Connecticut interChange MMIS Implementation "Hot Topics":

- ConnPACE Identification Numbers Changing
- Functionality of Provider Web Portal
- Prior Authorization
- Important interChange Implementation Dates
- Connecticut interChange Provider Workshops
- Secure Your Web Access

Functionality of Provider Web Portal

The Connecticut Medical Assistance Program will be launching a new Secure Web site on January 4th, 2008 with the new interChange MMIS implementation. The Web site has a new look and additional functionality, while continuing to provide all of the resources for Providers that are available on the current Web site.

All Connecticut Medical Assistance Program Providers will be supplied with User IDs and PINs (passwords) for the Secure Web site. This information will arrive by mail, and PINs will be sent in a separate mailing from the Provider Welcome Letter.

The initial PIN (password) is a single use password, to give you access to the Secure Web site. Once you are on the Secure Web site, your first action will be to set up your Web Account with user ID, password and security questions, and to set up Clerk Accounts for other authorized users for your practice. As the account administrator, you will control the access for each of your Clerks. Each Clerk ID will only have access to the menu items and functions that are added to their profile by the administrative user for the account.

The Secure Web site login can be accessed from the Provider Page on the Public Web site. Once logged in, you will be on your Account Home page.

Your home page will display a list of unread E-Messages, plus the primary Provider ID, taxonomy and zip code associated with your Web user ID and password. (If you have multiple provider IDs, you are able to utilize the Switch User menu option to change to one of your other provider IDs.)

The main menu items are displayed across the top of the page, and there is a Quick Links panel offering shortcuts to the most commonly used features.

For additional details on the menu options of the Provider Web Portal, please turn to page 2 of this newsletter.

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ConnPACE Identification Numbers Changing

The Department of Social Services (DSS) would like to inform you that ID numbers are changing for the Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled (ConnPACE) program enrollees. All clients currently enrolled in ConnPACE will receive a new ID number for use with the new Connecticut interChange Medicaid Management Information System (MMIS). If the ConnPACE client has a Medicaid ID number, the new ID number will be identical to their current Medicaid ID number.

The Connecticut interChange MMIS (for pharmacy point of sale transactions only) is scheduled to go into effect on January 25th, 2008. The new system is designed to check client eligibility at the point of claim processing, assign the claim to the correct program, and process accordingly. (As a reminder, ConnPACE is the payer of last resort.)

In February 2008, DSS will inform clients of the change, and distribute new ConnPACE cards with the new IDs. DSS will encourage clients to share their new ID number with their pharmacy. Although current ConnPACE ID numbers will continue to work during a transitional period, pharmacies are encouraged to update client information with the new ID numbers as soon as possible to avoid any billing and/or reimbursement issues.

Functionality of the Secure Provider Web Portal
The following are the Main Menu options, available from the Account Home Page.

Home:
This menu item returns the user to their Account Home page.

Switch User: NEW
The Switch User feature allows the Clerk/User to select from a list of providers that are associated with the Web User account and authorized for the Clerk. The selected provider will auto-populate on new claim and prior authorization submissions. Search results for claims and prior authorization inquiries are limited to the selected provider. Switch User is only available when there are multiple provider IDs associated with the Web user account.

Claims: NEW
Links to claim status inquiry and on-line claim data entry for Dental, Institutional, Pharmacy and Professional claims. The user is limited to entering, or inquiring on, claims for the provider number currently associated with their Web user ID. The user will only have access to this functionality if it is included in their profile by their Account administrator.
These panels can be used to submit new claims for immediate adjudication, retrieve existing paid claims for voids or adjustments, and to view any adjudicated claim for the associated Provider ID.

Eligibility:
Check Client Eligibility by entering dates and a combination of data identifying the client, such as SSN, Date of Birth and/or Medical Assistance Program ID. The user will only have access to this functionality if it is included in their profile by their Account administrator. Inactive Providers do not have access to this feature on the Secure Web site and must contact the Provider Assistance Center directly for client eligibility information.

Prior Authorization (non-pharmacy): NEW
Submit new Prior Authorization requests, check on the status of previously submitted Prior Authorization requests, or copy an existing Prior Authorization and modify it to create a new request. The user will only have access to this functionality if it is included in their profile by their Account administrator.

Trade Files:
Download an image of your paper remittance advice(s). The 10 most recent remittance advices will be available for download. The user will only have access to this functionality if it is included in their profile by their Account administrator. Providers who wish to exchange HIPAA X12N transactions must enroll as a Trading Partner and use their Trading Partner login information to upload and download batch transactions and responses. Trading Partner User Accounts for the Secure Web site can access only Account, Messages and Trade Files menu items.

P&T Committee: Changing
Meeting Schedules, Agendas and confidential documents. Access is restricted to P&T Committee members.

Messages: NEW
A list of all electronic messages for the Web user. Messages may be the result of global messaging services, or responses to specific inquiries made by the user.

Account:
Setup and Maintenance of Account information, user information, and user permissions.

Demographic Maintenance: NEW
Update Provider information such as addresses, Electronic Funds Transfer (EFT) information, and languages.
or,
Update Trading Partner information such as address and contact information, covered providers, and transaction sets.
The user will only have access to this functionality if it is included in their profile by their Account administrator. The type of Demographic Maintenance available to the user is controlled by the Account (Provider Account or Trading Partner Account).

Log Out:
Allows the Web user to protect the Personal Health Information available through the Secure Web site, by logging out when the Web site is not in use.

Quick Links:
Links on the Secure Account Home page take the authorized user to the following pages:
• Check E-Messages
• Claim Status Inquiry
• Client Eligibility Verification
• Prior Authorization Inquiry
• Download Remittance Advice

The new Web site will be posting FREE Provider training sessions prior to go live so visit the site often and register early as seating is limited.
Please contact the Provider Assistance Center if you have questions regarding the training schedules.

800-842-8440 In State Toll Free
(860) 409-4500 Farmington Area and Out of State

Prior Authorization

Prior Authorization (PA) is the approval from the Department of Social Services (DSS), or a contracted agent of the Department of Social Services, for the provision of a service or the delivery of goods from the Department before the provider actually performs the service or delivers the goods. The Department of Social Services has sole discretion to determine what information is necessary to approve a Prior Authorization request.

Please note that obtaining PA DOES NOT ensure client eligibility or guarantee payment. It is the responsibility of the provider to comply with all Connecticut reimbursement guidelines and policies and verify client eligibility for the appropriate date(s) of service.

Information about the Connecticut Medical Assistance Program services that require PA can be found in Chapter 7, Medical Services Policy or Regulations under the appropriate provider or service type. The provider specific Fee Schedules also indicate procedure codes that require PA. PA may also be required if services exceed the allowed thresholds as indicated in Chapter 7.

Along with the implementation of the Connecticut interChange MMIS, new PA forms will be available for submitting PA requests for services requiring pre-approval from the Department of Social Services. These forms will not have pre-printed numbers on them, as we will no longer require the PA number to be entered on the claim form. Providers will be able to obtain the new Prior Authorization Request Forms (one for professional/miscellaneous services and the other for drugs) by downloading the forms from the new Web site. These forms will also be interactive and can be completed on-line. A provider may also request the forms by telephoning the EDS Provider Assistance Center and using the Automated Voice Response System (AVRS) Fax On Demand feature or by writing to the following address:

EDS
Provider Assistance Center
P.O. Box 2991
Hartford, CT 06104

Providers submitting paper PA requests for Dental Services will complete an ADA-2006 Dental Claim Form (available from the American Dental Association or other claim form vendors), and will need to check the Request for Predetermination/Preauthorization box in field # 1 of the ADA form. All Providers submitting paper PA requests will complete and send the Prior Authorization request forms to EDS at the following address:

EDS
Prior Authorization Unit
P.O. Box 2943
Hartford, CT 06104

Those submitting drug PA requests will complete and FAX the Drug Prior Authorization Request Form to EDS at (860) 269-2035.

Please refer to the insert in this newsletter for more details regarding PA requests and corresponding contact information and requirements.

Important interChange Implementation Dates and Provider Impacts

Date	Event	Provider Impact
1/8/2008	Last day to process all adjustments in current system.	Make sure all your PCARs are sent to EDS prior to this date to ensure they will be processed in the current system.
1/10/08	Trading Partner Agreements (TPAs) or updates received after 1/10/08 will be processed in the new system.	Make sure your TPAs are submitted to EDS prior to this date to ensure they will be processed in the current system.
1/11/08	All New enrollment requests and current provider updates received after this date will be processed in the new system.	Make sure your enrollments are submitted to EDS prior to this date to ensure they will be processed in the current system. Go to the current Web site and download the new enrollment form available on 1/7/2008 at www.ctmedicalprogram.com > The "New" Connecticut interChange > NEW Forms.
1/17/08	Web User ID letters mailed on yellow mailer.	Make sure you keep both letters so you can set up your new Web/AVRS accounts on the new Web site www.ctdssmap.com beginning 1/25/2008.
1/19/08	PIN letters mailed on red mailer.	
1/18/08	Paper UB-04 and CMS 1500 claims received after this date will be processed in the new system.	Make sure paper claims on old forms are submitted to EDS prior to this date to avoid delays. Original red dropout claim forms 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.
1/18/08	Last day to accept old Prior Authorization (PA) forms.	Providers must go to the new Web site www.ctdssmap.com and download the new PA form for submissions on or after 1/21/08. Go to the current Web site and download the new PA form available on 1/7/2008 at www.ctmedicalprogram.com > The "New" Connecticut interChange > NEW Forms.
1/21/08	First day to accept new interChange PA forms.	
1/21/08	First day to accept new NCPDP and ADA-2006 claim forms and follow new billing instructions in Provider Manuals Ch. 8.	Providers must go to the new Web site www.ctdssmap.com for the most current billing instructions.
1/24/08	As of 8 p.m. OMNI devices are no longer supported by the current MMIS.	Providers should read Provider Bulletin 2007-60 for instructions and contacts on acquiring the new POS device.
1/24/08	Last date to submit all electronic claims/transactions in current MMIS. Claims requiring suspense for review will deny and will need to be resubmitted.	Make sure your claims are submitted to EDS prior to this date to ensure they will be processed in the current system. Prepare to resubmit those claim that denied as a result of suspense out of the 01/25/08 claims cycle.
1/25/08	Upgrade Provider Electronic Solutions (PES) 3.72 to 3.73 from Web Portal www.ctdssmap.com.	Providers will need to submit all their transactions using the current version of PES prior to downloading the new 3.73 PES version.
1/25/08	Last financial claims cycle in current system.	New CT interChange system goes live – Providers will receive their last RA from the old system in this cycle.
2/8/08	First CT interChange financial claims cycle.	Providers will receive their first interChange RA out of this cycle.

Connecticut interChange Provider Workshops

The Department of Social Services and EDS strongly recommend that a member of your claims submission staff attend one of the following Connecticut interChange Provider Workshops. A well-informed provider is critical to the success of the transition to the new Connecticut interChange system.

Please register to attend one today at the current Web site:
www.ctmedicalprogram.com >The "New" Connecticut interChange > Connecticut interChange Provider Workshops

Workshop	Location	Date	Time
Dental	Connecticut Hospital Association, Wallingford, CT	12/6/2007	1:30 - 4:00 pm
	Connecticut Hospital Association, Wallingford, CT	12/20/2007	9:00 - 11:30 am
Home Health	Connecticut Hospital Association, Wallingford, CT	12/6/2007	9:00 - 11:30 am
	Acton Public Library, Old Saybrook, CT	12/14/2007	1:30 - 4:00 pm
Institutional	Connecticut Hospital Association, Wallingford, CT	12/3/2007	9:00 - 11:30 am
	Danbury Hospital, Danbury, CT	12/5/2007	1:30 - 4:00 pm
	Acton Public Library, Old Saybrook ,CT	12/7/2007	1:30 - 4:00 pm
	Danbury Hospital, Danbury, CT	12/10/2007	9:00 - 11:30 am
	Connecticut Hospital Association, Wallingford, CT	12/27/2007	9:00 - 11:30 am
Pharmacy	Teleconference - Phone: 877-841-8228 Passcode: 5715462	12/3/2007	3:00 - 4:00 pm
	Teleconference - Phone: 877-841-8228 Passcode: 5715462	12/12/2007	9:00 - 10:00 am
	Teleconference - Phone: 877-841-8228 Passcode: 5715462	12/17/2007	10:00 - 11:00 am
	Connecticut Hospital Association, Wallingford, CT	12/20/2007	1:30 - 3:30 pm
Professional	Connecticut Hospital Association, Wallingford, CT	12/3/2007	1:30 - 4:00 pm
	Charlotte Hungerford Hospital, Torrington, CT	12/5/2007	9:00 - 11:30 am
	Charlotte Hungerford Hospital, Torrington, CT	12/5/2007	1:30 - 4:00 pm
	Windham Hospital, Willimantic, CT	12/7/2007	9:00 - 11:30 am
	Windham Hospital, Willimantic, CT	12/14/2007	9:00 - 11:30 am
	Danbury Hospital, Danbury, CT	12/17/2007	9:00 - 11:30 am

Provider Address

Secure Your Web Access to www.ctdssmap.com

It is important to ensure that you have access to the Web portal to utilize all the self-service features the new interChange system has to offer.

- If your office/company has security measures blocking your access you will need to contact the individual responsible for your firewall and internet access and ask them to grant you access to the above Web site.
- Finding the administrator of your security is key to your success in getting access if it is blocked today so don't delay and make contact with your security administrator.

EDS Holiday Schedule

Thanksgiving	November 22, 2007
	November 23, 2007
Christmas	December 25, 2007