

Connecticut interChange MMIS Implementation “Hot Topics”:

- Training Workshops Coming!
- Paper Claim Submission with interChange MMIS
- RAs, 1099's and EFT: What You Need to Know
- OMNI Point of Sale (POS) Device Phasing Out

Paper Claim Submission Changes with Connecticut interChange MMIS Implementation

With the implementation of the Connecticut interChange MMIS, claims submitted on the following claim forms are undergoing changes:

- NCPDP Universal
- UB-04
- CMS-1500 (v08/05)
- ADA-2006

The three-digit other insurance carrier code for **each and every applicable** health insurance coverage must be listed on **ALL** paper claim forms.

Enter the carrier code(s) in:

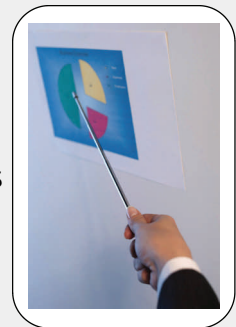
- ‘Other Payer I.D.’ payer field on the NCPDP Universal Paper Claim form
- Field 50 (Payer Name) on the UB-04
- Field 9d (Insurance Plan Name or Program Name) on the CMS-1500
- Field 11 (Other Insurance Company) on the ADA-2006

If the Connecticut Medical Assistance Program client has third party insurance coverage known to the Department of Social Services, the carrier code information can be obtained via eligibility verification through the Web site or the Automated Voice Response System (AVRS). A listing of other insurance carrier codes may be obtained from the Connecticut Medical Assistance Program Web site, www.ctmedicalprogram.com, by clicking on Publications, Chapter 5 and then Carrier Listing. Failure to report all applicable other insurance coverage on both paper and electronic claims, regardless of whether payment was made or not, **will result** in the denial of the claim.

With the implementation of the CT interChange MMIS, it will no longer be necessary to submit an EOB copy with paper claims that have third party payments. However, providers are being randomly audited on a monthly basis to ensure compliance with policy. Be sure to keep a copy of all EOBs on file.

Connecticut interChange MMIS Provider Workshops

The Connecticut Department of Social Services, in partnership with Electronic Data Systems (EDS), will be implementing a NEW claims processing and information retrieval system called Connecticut interChange MMIS in late fall of this year. The NEW Connecticut interChange MMIS will allow providers and trading partners greater access to, and improved services from, the Connecticut Department of Social Services Medical Assistance Program. Provider workshops have been an important method in communicating significant changes to the program. The Department of Social Services and EDS have been working together to develop an informative workshop presentation to introduce the new CT interChange MMIS. It is critical for providers to attend one of these workshops to ensure a smooth transition to the new system. The workshop will cover the implementation of the Connecticut interChange MMIS, important transition dates, new features and enhancements, and the impact to your provider type. Please watch your mail for the invitation.



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Paper Claim Submission Changes with Connecticut interChange MMIS Implementation

NCPDP Universal Pharmacy Paper Claim Submission Changes

With the implementation of the Connecticut interChange MMIS, the Department of Social Services will eliminate the use of the Connecticut Medical Assistance Program pharmacy claim form (CL-002) and the Compound prescription drug claim form (CL-001) and will implement the use of the universal NCPDP claim form. Providers who submit paper claims must submit using original red universal NCPDP claim forms, as these claims will be electronically scanned. For ordering information, please refer to the sidebar on this page.

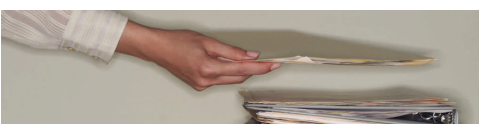
PLEASE NOTE: Any pharmacy claim that is not submitted on the original **RED** universal NCPDP form will be returned to the provider for resubmission on the correct form.

A maximum of two (2) claims can be submitted on each form for the same client. This same form may be used for submitting claims for multi-line compounds. If a claim for a multi-line compound is submitted, only one claim per form is allowed. When submitting a claim for a multi-line compound, the reverse-side of the form is used to specify the ingredients used in preparation of the compound. If the compound drug has more than eleven ingredients, please complete an additional claim form to accommodate the number of ingredients needed.

UB-04 Paper Claim Submission Changes

Providers who submit paper claims must begin to submit claims using original red UB-04 claim forms, as these claims will be electronically scanned. Ordering information for the original red UB-04 claim forms can be found on the sidebar of this page of this newsletter. This change will be effective prior to the interChange implementation. More information will follow in a future newsletter.

PLEASE NOTE: Any UB-04 claims that are not submitted on the original **RED** UB-04 forms will be returned to the provider for resubmission on the correct form.



CMS-1500 (v08/05) Paper Claim Submission Changes

Providers who submit paper claims must continue to submit using original red CMS-1500 (v08/05) claim forms, as these claims will continue to be electronically scanned. Ordering information for the original red CMS-1500 (v08/05) claim forms can be found on this page of this newsletter.

PLEASE NOTE: Any CMS-1500 claim that is not submitted on the original **RED** CMS-1500 form will be returned to the provider for resubmission on the correct form.

Dental Paper Claim Submission Changes

With the implementation of the Connecticut interChange MMIS, the Department of Social Services will eliminate the use of the Connecticut Medical Assistance Program dental claim form and will implement the use of the ADA-2006 dental claim form. This change is a positive step in standardizing the method in which dental providers submit claims in the new Connecticut interChange MMIS. Beginning in late fall, all dental paper claims must be submitted on the ADA-2006 dental claim form.

Dental providers submitting paper claims must use the original red ADA-2006 dental claim form because these claims will be electronically scanned. Ordering information for the original red ADA-2006 Dental Claim Forms can be found on this page within the sidebar to the right.

PLEASE NOTE: Any dental claims not submitted on the original **RED** ADA-2006 form will be returned to the provider for resubmission on the correct form.

Another significant change to dental claim submission will be the limit of one unique performing provider per claim. The ADA-2006 claim form supports only one performing provider per claim. Services provided to a client by multiple performing providers must be submitted on separate paper claim forms. Providers are encouraged to submit claims electronically using the ASC X12N 837 claim transaction which does support multiple performing providers per claim. EDS' free Provider Electronic Solution Software is an excellent alternative to submitting paper claims and will allow multiple performing providers per claim.

For more information on obtaining PES software, please contact EDS Provider Relations at 860-409-4500 or toll free at 1-800-842-8440.

Ordering Information for Original Red Claim Forms

Original red dropout claim forms for

- NCPDP Universal
- UB-04
- CMS-1500 (v08/05)

may be purchased by contacting RR Donnelley Toll Free at 1-888-665-2600 x2913 or (602) 808-2913 or other medical form vendors throughout the United States.

The original red ADA-2006 dental claim forms are obtained by telephoning the American Dental Association (ADA) at 800-947-4746 between the hours of 8:00 a.m. - 5:00 p.m. CST (Central Standard Time), Monday through Friday, by ordering from the ADA Web site at www.adacatalog.org, or by writing to the following address:

ADA
211 East Chicago Avenue
Chicago, IL 60611

Please note: The ADA-2006 form may also be obtained from other form vendors throughout the United States

interChange Remittance Advice

The Remittance Advice (RA) is the primary document made available to providers after each claim cycle. RAs report claim activity, payments, financial transactions and monies sent to and received from a provider. Providers receive RAs electronically on the Web either as a Portable Document Format (PDF) RA or in the ASC X12N 835 Payment/Advice format. For a sample RA, refer to page 4 of this newsletter.

PDF Version of the Remittance Advice

The PDF version of the RA has undergone significant changes as a result of the Connecticut interChange MMIS implementation. Changes in the new interChange RA are discussed below:

1. **Address Page**
In addition to traditional address information, the address page will be enhanced to include the provider's primary taxonomy code and Automated Voice Response System (AVRS) ID.
2. **Banner Messages**
Banner messages will increase in size to accommodate more detailed messages.
3. **Claims Activity/Status Reports**
 - a. Sorted by Claim Type (CMS-1500, Dental, Pharmacy, UB-04)
 - b. Sorted by Claim Status (Paid, Denied, Claims in Process, Adjustments)The new RA will allow reporting of up to 20 header level and 20 detail level Explanation of Benefit (EOB) codes for each claim. In addition, claims in process will appear on each RA and adjustments will include the net difference between the original claim and the adjustment claim.
4. **Financial Transactions**
Financial activity will be reported for both payouts and non-claim specific refunds received and applied during the current claim cycle. The RA will include all outstanding accounts receivables (A/R) in A/R number order.
5. **Summary Report**
The summary report continues to provide current, month-to-date and year-to-date totals for all claim and financial transaction activity. The summary report will also include the total dollar amount of all claim-specific Account Receivables established in previous cycles which have not been satisfied.
6. **EOB Descriptions**
A list of EOB codes used in the preceding RA pages and their corresponding descriptions are reported and will accommodate the increased number of EOBs posted to each claim.

The PDF version of the RA will continue to be available via the Web. The PDF RA will be located on the Provider Secure Web Portal. The pre-interChange PDF RAs will remain available for download for a period of 180 days from the date the RA was created.

IMPORTANT: EDS strongly recommends that providers download and save any files that may be required in the future.



ASC X12N 835 Electronic RA

The 835 Electronic Remittance Advice (RA) will be made available via the Trading Partner Secure Web Portal. The pre-interChange 835 RAs will remain available for download for a period of 180 days from the date the RA was created. No other changes are expected to the interChange 835 RA.

1099 Statement

With the implementation of interChange, 1099 statements will be reported via the Federal 1099 form and mailed separately to providers. 1099 statements are currently sent to providers via the Banner Page of the PDF version of the RA on the first claim cycle in January, which reports the provider's earnings for the previous calendar year. Year-to-date earnings will continue to be reported on the Summary Report on the RA.

Electronic Funds Transfer (EFT)

EFT will remain the primary method of reimbursement in the Connecticut Medical Assistance Program. There are no changes to the EFT process as a result of the interChange implementation. Providers who are currently enrolled in EFT do not need to take any action. EFT payments will continue on a bi-monthly basis. Providers are required to enroll in EFT upon enrollment or re-enrollment in the program.

New Remittance Advice (RA) Example—Inpatient Paid Claim

REPORT: CRA-IPPD-R
RA#: 999999999

interchange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
INPATIENT CLAIMS PAID

DATE: MM/DD/CCYY
PAGE: 9,999

Any Provider
123 Main Street
Anytown, CT 12345-1234

21 PAYER ID NPI XXXXXXXXXXXXXXXX
17 ISSUE DATE MM/DD/CCYY
27 TAXONOMY XXXXXXXXXXXXXXXX
18 P. AVRS ID 999999999

13	16	5	24	25	11	2	6	4	26	19
FP	--ICN--	ATTENDING PROV	SERVICE FROM	DATES THRU	DAYS	ADMIT DATE	BILLED AMT	ALLOWED AMT	COPAY AMT	TPL AMT
PAT	ACCT	NUM	20						10	

CLIENT NAME: John Smith 9 CLIENT NO.: XXXXXXXXXXXXXXXX 8
X RRYVJJJBSSS XXX XXXXXXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

15
HEADER ROBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

22	14	23	33	7	3	12
REV CD	HCPCS/RATE	SRV DATE	UNITS	BILLED AMT	ALWD AMT	DETAIL ROBS
999	XXXXXXXX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXXXX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXXXX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXXXX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXXXX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXXXX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL INPATIENT CLAIMS PAID: 29 28 30 32 31
99,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99 99,999,999.99

No	Name
1	Address
2	Admit Date
3	Detail Allowed Amount
4	Header Allowed Amount
5	Attending Provider
6	Header Billed Amount
7	Detail Billed Amount
8	Client No.
9	Client Name
10	Copay Amt
11	Header No. of Days
12	Detail Explanation of Benefits
13	Fund Payer
14	HCPCS/Rate
15	Header Explanation of Benefits
16	EDS Assigned Internal Control Number
17	Issue Date

No	Name
18	Provider Automated Voice Response System ID
19	Header Paid Amount
20	Provider Assigned Patient Number
21	Payee ID (NPI or Provider Number)
22	Revenue Code
23	Service Date
24	Service Dates - From (Header)
25	Service Dates - Thru (Header)
26	Third Party Liability Amount
27	Taxonomy
28	Total Inpatient Claims Adjustments - Allowed Amt
29	Total Inpatient Claims Adjustments - Billed Amt
30	Total Inpatient Claims Adjustments - Co-Pay Amt
31	Total Inpatient Claims Adjustments - Paid Amt
32	Total Inpatient Claims Adjustments - TPL Amt
33	Detail Number of Units

QUESTIONS AND ANSWERS REGARDING THE NEW CONNECTICUT INTERCHANGE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

Question: What is the new CT interChange MMIS?

Answer: The new CT interChange MMIS is a modern rules-based, real-time system that has already been implemented in several other states, including Kansas, Oklahoma, Kentucky and Pennsylvania.

Question: Who will implement this new system?

Answer: EDS, the Department of Social Services' fiscal agent, was awarded the contract to develop and implement a new MMIS for the Department of Social Services' Medical Assistance Program.

Question: What are the services to be provided?

Answer: EDS is supplying a full suite of fiscal agent services for this contract including system development and maintenance, financial services, real-time claims processing and adjudication, prior authorization, ConnPACE enrollment, eligibility verification, mail room, data entry and provider training.

Question: How will the new CT interChange MMIS benefit the Department of Social Services?

Answer: The new CT interChange MMIS is part of the Department of Social Services. The new system gives the Department of Social Services access to information that will enhance its ability to make effective policy decisions. The efficiencies of the new MMIS will also reduce the administrative burden for providers as well as the Department. This system will also bring greater efficiencies to the CT Medical Assistance Program, streamlining provider claims processing and providing the state with key information about health care needs and trends.

Question: How will the new CT interChange MMIS benefit providers?

Answer: The new CT interChange MMIS will provide significant enhancements for providers. Listed below and to the right are some changes providers will encounter with the implementation of the new system:

Online Provider Enrollment/Re-enrollment and Demographic Updates

Providers will be able to enroll and re-enroll into the Connecticut Medical Assistance Program and update pertinent provider information online. This allows for more efficient processing of information.

Secure Web Portal

A new secure Web site will be in place for providers to create their own Provider Secure Web Portal Account. A letter will be sent to each provider which contains a Web and Automated Voice Response System (AVRS) ID. This one ID for both Web and AVRS will be nine (9) digits in length and begins with two leading zeros. A temporary PIN (password) will be sent separately and will allow one-time access to the secure Web site for the purpose of creating the Provider Secure Web Portal Account.

Immediate Claim Adjudication on Internet Claims

Claims submitted via the Internet site will be adjudicated immediately and provide a real-time response. This will allow the provider the opportunity to correct denied claims and resubmit them immediately.

Remittance Advice Statements

The CT interChange Remittance Advice statements will be formatted differently and will include enhancements, allowing for more information to be conveyed to providers. Please refer to newsletters for how these changes will impact the Remittance Advice statements.

Electronic Submission of Prior Authorization Requests and Modifications to Previously Submitted Prior Authorizations (Non-Pharmacy)

When the new CT interChange MMIS is implemented, prior authorization requests will be able to be submitted electronically via the Internet. The provider will also be able to update/modify previously submitted prior authorizations via the Internet. This will ensure requests are received/updated and allow for a tracking mechanism.

Pharmacy Prior Authorization

With the implementation of the new CT interChange MMIS, prior authorization for pharmacy providers will transition from ACS State Healthcare to EDS. This allows for more efficient management of pharmacy prior authorization requests via one pharmacy contractor.

Online Application for ConnPACE

People interested in the ConnPACE program will be able to apply online via the Internet. This new feature gives applicants and caregivers an additional way to apply for ConnPACE.

Enhanced Features to the Automated Voice Response System (AVRS)

New features are being added to the AVRS. Providers will be able to utilize the "fax-back" option to receive common forms, as well as obtain more information via expanded options.

EDS logo here
EDS address here

Provider Address

OMNI Point of Sale (POS) Device

The OMNI POS device will be phased out effective with the implementation of the Connecticut interChange MMIS. Providers who rely on the OMNI device for eligibility verification must replace their OMNI device before the implementation of the Connecticut interChange MMIS. A new POS device is available to submit Connecticut Medical Assistance Program client eligibility verification transactions. The device, issued by *MedData*, transmits a HIPAA compliant 270 Health Care Eligibility Benefit Inquiry transaction to EDS and is replacing the current OMNI POS device.



Providers are encouraged to consider submitting client eligibility verification transactions via our free Provider Electronic Solutions Software or through our Web site. Both options are free of charge, are widely used by the provider community and are available today.

Providers interested in purchasing the new POS device may contact *MedData* directly at 1-800-233-7768, by fax at 1-916-648-1153, or by email at ssaltzman@spotcheck.com.

MedData will provide toll free support to providers through their help desk. Providers can find general information about the *MedData* POS device on their Web site <http://www.spotcheck.com>. EDS is not the contact for *MedData* product support. Any questions regarding the *MedData* POS device should be directed to *MedData*.

EDS Holiday Schedule

Columbus Day	October 8, 2007
Thanksgiving	November 22, 2007 November 23, 2007
Christmas	December 25, 2007