



September 2017
Connecticut Medical Assistance Program
<http://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- Timely Re-enrollment of Providers Servicing ABI, PHC, CHC Waiver Clients
- NDC Billing: Validate Codes
- EVV: Introducing "At Your Fingertips" Tip Sheet
- CMAP Addendum B
- DSS Audit Training Schedule
- Provider Workshop Training
- Direct Email Address: Do You Know What It Is and How You Can Obtain It?

Table of Contents

ABI, CHC, PCA Waiver Clients Service Providers & Home Health Agencies

Importance of Timely Re-enrollment..... Page 1

All Providers

Validate the NDC Submitted in Conjunction with Procedure Codes for

Physician Administered MedicationsPage 2

ABI, CHC, PCA Waiver Clients Service Providers & Home Health Agencies

Electronic Visit Verification (EVV): Who to Contact for Assistance..... Page 3

ABI, CHC, PCA Waiver Clients Service Providers & Home Health Agencies

Introducing: “At Your Fingertips” Tip Sheet..... Page 4

Hospitals

CMAP Addendum B..... Page 4

All Providers

DSS Audit Training..... Page 5

All Providers

Provider Workshop Training..... Page 5

All Providers

Direct Message Email Address: What It Is and How to Obtain ItPage 6

Appendix

Holiday Schedule..... Page 7

Provider Bulletins.....Page 8

Home Health Providers, ABI, CHC, PCA Service Providers

The Importance of Timely Re-enrollment

It's time to re-enroll...ABI, CHC, PCA and Home Health Agencies are reminded that DXC Technology, on behalf of the Department of Social Services (DSS), sends via the postal service, re-enrollment due notices to enrolled providers approximately six months in advance of their re-enrollment due date. Providers should re-enroll as soon as possible upon receipt of that notification to ensure their application is in a **finalized status** before their **re-enrollment due date**. If a provider's **application is not in a finalized status** by their re-enrollment due date, the **provider will be dis-enrolled**.

Providers who wish to review their re-enrollment due date(s) can do so by logging in to their secure Web account(s) on the www.ctdssmap.com Web site. The **re-enrollment due date** is posted to the **secure Web account Home Page** for **each AVRS ID** under which the provider is enrolled.

ABI, CHC and PCA Service providers **must be re-credentialed** with Allied Community Resources and **must submit their re-credentialing letter to DXC Technology** for their re-enrollment application to move from a "Waiting Application or Info from Prov" status to a "DSS Conducting Initial Review" status.

Providers can track the status of their application by logging on to the www.ctdssmap.com Web site. From the Home Page, under the provider menu select "provider enrollment tracking", enter the Application Tracking Number "ATN" and Business or Last Name as enrolled to follow your application

through the re-enrollment process.

As the re-credentialing and re-enrollment process may take some time, providers are encouraged to be proactive and contact Allied Community Resources immediately should they not receive their notice to re-credential from Allied by the time they receive their notification to re-enroll from DXC Technology.

Failure for a provider to successfully re-enroll, with their application in a **finalized status by their re-enrollment due date**, may result in the following unfavorable outcomes until a provider's enrollment is re-instated:

- The **Access Agency(s)** care managing the clients serviced by the provider will be **unable to upload Prior Authorizations (PAs)** for new services or changes to existing PAs. As a result, these PAs will not be viewable via the provider's secure Web account or in the provider's EVV system.
- **Services scheduled** without a PA in the provider's EVV system **will cause an exception** that must be corrected before the services can become billable.
- **Claims** submitted to DXC Technology for dates of service on or after the date a provider has been dis-enrolled **will deny**.

All Providers

Validate the National Drug Code (NDC) Submitted in Conjunction With Procedure Codes for Physician Administered Medications

The submission of the National Drug Code (NDC) on professional, outpatient, and crossover claims allows the Department of Social Services (DSS) to collect drug rebate dollars on Healthcare Common Procedure Coding System (HCPCS) drug procedure codes from pharmaceutical manufacturers. Claims will be edited to validate the association of the 11-digit NDC to the HCPCS when billing physician administered drug procedure codes in the J, S or Q series on professional, outpatient, and crossover claims for Revenue Center Codes (RCCs) 250, 253, 258-259 and 634-637 which require a HCPCS code and the corresponding NDC. The edit will validate the association of the 11-digit NDC on all claims billing manually priced (MP) Immune globulins, serum or recombinant products and vaccines and toxoids found in the Current Procedural Terminology (CPT) code range of 90284-90738.

Claims submitted where the NDC and procedure code are not associated to each other will post an Explanation of Benefits (EOB) code 839, "NDC is not valid for procedure code billed".

For example, a claim submitted with an NDC 50242006001 for bevacizumab (Avastin) and HCPCS code J3490 "Drugs unclassified injection"

will deny for EOB code 839 because it is associated to procedure code C9257 "Bevacizumab injection" or J9035 "Bevacizumab injection".

A Drug Search tool is available on the www.ctdssmap.com Web site that can be used to crosswalk the administered NDC to the corresponding HCPCS code. This tool also helps to validate whether the NDC is valid, rebateable and payable on the date of administration. To access the Drug Search tool from the Web site Home page, go to Provider, then Drug Search and enter at least one of the following: NDC, Drug Name, HCPCS code, or HCPCS Description in the appropriate field and click the search button.

[Back to Table of Contents](#)

CHC, PCA, ABI Service Providers

EVV: Who to Contact for Assistance

Electronic Visit Verification (EVV) mandated providers may have questions about who to contact regarding EVV related issues. **If, after reviewing the contact information below you are unsure who to contact for assistance, please send an e-mail to ctevv@dxc.com and your email will be routed to the appropriate party.**

Please note: do not email client identifying data in your email unless you encrypt your e-mail.

Missing Client: If you are missing a client from your Santrax system and have verified that they have a valid prior authorization (PA) and are eligible on their waiver benefit plan, or have clients that you are unfamiliar with, please contact DXC Technology at ctevv@dxc.com. DXC Technology will research the client(s) and advise any next steps.

Missing/Incorrect Prior Authorization: If a prior authorization (PA) is present on the www.ctdssmap.com portal but is not present in the Santrax system, please send an email to ctevv@dxc.com with the PA number. DXC Technology will research the PA and advise any next steps. If the PA on the DSS portal does not reflect your verbal PA or the service order provided by an Access Agency, please contact the client's Access Agency. For additional information, please see the Important Message titled, "How to Resolve Unexpected Clients in Your Santrax System", found on the DSS Web site Home page at www.ctdssmap.com.

Changes to Client Phone Number: All updates to the client's home telephone number must be requested by the client or client representative by contacting the DSS Benefit Center at 1-855-626-6632. While the home telephone number is being updated, please utilize the three (3) additional telephone lines in Santrax to store alternate phone numbers for the client. These alternate phone numbers can be used to validate visit data and reduce the number of exceptions due to the use of unknown phone numbers during a telephone check-in or check-out.

Changes to Client Address: Corrections to a client's address should be communicated to the Access Agency responsible for managing the client's care plan. The Access Agency will request the necessary address corrections from DSS. While the address field is being updated, please utilize the additional address fields to store alternate addresses for the client. The additional addresses entered into Santrax must be frequent addresses for the client, such as a work address or a family member's address. These alternate addresses can be used to validate visit data and reduce the number of exceptions due to invalid GPS locations used in a check-in or check-out.

Santrax System Issue: Please contact Sandata Customer Care if you are experiencing issues with the Santrax system and its functionality. They can be reached at 1-855-399-8050 or by email at ctcustomer care@sandata.com.

Attention CHC, PCA and ABI Service Providers

EVV: Introducing “At Your Fingertips” Tip Sheet

Starting soon, you will receive two different tip sheets per month in your email inbox. The “At Your Fingertips” tip sheets are bi-monthly tip sheets designed to help you navigate Electronic Visit Verification (EVV) by answering common questions and provide assistance for resolving common issues encountered in the use of the EVV system.

Topics will include who to contact when you need to resolve an issue, how to successfully perform visit maintenance, how to improve your claim submission experience and many others. The tip topics are generated by questions submitted to Sandata Customer Care, the EVV mailbox found at ctevv@dxc.com or in communications to DSS for assistance. These tip sheets reflect real questions and issues that providers have as they use the EVV system.

Among the topics to be covered in future “At Your Fingertips” tip sheets are:

- Resource contact information
- Billing Reports
- Resolving clients missing from your Santrax system

These sheets are designed to educate you and your staff and provide tips to successfully use EVV. We strongly encourage that these tip sheets be saved for future reference and shared with the staff that use the EVV system.

We hope that you will enjoy these tips and find them helpful in your continued use of the EVV system. If you have suggestions for future tip topics, please email the EVV mailbox at ctevv@dxc.com.

[Back to Table of Contents](#)

Attention Hospitals

CMAP Addendum B

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B has been approved by the Department of Social Services (DSS) and was added to the Hospital Modernization page on the www.ctdssmap.com Web site. These changes are effective for dates of service July 1, 2017 and forward. We have posted the July changes to the CMAP Addendum B Changes document on the Hospital Modernization page un-

der “CMAP Addendum B Changes and Historical Versions”. The CMAP Addendum B is updated quarterly and the hospitals will receive notification through an important message when the updates occur in the system and on the Web. Any questions on the updated version of the CMAP Addendum B should be sent to DXC Technology using the following e-mail address: ctxixhosppay@dxc.com.

[Back to Table of Contents](#)

Attention All Providers

DSS Audit Training

The Department of Social Services (DSS) is offering free training directed to Connecticut Medical Assistance Program (CMAP) providers in an effort to help them improve compliance with Medicaid requirements under state and federal laws, regulations and policies. These trainings will provide increased knowledge of audit preparation, the audit process, common errors found during an audit and a discussion of the audit protocols.

There are a limited number of seats available in each training. At this time, some training classes are not available for registration. To view the up-

coming training calendar and register for remaining seats, go to <http://www.ctdss.net/osdevents/>. You may register by selecting the appropriate training, clicking "Register", filling out the Registration form, and clicking "Submit". There will be refreshments available to purchase during the training, in addition to vending machines.

If you have any questions regarding the upcoming training, please contact Samantha Allard at (860) 424-5557 or via e-mail at Samantha.allard@ct.gov.

[Back to Table of Contents](#)

Attention All Providers

Provider Workshop Training

Providers can take advantage of our Provider Workshop training by visiting our Web site www.ctdssmap.com and selecting Information > Publications and scrolling down to the section titled Provider Workshop Invitation Forms. Providers can also access the workshop materials on the Web by selecting Provider > Provider Services and scrolling down to the bottom of page to locate the click "here" link under Provider Training.

The training page is updated frequently throughout the year for providers to obtain information on Provider Refreshers, New Provider Workshops and other important informational workshops offered by the Department of Social Services (DSS) and

DXC Technology on all providers' areas of expertise. Once you click on the link to the workshop you would like to attend, you can find information on whether the topic is being delivered through a Virtual Room training session or at Connecticut Hospital Association (CHA) or Windham Hospital. The dates of the workshops and the dates that registration is due are listed on the invitation. Once you click on the Registration Date you would like to attend, the registration link will take you to where the provider can fill out the Provider Name, NPI Number, Contact Name, Telephone Number, Email Address and the Name of Attendee that will be attending the workshop and Click on "Register Now".

[Back to Table of Contents](#)

Attention All Providers

Direct Message Email Address: What It Is & How You Can Obtain It

As part of the changes made to the enrollment/re-enrollment application for the Connecticut Medical Assistance Program (CMAP) effective July 1, 2017, certain providers will be presented with an option to supply information about their Health Information Technology (HIT)/Electronic Health Records (EHR). One of the fields in this panel asks for the providers' Direct Message Email address. Do you know what this Direct Message email address is and how you can obtain it?

Direct Mailbox is a functionality of the 2014 or later edition of your Certified EHR Technology (CEHRT) system and is needed to meet the attestation requirements of Stage 2 Meaningful Use of the EHR Incentive Program. This functionality of your CEHRT has to be enabled in order to use it. Alternately, you can have a standalone Direct Messaging system which can be incorporated into your CEHRT. Direct Messaging requires the use of a secure email address with accompanying public and private key certificates. Direct Messaging provides assurance that health information is encrypted and shipped to a valid and verified recipient making it easy to send secure email to providers and patients outside your internal systems. The goal is to have information follow a patient through transitions of care and interactions with providers, hospitals, payers and Health Information Exchanges.

You can use direct messaging instead of mail or fax to send patient information to your colleagues,

and it is easier to save electronic information into patient records than to transfer patient information received on paper into your EHR.

Security requires encryption of the email message and attachment during transport AND verification that the sender and recipient are valid healthcare entities. Most programs require a physical government issued identification before receiving a Direct digital certificate. Your practice administrator verifies identification of practice participants with known information (physicians, nurses, administrators) who become part of Direct Messaging. This method allows for a rapid method for everyone to be vetted for the purpose of communicating securely across the regional, state and nationwide network.

Direct Messaging sends electronic patient information immediately, so physicians can receive automatic admission and discharge notifications and provide timely follow up care. CMAP encourages the use of Direct Messaging for the following scenarios:

- Secure electronic ordering for the transmission of Medical Equipment, Devices and Supplies (MEDS) prescription orders. Providers can refer to provider bulletins PB 2015-49 – “Important Changes to Electronic Orders for MEDS Products”, and PB 2016-77 – “Updated Guidance Regarding Electronic Orders for MEDS Products”.

(continued on page 7)

(continued from page 6)

- Transmission of Electronic Consultations, please refer to provider bulletin PB 2017-47 – “Coverage for Electronic Consultations (E-Consults) Performed by HUSKY Health Providers”.

A Direct Mailbox email address is not the same as the email you use to exchange unsecure infor-

mation. You can contact your CEHRT vendor for further information about the Direct Messaging functionality of your EHR system and to set up the Direct Mailbox email address if it has not already been set up.

[Back to Table of Contents](#)

Appendix

Holiday Schedule

Date	Holiday	DXC Technology	CT Department of Social Services
10/9/17	Columbus Day	Open	Closed
11/10/17	Veteran’s Day, observed	Open	Closed
11/23/17	Thanksgiving	Closed	Closed
11/24/17	Day after Thanksgiving	Closed	Open
12/25/17	Christmas	Closed	Closed

[Back to Table of Contents](#)

Appendix

Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to www.ctdssmap.com. To see the complete messages, please visit the Web site. All Provider Bulletins can be found by going to the information -> Publications tab.

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|-------------------------|--|-------------------------|--|
| PB17-54 | Reasons of Medical Necessity for Dental Periapical Imaging | PB17-39 | HUSKY Plus Coverage Updates |
| PB17-53 | Partial Hospitalization Program | PB17-38 | Nusinersen Coverage Guidelines |
| PB17-52 | Clarifying Billing Instructions for Therapy Evaluations & Services Performed as Part of the Home Health Care Plans | PB17-37 | Reminder: Requirement to Submit Written Reports |
| PB17-51 | Elimination of Home Health Add-On Fees | PB17-36 | Corrected and Updated Policy Regarding Wheeled Mobility Device Policy, Forms And Related Documents |
| PB17-50 | Coding Change for Hydroxypogesterone Caproate | PB17-35 | Billing Clarifications for Brand Name Medications on the Preferred Drug List (PDL) |
| PB17-49 | Electronic Claim Attachment Process | PB17-35 | Reminder About the 5 Day Emergency Supply |
| PB17-48 | JW Modifier | PB17-35 | July 1, 2017 Changes to the CT Medicaid Preferred Drug List (PDL) |
| PB17-47 | Coverage for Electronic Consultations (E-Consults) Performed by HUSKY Health Providers Qualified Health Centers | PB17-34 | Private Non-Medical Institution (PNMI) Rates For Adult Mental Health Rehabilitation Services |
| PB17-46 | Updates to the Physician Office & Outpatient, Physician Radiology, Physician Surgical & The Independent Radiology Fee Schedules | PB17-33 | Electronic Consultations Performed in Federally Qualified Health Centers |
| PB17-45 | Eteplirsen Coverage Guidelines | PB17-32 | Change in Day Supply of Pharmacy Auto PA of Long Acting Sustained Release Opioid Medications |
| PB17-44 | Reimbursement Update to the HUSKY Health Primary Care Increased Payments Policy | PB17-31 | Update to ABN Instructions for the EVV Syntrax System |
| PB17-43 | New Explanation of Benefit (EOB) Codes for Manually Priced Claims | PB17-30 | Important Changes to Evaluation & Assessment Services for Home Health Care Services |
| PB17-42 | New Clinical Guidelines—Prior Authorization (PA) of Compressive Orthoses for Correction of Pectus Carinatum and Excavatum, Genetic Cancer Susceptibility Panels Using Next Generation Sequencing, Orthognathic Surgery, Intrapulmonary Percussive Ventilation Systems for Home Use | PB17-29 | Addition of Review of Care Plan Code-G0162 (Revised) |
| PB17-41 | Addition of the CPT Code 41899 (Dentoalveolar Surgery) Specifically for the Freestanding Ambulatory Surgical Center Fee Schedule | PB17-29 | Provider Audit Training |
| PB17-40 | Coding and Reimbursement Updates For Outpatient Hospitals | PB17-28 | Updated Guidelines for Smoking Cessation Agents, Counseling and Treatment Products |
| | | PB17-27 | Reminder About Use of “C” Codes for Certain Advanced Imaging Services |

What regular feature articles would you like to see in the newsletter? We would like to hear from you!!

CTDSSMAP-ProviderEmail@dxc.com

[Back to Table of Contents](#)

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