

# Connecticut Medical Assistance Program



# CHC Service Provider Workshop

Presented by:

The Department of Social Services & HP  
for Billing Providers

# CHC Service Provider Workshop

## *Agenda*

### ➤ **What's New in 2015**

- ✓ Electronic Messaging
- ✓ Re-Enrollment
- ✓ RA in CSV Format
- ✓ Timely Filing Override for claim Adjustments
- ✓ DSS Audit Training
- ✓ Electronic Time Keeping

### ➤ **Connecticut Home Care Program Review**

- ✓ Client Eligibility/Resolution



# CHC Service Provider Workshop

## *Agenda*

### ➤ **Connecticut Home Care Program Review cont.**

- ✓ Care Plan Review
- ✓ Claim Submission Guidelines
- ✓ Monthly Claims Reprocessing
- ✓ Claim Denials, Resolution and Resources

### ➤ **Coming in October 2015**

- ✓ ICD – 10 Implementation – Do you need to comply?

### ➤ **Program Resources**

### ➤ **Time for Questions**



# CHC Service Provider Workshop

## WHAT'S NEW IN 2015 – A REVIEW OF CURRENT CONNECTICUT MEDICAL ASSISTANCE PROGRAM CHANGES.



# CHC Service Provider Workshop

## Program Updates - 2015

### ➤ **Implementation of Electronic Messaging**

- ✓ Effective April 8, 2015 providers may register to receive their publications electronically through a new e-mail subscription function on the Connecticut Medical Assistance Program (CMAP) Website at [www.ctdssmap.com](http://www.ctdssmap.com).
  
- ✓ Provider publications will include, but not limited to:
  - Provider bulletins
  - Provider invitations



# CHC Provider Workshop

## Program Updates - 2015

### ➤ **Implementation of Electronic Messaging cont.**

- ✓ The main account administrator, that maintain Web account capabilities staff that have clerk accounts within the providers office, or other interested parties from your organization may sign up for an e-mail subscription, selecting by provider type or by topic which publication notifications they would like to receive.
- ✓ **Effective June 30, 2015 HP will no longer be mailing provider bulletins or provider invitations.**
- ✓ Providers who choose not to register will need to access the CMAP Web site for any publications that will be published through the electronic information process.

***Reference: PB 2015-23. Issued March 2015.***



# CHC Provider Workshop

## How do I register for E-mail Subscriptions?

- Access the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com).  
From the Home page:
  - Select the quick link titled **Register/Update Email Subscription** from the subscription box on the left side of the page.

Connecticut Department of Social Services  
Making a Difference

Help  
Tuesday, June 09, 2015

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
- Secure Site

Trading Partner

- Trading Partner Enrollment
- Trading Partner Documents
- Provider Electronic Solutions Billing Instructions

Pharmacy

- Pharmacy Information

Email Subscription

- Register/Update Email Subscription

# WELCOME

## TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HP 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

- [Hospital interChange Issues \(Updated 6/10/2015\)](#)
- [Revised Provider Manual Chapters \(Updated 6/1/15\)](#)
- [Electronic Messaging Notification \(Updated 5/13/15\)](#)
- [ICD-10 Implementation Information \(Updated 5/8/15\)](#)

# CHC Provider Workshop

**Clicking on the Register/Update E-mail Subscription link on the Home page brings you to this “E-mail Subscription” page.**



Help  
Monday, February 09, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

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 **e-mail subscription** secure site

## E-Mail Subscriptions

Top ? ↗

Do you want to get the latest information from the Connecticut Medical Assistance Program (CMAP)? Registration is a very quick and simple process! You can register now to receive on-line publications such as provider bulletins, workshop invitations, newsletters, and important messages via email by entering your email address below under "New Subscriber". Once you have entered your email address and confirmed that address, you will be asked to select the type of information you wish to receive (reference list of provider types, trading partner, and topics on the right side of the screen). Once registered, you will receive a confirmation email.

There is no limit on the number of e-mail subscriptions per office! Each provider, member of your office staff, enrollment support staff, etc. can subscribe to receive information via email.

It is important to note that, as of June 1, 2015, the Department of Social Services will no longer send provider bulletins and workshop invitations via the postal service. To ensure that you receive the latest information from CMAP, you must either subscribe to receive this information or review the information posted to [www.ctdssmap.com](http://www.ctdssmap.com) daily to obtain newly published information.

Once you have subscribed, you can modify the type of information you receive at any time by entering your email in the Existing Subscribers box below. You may also unsubscribe at any point in time by entering your email in the Unsubscribe box below.

Click [here](#) to receive detailed instructions on how to newly subscribe, modify an existing subscription, or unsubscribe.

### New Subscriber

E-Mail

Confirm E-Mail

## Available Subscriptions

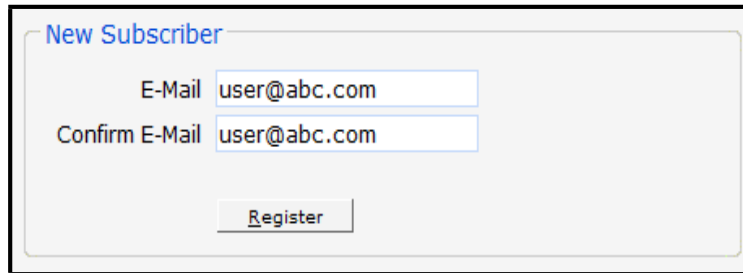
- **Provider**
- ALL Provider Types
- Acquired Brain Injury
- Advance Practice Nurse
- Autism Spectrum Disorder/Behavior Analysts
- Autism Waiver
- Behavioral Health Clinician
- CHC Access Agency
- CHC Assisted Living
- CHC PCA Fiduciary
- CHC Service Providers
- Certified Nurse Midwife
- Chiropractor
- Clinic
- Community First Choice
- Community Services
- DDS Employment and Day Supports
- DME/Medical Supply Dealer
- DMHAS TCM/DDS Billing Provider
- Dental
- Drug and Alcohol Abuse Center
- Early Childhood Autism Waiver
- Extended Care Facility/Long Term Care
- FQHC - Dental
- FQHC - Medical
- FQHC - Mental Health



# CHC Provider Workshop

## New Subscriber

In the “New Subscriber” section, enter the e-mail address to which the subscription(s) is to be sent. Re-enter the email address for confirmation



New Subscriber

E-Mail

Confirm E-Mail

Click **Register**

A confirmation message will be displayed at the top of the page

**The following messages were generated:**

**Message Description**

Registration was successful. Please select one or more service areas to complete your subscription request.

If you receive an error message, correct the error(s) and click **Register** again

# CHC Provider Workshop

*Now that you have successfully registered, you will need to specify the subscriptions that you'd like to receive*

After registering to receive e-mail messages, you will need to indicate the specific areas' messages you would like to receive. In the "Available Subscriptions" section, select the program for which you want to receive messages.

## Available Subscriptions

### ■ Provider

- ALL Provider Types
- Acquired Brain Injury
- Advance Practice Nurse
- Autism Spectrum Disorder/Behavior Analysts
- Autism Waiver

Check the box for the area(s) for which you wish to receive messages

Check the **ALL PROVIDER TYPES** box if you want to receive messages for all the listed areas

At the bottom of the page, click **Save**

**A confirmation message will be displayed at the top of the page**

The following messages were generated:

| Message Description   | Panel                | Field | Row |
|---|----------------------|-------|-----|
| Your subscription has been successfully saved. You will receive a confirmation email shortly. | E-Mail Subscriptions |       |     |

If you receive an error message, correct the error(s) and click **Save** again.

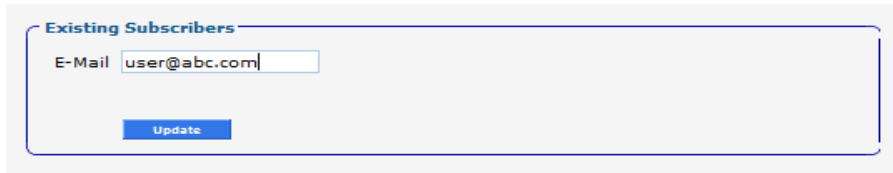


# CHC Provider Workshop

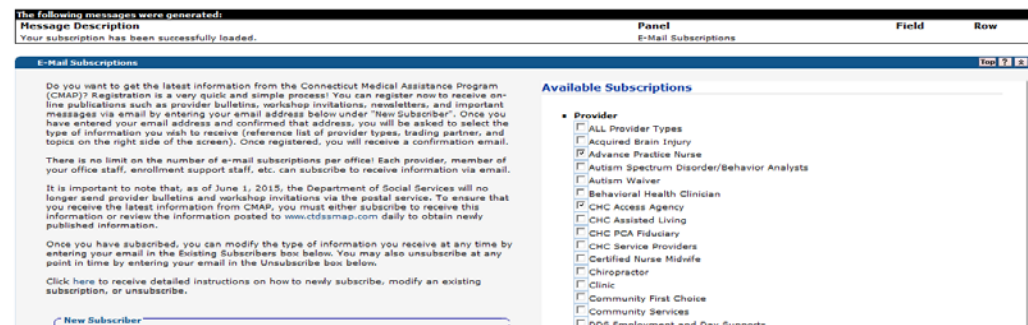
## Changing your Email Subscriptions

To **add** or **delete** an area(s) from your e-mail subscription list, complete the following steps:

- In the “Existing Subscribers” section, enter the e-mail address registered to receive subscription notifications



- Click **Update**
- The “Available Subscriptions” section will display your current subscriptions, make necessary changes then click **Save** at the bottom of the page. A confirmation message will be displayed at the top of the page



The following messages were generated:

| Message Description                             | Panel                | Field | Row |
|---|----------------------|-------|-----|
| Your subscription has been successfully loaded. | E-Mail Subscriptions |       |     |

**E-Mail Subscriptions**

Do you want to get the latest information from the Connecticut Medical Assistance Program (CMAP)? Registration is a very quick and simple process! You can register now to receive on-line publications such as provider bulletins, workshop invitations, newsletters, and important messages via email by entering your email address below under "New Subscriber". Once you have entered your email address and confirmed that address, you will be asked to select the type of information you wish to receive (reference list of provider types, leading partner, and topics on the right side of the screen). Once registered, you will receive a confirmation email.

There is no limit on the number of e-mail subscriptions per office! Each provider, member of your office staff, enrollment support staff, etc. can subscribe to receive information via email.

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Once you have subscribed, you can modify the type of information you receive at any time by entering your email in the Existing Subscribers box below. You may also unsubscribe at any point in time by entering your email in the Unsubscribe box below.

Click here to receive detailed instructions on how to newly subscribe, modify an existing subscription, or unsubscribe.

[New Subscriber](#)

**Available Subscriptions**

- **Provider**
  - ALL Provider Types
  - Acquired Brain Injury
  - Advance Practice Nurse
  - Autism Spectrum Disorder/Behavior Analysts
  - Autism Waiver
  - Behavioral Health Clinician
  - CHC Access Agency
  - CHC Assisted Living
  - CHC PCA Fiduciary
  - CHC Service Providers
  - Certified Nurse Midwife
  - Chiropractor
  - Clinic
  - Community First Choice
  - Community Services
  - DDS Enrollment and Dev. Supports

If you receive an error message, correct the error(s) and click **Save** again



# CHC Provider Workshop

## Unsubscribe from Email Subscriptions

To be **removed** from the e-mail subscription list, complete the following steps:

- In the “Unsubscribe” section, enter the registered e-mail address to be removed from the e-mail subscription list.

A screenshot of a web form titled "Unsubscribe". The form has a light gray background and a blue border. At the top left, the word "Unsubscribe" is written in blue. Below it, there is a label "E-Mail" followed by a text input field containing the email address "user@abc.com". At the bottom left of the form, there is a blue button with the text "Unsubscribe" in white.

Click **Unsubscribe**.

A confirmation message will be displayed at the top of the page

**The following messages were generated:**

**Message Description**

The email address has been removed as requested.

If you receive an error message, correct the error(s) and click **Unsubscribe** again

# CHC Provider Workshop

## Program Updates - 2015

### ➤ Updated Provider Re-enrollment Notification and Process

- Re-enrollment for “CHC Service Providers” will occur **every two (2) years**.
- Re-enrollment notices will now be mailed **six (6) months** in advance of a provider’s re-enrollment due date.
- Providers with a an **enrollment due date beginning 3/1/15** and forward will be impacted by this change.
- Providers logged into their secure Web account can now **view their re-enrollment due date on the home page**.
- When it is time to re-enroll, providers will receive notification from HP with an **Application Tracking Number**.



# CHC Provider Workshop

## Program Updates - 2015

### ➤ Updated Provider Re-enrollment Notification and Process

- To **re-enroll**, providers will go to the **www.ctdssmap.com Web site** and **select “Provider Re-enrollment”** from the drop down **“Provider”** menu.
- Providers will enter the **ATN** provided and their **NPI or AVRS ID**. The **ATN expedites the re-enrollment process** by allowing the provider **access to prior enrollment data**.
- Providers should **carefully review the data for accuracy**, making changes as applicable **before submitting their re-enrollment application**.



# CHC Provider Workshop

## Program Updates - 2015

### ➤ **Updated Provider Re-enrollment Notification and Process**

- ✓ Providers **must re-credential** with the DSS CHC Fiduciary, **Allied Community Resources**.
- ✓ Allied will issue the provider a **re-credentialing letter** that must be **submitted to HP's Provider Enrollment Unit before the provider can be re-enrolled**.

***As the enrollment process takes several weeks to complete, re-enroll early to avoid disenrollment which will have an impact on your claim submission!***

**Reference : PB -2013-25. Issued May 2013**

**PB-2014-52. Issued July 2014.**



# CHC Provider Workshop

## Program Updates – 2015 RA in CSV Format

| A           | B         | C                | D                 | E                  | F             | G      | H                  | I           | J           | K          | L             | M             | N              | O        | P        | Q        | R        | S     | T          |
|-------------|-----------|------------------|-------------------|--------------------|---------------|--------|--------------------|-------------|-------------|------------|---------------|---------------|----------------|----------|----------|----------|----------|-------|------------|
| Provider ID | Client ID | Client Last Name | Client First Name | Client Acct Number | ICN           | Status | Paid Date (MMDDYY) | Header FDOS | Header TDOS | Detail Num | FDOS (MMDDYY) | TDOS (MMDDYY) | Procedure Code | Modifier | Modifier | Modifier | Modifier | Units | Billed Amt |
| 008000000   | 001000000 | WHITE            | SNOW              | C000000            | 2200000000000 | PAID   | 033115             | 010815      | 011415      | 1          | 010815        | 010815        | 1214Z          |          |          |          |          | 1     | 150        |
| 008000000   | 001000000 | WHITE            | SNOW              | C000000            | 2200000000000 | PAID   | 033115             | 010815      | 011415      | 2          | 010915        | 010915        | 1214Z          |          |          |          |          | 1     | 300        |

| U          | V        | W           | X           | Y           | Z    | AA   | AB   | AC                 | AD           | AE      | AF        | AG             | AH        | AI            | AJ                 | AK         |
|------------|----------|-------------|-------------|-------------|------|------|------|--------------------|--------------|---------|-----------|----------------|-----------|---------------|--------------------|------------|
| Allowed Am | Paid Amt | Header EOB1 | Header EOB2 | Header EOB3 | EOB1 | EOB2 | EOB3 | Medical Record Num | Adj Xref ICN | TPL Amt | Co-Pay Ar | Applied Income | Client Co | Facility Type | Rendering Provider | Fund Payer |
| 4.08       | 4.08     | 2100        | 0           | 0           | 9918 | 0    | 0    |                    |              |         | 0         | 0              | 0         | 0 12          | 008021185          | 1          |
| 4.08       | 4.08     | 2100        | 0           | 0           | 9918 | 0    | 0    |                    |              |         | 0         | 0              | 0         | 0 12          | 008021185          | 1          |



# CHC Provider Workshop

## Program Updates – 2015

### ➤ RA in CSV Format

- ✓ Effective with the April 28, 2015 Remittance Advice (RA) Providers under the Connecticut Home Care Program are now able to receive their RA in the CSV format.
- ✓ The RA in the CSV format can be obtained via the provider's secure Web account. From the provider's secure Web account Home page, select Trade Files>Download >From the Transaction Type drop-down, select CSV> click search.
- ✓ Providers are reminded that the Web File retention is the same as that of the PDF RA.
  - CSV Files will remain on the Web for a period of five (5) months.



# CHC Service Provider Workshop

## Program Updates - 2015

- **Timely filing changes to claim adjustments**
- ✓ Effective **June 2, 2015** when a **claim adjustment** is submitted to **pay the same or less** than the original claim, DSS has approved the **bypass of timely filing** edits for claims with a date of service or last paid date over the timely filing limit (one year).
- ✓ **Providers may now submit** these types of **adjustments** via the **web** or **837** adjustment transaction.
- ✓ **Providers no longer need to:**
  - Submit paper Paid Claim Adjustment Forms (**PCARS**) for these adjustments.
  - Submit a **check to** give back an overpayment



# CHC Provider Workshop

## Program Updates - 2015

### ➤ **Provider Audit Trainings**

- ✓ The Department of Social Services (DSS) extended an invitation to CHC Service Providers to attend an audit training on June 3, 2015.
  - Free training to help providers improve their compliance with Medicaid requirements under state and federal law.
- ✓ Providers who were unable to attend can view an introduction to audit protocols and an overview of the audit process via the <http://www.ct.gov/dss/auditprotocols> then clicking on the link for Homecare audit protocols

*Reference: PB 2015-32*

### **Electronic Time Keeping**

- DSS issued bulletin:
  - ✓ clarifying the use of electronic time keeping
  - ✓ DSS criteria for the use of electronic time keeping systems

***Reference: PB 2015-28. Issued April 2015.***



# CHC Service Provider Workshop

## DETERMINING AND RESOLVING ELIGIBILITY ISSUES



# CHC Service Provider Workshop

## Access to Secure Web Account

CONNECTICUT DEPARTMENT  
OF SOCIAL SERVICES

-- Caring for Connecticut --

Help

Friday, March 28, 2014

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

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### 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](#)
- [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 HP 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

# CHC Service Provider Workshop

## Access to Secure Web Account

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Friday, March 28, 2014

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[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 instructions/information](#) [secure site](#)

### 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.

[setup account](#)

User ID\*

Password\*

[login](#)

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

[reset password](#)



# CHC Service Provider Workshop

## Web Access

### 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 ConnPACE Pharmacy Information Claims **Eligibility** Prior Authorization Trade Files MAPIR Messages Account

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

Valid Search Combinations

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

Eligibility Response Quick Reference Guide

| Eligibility Verification Request |                      |                     |  |
|----------------------------------|----------------------|---------------------|--|
| Client ID                        | <input type="text"/> | last name           | DOE <input type="text"/>                       |
| SSN                              | 666-55-4444          | First Name, MI      | JOHN <input type="text"/> <input type="text"/> |
| Birth Date                       | <input type="text"/> | From DOS*           | 09/01/2014                                     |
| Service Type Code 1              | <input type="text"/> | To DOS*             | 09/30/2014                                     |
| Service Type Code 2              | <input type="text"/> | 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"/> |                     |  |
|                                  |                      |                     | <input type="button" value="search"/>          |
|                                  |                      |                     | <input type="button" value="clear"/>           |

**\*\*When entering a full name as part of your search, a middle initial is required if present in their CMAP profile\*\***



# ELIGIBILITY VERIFICATION

## Benefit Plans eligible for CHC coverage with services required to be in the Care Plan:

➤ **CHC Waiver Benefit Plans** – *(Medical and non-medical services for elder and disabled clients in the CHC Program are covered under any of the benefit plans indicated in the list below. As long as the client is eligible for one of the plans, there is no change in services covered when the client moves from one plan to another).*

- ✓ **1915C** CHC 1915i Case Managed Clients
- ✓ **1915S** CHC 1915i Self Directed Clients
- ✓ **CBCMD** CHC Program for Disabled Adults Community Based
- ✓ **CBCMF** CHC Community Based Case Managed Waiver
- ✓ **CBCMS** CHC Community Based Case Managed State Funded
- ✓ **SDIRF** CHC Self Directed Waiver
- ✓ **SDIRS** CHC Self Directed State Funded

**Note: Clients enrolled in a HUSKY A or C benefit plan only are not eligible for non-medical CHC services.**

- HUSKY A
- HUSKY C

\*\*For more information refer to section **4.4 Internet Web Site Portal Eligibility** in the **Chapter 4-Client Eligibility** provider manual located at [www.ctdssmap.com](http://www.ctdssmap.com).\*\*



# CHC Service Provider Workshop

## Determining and Resolving Eligibility Issues

### Client Eligibility cont.

#### ✓ Resources:

- The Alternate Care Unit at DSS should be notified of an eligibility issue when a client begins service so action can be taken to resolve the eligibility issue as soon as possible. Providers who identify an eligibility issue at the time of service should send an encrypted email to [alternateCare.dss@ct.gov](mailto:alternateCare.dss@ct.gov).

The client's name, client ID and the date service began or is scheduled to begin should be provided. Place the words "CHC Client Eligibility Issue" in the subject line of the email.

- Providers who identify an eligibility issue upon claim denial should contact the DSS Alternate Care Unit as noted above. To avoid further claim denial, check eligibility before resubmitting claim.



# CHC Service Provider Workshop

## VIEWING AND UNDERSTANDING THE CARE PLAN



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan – Prior Authorization Inquiry

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OF SOCIAL SERVICES

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Friday, March 28, 2014

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

home **account home** account maintenance account setup change password **Prior Authorization Search** profile maintenance reset password log out

Care Plan

Welcome, P008021184

Provider ID: 008021184 MCD

Provider AVRS ID: 008021184

Zip Code: 06032 - 1254

Your R.A.s, or 835 transactions, are being sent to:

Your download page in the Trade Files menu option.

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)
- [ACA Ordering/Prescribing/Referring Provider List](#)

Global Messages

\*\*\* No rows found \*\*\*

Secure Mailbox

\*\*\* No rows found \*\*\*

Home CT.gov Home Site Map About Us Feedback



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan – Prior Authorization Inquiry

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES**  
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Help  
Monday, March 31, 2014

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

home **prior authorization search** care plan

Quick Link

- Web Guide - Prior Authorization Search

Provider 008021184 MCD

### Prior Authorization Search

Client ID

Prior Authorization

Client Name

PA Assignment

Requested Eff Date

PA Assign - Sub

Requested End Date

Procedure  [ Search ]

Authorized Eff Date

Revenue Code  [ Search ]

Authorized End Date

Proc/Mod List

Records 20



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

The search results by client shows multiple PAs and services authorized.

**Note:** Search results can include PAs' authorized by procedure code, procedure code with modifier, procedure code lists and proc/mod lists. For ease in viewing, data can be sorted by clicking on the desired sort field, until a triangle appears. Click on the triangle to sort in ascending or descending order.

| Search Results      |           |                           |                     |                  |                    |                             |                    |                              |                 |           |       |       |       |       |         |                   |                     |                      |                     |
|---------------------|-----------|---------------------------|---------------------|------------------|--------------------|-----------------------------|--------------------|------------------------------|-----------------|-----------|-------|-------|-------|-------|---------|-------------------|---------------------|----------------------|---------------------|
| Prior Authorization | Line Item | Authorized Effective date | Authorized End date | Authorized Units | Authorized Dollars | Authorized Status           | Determination Date | PA Assignment                | PA Assign - Sub | Procedure | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Revenue | Proc/Mod NDC List | Procedure Code List | Frequency            |                     |
| 2014084034          | 01        | 04/04/2014                | 04/04/2014          | 12               | \$0.00             | Auto Approved for Care Plan | 0                  | Home Care Program for Elders | Initial         | 1210Z     | U2    | TT    |       |       |         |                   |                     | 12 Per Calendar Week |                     |
| 2014084038          | 01        | 04/13/2014                | 05/03/2014          | 15               | \$0.00             | Approved                    | 03/25/2014         | Home Care Program for Elders | Initial         |           |       |       |       |       |         |                   | 970                 | 5 Per Calendar Week  |                     |
| 2014084040          | 01        | 04/13/2014                | 05/03/2014          | 6                | \$0.00             | Approved                    | 03/25/2014         | Home Care Program for Elders | Initial         |           |       |       |       |       |         |                   | AD                  | 2 Per Calendar Week  |                     |
| 2014084036          | 01        | 04/01/2014                | 04/12/2014          | 6                | \$0.00             | Approved                    | 03/25/2014         | Home Care Program for Elders | Initial         |           |       |       |       |       |         |                   | ML                  | 3 Per Calendar Week  |                     |
| 2014084032          | 01        | 04/01/2014                | 04/12/2014          | 80               | \$0.00             | Auto Approved for Care Plan | 0                  | Home Care Program for Elders | Initial         | 1210Z     |       |       |       |       |         |                   |                     | 40 Per Calendar Week |                     |
| 2014084039          | 01        | 04/13/2014                | 05/03/2014          | 15               | \$0.00             | Approved                    | 03/25/2014         | Home Care Program for Elders | Initial         |           |       |       |       |       |         |                   |                     | 971                  | 5 Per Calendar Week |
| 2014084041          | 01        | 04/13/2014                | 05/03/2014          | 15               | \$0.00             | Approved                    | 03/25/2014         | Home Care Program for Elders | Initial         |           |       |       |       |       |         |                   | ML                  | 5 Per Calendar Week  |                     |
| 2014084033          | 01        | 04/03/2014                | 04/03/2014          | 8                | \$0.00             | Auto Approved for Care Plan | 0                  | Home Care Program for Elders | Initial         | 1210Z     | U2    |       |       |       |         |                   |                     | 8 Per Calendar Week  |                     |
| 2014084035          | 01        | 04/01/2014                | 04/12/2014          | 10               | \$0.00             | Auto Approved for Care Plan | 0                  | Home Care Program for Elders | Initial         | 1220Z     |       |       |       |       |         |                   |                     | 5 Per Calendar Week  |                     |



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

Authorized services are for a companion one time only service to a subsequent client with billing codes **1210Z U2 TT** for **12 units = 3 hours** of authorized service with an **effective/end date of 4/4/2014**.

| Line Item |                 |                   |                  |                    |                             |                |       |       |       |       |                     |               |              |                   |
|-----------|-----------------|-------------------|------------------|--------------------|-----------------------------|----------------|-------|-------|-------|-------|---------------------|---------------|--------------|-------------------|
| 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 |
| 01        | 12.000          | \$0.00            | 12.000           | \$0.00             | Auto Approved for Care Plan | 1210Z          | U2    | TT    |       |       |                     |               |              |                   |

Type changes below.

Line Item 01

Service Type Code\* Procedure Code  [ Search ] COMPANION SERVICE - AGENCY

Mod 1  [ Search ]

Mod 2  [ Search ]

Mod 3  [ Search ]

Mod 4  [ Search ]

Revenue Code/List  [ Search ]  [ Search ]

Proc/Mod List

Procedure Code List

Requested Eff./End Dates\*

Requested Units/Dollars\*

Tooth  [ Search ]

Quad  [ Search ]

Tooth Surface 1  [ Search ]

Tooth Surface 2  [ Search ]

Tooth Surface 3  [ Search ]

Tooth Surface 4  [ Search ]

Tooth Surface 5  [ Search ]

Authorized Units/Dollars

Authorized Eff./End Dates

Used Units/Dollars

Available Units/Dollars

Frequency

NDC  [ Search ]

Status Auto Approved for Care

Notes

\*\*\* No rows found \*\*\*



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

This PA for meal service is authorized with **Procedure Code list 970** which includes billing procedure codes **1218Z, 1220Z and 1221Z**. The services relating to these codes can be provided interchangeably up to the units authorized, unless otherwise indicated in the notes by the care manager.

| Line Item |                 |                   |                  |                    |          |                |       |       |       |       |                     |               |              |                   |
|-----------|-----------------|-------------------|------------------|--------------------|----------|----------------|-------|-------|-------|-------|---------------------|---------------|--------------|-------------------|
| 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 |
| 01        | 15.000          | \$0.00            | 15.000           | \$0.00             | Approved |                |       |       |       |       | 970                 |               |              |                   |

Type changes below.

Line Item 01

Service Type Code\* Procedure Code

Procedure Code [ Search ]

Mod 1 [ Search ]

Mod 2 [ Search ]

Mod 3 [ Search ]

Mod 4 [ Search ]

Revenue Code/List [ Search ] [ Search ]

Proc/Mod List

Procedure Code List 970 Meals -CHC

Requested Eff./End Dates\* 04/13/2014 05/03/2014

Requested Units/Dollars\* 15.000 \$0.00

Tooth [ Search ]

Quad [ Search ]

Tooth Surface 1 [ Search ]

Tooth Surface 2 [ Search ]

Tooth Surface 3 [ Search ]

Tooth Surface 4 [ Search ]

Tooth Surface 5 [ Search ]

Authorized Units/Dollars 15.000 \$0.00

Authorized Eff./End Dates 04/13/2014 05/03/2014

Used Units/Dollars 0 \$0.00

Available Units/Dollars 15 \$0.00

Frequency 5 Per Calendar Week

NDC [ Search ]

Status Approved

Notes

\*\*\* No rows found \*\*\*



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

This PA for meal one time only services is authorized with a **Procedure Code/Modifier list ML**. The **Proc/Mod list ML** includes the same procedure codes as in **list code 970** with an added U2 modifier designating the service as one time only. The services relating to these codes can be provided interchangeably up to the units authorized, unless otherwise indicated in the notes by the care manager.

| Line Item |                 |                   |                  |                    |          |                |       |       |       |       |                     |               |              |                   |
|-----------|-----------------|-------------------|------------------|--------------------|----------|----------------|-------|-------|-------|-------|---------------------|---------------|--------------|-------------------|
| 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 |
| 01        | 15.000          | \$0.00            | 15.000           | \$0.00             | Approved |                |       |       |       |       |                     | ML            |              |                   |

Type changes below.

Line Item 01

Service Type Code\* Procedure/Mod List

Procedure Code [ Search ]

Mod 1 [ Search ]

Mod 2 [ Search ]

Mod 3 [ Search ]

Mod 4 [ Search ]

Revenue Code/List [ Search ] [ Search ]

Proc/Mod List ML Meals - 1 Time Only

Procedure Code List

Requested Eff./End Dates\* 04/13/2014 05/03/2014

Requested Units/Dollars\* 15.000 \$0.00

NDC [ Search ]

Status Approved

|                           |                     |            |
|---------------------------|---------------------|------------|
| Authorized Units/Dollars  | 15.000              | \$0.00     |
| Authorized Eff./End Dates | 04/13/2014          | 05/03/2014 |
| Used Units/Dollars        | 0                   | \$0.00     |
| Available Units/Dollars   | 15                  | \$0.00     |
| Frequency                 | 5 Per Calendar Week |            |

Notes

\*\*\* No rows found \*\*\*



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

A “**list code**,” when **authorized** will appear **on** the **PA**. However, Providers **must bill** the **procedure code or procedure code/modifier** for the service provided.

**Reminder:** Contact the care manager, if reimbursement for the service to be provided is greater than the procedure code on the service order.

| Meals                         | List Code = 970 (on care plan)            |
|-------------------------------|---|
| <b>Description of Service</b> | <b>Procedure Code</b> (on claim)          |
| Single Meal                   | 1218Z                                     |
| Double Meal                   | 1220Z                                     |
| Kosher Meal                   | 1221Z                                     |
| Meals - One Time Only         | List Code = ML (on care plan)             |
| <b>Description of Service</b> | <b>Procedure Code/Modifier</b> (on claim) |
| Single Meal - One Time Only   | 1218Z U2                                  |
| Double Meal – One Time Only   | 1220Z U2                                  |
| Kosher Meal – One Time Only   | 1221Z U2                                  |



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

This PA authorizes Adult Day Care services using **Procedure Code List 971**, which includes procedure codes **1200Z, 1201Z and 1202Z**. Services relating to these codes can be provided interchangeably up to the units authorized of **5 per week from 4/13-5/3/2014**, unless otherwise indicated in the notes by the care manager.

| Line Item |                 |                   |                  |                    |          |                |       |       |       |       |                     |               |     |              |                   |
|-----------|-----------------|-------------------|------------------|--------------------|----------|----------------|-------|-------|-------|-------|---------------------|---------------|-----|--------------|-------------------|
| 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 | NDC | Revenue Code | Revenue Code List |
| 01        | 15.000          | \$0.00            | 15.000           | \$0.00             | Approved |                |       |       |       |       | 971                 |               |     |              |                   |

Type changes below.

Line Item 01

Service Type Code\* Procedure Code

Procedure Code [ Search ]

Mod 1 [ Search ]

Mod 2 [ Search ]

Mod 3 [ Search ]

Mod 4 [ Search ]

Revenue Code/List [ Search ] [ Search ]

Proc/Mod List [ Search ]

Procedure Code List 971 Adult Day Care - CHC

Requested Eff./End Dates\* 04/13/2014 05/03/2014

Requested Units/Dollars\* 15.000 \$0.00

Tooth [ Search ]

Quad [ Search ]

Tooth Surface 1 [ Search ]

Tooth Surface 2 [ Search ]

Tooth Surface 3 [ Search ]

Tooth Surface 4 [ Search ]

Tooth Surface 5 [ Search ]

Authorized Units/Dollars 15.000 \$0.00

Authorized Eff./End Dates 04/13/2014 05/03/2014

Used Units/Dollars 0 \$0.00

Available Units/Dollars 15 \$0.00

Frequency 5 Per Calendar Week

NDC [ Search ]

Status Approved



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

Note the components of this PA for one time only Adult Day Care services authorized under **Proc/Mod list AD**. This Proc/Mod list includes the same procedure codes as in **list code 971** with an added U2 modifier designating the service as one time only. The services relating to these codes can be provided interchangeably up to **2 units** allowed per week between **4/13-5/3/2014**, unless otherwise indicated in the care plan notes.

| Line Item                 |                                 |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
|---------------------------|---------------------------------|-------------------|----------------------|--------------------|----------|----------------|-------|-------|-------|-------|---------------------|---------------|----------------------|--------------|--------------------------|---------------------------|----------------------|------------|
| 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 | NDC                  | Revenue Code | Revenue Code List        |                           |                      |            |
| 01                        | 6.000                           | \$0.00            | 6.000                | \$0.00             | Approved |                |       |       |       |       |                     | AD            |                      |              |                          |                           |                      |            |
| Type changes below.       |                                 |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| Line Item                 | 01                              |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| Service Type Code*        | Procedure/Mod List              |                   |                      |                    |          |                |       |       |       |       |                     | Tooth         | <input type="text"/> | [ Search ]   | Authorized Units/Dollars | 6.000                     | \$0.00               |            |
| Procedure Code            | <input type="text"/>            | [ Search ]        | <input type="text"/> |                    |          |                |       |       |       |       |                     |               |                      |              |                          | Authorized Eff./End Dates | 04/13/2014           | 05/03/2014 |
| Mod 1                     | <input type="text"/>            | [ Search ]        |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          | Used Units/Dollars        | 0                    | \$0.00     |
| Mod 2                     | <input type="text"/>            | [ Search ]        |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          | Available Units/Dollars   | 6                    | \$0.00     |
| Mod 3                     | <input type="text"/>            | [ Search ]        |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          | Frequency                 | 2 Per Calendar Week  |            |
| Mod 4                     | <input type="text"/>            | [ Search ]        |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| Revenue Code/List         | <input type="text"/>            | [ Search ]        | <input type="text"/> | [ Search ]         |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| Proc/Mod List             | AD Adult Day Care - 1 Time Only |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| Procedure Code List       |                                 |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| Requested Eff./End Dates* | 04/13/2014                      | 05/03/2014        |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          | NDC                       | <input type="text"/> | [ Search ] |
| Requested Units/Dollars*  | 6.000                           | \$0.00            |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          | Status                    | Approved             |            |
| Notes                     |                                 |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |
| *** No rows found ***     |                                 |                   |                      |                    |          |                |       |       |       |       |                     |               |                      |              |                          |                           |                      |            |



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

A “**list code,**” when **authorized** will appear **on the care plan**. However, Providers **must bill** the **procedure code or procedure code/modifier** for the service provided.

**Reminder:** Contact the care manager, if reimbursement for the service to be provided is greater than the procedure code on the service order.

| Adult Day Care                       | List Code = 971 (on care plan)            |
|--------------------------------------|---|
| <b>Description of Service</b>        | <b>Procedure Code</b> (on claim)          |
| Full Day - Non-Medical               | 1200Z                                     |
| Full Day - Medical                   | 1201Z                                     |
| Half Day                             | 1202Z                                     |
| Adult Day Care - One Time Only       | List Code = AD (on care plan)             |
| <b>Description of Service</b>        | <b>Procedure Code/Modifier</b> (on claim) |
| Full Day - Non-Medical One Time Only | 1200Z U2                                  |
| Full Day - Medical One Time Only     | 1201Z U2                                  |
| Half Day – One - Time Only           | 1202Z U2                                  |



# CHC Service Provider Workshop

## Program Enhancements – April 2014 cont.

### Adult Family Living/Foster Care Procedure Code list and Procedure Code/Modifier Code List.

| Adult Family Living/Foster Care                 |                              | List Code = 972<br>(on care plan) |
|---|------------------------------|-----------------------------------|
| Description of Service                          | Procedure Code<br>(on claim) |                                   |
| Level 1   | S5140                        |                                   |
| Level 2   | 5140X                        |                                   |
| Level 3   | 5140Y                        |                                   |
| Level 4   | 5140Z                        |                                   |
| Adult Family Living/Foster Care – One Time Only |                              | List Code = FF<br>(on care plan)  |
| Description of Service                          | Procedure Code<br>(on claim) |                                   |
| Level 1 - One Time Only                         | S5140 U2                     |                                   |
| Level 2 - One Time Only                         | 5140X U2                     |                                   |
| Level 3 - One Time Only                         | 5140Y U2                     |                                   |
| Level 4 - One Time Only                         | 5140Z U2                     |                                   |



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

### ➤ **Modifiers used in the Connecticut Home Care Program include:**

✓ Modifier **U2 - One Time Only Services** can be used to authorize:

- Additional units needed on a day service is provided
- Another day of service in an existing care plan
- An additional frequency to an existing service

• The U2 Modifier can be authorized for all **non-medical services** except:

- |                             |                              |
|-----------------------------|------------------------------|
| • Highly Skilled Chore      | Minor Home Modifications     |
| • PERS Service Installation | Two-way PERS-ongoing service |
| • Assistive Technologies    | Care Management              |



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

### ➤ **Modifiers used in the Connecticut Home Care Program cont.**

- ✓ Modifier **TT - Subsequent Client** can be used to authorize:
  - Service for an additional client residing in the home of a client already receiving the same service.
  - No procedure code restrictions
  - If authorized:
    - The **TT** modifier must be associated to the procedure code on the care plan/PA



# CHC Service Provider Workshop

Viewing and Understanding the Care Plan – Prior Authorization Review

## ➤ **Non-Medical Connecticut Home Care Services may be authorized by:**

- ✓ Procedure Code – code authorized must be billed on the claim
- ✓ Procedure Code with modifier(s) – code and all modifiers authorized must be billed on the claim
- ✓ Procedure Code(s) List – any combination of the codes on the list may be billed up to the number of units authorized.
- ✓ Procedure Code/Modifier(s) List – any combination of the codes with associated modifier(s) on the list may be billed up to the number of units authorized.



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan – PA Inquiry

### Points to remember when viewing the client's Service Order/Prior Authorization on your secure Web Account:

- The procedure code, modifiers, from and through dates of service, units and frequency should match:
  - ✓ the paper service order or
  - ✓ the service order noted in the notes section of the PA on your secure Web account (Access Agency Upload of Service Orders)

Note: Discrepancies should be reported to the Access Agency



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan – PA Inquiry cont.

- **Codes Authorized on the care plan are not always the codes to be billed on the claim.** Providers should refer to the procedure code crosswalk for billing codes associated to codes authorized on the (PA).
  - **If a Procedure Code or Procedure Code Modifier List is authorized, providers should:**
    - ✓ Refer to the Procedure Code Crosswalk for billing codes and unit increments associated to the Procedure Code List or Procedure Code Modifier List authorized.
      - Codes associated to the list can be billed interchangeably, based on the service provided, up to the units authorized within the frequency, unless otherwise indicated by the care manager as documented on the service order.
      - If the procedure code on the service order is of a lessor reimbursement value than the service being provided from the code list, the provider must contact the care manager unless otherwise indicated in the external notes on the PA.



# CHC Service Provider Workshop

## Viewing and Understanding the Care Plan

- **CHCPE Procedure Code Crosswalk** –A list of non-medical procedure codes, and procedure code modifier lists with associated procedure codes/modifiers that can be authorized under the Connecticut Home Care Program.
- Providers should access the **CHCPE Procedure Code Crosswalk** for the following information:
  - ✓ A list of procedure codes and procedure code/modifier combinations authorized under a procedure code/modifier list
  - ✓ Service descriptions
  - ✓ Unit increments
  - ✓ Provider who can be authorized to bill the service
  - ✓ If service can be spanned when consecutive dates of service are performed (N/A for home health services)
  - ✓ Frequency of service
  - ✓ Care Plan limitations (When PA is required by DSS or Value Options)
  - ✓ Funding Source that covers the service



# Home Health Agency Provider Workshop

## Claim Submission Points to Remember

- **CHCPE Procedure Code Crosswalk** – can be obtained on the [www.ctdssmap.com](http://www.ctdssmap.com) Website.
  - ✓ From the Home page > publications > provider manuals > chapter 8 CHC Provider Manual > Claim Submission Instructions > field 24d.



# CHC Service Provider Workshop

## CLAIM SUBMISSION GUIDELINES



# CHC Service Provider Workshop

## Access to Claim Submission

The screenshot shows the homepage of the Connecticut Department of Social Services' website for the Connecticut Medical Assistance Program. The header includes the department's name and logo, the date 'Monday, March 31, 2014', and a 'Help' link. A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. The 'Claims' link is highlighted with a red box, and a dropdown menu is open, with 'Professional' also highlighted in red. The main content area features a large 'WELCOME' message and a list of categories: Information, Provider, Trading Partner, and Pharmacy, each with an icon and a list of sub-links. The 'Information' category includes links for Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. The 'Provider' category includes links for Provider Services, Provider Search, Provider Enrollment, EHR Incentive Program, OOS Instructions/Information, and Secure Site. The 'Trading Partner' category includes links for Trading Partner Enrollment, Trading Partner Documents, and Provider Electronic Solutions Billing Instructions. The 'Pharmacy' category includes a link for Pharmacy. The footer contains an 'Important Messages' section.

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
-- Caring for Connecticut --

Help  
Monday, March 31, 2014

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

home site map about us

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
- Secure Site

Trading Partner

- Trading Partner Enrollment
- Trading Partner Documents
- Provider Electronic Solutions Billing Instructions

**Claims**

- Claim Inquiry**
- Professional**
- Institutional
- Dental
- Claim History for Specific Services

**WELCOME**  
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HP 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



# CHC Service Provider Workshop

## Access to Claim Submission



**CONNECTICUT DEPARTMENT  
OF SOCIAL SERVICES**  
*-- Caring for Connecticut --*

Hel  
Monday, March 31, 201

Home Information Provider Trading Partner Pharmacy Information **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](#)


### Professional Claim

|                       |                                 |                    |                      |
|-----------------------|---------------------------------|--------------------|----------------------|
| ICN                   | <input type="text"/>            | From Date          | <input type="text"/> |
| Provider ID           | 008021184 MCD                   | To Date            | <input type="text"/> |
| AVRS ID               | 008021184                       | Admission Date     | <input type="text"/> |
| Client ID*            | <input type="text"/>            | EPSDT Referral     | <input type="text"/> |
| Last Name             | <input type="text"/>            | Total Charges      | \$0.00               |
| First Name, MI        | <input type="text"/>            | Total Paid         | \$0.00               |
| Date of Birth         | <input type="text"/>            | TPL Amount         | \$0.00               |
| Patient Account #     | <input type="text"/>            | CoPay Amount       | \$0.00               |
| Medical Record Number | <input type="text"/>            | Medicare Crossover | No                   |
| Referring Physician   | <input type="text"/> [ Search ] | 837 Version        | 5010                 |
| Accident Related      | No                              | Accident Date      | <input type="text"/> |



# CHC Service Provider Workshop

## Access to Claim Submission



**CONNECTICUT DEPARTMENT  
OF SOCIAL SERVICES**  
*-- Caring for Connecticut --*

Help

Monday, March 31, 2014

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

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

### Claim Search 008021184 MCD

|                                    |                      |                         |                          |
|------------------------------------|----------------------|-------------------------|--------------------------|
| ICN                                | <input type="text"/> | Claim Type              | <input type="text"/>     |
| Client ID                          | <input type="text"/> | Status                  | <input type="text"/>     |
| TCN                                | <input type="text"/> | FDate Paid              | <input type="text"/>     |
| FDOS                               | <input type="text"/> | TDate Paid              | <input type="text"/>     |
| TDOS                               | <input type="text"/> | Pending Claims          | <input type="checkbox"/> |
| Prescription No<br>(Pharmacy Only) | <input type="text"/> | Exclude Adjusted Claims | <input type="checkbox"/> |
|                                    |                      | Records                 | 20 <input type="text"/>  |

To submit a new claim from an existing one enter ICN or client ID and From/To Date of Service. Click search. If multiple claim results click on the claim to open, scroll to the bottom of the claim and click copy.

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# CHC Service Provider Workshop

## Claim Submission Points to Remember

### □ Accessing claims for inquiry or new submission

- Log in under your correct secure Web account
- Your Local Administrator must give you access/permission for Claim Submission Inquiry (Chapter 10, section 9 of the provider manual)
  - If you don't have access, you will not be able to view the Claim tab when logging in to your secure Web account.
- When accessing claims click on the claim tab and select claim inquiry or Professional (first claim for new client) and click search.
- Perform a claim inquiry by entering at minimum:
  - The claim ICN
  - Client ID
    - Narrow your search using:
      - From/To dates of service (note: search cannot exceed 90 days)
      - Claim status
- Click Search



# CHC Service Provider Workshop

## Claim Submission Points to Remember

### ➤ Procedure Codes

- The **Code billed** must be on the PA and must be the **same** as what is **on the paper service order or notes section on the PA**, when service is authorized by procedure code or procedure code with Modifier
  - ❖ Example: If service authorized is **1214Z U2** then **1214Z U2** must be billed on the claim.

### ➤ Procedure Code List or Procedure Code Modifier List

- The **List code** on the PA should not be submitted on the claim. Submit a procedure code associated with the list code for the service provided on the claim. Refer to the Procedure Code Crosswalk for codes associated to the code list on the PA.
  - ❖ Example: If **list code 970** is on the care plan, then **1218Z**, **1220Z** or **1221Z** may be billed, depending on the service provided.
  - ❖ Example: If **list code ML** is on the care plan, then **1218Z U2**, **1220Z U2** or **1221Z U2** may be billed, depending on the service provided.

**Reminder:** Alpha characters are case sensitive and must be submitted in upper case on both the care plan and on the claim.



# CHC Service Provider Workshop

## Claim Submission – Spanning Dates

**Dates of service** can only be **spanned** for non-medical services submitted in the professional claim format when service is provided on **consecutive dates** which span the **from and through** dates of service on the claim detail.

**Spanned dates of service cannot exceed the frequency** (weekly or monthly) for the service as noted on the care plan/PA. *For example, if the chore service is to be provided 6 hours per week on consecutive days such as Monday through Wednesday for 2 hours per day for a total of 24 units, the span dates of service must begin on the Monday of the calendar week in which the service was performed and end on the Wednesday of the same calendar week for a total of 24 units.*

**Spanned dates of service cannot span multiple line details on the care plan.** *For example, in the example above a onetime only of an additional 4 hours on Thursday is needed for the above week. If the 4 additional hours on Thursday are added as an additional line detail on the PA, the services for Thursday, even though they are consecutive with the regular weekly services, must be billed on a separate line detail.*



# Home Health Agency Provider Workshop

## CT HOME CARE PROGRAM FOR ELDERLY (CHCPE) REVIEW – MONTHLY CLAIMS PROCESSING



# CHC Service Provider Workshop

## CHCPE Monthly Claims Reprocessing

### **Systematic Monthly Claims Reprocessing to:**

- Sync paid claims to the appropriate PA/PA line detail once care plan changes have been made by the Access Agency such as:
  - End dating and restarting a care plan due to periods of hospitalization.
  - Increasing or decreasing services.
  - End dating a care plan when the client leaves the Agency's service.



# CHC Service Provider Workshop

## CHCPE Monthly Claims Reprocessing cont.

### Systematic Monthly Reprocessing

- In the first cycle of each month, HP will recoup (void) all paid claims impacted by the Access Agency changes made two months prior (Region 52 claims = a voided claim).
- In the same cycle HP will reprocess, deny and/or pay claims posting to the correct PA/PA line detail (Region 24 claims = a new day claim).

For example: **changes made to PAs in May 2015** by the Access Agency will result in claims being **voided** (region 52) and **reprocessed** (region 24) in **the first cycle of July 2015**.

**Note:** Region = the first two digits of the claim Internal Control Number (ICN).



# CHC Service Provider Workshop

CHCPE Monthly Claims Reprocessing cont.

## Impact to Provider Remittance Advice ( Paper RA)

- If there is a financial impact (Change in \$ amount up or down) between the voided claim (**region 52**) and the reprocessed claim (**region 24**):
  - ❖ Providers will see in the adjustment section of their RA
    - ✓ The previously paid claim ICN (**Region 20, 22, 59, 10** etc.).
    - ✓ Recouped/Voided claim ICN (**Region 52**).
      - **EOB Code 8236** – Claim was recouped due to PA change.



# CHC Service Provider Workshop

## Monthly Claim Reprocessing Due to PA Changes Made by Access Agency – Claim Recouped

REPORT: CRA-PHAD-R  
RA#:

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
CMS 1500 CLAIM ADJUSTMENTS

Date: 10/15/201  
PAGE: 33

Home Care Agency  
555 Any ST  
Somewhere, CT 00000-0000

PAYEE ID  
ISSUE DATE 10/15/201  
TAXONOMY -----  
P. AVRS ID

| 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. |
|         |                    | SERVICE DATES RENDERING |       |        |         |          | BILLED | ALLOWED |        |         |        |        |
| PL SERV | PROC CD            | MODIFIERS               | UNITS | FROM   | THRU    | PROVIDER | AMOUNT | AMOUNT  | DETAIL | EOBS    |        |        |

CLIENT NAME: Sally Client

CLIENT NO.: 0000000000

|              |               |        |        |          |         |  |        |  |        |        |         |        |
|--------------|---------------|--------|--------|----------|---------|--|--------|--|--------|--------|---------|--------|
| 1            | 2200000000000 | 060314 | 061214 | (116.16) |         |  | (0.00) |  | (0.00) | (0.00) | (0.00)  | (0.00) |
|              |               |        |        |          | (58.08) |  | (0.00) |  | (0.00) |        | (58.08) |        |
| 1            | 5200000000000 | 060314 | 061214 | 116.16   |         |  | 0.00   |  | 0.00   | 0.00   | 0.00    | 0.00   |
|              |               |        |        |          | 0.00    |  | 0.00   |  | 0.00   |        | 0.00    |        |
| HEADER EOBS: |               | 8236   |        |          |         |  |        |  |        |        |         |        |



# CHC Service Provider Workshop

CHCPE Monthly Claims Reprocessing cont.

## Impact to Provider Remittance Advice ( Paper RA)

- A new claim will be systematically created. Providers will see the new day claim on their RA :
  - Claim ICN (**Region 24**) in the paid/denied section of the RA.
  - **EOB Code 8238** – Claim Systematically Reprocessed Due to a PA/Service Order Change.

**NOTE:** If the reprocessed region 24 claim pays the same as the recouped region 52 claim, neither claim will appear on the RA.



# CHC Service Provider Workshop

## Monthly Claim Reprocessing Due to PA Changes – Claim Reprocessed and appears on RA (paid amount region 24 claim greater than amount recouped – region 52 claim)

REPORT: CRA-PHPD-R interChange MMIS Date: 10/15/2014  
 RA#: MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 2  
 PROVIDER REMITTANCE ADVICE  
 CMS 1500 CLAIMS PAID

Home Care Agency  
 555 Any ST  
 Somewhere, CT00000-0000

PAYEE ID  
 ISSUE DATE 10/15/2014  
 TAXONOMY -----  
 P. AVRS ID

| 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. |

|                           |                         |               |          |        |       |      |      |      |       |    |  |
|---------------------------|-------------------------|---------------|----------|--------|-------|------|------|------|-------|----|--|
| CLIENT NAME: Sally Client | CLIENT NO.:             |               |          |        |       |      |      |      |       |    |  |
| 060214 061214             | 116.16                  | 75.00         | 0.00     | 0.00   | 0.00  | 0.00 | 0.00 | 0.00 | 75.00 | 0. |  |
| 2400000000000             |                         |               |          |        |       |      |      |      |       |    |  |
| Header EOB: 8238          |                         |               |          |        |       |      |      |      |       |    |  |
|                           | SERVICE DATES RENDERING | BILLED        | ALLOWED  |        |       |      |      |      |       |    |  |
|                           | AMOUNT                  | AMOUNT        | AMOUNT   | DETAIL | EOBS  |      |      |      |       |    |  |
| PL SERV PROC CD MODIFIERS | UNITS                   | FROM THRU     | PROVIDER |        |       |      |      |      |       |    |  |
| 12 1210Z                  | 20                      | 060214 061214 | MCD      | 116.16 | 75.00 |      |      |      |       |    |  |



# CHC Service Provider Workshop

CHCPE Monthly Claims Reprocessing cont.

## Impact to Provider's Secure Web Portal – Claim Inquiry

➤ Regardless of the financial impact (more, less or no \$ change):

- All **region 52** and **region 24** claims will appear on the provider's secure web account
- **Region 24** claims with no financial impact (i.e. region 24 claims paid the same as voided region 52 claims) will appear on the web with:
  - **EOB code 8237** – Claim Systematically Reprocessed Due to PA Change-Information Only.

**Note: These claims will not appear on the provider's RA**



# CHC Service Provider Workshop

CHCPE Monthly Claims Reprocessing cont.

## Impact to Provider's Secure Web Portal – PA Inquiry

- Region **24 claims** identify a change made to the care plan/PA.
- Region **24 claims** with **EOB Code 8238** – Claim Systematically Reprocessed Due to a PA/Service Order Change confirms there has been a change which has:
  - ✓ **Positively** or **negatively** impacted you financially.
  - ✓ May continue to impact you financially in the future.
- Providers should investigate reprocessed claims with a **negative** impact to determine if:
  - ✓ Providing appropriate level of service currently authorized.
  - ✓ Current service order matches the PA on their secure web account.  
Report discrepancies to the Access Agency.



# CHC Service Provider Workshop

CHCPE Monthly Claims Reprocessing cont.

## Impact to Provider's Secure Web Portal – PA Inquiry cont.

- A PA may show negative units available, if the changes made by the Access Agency reduce the frequency number or date span to less than the total units paid on claims currently associated to the PA.
- For example:
  - PA authorized for 20 units per week for 4 weeks = 80 units authorized and available.
  - Claims are paid against the PA = 40 units used
  - Access Agency changes the PA to 10 units a week for 2 weeks = 20 units authorized and available.
  - Until claims are recouped and reprocessed, the PA will show 20 units available – 40 used = (20) negative units



# CHC Service Provider Workshop

CHCPE Monthly Claims Reprocessing cont.

## Impact to Provider's Secure Web Portal – PA Inquiry cont.

- Negative units indicate potential detail/claim denial when claims are voided and reprocessed, unless another service order is created that will allow the claims to be paid.
- To reduce the denial of claims processing against a PA with negative units, during the implementation of these changes:
  - HP is requesting providers **stop submitting claim adjustments** that will process against these PAs.



# Home Health Agency Provider Workshop

## CLAIM DENIALS, RESOLUTION AND RESOURCES



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### ➤ **Claim Denials due to Client Eligibility**

#### ✓ **Denial Reasons:**

- **EOB 2003** - Client Ineligible for dates of service
- **EOB 4021** - Procedure Billed is not a Covered Service under the Client's Benefit Plan. (If this is the only EOB that sets on the claim, the client does not have CHC. If any other EOB is on the claim, take action on the other EOB and disregard EOB 4021).

#### ✓ **Resolution:**

- Client eligibility file needs to be updated with a CHC benefit plan or change in the effective dates of eligibility.



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### ➤ Claim Denials Related to Care Plan/PA Issues

#### ✓ Denial Reasons:

- **EOB 3015** – CHC Care Plan Required
- **EOB 3016** -Service not Authorized on the CHC Care Plan
- **EOB 5015** - Units exceed the frequency units authorized on the care plan
- **EOB 3003** -Prior Authorization is required for payment of the service (units for the service are exhausted)



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### ➤ Claim Denials Related to Care Plan/PA Issues cont.

#### ✓ Resolution:

- **EOB 3015** - A care plan must be created by the Access Agency and uploaded to the HP system.
- **EOB 3016** - A service denied for not on care plan must be added by the Access Agency to the Care plan.
- **EOB 5151** - Units of service must be added to the frequency of an existing PA by the Access Agency.
- **EOB 3003** - Units of service must be added by the Access Agency to an existing PA that is currently exhausted.



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### ➤ Claim Denials Related to Care Plan/PA Issues cont.

#### ✓ Resources:

- Care Mangers create service orders and enter them in the Access Agencies Care Management System.
- The Access Agency is responsible for uploading initial care plans and changes to care plans to HP, in Prior Authorization format, within seven (7) days of issuing the service order.
- If the provider **has a service order** and a **PA for the service order cannot be found by doing a PA inquiry via the provider's secure Web account** within **seven (7) days** of receipt of the service order, the provider should contact the applicable Access Agency as noted in the following contact information:



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### Access Agency Contact Information

- **Connecticut Community Care Inc. (CCCI)** has communicated a special e-mail address to their service providers. Providers with care plan issues, who service clients with service orders from CCCI, are encouraged to submit their issues to the following e-mail address:

**[serviceauthissues@ctcommunitycare.org](mailto:serviceauthissues@ctcommunitycare.org)**.

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



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### Access Agency Contact Information

- **Western Connecticut Area on Aging (WCAA)** - Providers with care plan issues who service clients with service orders from WCAA should contact WCAA directly at **(203)465-1000**.
- ✓ **Please have the following information available when contacting WCAA:** client name, the client EMS number, the type of service (SNV, homemaker, MOW, etc.), the dates of service, the frequency of service and the number of units or hours per visit.



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### Access Agency Contact Information

➤ **South Western Connecticut Area on Aging (SWCAA)** - Providers with care plan issues who service clients with service orders from SWCCA should contact SWCAA Operations at [SWCAABillings@swcaa.org](mailto:SWCAABillings@swcaa.org).

✓ **Please have the following information available when contacting SWCAA:** client name, the client EMS number, the type of service (SNV, homemaker, MOW, etc.), the dates of service, the frequency of service and the number of units or hours per visit.



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### Access Agency Contact Information

**Agency on Aging of South Central Connecticut (AASCC)** - has communicated via e-mail to their service providers that they have set up a special contact e-mail address and telephone number. Providers who service clients with service orders from AASCC who have questions can direct their inquiries to: **pcaldwell@aoascc.org**.

**For those companies that do not have secure e-mail, please fax your service order inquiries to (203)752-3064, Attention: Peggy Caldwell** or contact her directly at (203)752-2947. Due to the high volume of inquiries AASCC requests your primary source of communication to them be by e-mail or fax.



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### Department of Social Services Contact Information

- **Department of Social Services (DSS)** – For Self Directed clients on the CHCPE Program, please **contact Amy Dumont directly via e-mail at amy.dumont@ct.gov.**



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

- Claim Denials Related to Care Plan/PA Issues cont.
  - ✓ Care plans or changes to care plans that are not viewable via the provider's secure Web portal within seven (7) days of issuance may be the result of the Access Agency experiencing an upload issue to HP due to:
    - Service overlaps
  - ✓ These types of upload issues take time to resolve so it is important to confirm service order requests or changes have been uploaded as soon as possible to avoid unnecessary claim denials or further delay in prior authorization upload.

**Note: If a client is eligible under a CHC benefit plan, a care plan for the services to be billed must be in place for both Medical and non-medical services or the claim will deny.**



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### ➤ Claim Denials Due to Provider Error

✓ Claim denials due to

- **EOB 3016-** Service not covered under CHC care plan

- May be the result of provider error due to:

- Incorrect procedure code billed

- Failure to communicate a change in service to the care manager.

- Example: PCA overnight **1022Z** services are authorized, the service can not be completed. Before the provider can bill the code for an incomplete shift, **3022Z**, the care manager must be notified and **3022Z** must be uploaded to the HP system. Until this occurs any claim submitted for **3022Z** will deny.



# CHC Service Provider Workshop

## Claim Denials, Resolution and Resources

### ➤ Provider Error cont.

✓ Claim denials due to:

- **EOB 3003**- Prior Authorization is required for payment of this service or

- **EOB 5151**- Units exceed frequency units on CHC care plan

May also be the result of provider over service or keying errors when entering units of service.

✓ Claim denials due to:

- **EOB 4140**- The service submitted is not covered under the client's benefit plan.

May be the result of submitting non-medical services under the provider's Home Health provider number.



# CHC Service Provider Workshop

## Claim Denials and Resolution

### EOB 749 - Modifier U2 not allowed

#### **Cause:**

If the claim is submitted with a U2 modifier for one of the following services:

Highly Skilled Chore

Minor Home Modifications

PERS Service Installation

Two-way PERS-ongoing service

Assistive Technologies

Care Management

#### **Resolution:**

Claim must be resubmitted without the U2 modifier.



# CHC Service Provider Workshop

## Program Basics for Successful Claim Submission

- **Check client eligibility on clients coming on service.**
  - Contact DSS Alternate Care unit immediately with clients who are not eligible for a CHC benefit at [AlternateCare.dss@ct.gov](mailto:AlternateCare.dss@ct.gov).
  - Be sure to include requested data to expedite the process
  - Set up a periodic check system to determine when the client is eligible so claims may be submitted, if applicable.
  - Note: most issues of client ineligibility are resolved within a few days of notification.



# CHC Service Provider Workshop

## Program Basics for Successful Claim Submission

- **Check the client's care plan (PA)** to be sure the services you have been requested to provide have been authorized.
  - ✓ Review the care plan carefully to ensure all services to be provided are on the initial care plan/PA.
  - ✓ Report discrepancies to the appropriate Access Agency immediately.
  - ✓ Review the care plan when you are notified of changes to be sure the services you are being requested to provide are on the care plan/PA.



# CHC Service Provider Workshop

## Program Basics for Successful Claim Submission

### ➤ Claim submission review

- Prior to submitting claims be sure services provided match service authorized and services to be billed.
- ✓ Identify discrepancies early to avoid over service or potential billing errors which may cause claims to deny such as:
  - Exceeding units on a claim frequency.
  - Omission of a modifier on a claim detail(s).
  - Spanning dates of service across frequencies or PA line details.



# CHC Service Provider Workshop

## Program Basics for Successful Claim Submission

### ➤ **Claim submission review**

- Submit claims electronically and/or via the web rather than on paper to:

- Minimize claim submission time by:

- ✓ Copying a prior paid claim, especially when billing for like services, minimizes changes needed for resubmission
- ✓ Spanning dates of service on a single line detail when the same service is performed on consecutive dates reduces key strokes and the number of details on a claim.

Example: a homemaker service for 10 units on Mon, Tues, Wed can be billed on a single line detail such as 10/7/14 to 10/9/14 1214Z for 30 units.

- Maximize reimbursement time
- Reduce claim errors due to poorly aligned claim data fields



# CHC Service Provider Workshop

## Program Basics for Successful Claim Submission

### ➤ Claims Resolution

- ✓ Reconcile claims as entered via the web or leave time before claim cycle cutoff to correct and resubmit.
- ✓ Submit eligibility issues not already addressed to DSS Alternate Care unit.
- ✓ Submit care plan discrepancies not already addressed to Access Agency.
- ✓ Reconcile RA for the current cycle before receiving next RA to identify problems early to avoid major reimbursement issues.
  - Refer to list of EOB code descriptions at the end of the RA to determine reason(s) for denial.
  - Use Claim Resolution Guide (**Chapter 12** of Provider Manual) to determine the cause of a denial and its resolution.
  - Use Claim Submission **Chapter 8** for CHC Providers to determine claim resolution.
  - Contact HP Call Center with issues you cannot resolve.



# CHC Provider Workshop

## WHAT'S COMING IN 2015 - OTHER PROGRAM INFORMATION CHANGES AND UPDATES



# CHC Provider Workshop

## Other Program Information and Updates - 2015

### ➤ Implementation of ICD-10 Code Sets

- ✓ New compliance date for ICD-10 Implementation is **October 1, 2015**.
- ✓ Impact to both **HUSKY** and **CHC Home Health** claims with dates of service **October 1, 2015** forward. **CHC non-medical providers are not required to bill with a diagnosis code**. However, non-medical claims that are billed with a diagnosis code on or after October 1, 2015, must comply with the ICD-10 diagnosis requirements.
- ✓ Important claim impacts include:
  - Claims must be billed with all **codes from the same code set** (ICD-9 or ICD-10) **based on the date of service**.
  - **Global 837 transactions** require **ICD-10 Code Set** be submitted with the appropriate **ICD-10 Code Qualifiers**.



# CHC Provider Workshop

## Other Program Information and Updates - 2015

### ➤ Implementation of ICD-10 Code Sets cont.

#### ✓ **Global Web Claim** changes require:

- Providers to select the **Code Set for Diagnosis tab** and select either ICD- 9 or ICD-10 Code Set from a drop down list.
- Providers will also have to select the Code Set on the **Cause of Injury** and **Reason for Visit diagnosis tabs**.

#### ✓ **CMS Paper Claim** changes require:

- Revised **version (02/12)** of the claim form will be used.
- **Field 21 Diagnosis or Nature of Injury** – Provider must enter the applicable ICD indicator to identify which version of the ICD codes is being reported.
- **Field 24E Diagnosis Pointer** – Providers must enter the diagnosis code reference letter (pointer).



# CHC Provider Workshop

## Other Program Information and Updates - 2015

- **Implementation of ICD-10 Code Sets cont.**
- **ICD-10 Related Explanation of Benefit (EOB) Codes for all Claim Types:**
  - ✓ **485** Diagnosis codes must be all same code set.
  - ✓ **492** ICD-9 diagnosis code qualifiers after ICD-10 implementation date.
  - ✓ **4027** Diagnosis not covered for date of service.
  - ✓ **4039** The primary diagnosis code is not covered.

A list of applicable ICD-10 related EOB codes will be maintained in the ICD-10 Important Message posted on the [www.ctdssmap.com](http://www.ctdssmap.com) Home page.

**Reference :** PB-14-20 (April 2014)

PB-15-xx (June 2015)



# CHC Provider Workshop

## ICD-10 Implementation Important Message



### ICD-10 Information

- [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- [CMAP Glossary](#)
- [ICD-10 Frequently Asked Questions \(FAQs\)](#)



Subscribe to Email Notices

## ICD-10 Information

**UPDATE:** The US Department of Health and Human Services (HHS) has mandated the replacement of the ICD-9-CM code sets used by medical coders and billers to report healthcare diagnoses and procedures with ICD-10 codes, effective October 1, 2015.

Check this page frequently - it contains pertinent and useful information about the implementation of the International Classification of Diseases, Tenth Revision (ICD-10). The CMAP ICD-10 team updates this page regularly.



## ICD-10 Provider Readiness Survey

Click on the link below to participate in the current Provider Readiness Survey.  
[Provider Readiness Survey](#)

## ICD-10 News

[Sign up for CMS ICD-10 Industry Email Updates](#)

On August 6, 2013, the National Uniform Claim Committee (NUCC) approved the transition timeline for the [1500 Health Insurance Claim Form \(version 02/12\)](#), also known as the CMS-1500 claim form. Please see the bulletin below for additional details:  
[CMS 1500 Form \(version 02/12\)](#)

### Quick Links

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Eligibility Response Quick Reference Guide](#)

### Provider Assistance Center

- toll free at 1-800-842-8440
- 1-866-604-3470 (alternate TTY/TDD line)



# CHC Provider Workshop

## ICD-10 Implementation Resources

### General Resources

[AAPC ICD-10 Code Translator](#). This tool is based on the General Equivalency Mapping (GEM) files published by CMS and is intended to assist providers in code selection. Some clinical analysis may be required to choose the most accurate code.

[International Classification of Diseases \(ICD\)](#). The World Health Organization (WHO) link provides you with other links and downloads to help you better understand ICD coding and the transition from ICD-9 to ICD-10.

[Centers for Disease Control and Prevention \(CDC\)](#). This link is to the ICD-10 page of the CDC. Additional links take you to ICD-10-related documents, web pages, and other sources.

[National Uniform Claim Committee \(NUCC\)](#). The NUCC is an authoritative voice regarding national standard data content and data definitions for professional (non institutional) healthcare claims and related encounter data in the United States.

### ICD-10 Mailbox

If you have questions about ICD-10 that you would like the ICD-10 team to address, please submit them to: [cmapiqd10questions@hp.com](mailto:cmapiqd10questions@hp.com)



# CHC Provider Workshop

## ICD-10 Implementation Resources

### ICD-10 Questions Mailbox

If you have questions about ICD-10 that you would like the ICD-10 team to address, please submit your questions to [cmapicd10questions@hp.com](mailto:cmapicd10questions@hp.com).

### ICD-10 Testing

If you would like to become a beta tester, please contact the CMAP testing team at [CTICD10testing@hp.com](mailto:CTICD10testing@hp.com) and include:

- your Trading Partner ID
- NPI and AVRS ID for the claims you will be testing
- your contact name and phone number
- email address you wish the PDF Remittance Advice to be emailed to
- type of claims you will be testing
- please include “ICD10 Testing” in the subject of the email



# CHC Service Provider Workshop

## PROGRAM RESOURCES



# CHC Service Provider Workshop

## CHC Program Resources

### ➤ CHC Procedure Code Crosswalk

- ✓ Contains authorized codes and associated billing codes
- ✓ Service descriptions
- ✓ Unit increments
- ✓ Billing Provider (Allied or CHC Service Provider)
- ✓ If spanning code is allowed
- ✓ Valid frequency (which can be used by Access Agency to authorize the service)

This document can be found as a link in Chapter 8 of the CHC Provider manual in the modifier section of the claim submission instructions.

This document can also be found in the “Welcome to the CT Home Care Implementation” Important Message located on the [www.ctdssmap.com](http://www.ctdssmap.com) Home page.



# CHC Service Provider Workshop

## CHC Program Resources

### ➤ **CT Medical Assistance Provider Manual**

- ✓ *Provider access from the [www.ctdssmap.com](http://www.ctdssmap.com) Homepage > Information > Publications > Provider Manuals.*
- ✓ 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 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.



# CHC Service Provider Workshop

## CHC Program Resources

### **Chapter 1 – Introduction**

- Provides information on the CT Medical Assistance Program, (CMAP) the Department of Social Services' and Hewlett-Packard'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.



# CHC Service Provider Workshop

## CHC Program Resources

### **Chapter 5 – Claim Submission Information**

- Provides information on general claims processing and billing requirements.

#### **INFORMATION – PROVIDER MANUAL**

### **Chapter 6 – EDI Options**

- Provides information on electronic claim submission and electronic Remittance Advice.



# CHC Service Provider Workshop

## CHC Program Resources

### **Chapter 7- Regulations/Program Policy**

- This chapter contains the Medical Policy section that pertains to the chosen provider type

### **Chapter 8 – Billing Instructions**

- Provides information on provider specific billing requirements.
- **CHC Procedure Code Crosswalk** can be found as a link in Chapter 8 of the Home Health Provider manual, Claim Submission Instructions, field 44.



# CHC Provider Workshop

## CHC Program Resources

### **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 both the AVRS and the Web Portal functions of interChange.

### **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.



# CHC Service Provider Workshop

## CHC Program Resources

### ➤ **Provider Manual (Important CHC Chapters)**

- ✓ Chapter 7 (CHC Policy)
- ✓ Chapter 8 (Claim Submission Instructions)
- ✓ Chapter 12 (Claim Resolution Guide)
  - This chapter is also a link on the provider secure Web portal. Click on claims then on professional.
- ✓ Chapter 10 (Web Portal)

### ➤ **Web Claim Submission Instructions**

- ✓ Located on secure web account
- ✓ Under claims select professional
- ✓ Click on the claim submission instructions link in the upper left portion of the screen.
- CHC Important Message – Welcome to the CT Home Care Program Implementation located on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

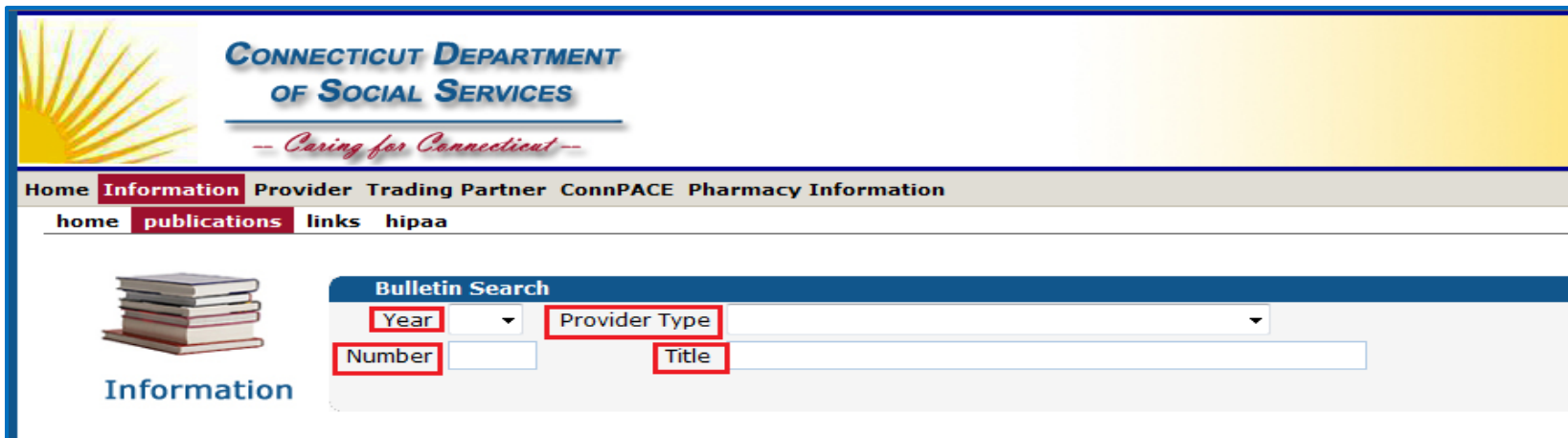


# INFORMATION-PROVIDER BULLETINS

## ➤ Provider Bulletins:

**Publications mailed to 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 website for the Connecticut Department of Social Services. The header includes the department's name and logo, along with the tagline "Caring for Connecticut". A navigation menu is visible, with "Information" highlighted. Below the menu, there is a "Bulletin Search" section with a search form. The form includes a "Year" dropdown menu, a "Provider Type" dropdown menu, a "Number" text input field, and a "Title" text input field. A stack of books icon is positioned to the left of the search form, and the word "Information" is written below it.

# CONTACTS

- **HP Provider Assistance Center (PAC)**
  - 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
  - CTDSSMAP-ProviderEmail@hp.com
- **HP Electronic Data Interchange (EDI) Help Desk**
  - 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
- **Connecticut Community Care (CCI)- [serviceauthissues@ctcommunitycare.org](mailto:serviceauthissues@ctcommunitycare.org).**

**Providers must include the following information when submitting service authorization issues to CCI:** provider name, client name, client EMS number, CCI number, EOB code on rejecting claim at HP, from and to dates of service, the type of service (SNV, homemaker, MOW, etc.), the frequency of service (Spanned dates, monthly or weekly), the number of units needed, CCI service order number, if available and any comments the provider wishes to communicate to CCI.
- **Western Connecticut Area on Aging (WCAA)-** contact WCAA directly at (203)465-1000  
**Please have the following information available when contacting WCAA:** client name, the client EMS number, the type of service (SNV, homemaker, MOW, etc.), the dates of service, the frequency of service and the number of units or hours per visit.



# CONTACTS

- **South Western Connecticut Area on Aging (SWCAA)- [SWCAABillings@swcaa.org](mailto:SWCAABillings@swcaa.org).**  
**Please have the following information available when contacting SWCAA:** client name, the client EMS number, the type of service (SNV, homemaker, MOW, etc.), the dates of service, the frequency of service and the number of units or hours per visit.
- **South Central Connecticut Area on Aging (SCCAA)- [pcaldwell@aoascc.org](mailto:pcaldwell@aoascc.org). Companies without secure e-mail, please fax service order inquiries to (203)752-3064, Attention Peggy Caldwell or contact her directly at (203)752-2947.** Due to the high volume of inquiries AASCC requests your primary source of communication to them be by e-mail or fax.
- **Department of Social Services (DSS) – For Self Directed clients on the CHCPE Program, please contact Amy Dumont directly via e-mail at [amy.dumont@ct.gov](mailto:amy.dumont@ct.gov).**
- **[www.ctdssmap.com](http://www.ctdssmap.com)**



# CHC Service Provider Workshop

## TIME FOR QUESTIONS

