



June 2017  
Connecticut Medical Assistance Program  
<http://www.ctdssmap.com>

The Connecticut Medical Assistance Program

# Provider Quarterly Newsletter

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- All Providers: Change to HUSKY Health Web Site URL
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## All Providers

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### Hewlett Packard Enterprise Is Now DXC Technology

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On April 3, 2017, Hewlett Packard Enterprise (HPE) split and merged with Computer Sciences Corporation (CSC) to form a new company, DXC Technology. You have probably noticed the following changes:

- The DXC Technology logo and name has replaced the Hewlett Packard Enterprise (HPE) logo and name on our correspondence.

- You now receive emails from the @dxc.com email address rather than the @hpe.com email address.
- You hear the DXC Technology name when calling the Provider Assistance Center.

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## Attention All Providers

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### Change to HUSKY Health Web Site URL

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Effective immediately, the [www.huskyhealth.com](http://www.huskyhealth.com) Web site URL has changed. If you have saved this URL, you will need to make updates to access the new URL, [www.ct.gov/husky](http://www.ct.gov/husky). Providers will begin to see this new URL in updated provider manual chapters. There are no changes to the

[www.huskyhealthct.org](http://www.huskyhealthct.org) URL, which directs providers to Community Health Network of Connecticut's (CHNCT) Web site, the Administrative Services Organization (ASO) for the HUSKY Health Program.

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## CHC, PCA and ABI Providers

### Electronic Visit Verification (EVV) Tips for Success

Electronic Visit Verification (EVV) was successfully implemented effective January 1, 2017 for non-medical service providers and April 3, 2017 for Home Health service providers. Providers are able to use the Santrax system to check-in and check-out of visits, view and schedule Prior Authorizations (PAs) and to submit claims via the Santrax system. With the implementation of EVV, many common questions have been posed to DSS, DXC Technology and Sandata. The purpose of this article is to help providers solve some of the most common issues related to EVV, prior to contacting Sandata, DSS or DXC Technology. As a reminder, the Electronic Visit Verification Important Message, found on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home Page, has the most up-to-date program information for EVV, including the service code list, training materials and the Fixed Visit Verification device request form.

- Remember to check the DSS portal for client eligibility and PAs. If you are missing a client in your Santrax system or do not see an expected PA, please first check client eligibility via your secure Web account on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Via your secure Web account, you can verify that a client has

the necessary Acquired Brain Injury (ABI), Connecticut Home Care (CHC) or Personal Care Assistance (PCA) waiver benefit plan and has a PA assigned to your agency. Please note: Clients need to be active on their benefit plan and have a PA assigned to your agency in order to be in your Santrax system.

- Changed visit information can be documented in the notes section of the visit data. Providers can and should substantiate all changed visit data in the Santrax system.
- Submit your claims often. Do not wait until the claims cycle deadline. The claims cycle deadline is published on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home Page and is generally two Thursdays in each month. DXC Technology publishes the cycle schedule twice per year which can be found on the [www.ctdssmap.com](http://www.ctdssmap.com) Website under Provider > Provider Services > Schedules. Claims submitted through Santrax can be verified, as early as several hours after export, on the [www.ctdssmap.com](http://www.ctdssmap.com) Secure Web portal.
- You can verify claims were exported by Sandata to DXC Technology by using the

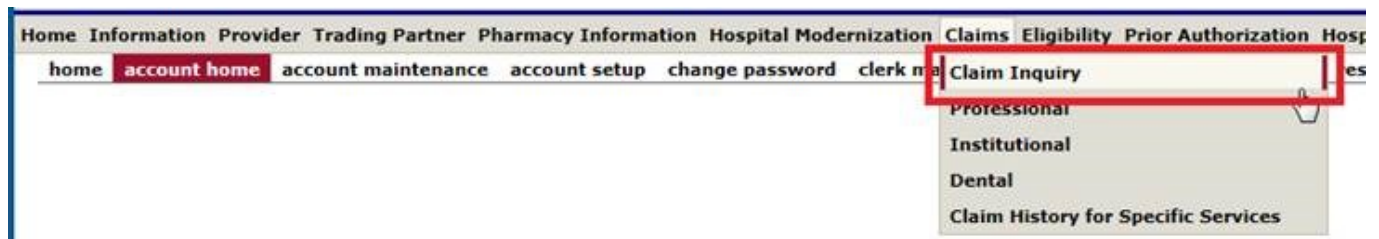
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[www.ctdssmap.com](http://www.ctdssmap.com) Secure Web portal. To see claims submitted to DXC once you have logged in to your Secure Web portal account, you will select Claims -> Claim Inquiry. You can search by the Client ID, dates of service,

and paid dates of service. You can further refine your inquiry, by selecting just the pending claims.



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## CHC, PCA and ABI Providers

### Electronic Visit Verification (EVV): Who to Contact with Questions

There has been some confusion about who providers should contact when they have questions about the Electronic Visit Verification (EVV) program. In many instances, providers can find answers to their questions in the [Electronic Visit Verification Important Message](#) found on the [www.ctdssmap.com](http://www.ctdssmap.com) Home page. The following list will help you determine who to contact when you have questions:

- **Missing Clients or Prior Authorizations (PAs)** – ABI, PCA, CHC, and Waiver Programs

Missing clients in the Santrax system may be the result of a client's eligibility not being added to the Department of Social Services eligibility file. Providers should first check client eligibility via their

secure Web account. If eligibility is not on file, providers should send an email to [HomeandCommunityBasedServices.dss@ct.gov](mailto:HomeandCommunityBasedServices.dss@ct.gov). Eligibility issues may be resolved within a day or two by DSS. If client eligibility has been verified and the client is still missing in the Santrax System, contact Provider Assistance Center at 1-800-842-8440 or via encrypted email at [ctevv@dxc.com](mailto:ctevv@dxc.com).

Please note if you are missing PAs or there is a discrepancy in a PA from the service authorization given in your Santrax system, confirm that the PA exists or is as it appears in the Santrax system by accessing your secure Web account on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. If the PA does not

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exist, the Access Agency has not yet uploaded the PA to DXC Technology. If the PA does exist, it may take 2-3 days for the authorization to appear in your Santrax system. Discrepancies between the PA on your secure Web account and the PA in the Santrax system should be communicated to Provider Assistance Center at 1-800-842-8440 or via encrypted email at ctevv@dxc.com.

- **Seeing clients you are not familiar with** – If you see clients that you are not expecting in your Santrax system, please contact the Access Agency to see if a PA was assigned to your agency in error or you were assigned a new client. Please note: All of the clients in your Santrax system reflect those clients who

have PAs assigned to your agency by an Access Agency.

- **EVV system not working as expected** – If your Santrax system is not functioning in the manner you expect, please contact Sandata at 1-855-399-8050 or by email at ctcustomer-care@sandata.org.
- **Need an address or primary phone number change** – If the client's address is not current, please contact the Access Agency and they will contact DSS to have the correction made. If the client's primary phone number is not current, please direct the client or the client's representative to contact the DSS Benefit Center at 1-855-626-6632.

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## All Providers

### Updated Information at Re-Enrollment

Effective July 1, 2017, providers will now be able to supply additional information when completing their re-enrollment applications. The following information may now be supplied as part of the Web portal application:

- Facility information can be supplied by individual providers.
- A mobile and pager number may also be supplied by individual providers.

- Many individuals and organizations will be able to supply Health Information Technology (HIT)/Electronic Health Records (EHR) information upon re-enrollment.

While this information is not required, it is often useful in many aspects of program administration for the Department of Social Services (DSS). We encourage providers to take the opportunity to supply this information.

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## Attention All Providers

### Third Party Liability (TPL) Carrier Codes Search

As a reminder, if you need to find a Third Party Liability (TPL) Carrier Code you can check on our website [www.ctdssmap.com](http://www.ctdssmap.com) under the Provider tab. Once you've logged into the secure Web site portal, in the toolbar at the top of the page, you can click on the "Eligibility" tab. Once you enter the Client ID number and the Birth Date, or Social Security number and select search you will see the Carrier Code under TPL.

If an address or telephone number of a TPL carrier is needed, you can use this quick reference found

on our Web site at [www.ctdssmap.com](http://www.ctdssmap.com). Once logged on the Web site, select Information, then Publications, and locate Provider Manuals, Chapter 5-Additional Chapter 5 Information. You will be able to search for a TPL carrier either by Carrier Listing Sorted by Name, which lists all of the current TPL carriers alphabetized, or Carrier Listing Sorted by Code, which lists all the current TPL carriers numerically by carrier code. These two lists are updated monthly to provide the most current TPL information.

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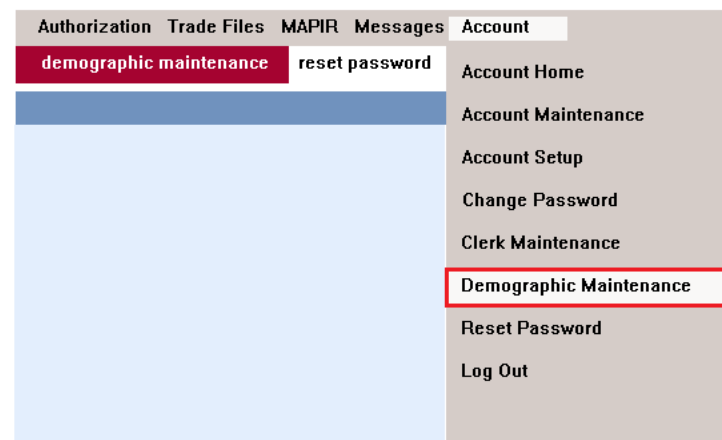
## All Providers

### Maintaining Address and Contact Information

Maintaining the information of your business on the secure Web portal is imperative. Did you know the master user of your secure web portal can change your demographic information through the secure Web site, including your ad-

dress\*, contact name, phone number, language, and more?

Once signed in to your secure Web account you will select, "Demographic Maintenance."



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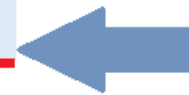
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Clicking on the submenu options in blue will open a panel with related information.

| Provider Information |                  |           |                |
|----------------------|------------------|-----------|----------------|
| Provider ID          | 123456789        | Address   | 15 Main Street |
| Organization         | Sole Proprietor  |           | Suite 2A       |
| Usage                | Service Location | City      | Willimantic    |
| Provider Type        | 27 – Dentist     | County    | Fairfield      |
| Ownership            | Yes              | State/Zip | CT 06614-4008  |
| Phone                | 203-555-5555     |           |                |

[Base Information](#) > [Service Location](#) > [Location Name Address](#) > [EFT Account](#) > [Service Language](#) > [Maintain Organization Members](#)



From this menu, you can keep your information current. As of July 1, providers can also use the demographic maintenance panel to add mobile and pager numbers. In addition to the fields that can be updated, there will also be an indicator as of July 1 on the demographic maintenance panel that indicates if we have attempted to mail notifications, like re-enrollment due letters to providers, and they have been returned as undeliverable. Maintaining the providers most current information becomes especially important when it comes to receiving communications, such as Re-

enrollment due letters for both provider groups and individual providers, and Electronic Funds Transfer (EFT) accounts for payment on services rendered.

\*Please note, if you are a provider participating in the PCMH program, you should not update your address via the Web portal and should reach out to your Community Health Network of Connecticut (CHNCT) representative to avoid any missed enhanced payments.

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## All Providers

## Implementation of ACA Mandated Fingerprint-Based Background Checks

Effective March 30, 2017, the Department of Social Services (DSS) has implemented a mandatory fingerprint-based criminal background check (FCBC), for specific providers, as part of the Connecticut Medical Assistance Program (CMAP) provider enrollment/re-enrollment process. DSS has implemented this change to be in compliance with the enhanced enrollment screening provisions contained in the Affordable Care Act (ACA). The ACA, as defined in 42 CFR 455.434, requires fingerprint-based criminal background checks of individuals

who have indicated a 5 percent or greater direct or indirect ownership in a provider or supplier identified as “high” risk.

“High” risk providers (as defined in 42 CFR 424.518 (c) and 42 CFR 455.450(e)) include the following: 1) newly enrolling home health agencies; 2) newly enrolling durable medical equipment, prosthetics, orthotics, and supplies providers (including hearing aid dealers); and 3) providers and suppliers who have been elevated to the high risk category in accordance with enhanced screening requirements.

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For durable medical equipment (DME) suppliers and home health agencies (HHA), the fingerprint-based background check will be completed on all individuals with a 5 percent or greater ownership interest. A 5 percent or greater owner is any individual that has any partnership (general or limited) in a DME supplier or HHA.

Fingerprint-based background checks are also required for any provider that has been elevated to the high risk category for any of the following reasons:

- Medicaid has imposed a payment suspension within the last 10 years.
- The provider has been excluded from Medicaid by the Office of Inspector General (OIG).
- The provider has been subject to any final adverse action in the previous 10 years.
- The provider has been terminated or is otherwise precluded from billing CMAP.

Notification of the fingerprint requirements will be mailed from DSS to each individual with a 5 percent or greater ownership interest that is associated to an affected provider. The notification letter will be mailed to the correspondence's address. Generally, an individual will be required to be fingerprinted only once, but DSS reserves the right to request additional fingerprints as deemed necessary.

Individuals selected by DSS for FCBC will have 30 days from the date on the notification letter to be fingerprinted. The location and contact information will be provided in the notification letter. Selected individuals are required to contact the fingerprinting site prior to showing up. Failure to comply within 30 days of notification will result in the provider, DME supplier or HHA being ineligible to be an approved CT Medicaid provider.

In addition, individuals who are required to undergo the fingerprint-based background check will incur the cost of having their fingerprints taken.

All fingerprint data will be stored according to Federal requirements.

You can review 42 CFR 424.518(c) by selecting this link: [Federal Regulations](#).

Additionally, a new page is available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting Provider > Fingerprint Criminal Background Check Info. This Web page provides an overview of the requirements, as well as links to important messages, various documents and Web sites.

## Dental Providers

### How to Identify a Financial Payout on your Remittance Advice

**Consider the following scenario.** You verified eligibility for a HUSKY client and received an Eligibility Verification Response that the client was eligible for the date of service. You then provided the required services to the client but, when you submit the claim, it gets denied for Explanation of Benefit (EOB) Code 2003 “Client ineligible for dates of service”. This does happen on occasion as a client’s eligibility could change retroactively.

**What recourse is available to you now?** You should submit a request for payment on the provider’s letterhead along with the Eligibility Verification Number and a paper claim to DXC’s Written Correspondence Unit at the following address:

DXC Technology  
PO Box 2991  
Hartford, CT 06102

Since the client is not eligible for the date of service, the services cannot be paid through the

claims processing system, rather they are paid as a financial payout.

**So how do you go about finding out if you have been paid for the services that were rendered to that client after your request for reimbursement has been submitted?** You will see the payout information in the Financial Transactions section of your Remittance Advice as a “Non-Claim Specific Payout”. The information listed will include the Payout Amount along with the Client Number and Client Name. The Payout Amount will total up to the reimbursement amount for the services rendered minus any copay if the client’s eligibility verification had returned a HUSKY B benefit plan. The Liability Date refers to the date of service for the claim that was denied due to the client being ineligible.

| -----NON-CLAIM SPECIFIC PAYOUTS----- |         |                   |             |                       |                        |            |
|--------------------------------------|---------|-------------------|-------------|-----------------------|------------------------|------------|
| TRANSACTION NUMBER                   | --CCN-- | PAYOUT --AMOUNT-- | REASON CODE | APPLICANT/ CLIENT NO. | APPLICANT/ CLIENT NAME | LIAB DATE  |
| 151250000                            |         | 394.16            | 8306        | 0099999999            | BABYC CAREY            | 11/02/2016 |
| TOTAL PAYOUTS:                       |         | 394.16            |             |                       |                        |            |

## Birth to Three Providers

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### Enrollment Reminder for Birth to Three Providers

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As a reminder, effective for dates of service September 1, 2017 forward, providers of Birth to Three services must be enrolled as “Birth to Three Billing” providers in order to be reimbursed for services through the Birth to Three program. Effective for dates of service September 1, 2017, providers of Birth to Three program services will no longer submit claims for their services to the Office of Early Childhood (OEC). These services will be submitted to Public Consulting Group Inc. (PCG), who in turn will submit the claims to DXC Technology for reimbursement directly to the “Birth to Three Billing” Provider. To facilitate this change, all Birth to Three program providers must enroll in the Connecticut Medical Assistance Program (CMAP) with a provider type of “Special Services” and specialty of “Birth to Three Billing Provider” in order to receive reimbursement for services rendered on or after September 1, 2017. Birth to Three program providers who have been authorized by the OEC to provide services, must

begin enrolling as “Birth to Three Billing Providers” as soon as possible in order to meet the September 1<sup>st</sup> effective date, as the enrollment process may take several weeks to complete.

DXC Technology recently offered online enrollment and secure Web account training to those providing Birth to Three program services who will be enrolling as a “Birth to Three Billing Provider”. For those who were unable to attend, the workshop presentation is available to providers on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Web site Home page click Provider > Provider Services. Under Provider Training, click on the “here” link to access the Training page. Select the Birth to Three Enrollment Workshop link under Materials to access the Birth to Three Enrollment Workshop 2017 presentation.

## Appendix

### Holiday Schedule

| Date     | Holiday                | DXC Technology | CT Department of Social Services |
|----------|------------------------|----------------|----------------------------------|
| 7/4/17   | Independence Day       | Closed         | Closed                           |
| 9/4/17   | Labor Day              | Closed         | Closed                           |
| 10/9/17  | Columbus Day           | Open           | Closed                           |
| 11/10/17 | Veterans Day, observed | Open           | Closed                           |
| 11/23/17 | Thanksgiving Day       | Closed         | Closed                           |
| 11/24/17 | Day after Thanksgiving | Closed         | Open                             |
| 12/25/17 | Christmas              | Closed         | Closed                           |

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# Appendix

## Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to [www.ctdssmap.com](http://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.

- PB17-26 Expedited Medicaid Eligibility Processing for Individuals with Medical Emergencies
- PB17-25 Follow up to Provider Bulletin 2016-77 Updated Guidance Regarding Electronic Orders for MEDS Products
- PB17-24 Radiotherapy and Follow-up Care
- PB17-23 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health and CADAP Programs)
- PB17-21 Prior Authorization Requirements for Certain Custom Wheelchair Components
- PB17-20 New Proc/Mod List Code for Oral Medication Administration Direct Observation Services under the Acquired Brain Injury, Connecticut Home Care and Personal Assistance Waiver Programs
- PB17-18 New Personal Care Assistance Procedure Codes added to the ABI Waiver Program and Procedure/ Modifier Code Lists added to the ABI and CHC Waiver Programs
- PB17-17 Addition of Criteria for Facial Feminization Procedures to the Gender Reassignment Surgery Policy
- PB17-16 Digital Breast Tomosynthesis— Outpatient Hospital Billing
- PB17-15 New Clinical Guidelines— Prior Authorization of Bathing And Toileting Equipment
- PB17-14 Changes to the Prior Authorization Of Reconstructive Surgical Procedures
- PB17-13 Change to Radiology Authorization Date Span
- PB17-12 Wheeled Mobility Device Policy, Forms and Related Documents
- PB17-11 Important Birth to Three Provider Enrollment and Claim Submission Changes For Providers of Birth to Three Services Under the CT Medical Assistance Program
- PB17-10 Implementation of New Pharmacy Pricing Methodology Using National Average Drug Acquisition Cost (NADAC) Files And New Dispensing Fee
- PB17-09 2017 Dental Fee Schedule HIPAA Compliance Update
- PB17-08 Changes to the Prior Authorization Process for Genetic Testing Services
- PB17-07 Authorization for Palivizumab (Synagis)
- PB17-06 Changes to the Prior Authorization Process For Cranial Remolding Orthoses
- PB17-05 Updated MEDS Fee Schedule Changes
- PB17-04 Changes to the Prior Authorization Process for Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BIPAP) devices
- PB17-01 Scope of Practice for Licensed Alcohol And Drug Counselors—Updated Policy Transmittal Codes (99224-99226)



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**DXC Technology**  
PO Box 2991  
Hartford, CT 06104

[www.ctdssmap.com](http://www.ctdssmap.com)