interChange Provider Important Message

Attention Connecticut Home Care (CHC), Personal Care Assistance (PCA), Community First Choice, and Home Health Agency Providers

Claims that have posted either Explanation of Benefit (EOB) code 3015 - Care Plan Required or EOB 3016 - Service Not Covered Under Care Plan have remained in a suspended status since the PCA Care Plan Portal was implemented on February 25, 2016. These edits will be changed from a suspense status to a denied status and claims impacted will appear on your April 26, 2016 Remittance Advice.

Providers are encouraged to contact the client's care manager at the following Access Agencies to resolve care plan issues:

 Connecticut Community Care (CCCI) serviceauthissues@ctcommunitycare.org

Providers must include the following information when submitting service authorization issues to CCCI: provider name, client name, client EMS number, CCCI number, EOB code on rejecting claim at Hewlett Packard Enterprise, from and to dates of service, the type of service (adult family living/foster care, support broker services, CFC or home health services) the frequency of service (Spanned dates, monthly or weekly), the 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) <u>SWCAABillings@swcaa.org</u>.

Please have the following information available when contacting SWCAA: client name, the client EMS number, the type of service (adult family living/foster care, support broker, CFC or home health services), the dates of service, the frequency of service and the number of units or hours per visit.

 Agency on Aging of South Central CT (AASCC) chcbilling@aoascc.org.

Companies without secure e-mail, please fax service order inquiries to (203)752-3064. Due to the high volume of inquiries AASCC requests your primary source of communication to them be by e-mail or fax.

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



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Please have the following information available when contacting WCAA: client name, the client EMS number, the type of service (adult family living/foster care, support broker services, CFC or home health services) the dates of service, the frequency of service and the number of units or hours per visit.