

September 21, 2017



Birth to Three Billing and Web Claim Submission Workshop

For Birth to Three Billing Providers Submitting Claims for
Durable Medical Equipment (DME), Hearing Aide and
Assistive Technology Devices

Presented by
The Department of Social Services & DXC Technology



Agenda

1. **Introduction to Birth to Three Program Changes**
2. **Access and Set-up of Secure Web Account**
3. **Web Account Capabilities**
 - Demographic Maintenance
 - Clerk Account Set-up/Maintenance
 - ✓ Switch Provider
 - Client Eligibility
 - Prior Authorization Inquiry (PA)
 - Claim Submission Guidelines
 - Claim Inquiry/Submission
 - Trade Files - Remittance Advice (RA)
 - Access to Claim and Financial Reporting
 - Components of RA
4. **Common Claim Errors and Resolution**
5. **Web Information- Resources**
 - www.ctdssmap.com
 - Fee Schedule
 - Important Messages
 - Banner/IM Archive
 - Bulletins
 - Provider Manuals
 - E-Messaging
6. **Contacts**
7. **Questions**

Introduction to Birth to Three Program Changes

**Birth to Three Billing and Web Claim Submission
Workshop**

Introduction to Birth to Three Program Changes

Effective for dates of service on or after November 1, 2017 providers of Birth to Three Services:

- **Must be enrolled as a Birth to Three Billing Provider.**
- **Must Submit** Birth to Three claims (**E, L and V prefix codes** on the **Birth to Three Fee Schedule**) directly to **DXC Technology** for:
 - Assistive Listening and Orthotic /Prosthetic Devices
 - Hearing Aids
 - Durable Medical Equipment/Assistive Technology
- **Must Submit all other Birth to Three services (H and T prefix codes on the Birth to Three Fee Schedule) to Public Consulting Group Inc. (PCG)**
- Will receive **reimbursement directly** from the **Department of Social Services (DSS)** for **all Birth to Three Services.**
 - DXC Technology
 - PCG

Footnotes/references, if needed, appear here in Arial 9pt.
Text grows up as lines are added. Copy and paste this box onto other slides.

Access/Set-up of your Secure Web Account

Birth to Three Billing and Web Claim Submission
Workshop

Secure Web Account Access

Welcome page at www.ctdssmap.com



Connecticut Department of Social Services
Making a Difference

Help
Monday, July 31, 2017

[Home](#) [Information](#) [Provider](#) [Trading Partner](#) [Pharmacy Information](#) [Hospital Modernization](#)

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [OOS Instructions/Information](#)
- [Fingerprint Criminal Background Check Info](#)
- [Secure Site](#)

Trading Partner

- [Trading Partner Enrollment](#)
- [Trading Partner Documents](#)
- [Provider Electronic Solutions Billing Instructions](#)

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.



Information



Provider



Trading Partner



Pharmacy

Important Messages

[Revised Provider Manual Chapters \(Updated 7/28/17\)](#)



Web Account Set Up

Secure Your Web Access to www.ctdssmap.com

Ensure access to the Web portal to utilize the self-service features of interChange

If your office/company has security measures blocking your access, you will need to contact the individual responsible for your firewall and internet permissions and request access to the Connecticut Medical Assistance Program (CMAP) Web site.

Footnotes/references, if needed, appear here in Arial 9pt.
Text grows up as lines are added. Copy and paste this box onto other slides.

Secure Web Account Set-up and Access Options

The screenshot shows a navigation menu with the following structure:

- Home Information Provider Trading Partner Pharmacy
- home site map
- Information
 - Publications
 - Links
 - Important Info
 - RA Banner An
 - HIPAA
 - Regional Offic
- Provider
 - Provider Serv
 - Provider Sear
 - Provider Enrol
 - EHR Incentive
 - OOS Instructi
 - Fingerprint Cr
 - Background C
 - Secure Site**
- Provider Enrollment
- Provider Re-Enrollment
- Provider Enrollment Tracking
- Provider Matrix
- Provider Services
- Provider Search
- Drug Search
- Provider Fee Schedule Download
- EHR Incentive Program
- OOS Instructions/Information
- Fingerprint Criminal Background
- Check Info
- E-Mail Subscription
- Secure Site**

The screenshot shows the 'Login' page with the following content:

Login

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

set up account ← Click to set up new account

OR

Login to Existing Account

User ID*

Password*

login

If you have forgotten your password please click the reset password button.

reset password

Secure Web Account Set-up and Access Options cont.

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

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Information **Provider** **Trading Partner** **Pharmacy**

Quick Login

User ID*

Password*

Login

[Logging in for the first time?](#)

[Forgot your password?](#)

Existing account access

Secure account set-up

Web Account Set Up

Information Required for Account Set Up

As a new provider, you should receive your logon IDs via your enrollment confirmation; Web and AVRS PIN letters will arrive under separate cover.

AVRS ID / Initial Web User ID

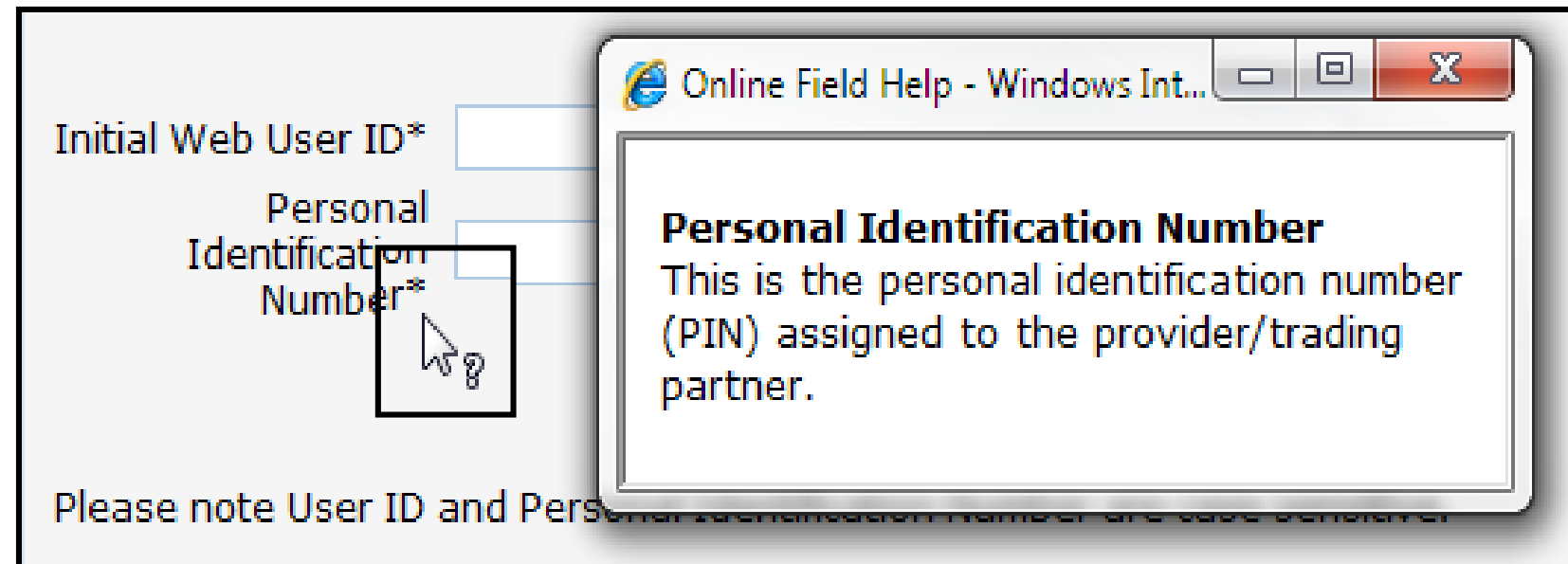
AVRS PIN / Web PIN

- You will need to have the Initial Web User ID and Web PIN on hand when you first access the Secure Site.

Secure Web Account - Online Field Help

The ctdssmap.com Web site features an Online Field Help Window to assist providers with accessing and submitting information.

Placing your mouse over a data field name will create a small question mark beside the cursor. Click the left mouse button when the question mark is displayed to open the Online Field Help window relevant to the selected field.



Web Account Set Up

Enter the provided Initial Web User ID and PIN in the appropriate fields; click setup account, this will allow you to create a unique user ID and password once initial set up is completed.

Account Setup

Initial Web User ID* 001111111

Personal Identification Number* AB12C3de4

Please note User ID and Personal Identification Number are case sensitive.

Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.

setup account

Secure Web Account Set Up

On the Account Setup screen, fill in the fields with the appropriate information

Before clicking submit, be sure to write down the chosen User ID, Password, and secret question Answer(s) and keep them in a secure location.

Required fields are indicated with an asterisk (*).

User ID*	<input type="text" value="John_Doe_Waiver"/>	Password*	<input type="password" value="....."/>
Contact Last Name*	<input type="text" value="Doe"/>	Confirm Password*	<input type="password" value="....."/>
Contact First Name*	<input type="text" value="Jonathan"/>	E-Mail*	<input type="text" value="john_doe@waiversrvs.com"/>
Phone Number*	<input type="text" value="(800)555-5555"/> <input type="text" value="5555"/>	Confirm E-Mail*	<input type="text" value="john_doe@waiversrvs.com"/>
1st Secret Question*	<input type="text" value="Mothers maiden name"/>		
1st Answer*	<input type="text" value="Smith"/>		
2nd Secret Question	<input type="text" value="Name of first pet"/>		
2nd Answer	<input type="text" value="Buster"/>		

Security Agreement

Provider agrees to meet all applicable state and federal laws and regulations pertaining to confidentiality, privacy, and security and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of all information concerning DSS clients, including, but not limited to, personal, financial, and medical information. Provider agrees that this agreement is an

I Agree

Web Account Set Up

You have successfully set up your ctdssmap.com Secure Site account.

NOTE: Your account home page indicates both the date your secure Web account password will expire and when your application for re-enrollment must be in a finalized/completed status to avoid being dis-enrolled.

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization Trade Files MAPIR Messages **Account**

home **account home** account maintenance account setup change password clerk maintenance demographic maintenance reset password log out

Your password expires in 61 days on 8/31/17 at 12:00 A.M. [Change Password](#)

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)

Welcome: **Provider Account User ID**
Provider ID: **Enrollment NPI or AVRS ID**
Reenrollment Due Date: 05/01/2022
Zip Code: 06106 - 5501

Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.

Birth to Three Providers will receive a notice to re-enroll **every five years, six months** from their re-enrollment due date. A Re-enrollment application **must be in a finalized status** by the **provider's re-enrollment due date**.

If the re-enrollment application is **not in a finalized status by the provider's re-enrollment due date**, the provider will be **dis-enrolled**.

Global Messages

Category	Subject	Message	Sent Date	Effective Date	End Date
----------	---------	---------	-----------	----------------	----------

Secure Mailbox

*** No rows found ***

Web Account Capabilities

Accessing your Secure Site provider account allows you to:

- Change your Secure Web Account Password
- Verify re-enrollment due date(s)
- Update your demographic information (addresses/phone numbers/bank accounts/organization members)
- Set up clerk accounts to allow multiple users access to specified roles
- Check client eligibility via the Web
- Perform claim and prior authorizations (PA) inquiries
- Create, submit, resubmit, adjust, void, copy and query claims
- Obtain your Remittance Advice (RA)

Demographic Maintenance

**Secure Web Account Capabilities - Birth to Three Billing
and Web Claim Submission Workshop**

Demographic Maintenance

The screenshot shows a web application interface with a navigation bar at the top containing links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, and Account. Below the navigation bar, there is a breadcrumb trail: home, account home, account maintenance, account setup, change password, clerk maintenance, and demographic m. A red warning message states: "Your password expires in 61 days on 8/31/17 at 12:00 A.M. Change Password". Below this, a welcome message reads: "Welcome: Provider Account User ID", "Provider ID: Enrollment NPI or AVRS ID", "Reenrollment Due Date: 05/01/2022", and "Zip Code: 06106 - 5501". There is also a note: "Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option." On the right side, an "Account" dropdown menu is open, listing options: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, Demographic Maintenance (highlighted with a blue border), Reset Password, and Log Out. Below the main content area, there are two sections: "Global Messages" and "Secure Mailbox". The "Global Messages" section has a table with columns: Category, Subject, Message, Sent Date, Effective Date, and End Date. The "Secure Mailbox" section displays the message: "*** No rows found ***".

The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:

- Mail to, Pay to, Service Location, and Enrollment addresses
- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)
- Service Language
- Maintain Organizational Members

Access this section by selecting demographic maintenance from either the Account submenu or the Account drop-down menu

Demographic Maintenance cont.

Provider Information			
Provider ID	00##### MCD	Address	1000 Any Highway
AVRS ID	00#####		
Usage	Service Location	City	FARMINGTON
Provider Type	12- Special Services	County	Hartford
Provider Specialty	583- Birth to Three	State/Zip	CT 06032-1234
Phone	860-555-5555		

[Base Information](#) > [Service Location](#) > [Location Name Address](#) > [EFT Account](#) > [Service Language](#) > [Maintain Organization Members](#)

The Demographic Maintenance page displays the provider information panel as well as a submenu

Clicking the submenu options will open a panel with related information:

- Service Location
- Location Name Address
- Electronic Funds Transfer (EFT Account)
- Service Language - Language, Effective Date, End Date
- Maintain Organization Members

Clerk Maintenance

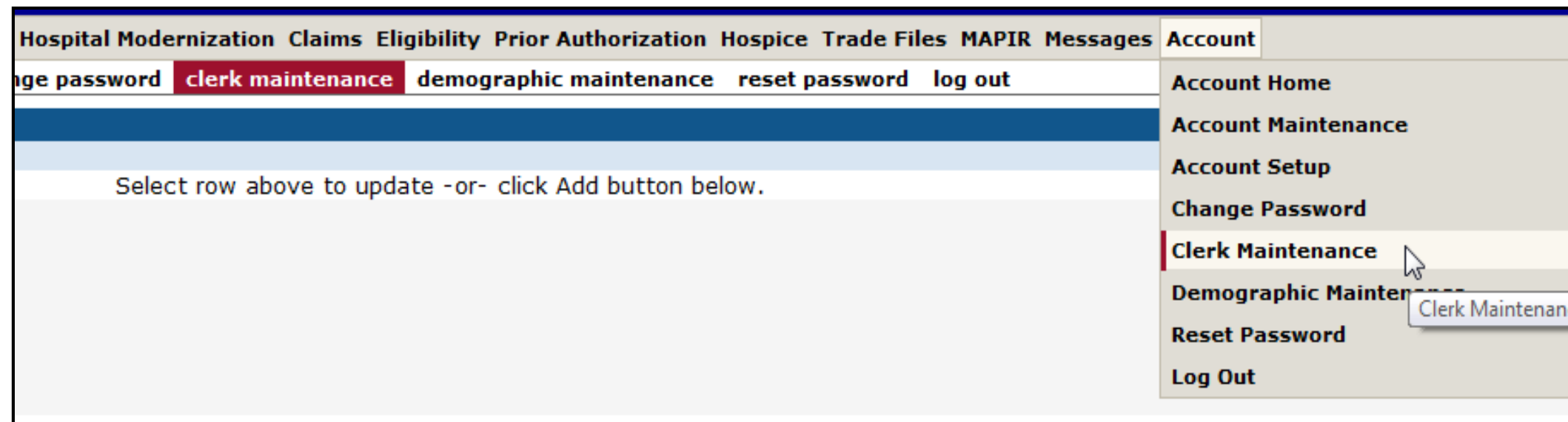
**Secure Web Account Capabilities - Birth to Three Billing
and Web Claim Submission Workshop**

Clerk Maintenance

Clerk accounts grant Web access to staff members allowing them to perform functions based on their job responsibilities

The main account administrator is responsible for maintaining clerk accounts within their organization. This includes adding clerks, changing the role(s) for clerks, removing clerks, and resetting passwords.

- Access the Clerk Maintenance section of the Secure Site by selecting clerk maintenance from either the Account submenu or the Account drop-down menu



Clerk Maintenance

To create a new clerk account, click 'add clerk'

- Fill in the required fields, click 'submit'

The screenshot displays the 'Clerk Maintenance' web application interface. At the top, there is a table with columns for 'User ID', 'Contact First Name', and 'Contact Last Name'. The table contains the following data:

User ID	Contact First Name	Contact Last Name
A	MARCUSWILLIAM	
JENNIFERSMITH	Jennifer	Smith
JUANMARTINEZ	Juan	Martinez
TOMJOHNSON	Tommy	Johnson

Below the table, there are buttons for 'remove clerk' and 'add clerk'. The 'add clerk' button is highlighted with a green box. To the right of the 'add clerk' button, there is a 'reset password' button. Below the buttons, there is a form with the following fields:

- User ID*: MARCUSWILLIAMS
- Contact First Name*: Marcus
- Contact Last Name*: Williams
- Phone Number*: (860)555-5555 1234
- Password*: [masked]
- Confirm Password*: [masked]
- AVR ID: 111111114
- AVR Pin: [masked]
- Confirm AVR Pin: [masked]

At the bottom of the form, there is a section for 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section contains the following roles: Claim Inquiry/Submission/Adjustment, PA Inquiry/Submission, and Client Eligibility Verification. The 'Available Roles' section contains the role: Trade Files. There are navigation buttons (<, <<, >, >>) between the two sections. At the bottom right of the form, there are 'submit' and 'cancel' buttons. The 'submit' button is highlighted with a green box.

Clerk Maintenance

Return to the Clerk Maintenance menu to add additional clerks, reset an existing clerk's password, or to alter clerks' Assigned Roles.

The following messages were generated:

Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

Clerk Maintenance

User ID	Contact First Name	Contact Last Name
JANESMITH	Jane	Smith
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

Type changes below.

User ID:

Contact First Name:

Contact Last Name:

Phone Number:

Clerk Roles (Internet Only)

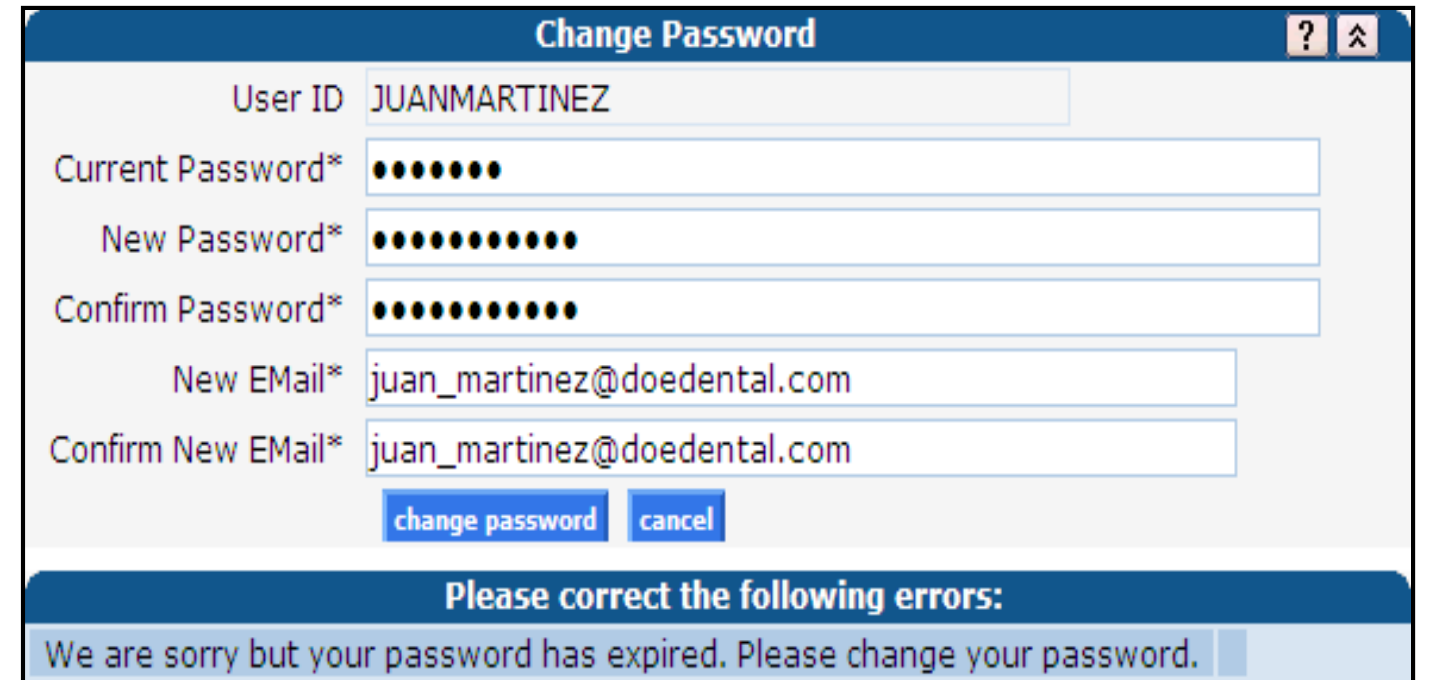
Assigned Roles	Available Roles
Client Eligibility Verification PA Inquiry/Submission Prior Authorization Inquiry Claim Inquiry/Submission/Adjustment Claim Inquiry	Trade Files

Clerk Maintenance

When a new clerk logs into the Secure Site for the first time, they will be required to change their password from the one created by the account administrator

Fill in the fields with the appropriate information; click change password

The clerk is now ready to perform the job duties allowed under the Assigned Roles chosen by the account administrator



Change Password ? ^

User ID JUANMARTINEZ

Current Password* ●●●●●●

New Password* ●●●●●●●●

Confirm Password* ●●●●●●●●

New EMail* juan_martinez@doedental.com

Confirm New EMail* juan_martinez@doedental.com

change password cancel

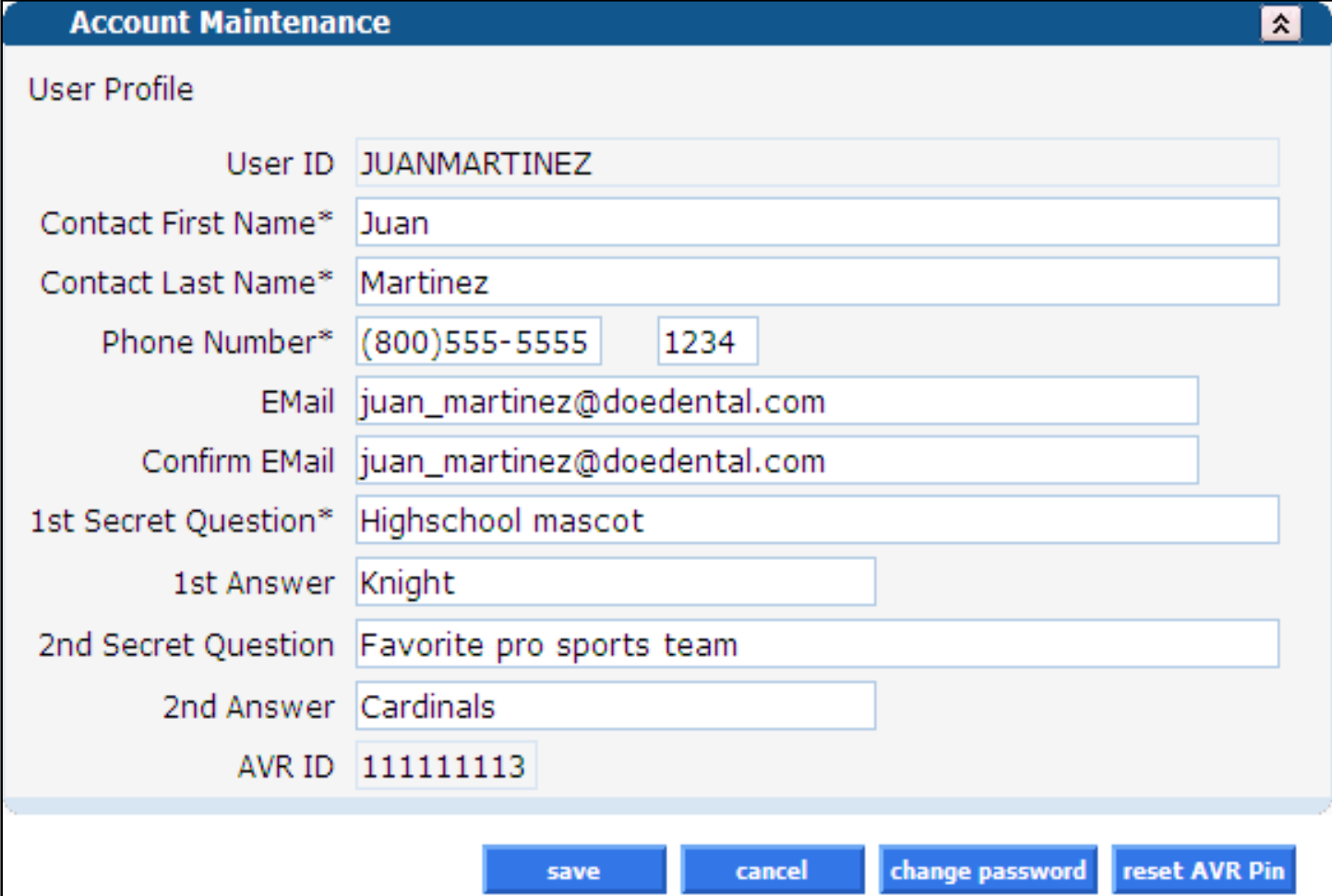
Please correct the following errors:

We are sorry but your password has expired. Please change your password.

Clerk Maintenance

Once a clerk is signed in, they can update their information by selecting Account Maintenance from either the Account submenu or the Account drop-down menu.

Fill in the appropriate information; click save



The screenshot shows a web form titled "Account Maintenance" with a "User Profile" section. The form contains several input fields with the following data:

Field	Value
User ID	JUANMARTINEZ
Contact First Name*	Juan
Contact Last Name*	Martinez
Phone Number*	(800)555-5555 1234
Email	juan_martinez@doedental.com
Confirm EMail	juan_martinez@doedental.com
1st Secret Question*	Highschool mascot
1st Answer	Knight
2nd Secret Question	Favorite pro sports team
2nd Answer	Cardinals
AVR ID	11111113

At the bottom of the form, there are four buttons: "save", "cancel", "change password", and "reset AVR Pin".

Clerk Maintenance – Switch User Functionality

Once a clerk ID is created by the local administrator, the same clerk ID can be added to more than one main account, this will allow the clerk the ability to switch back and forth between submitting online transactions for those providers

- Select switch provider from either the Account submenu or the Account drop-down menu
- Select the appropriate provider; click switch to. A window will appear asking you to verify the switch; click OK

The screenshot displays the 'Switch Provider' interface. At the top, there is a table with the following columns: Trading Partner/Provider ID, Provider AVRS ID, Provider Type, Address, City, State, Zip, Zip + 4, and Default Provider/Trading Partner. Two rows are visible: the first row is highlighted in red and has a checked checkbox in the 'Default Provider/Trading Partner' column; the second row has an unchecked checkbox. Below the table, there is a text prompt 'Select row above to update.' and a blue button labeled 'switch to'. Below this, a form displays the details of the selected provider: Current Provider/Trading Partner (1234567890 NPI), Provider/Trading Partner ID (1234567890 NPI), Address (15 MAIN STREET), Provider AVRS ID (123456), City (WILLIMANTIC), Provider Type (Dentist), State (CT), Default Provider/Trading Partner (checked), and Zip (06226 1948).

Trading Partner/ Provider ID	Provider AVRS ID	Provider Type	Address	City	State	Zip	Zip + 4	Default Provider/ Trading Partner
1234567890	NPI 123456	Dentist	15 MAIN STREET	WILLIMANTIC	CT	06226	1948	<input checked="" type="checkbox"/>
1122334450	NPI 111222	Clinic	47 CRESCENT STREET	WILLIMANTIC	CT	06226	3606	<input type="checkbox"/>

Select row above to update.

[switch to](#)

Current Provider/Trading Partner: 1234567890 NPI
Provider/Trading Partner ID: 1234567890 NPI
Address: 15 MAIN STREET
Provider AVRS ID: 123456
City: WILLIMANTIC
Provider Type: Dentist
State: CT
Default Provider/Trading Partner:
Zip: 06226 1948

Eligibility Verification

**Birth to Three Billing and Web Claim Submission
Workshop**

Eligibility Verification

DSS Recommends that providers verify a client's eligibility on the date of service prior to performing the said service

- Eligibility can change at any time

Verifying a client's eligibility:

- Secure Web portal account at www.ctdssmap.com
- Automated Voice Response System (AVRS)
- Provider Electronic Solutions (PES) software
- Point of Sale (POS) Device
 - Providers interested in using a POS device must contact a third party vendor to obtain the device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction

Eligibility Verification

To verify a CMAP client's eligibility through the Secure Site – click on the Eligibility tab on the main menu

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims **Eligibility** Prior Authorization Hospice MAPIR Account ConnPACE

Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date

Enter data to satisfy at least one of the valid search combinations; click search.

When entering a full name as part of your search criteria, a middle initial is required if present in the client's "CMAP profile."

Eligibility Response Quick Reference Guide

Eligibility Verification Request

Client ID	<input type="text"/>	last name	<input type="text" value="Doe"/>	From DOS*	<input type="text" value="9/1/2017"/>
SSN	<input type="text"/>	First Name, MI	<input type="text" value="John"/> <input type="text"/>	To DOS*	<input type="text" value="9/1/2017"/>
Birth Date	<input type="text" value="2/5/2015"/>				

Service Type Code 1 Service Type Code 2

Service Type Code 3 Service Type Code 4

Service Type Code 5

Eligibility Verification Service Codes

1 – Medical	54 – Long Term Care	AD – Occupational Therapy
4 – Diagnostic X-Ray	56 – Medical Related Transportation	AF – Speech Therapy
5 – Diagnostic Lab	75 – Prosthetic Device	AL – Vision (Optometry)
33 – Chiropractic	82 – Family Planning	DM – Durable Medical Equipment
35 – Dental	86 – Emergency Services	MH – Mental Health
42 – Home Health Care	88 – Pharmacy	PT – Physical Therapy
45 – Hospice	93 – Podiatry	RT – Residential Physical Treatment
47 – Hospital	98 – Professional (Physician) Office Visit	UC – Urgent Care

Eligibility Verification

The Eligibility Verification Response window provides the search results

- In this specific case – the client's eligibility cannot be verified for the requested dates (August 1, 2016) – eligibility verification can only look back one year
- Changing the dates of the eligibility request to within the allowable one year window creates a different result.

The screenshot displays a web application interface for eligibility verification. It is divided into two main sections: 'Eligibility Verification Request' and 'Eligibility Verification Response'.

Eligibility Verification Request:

- Client ID:
- last name:
- From DOS*: (highlighted in blue)
- SSN:
- First Name, MI:
- To DOS*: (highlighted in blue)
- Birth Date:
- Service Type Code 1: (dropdown menu)
- Service Type Code 2:
- Service Type Code 3:
- Service Type Code 4:
- Service Type Code 5:
- Buttons: search, clear

Eligibility Verification Response:

- Verification Number: 1502603HMS
- Response Text: (highlighted in blue)
- Buttons: ? (help), ^ (refresh)

Eligibility Verification

Eligibility searches cannot span multiple months

- 8/27/17 – 9/2/2017 is not valid; submitting 9/1/2017- 9/2/2017 is valid.
- Submitting a request that spans multiple months will result in an error message.

The screenshot shows a web form titled "Eligibility Verification Request". The form contains several input fields: Client ID, SSN (666-55-4444), Birth Date, last name (DOE), First Name, MI (JOHN), and five Service Type Code dropdown menus. The first dropdown is set to "DME-Durable Medical Equipment". The date range is set to "From DOS* 8/27/2017" and "To DOS* 9/2/2017". There are "search" and "clear" buttons on the right. At the bottom, a blue error message box states: "Please correct the following errors: Eligibility verification requests must not span multiple months."

Eligibility Verification

A Positive Eligibility Verification Response

- Provides a verification number that should be kept on record in case the client's coverage is retroactively changed at a later date
- Reports client's eligibility status for the requested date(s) of service

Eligibility Verification Request

Client ID	009999999	last name	<input type="text"/>	From DOS*	08/08/2017
SSN	<input type="text"/>	First Name, MI	<input type="text"/> <input type="text"/>	To DOS*	08/08/2017
Birth Date	08/19/2015				
Service Type Code 1	DM - Durable Medical Equipment	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				

Eligibility Verification Response

Verification Number	1120900015
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

Client Information

Client ID	009999999	Last Name	THOMAS
SSN	111-99-9999	First Name, MI	TOM
Birth Date	08/19/2015	Street	1 MAIN ST
Gender	M	City, State, Zip	TORRINGTON, CT 06790

Eligibility Verification

Benefit Plan

- The benefit plan(s) in which the client was an active member on the date(s) of service requested

Benefit Plan				
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky A. For Behavioral Health Services, call BHP at 877-552-8247.	08/01/2017	08/08/2017	08/08/2017	

Service Type Codes – DXC Technology

- A list of services queried for which the client is eligible that would be submitted for payment to DXC Technology
- The Service type code field will also provide copay amounts for HUSKY B clients

Service Type Codes - HP Services			
Service Type Code	Service Type Information	Copay	Coinsurance
DM	Durable Medical Equipment	\$0.00	0%

Eligibility Verification

TPL

Other Insurance client eligible. Not Applicable to Birth to Three claims.

Lock-in

- Some clients are locked into receiving certain health care services only from specific providers or pharmacies; those providers or pharmacies will be listed here.

Medicare

- Types of Medicare coverage active for the client on the date(s) of service requested. Not Applicable to Birth to Three claims

TPL
*** No rows found ***
Managed Care Provider
*** No rows found ***
Lockin
*** No rows found ***
Medicare
*** No rows found ***

Eligibility Verification Benefit Plans

HUSKY A

- Coverage group for eligible children, parents, relative caregivers; pregnant women

HUSKY B

Non-Medicaid Children's Health Insurance Program (CHIP)

- Free or low-cost health insurance for children and youth up to age 19 & for families who are not income eligible for HUSKY A with income between 201% and 323% of the federal poverty level qualify under either band 1 or band 2.

Prior Authorization

**Birth to Three Billing and Web Claim Submission
Workshop**

Prior Authorization

Effective **November 1, 2017**, Birth to Three Billing Providers, must obtain **Prior Authorization (PA)** from the Department of Social Services (DSS) Administrative Service Organization (ASO), **Community Health Network of Connecticut (CHNCT)** for the following **manually priced items** noted on the **Birth to Three Fee Schedule** for:

- Assistive Listening Devices
- Osseo-integrated Devices
- Durable Medical Equipment (DME)
- Assistive Technology (AT) devices

Note:

- DME and AT items under \$25 **will not** require PA.
- V5267 Hearing Aid or Assistive Listening Device supplies/accessories over \$40 **will require** PA.

DME, Hearing Aid and Assistive Technology Services Billed Directly to DXC

Procedure	Proc description	Mod1	Mod1 de	Rate Type	Max Fee	Effective Date	End Date	PA	Qty
E1399	Durable medical equipment miscellaneous			DEF	MP	10/1/2017	12/31/2299	Y	1
E1399	Durable medical equipment miscellaneous	RB		DEF	MP	10/1/2017	12/31/2299	Y	1
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrat			DEF	0.71	10/1/2017	12/31/2299		10
L8624	Lithium ion battery for use with cochlear implant device speech processor ear le				155	10/1/2017	12/31/2299		2
L8692	Auditory osseointegrated device external sound processor, includes headba			DEF	MP	10/1/2017	12/31/2299	Y	1
L8692	Auditory osseointegrated device external sound processor, includes headba	RB		DEF	MP	10/1/2017	12/31/2299	Y	1
V5090	Dispensing fee unspecified hearing aid			DEF	500	10/1/2017	12/31/2299		1
V5180	Hearing aid cros behind the ear			DEF	800	10/1/2017	12/31/2299		1
V5180	Hearing aid cros behind the ear	RB		DEF	Cst+75	10/1/2017	12/31/2299		1
V5220	Hearing aid bicros behind the ear			DEF	800	10/1/2017	12/31/2299		1
V5220	Hearing aid bicros behind the ear	RB		DEF	Cst+75	10/1/2017	12/31/2299		1
V5257	Hearing aid digital monaural bte			DEF	800	10/1/2017	12/31/2299		1
V5257	Hearing aid digital monaural bte	RB		DEF	Cst+75	10/1/2017	12/31/2299		1
V5261	Hearing aid digital binaural bte			DEF	1600	10/1/2017	12/31/2299		1
V5261	Hearing aid digital binaural bte	RB		DEF	Cst+75	10/1/2017	12/31/2299		1
V5264	Ear mold/insert not disposable any type			DEF	80	10/1/2017	12/31/2299		2
V5266	Battery for use in hearing device			DEF	1	10/1/2017	12/31/2299		20
V5267	Hearing aid or assistive listening device/supplies/accessories not otherwise			DEF	40	10/1/2017	12/31/2299		2
V5281	Assistive Listening Device FM/DM system, one receiver, one transmitter			DEF	MP	10/1/2017	12/31/2299	Y	1
V5282	Assistive Listening Device FM/DM system, binaural, (2 receivers, transmitter, microphone), any type			DEF	MP	10/1/2017	12/31/2299	Y	1
V5284	Assistive Listening Device FM/DM system, ear level receiver			DEF	MP	10/1/2017	12/31/2299	Y	1
V5285	Assistive Listening Device FM/DM system, direct audio input			DEF	MP	10/1/2017	12/31/2299	Y	1
V5289	Assistive Listening Device FM/DM adapter/boot coupling device for receiver, any type				MP	10/1/2017	12/31/2299	Y	1
V5290	Assistive Listening Device, transmitter, microphone any type			DEF	MP	10/1/2017	12/31/2299	Y	1
V5298	Hearing aid not otherwise classified			DEF	MP	10/1/2017	12/31/2299	Y	1
V5298	Hearing aid not otherwise classified	RB		DEF	MP	10/1/2017	12/31/2299	Y	1

Prior Authorization Requirements

The following documentation is required when submitting a Prior Authorization request to CHNCT for Birth to Three Services.

- **Completed Outpatient Prior Authorization (PA) Request Form.** (Form can be obtained from the www.ct.gov/husky Web site. Click “For Providers” > “Prior Authorization” > “Prior Authorization Forms & Manuals.”)
- All items, except hearing aids, require a **prescription** signed by a physician, physician assistant (PA) or advanced practice registered nurse (APRN).
 - **Hearing aids** require a **medical clearance** from an enrolled physician, APRN or PA in place of a prescription.
- **Soft band BAHA systems** require **clinical documentation justifying medical necessity** from the ordering physician, APRN or PA.
- **All other hearing aids, assistive listening devices and DME items** do not require additional clinical documentation, however, they must **comply with the definition of medical necessity**.

NOTE: The **ordering practitioner must be enrolled** in the CMAP provider network as a billing provider or an ordering, prescribing or referring provider.

Determination of Practitioner Enrollment Status

From the www.ctdssmap.com Account Home page, click on the Ordering/Prescribing/Referring) Provider List link which is located in the top right corner quick link box.

The screenshot displays the ConnPACE Account Home page. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, MAPIR, Account, and ConnPACE. Below this is a secondary navigation bar with links: home, account home, account maintenance, account setup, change password, reset password, and log out. A red banner indicates: "Your password expires in 61 days on 8/31/17 at 12 A.M. Change Password". The main content area shows a welcome message: "Welcome, Birth to Three Provider" and a "Reenrollment Due Date: 07/01/2022". On the right side, there is a "Quick Link" box containing several links: Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, Download Remittance Advices, ACA, and Ordering/Prescribing/Referring Provider List (which is highlighted with a blue box). Below the quick link box is an "Email Subscription" box with a link: Register/Update Email Subscription. At the bottom, there are two sections: "Global Messages" and "Secure Mailbox", both showing "*** No rows found ***".

Determination of Practitioner Enrollment Status cont.

- Once on the OPR List page, scroll to the bottom of the page
- Select the Ordering/Prescribing/Referring List link. This will open an excel file that will show all providers that are active or performing provider only. The listing also shows providers who have an application in process – not yet enrolled. If the ordering practitioner is not listed on this link, the item submitted to CMAP by the Birth to Three provider will be denied.

ACA Ordering/Prescribing/Referring Provider List

The Affordable Care Act (ACA) requires that ordering, prescribing and referring providers who render Assistance Program (CMAP). The Department of Social Services (DSS) has made the following list available on behalf of CMAP clients, or who may make referrals for such clients. Included in this list are providers made available to assist billing providers with verifying providers' CMAP enrollment status relative to

Providers on this list with an **enrollment status of Application in process-not yet enrolled** have submitted order or refer services for HUSKY clients. Once the provider has been approved, their contract status note that contract effective dates are often approved dating back six months or more. If the applicat

Providers on this list with an **enrollment status of either Active or Performing Provider Only** have HUSKY clients. This list also includes providers who are eligible to prescribe; however, the following p only order or refer services for HUSKY clients:

- 15 Chiropractors
- 17 Therapists
- 19 Opticians
- 33 Behavioral Health Clinicians
- 52 Naturopath

DSS has started denying claims that are submitted with an ordering, prescribing or referring provider Implementation of the Ordering, Prescribing, and Referring (OPR) Affordable Care Act (ACA) Mandate of the www.ctdssmap.com Web site for more information.

Important: This list should NOT be used to refer clients for services as it includes providers who are new patients. In order to locate a provider accepting new patients, clients may contact one of the fo

- Primary Care Providers:
Community Health Network of CT (CHNCT) at 1-800-859-9889
- Behavioral Health Providers:
Beacon Health Options at 1-877-55-CTBHP or 1-877-552-8247
- Dental Providers:
Connecticut Dental Health Partnership at 1-855-CT-DENTAL or 1-855-283-3682

[ACA Ordering/Prescribing/Referring Provider List](#)

Prior Authorization- Submitting a Request

Birth to Three Billing Providers can submit Prior Authorization requests to CHNCT by:

- Faxing the PA form along with clinical and pricing information to 203.265.3994
- Submitting the PA through CHNCT's clear coverage portal.
- Providers can request information on setting up an account for the Medical Authorization Portal, by contacting CHNCT support by Email: clearcoveragehelpdesk@chnct.org or by calling 1-877-606-5172.

Prior Authorization Inquiry

Birth to Three Billing Providers should confirm service authorization has been received by DXC and is as requested from CHNCT for DME, Hearing Aid and Assistive Technology services prior to submitting a claim(s) for the service(s) provided.

- Providers can confirm Prior Authorization by logging in to their secure Web account on the www.ctdssmap.com Web site. Once on the secure site, click Prior Authorization > Prior Authorization Search.

The screenshot displays the user interface of the Connecticut Department of Social Services web portal. At the top left is the logo for the Connecticut Department of Social Services with the tagline "Making a Difference". The top right corner shows the date "Friday, August 11, 2017" and a "Help" link. A navigation bar contains several menu items: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, MAPIR, Account, and ConnPACE. The "Account" menu item is highlighted in red. Below the navigation bar, a secondary menu is open under "Prior Authorization", listing "Prior Authorization Search", "Care Plan", and "Pharmacy Prior Authorization". The "Pharmacy Prior Authorization" option is selected, and a dropdown menu is visible containing several links: "Claim Status Inquiry", "Client Eligibility Verification", "Prior Authorization Inquiry", "Download Remittance Advices", "ACA", and "Ordering/Prescribing/Referring Provider List". The main content area of the page shows a welcome message for a "Birth to Three Billing Provider" and a note that "Reenrollment Due Date: Not Currently Applicable". At the bottom of the page, there are two sections: "Global Messages" and "Secure Mailbox", both of which display "*** No rows found ***".

Prior Authorization (PA) Search

Search by **Client ID** or **PA Number**. Further define search by **date** and/or **procedure code**. Enter data then click search.

Connecticut Department of Social Services
Making a Difference

Help
Friday, August 11, 2017

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility **Prior Authorization** Hospice MAPIR Account ConnPACE

home **prior authorization search** care plan pharmacy prior authorization

Quick Link

- Web Guide - Prior Authorization Search

Provider 008003693 MCD

Prior Authorization Search

Client ID

Client Name

Search Pharmacy PAs only

Requested Eff Date

Requested End Date

Authorized Eff Date

Authorized End Date

Prior Authorization

PA Assignment

PA Assign - Sub

Procedure [Search]

Revenue Code [Search]

Proc/Mod List

Procedure Code List [Search]

Records

search clear

Prior Authorization Search Results

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Medical Care Advisory Committee Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages Account

home prior authorization search care plan pharmacy prior authorization

-Quick Link

- Web Guide - Prior Authorization Search

Provider 00##### MCD

Prior Authorization Search

Client ID 00#####
 Client Name TOM GREEN
 Search Pharmacy PAs only
 Requested Eff Date
 Requested End Date
 Authorized Eff Date
 Authorized End Date

Prior Authorization
 PA Assignment
 PA Assign - Sub
 Procedure [Search]
 Revenue Code [Search]
 Proc/Mod List
 Procedure Code List [Search]

Records 20

search clear

Click on a column heading to sort results in ascending or descending order.

Add additional data to reduce lengthy search results.

Search Results

Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Revenue	NDC	Proc/Mod List	Procedure Code List	Frequency
2017236001	01	09/01/2017	09/01/2017		\$50.00	Approved	09/05/2017	DME		E1399									
2017236002	01				\$200.00	In Process	0	Hearing Aid		V5298	RB								

Prior Authorization Inquiry- Additional Service Authorization Information- Detail

[Back To Search Results](#)

Base Information

Prior Authorization Number: 2017236001

Client ID: 00##### PA Assignment: DME

Last Name: GREEN First Name, MI: TOM

Billing Provider: 00##### MCD Date of Birth: 02092015

Diagnosis: [Search] Insurance: None

Estimated Date of Delivery: [Search] Patient Condition: Fair

Click the PA line detail at search results to open the PA (if one line detail) or a PA line detail (if multiple line details) for additional service authorization information. Once the PA detail is open, providers have access to notes which may provide additional authorization information.

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Procedure Code List	Proc/Mod List	Revenue Code	Revenue Code List	Drug Name
01		\$50.00		\$50.00	Approved	E1399									

Type changes below.

Line Item 01

Service Type Code*: [Procedure Code]

Procedure Code: **E1399** [Search] Durable Medical Equipment miscellaneous

Mod 1: [Search] Mod 2: [Search] Mod 3: [Search] Mod 4: [Search]

Revenue Code/List: [Search] [Search]

Proc/Mod List: [Search]

Procedure Code List: [Search]

Requested Eff./End Dates*: 09/01/2017 09/01/2017

Requested Units/Dollars*: 0 \$50.00

Drug Name: [Search] Status: [Search]

Authorized Units/Dollars: 0 \$50.00

Authorized Eff./End Dates: 09/01/2017 09/01/2017

Used Units/Dollars: 0 \$0.00

Available Units/Dollars: 0 \$50.00

Frequency: [Search]

**** No rows found ****

[Notes](#)

Claim Submission Guidelines

**Birth to Three Billing and Web Claim Submission
Workshop**

Methods of Claim Submission

Birth to Three Providers may submit their claims for DME, Hearing Aid and Assistive Technology to DXC using one or more of the following claim submission methods:

Internet Web site at www.ctdssmap.com

- This online tool does not require providers to install any software and is free of charge.
- Billing providers must have established their Secure Web Portal account in order to submit claims through the internet.
- Allows billing providers to:
 - submit claims directly from their Secure Provider Web account and see the outcome of a claim's submission immediately.
 - resubmit denied claims and adjust previously paid claims.
 - copy an existing claim, make necessary changes to the claim for a new service claim and submit the claim.
 - reduces the data entry required to submit a claim.

Methods of Claim Submission cont.

Software utilizing the following HIPAA ASC X12N 837P Health Care Claim Professional transactions:

- Providers must transmit claims through DXC's secure Web site using the HIPAA compliant ASC X12N 837 Health Care Claim Professional transaction format.
- Providers or their billing agents will be required to complete an on-line Electronic Data Interchange (EDI) Trading Partner Agreement form.
- Successfully complete a test using the ASC X12N 837 Health Care Claim Professional format appropriate for their provider type.
- For additional information regarding the submission of **HIPAA ASC X12N 837P Health Care Claim Professional transactions**, please refer to the following links:

[Companion Guide](#)

[Trading Partner Agreement Enrollment](#)

[Chapter 6 - EDI Options](#)

Methods of Claim Submission cont.

Paper

- Paper Claims are only accepted except for:
 - the special handling of claims
 - Out of state providers who currently submit paper claims
- Paper claims received for other than the above reasons will not be returned to the provider and immediately destroyed.
- Please refer to Provider Bulletins, PB16-31 Elimination of Paper Claims and PB16-96, Elimination of Paper Claims Update located on the www.ctdssmap.com Web site for mandate details and exceptions.

Web Claim Submission – Third Party Liability (TPL)

Medicaid is the payer of last resort, however, claims for Birth to Three client's covered under other insurance will not cost avoid/deny when submitted to DXC.

- Birth to Three Providers are not required to submit their Birth to Three claims to other insurance for payment or denial prior to submitting to DXC.
- Birth to Three Providers are not required to submit other insurance coverage information on their Birth to Three claims submitted to DXC for payment.

Timely Filing Guidelines

FOR Clients covered under HUSKY A and HUSKY B

- Providers have one year from the date of service to submit a claim.
- Providers have one (1) year from the date of the most recent RA indicating a denial to resubmit the claim, provided the denial was not for timely filing.
- The date of service on the claim must fall within one (1) year of the issue date on the other insurance payment or denial, providing that the denial was not for timely filing. A copy of the carrier's Explanation of Benefits (EOB) must be retained by the provider in the client's file.
- The provider has one (1) year from the date the client's eligibility was added to the Connecticut interchange Medicaid Management Information System (MMIS) eligibility file to submit the claim.

Birth to Three Procedure Code List

- Birth to Three Billing providers will submit the codes with an: E, L or V pre-fix directly to DXC for Payment.



- Codes with a T or H pre-fix should be submitted to Public Consulting Group (PCG) via the SPIDER System. (See slide 106 for Access to Full Birth to Three Fee schedule.)



Proc	Mod	Desc
E1399		Durable medical equipment miscellaneous
E1399	RB	Durable medical equipment miscellaneous
L8621		Zinc air battery for use with cochlear implant device and auditory osse
L8624		Lithium ion battery for use with cochlear implant device speech proce
L8692		Auditory osseointegrated device external sound processor, includes h
L8692	RB	Auditory osseointegrated device external sound processor, includes h
V5090		Dispensing fee unspecified hearing aid
V5180		Hearing aid cros behind the ear
V5180	RB	Hearing aid cros behind the ear
V5220		Hearing aid bicros behind the ear
V5220	RB	Hearing aid bicros behind the ear
V5257		Hearing aid digital monaural bte
V5257	RB	Hearing aid digital monaural bte
V5261		Hearing aid digital binaural bte
V5261	RB	Hearing aid digital binaural bte
V5264		Ear mold/insert not disposable any type
V5266		Battery for use in hearing device
V5267		Hearing aid or assistive listening device/supplies/accessories not oth
V5281		Assistive Listening Device FM/DM system, one receiver, one transmitt
V5282		Assistive Listening Device FM/DM system, binaural, (2 receivers, trans
V5284		Assistive Listening Device FM/DM system, ear level receiver
V5285		Assistive Listening Device FM/DM system, direct audio input
V5289		Assistive Listening Device FM/DM adapter/boot coupling device for rec
V5290		Assistive Listening Device, transmitter, microphone any type
V5298		Hearing aid not otherwise classified
V5298	RB	Hearing aid not otherwise classified
T1023		Program intake assessment
T1028		Home environment assessment
T2024		Serv asmnt/care plan waiver
H2014		Skills Training and Development, Low utilization
H2014	TF	Skills Training and Development, high utilization
T1027		Family training and counseling for child development, low utilization
T1027	TF	Family training and counseling for child development, high utilization

DME, Hearing Aid and Assistive Technology Services Claim Submission Guidelines

- **Durable Medical Equipment (DME)**
 - Only reimbursable if DME meets the federal definition found at 42 C.F.R. Section 440.70 (b)(3).
 - Any equipment that provides therapeutic benefits to a patient in need due to certain medical conditions and/or illnesses.
 - **Must be items that are**
 - primarily and customarily used to serve a medical purpose;
 - not useful to a person in the absence of illness or injury;
 - ordered or prescribed by a physician, physician assistant or APRN
 - reusable
 - can stand repeated use
- **Assistive Technology (AT)**
 - any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

DME, Hearing Aid and Assistive Technology Services Claim Submission Guidelines cont.

Purchases

- Must be billed at Actual Acquisition Cost (AAC) plus shipping up to the fee schedule amount.
- Applies to the following codes:
 - E1399, L8692, V5180, V5220, V5257, V5261, V5267, V5281 through V5298.
- Ear molds – V5264 are limited to 10 per year.
- Assistive Listening Devices - V5281 – V5290 full time use of amplification is required.
- Manually Priced codes (MP) - must be billed at Actual Acquisition Cost plus shipping.

DME, Hearing Aid and Assistive Technology Services Reimbursement Restrictions cont.

Dispensing Fees

- Hearing Aid dispensing – V5090
 - When dispensing binaural hearing aids use **modifier U1** = 150% of max fee rate

Repairs

- Limited to the manufacturer or third party vendor's actual cost plus \$75.
- Documentation regarding pricing must be available upon request.
- Applies to procedure codes:
 - L8692, V5180, V5257, V5261, V5220 billed with **modifier RB**

DME, Hearing Aid and Assistive Technology Services Claim Submission Guidelines cont.

Modifiers:

- Determine if payment will be made, based on prior authorization/prior claim payment
- Provide information
- Determine Reimbursement of the procedure code billed

MODIFIER/TYPE	DESCRIPTION
LT - AUDITING	LEFT SIDE
RT - AUDITING	RIGHT SIDE
NU - INFORMATIONAL	NEW EQUIPMENT
U1 - PROCESSING	DISPENSING FEE FOR BINAURAL HEARING AID (WHEN BILLED WITH V5090 PAYS AT 150% MAX FEE)
RB - AUDITING	REPLACEMENT OF A PART (FOR DME, ORTHOTIC OR PROSTHETIC ITEM) FURNISHED AS PART OF A REPAIR

Web Claim Submission/Inquiry

**Birth to Three Billing and Web Claim Submission
Workshop**

Web Claim Submission Benefits

Top 5 reasons to use the Web claim submission tool:

Easily search, submit, copy and void claims

Resubmit previously denied claims

Submit secondary claims containing payments or denials from Other Insurance

Adjust claims on the Web

Claim results are immediate

Access to Claim Submission Tool

If the Claims tab is not present, or if Claim Inquiry is the only option in the drop down list, the clerk account has not been granted access to the claim submission tool.

The account administrator must log onto the main account, click on the clerk maintenance tab, click on the clerk account in question and move the Claim Inquiry/Submission/Adjustment under Assigned Roles to Available Roles in order to grant access.

Steps for creating and/or modifying clerk accounts can be found on slides 20 through 24.

Access chapter 10 on the www.ctdssmap.com Web site for a complete list of Web portal functions.

Web Claim Submission – Creating a New Claim

To create a new claim, select “Professional” from the “Claims Menu”

The screenshot displays a web application interface. At the top, there is a navigation bar with the following items: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, and Prior Authorization. Below this, a secondary menu includes: home, account home (highlighted in red), account maintenance, account setup, change password, and clerk ma. A dropdown menu is open under 'Claims', showing options: Claim Inquiry, Professional (highlighted with a blue border), Institutional, Dental, and Claim History for Specific Services. A red warning message states: "Your password expires in 60 day(s) on 10/31/2017 at 12:00 AM Change". Below the warning, user information is displayed: "Welcome, P004", "Provider ID: 19 NPI", "Provider AVRS ID: 004", "Reenrollment Due Date: 7/1/2022", and "Zip Code: 06752 - 1031". A message states: "Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option." At the bottom, there is a section titled "Global Messages" with a table header:

Category	Subject	Message	Sent Date	Effective Date	End Date
----------	---------	---------	-----------	----------------	----------

Web Claim Submission – Creating a New Claim cont.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Claims** Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home claim inquiry **professional** institutional dental claim history for specific services

Quick Links

- Internet Claims Submission FAQ
- Instructions for submitting Professional claims
- Claim Resolution Guide

Click on "FAQ" or "Instructions for Submitting Professional Claims" for help with submitting a claim.

Professional Claim

ICN	<input type="text"/>	From Date	<input type="text"/>
Provider ID	##### NPI	To Date	<input type="text"/>
AVRS ID	#####	Admission Date	<input type="text"/>
Client ID #	<input type="text"/>	EPSDT Referral	<input type="text"/>
Last Name	<input type="text"/>	Total Charges	<input type="text"/> \$0.00
First Name, MI	<input type="text"/>	Total Paid	<input type="text"/> \$0.00
Date of Birth	<input type="text"/>	TPL Amount	<input type="text"/> \$0.00
Patient Account #	<input type="text"/>	CoPay Amount	<input type="text"/> \$0.00
Medical Record Number	<input type="text"/>	Medicare Crossover	<input type="text"/> No
Referring Physician	<input type="text"/> [Search]	837 Version	<input type="text"/> 5010
SSN	<input type="text"/>		
Accident Related	<input type="text"/> NO		
Accident Date	<input type="text"/>		

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Web Claim Submission- Creating a New Claim cont.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Claims** Eligibility Prior Authorization Hospice Trade Files MAPIR

home claim inquiry **professional** institutional dental claim history for specific services

Quick Links

- Internet Claims Submission FAQ
- Instructions for submitting Professional claims
- Claim Resolution Guide

Professional Claim

ICN		From Date		To Date		From/To Date auto populated with first/last dos on claim.
Provider ID	#####	NPI		Admission Date	Situational	
AVRS ID	#####			EPSTD Referral	Situational	
Client ID*	00#####	Enter the client ID and click outside the field to auto fill client name and date of birth.		Total Charges	\$0.00	Auto populated with sum of charges entered.
Last Name	Smith			Total Paid	\$0.00	Auto populated once claim submitted.
First Name, MI	ANGEL			TPL Amount	\$0.00	
Date of Birth	05/22/1977			CoPay Amount	\$0.00	
Patient Account #	Optional			Medicare Crossover	No	
Medical Record Number	Optional			837 Version	5010	Auto populated
Referring Physician	Situational	[Search]				
SSN						
Accident Related	No	Situational				
Accident Date	Situational					

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diag-Sequence	Diagnosis	Description	Diagnosis			
Code Set	ICD 10	Auto populated				
Principal	Required	[Search]	Other 1	[Search]	Other 2	[Search]
Other 3	[Search]	Other 4	[Search]	Other 5	[Search]	
Other 6	[Search]	Other 7	[Search]	Other 8	[Search]	

[add more](#)

Web Claim Submission – Creating a New Claim cont.

Condition

*** No rows found ***

Select row above to update -or- click Add button below.

Cond-Sequence Condition [Search]

N/A

delete
add

Detail

Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A	1			1.00	\$0.00		\$0.00

Type data below for new record.

Item

From DOS* Required

To DOS* Required

Procedure* [Search]

Modifiers [Search] [Search]

Units* Auto populates 1 unit

Facility Type Code* Required Place of treatment [Search]

Charges* Required Cost + Shipping or U & C

Rendering Physician [Search]

SSN

Referring Provider Situational [Search]

Ordering Provider Situational [Search]

Status Field populated once claim submitted. Status can be paid, denied, suspended.

Emergency Indicator

Pregnancy

EPSDT Referral

Family Planning

Allowed Amount Amount approved to pay for service = lessor of allowed rate on fee schedule or billed amount. Populated once claim processed.

CoPay Amount

Medicare Paid Date

Medicare Calc Allowed Amt

Medicare Paid Amount

Medicare Deductible Amount

Medicare Coinsurance Amount

Diagnosis Code Pointer Indicates which diagnosis code(s) applicable to service. At least one for primary required. Up to 4 may be entered.

National Drug Code

NDC Quantity

NDC Unit of Measurement

delete
add

Click to add another claim detail

Additional NDCs (Detail Item 1)

*** No rows found ***

N/A

Select row above to update -or- click Add button below.

National Drug Code Quantity Unit of Measurement

delete
add

DXC.technology

DXC Proprietary and Confidential

September 21, 2017 64

Web Claim Submission - TPL

TPL
*** No rows found ***

N/A Select row above to update -or- click Add button below.

Client Carriers	<input type="checkbox"/>			Relationship	<input type="text"/>
Carrier Code	<input type="text"/>	[Search]		Last Name	<input type="text"/>
Plan Name	<input type="text"/>			First Name, MI	<input type="text"/>
Policy Number	<input type="text"/>			Date of Birth	<input type="text"/>
Paid Amount	<input type="text"/>				
Paid Date	<input type="text"/>				
Adjustment Reason Code	<input type="text"/>	[Search]	<input type="text"/>	[Search]	<input type="text"/>
Adjustment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Web Claim Submission – Review and Submit

Claim Status Information

Claim Status **Review claim for accuracy and completion then click submit**

Claim Status Information

Claim Status	PAID
Claim ICN	2217244175001
Paid Date	<input type="text"/>
Paid Amount	\$100.00
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Julian date 244 = a 9/1/2017 claim receipt date

Paid date will populate after the next financial cycle.

EOB Information

Detail Number	Code	Description
0	9997	REFER TO DETAIL EOB
1	9918	PRICNG ADJUSTMENT - MAX FEE PRICING APPLIED

Web Claim Submission

- **Error Messages** - If required information is missing, the self editing feature of Web claims generates error messages to alert the provider and will prevent the claim from being submitted till the errors have been corrected.

The following messages were generated:

Message Description	Panel	Field	Row
⊘ Procedure is required.	Detail	Procedure	1
⊘ A valid Procedure is required	Detail	Procedure	1

- The error message will point to the Panel, the Field and the Row where the error has occurred.

Detail						
Item	From DOS	To DOS	Procedure	Units	Charges	
A	1	06/01/2016	06/01/2016	1.00	\$100.00	

Item	<input type="text" value="1"/>
From DOS*	<input type="text" value="09/01/2017"/>
To DOS*	<input type="text" value="09/01/2017"/>
⊘ Procedure*	<input type="text"/> [Search]
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]
	<input type="text"/> [Search] <input type="text"/> [Search]
Units*	<input type="text" value="1.00"/>
Facility Type Code*	<input type="text" value="11"/> [Search]
Charges*	<input type="text" value="\$100.00"/>

Web Claim Submission

What does the following error mean “Processing failed due to a communication error?”

- **This error means that the communication between DXC Technology and the provider either failed in the delivery of the claim to DXC Technology, or in the claim status response back to the provider. It is recommended that a claim inquiry be performed on the claim to determine if the claim successfully processed in interChange.**
- If the claim is not present on the Web after a claim inquiry, then the claim should be resubmitted.

Claims Processing/Submission Information

When a claim processes through the Connecticut Medical Assistance Program, it is subject to a series of edits that check the validity of claim data such as:

- The submitted Provider must be actively enrolled on the date of service
- Client must be eligible on date of service
- Procedure Code submitted must be valid for the Provider Type

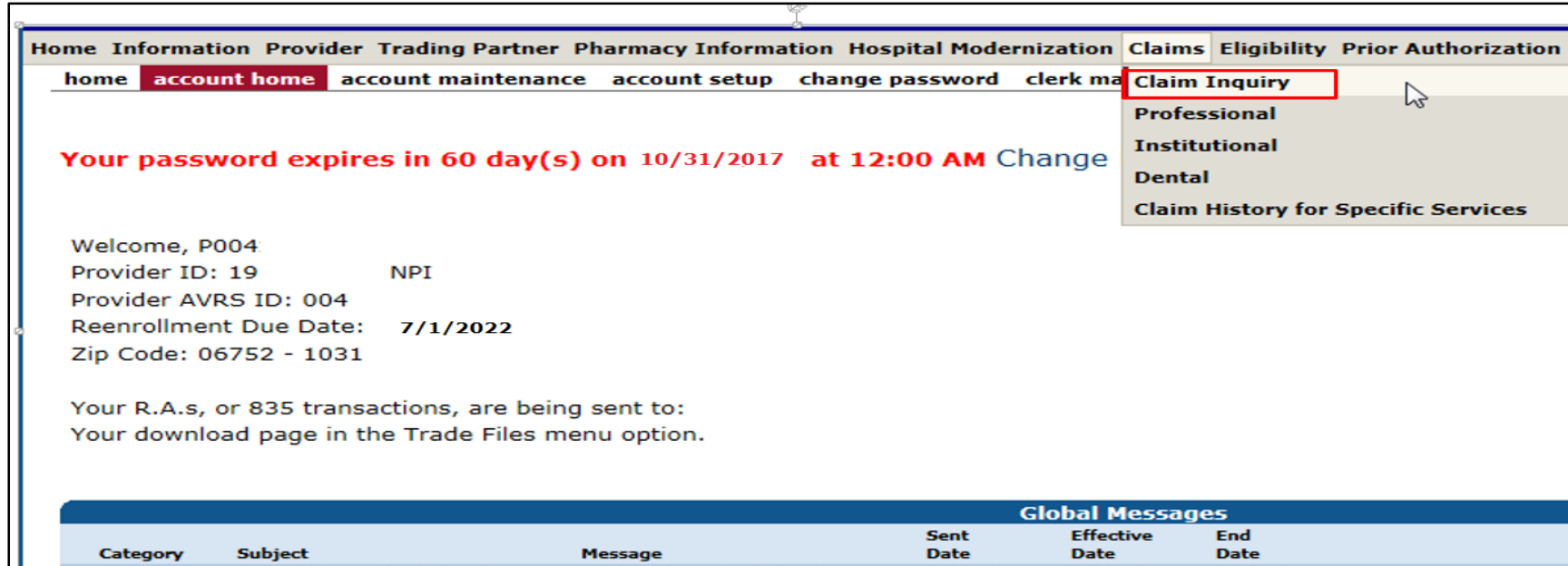
Each claim then passes through a series of audits

- The claim is compared to previously paid claims
 - Is the current claim a duplicate of a paid claim?
- Does the billed procedure code require prior authorization (PA)?

Claims Reconciliation- Web Claim Inquiry

- **Claims submitted on the Web are interactive with an immediate response of claim payment or denial.**
 - This allows providers to adjust, void or re-submit corrected claims within the same claims processing cycle.
- **Claims submitted utilizing the HIPAA ASC X12N 837P- Health care Claim Professional transaction:**
 - can also be viewed via the provider's secure Web account, corrected and resubmitted, in the same claim cycle if submitted early enough to do so.
 - Depending on when a claim file is submitted will determine how long it takes the file to process.
 - A single file submitted Thursday before cycle will likely take a longer time to process, with little time to review, than files submitted more often and earlier in the week prior to cycle.

Web Claim Inquiry



Once you have submitted a claim to DXC Technology using the ctdssmap.com Secure Site:

click on the “Claims” tab on the main menu and select “**Claim Inquiry**”

Enter enough information to satisfy at least one of the following criteria:

- ICN or first 7 digits for claims submitted for the current day.
- Client ID
- FDOS/TDOS or Fdate Paid/Tdate Paid (spanning 93 days or less)
- **Check the Pending Claims box**
 - Claims submitted since last claim cycle based on criteria entered that have not yet processed through a financial cycle.
- **Check exclude adjusted claims for only active claims.**

Web Claim Inquiry – Sample Inquiry and Results

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Medical Care Advisory Committee **Claims** Eligibility Prior Authorization
 Hospice Trade Files MAPIR Messages Account

home **claim inquiry** professional institutional dental claim history for specific services

Claim Search 16161616 NPI

ICN	<input type="text"/>	Claim Type	<input type="text" value="▼"/>
Client ID	<input type="text"/>	Status	<input type="text" value="▼"/>
TCN	<input type="text"/>	FDate Paid	<input type="text"/>
FDOS	<input type="text" value="06/01/2016"/>	TDate Paid	<input type="text"/>
TDOS	<input type="text" value="07/07/2016"/>	Pending Claims	<input type="checkbox"/>
Prescription No (Pharmacy Only)	<input type="text"/>	Exclude Adjusted Claims	<input type="checkbox"/>
		Records	<input type="text" value="20"/> ▼

Search Results

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Status	Date Paid ▼	Amount Billed	Amount Paid
2216187050005	003411489	DAVE PARKER		06/27/2016	06/27/2016	Paid	07/09/2016	\$200.00	\$184.00
2216188050001	005153371	BOD T AMERICHOICE		06/27/2016	06/27/2016	Paid	07/09/2016	\$200.00	\$156.8
5916187001006	003411489	DAVE PARKER		07/01/2016	07/01/2016	Denied	07/09/2016	\$188.00	\$0.00
5916187001007	003623539	TOM DENT		07/01/2016	07/01/2016	Denied	07/09/2016	\$188.00	\$0.00
2216187050001	003623539	TOM DENT		07/01/2016	07/01/2016	Adj/Voided	07/09/2016	\$188.00	\$51.48
5916187001004	003623539	TOM DENT		07/01/2016	07/01/2016	Adj/Voided	07/09/2016	\$188.00	\$85.28
2216188050003	005153371	BOD T AMERICHOICE		07/06/2016	07/06/2016	Paid	07/09/2016	\$100.00	\$81.00
2216187050002	003411489	DAVE PARKER		07/01/2016	07/01/2016	Adj/Voided	07/09/2016	\$188.00	\$100.00
2216187050003	003623539	TOM DENT		07/05/2016	07/05/2016	Paid	07/09/2016	\$188.00	\$85.28
2216187050004	003411489	DAVE PARKER		07/05/2016	07/05/2016	Paid	07/09/2016	\$188.00	\$146.00
5916188001002	005153371	BOD T AMERICHOICE		07/06/2016	07/06/2016	Denied	07/09/2016	\$100.00	\$0.00
2216188050002	005153371	BOD T AMERICHOICE		07/06/2016	07/06/2016	Adj/Voided	07/09/2016	\$100.00	\$81.00
5916187001005	003411489	DAVE PARKER		07/01/2016	07/01/2016	Adj/Voided	07/09/2016	\$188.00	\$146.00

Web Claim Inquiry

- **View claims processed regardless of the submission method.** Internal Control Number (ICN)
 - Claims submitted to DXC Technology are each assigned a unique 13-digit Internal Control Number (ICN) that is used for tracking and research. Provider can get their ICNs from their Remittance Advice (RA)
- **(22)(17)(139)(001)(004)**
- 1 2 3 4 5
- 1 – Region Code – Identifies the manner in which the claim was submitted (22 = Internet Claim. The ICN Region Code List can be found on our Web site under Information> Publications> Claims Processing Information.
- 2 - Year of Receipt – Indicates the year in which the claim was received by Hewlett Packard Enterprise (17 = 2017)
- 3 - Julian Date of Receipt – The Julian calendar date of receipt (005 = the fifth day of the year; January 5)
- 4 -Batch Number – An internal number assigned by Hewlett Packard Enterprise to uniquely identify a batch (001)
- 5 - Claim Number – A sequential number assigned to uniquely identify claims within a batch (004)

Web Claim Submission Options

**Birth to Three Billing and Web Claim Submission
Workshop**

Web Claim Inquiry

What can I do with these claims?

Paid claims allow you to:

- cancel** Cancel any alterations you have made
- adjust** Adjust the claim
- void** Void the claim
- copy claim** Copy the claim and use it as a template to create a new claim
- new claim** Create a brand new claim

Denied claims allow you to:

- re-submit** Resubmit the claim (with or without making changes)
- cancel** Cancel any alterations you have made
- new claim** Create a brand new claim

Suspended claims allow you to:

- new claim** Create a brand new claim



Web Claim Submission Void

Perform the following steps to void or completely recoup a paid claim:

- Select Claim Inquiry
- Enter the paid claim ICN (found on your RA) in the ICN field
- Click the search button
- Once the claim is retrieved, click the **void** button at the bottom of the claim page

The void will process immediately and return a message that the claim has been successfully adjusted / voided with a new ICN

Web Claim Submission Adjustment

Perform the following steps to easily adjust a paid claim:

- Select Claim Inquiry
- Enter the paid claim ICN (found on your RA) in the ICN field
- Click the search button
- Once the claim is retrieved, make any necessary changes to the claim
- Click the **adjust** button at the bottom of the claim page

The adjustment will process immediately and return a status of Paid, Denied or Suspended



Web Claim Submission Copy

Paid claims may be copied and submitted as a new claim

- This feature is helpful for reoccurring services

Copy - Perform the following steps to easily copy a paid claim for submission as a new claim:

- Select Claim Inquiry
- Enter the paid claim ICN (found on your RA) in the ICN field
- Click the search button
- Once the claim is retrieved, click the copy button at the bottom of the claim page
- Make the necessary changes to the claim
- Click the submit button at the bottom of the claim page

The new claim will process immediately and return a status of Paid, Denied or Suspended

Web Claim Submission Resubmit

Resubmission - Perform the following steps to easily resubmit a denied claim:

- Select Claim Inquiry
- Enter the denied claim ICN (found on your RA) in the ICN field
- Click the search button
- Once the claim is retrieved, make any necessary changes to the claim
- Click the re-submit button at the bottom of the claim page

The new claim will process immediately and return a status of Paid, Denied or Suspended

Remittance Advice

**Birth to Three Billing and Web Claim Submission
Workshop**

Remittance Advice (RA)

All claims activity is reported to providers twice a month on a Remittance Advice

- RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted, and are produced based on a provider's claim activity
- Providers receive RAs electronically via the secure Provider Web site at www.ctdssmap.com
- Available in either the ASC X12N 835 Payment/Advice standard transaction format or in the Portable Document Format (PDF) which provides the paper version of the RA
- Only the last 10 RAs are maintained on the DXC Technology Web site; it is highly recommended that providers save a copy of their RAs to their local computer system for future access
- Click Download Remittance Advice from the Quick Link box on the Secure Web Account Home page or select Download from the Trade Files drop-down menu:

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)

Authorization	Trade Files	MAPIR	Messages	Account
demographic	Download			it
	Upload			
	Claim Level Detail			

Remittance Advice

Select Remit. Advice (RA) – PDF from the Transaction Type menu; click Search

File Download Search

Transaction Type

- Billing/Reversal
- Claim Payment/Advice
- Claim Status Response
- Drug Rebate File Transfer
- Eligibility Response
- Enrollment/Maintenance
- Functional Ack
- Interchange Ack
- PA Revers/Inq/Req Only
- PCCM Reports
- PDP/MAPD Reports
- Premium Payments
- Prior Authorization
- Remit. Advice (RA) - PDF**
- Transportation PA Files

REMINDER: DO NOT delete all available download files, including Remittance Advices (RA) in PDF format, Claim Payment/Advice, Functional Acknowledgements (997), Interchange Acknowledgement response (277), Prior Authorization Response (278), Benefit Enrollment (834), and other data interchange files (excluding Drug Rebate files) available for download will be retained on the system for a period of five (5) months, at which time they will no longer be available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available. It is recommended all electronic files be downloaded when they become available to you. Please contact your Provider or Trading Partner in an electronic format for easy storage and search access by such documents.

All file retention schedules will be posted on this page.

To receive summaries of your files, please submit a request to have them mailed to your current address. You will need to provide your contact information and submit a request form. You will need your computer to view and/or download the request form.



Remittance Advice

7 Sections of an RA

Banner Page

- Important messages from DSS or DXC Technology

Claims Information (Paid, Denied, and Adjustments)

- Sorted by claim type and status; reports up to 20 EOB codes per claim

TPL Information

- The primary insurance that is on file for clients whose services appear on the RA

Financial Transactions Processed

- Payouts, Refunds, Account Receivables

RA Summary

- Month-to-day and year-to-day summaries of financial activities, account receivables

EOB Code Descriptions

- Descriptions of the EOB codes that posted to claims on the RA

Claims in Process

- Lists claims that were in suspense when the financial cycle was run

Remittance Advice – Banner Page

REPORT: CRA-BANN-R	interChange MMIS	Date: ##/##/####
RA#: #####	MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE: 1
PROVIDER NAME	PROVIDER REMITTANCE ADVICE	
CHECK/REMITTANCE ADVICE ADDRESS	PROVIDER BANNER MESSAGES	
	PAYEE ID	NPI IF APPLICABLE
	ISSUE DATE	07/11/2017
	TAXONOMY	332R00000X
	P. AVRS ID	00#####

Attention All Providers.
PROVIDER FILE MAINTENANCE: In order to maintain the accuracy and completeness of the Connecticut Medical Assistance Program (CMAP) network, we are requesting all providers update their provider file on a regular basis. The information that you provide is presented in the on-line provider directory at www.ct.gov/husky. Thousands of members statewide rely on the accuracy of this source of information to find a suitable health care provider. Inaccurate addresses, phone numbers, and names may affect a member's ability to contact you. To update your provider profile, the main account administrator can log into their secure web account from the www.ctdssmap.com web site and click on the "Demographic Maintenance" tab. Once on the Demographic Maintenance page, the provider can select from options listed as links below the Demographic Maintenance header panel. For instance, you can update your address* if you happen to move to a new location; all you have to do is click on the "Location Name Address" link, select the address to be updated, click on the "Maintain Address" button to type in the new address and then save your changes. You can also add or remove performing providers to your group practice as applicable by clicking on "Maintain Organization Members". For detailed instructions, please refer to section 10.18 "Provider Demographic Maintenance" in Chapter 10 of the Provider Manual. The chapter is available from the web site www.ctdssmap.com by clicking on "Publications" under Information, scrolling down to Provider Manuals and then clicking on "web Portal/AVRS". You may contact the Provider Assistance Center at 1-800-842-8440 between the hours of 8:00 AM to 5:00 PM Monday through Friday if further assistance is needed in updating the information from your secure web account.
*There are special instructions for PCMH providers and licensed facilities such as hospitals, pharmacies and clinic providers for updating their service location or alternate service location addresses. Please refer to the warning messages on the web pages, as well as Chapter 10 for additional information.

Remittance Advice - Paid Claims

REPORT: CRA-PHPD-R RA#: 6761656		InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID							Date: 07/25/2017 PAGE: 5				
Provider Name Check/Remittance Advice Address									PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		NPI If Applicable 07/25/2017 332B00000X 00#####		
FP	--ICN--	SERVICE DATES		BILLED	ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT	
	--PATIENT NUMBER--	FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	INCOME	AMOUNT	CONTR.	
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING			BILLED	ALLOWED	DETAIL	EOBS			
				FROM	THRU	PROVIDER	AMOUNT	AMOUNT					
CLIENT NAME: SARAH JONES 2217193603441				062117 062117		CLIENT NO.: 00#####	100.00	80.00	0.00	0.00	0.00	80.00	0.00
PL SERV	11	PROC CD V5264	MODIFIERS NU RT	UNITS 1.00	FROM 062117	THRU 062117	PROVIDER NPI	BILLED AMOUNT 100.00	ALLOWED AMOUNT 80.00	DETAIL EOBS 9918			
CLIENT NAME: ESTE SMITH 2217193603457				063017 063017		CLIENT NO.: 00#####	8.63	8.63	0.00	0.00	0.00	8.63	0.00
PL SERV	11	PROC CD V5267	MODIFIERS	UNITS 1.00	FROM 063017	THRU 063017	PROVIDER NPI	BILLED AMOUNT 8.63	ALLOWED AMOUNT 8.63	DETAIL EOBS			

Remittance Advice – Denied Claims

REPORT: CRA-PHDN-R RA#:#####		interchange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED				Date: ##/##/#### PAGE: 41		
--ICN-- --PATIENT NUMBER--		SERVICE DATES FROM THRU	BILLED AMOUNT	DEDUCT AMOUNT	CO-INS AMOUNT	TPL AMOUNT	APPLIED INCOME	CLIENT CONTR.
CLIENT NAME: BRITT BLUE 2217145607816		051917 051917	20.00	0.00	0.00	0.00	0.00	0.00
		CLIENT NO.:00#####						
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU	PROVIDER	BILLED AMOUNT	DETAIL EOBS	
11	V5266		16.00	051917 051917	NPI	20.00	2003	

EOB CODE	EOB CODE DESCRIPTION
1029	ORDERING PROVIDER MISSING WHEN REQUIRED
1038	REFERRING PROVIDER MISSING WHEN REQUIRED
2003	CLIENT INELIGIBLE FOR DATES OF SERVICE.
2100	CLIENT NOT FOUND ON ELIGIBILITY MANAGEMENT SYSTEM.
4070	MODIFIER RESTRICTION FOR PROCEDURE CODE
4250	No reimbursement rule for the associated provider type/provider specialty
4801	PROCEDURE NOT COVERED. CHECK: PRIOR AUTHORIZATION, FTC, REFERRING PROVIDER, QUANTITY RESTRICTIONS
5001	EXACT DUPLICATE OF A PAID CLAIM OR A CLAIM THAT IS CURRENTLY IN PROCESS.
8188	PROVIDER RECOUPED CLAIM
8239	ACA CLIENT TEMP ID REPLACED WITH CMAP ID. NEW CLAIM WILL BE SYSTEMATICALLY GENERATED.
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

Remittance Advice – Claim Adjustments

FP	--ICN--	SERVICE DATES		BILLED	ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT	
PL	SERV	PROC	CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	AMOUNT	AMOUNT	AMOUNT	CONTR.	
REPORT: CRA-PHPD-R RA#: 6761656 Date: ##/##/#### PAGE: 5 InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS													
Provider Name Check/Remittance Advice Address											PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		NPI If Applicable 07/25/2017 332B00000X 00#####
CLIENT NAME: MARK ZEE CLIENT NO.: 00#####													
A						###/###/##	###/###/##		(20.00)	(0.00)	(0.00)	(0.00)	
									(20.00)		(20.00)	(0.00)	
M						###/###/##	###/###/##		10.00	0.00	0.00	0.00	
									10.00		10.00	0.00	
SERVICE DATES RENDERING BILLED AMOUNT ALLOWED AMOUNT 10.00 10.00													
PL	SERV	PROC	CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	AMOUNT	AMOUNT	DETAIL	EOBS	
		11		V5266	10	###/###/##	###/###/##	NPI IF APPLICABLE	10.00	10.00			

Remittance Advice – Final Transactions

REPORT: CRA-PHPD-R
RA#: 6761656

InterChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

Date: ##/##/####
PAGE: 5

Provider Name
Check/Remittance Advice
Address

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

NPI If Applicable
07/25/2017
332B00000X
00#####

-----NON-CLAIM SPECIFIC PAYOUTS-----

TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME	LIAB DATE
--------------------	---------	-------------------	-------------	-----------------------	------------------------	-----------

NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDER

-----REFUNDS FROM PROVIDERS-----

--CCN--	REFUND --AMOUNT--	REASON CODE
---------	-------------------	-------------

NO REFUNDS FROM PROVIDER

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	--BALANCE--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME
5917191002475	07/21/2017	963.20	963.20	963.20	0.00	8400		
5917194002602	07/21/2017	1,814.00	1,814.00	1,814.00	0.00	8400		
5917201004611	07/21/2017	10.00	10.00	10.00	0.00	8400		
5917201005592	07/21/2017	10.00	10.00	10.00	0.00	8400		

-----1099 ADJUSTMENTS-----

Remittance Advice – Summary

REPORT: CRA-PHDN-R RA#:*****	Interchange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE SUMMARY		Date: ##/##/#### PAGE: 41
			PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID
			NPI IF APPLICABLE ##/##/#### 332B00000X 00*****
-----CURRENT CYCLE TOTALS BY FUND PAYER-----			
	---NEW DAY CLAIMS---	---POSITIVE ADJUSTMENTS---	---TOTAL ALL CLAIMS---
	NUMBER PAID AMOUNT	NUMBER PAID AMOUNT	NUMBER PAID AMOUNT
Medicaid	146 13,682.15	1 64.00	147 13,746.15
HUSKY B-3	0 0.00	0 0.00	0 0.00
HUSKY B 1 and 2	0 0.00	0 0.00	0 0.00
CADAP	0 0.00	0 0.00	0 0.00
ConnPACE	0 0.00	0 0.00	0 0.00
SAGA	0 0.00	0 0.00	0 0.00
Charter Oak	0 0.00	0 0.00	0 0.00
MLIA	39 3,393.25	1 18.75	40 3,412.00
Tuberculosis	0 0.00	0 0.00	0 0.00
Family Planning	0 0.00	0 0.00	0 0.00
IHS Facility services	0 0.00	0 0.00	0 0.00
-----CLAIMS DATA-----			
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER
CLAIMS PAID	185	17,075.40	185
POS. CLAIMS ADJUSTMENTS	2	82.75	2
TOTAL CLAIMS PAYMENTS	187	17,158.15	187
CLAIMS DENIED	6		6
CLAIMS IN PROCESS	0		0
			MONTH-TO-DATE AMOUNT
			17,075.40
			82.75
			17,158.15
			YEAR-TO-DATE NUMBER
			1,124
			17
			1,141
			44
			0
			YEAR-TO-DATE AMOUNT
			175,838.92
			2,179.50
			178,018.42
-----EARNINGS DATA-----			
PAYMENTS:			
CLAIMS PAYMENTS	17,158.15		178,018.42
PAYOUTS	0.00		0.00
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(4,168.40)	(4,168.40)	(4,168.40)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)	(8,901.30)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
NET PAYMENT	12,989.75	12,989.75	164,948.72
1099 ADJUSTMENTS	0.00	0.00	0.00
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00)
OTHER FINANCIAL:			
MANUAL PAYOUTS	0.00	0.00	0.00
CHECK VOIDS	(0.00)	(0.00)	(0.00)
NET EARNINGS	12,989.75	12,989.75	164,948.72

Remittance Advice – EOB Code Descriptions

REPORT: CRA-PHDN-R
RA#:#####

InterChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
EOB CODE DESCRIPTIONS

Date: ##/##/####
PAGE: 41

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

NPI IF APPLICABLE
##/##/####
332B00000X
00#####

EOB CODE	EOB CODE DESCRIPTION
1029	ORDERING PROVIDER MISSING WHEN REQUIRED
1038	REFERRING PROVIDER MISSING WHEN REQUIRED
2003	CLIENT INELIGIBLE FOR DATES OF SERVICE.
2100	CLIENT NOT FOUND ON ELIGIBILITY MANAGEMENT SYSTEM.
4070	MODIFIER RESTRICTION FOR PROCEDURE CODE
4250	NO reimbursement rule for the associated provider type/provider specialty
4801	PROCEDURE NOT COVERED. CHECK: PRIOR AUTHORIZATION, FTC, REFERRING PROVIDER, QUANTITY RESTRICTIONS
5001	EXACT DUPLICATE OF A PAID CLAIM OR A CLAIM THAT IS CURRENTLY IN PROCESS.
8188	PROVIDER RECOUPED CLAIM
8239	ACA CLIENT TEMP ID REPLACED WITH CMAP ID. NEW CLAIM WILL BE SYSTEMATICALLY GENERATED.
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

FINANCIAL TRANSACTIONS REASON CODES

RSN CODE	REASON CODE DESCRIPTION
8400	Result of claim adjustment

Web Information- Resources

**Birth to Three Billing and Web Claim Submission
Workshop**

Information – Important Messages

www.ctdssmap.com contains a wealth of information for providers:

- Important Messages
 - Available on the Home page. Also available on the Information page
 - Contains urgent messages that require immediate communication to the provider community as well as links to important information regarding recent/upcoming system changes



Information

Important Messages

[DME Update: Addition of HCPCS A6530 to Provider Bulletin PB16-07](#)

[Attention All Providers: 2015 1099 Tax Forms Issue \(Posted 1/25/2016\)](#)

[Hospital interChange Issues \(Updated 1/13/16\)](#)

[Revised Provider Manual Chapters \(Updated 1/7/16\)](#)

[Attention All Providers: ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis \(Posted 11/13/15\)](#)

[HUSKY Health Primary Care Increased Payments Policy \(Updated 11/10/15\)](#)

[ICD-10 Implementation Information \(Updated 11/1/15\)](#)

[Attention Inpatient Hospital Providers: Present on Admission Indicator Issue \(Updated 10/22/15\)](#)

[Attention 340B Hospital Providers: NDC related Claims Denials \(Updated 10/12/15\)](#)

[Click here for Archived Messages](#)

Remittance Advice

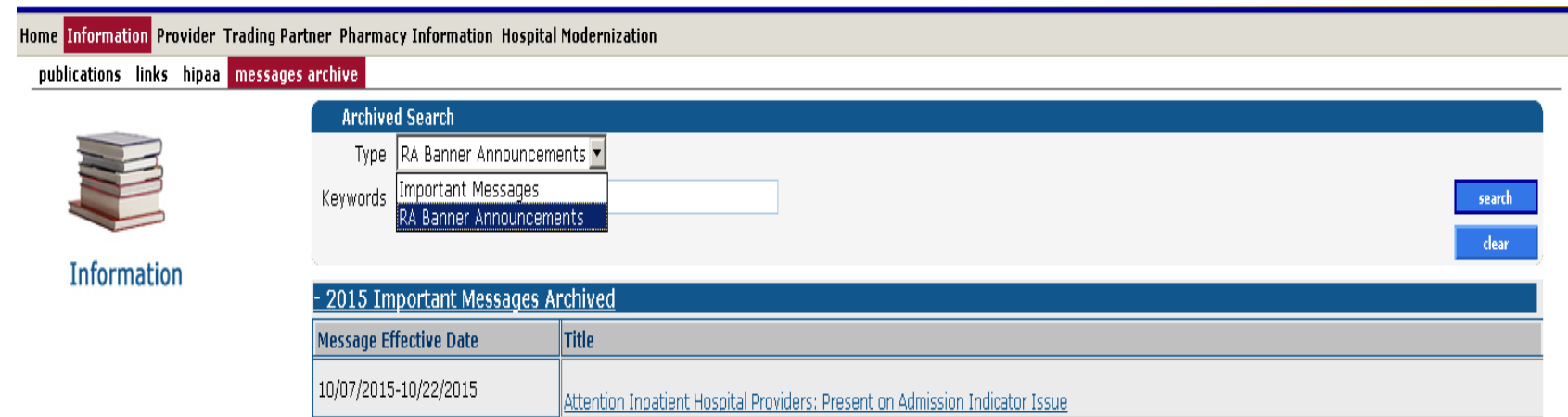
RA Banner Announcements

- Available by selecting the Information tab or clicking on RA Banner Announcements in the Information box on the left hand side of the home page
- Messages originally published for providers on the first page of their remittance advice. Some banner announcements are provider specific and therefore are only sent to the relevant provider types/specialties
- Often published in regards to reprocessed claims; explaining the reasons behind the reprocessing as well as the claim types affected

02/05/2016-02/12/2016	Attention Select Providers	Attention Select Providers. CLAIMS PROCESSING ISSUE: Hewlett Packard Enterprise has identified a claims reprocessing issue where claims originally processed with a temporary ID incorrectly denied when they were reprocessed with the client's true (permanent) 9-digit Connect Medical Assistance Program (CMAP) ID. The denied claims have been identified and reprocessed and will appear on the February 9, 2016 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 27.
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Archive Important Messages and Banner Announcements

- Important Messages and RA Banner Announcements are available on the Home page of the www.ctdssmap.com Web site. Only the most current messages will be posted in the main areas on the Web for a limited time; thereafter, providers will have to retrieve previously published Important Messages and Banner Announcements from messages archive. To access the messages archive page, select messages archive from the Information drop-down menu on the home page.
- RA Banner Announcements and Important Messages dated January 1, 2014 and forward are saved on the Web site and are available for review.

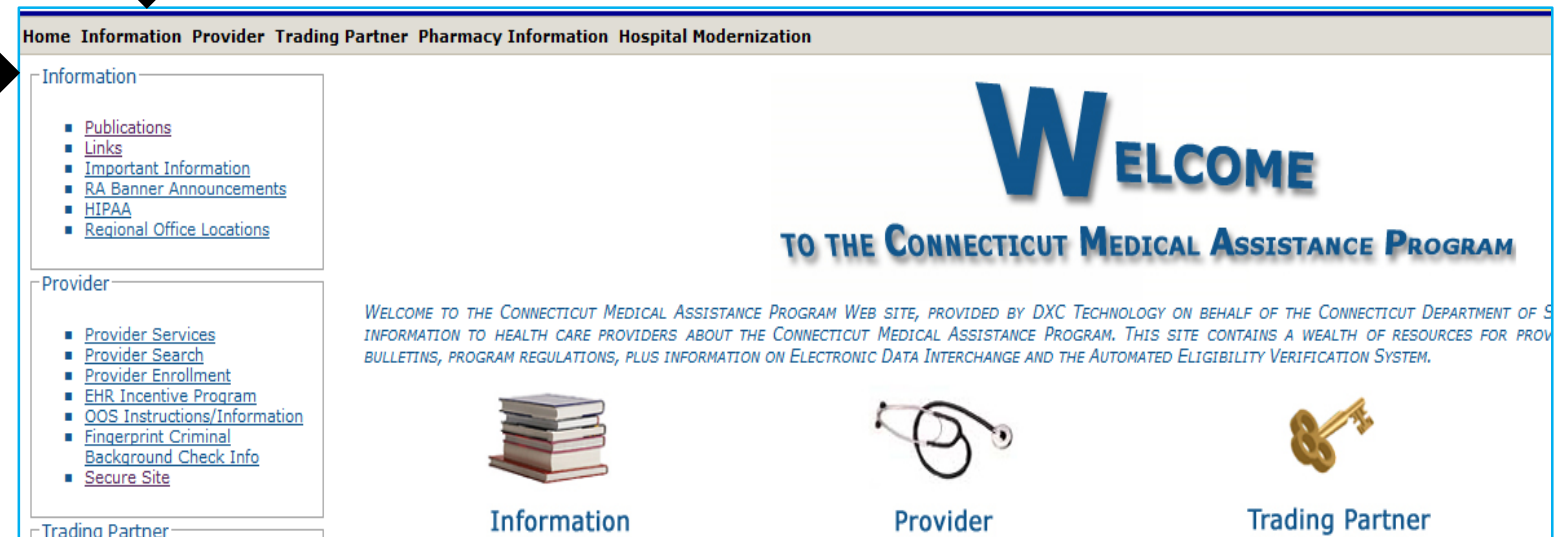
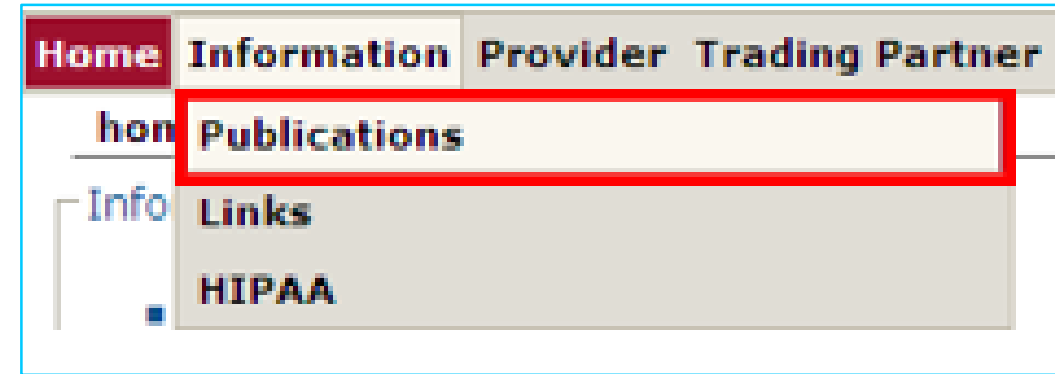


The screenshot shows the website's navigation menu with 'Information' selected. Below the menu is an 'Information' icon and a search section titled 'Archived Search'. The search type is set to 'RA Banner Announcements' and the keywords are 'Important Messages' and 'RA Banner Announcements'. A search button is visible. Below the search section is a table titled '- 2015 Important Messages Archived'.

Message Effective Date	Title
10/07/2015-10/22/2015	Attention Inpatient Hospital Providers: Present on Admission Indicator Issue

Information - Publications

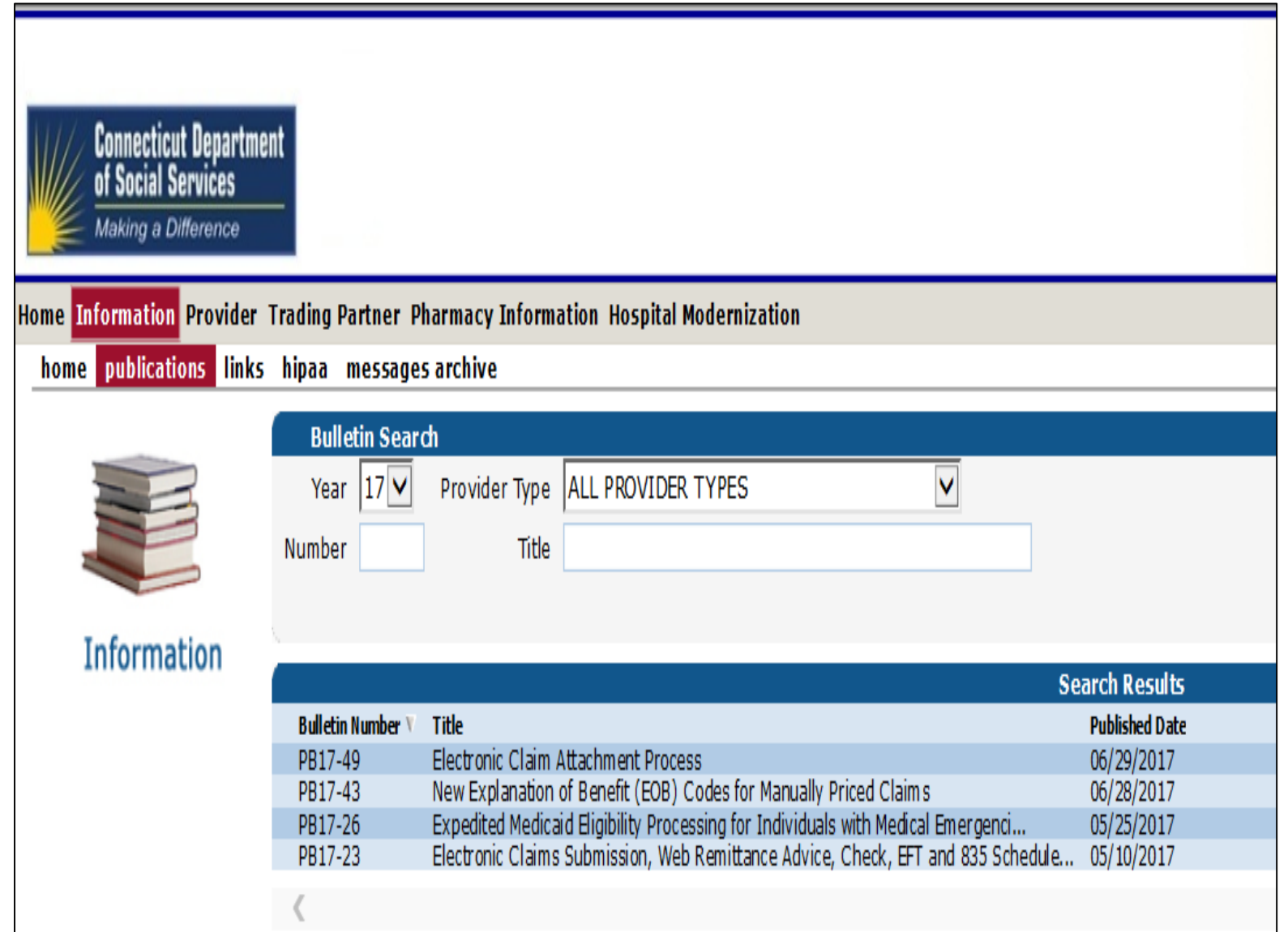
- A majority of the information available on the ctdssmap.com Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left hand side of the home page or from the Information drop-down menu



Information – Provider Bulletins

Provider Bulletins

- Publications posted to all or relevant provider types / specialties documenting changes or updates to the CT Medical Assistance Program
- Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type. The online database of bulletins goes back to the year 2000



The screenshot displays the Connecticut Department of Social Services website. At the top left is the logo for the Connecticut Department of Social Services, featuring a sunburst and the tagline "Making a Difference". Below the logo is a navigation menu with links: Home, Information (highlighted), Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. A secondary navigation bar includes links for home, publications (highlighted), links, hipaa, messages, and archive. The main content area is titled "Bulletin Search" and contains a search form with the following fields: Year (set to 17), Provider Type (set to ALL PROVIDER TYPES), Number, and Title. To the left of the search form is an icon of a stack of books and the word "Information". Below the search form is a "Search Results" table with the following data:

Bulletin Number	Title	Published Date
PB17-49	Electronic Claim Attachment Process	06/29/2017
PB17-43	New Explanation of Benefit (EOB) Codes for Manually Priced Claims	06/28/2017
PB17-26	Expedited Medicaid Eligibility Processing for Individuals with Medical Emergenci...	05/25/2017
PB17-23	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/10/2017

Information – E-mail Subscriptions

Register for E-mail Subscriptions

- Providers MUST register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com
- *For complete E-mail subscription information, please see provider bulletin PB15-23 on the CMAP Web site

The screenshot shows the 'E-Mail Subscriptions' page on the Connecticut Department of Social Services website. The page header includes the department logo and a navigation menu with links like 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. Below the navigation is a breadcrumb trail: 'home > provider enrollment > provider re-enrollment > provider enrollment tracking > provider matrix > provider services > provider search > drug search > provider fee schedule download > ehr incentive program > oos i fingerprint criminal background check info > e-mail subscription > secure site'. The main content area is titled 'E-Mail Subscriptions' and contains three paragraphs of text explaining the registration process, the number of subscriptions per office, and the importance of staying up-to-date. Below the text are three form sections: 'New Subscriber' with 'E-Mail' and 'Confirm E-Mail' fields and a 'Register' button; 'Existing Subscribers' with an 'E-Mail' field and an 'Update' button; and 'Unsubscribe' with an 'E-Mail' field and an 'Unsubscribe' button. On the right side, there is a list titled 'Available Subscriptions' with a scrollable list of provider types, including 'Provider', 'ALL Provider Types', 'Acquired Brain Injury', 'Advance Practice Nurse', 'Autism Spectrum Disorder/Behavior Analysts', 'Autism Waiver', 'BHH/TCM/Waiver Provider', 'Behavioral Health Clinician', 'Birth to Three' (highlighted with a blue box), 'CHC Access Agency', 'CHC Assisted Living', 'CHC PCA Fiduciary', 'CHC Service Providers', 'Certified Nurse Midwife', 'Chiropractor', 'Clinic', 'Community First Choice', 'Community Services', 'DDS Employment and Day Supports', 'DME/Medical Supply Dealer', 'Dental', 'Drug and Alcohol Abuse Center', 'Early Childhood Autism Waiver', 'Extended Care Facility/Long Term Care', 'FQHC - Behavioral Health', 'FQHC - Dental', 'FQHC - Medical & Tribal Svcs Medical', 'Home Health Agency', 'Hospice Agency', 'Hospital', 'Laboratory', 'Local Health Department', 'Mental Health Group Home', 'Mental Health Waiver', 'Naturopath', 'Optical Shop', 'Optician', 'Optometrist', 'Personal Care Services', 'Pharmacy', and 'Physician'.

Information – Provider Manual

Provider Manual

- The Provider Manual is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission
- It is the primary source of information for submitting CMAP claims, prior authorizations, and other related transactions. This manual contains detailed instructions regarding the Program, and should be your first source of information pertaining to policy and procedural questions
- The Provider Manual is divided into twelve (12) chapters
 - Click on the chapter title to open the document (disable pop-up blockers)
 - Chapters 7 and 8 are provider specific – select your provider type from the drop-down menu and click View Chapter to access the chapter
 - Chapter 11 is claim-type specific

Information – Provider Manual

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Information – Provider Manual

Chapter 1 – Introduction

- Provides information on the CT Medical Assistance Program, the Department of Social Services' and DXC Technology's responsibilities and resources

Chapter 2 – Provider Participation Regulations

- Details the CMAP regulations for provider participation

Chapter 3 – Provider Enrollment

- Provides information on provider eligibility in regards to provider enrollment and re-enrollment

Chapter 4 – Client Eligibility

- Provides information regarding client eligibility in the Medical Assistance Program, client eligibility verification, and client third party liability

Chapter 5 – Claim Submission Information

- Provides information on general claims processing, billing requirements and timely filing guidelines

Chapter 6 – EDI Options

- Provides information on electronic claim submission and electronic RAs

Information – Provider Manual

Chapter 7 – Regulations/Program Policy

- This section contains the Medical Services Policy sections that pertain to the chosen provider type

Chapter 8 – Billing Instructions

- Provides information on provider specific billing requirements and instructions

Chapter 9 – Prior Authorization

- Provides information on how to obtain Prior Authorization for designated services

Chapter 10 – Web Portal/Automated Voice Response System (AVRS)

- Provides information on both the AVRS and the Web Portal functions

Chapter 11 – Other Insurance/Medicare Billing Guides

- Provides claim-type specific information on other insurance and Medicare billing

Chapter 12 – Claim Resolution Guide

- Provides descriptions of common EOBs and, if applicable, information to resolve the errors



Information Forms

Forms

- **Claim and Adjustment**
 - Professional CMS 1500 (v02/12) Claim Information
 - Paid Claim Adjustment Request (PCAR)
- **Provider Enrollment/Maintenance**
 - National Provider Identifier (NPI) Submission Form
 - W-9 Form
- **Provider Workshop Invitation**
 - Birth to Three Workshop Invitation

Information – Other

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

Provider Newsletters

- [June 2017 interChange Newsletter](#)
- [March 2017 interChange Newsletter](#)
- [December 2016 interChange Newsletter](#)
- [October 2016 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

Claims Processing Information

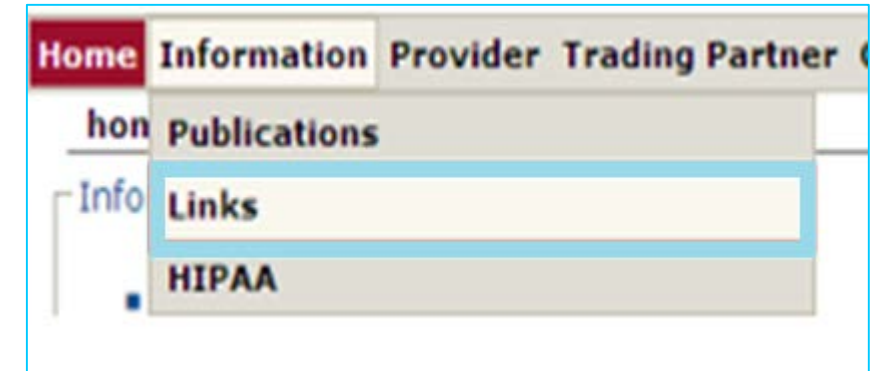
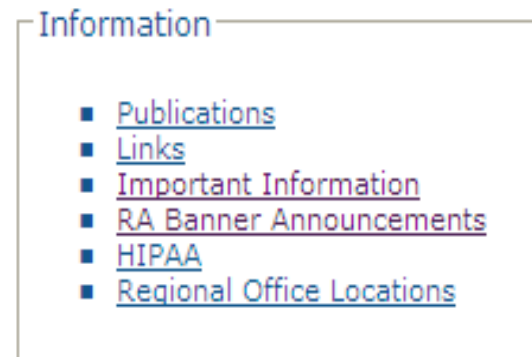
- Guides and FAQs to assist with billing/claims processing

Claims Processing Information

- [Eligibility Response Quick Reference Guide](#)
- [Internet Claims Submission FAQ](#)
- [Hospice Procedure Code Exception List](#)
- [ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis](#)
- [ICN Region Code List](#)
- [CT Medical Assistance Program EOB Crosswalk - Pharmacy and Non-Pharmacy](#)
- [Medically Unlikely Edit \(MUE\) Updates](#)
- [OPR Enrollment FAQ](#)

Information – Links

The Links page (accessible by selecting Links from either the Information box on the left hand side of the home page or from the Information drop-down menu) provides Web links to various relevant sites and resources



State Government Sites

- [State of Connecticut Department of Social Services](#)
- [HUSKY Health - Healthcare for Uninsured Kids and Youth](#)
- [ConnPACE - Connecticut Pharmaceutical Assistance Contract for the Elderly and Disabled](#)

Federal Government Sites

- [Centers for Medicare and Medicaid Services](#)
- [Department of Health and Human Services](#)
- [National Institute of Health](#)

Health Care Provider Organizations

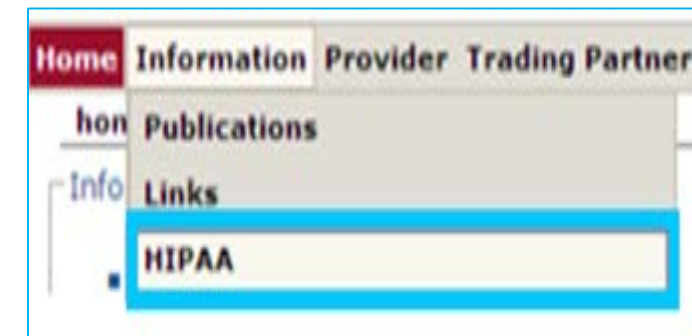
- [American Dental Association](#)
- [American Academy of Pediatrics](#)
- [American Medical Association](#)

Information – HIPAA

The HIPAA information page is accessible by selecting HIPAA from either the Information box on the left hand side of the home page or from the Information drop-down menu.

The HIPAA page provides information regarding:

- HIPAA Mandated Transactions
- Frequently Asked Questions
 - DXC Technology and DSS have compiled a list of common HIPAA-related questions and answers
- Glossary of Terms
 - General definitions and explanations of HIPAA-related terms and acronyms



Fee Schedules

CMAP fee schedules are available for download from the Web site

- Select Provider Fee Schedule Download from the Provider drop-down menu
- You must read and accept the End User License Agreement prior to downloading the fee schedule; click I Accept
- Provider Fee Schedules are listed by provider type and specialty
- Click the corresponding link to download the appropriate fee schedule
- “Fee Schedule instructions” can be accessed at the top of the page after clicking I Accept

***** Click here for the Fee Schedule Instructions *****

Provider Fee Schedule Download

- Acquired Brain Injury Case Management [CSV](#)
- Acquired Brain Injury DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Fiduciary [CSV](#)
- Acquired Brain Injury II DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Service Provider [CSV](#)
- Ambulatory Detoxification [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Clinic and Outpatient Hospital Behavioral Health [CSV](#)
- Clinic - Dialysis [CSV](#)
- Clinic - Family Planning / Abortion [CSV](#)
- Clinic - Medical [CSV](#)
- Clinic - Rehabilitation [CSV](#)
- Community First Choice - Assessments [CSV](#)
- Community First Choice - Services [CSV](#)
- CT Home Care [CSV](#)
- Dental Adult [CSV](#)
- Dental DOS Prior to 09/01/2016 [CSV](#)
- Dental Pediatric [CSV](#)
- Home Health [PDF](#)
- Hospice [CSV](#)
- Hospital DRG Organ Acquisition [PDF](#)
- Hospital Outpatient [CSV](#)
- Independent Audiology and Speech and Language Pathology [CSV](#)
- Independent Physical Therapy and Occupational Therapy [CSV](#)
- Independent Radiology [CSV](#)
- Lab [CSV](#)
- MEDS - DME [CSV](#)
- MEDS-Hearing Aid/Prosthetic Eye [CSV](#)
- MEDS-Medical/Surgical Supplies [CSV](#)
- MEDS-MISC [CSV](#)
- MEDS-Parenteral-Enteral [CSV](#)
- MEDS-Prosthetic/Orthotic [CSV](#)
- Mental Health Waiver [CSV](#)
- Natureopath [PDF](#)
- Optician/Eyeglasses [CSV](#)
- Personal Care Assistant [CSV](#)
- Physician Anesthesia [CSV](#)
- Physician Office and Outpt Services [CSV](#)
- Physician Radiology [CSV](#)
- Physician Surgical [CSV](#)
- Psychologist [CSV](#)
- Special Services [CSV](#)
- Target Case Management Non-Contracted [CSV](#)
- Transportation - Air Ambulance [CSV](#)
- Transportation - Basic/Advanced [CSV](#)
- Transportation - Critical Helicopter [CSV](#)
- Transportation - Non-emergency Medical [CSV](#)
- Transportation - Travel Agent [CSV](#)

Birth to Three [CSV](#)



Provider	Trading Partner	Pharmacy
Provider Enrollment		
Provider Re-Enrollment		
Provider Enrollment Tracking		
Provider Matrix		
Provider Services		
Provider Search		
Drug Search		
Provider Fee Schedule Download		

Contacts

www.ctdssmap.com

Web Portal Overview – Section 2.2

Contacts

DXC Technology Provider Assistance Center (PAC)

- 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
- www.ctdssmap.com ctdssmap-ProviderEmail@dxc.com

DXC Technology Electronic Data Interchange (EDI) Help Desk

- 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays

CHNCT (prior authorizations)

- 1-800-440-5071 – Monday through Friday, 9 a.m. to 7 p.m. (EST)
- www.ct.gov/husky

Public Consulting Group, Inc (PCG)

- Office of Early Childhood (OEC) Birth to Three contractor
- Providers who have enrollment or secure account set-up questions can direct their questions to PCG at the following:
 - e-mail address: connecticutei@pcgus.com
 - PCG Call Center at 1-844-293-0023 between 8 a.m. – 5 p.m. (EST)

Questions/Comments

www.ctdssmap.com

Web Portal Overview – Section 2.3



Thank you.