



**TO: Connecticut Home Care (CHC), Acquired Brain Injury (ABI), Personal Care Assistant (PCA) Service Providers and Access Agencies**  
**RE: Claim Rejection E-Mailboxes for Providers and Who to Contact**

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Beginning August 1, 2019 inquiries related to claim rejections for Medicaid Waiver eligibility issues should be submitted to [Waiver.DSS@ct.gov](mailto:Waiver.DSS@ct.gov).

Providers should limit their inquiries to one client per email. Submissions should include the client's first and last name, Medicaid ID and dates of service that are rejected. The Department of Social Services (DSS) is unable to research claim rejections without this information.

The Explanation of Benefit (EOB) codes indicating eligibility issues are 2003 – Recipient Ineligible on Detail Date of Service and 4021 – No Coverage for Billed Procedure. Claims that deny payment with any other EOB code(s) or in combination with 4021 – No Coverage for Billed Procedure, should be considered for the actual reason for denial and should not be sent to this mailbox.

The following denials must be resolved with the Access Agency responsible for the client's care plan:

Examples:

1. 3003 - Prior Authorization is required for payment of this service
2. 3015 - Care plan required
3. 3016 - Service not covered under care plan
4. 5151 - Units billed were cutback or denied as they exceed the frequency of service allowed on the care plan

Please Note: When receiving a 3016 or 5151 denial, providers are encouraged to review the claim(s) within the frequency of the PA for possible input errors, prior to contacting the Access Agency responsible for the client's care plan

Chapter 12 of the Provider Manual, Claim Resolution Guide, is available under Information> Publications at [www.ctdssmap.com](http://www.ctdssmap.com) to assist providers with understanding the EOB codes on the Remittance Advice. The link to the chapter is included below:

[Chapter 12 Claim Resolution Guide](#)

Participants with a benefit plan **CBCMS, Connecticut Home Care Community-Based Care Managed State Funded, CBCMD, CT Home Care Case Managed Disabled and Self-Directed State-Funded, SDIRS**, eligibility issues should be directed to [ACUFinancial.DSS@ct.gov](mailto:ACUFinancial.DSS@ct.gov)

Following is a listing of e-mailboxes and their purpose:

- [Waiver.DSS@ct.gov](mailto:Waiver.DSS@ct.gov) – Medicaid Waiver eligibility issues.
- [ACUFinancial.DSS@ct.gov](mailto:ACUFinancial.DSS@ct.gov) – State-funded client eligibility, clients with benefit plan CBCMS, CBCMD and SDIRS.
- [HomeandCommunityBasedServices.dss@ct.gov](mailto:HomeandCommunityBasedServices.dss@ct.gov) – mailbox is closing 8/1/19.
- [Alternatcare.dss@ct.gov](mailto:Alternatcare.dss@ct.gov) – mailbox is closing 8/1/19.
- [ctdssmap-ProviderEmail@dx.com](mailto:ctdssmap-ProviderEmail@dx.com) – Provider enrollment; claim submission and adjudication questions.
- [ctevv@dx.com](mailto:ctevv@dx.com) – Electronic Visit Verification (EVV) related questions.
- [ctcustomer@sandata.com](mailto:ctcustomer@sandata.com) - Issues related to the Santrax system and its functionality.

Please follow this link regarding who to contact for EVV related issues:

[EVV Contact List](#)

If you have any questions regarding this information, please contact Laurie Filippini at [laurie.filippini@ct.gov](mailto:laurie.filippini@ct.gov) or by phone at (860) 424-5029.