Providers: Manual Claims

Introduction

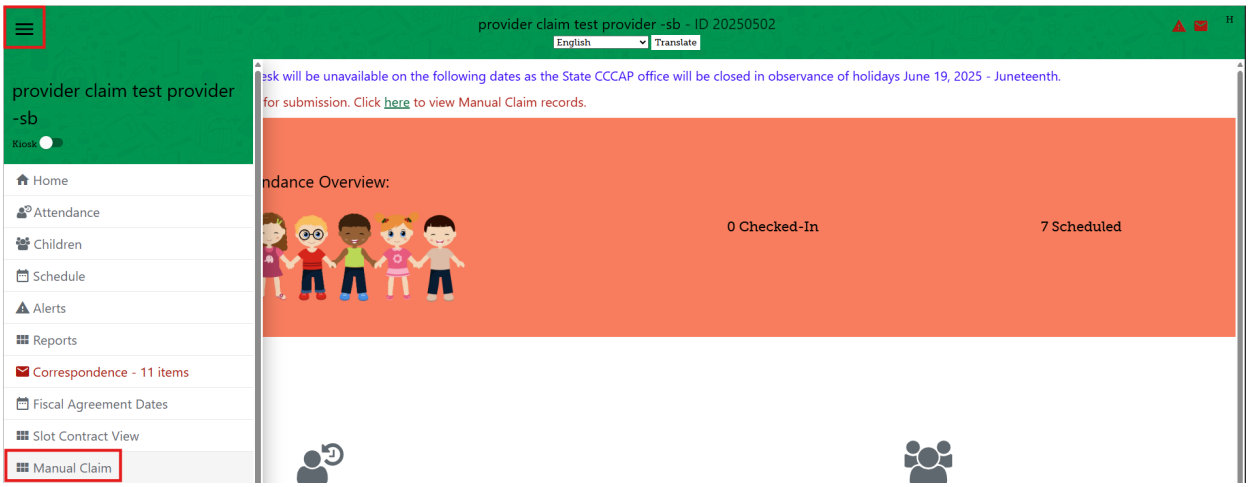
The Manual Claim process is a secondary method of billing and payment for CCCAP-approved care. There are two different methods a provider can use to submit manual claims - either electronically via the Attendance Tracking System (ATS) or by submitting a paper Manual Claim form outside of ATS. This form can be found in the CCCAP Resources folder: Manual Claim Resources

When the weekly automated payroll does not include payment for authorized and utilized care, does not include correct payment, or has not been received as allowed per the CCCAP Fiscal Agreement, the provider shall complete a Manual Claim Form within 60 days (2 months) from the care month.

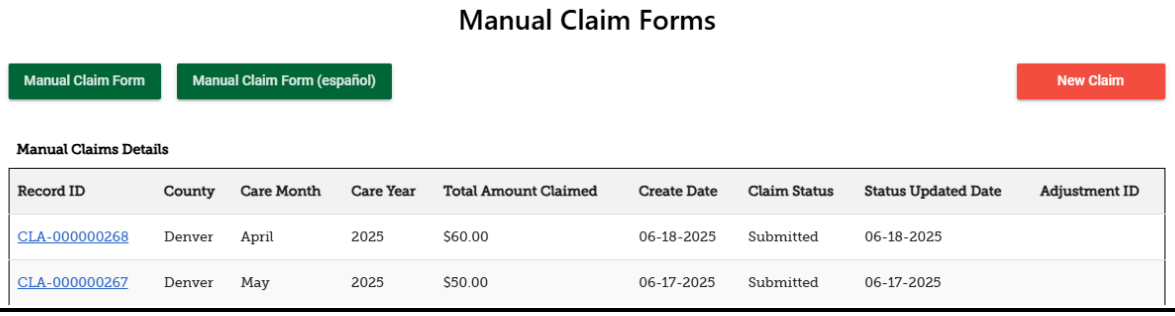
The Manual Claim Form is filled out and submitted by the provider to the CCCAP-authorizing county in order to receive payment. Sign-in and out records are also required for verification of attendance, if claiming for care provided. The Daily Sign-In/Out Log from ATS (RE753) can be printed and used to show electronic or ink signatures for days that were not confirmed in ATS or other attendance records that detail the date, the child's name, the check in or check out time, the name and the signature of the adult.

The claim form must list all the CCCAP children with discrepancies after reconciling the Provider Payment Summary (CR205). Please note: When submitted via ATS, all ATS Manual Claim documents will automatically link to CHATS for County Workers.

Manual Claim Screen within ATS

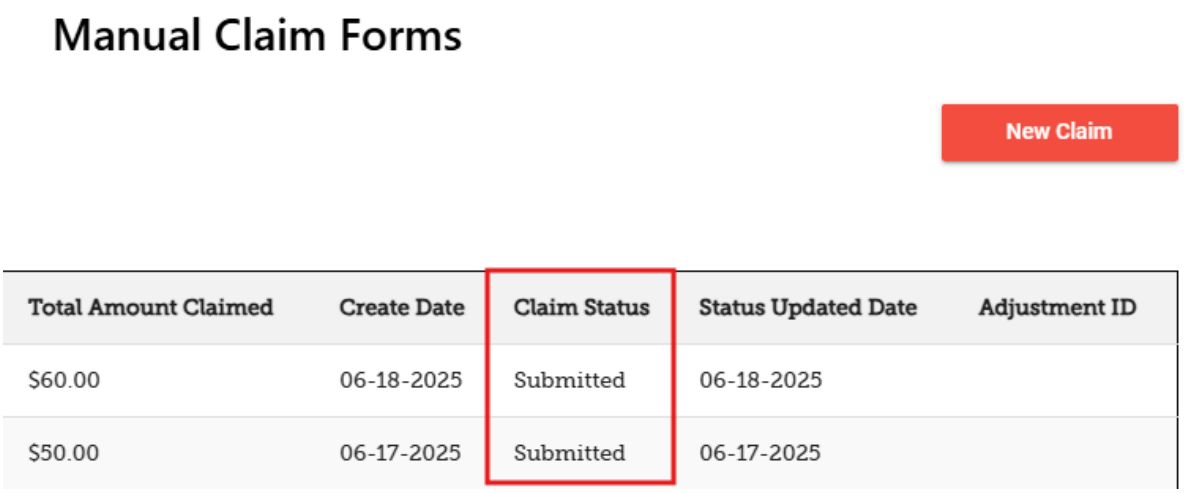


- On the ATS Home page, select the Main Menu button (upper left corner), and then select
  "Manual Claim"
  - On the next screen, you will see links for the paper Manual Claim Form in English and Spanish. For paper claims, select either the Manual Claim Form or Manual Claim Form (español) to download a paper version for use. The paper versions can be completed by hand or as a fillable PDF from the provider's device.



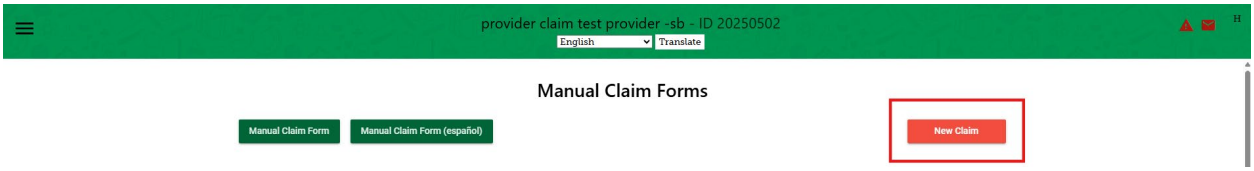
- **"Manual Claims Details"**
  - The ATS Manual Claim screen displays the status of each claim that has been left in draft status or submitted as a record.
  - Lists the record ID created by the system as a hyperlink, County, Care Month, Care Year, Total Amount Claimed (Calculated by child record and dates of care as entered by the provider), Create Date, Claim Status, Status Updated Date

(any changes made in CHATS or ATS), Adjustment ID Record (comes from CHATS once a county user processes the claim).



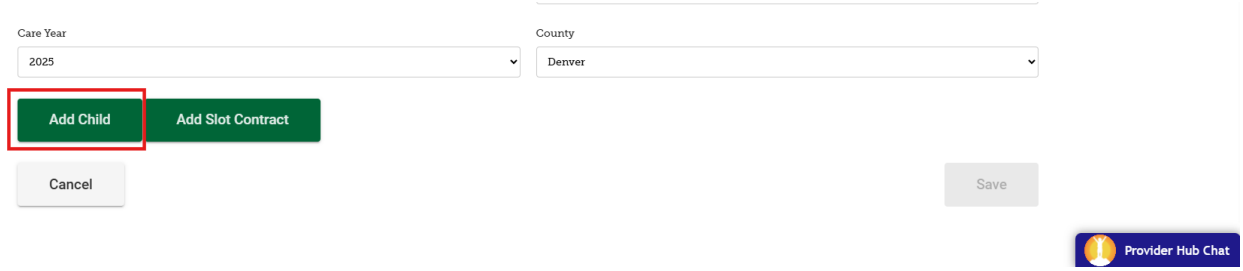
- **"Claim Status"**
  - Claim status can be: Submitted, Paid, Denied, and Draft
  - When the record is in submitted status, it cannot be edited. It can only be cancelled entirely.
  - In Denied status, the record could be moved to Draft Status to be edited again.

Submitting a Manual Claim Form through ATS



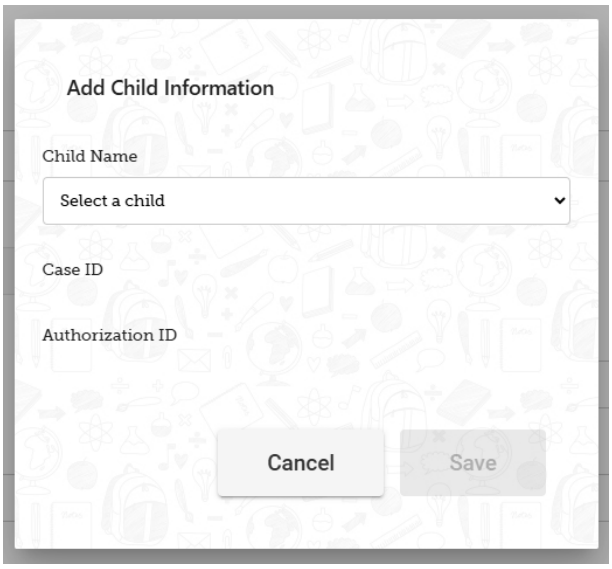
- To submit a new manual claim directly from the ATS screen, select **"New Claim"** (orange button to the right)
  - The system will populate some information from your account for you:
    - **Provider ID, Provider Name,** and **Provider Mailing Address** are not editable

- **Provider Email** and **Provider Phone** are editable
  - There is required formatting for the email and phone number. You will receive an error message if it is entered incorrectly
- **Claim Status** is not editable; it will remain in draft status until submitted.
- The total amount claimed is automatically calculated by the system as the provider adds the child records and the daily claim amount to the manual claim form. The provider will need to have their Fiscal Agreement Rate Schedule and each child's age available in order to add the correct dollar amounts to each calendar date.
- **Status Updated Date** is system populated based on the actions the provider has taken in ATS and actions the county user has taken in CHATS once the claim has been submitted by the provider.
- **Care Month** and **Care Year** default to the current month and year and are editable. The claim must be submitted within 60 days from the care month, and the service period being claimed must have paid out. See the Payroll Run Cycle to track the service period dates being claimed. This can be found in Documents and Resources.
- **County** will show the counties you have done business with in the past 90 days.

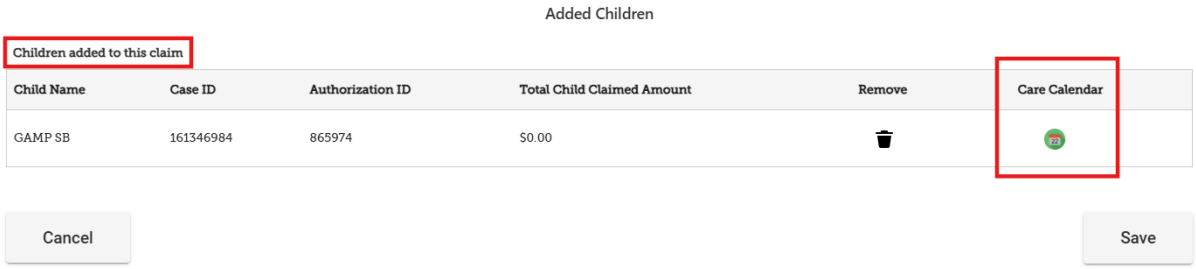


- Select "***Add a Child.***"

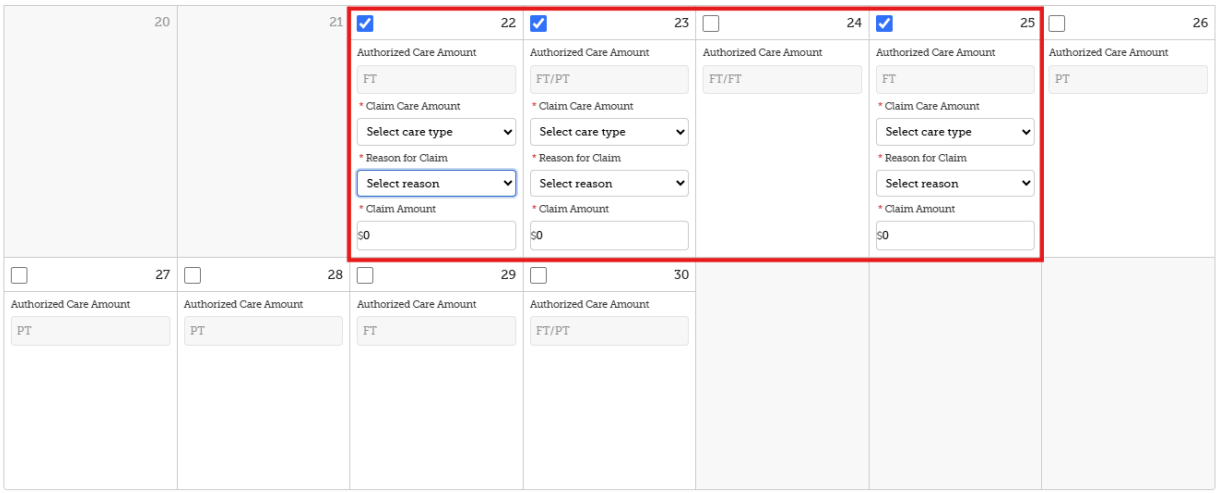
  - Based on the county and time frame you chose, the next screen will populate children who were authorized during that time frame
  - Select the child's name; this will populate their **Case ID** and **Authorization ID**.
  - Click ***Save***
  - This will add this Child to this record



- Scroll down to "**Children added to this claim**" to see all entries made. The screen will display Child Name, Case ID, Authorization ID, Total Child Claimed Amount, Remove, and Care Calendar.
- This is where you can find the **Care Calendar**

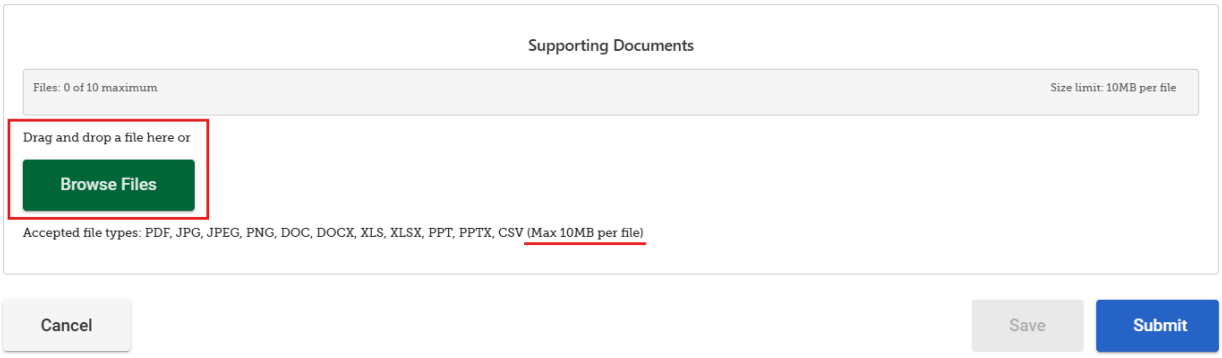


- The care calendar shows the Child's Name, Month, Year, and all the care authorized
- Select each date you want to claim by checking the check box in the upper left-hand corner. This will populate each authorized date with editable fields. If the dates that need to be claimed do not populate, the provider will need to submit a Manual Claim form outside of ATS and not via the ATS claim screen.

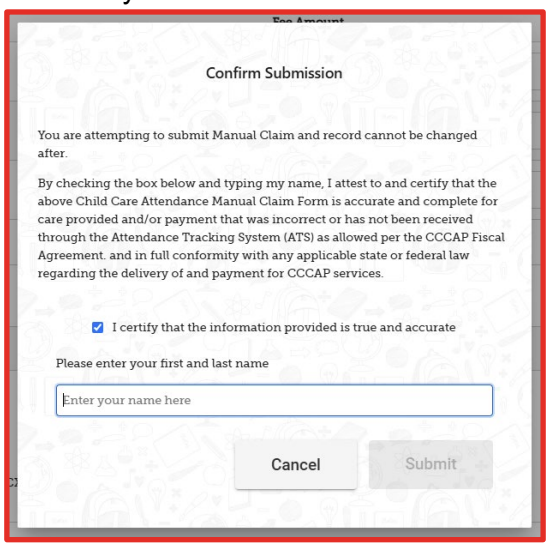


- Edit the claim care amount, reason for claim, and claim amount.
  - **Authorized Care Amount** is not editable. The authorized care amount is based on the amount authorized.
  - **Claim Care Amount**
    - PT, FT, PTFT, PTPT
    - PT=up to 5 hours
    - FT= 5 hours and 1 second to 12 hours
    - PTFT=12 hours and 1 second up to 17 hours
    - FTFT=17 hours and 1 second up to 23 hours and 1 second
  - **Reason for Claim**
    - 12 choices will populate: Authorized care provided not paid automatically, Care paid at incorrect rate/rate type, Authorized drop-in day, Holiday not paid, Absence not paid, County-approved Hold-Slots, Slot Contract, Activity, Registration, and/or Transportation (ART) Fees, State-approved ATS waiver, Parent didn't confirm attendance, and Other.
    - Edit the ART fees section with any applicable Activity, Registration, and/or Transportation fees. This will update the Total Child Claim amount
  - **Claim Amount**
    - This is the dollar amount you are requesting reimbursement for (***NOTE***: this is only for one child).
    - Multiply the total days used and the rate per day.

NOTE: More than one child can be added to each claim. Take the above steps for each child needing a claim for the time period covered in the claim.



- There is a file upload button under "**Supporting Documents**" for the required verification of attendance as evidence of authorized and utilized care. You can download up to 10MB per file and 10 files. The files can be removed if needed. If you submit without documents attached, you will see a message that says: "Please upload the sign-in and sign-out logs or other supporting documentation." If you try to upload files that are larger than allowed, you will get an error message.
- Click ***Save*** to save your progress. If information is missing, the manual claim will automatically be placed as a draft. You can always reopen the claim through the **Manual Claims** main screen.
- Click ***Submit*** if you are ready to submit the manual claim



- The "**Confirm Submission**" notice needs to be signed prior to submission to be completed.