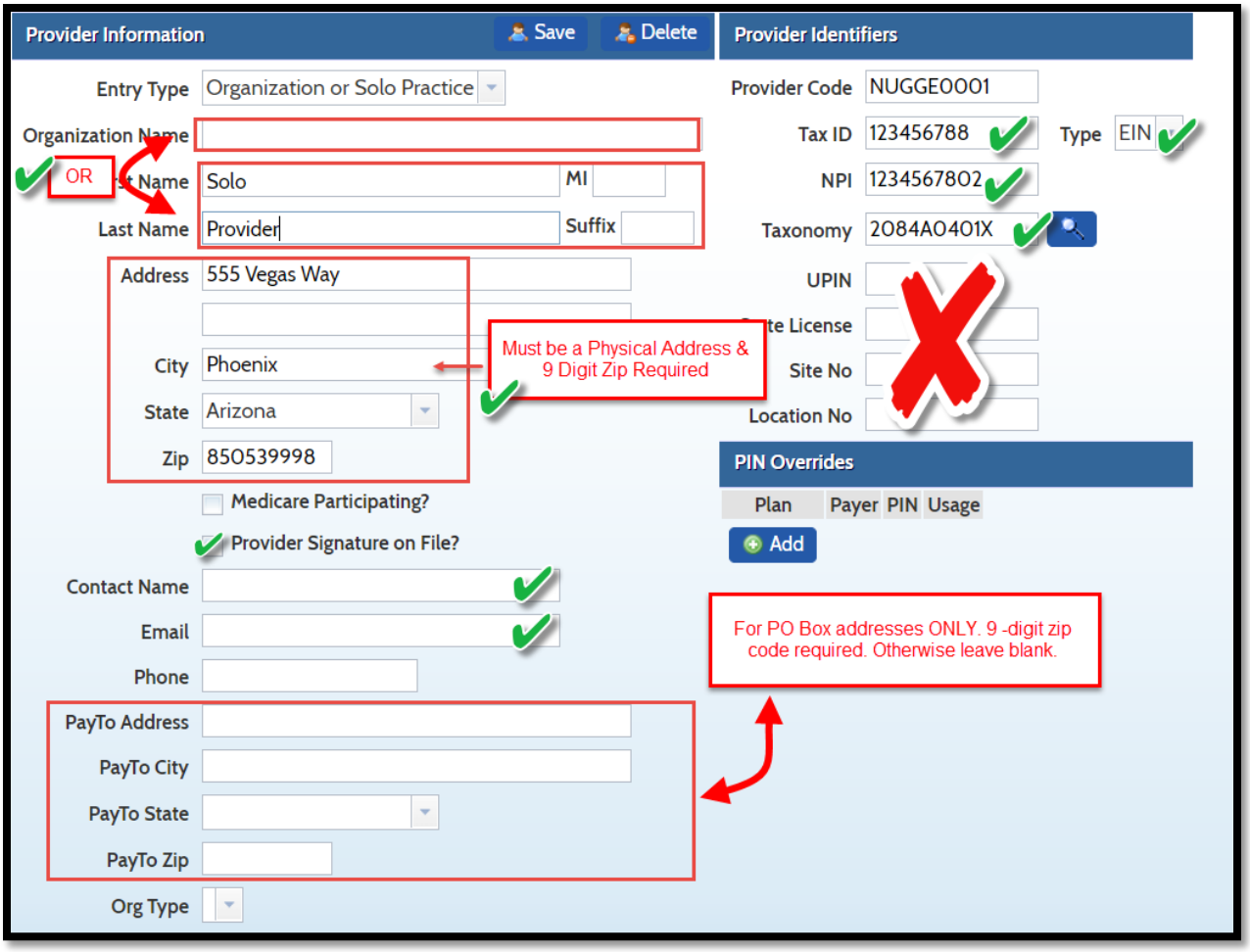


NOTE: If you do not see a record for your Organization or Provider on this page you will need to add it and follow the instructions below. If you use multiple NPIs (Group Practice + Group Providers) to bill your claims (the additional NPIs will need to be added onto your Providers list), change the Entity type of your Organization to Group Practice and Add your providers as Entity Type: Group Providers to the list (Group Providers just need their Name, NPI and Taxonomy code entered on their profiles).

If you are a Solo Provider or just an Organization and only use 1 NPI to bill all your claims, your setup should be as follows (see image below for guidance):

- Entity Type: Organization or Solo Practice
- Enter EITHER the Organization Name recognized by Paramount or your First and Last Name, not BOTH.
    - If both sections are filled please delete the data in the field(s) that should not be filled.
- The Address you enter MUST BE A PHYSICAL ADDRESS with a 9-digit zip code.
    - If you receive mail at a PO Box, utilize the Pay-To section if it's registered with Paramount.

- Check the box for “Provider Signature on File”
- Enter your Name for Contact Name & Email (phone is optional ,only enter 10 digits for phone #)
- If you have a PO Box address, enter it in the Pay-To section with a 9-digit zip code, otherwise leave it blank.
- Org Type is optional
- Provider Code is System generated (if not populating enter a short unique value like: Prov1)
- Enter your registered Tax ID or SSN and switch the drop-down box to EIN for Tax Id or SSN
- Enter your NPI that is registered with Paramount
- Enter your Taxonomy Code which specifies the specialty code tied to your NPI
    - If you do not know your Taxonomy code you may search for it on the NPPES site at https://npiregistry.cms.hhs.gov/
        - Enter your NPI and click Search. Click on the result and scroll to the bottom to find the Taxonomy Code attached to you NPI
    - Just enter the actual Taxonomy Code. Do NOT enter the ZZ qualifier in front of it.
        - For Example, if the taxonomy code is “213E00000X – Podiatrist”, just enter 213E00000X in the box
- UPIN, State License, Site No, and Location No are not needed, leave them blank
- Skip the PIN Overrides section
- Click Save at the top left to save your billing entity profile

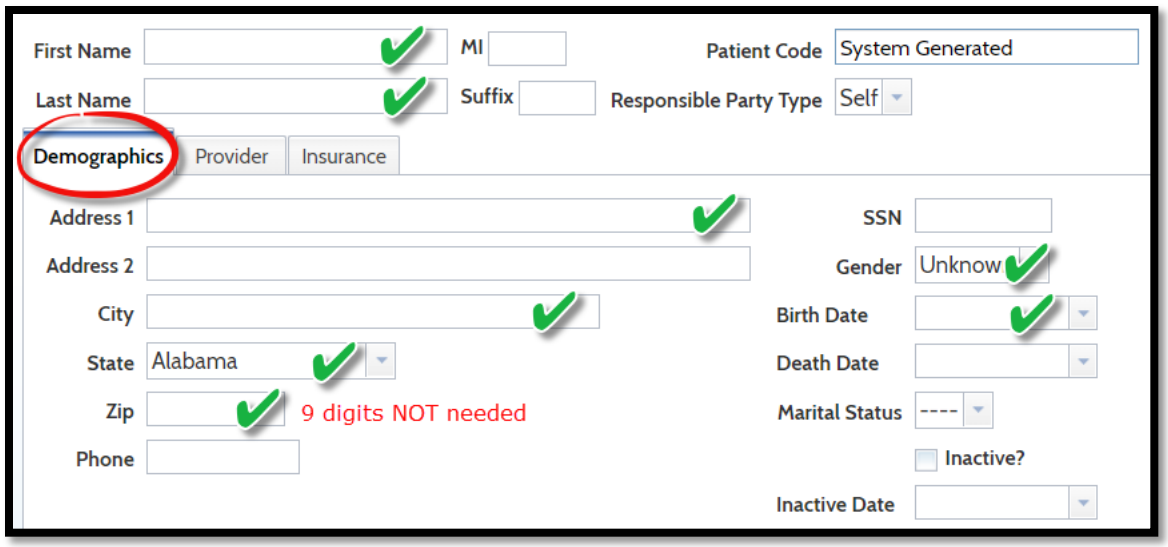


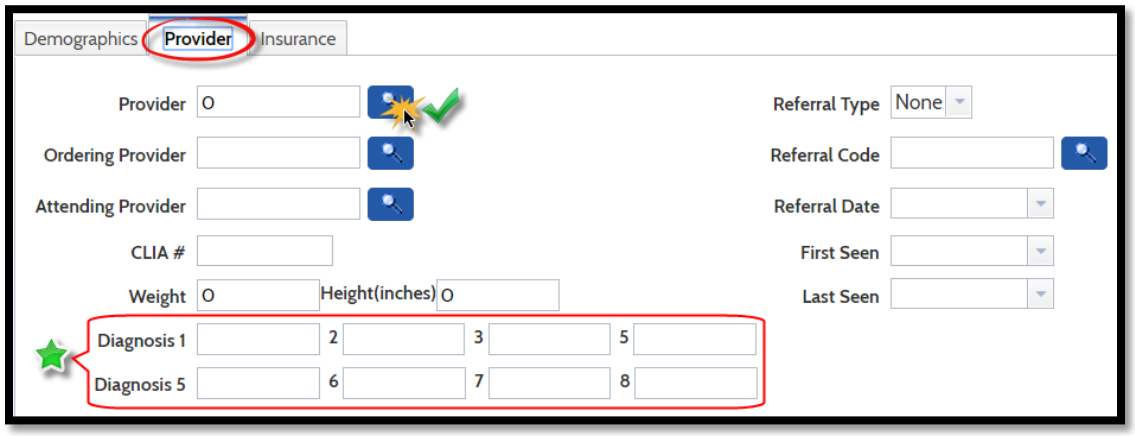
Setting up Patient Profiles

It is highly recommended for users to setup patient profiles in the TransShuttle Patients Page before creating claims. The **Patients Page** is where you can pre-setup your patient's information so that their name and demographic information can be auto filled on the CMS-1500 Claim Form. To go to the Patients Page, click on the Main Menu icon and click on Patients under the Setup section.

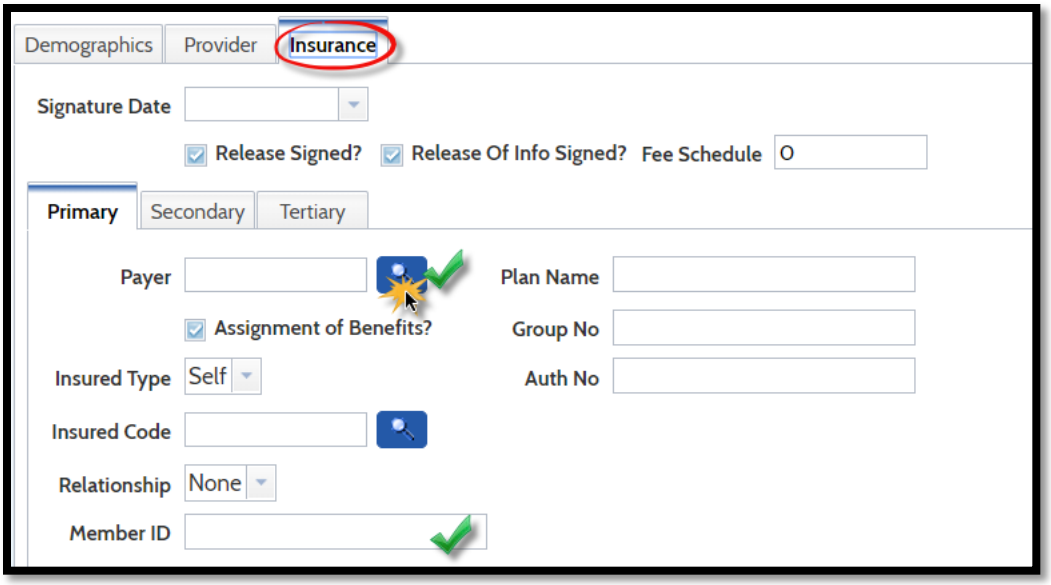
To setup a patient's profile, click on Create Patient. There are 3 tabs that you may fill out to get the most out of the auto fill feature:

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





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



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

Entering Claims

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

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

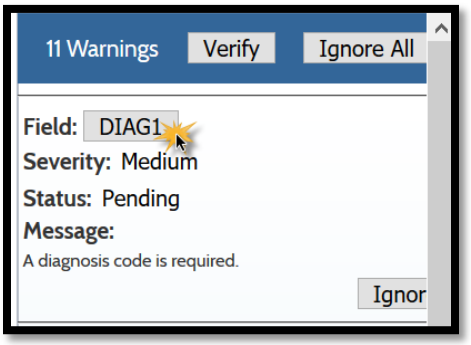
1. Click the New Claim button to begin today's batch of claims. You may have as little as 1 claim in a day's batch or as many as you would like to send.
2. If you have pre-setup your patient's information in the Patients page:
    a. Click the magnifying glass in Box 1a to open the Auto-Fill box. In the Auto-Fill Patient box, click on the magnifying glass to open your patient list. Select the patient you want to create a claim for and click the Autofill button. Proceed to Step 4 below.
3. If you have NOT pre-setup your patient's information in the Patient page:
    a. Begin entering your claim by starting in Box 1a with the Insured's Member ID. (No spaces or dashes)
    b. You may use your tab key on your keyboard to move on to other fields or use your mouse to click onto other fields you need to complete.

c. These claims are defaulted to be “Self” claims so if you complete the Patient Name and Demographics in boxes 2, 3, and 5 they will copy over to the insured section at the end when you click the Save or Verify button on the right side of the screen.
d. For Dates, enter mmddyyyy and hit the tab key on your keyboard so it can auto format into mm-dd-yyyy.
e. Optional: Once you are done entering your Patient’s information, you can click Save and then the Sync button in Box 1A and choose *Sync This Patient to File* to have the patient’s name and demographics saved to the Patients page.

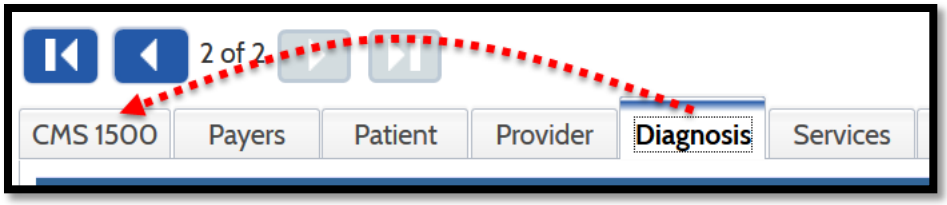
4. If you need to include a Referring Provider, enter the provider’s information in Box 17.
    a. Enter Last Name, First Name and the providers NPI.
    b. This should not be you. This should be a provider that referred the patient to you. If you have never been required by Paramount to send this, please leave blank.
5. When entering service lines, enter the dates as mmddyyyy and hit your tab key to move to the next field. The date will auto format to mm-dd-yyyy (Do not check the boxes for 24C or 24H).
6. Once you are done entering your service lines, you may skip boxes 24J-32 and click the magnifying glass in box 33a to select your billing entity record from the Provider List if it’s not already filled in.
    a. If you only use 1 NPI to bill all of your claims you should NOT touch box 24J or 31. The billing entity record that you will choose later for Box 33a is all that you will need to bill your claim as a Solo Practitioner or Organization. Box 31 will be auto filled with your name or Organization’s name once you select your billing entity profile in Box 33. Manually entering information in 24J and 31 can cause un-necessary Loops in your claim file that can cause your claims to reject.
    b. 24J should only be used if you meet all of the requirements below, otherwise leave it blank:
        i. The NPI is different from the NPI that will be used in Box 33a
        ii. You have added your Group Providers to be used as your Rendering Providers in Setup > Providers
    c. Box 32 should only be filled in if the services you rendered took place at a different physical address than your physical address in Box 33, otherwise always leave Box 32 blank. If filled, Box 32 will need a 9-digit zip code.
    d. If you have a Pay-To address, you will NOT see it in Box 33, if you click on the Provider tab at the top you will see your PO Box or Pay-To address entered there in a specific Pay-To section.
7. Scroll up and click the Save button. Once saved, click the Verify button at the top right to run system edit checks to make sure your claim is free of errors that may cause it to be rejected by Paramount.

9. If you have Warnings, you should resolve the warnings to end with a clean claim. There is an Ignore button provided for ignoring Medium and Low severity type warnings, but it should not be used if the warning can be resolved by correcting the data causing the warning.

b. Read the Warning Message in its entirety to understand what needs to be corrected.



d. Click on the CMS1500 tab to return to the claim form.

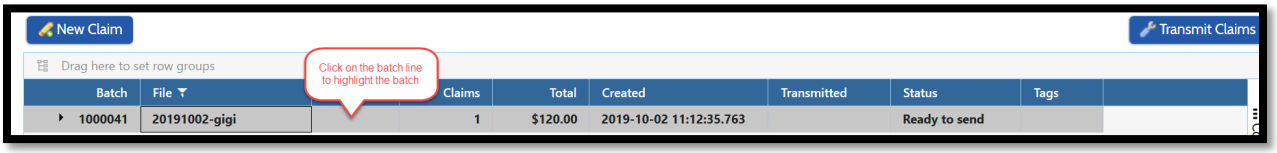


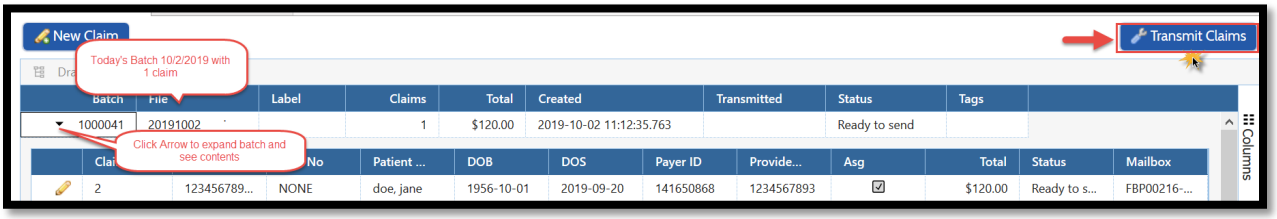
Transmitting Claims

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

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

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





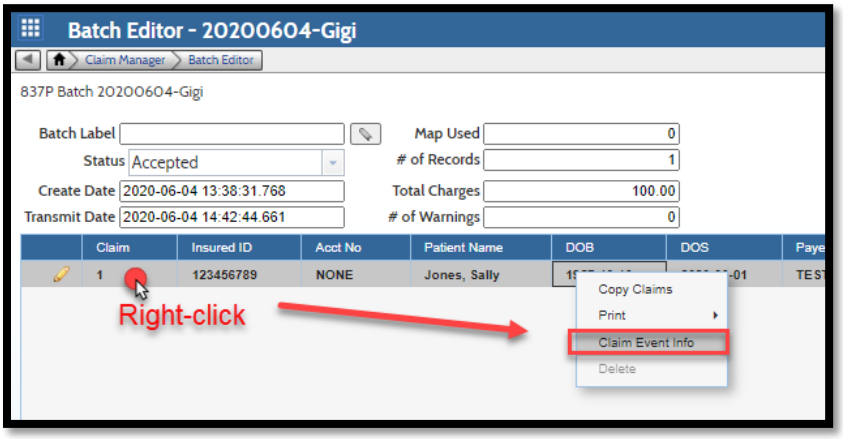
Reading Response Reports from Paramount

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

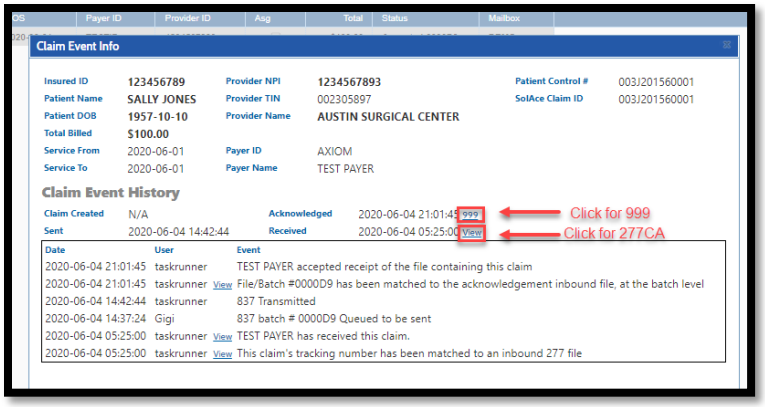
To read the response reports attached to your claim, follow the steps below:

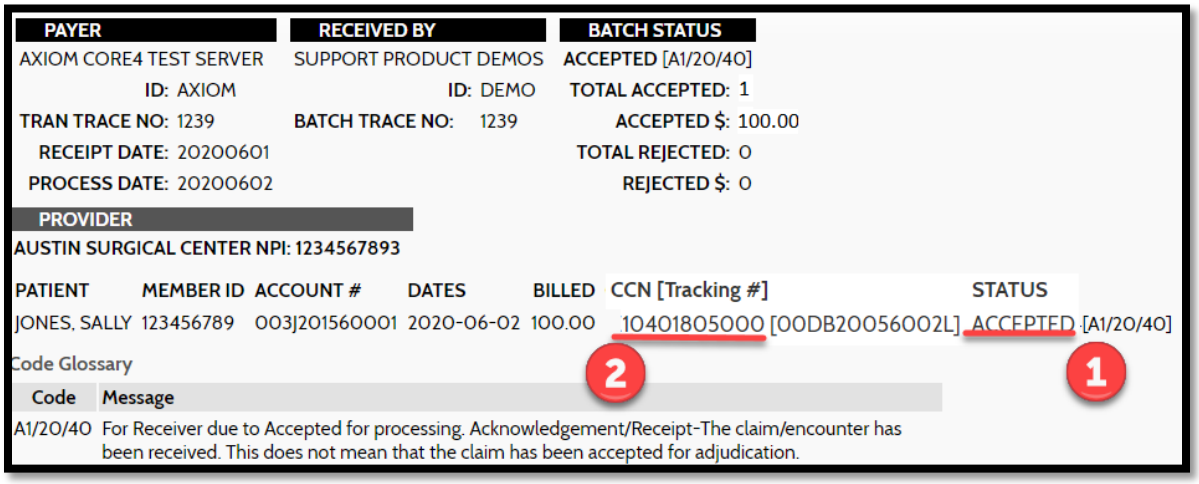
- Go to the Professional Claims page
- Click on the blue folder on the left of the batch of claims you want to review

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



- When the Claim Event Info box opens, you will be able to see the activity history of your claim's file and you will find the 2 links that will allow you to preview the 2 reports for your claim.





- Once you are done viewing your report, you can close the tab your report preview is on and return to your main tab for TransShuttle. You can then close the Claim Event Info box by clicking on the 'x' on the top right side of the box.

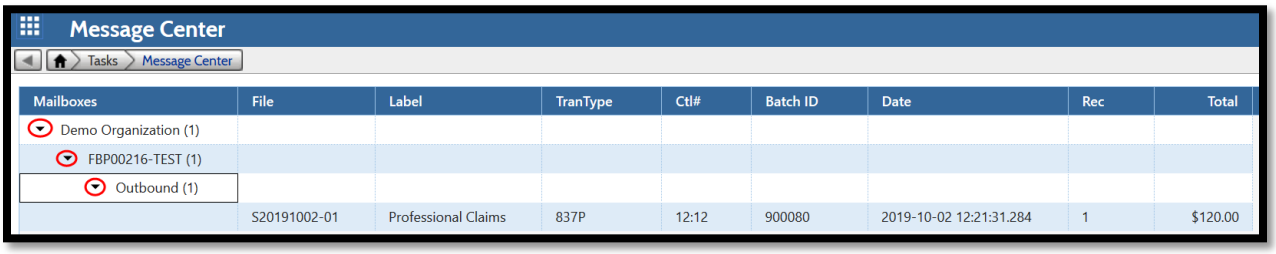
Message Center

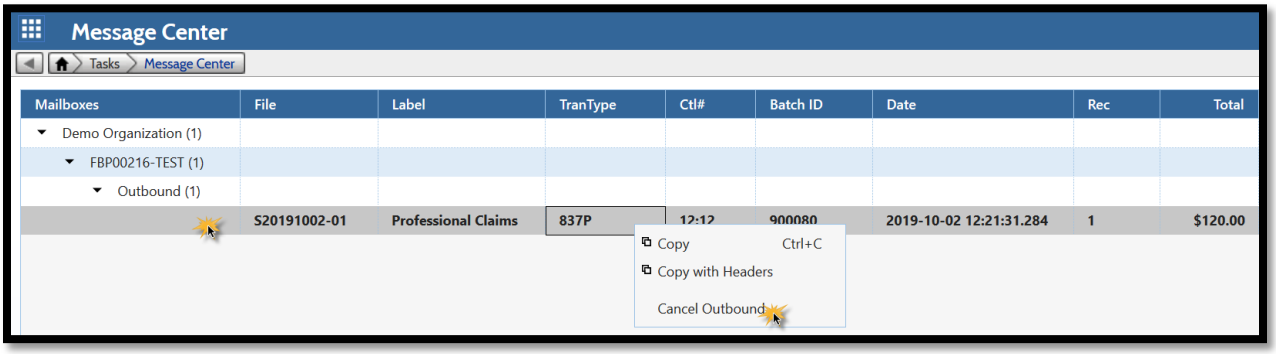
The **Message Center** page is where you can also read your response reports regarding the claims you previously sent to Paramount. These are the same reports you see from the Claim Event Info box. To go to the Message Center page, click on the Main Menu icon and click on Message Center under the Tasks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

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

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

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

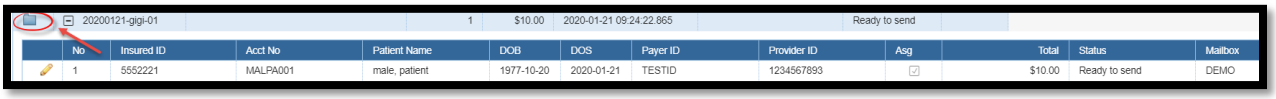




Tips & Tricks

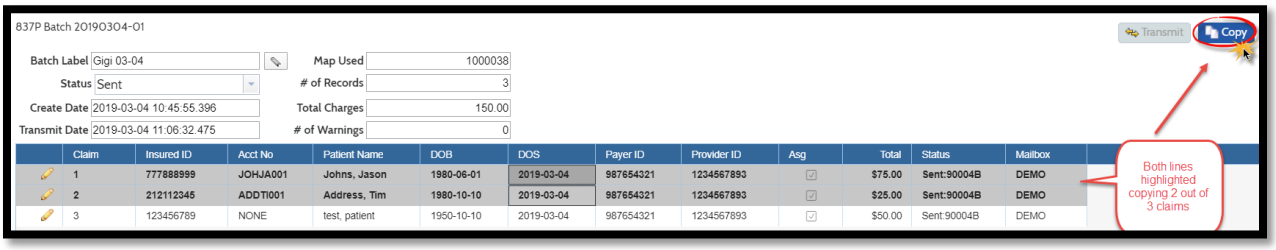
Copying Claims

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



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

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



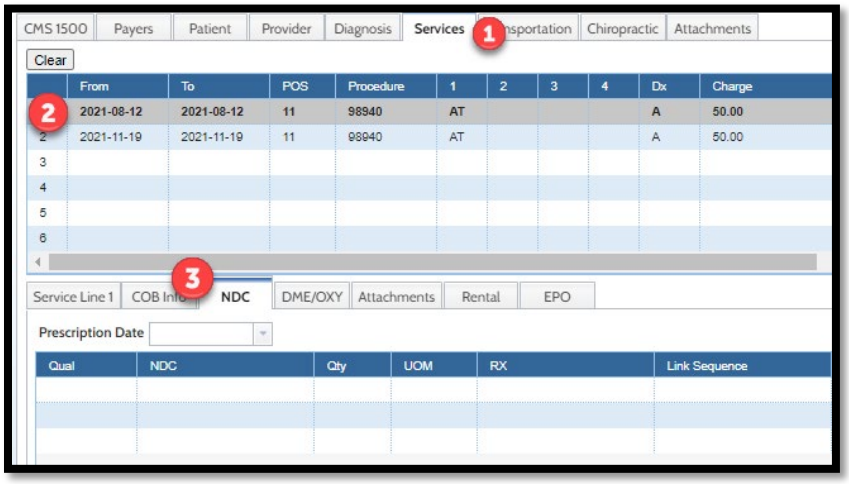
NOTE: We do not recommend copying claims that were previously rejected since some data on claims are linked to other fields. Correcting a single field may not correct other fields it was originally linked to. It is always best to enter claims from scratch if the original was rejected.

Entering NDC Codes

If you are billing for drug codes that need NDC Code entries you must do the following:

1. Once you are done completing the information on the CMS1500 Tab, click onto the Services Tab.
2. Left click the line with the drug code that needs an NDC entry to select it.
3. Click on the NDC tab below to associate an NDC code with the service line you have selected

Remember to select EACH line separately to associate an NDC code for each specific service line.



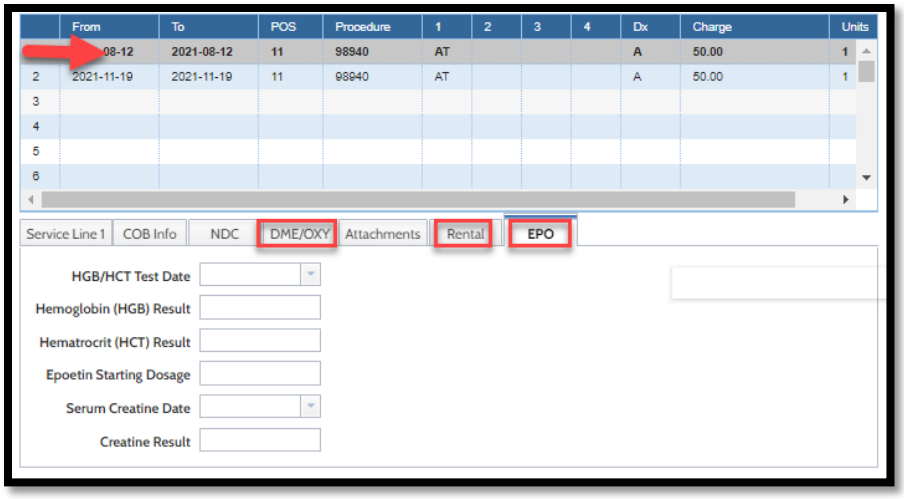
Entering Other Special Information by Service Line

Just like how you can attach an NDC code to a specific service line that you have entered, you may also enter other information per service line that you might need to send such as DME/Oxygen information, Rental information, and EPO Information.

Please remember to only use these special sections if it has been required by your payer for your claim. Otherwise please do not go into these sections or your claims may be rejected.

See explanation on Attachments below under the "Specifying Supporting Documents Were Sent for the Claim" section.

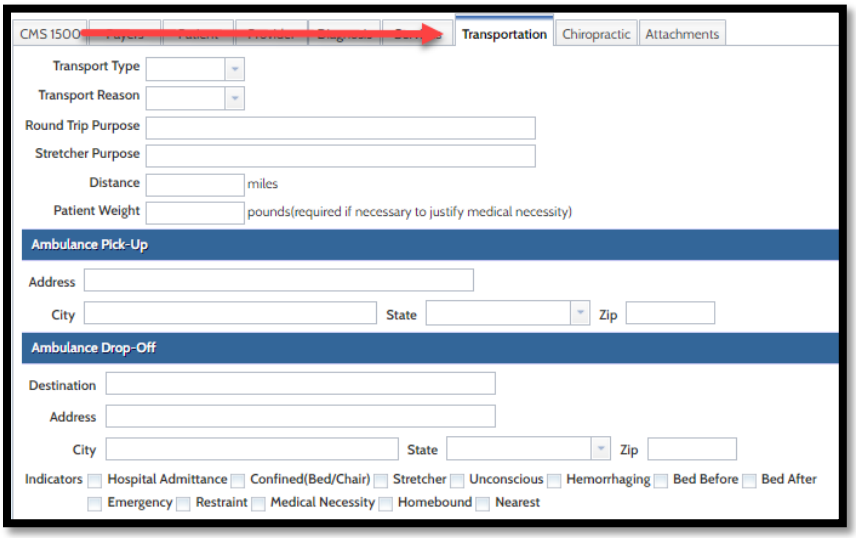
COB entries require a separate guide for sending secondary claims to Paramount. Please reach out to the Provider Relations Team for a Billing Secondary Claims Guide.



Entering Transportation Information

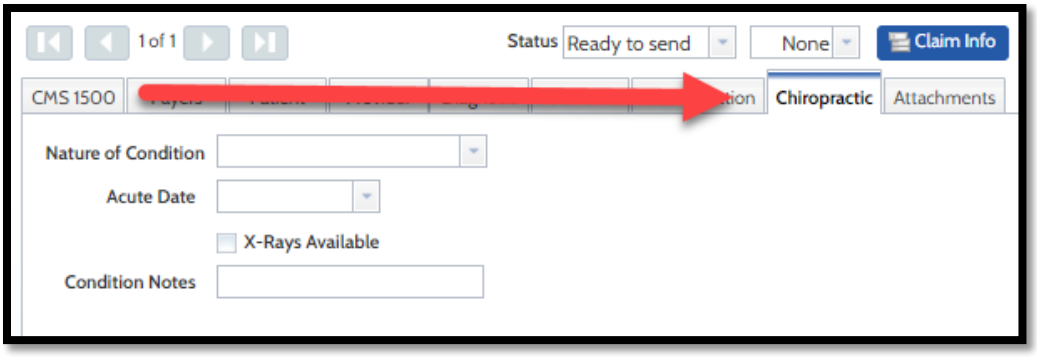
If you are billing for transportation claims and need to enter special transportation information do the following:

1. Once you are done completing the information on the CMS1500 Tab, click onto the Transportation Tab and complete all of the fields you need for your transportation claim.



If you are billing for chiropractic claims and need to enter special chiropractic information do the following:

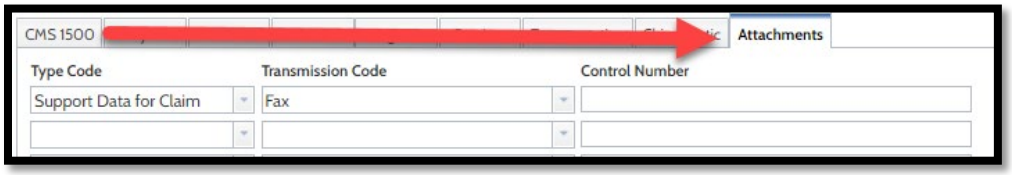
1. Once you are done completing the information on the CMS1500 Tab, click onto the Chiropractic Tab and complete all of the fields you need for your claim.



Specifying Supporting Documents Were Sent for the Claim

Although you cannot physically send an attachment through TransShuttle you can specify in the electronic claim you are keying in TransShuttle that you are sending your physical documents (attachments) to the payer via their supported channel for receiving attachments physically i.e. by fax, by mail, etc… To do that please follow the steps below:

1. Once you have completed your entries on the CMS1500 Tab, click onto the Attachments Tab.
2. For Type Code select the appropriate code to specify what you will be sending for the claim you are entering.
3. For the Transmission Code select the method your payer told you to use to send them your documentation, i.e. fax, email, mail, etc…
4. In the Control Number box enter the Control Number that you will be sending with your documents, for example if you will be using 123456789 on the fax cover sheet as your control number, enter that same number in the Control Number box. That is how your electronic claim will be matched up to the physical documents you are sending once they are both received by the payer. Often the payer will tell you what control number to use such as the Member's ID#+DOS or a specific Claim Number that they want you to use.



Voiding a Claim or Sending a Corrected Claim

To send a Corrected Claim or to Void a Claim, in Box 22 of the CMS1500, form enter a 7 to submit a Corrected Claim or an 8 to Void a Claim in the Resubmission Code box. Next to it in the Original REF No box, enter the Payer's Claim Number of the original claim that was submitted that you want to Correct or Void.