December 2016
Connecticut Medical Assistance Program
http://www.ctdssmap.com

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- Outpatient Hospital Providers: Inpatient Only Manually Priced Procedures
- Home Health Providers, ABI Case Management Agencies, CHC, PCA Access Agencies: Service Authorization Timely Upload Reminder
- Outpatient Hospital Providers: Outpatient Behavioral Health Prior Authorization Crosswalk
- Hospital Providers: Revenue Center Code Provider Type/Specialty Crosswalk
- Physicians, APRNs: Electronic Health Records Incentive Program
- Home Health Agencies, PCA: Communicating PHI to HPE
- Long Term Care, Inpatient Hospital Providers: Admission Date Required Reminder
- All Providers: Important Electronic Visit Verification (EVV) Training Information
- All Providers: Who to Contact When You Have EVV Questions
- Dental Providers: Dental Fee Schedules
- All Providers: Electronic Funds Transfer (EFT) Requirement Reminder

Table of Contents

Outpatient Hospital Providers

Inpatient Only Manually Priced Procedures........ Page 1

Home Health Providers, ABI Case Management Agencies, CHC and PCA Access Agencies

Service Authorization Timely Upload Reminder .... Page 1

Outpatient Hospital Providers

Outpatient Behavioral Health Prior Authorization Crosswalk........ Page 2

Hospital Providers

Revenue Center Code Provider Type/Specialty Crosswalk........ Page 3

Physicians, APRNS

Electronic Health Records Incentive Program........Page 3

Home Health Agencies, PCA

Communicating PHI to HPE........Page 4

Long Term Care, Inpatient Hospital Providers

Admission Date Required Reminder........Page 4

All Providers

Important EVV Training Information........ Page 5

All Providers

Who to Contact When You Have EVV Questions........ Page 5

Dental Providers

Dental Fee Schedules .... Page 6

All Providers

EFT Requirement Reminder .... Page 7

Appendix

Holiday Schedule........ Page 8

Provider Bulletins........Page 9

Outpatient Hospital Providers

Inpatient Only Manually Priced Procedures

The Department of Social Services (DSS) has agreed that some of the inpatient only procedures can be performed in an outpatient setting and these procedures will now show on the CMAP Addendum B with a payment type of SURG "Surgical procedures manually priced" and a payment rate of MP "Manually Priced".

These services will suspend with explanation of benefit (EOB) code 6000 "Claim was Manually Priced or Denied for Missing Information" for DSS to manually price the procedure code and release for payment. Please be aware these services can still be performed as inpatient as long as it meets the inpatient Level of Care (LOC) and receives Prior Authorization (PA).

Back to Table of Contents

Attention Home Health Providers, ABI Case Management, CHC & PCA Access Agencies

Service Authorization Timely Upload Reminder

As a reminder, service authorizations obtained by Home Health Agencies for clients with an Acquired Brain Injury (ABI), Connecticut Home Care Program for Elders (CHCPE) or Personal Care Assistance (PCA) benefit plan from Beacon Health Options (formerly Value Options) must be added to the client's Care Plan by the Case Management or Access Agency care managing the client. Home Health, ABI Case Management, CHCPE and PCA Access Agencies should implement internal procedures to comply with their responsibilities to ensure a client's Beacon Health Options service authorization is linked to their Care Plan in a timely manner to prevent Prior Authorization (PA) file upload issues and claim denials.

Home Health Agencies are currently responsible for:

- Obtaining the PA from Beacon Health Options.
- Communicating current Beacon Heath Options PA information to the Case Management or Access Agency Care Manager when asked to provide services to a client with an ABI, CHCPE or PCA benefit plan.
- Contacting Beacon Health Options to end date the current PA and issue a new PA, when notified by the Case Management or Access Agency that the client's current ABI, CHCPE or PCA care plan is being end dated and a new Care Plan is being established.

(continued on page 2)

Back to Table of Contents

(continued from page 1)

The Case Management or Access Agency is currently responsible for:

- Determining if a Beacon Health Options PA already exists when requesting a Home Health Agency provide services to an ABI, CHCPE or PCA client.
- Linking the client's Beacon Health Options PA to the Care Plan prior to uploading the Care Plan to Hewlett Packard Enterprise.
- Notifying the Home Health Agency of intent to end date a current ABI, CHCPE or PCA care plan and establish a new care plan. This notification will allow the Home Health Agency to notify Beacon Health Options to end date the current PA and issue a new PA which can then be linked to the new Care Plan by the Case Management or Access Agency in a timely manner.

Timely notification by the Case Management or Access Agency of intent to end an ABI, CHCPE or PCA Care Plan and reissue a new Care Plan will prevent Care Plan overlap and upload issues for the Case Management and Access Agencies and prevent the need to manually recoup claims by the Home Health Agency to expedite the upload of service authorizations.

Back to Table of Contents

Outpatient Hospital Providers

Outpatient Behavioral Health Prior Authorization Crosswalk

For dates of service July 1, 2016 and forward, the outpatient behavioral health Prior Authorizations (PA) are assigned using a procedure code list.

Crosswalk—RCC/CPT/HCPC to Procedure Code List

RCC	Description	Billable CPT/HCPC code	Procedure Code List
900	Psych Treatment	90791, 90792, 90785	368, 378, 391
905	Intensive Outpatient Program (IOP) - MH	S9480	378
906	Intensive Outpatient Program (IOP) - SA	H0015	378
907	Extended Day Treatment (EDT)	H2012	368
913	Partial Hospitalization Program (PHP)	H0035	391
914	Individual Therapy	90832—90838	390
915	Group Therapy	90853	390
916	Family Therapy	90846-90847, 90849	390
918	Psychiatric Testing	96101, 96116, 96118	395
919	Other BH (Med Management)	99201-99205, 99211-99215	390
919	Other BH (Autism)	0359T, H0046, H2014	1196
919	Other BH (Autism)	0372T	1203
919	Other BH (Autism)	H0031	1197
919	Other BH (Autism)	H0032, H0032 TS	1198
919	Other BH (Autism)	H0046	1202
919	Other BH (Autism)	H2014	1199

Back to Table of Contents

Attention Hospital Providers

Revenue Center Code Provider Type/Specialty Crosswalk

Hospitals can access a resourceful spreadsheet, titled the "Revenue Center Code Provider Type/ Specialty Crosswalk" located on the www.ctdssmap.com under the Hospital Modernization page under Important Messages. The Revenue Center Code Provider Type/Specialty Crosswalk will help you determine which Revenue Center Codes (RCCs) require HCPCS/CPT codes to be billed with them. It is possible that claims that are missing the required HCPCS/CPT codes with the RCC code may be denied. Following the start of the new Hospital Modernization for Inpatient hospital and Outpatient hospital claims, this can be a very useful tool that hospitals can utilize in their day to day billing of claims. Keep informed of the latest updates by frequently visiting the Hospital Modernization page for Inpatient and Outpatient hospital billing information. Questions can be submitted via email to ctxixhosppay@hpe.com.

Back to Table of Contents

Attention Physicians, APRNs

Electronic Health Records Incentive Program

If you have not attested to the Medicaid EHR Incentive Program during any previous years and would like to participate, 2016 is the last year in which providers can attest to the program for the first time.

The Medicaid EHR Incentive Program is entirely voluntary. You may qualify for the incentive if at least 30% of your patients use Medicaid insurance.

Your first incentive payment will be $21,250 and, for each subsequent year you attest, you can receive $8,500 until 2021. If you are new to the program or have participated in previous years and plan to attest in program year 2016, you must submit an attestation through the MAPIR Web site by 11:59 pm on March 30, 2017.

More information about this program can be found on the CMS Web site, and for more specific information about Connecticut, at the UConn CHATTER Web site.

To participate in this program, you will need to get an electronic health records system, register with CMS, and then complete an attestation in the MAPIR system.

For More Information, Contact:

Phone: 1-844-607-7455
Email: CTMedicaidEHR@uconn.edu

Web:http://chatter.uconn.edu/ehr-incentive-program

Back to Table of Contents

Attention Home Health Agencies, PCA

Communicating PHI to HPE

When sending emails to Hewlett Packard Enterprise, it is important that any Protected Health Information (PHI) submitted is encrypted to ensure that client's information is protected. PHI is any information in a medical record that can be used to identify an individual, and that was created, used, or disclosed in the course of providing a health care service, such as diagnosis or social security number. For example, an unencrypted email with the clients first name and first initial of the last name would not be disclosing PHI. However, an unencrypted email with the clients full name and Medicaid ID number would be disclosing PHI.

If you are unsure whether or not your email service provider allows for encryption, it would be best not to send the client's full name and/or Medicaid ID number. Instead, please provide a recent Prior Authorization (PA) number associated with that client or claim Internal Control Number (ICN) so Hewlett Packard Enterprise can research the client.

Back to Table of Contents

Attention Long Term Care and Inpatient Hospital Providers

Admission Date Required Reminder

Long Term Care and Inpatient Hospital providers are reminded that **<u>all</u>** institutional crossover claims must include the admission date on their claims. Providers should submit their claims directly to Hewlett Packard Enterprise for processing if claims that Medicare has automatically transmitted to Hewlett Packard Enterprise omit the admission date or claims do not automatically crossover from Medicare within 45 days of the provider's receipt of the Medicare Explanation of Medicare Benefit (EOMB). Institutional crossover claims received without an admission date will deny with Explanation of Benefit (EOB) code 275 – "Admission Date is Missing".

Providers have the option of transmitting their claims in the ASC X12N 837 Health Care Claim format or by logging into their secure Web portal account at www.ctdssmap.com.

<u>Note: When logging in to the secure Web portal, fields marked with an asterisk (*) are required. Subsequently, the admission date field that omits the asterisk must also be completed.</u>

Long Term Care and Inpatient Hospital providers should refer to Provider Manual Chapter 11, Section 11.8 to obtain billing instructions for dually eligible clients. This manual can be accessed from the Connecticut Medical Assistance Program (CMAP) Web site, www.ctdssmap.com, by selecting "Information" then "Publications" and scrolling down to the Provider Manuals section of the page. From the Chapter 11 drop down menu, select "Institutional Other Insurance/Medicare Billing Guide".

Back to Table of Contents

Attention All Providers, ABI, CHC

Important EVV Training Information

Proper training is a valuable key to successfully using your Electronic Visit Verification (EVV) system. On the www.ctdssmap.com site, there are a number of resources to help train new and continuing users, office staff and field staff. We encourage all providers to sign up for e-messaging to be notified when new information has been added to the Electronic Visit Verification Implementation Important Message or when Provider Bulletins are published regarding EVV. The following paragraphs will help you get the training you need.

Training to Get Your EVV System: In order to receive your Electronic Visit Verification (EVV) system, two (2) representatives from your agency must complete training. The information to register and complete training can be found in the Electronic Visit Verification Implementation Important Message on the Home page at www.ctdssmap.com. All three parts of the training must be completed in order to receive your EVV system.

If your agency has completed some but not all of the online training, you will need to register for the Learning Management System here and complete the missing modules. After you have completed your training, the Santrax Welcome Kit will be sent electronically to your agency.

Training Your Staff: The documents provided in the Electronic Visit Verification Important Message on the Home page at www.ctdssmap.com can be used to train your office staff and caregivers in the use of the EVV system. Among the training documents provided through links in the Important Message are: FVV Device Call Process Video, Frequently Asked Questions, CT DSS EVV MVV User Guide and FVV Fact Sheet.

If you have questions regarding the Learning Management System, please contact Sandata Customer Care at 1-855-399-8050 or by email at ctcustomercare@sandata.org.

Back to Table of Contents

All Providers, ABI, CHC

EVV: Who to Contact When You Have Questions

There has been some confusion about who providers should contact when they have questions about the Electronic Visit Verification (EVV) Implementation. In many instances, providers can find answers to their questions in the documentation in the Electronic Visit Verification Important Message found on the www.ctdssmap.com Home page. Who can you contact if your question is not addressed in the EVV Important Message? The following list will help you determine who to contact when you have questions.

(continued on page 6)

Back to Table of Contents

(continued from page 5)

- Missing Santrax Payer Management (SPM) System – If your agency has completed training and is enrolled with Hewlett Packard Enterprise but has not received your SPM system, please contact Sandata at 1-855-399-8050 or by email at ctcustomercare@sandata.org.
- Missing Clients or Prior Authorizations (PAs) - If you are missing clients or PAs in your Santrax system, please contact Hewlett Packard Enterprise at 1-800-842-8440 or via *encrypted* email at ctevv@hpe.com.
- Seeing clients you are not familiar with – If you see clients that you are not expecting, please contact the Access Agency to see if a PA was assigned to your agency in error or you were assigned a new client.
- EVV system not working properly – If your SPM system is not functioning in the manner you expect, please contact Sandata at 1-855-399-8050 or by email at ctcustomercare@sandata.org.
- Need an address or primary phone number change – if the clients address or primary phone number is not current, please contact the Access Agency and they will contact DSS to have corrections made.

Back to Table of Contents

Dental Providers

Dental Fee Schedules

Do you know that the Department of Social Services has split the Connecticut Medical Assistance Program (CMAP) dental fee schedule into two fee schedules effective for dates of service (DOS) September 1, 2016 and forward? The fee schedules are now separated by the reimbursement rates for adults and children (clients under the age of 21). Prior to DOS September 1, 2016, DSS had one fee schedule which listed the pediatric rate; the adult rate was 52% of the pediatric rate.

The CMAP dental fee schedules may be accessed by going to the www.ctdssmap.com Web site, selecting “Provider” and clicking on “Provider Fee Schedule Download”. Click on the “I accept” button and proceed to click on the appropriate “Dental” fee schedule.

For the dental adult fee schedule effective September 1, 2016, click on the CSV link next to:

Dental Adult

For the dental pediatric fee schedule effective September 1, 2016, click on the CSV link next to:

Dental Pediatric

For the consolidated dental fee schedule prior to DOS September 1, 2016, click on the CSV link next to:

Dental DOS Prior to 09/01/2016

Back to Table of Contents

Attention All Providers

EFT Requirement Reminder

As a reminder, the Department of Social Services (DSS) requires providers to receive payment through Electronic Funds Transfer (EFT) to the provider's financial banking institution. As part of the ongoing initiative to reduce expenses, DSS is moving away from issuing paper checks. Beginning in early 2017, providers that do not have valid EFT infor-mation on file will receive a letter requesting up-dated EFT information. If EFT information is not received within thirty (30) calendar days of that letter, **claim payment will be delayed by up to thirty (30) days from the date a claim is submitted for processing**. This will continue to occur until updated information is provided. Maintaining accurate EFT information will ensure that your claims are processed and paid in the timeliest manner.

To enroll in EFT, visit the provider Web site at www.ctdssmap.com and log into your Secure Web portal account. Once logged in, click on the Demographic Maintenance tab. Once enrolled in EFT, providers may change their EFT data at any time. Only the main account holder is permitted to add/ update EFT information.

Please refer to the Provider Demographic Maintenance section in Chapter 10 of the Provider Manual for further instructions on how to update this information. Chapter 10 is located on the www.ctdssmap.com Web site by selecting Information > Publications and then scroll down to Provider Manuals.

Please note, once you add or update EFT information, you will receive a paper check for one financial cycle, so that a test transaction can be sent to your financial institution to validate the account information provided. No further action is required. You will receive your payment via EFT in the next financial cycle in which you have claim activity. Please note that you are not at risk for delayed claim payments during this validation process.

If you need assistance in establishing your secure Web portal account, resetting a password or enrolling in EFT, please contact the Provider Assistance Center at 1-800-842-8440.

Back to Table of Contents

Appendix

Holiday Schedule

Date	Holiday	HPE	CT Department of Social Services
12/26/16	Day After Christmas	Closed	Closed
1/2/17	New Year's Day, observed	Closed	Closed
1/16/17	Martin Luther King Jr. Day	Closed	Closed
2/13/17	Lincoln's Birthday, observed	Open	Closed
2/20/17	President's Day	Closed	Closed

Back to Table of Contents

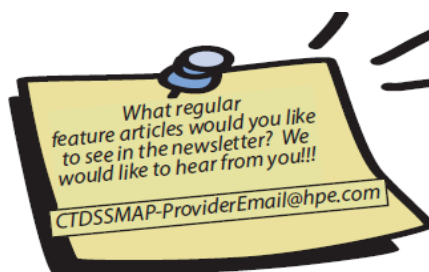
Appendix

Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to www.ctdssmap.com. To see the complete messages, please visit the Web site. All Provider Bulletins can be found by going to the information -> Publications tab.

PB16-83	Provider Enrollment Agreement for Project Notify and Health IT Initiatives
PB16-82	Revised: Documentation and Billing Guidelines for Services Performed By Residents
PB16-81	Screening Brief Intervention, and Referral To Treatment Performed at Federally Qualified Health Centers
PB16-80	Important Information Regarding Provider Enrollment for Medicare Crossover Claims
PB16-79	New Prior Authorization Request Form For Long Acting Sustained Release Opioid Medication
PB16-78	Hospice Rates for Federal Year 2017
PB16-77	Updated Guidance Regarding Electronic Orders for MEDS Products
PB16-76	Update on Flu Vaccine Availability Flucelvax (CPT code 90674)
PB16-75	Changes to the Implementation of Prior Authorization for Oral and Maxillofacial Surgery Codes
PB16-74	Durable Medical Equipment Fee Schedule Changes to Repairs and Modifications to Customized Wheelchairs
PB16-73	Clarification of Orthognathic Surgery Medical Necessity Definitions—Surgery Codes
PB16-72	Web Portal Claim History Inquiry
PB16-71	Reimbursement for Services Performed On Dually Eligible (Medicare\Medicaid) Patients
PB16-70	Important Changes to the Radiology Benefit Management Program
PB16-69	Billing Guidelines for Inpatient Stays Following Observation/Outpatient Services
PB16-68	Split/Shared Medical Visits
PB16-67	Guidance for E-Consultation Services Performed by FQHCs
PB16-66	Treatment for Gender Identity Disorder: Gender Reassignment Surgery And Procedures
PB16-65	Procedure for Removal of Hospital Lock-In Status and Use of Medicaid Prescription Vouchers for Individuals Released from Correctional Institutions or through the Courts
PB16-64	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health & CADAP Programs)
PB16-63	Maternal Depression Screenings
PB16-62	Subsequent Observation Procedure Codes (99224-99226)
PB16-61	Update on Flu Vaccine Availability—Flucelvax (CPT code 90674)
PB16-60	Annual Reassessment: Provider Attendance and Location
PB16-59	Fingerprint-based Background Checks for Newly and Re-Enrolling “High-Risk” Medicaid Providers, DME Suppliers & HHA

Back to Table of Contents



Hewlett Packard Enterprise
Box 2991
Hartford CT, 06104
www.ctdssmap.com