

interChange Provider Important Message

Electronic Visit Verification (EVV) – Understanding Eligibility, Client Benefit Plans and Prior Authorization

Providers have been advised to verify client eligibility and prior authorization (PA) at the start of care or upon receipt of an initial service order. When a provider verifies client eligibility and PA, the provider will be made aware of eligibility and PA issues prior to claim denial. This Important Message is intended to assist providers in verifying client eligibility and PAs on the Department of Social Services (DSS) portal.

Eligibility

It is recommended that eligibility verification be performed prior to the start of care, at redetermination and at regular intervals thereafter to ensure that the client remains eligible for the services being provided. It is important to remember that eligibility can change at any time and a change to the client's benefit plan may occur after the start of care which will cause a claim denial. Proper research of client eligibility will ensure that your agency is aware of any eligibility issue prior to claims export.

Providers can use one or more of the following methods to verify client eligibility:

- Secure Web portal account at www.ctdssmap.com
- Automated Voice Response System (AVRS)
- Provider Electronic Solutions (PES) software
- Point of Sale (POS) Device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction

This Important Message only provides instruction on how to verify client eligibility and PA using the DSS Website. For more information about any of the other eligibility verification methods listed above, please review chapter 4 of the Provider Manuals. The provider manuals can be found at www.ctdssmap.com, selecting "Information", then "Publications" then navigating to chapter 4 - "Client Eligibility".

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Verifying Client Eligibility on the DSS Portal

Log into the DSS secure site, found at www.ctdssmap.com, and select "Eligibility". You will then enter criteria that satisfy at least one of the valid search combinations and select "Search".

The screenshot shows the 'Eligibility Verification Request' form on the DSS Portal. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility (highlighted in red), Prior Authorization, Hospice, MAPIR, Account, and ConnPACE. Below the navigation bar, there is a section titled 'Valid Search Combinations' with a list of options: Client ID + SSN, Client ID + Birth Date, Birth Date + SSN, Full Name + SSN, and Full Name + Birth Date. A green arrow points from this list to the main form. The main form has several input fields: Client ID, SSN, Birth Date (02/05/1955), last name (Doe), First Name, MI (John), From DOS* (08/01/2017), and To DOS* (08/31/2017). There are five Service Type Code dropdown menus, with the first one set to '30 - Health Benefit Plan Coverage'. A green arrow points from the text 'When entering a full name as part of your search criteria, a middle initial is required if present in the client's "CMAP profile."' to the First Name, MI field. At the bottom right of the form, there are 'search' and 'clear' buttons.

Enter data to satisfy at least one of the valid search combinations; click search.

When entering a full name as part of your search criteria, a middle initial is required if present in the client's "CMAP profile."

Eligibility Verification Request

Client ID last name From DOS*
SSN First Name, MI To DOS*
Birth Date
Service Type Code 1 Service Type Code 2
Service Type Code 3 Service Type Code 4
Service Type Code 5

search
clear

The eligibility response will return a verification number and the client's benefit plan on the date of service requested. In order for the client to be present in EVV, the client **must** have one (1) of the following waiver benefit plans:

- Personal Care Assistant Waiver
- Acquired Brain Injury Waiver
- ABI II Acquired Brain Injury
- Connecticut Home Care Community Based Case Managed Waiver
- Connecticut Home Care Community Based Case Managed St Funded
- CHC Program for Disabled Adults Community Based Case Managed
- Connecticut Home Care 1915i Case Managed
- Connecticut Home Care 1915i Self Directed
- Connecticut Home Care Self Directed Waiver
- Connecticut Home Care Self Directed State Funded

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Client example with a valid Waiver benefit plan:

Eligibility Verification Response				
Verification Number	15040039KM			
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.			
Service Information		Benefit Plan		
CT Home Care Community Based Case Managed Waiver	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	08/01/2017	08/02/2017	08/02/2017	

Client example without a valid Waiver benefit plan:

Service Information		Benefit Plan		
	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	08/01/2017	08/02/2017	08/02/2017	

If the client does not have a valid waiver benefit plan on their eligibility file, please contact the Community Options Unit at homeandcommunitybasedservices.dss@ct.gov for assistance. The client's name, client ID, and the date service began or is scheduled to begin should be provided. Place the words "CHC Client Eligibility Issue" in the subject line of the email.

Prior Authorizations

It is recommended that PA verification be performed prior to the start of care, at the resumption of care, renewal or change in units or service thereafter to ensure that the client has authorization for the services being provided. Clients with the Acquired Brain Injury (ABI), CT Home Care (CHC) and Personal Care Assistance (PCA) waiver benefit plans must have a PA for any EVV mandated services performed prior to submitting claims for said services. For a list of EVV mandated and optional services, please refer to the EVV Service Code Listing on the Electronic Visit Verification Important Message, found [here](#).

To verify that a PA has been uploaded to the DSS Web site, providers will first log into the DSS secure Web site, found at www.ctdssmap.com, select "Prior Authorization" and then "Prior Authorization Search". There are a variety of ways to search for PA, but for EVV purposes the easiest method is to enter the client's Medicaid ID number in the "Client ID" field and select "Search".

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Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home **account home** account maintenance account setup change password clerk maintenance demo **Prior Authorization Search** log out

Care Plan
Pharmacy Prior Authorization

Your password expires in 61 day(s) on 9/10/2017 at 12:00 AM [Change Password](#)

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages Account

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Quick Link
Web Guide - Prior Authorization Search

Provider 001234567 MCD

Prior Authorization Search

Client ID

Client Name

Search Pharmacy PAs only

Requested Eff Date

Requested End Date

Authorized Eff Date

Authorized End Date

Prior Authorization

PA Assignment

PA Assign - Sub

Procedure [Search]

Revenue Code [Search]

Proc/Mod List

Procedure Code List [Search]

Records 20

If the client has a PA assigned to your agency you will be able to see the PA in the search results. Among the data in the PA search results will be the PA number, the authorized effective and end dates, authorized units and any modifiers associated with the PA. You will notice on the image below, the PA has entries in the “Status” and “Determination Date” fields. A PA must have an approved status for the PA to be valid. The date in the “Determination Date” field represents the date of the last update made to the PA line detail.

Please note: If the PA has a modifier, that same modifier must be on the schedule created in Santrax, and on the claim created for the specific date(s) of service on the PA in order for the claim to be paid.

Search Results												
Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Mod	
2016207014	01	09/01/2016	09/03/2016	2	\$0.00	Auto Approved for Care Plan	10/01/2016	Acquired Brain Injury	Initial	1548P		
2016207015	01	09/02/2016	09/02/2016	1	\$0.00	Auto Approved for Care Plan	10/01/2016	Acquired Brain Injury	Initial	1548P	U2	

If the client does not have a PA in the DSS portal, then the client will not have a PA in the Santrax system and any visits performed will not be identified as “OK to bill”. As a result, claims for those services performed will not be able to be generated and exported from Santrax system. Providers must contact the client’s case manager at the Access Agency for assistance in getting a missing PA uploaded to the DSS portal. DSS cannot enter or correct prior authorizations in the portal. Directions for contacting each Access Agency are as follows.

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Connecticut Community Care (CCCI) - Send an email to: serviceauthissues@ctcommunitycare.org

Providers must include the following information if applicable, when submitting service authorization issues to CCCI: provider name, client name, client EMS number, CCCI number, EOB code on rejecting claim at DXC, from and to dates of service, type of service (SNV, Companion, PCA etc.), frequency of service (spanned dates, monthly or weekly), number of units needed, CCCI service order number, if available, and any comments the provider wishes to communicate to CCCI.

South Western Connecticut Area on Aging (SWCAA) - send an email to: SWCAABillings@swcaa.org

Agency on Aging of South Central CT (AASCC) - send an email to: chcbilling@aoascc.org

Providers without secure e-mail, please fax service order inquiries to AASCC at: (203) 752-3064.

Western Connecticut Area on Aging (WCAA) - please contact WCAA directly at (203) 465-1000

Providers must include the applicable following information when contacting SWCAA, AASCC or WCAA: client name, client EMS number, type of service, dates of service, frequency of service and the number of units or hours per visit.

If you have a question about a PA that is in the Santrax system, please refer to the DSS Web portal, found at www.ctdssmap.com, for verification.

For more detailed information regarding eligibility and PA, please refer to the following resources which can all be found on the DSS Web site at www.ctdssmap.com.

- [Provider Manual 4 - Client Eligibility](#)
- [Provider Manual 9 - Prior Authorization](#)
- [Home Health Refresher Workshop 2016](#)
- [CHC Service Provider Workshop - October 2016](#)
- [ABI Billing and Web Claim Submission Workshop 2016](#)
- [PCA Service Provider Claim Submission Workshop](#)
- [PCA Service Provider Billing Workshop](#)