



TO: All Providers

RE: Electronic Claim Submission with Paper Attachment Process

Effective immediately, providers who were previously unable to submit electronic claims due to paper attachment requirements will be able to submit electronic claim transactions and send corresponding paper attachments either by fax or by mail. To do this, providers should use the instructions contained within this provider bulletin to properly submit both electronic claims and the corresponding attachments.

Electronic claims that require paper documentation are as follows:

- Claims that require manual pricing
- Sterilization and hysterectomy claims

Submitting Electronic Claims

Segments in the Connecticut Medical Assistance Program's (CMAP) Companion Guide for 837 Health Care Claim transactions have been revised and now contain instructions for providers submitting paper attachments to accompany electronic claims. Providers may use the following electronic transaction segments to indicate that a paper attachment will be submitted by mail:

- 2300/PWK01: Enter the value "OZ" to indicate support data for claim.
- 2300/PWK02: Enter the value "FX" (By Fax) or "BM" (By Mail) to indicate that claim supplemental information is being sent to CMAP.
- 2300/PWK05: Enter the value "AC" to indicate the Attachment Control Number (ACN). This element is required when PWK02 contains the value "BM" for by mail or "FX" for facsimile.

- 2300/PWK06: Enter an ACN. The ACN is a number assigned by the provider. The field will accept any alphanumeric entry of 11 characters in length. Formatting directions of the ACN are as follows:

Position	Definition
1	A = non Coordination of Benefits (COB) claim or C = COB claim
2-5	MMDD of the day the claim was submitted electronically
6-9	Last 4 digits of the client ID
10-11	First 2 letters of the client's first name

Providers are required to submit the ACN both in this segment and on the ACN Electronic Claim Cover Sheet, which accompanies the attachments.

Submitting Paper Attachments

Paper attachments that go with electronic claim transactions must be submitted with the ACN Electronic Claim Cover Sheet. In order to access the ACN Electronic Claim Cover Sheet form, please go to www.ctdssmap.com, click on "Information", then "Publications" and then scroll down to "Forms". The ACN Electronic Claim Cover Sheet form is located in the "Claim and Adjustment Forms" Section. Any other cover page format or version will be returned to the provider (RTP'd) as unprocessed.

The ACN must be indicated on the cover sheet in order to match the electronic claim with the paper attachment.

Electronic claims submitted via an 837 that are suspended for a paper attachment will remain

in a suspended status for thirty (30) calendar days; 90 days for claims requiring a valid sterilization/hysterectomy consent form. Providers are encouraged to submit paper attachment(s) timely to avoid unnecessary claim denials. When such a claim is denied, both the paper attachment(s) and the electronic claim will need to be resubmitted.

Providers are required to send the ACN Electronic Claim Cover Sheet and corresponding paper attachments by fax to (860) 986-7995 or by mail to the following address:

DXC Technology
PO Box 2971
Hartford, CT 06104

Note: This functionality is only available via the 837 Health Care Claim transactions at this time. The ACN process is not currently available through the claim submission tool on the www.ctdssmap.com Secure Web Portal.



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105

Connecticut Medical Assistance Program

Attachment Control Number (ACN) Electronic Claim Cover Sheet

<input type="checkbox"/>	Client ID	<input type="text"/>
<input type="checkbox"/>	Attachment Control Number (ACN)	<input type="text"/>
<input type="checkbox"/>	Internal Control Number (ICN)	<input type="text"/>
<input type="checkbox"/>	NPI or AVRS ID	<input type="text"/>
<input type="checkbox"/>	Date of Service (MMDDYY)	<input type="text"/>

Purpose:

This form is to be used when a claim requires a paper attachment to be submitted electronically on the 837 transaction. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted.

** Note this applies to claims submitted via an 837 only and does not apply to claims submitted via the secure web portal.

Instructions:

1. In box 1, fill in the 9 digit Client ID that was used on the 837 transaction for the claim requiring the attachment.
2. In box 2, fill in the 11 digit ACN that was used on the 837 transaction requiring the attachment. The ACN on the form must match exactly to the number placed in the PWK segment on the 837 transaction. If the ACN does not match, there may be delays in processing the claim.

****This form is for use with ELECTRONICALLY SUBMITTED CLAIMS ONLY****



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The format of the ACN is as follows:

Position	Definition
1	A = non COB claim or C = COB claim
2-5	MMDD of the day the claim was submitted electronically
6-9	Last 4 digits of the client ID
10-11	First 2 letters of the client's first name

3. In box 3, fill in the 13 digit ICN for the claim requiring the attachment. Leave blank if unavailable.
4. In box 4, fill in the 10 digit billing NPI that was submitted on the 837 transaction for the claim requiring the attachment. If an NPI is not available (e.g an Atypical provider), enter the 9 digit AVRS ID.
5. In box 5, fill in the 6 digit beginning date of service in MMDDYY format that was on the 837 transaction for the claim requiring the attachment.
6. Place this form on top of the attachment(s) for each claim submitted on the 837 that requires an attachment. This form is **only** required for claims requiring attachments.
7. When complete, fax to (860) 986-7995 or mail to DXC Technology, P. O. Box 2971, Hartford, CT, 06104.

Note:

Electronic claims submitted via an 837 and subsequently suspended for a paper attachment will remain in a suspended status for 30 calendar days; 90 days for claims requiring a valid consent form. Please submit your paper attachment timely to avoid unnecessary claim denials.

Providers should contact the Provider Assistance Center at 1-800-842-8440 Monday through Friday 8:00 a.m. through 5:00 p.m. with questions.

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