

WHAT IS “AT YOUR FINGERTIPS”?

“At Your Fingertips” is a bi-monthly tip sheet to help providers navigate Electronic Visit Verification (EVV) by answering common questions and providing assistance for resolving common issues encountered by providers in their use of the EVV system.

This tip provides information on the Expiring Authorization report which can be helpful in preventing lapses in a client’s care plan.

Check out the many helpful reports available to you in the Reporting section of your Santrax system!



Not sure who to contact when you have a question or issue, or if your issue needs to be escalated?

Contact DXC Technology via e-mail to: ctevv@dx.com

Please only send client PHI in an encrypted/secured email.



EVV TIP # 6

EXPIRING AUTHORIZATIONS REPORT

WHAT IS THE EXPIRING AUTHORIZATION REPORT?

This report lists authorizations that contain a specific authorization end date, which can be used to identify authorizations that have or will soon expire.

HOW DO I ACCESS THIS REPORT?

1. In the Santrax system, click on Reports



2. Under the Clients subheading, click the “plus” sign to expand the category and choose Expiring Authorizations



3. Using the filters, select the date range you wish to view. For example, if you wish to view authorizations that expire between 12/1/2017 and 12/31/2017, enter these dates in the Date From and Date To fields. This example also includes an active client filter to avoid returning clients who are no longer active in your agency.

-Filters

Company:

Location:

Admit Type:

Payor:

Team:

Client Status: 02- Active

Date From: 12/01/2017

Date To: 12/31/2017

Authorization Required

4. The following sample report identifies authorizations that contain an authorization end date between 12/1/2017 and 12/31/2017.

Expiring Authorizations

Client Status = '02- Active', From 12/01/2017 To 12/31/2017 11:59 PM, Authorization Required = 'True'

Client	Chart ID	SOC	Primary Insurance ID	Prior Auth End Date	Service ID	Event ID	Ref Num
VAN DYKE, JOSHUA	N 13 0000 CIP	V1: 2017	10033952	12/31/2017	1021Z	ZZ	(771) 2014501
VIANO, JOSHUA	M 35 355 27 CIP	V1: 2017	104857	12/31/2017	1021Z	ZZ	(771) 98 3131
VIANO, JOSHUA	M 35 355 27 CIP	V1: 2017	104857	12/31/2017	1210Z	ZZ	(771) 99 3131
VICH, PHILLIPS	N 13 028 17 CIP	2: 32316	104893	12/31/2017	1021Z	ZZ	(771) 07 5436
VIN, CHARLOTTE	N 12 111 8 CIP	V1: 2017	104134	12/31/2017	1021Z	ZZ	(771) 07 2632
WALSH, JULIA	M 35 355 34 CIP	V1: 2017	104834	12/31/2017	1023Z	ZZ	(442) 16 1733
WENIA, ANGELO	F 11 325 52 CIP	V1: 2017	104892	12/31/2017	1210Z	U2	(442) 12 3118

Report Output

Each column of the report displays:

Columns	Description
Client	The name of the client (last name, first name)
Chart ID	The identification number associated with the client for each admission
SOC	The start of care date as listed in the General section of the client's admission
Primary Insurance ID	The Customer No. for the primary payer in the General section of the client's admission
Prior Auth End Date	The end date of the preceding authorization for the same service if applicable
Service ID	The ID assigned to the service associated with the authorization
Event ID	The Event Code assigned associated with the authorization
Ref Num	The ID number (Ref no.) assigned to the authorization

WHAT DO I DO IF MY AUTHORIZATION WILL SOON, OR HAS EXPIRED?

If an authorization has expired, is missing or not correct on the www.ctdssmap.com portal, providers should contact the applicable Access/Case Management Agency as follows.

Connecticut Community Care (CCCI) - serviceauthissues@ctcommunitycare.org

Providers must include the following information if applicable, when submitting service authorization issues to CCCI: provider name, client name, client EMS number, CCCI number, EOB code on rejecting claim at DXC, from and to dates of service, type of service (SNV, Companion, PCA etc.), frequency of service (spanned dates, monthly or weekly), number of units needed, CCCI service order number, if available, and any comments the provider wishes to communicate to CCCI.

For the following Access/Case Management Agencies, providers must include the applicable following information when contacting SWCAA, AASCC or WCAA: client name, client EMS number, type of service, dates of service, frequency of service and the number of units or hours per visit.

South Western Connecticut Area on Aging (SWCAA) - SWCAABillings@swcaa.org

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

Providers without secure e-mail, please fax service order inquiries to AASCC at: (203) 528-0455.

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