E-Form Billing Manual

Contents

Updated 6/26/2024

Introduction

What is E-Form?

E-Form billing is a method of claims submission that should only be used by providers that are unable to submit professional electronic claims through a clearinghouse.

This document provides directions on how to download the necessary E-Form software, how to accurately complete an E-Form, and helpful tips. Providers using Apple devices (MacBook, iPad) do not need to download the software. Below is a list of codes that can be billed as through E-Form. It is important to note this list is subject to the provider's contract, member benefits, and authorization status of code at the time the claim is received.

What Codes Can Be Billed Through E-Form?

The codes listed below may be billed through E-Form. If the code is not listed below, E-Form cannot be used.

| Procedure Codes		
S0209	S5170	T2013
S0215	S8990	T2014
S5100	S9125	T2015
S5101	S9430	T2019
S5102	S9445	T2020
S5105	S9970	T2021
S5120	T1005	T2025
S5121	T1013	T2033
S5125	T1017	T2038
S5126	T1019	T2039
S5130	T1502	T2040
S5135	T2001	A0130
S5160	T2003	A0170
S5161	T2007	H0039
S5165	T2008	

For any questions about E-Form claims, please contact your Account Representative or the Provider Hotline at (866) 937-2783, option 1 (M-F 8am-4:30pm CST).
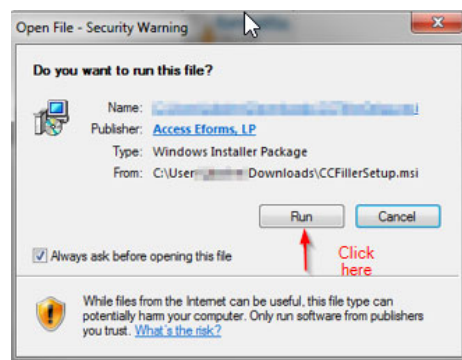
Installing Formatta Filler

1) Click on the link below to Install Formatta Filler. ***All computers used to submit claims must have Formatta Filler installed.***
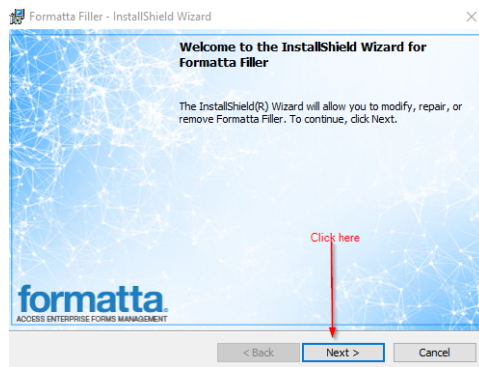
2) Click on the "Formatta Filler Free Download" button.
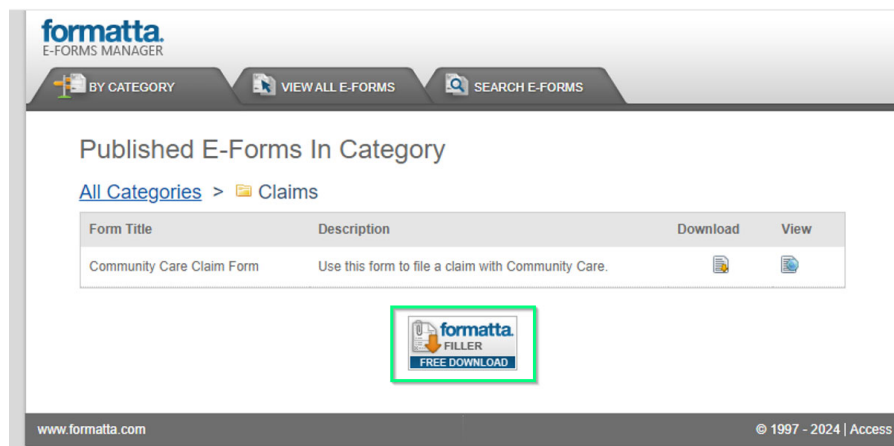
3) After clicking the button, a pop-up with the following message will display. Click **Run.**

4) After clicking **Run**, the "Welcome to the InstallShield Wizard for Formatta Filler" box will appear. Click **Next.**

5) A License Agreement pop-up will appear. Click the radio button next to "I accept the terms in the license agreement" and click **Next.**
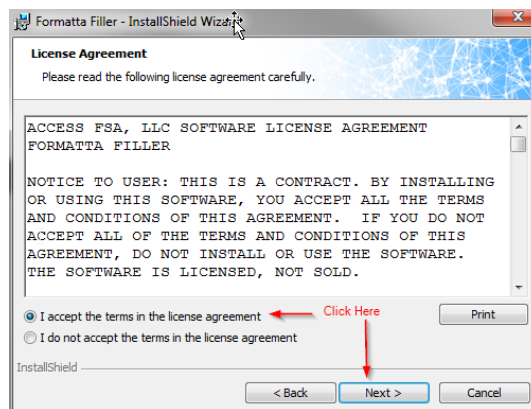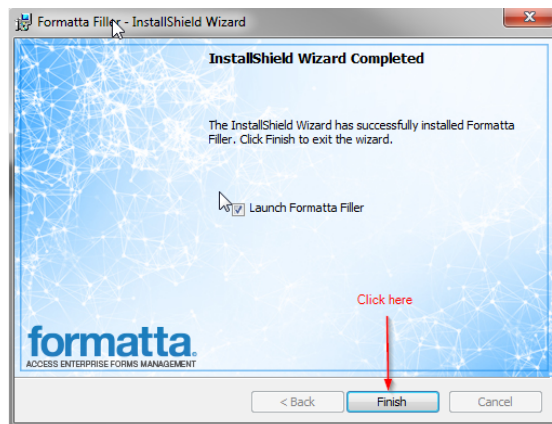

6) The next box will allow the option of where to store the program.

To store it in the default location, click **Next.**

To change the default, click **Change** and select the new location, then click **Next.**
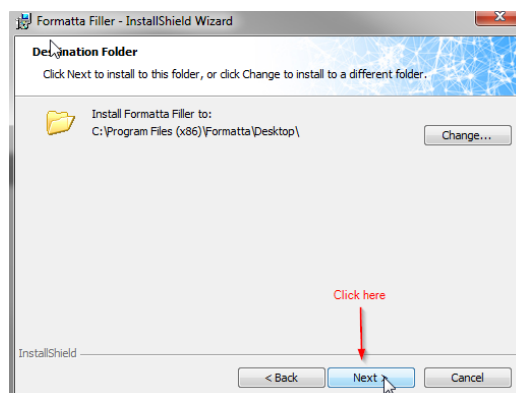
7) In the next box, titled "Ready to Install the program," click **Install.**

Updated 6/26/2024
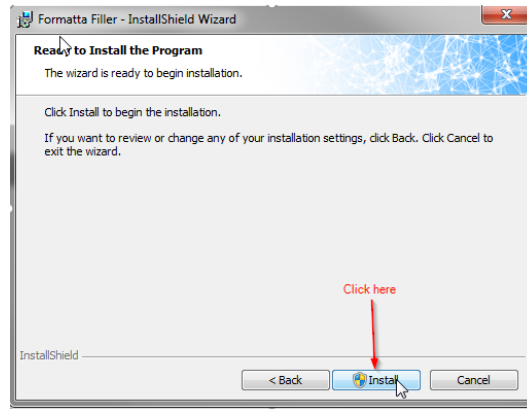
8) Formatta Filler should now be installed on your computer, click **Finish.**

Downloading the E-Form

Important- *If you have not installed Formatta Filler on your computer, go back to page 4 and follow the steps to install Formatta Filler.*

1) Click on the link below:

> https://EForms.communitycareinc.org/efm/catalog/index.jsp

2) Click on the Claims folder

Click Here

3) Click on the paper-shaped icon below the word "Download"

4) After clicking the icon, the claim form will open:

Rev 15

COMMUNITY CARE
Claims Processing
1555 S. Layton Blvd   Phone: 1-866-937-2783
Milwaukee, WI 53215   Phone: 1-414-902-2375
E-mail: ClaimsProcessing@communitycareinc.org

Member Information

First Name   Last Name   MI

Account Number   Authorization

All Member and Provider information must be complete before submitting for timely payment. Where no separate Tax ID has been obtained, please provide your SSN in the Tax ID field.

Provider Information

Provider Name

First Name   Last Name   MI

Address 1

Address 2

City   State   Zip

Telephone   Telephone
( ) -   ( ) -

NPI   Tax ID

E-mail

| Date of Service (mmddyyyy)	Procedure Code	Modifier	Units	Contract Unit Rate	Rate (Units x Unit Rate Auto Calculated)
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00
- -	- -				0.00

Claim Total 0.00

New Claim   Submit   Claim #

E-Form for Apple Devices (MacBook, iPad)

Providers using Apple devices (MacBook, iPad, etc) will need to follow a separate process to submit E-Form claims.

1) Skip the steps related to downloading the Formatta software and the claim form. The software and form are not compatible with Apple systems.
2) Click on the link below:

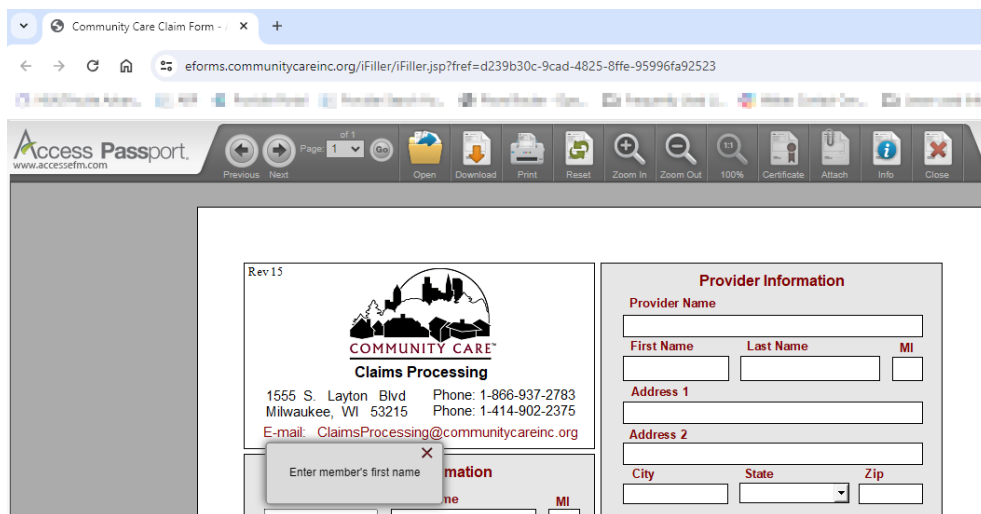   https://EForms.communitycareinc.org/efm/catalog/index.jsp

3) Then click on the Claims folder
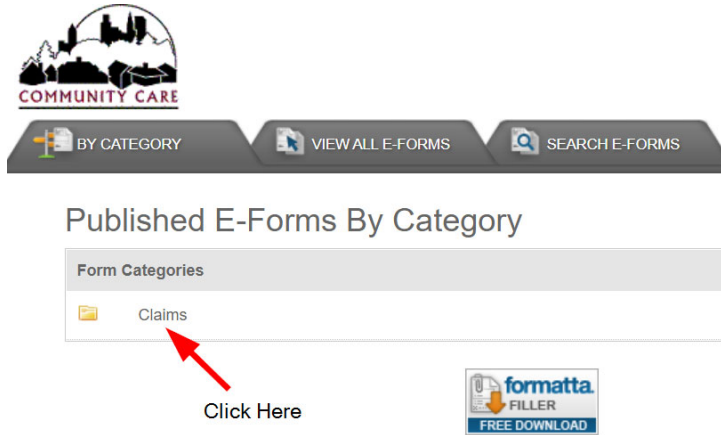
4) Click on the paper-shaped icon below the word "View"
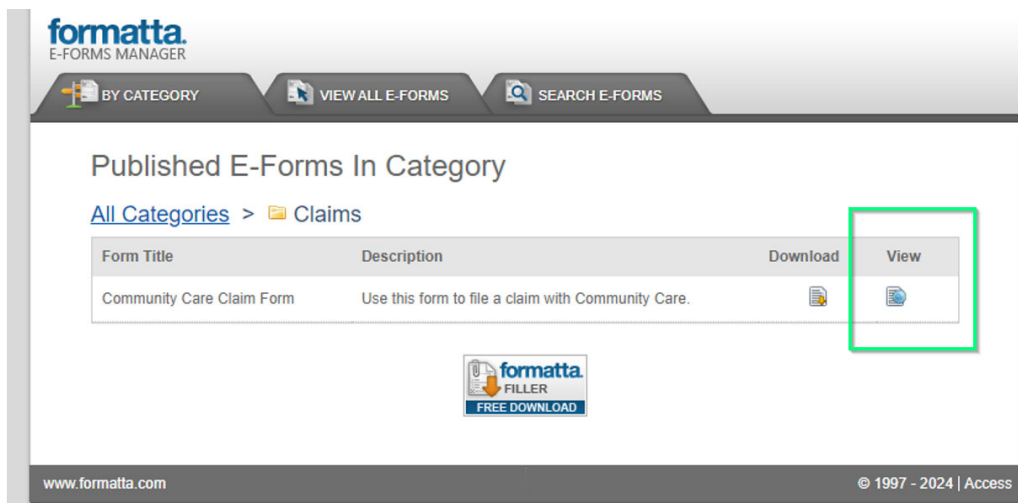
5) The web version of the claim form will open.

How to Fill Out an E-Form

1) In the Member Information box, fill out the information as it displays on the authorization.

   Important*- To ensure prompt/full payment, this info must match the authorization*

   - Member First Name
   - Member Last Name
   - Account Number
   - Authorization Number

2) Fill out the Provider Information box:
   - Provider Name: Provider Name
   - First Name: Biller's First Name
   - Last Name: Biller's Last Name
   - Address 1:Provider street address
   - Address 2: Provider street address line 2
   - City: Provider City
   - State: Provider State
   - Zip: Provider Zip Code
   - Telephone: Biller's primary contact number
   - Telephone: Secondary contact number
   - NPI: Provider NPI (If no NPI, leave blank)

- Tax ID: Provider Tax ID
- Email: Biller's email address

3) Fill out the claim line detail information.

Important- There is a limit of 17 claim lines. If you are billing more than 17 lines for a member, a second E-Form is needed.

Date of Service (mmddyyyy)	Procedure Code	Modifier			Units	Contract Unit Rate	Rate (Units x Unit Rate Auto Calculated
- -	- -						0.00

- Date of Service: Start date in box 1 in Month, Day and Year format
  - Example: 01-01-2022
- Date of Service: End date in box 2 in Month, Day and Year format
  - Example: 01-01-2022
- Procedure Code: Enter the procedure code for date of service
  - Must match authorization
- Modifier (box 1): Enter modifier (if applicable) for procedure code
  - Must match authorization, only 2 characters
- Modifier (box 2): Enter second modifier (if applicable) for procedure code
  - Must match authorization, only 2 characters
- Modifier (box 3): Enter third modifier (if applicable) for procedure code
  - Must match authorization, only 2 characters
- Units: Enter the total units for this date of service/procedure code
- Contract Unit Rate: Enter the rate for *1 unit* for the procedure code
- Rate (Units x Unit Rate Auto Calculated): Do not enter anything
  - This will *auto-calculate*, multiplying total units by the unit rate

4) Repeat Step 3 for each additional line item (up to 17 lines).
5) Review the Claim Total amount. The claim total will auto-calculate based upon the data entered in each line item. If the claim total doesn't match the total you intended to bill, review the units and unit rate information for each line and correct as needed.

Claim Total	0.00

6) Once complete, please review the claim to ensure it is correct.

Submitting an E-Form Claim

1) After you have reviewed your claim for correct information, click **Submit**.

Submit

2) If you are using an outdated claim form, you will be prompted to download the current version and transfer the claim information to the new version of the form. To proceed click **Update** then click the **Submit** button again
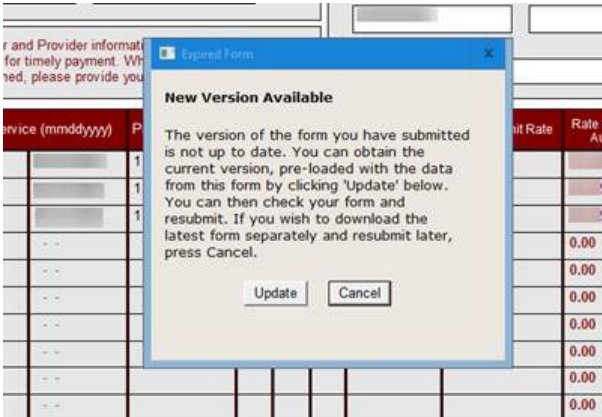
*Important*- *You will not be able to submit the claim without upgrading to the current version of the claim form.*

3) After successfully submitting the claim, you will receive a pop-up message with a claim number. Click **OK**.
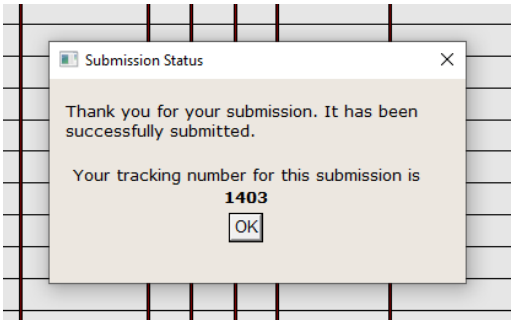
a. The claim number will appear on the bottom of the claim form. This number should be used when contacting the Provider Hotline for claim status.

b. You will be prompted to save the claim. Choose where to save the file and click **Save**. Otherwise, if you do not wish to save a copy of the claim, click **Cancel**.
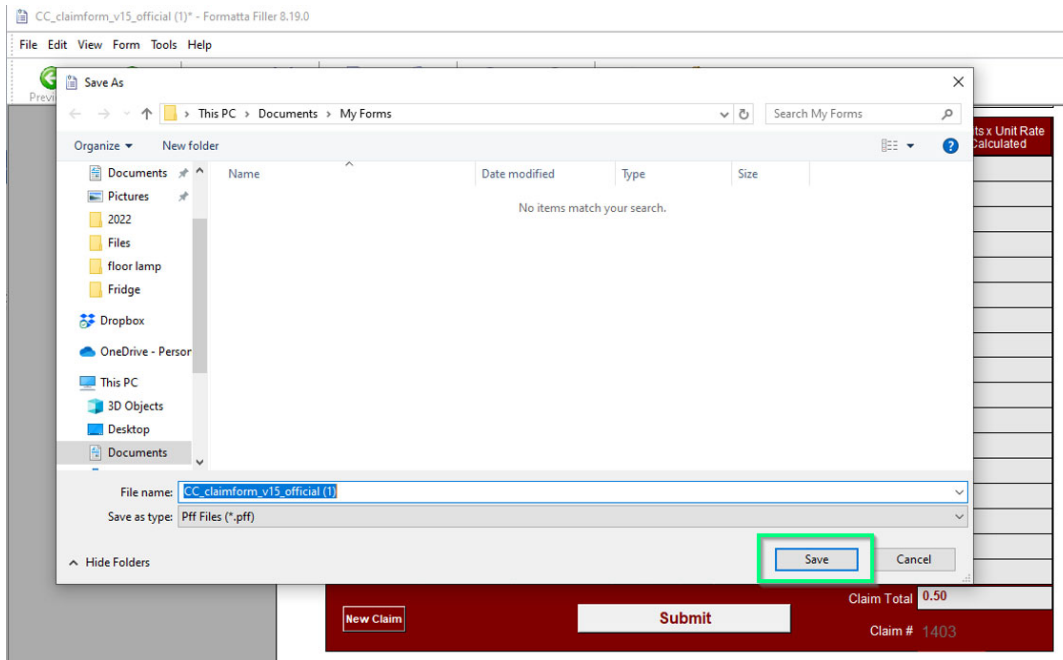
4) If your claim submission was not successful, confirm that the Formatta Filler software is installed on your computer and then resubmit.

E-Form Helpful Hints

Member Templates:

To speed up processing, you can save templates for each member. To do this, fill out the information in steps 1-2. Then skip to Step 8 and save a copy as a template for each member. Each time you need to submit a new claim for a member, open the saved member template and complete steps 3 to 7.

- *If a new authorization is entered, the saved template will need to be updated and re-saved with the new authorization number, otherwise claim payment could be delayed.*
- *Templates will need to be re-saved each time a new version of the form is downloaded.*

Submitting a Corrected Claim:

Denied Claim: If the E-Form claim was denied in full, repeat the process to submit a *new* claim with updated information.

Paid Claim: If the E-Form was paid, you will need to fix the issue. To do this:

- Print a paper copy of the original E-Form
- Write "Corrected Claim" on the top form
- Make all necessary corrections
- Fax or mail the form to the Claims Department:

    Fax- Attn: Claims 414-385-6615

    Mail-   Community Care Inc
    Attn: Claims
    PO Box 923
    Brookfield, WI 53008