interChange Provider Important Message

Elimination of Paper Claims FAQ

(Last updated on 12/30/2016) Please note: Revised data will appear in red.

ATTENTION PROVIDERS: This Frequently Asked Question (FAQ) document has been developed to provide answers to commonly asked questions regarding Provider Bulletin PB16-31 - Elimination of Paper Claims Notification, which was recently published. This document is intended to assist providers, but is not an all-inclusive document. Further information may be found in Chapter 5, Chapter 8 and Chapter 11 of the Provider Manuals. The Provider Manual chapters may be accessed by going to www.ctdssmap.com: 1) select Information and then 2) Publications. If your question is not answered by reviewing these documents, please call the Provider Assistance Center at 1-800-842-8440.

FAQ

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Q: I am not able to submit claims electronically to Hewlett Packard Enterprise through my vendor software. What do I need to do to be able to submit claims through my software?

Q: How can I obtain the payer ID for Connecticut Medical Assistance Program (CMAP)?

Q: I routinely submit paper claims for vaccination administrations. If I am no longer allowed to submit these claim on paper, how do I submit these claims through the Secure Web Portal?

Q: How do I submit a claim for a Prior Authorization appeal?

Q: What happens if I submit a paper claim to HPE after February 1, 2017?

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Q: **Are there are any exceptions to this requirement?**

A: Yes**.** Claims submitted by Out-of-state (OOS) providers or claims submitted for an edit override, such as timely filing, can be submitted via a paper claim. Please note: with the exception of Medicare crossover claims and commercial insurance attachments needed to override timely filing, no other attachments are required. These claims should be sent to Hewlett Packard Enterprise. Providers should refer to Chapter 1 of the Provider Manual for direction on the correct P.O. Box to send these claims to.

Please note after October 1, 2016, P.O. Boxes 2941 as well as P.O. Box 2961 will be discontinued.

Q: What is the electronic claim attachments process for this update?

A: CT Medicaid does not currently require a claim attachment to process an electronic claim.

Q: What is the process for corrected claims?

A: Claims can be corrected and resubmitted electronically – either via your vendor software or via the secure Web portal. Providers need to keep timely filing guidelines in mind when adjusting previously paid claims or resubmitting previously denied claim. Providers have one (1) year***** from the date of the most recent remittance advice (RA) to adjust a paid claim to increase the payment on a previously paid claim, or to resubmit a previously denied claim provided the denial was not for timely filing.

*****Please note: Providers have 120 days to resubmit for HUSKY A and B Behavioral Health services.

If an adjustment to increase payment is made after the one (1) year deadline (120 days for HUSKY A and B Behavioral Health Services), then the entire claim will be denied for timely filing and the money will be recouped.

Claim adjustments resulting in a decreased payment can be made at any time regardless of the original paid date.

For all timely filing guidelines, please refer to Provider Manual Chapter 5 “Claim Submission Information”.

Q: Does this apply to both participating and non-participating providers?

A: CT Medicaid only reimburses participating providers. Non-participating provider claims will be denied regardless of how the claim is submitted.

Q: What is the process for institutional and professional claims?

A: All claims must be submitted electronically. The instructions for submitting claims can be found at **www.ctdssmap.com** in the Internet Claims Submission FAQ found here. Please see information regarding exceptions above.

Q: Is re-enrollment required? Or enrollment for providers who have not enrolled in e-claims?

A: No, re-enrollment is not required to become an electronic biller. For information on electronic billing options, providers should review Provider Bulletin 2016-31. Additional resources can be found at www.ctdssmap.com in Provider Manual Chapters 5, 6, 8 and 11, and at the Internet Claims Submission FAQ which can be found by going to Publications > Claims Processing Information and then > Internet Claims Submission FAQ, or by selecting here.

Q: Is the payer ID staying the same?

A: There are no changes to the electronic claim submission process.

Q: For providers who can still submit paper claims, what is the address they should be sent to?

A: These claims should be sent to Hewlett Packard Enterprise. Providers should refer to Chapter 1 of the provider manual for direction on the correct P.O. Box to send these claims.

Please note after October 1, 2016, P.O. Box 2941 and P.O. Box 2961 will be discontinued.

Q: Are other insurance and Medicare claims going to be accepted on paper?

A: No, other insurance and Medicare claims should be submitted electronically. Further information regarding other insurance and Medicare can be found at www.ctdssmap.com Provider Manual, Chapter 11 “Other Insurance and Medicare Billing Guides”.

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Q: What are your plans in regards to attachments (paper, fax, etc.)? Should these be mailed, faxed? What is the address/number this should be sent to?

A: CT Medicaid does not require any attachments to process an electronic claim. Sterilization/hysterectomy consent forms do not need to be attached to the claim for processing and should be mailed separately to Hewlett Packard Enterprise at P.O. Box 2942, Hartford, CT 06104.

Q: Do you accept the ANSI 275 attachment process?

A: CT Medicaid does not require any attachments to process an electronic claim.

Q: What will happen if a paper claim is received at Hewlett Packard Enterprise on or after October 1, 2016?

A: The paper claim will be returned to the provider's billing address that was submitted on the claim.

Q: I currently submit paper claims, what are my options?

A: Providers can submit claims to Hewlett Packard Enterprise electronically, using the ASC X12N 837 Health Care Claim or through the Provider Secure Web Portal at www.ctdssmap.com.

Q: Will there be any training offered to providers?

A: Yes, Hewlett Packard Enterprise offered a number of Refresher Provider Workshops and Web Claim Submission training sessions over the summer months. Hewlett Packard Enterprise will continue to offer a number of Web Claim Submission training sessions throughout the month of September to prepare providers for the elimination of paper claims effective October 1, 2016 and will also offer provider specific Refresher Workshops in the upcoming months. Invitations have been sent or will be sent to providers as the dates become available. As always, providers are encouraged to check the Provider Training page to review what Provider Workshops are currently available for providers. To access the Provider Training page, please click on the following link: **Provider Training.**

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Q: I am not able to submit claims electronically to Hewlett Packard Enterprise through my vendor software. What do I need to do to be able to submit claims through my software?

A: If your vendor software is able to be configured for multiple Payers, then your vendor should be able to assist you in adding a Payer record for Connecticut Medicaid. Please refer to the CT Medicaid Companion Guides which can be downloaded from www.ctdssmap.com – Trading Partner – EDI. Companion Guides are used as a supplement to transaction requirements provided by the HIPAA 5010 Implementation Guides from Washington Publishing Company Inc.

If your Medicaid claim volume is low, you may consider using the direct claim entry feature available to all Providers on their Secure Web Portal account. Please refer to Chapter 10 of the Provider Manual, available at www.ctdssmap.com – Information – Publications.

Q: How can I obtain the payer ID for the Connecticut Medical Assistance Program (CMAP)?

A: The payer ID is provided at the www.ctdssmap.com Web site > Trading Partner > EDI > Companion Guides.

Q: I routinely submit paper claims for vaccination administrations. If I am no longer allowed to submit these claim on paper, how do I submit these claims through the Secure Web Portal?

A: Claims submitted through the Secure Web Portal for vaccine administrations are submitted with the same criteria as an electronic claim however with one noted difference. The claim detail for the vaccine provided free from the Department of Public Health should be submitted with a billed amount of .01 to allow the administration code to be processed correctly.

Q: How do I submit a claim for a Prior Authorization appeal?

A: For information regarding how to obtain a Prior Authorization, please refer to Chapter 9 of the Provider Manual. Please note that all Prior Authorization appeals must be submitted to the appropriate Administrative Service Organization for review. Once Prior Authorization has been obtained, the claim can be submitted electronically or via the secure Web Portal.

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Q: What happens if I submit a paper claim to HPE after February 1, 2017?

A: Please refer to Provider Bulletin PB16-96. As communicated to all providers on December 23, 2016, any paper claims received after February 1, 2017 will be immediately destroyed with the exception of Out-of-State (OOS) and special handling claims.

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