Carisk
Workflow.

How to use MEDENT's interface with Carisk Partners to submit workers compensation and no fault claims.

CARISK
INTELLIGENT
CLEARINGHOUSE

Specializing in Worker's Compensation and Auto/No Fault

cariskpartners.com

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INTRODUCTION

MEDENT has interfaced with Carisk Partners to submit Electronic Workers' Compensation/No Fault claims.

The Workers' Compensation claims are submitted to the Workers' Compensation Board for New York State and the insurance carriers by Carisk. There is a per-claim fee that is charged from the clearinghouse to submit the claims; there is no fee associated from MEDENT.

MEDENT offers three interfaces with Carisk Partners:

- Workers' Compensation (all states except NY)
- Workers' Compensation New York (formerly iHCFA)
- No Fault MVA (all states)

Before you can electronically submit claims to Carisk Intelligent Clearinghouse, you will need to set up an account with Carisk. Please refer to **MEDENT's Carisk Setup Guide** for further instructions.

Note, Carisk offers several video tutorials as well as a claims calculator and webinars.

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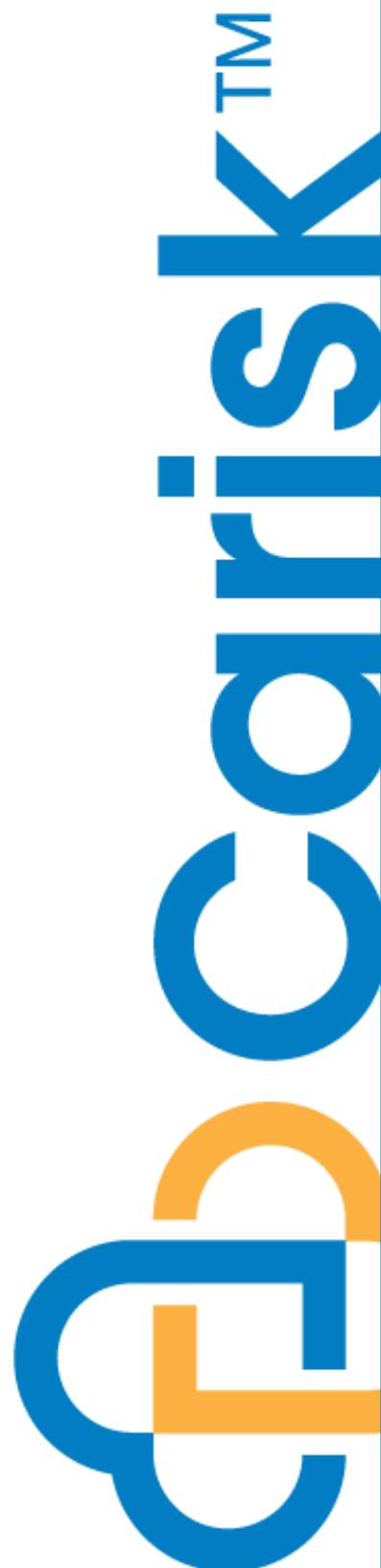
NEW YORK

New York State clients need to complete the following steps to enable your provider(s) to send electronic claims to Carisk for NYS Workers Comp.

1. You will need to log onto the WCB website and fill out the XML agreement for all providers.

2. After receiving the Board's approval, your office will need to log into Carisk with the provided credentials and add the providers to the account. Carisk can assist you with this.

3. Your office must also add all locations where the provider will be performing said duties.

In New York State, as of January 1, 2020, midlevel PAs, NPs, PTs, etc. can be credentialed. They will also need to complete the XML agreement on the board's website.

Once this is done, email Carisk to let them know you added providers to their site. This way they can review them and make sure everything is set up properly on their end.

Carisk enrollment must be completed before MEDENT will add the clearinghouse to the system. Clients must enter their credit card information on the Carisk website and check the appropriate boxes.

You must also enter the Tax ID under the Admin Tab at Carisk for Organization. The Tax ID is the submitter ID; we use this to set up the clearinghouse on the MEDENT system.

Before setting up the clearinghouse, complete the following for NYS Workers Comp claims:

THE FOLLOWING FIELDS MUST BE COMPLETED IN THE PATIENT INSURANCE INFORMATION:

1. Name and full address of the insurance company. State is just 2 characters (e.g. NY).
2. Workers Comp Board # in the Group Field, if you have it.
3. Patient's Claim # in the ID# Field.
4. Patient's employer information in full (name, street address, city, state and zip code).
5. Patient's injury date (Onset Date). Note, when charges are sent to Carisk, the notes should send with the name being the onset date and a possible reason that pulls from the insurance member screen (e.g. WC01/01/2017back). The Workers Comp insurance needs to be on the eSuperbill so the progress notes get created correctly with the actual onset date.
6. Under the insurance member, enter the Onset Date. Under Additional Workers Comp info, enter the job title and activity. Note, job activity is not how the patient was injured; this is what the patient was doing that day when they were working. If you don't know, enter UNKNOWN.

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Once enrollment is complete, Carisk will email an FTP login, password and Submitter ID (your office Tax ID). Please call MEDENT support and provide this information over the phone; we cannot accept this information via email.

When MEDENT receives the above information, we can start setting up the system with the clearinghouse control files for Carisk: Workers Compensation New York State, Workers Compensation All Other States and No Fault.

Control File "Workers Compensation All Other States" is used to send out claims for WC Insurance U.S. Department of Labor. This is a Federal Workers Compensation insurance company and does not follow the same rules as New York State.

YOUR OFFICE IS RESPONSIBLE FOR YOUR OWN INSURANCE SETUP. MEDENT WILL WALK CLIENTS THROUGH SETUP OF EXISTING INSURANCE COMPANIES AND DOUBLE CHECK THE SETUP WHEN COMPLETE.

The ECS ID will need to be changed and the Payer ID will need to be added. ECS ID 600 should be used for New York State. U.S. Department of Labor uses ECS ID 601 and Payer ID E7322.

You can find the Payer ID on the Carisk website under the help tab for New York State. Note, you should try to find ones that are electronic, which usually start with E. If you cannot find a particular insurance on the Carisk website for the Payer ID, please contact Carisk.

If the Payer ID is more than 5 characters, any additional number should be entered in the box to the right. Please refrain from using Free Text Insurances in your system.

The WCB Auth# and Rate codes also need to be included in the Workers Compensation insurance setup. Select the workers comp insurance, choose the company or companies you use individually and select **Dr. Provider #** at the top. Then, set the CR field to "G" for Group and add the provider number under **Provider No** if there is one.

You can also find the place to put the WCB Rate code under the Dr. Provider # option.

IF YOU HAVE SEVERAL COMP INSURANCES, MEDENT HAS UTILITIES FOR BOTH OF THESE AREAS AND CAN ASSIST YOUR OFFICE WITH THIS SETUP.

For EMR clients, providers will have a button called **WC Comp**. This button contains a set of questions that must be filled out in the provider's narrative per the New York State Workers Compensation Board.

Both the questions and percentage in the notes must be completed. Note, the percentage can only be digits; no verbiage can be entered in this area.

These areas cannot be copied from a previous note. Please visit the board's website and search for 1500 form narrative requirements for more information.

COMMON ERRORS

In the Carisk Clearinghouse control file, there is a **bypass flag** that is set up to not bypass the documents. When the **bypass flag is set to No**, if the documents have any errors, the error log will pick up on these errors and you will not be able to submit the claim until the errors are corrected.

Common Document Errors:

1. A closed document with a matching eBill/voucher# or name/date/dr# and comp questions for this charge could not be located on this patient's chart. This charge cannot be sent without a progress note.

2. The workers compensation questions are missing.

If the **bypass flag is set to Yes**, it will bypass the document and will not notify you of any document errors. If the document is not linked to the eSuperbill that is attached to the charge, the document may not transmit to Carisk. You will have to upload the document into Carisk.

Please call use when you are ready to submit your first file so we can make sure everything goes smoothly.

SUBMITTING A CLAIM

From the main menu, under Practice Management, click Billing > Electronic Claims > ECS - Workers' Comp/No Fault > ECS - Carisk - NY Workers' Comp/Workers' Comp, All States (Except NY). Then, click (S)elect NEW Claims to Transmit.
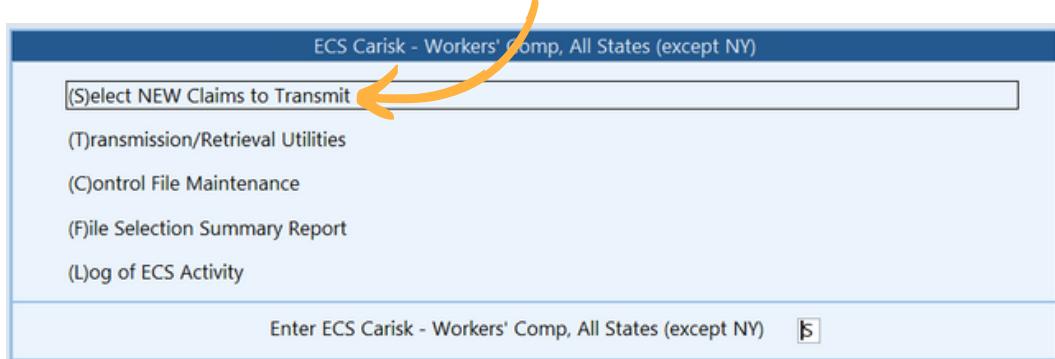
Next, you can select claims by Insurance Companies, Locations and Providers. Set your First Service Date and Last Service Date if you are submitting a particular date of service. Note, the last service date is set to today's date. Click the check mark to submit.

Now, the totals screen will appear, which lists the total claims and charges that will be submitted to Carisk.

Error Log   Print Totals   Transmit File

ECS Carisk - Workers' Comp, All States (except NY)

08/17/22 10:37 AM

Claim Summary for Carisk - Workers' Comp, All States (except NY)

Selection: Insurances: All, Locations: All, Doctors: All

Selected Dates: All days up to and including 06/23/21	
Total Claims in File	0
Total Batches in File	0
Total Charges	$0.00
Total Balance Due	$0.00
Sequence Number	3

NOTE: Total Balance is the balance due from insurance companies.

It may not match Total Charges due to co-pays or secondary ins billing.

(Please Note that error message logs can also be printed or displayed from

the insurance processing sub-menus at any time prior to the next selection)

There were 36 Errors found with a Total Charge Amount of $134.72!

The number of errors will be listed at the bottom.

Click **Error Log** at the top of the screen to see all of the errors that need to be corrected.

Once all errors have been corrected, click **Transmit File**.

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The Error Log is an interactive screen that displays the patient's name, account number and a brief description of the error. Anything in blue is a hyperlink, meaning you can click it to bring you to that screen in the patient's account.

Once you correct an error, you can Mark it Completed and it will remove the error from the list. When all errors have been corrected, click **Add Correct Claims** at the top of the screen. This will go through the errors and add any claims that were corrected to the submission batch.