



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Presented by The Department of Social Services & DXC
Technology



DDS Specialized Services Provider Billing Workshop

Training Topics

Introduction to DDS Specialized Services Program Changes

Re-Enrollment

Access and Set-up of Secure Web Account

Web Account Capabilities

Demographic Maintenance

Clerk Account Set-up/Maintenance

- Switch Provider

Client Eligibility

Prior Authorization (PA)

Claim Submission/Inquiry/Submission Options

Remittance Advice (RA)

- Components of the RA

Claim Submission Methods

Claim Submission Guidelines

Common Claim Denials/Resolution

Web Information - Resources @ www.ctdssmap.com

Important Prior Authorization/Claim Submission Tools

- Fee Schedule

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Training Topics cont.

Available Publications

- Bulletins
- Important Messages
- Provider Manuals
- Banner Messages
- Quarterly Newsletters

On-going Communication Tools

- E-Messaging

Contacts

Questions



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www.ctdssmap.com

Program Introduction

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Introduction to DDS Specialized Services Program Changes

Effective for dates of service, October 1, 2018 and forward, organization and individual providers of DDS Specialized services must enroll as “DDS Specialized Services” providers to be reimbursed directly by the Department of Social Services (DSS) for DDS Specialized services provided to clients in a Nursing Facility.

Client’s must have a HUSKY C or HUSKY D benefit plan and be 21 years of age or older for DDS Specialized services to be reimbursed by DSS.

Prior Authorization from DDS will be required for all DDS Specialized services to be reimbursed by DSS.

Enrolled “DDS Specialized Services” providers must submit claims directly to DXC Technology in order to be reimbursed for the service(s) they provide.

Providers enrolled as “DDS Specialized Services” billing providers will receive payment directly from (DSS).

Payment will be received via **Electronic Fund Transfer, (EFT)** after a successful pre-note transaction, directly into the provider’s designated account.

- **Until a successful pre-note transaction is received, providers will receive a paper check.**

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Introduction to DDS Specialized Services Program Changes cont.

DXC Technology runs a financial cycle twice per month to process provider claims received since the last claims processing cycle.

- Providers should refer to the latest financial cycle schedule - **PB 18-30 (July – December 2018)**
- Schedule published twice per year for the periods of January - June and July - December

This workshop will provide guidance in the determination of client eligibility and service authorization for successful claim submission, reimbursement and reconciliation of claim activity including the timely identification and correction of claims issues for maximum reimbursement of the services provided.

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Re-Enrollment

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Re-enrollment – Notification and Process

Providers will receive a reminder letter when they are due for re-enrollment 6 months prior to the end of their previous 3 year contract.

The reminder letter will include an **Application Tracking Number (ATN)**.

To re-enroll providers should:

- Access the www.ctdssmap.com Web site
- From the Home Page click Provider > **Provider Re-enrollment**
- Enter the **ATN** received in the re-enrollment reminder letter
- Enter **NPI** or Non medical provider identifier (**AVRS ID**)

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Re-enrollment – Provider Specific Requirements

Prior to Re-enrolling, DDS Specialized Services Providers:

Must be credentialed/re-credentialed by the Department of Developmental Services (DDS).

- **For initial enrollment** providers enrolling as a DDS Specialized Services provider must submit a copy of their **Provider Profile** from DDS confirming their credentials to provide DDS Specialized services to clients residing in Nursing Facilities.
- **For re-enrollment** requirements will be communicated to the provider at the time of re-enrollment.

The Application tracking number should be pre-printed in the upper right hand corner of the (FOD) to ensure the association of the FOD to the provider's re-enrollment application.

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Re-enrollment – Notification and Process cont.

Providers should successfully complete the re-enrollment application as quickly as possible upon receipt of their notice.

Providers with re-enrollment applications that are not fully completed by the provider's re-enrollment due date will receive a notice advising they have been dis-enrolled from the Connecticut Medical Assistance Program (CMAP).

Upon dis-enrollment **claims submitted by the provider will deny until the application is in a finalized status**

A Provider Enrollment contract will not be reinstated until the **application is finalized.**

- Reinstatement of contracts w/out a finalized application violates Affordable Care Act (ACA) policies.

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Secure Web Account Access/Setup

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Secure Web Account Set-up – Access to Secure Web Portal

Providers who have successfully enrolled as an DDS Specialized Services Provider will receive:

- An **approval letter** with their new **AVRS/Medicaid ID**
- **Additional letter under separate mailing** containing their **Personal Identification Number (PIN)**

The **AVRS ID and PIN** allow the provider initial access to the Connecticut Medical Assistance Program Secure Web Portal for the purpose of creating a **secure Web account for the “Primary Account Holder/Local Administrator”**.

Set-up of a Secure Web Account enables providers to

- Make changes to their provider file
- Verify Client Eligibility
- Review Service Authorizations (Prior Authorizations)
- Submit and Query Claims

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Secure Web Account Set-up – Access to Secure Web Portal

To ensure access to the www.ctdssmap.com Web portal to utilize the self-service features of interchange:

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

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Secure Web Account Set-up – Options to Secure Site Access

www.ctdssmap.com

The screenshot shows the website's navigation menu with the following structure:

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

The screenshot shows the Login page with the following content:

Login

The Connecticut Department of Social Services Medical Assistance Program secure Web site is intended for providers, trading partners/billing agents, labelers/drug manufacturers and clerks designated by those entities.

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

setup account ← Click to access account set-up

User ID*

Password*

login

If you have forgotten your password or need to reactivate your account, please click the reset password button.

reset password

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Secure Web Account Set-up – Options to Secure Site Access cont.

www.ctdssmap.com



WELCOME
TO THE **CONNECTICUT MEDICAL ASSISTANCE PROGRAM**

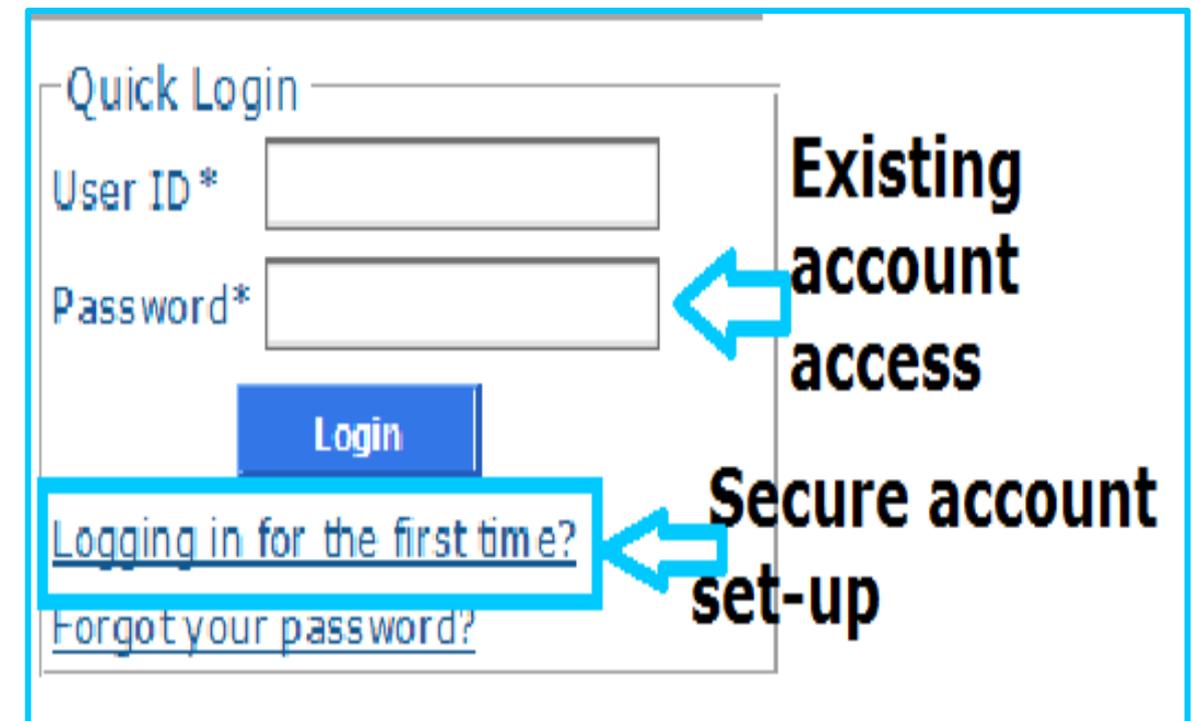
WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES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

 Information

 **Provider**

 Trading Partner

 Pharmacy



Quick Login

User ID*

Password*

Existing account access ←

Login

Secure account set-up ←

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

[Forgot your password?](#)

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Secure Web Account Setup

The “Web Account Setup” functionality allows providers to set up a “Main Account Administrator/Primary Account Holder” user account.

Enter the provided Initial Web User ID and PIN (which can be found in the enrollment and PIN letters), in the appropriate fields; click set-up account.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

Account Setup

Initial Web User ID*

Personal Identification Number*

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

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

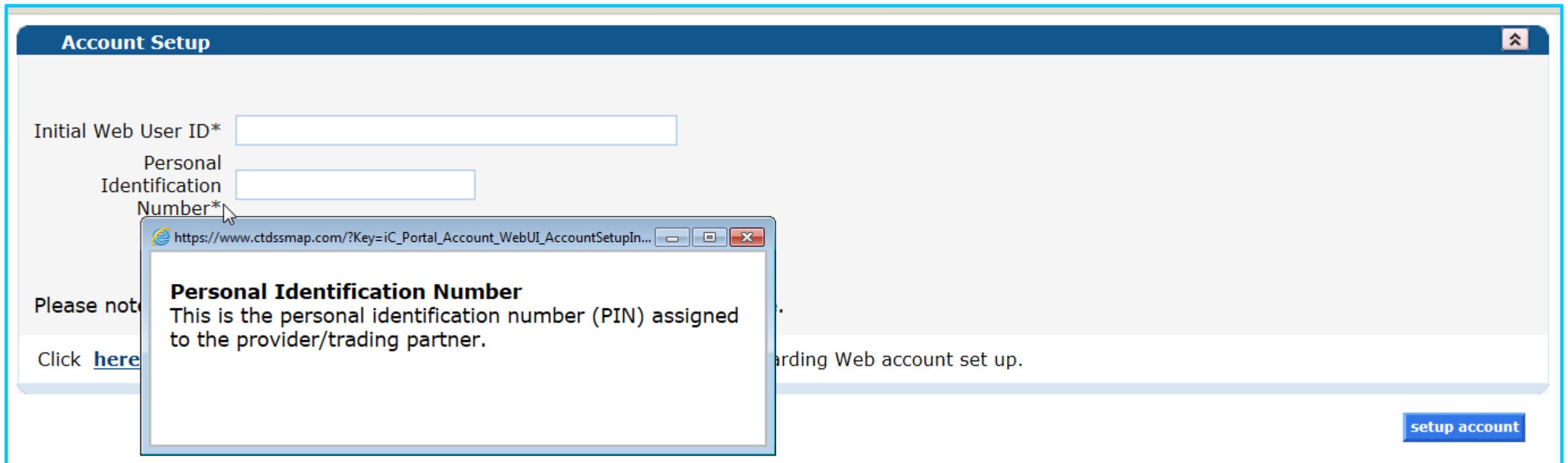
[setup account](#)

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Secure Web Account - Online Field Help

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

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



The screenshot shows a web browser window titled "Account Setup" with a blue header. The main content area contains several input fields. The first is "Initial Web User ID*" with an empty text box. Below it is "Personal Identification Number*" with an empty text box. A mouse cursor is hovering over the "Personal Identification Number*" label, and a small question mark is visible next to it. An "Online Field Help" window is open in the foreground, displaying the text: "Personal Identification Number This is the personal identification number (PIN) assigned to the provider/trading partner." The window title bar shows the URL: "https://www.ctdssmap.com/?Key=iC_Portal_Account_WebUI_AccountSetupIn...". At the bottom right of the "Account Setup" page, there is a blue button labeled "setup account".

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Secure Web Account Set-up

Once on the Account Set-up screen, fill in the fields with the appropriate information.

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

Required fields are indicated with an asterisk (*).

User ID*	<input type="text"/>	Password*	<input type="password"/>
Contact Last Name*	<input type="text"/>	Confirm Password*	<input type="password"/>
Contact First Name*	<input type="text"/>	E-Mail*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/>	Confirm E-Mail*	<input type="text"/>
1st Secret Question*	<input type="text"/>		
1st Answer*	<input type="text"/>		
2nd Secret Question*	<input type="text"/>		
2nd Answer*	<input type="text"/>		

Security Agreement

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

I Agree

Complete the fields, read the security agreement and click the "I agree" box prior to hitting the submit button.

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



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Web Account Capabilities

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Web Account Capabilities

Accessing your Secure Site provider account allows you to:

Update your demographic information (primary account holder only)

- addresses/phone numbers
- bank accounts
- Verify re-enrollment due date(s)

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.3.5 Demographic Maintenance

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Web Account Capabilities

Set Up clerk accounts:

Allows Primary Account Holder to assign permission to others to access areas of the secure web portal to perform job tasks

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts.

Switch Provider:

Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.3.7 Switch Provider

Check client eligibility via the Web:

- **Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 - Web Portal/AVRS > Section 11- Client Eligibility Verification**

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Web Account Capabilities cont.

Access Prior Authorization for services to be provided:

Prior Authorization Inquiry

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 12 Prior Authorization

Create, Submit and Query claims for dates of service 10/1/2018 and forward:

- For services noted on the “DDS Specialized Services for NF Residents” Fee Schedule
- Claim Format – Professional 5010 HIPAA Compliant
- Query Paid, Denied or Suspended claims

Reference - www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10 Claim Submission, Resubmission, Adjustments and Inquiry

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Web Account Capabilities

Obtain Remittance Advice (RA)

- Reports claim activity (Paid, Denied, Adjusted, Suspended) since last financial cycle.

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 > Section 15 – Trade Files

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Web Account Capabilities –Demographic Maintenance
www.ctdssmap.com

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Web Account Capabilities - Demographic Maintenance

The screenshot displays the web account interface for a provider. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Trade Files, HAPIR, Messages, and Account. Below this is a secondary navigation bar with links: home, account home, account maintenance, account setup, change password, clerk maintenance, and demographic maint. A notification states: "Your Password will expire in 60 days on September 2, 2018" with a "Change Password" link. The main content area includes a welcome message: "Welcome: Provider Account User ID", "Provider ID: Enrollment NPI or AVRS ID", "Reenrollment Due Date: 07/20/2021", and "Zip Code: 06106 - 5501". Below this, it says: "Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option." A "Global Messages" table is shown with columns: Category, Subject, Message, Sent Date, Effective Date, and End Date. Below the table is a "Secure Mailbox" section with the text: "*** No rows found ***". On the right side, an "Account" dropdown menu is open, listing options: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, Demographic Maintenance (highlighted with a red box), Reset Password, and Log Out.

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

Mail to, Pay to, Service Location, and Enrollment addresses

EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)

Service Language

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

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Web Account Capabilities Demographic Maintenance cont.

Provider Information			
Provider ID	00##### MCD	Address	1000 Any Highway
AVRS ID	00#####		
Usage	Service Location	City	FARMINGTON
Provider Type	59-DDS Specialized Services	County	Hartford
Provider Specialty	509-Intellectual Disability	State/Zip	CT 06032-1234
Phone	860-555-5555		

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

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

Service Location

Location Name Address

Electronic Funds Transfer (EFT Account)

–Service Language - Language, Effective Date, End Date

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

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Demographic Maintenance cont.

Specify different mailing, payment, service location and enrollment addresses.

Location Name Address
✕

Usage	Name	Address 1	City	State	Zip	Zip + 4	Contact Phone	Contact Ext	Handicap Access	Address Indicator
Enrollment Address	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Home Office	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Mail to	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Pay to	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Service Location	AUTISM FISCAL INTERMEDIARY	191 NORTH WEST ST	SALEM	CT	06065	6065	(860)746-5765		N	V

Select row above to update.

Apply Changes To:
 Svc Loc
 Pay To
 Mail To
 Home Office
 Enrollment

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1

Address 2

City

State

Zip

Contact Name

Contact Phone

Fax

Patient Use Phone

TDD\TTY

Email

Confirm Email

Mobile Number

Pager Number

Address Indicator

Handicap Accessible?

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities-Demographic Maintenance cont.

To alter address information, simply select the applicable row from the provided list (Enrollment Address, Mail to, Pay to, or Service Location); then click maintain address

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Alt Service Location	DDS Specialized SRV 633	DOWELL DRIVE	HARTFORD	CT	06044	5221	(860)555-1212		N
Enrollment Address	DDS Specialized SRV 195	SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	DDS Specialized SRV 195	COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Pay to	DDS Specialized SRV 195	COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Service Location	DDS Specialized SRV 195	COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N

[maintain address](#)

Select/fill in the appropriate information (address, phone number, etc.); click save

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Demographic Maintenance cont.

The EFT Account panel allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited. Click add; enter the appropriate information; and click save.

The screenshot shows a web form titled "EFT Account" with a header bar containing the text "Click here to open Provider EFT Enrollment instructions." Below the header is a table with the following data:

Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
TD BANK NA	011100111	4242042420	Checking		Active

Below the table, it says "Select row above to update -or- click Add button below." The main form area contains several sections:

- Required fields are indicated with an asterisk (*)**
- Provider Name*** (text input)
- Account Number Linkage to Provider Identifier*** section with:
 - Provider Tax Identification Number (TIN) (text input)
 - OR
 - National Provider Identifier (NPI) (text input)
- Provider Identifiers*** section with:
 - Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN) (text input)
 - OR
 - National Provider Identifier (NPI) (text input)
- Other Identifiers** section with:
 - Assigning Authority (text input)
 - Trading Partner ID (text input)
- Financial Institution Information** section with:
 - Financial Institution Name (text input)
- Financial Institution Address** section with:
 - Street (text input)
 - City (text input)
 - State/Province (text input)
 - ZIP Code/Postal Code (text input)
 - Financial Institution Routing Number (text input)
 - Financial Institution Routing Number(rekey)* (text input)
 - Type of Account at Financial Institution (dropdown menu)
 - Provider's Account Number with Financial Institution (text input)
 - Provider's Account Number with Financial Institution(rekey)* (text input)
- Reason for Submission** section with radio buttons for:
 - New Enrollment
 - Change Enrollment
 - Cancel Enrollment
- Authorized Signature** (text input)

At the bottom right of the form are "save" and "cancel" buttons.

****This action will place the provider in a pre-notification status, while in this status, providers will receive a paper check.****



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Web Account Capabilities –Clerk Maintenance

www.ctdssmap.com

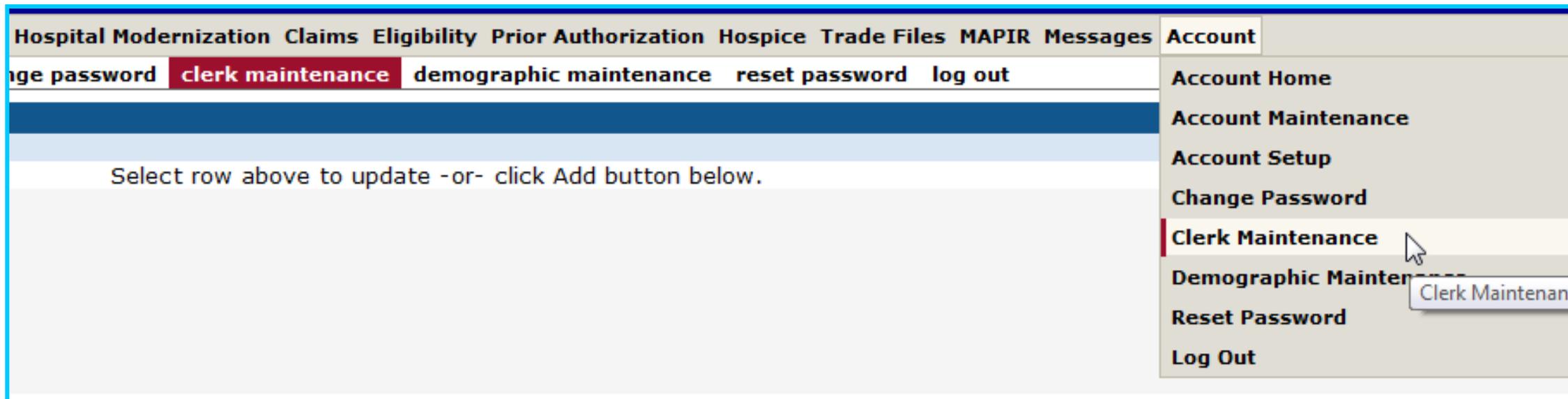
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Web Account Capabilities - Clerk Maintenance

Set-up of clerk accounts grant Web access to staff members allowing them to perform functions based on their job responsibilities

The “Primary Account Holder/Main Account Administrator” is responsible for maintaining clerk accounts within their organization. This includes adding clerks, changing the role(s) for clerks, removing clerks, and resetting passwords

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



DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Clerk Maintenance

The screenshot shows the 'Clerk Maintenance' web application interface. At the top, there is a header with the title 'Clerk Maintenance' and a search bar with fields for 'User ID', 'Contact First Name', and 'Contact Last Name'. Below the header, there are two rows of test data: 'DTEST1: Down Test' and 'DTEST4: Test Reset'. There are buttons for 'remove clerk' and 'add clerk'. The main form contains several input fields: 'User ID*', 'Contact First Name*', 'Contact Last Name*', 'Phone Number*', 'Password*', 'Confirm Password*', 'AVR ID', 'AVR Pin', and 'Confirm AVR Pin'. Below the form, there is a section for 'Assigned Roles' and 'Available Roles'. The 'Available Roles' list includes: 'Claim Inquiry', 'Claim Inquiry/Submission/Adjustment', 'Prior Authorization Inquiry', 'PA Inquiry/Submission', 'Client Eligibility Verification', 'Trade Files', and 'Submit Applications'. There are navigation buttons between the two role lists. At the bottom right, there are 'submit' and 'cancel' buttons.

To create a new clerk account:

- Click add clerk
- Fill in the required fields
- Assign Roles
- Click submit
- Submit Applications

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Clerk Maintenance

The screenshot shows a web application window titled "Clerk Maintenance". At the top, there is a table with columns "User ID", "Contact First Name", and "Contact Last Name". The table contains four rows: JAMESMITH (Jane Smith), JUANMARTINEZ (Juan Martinez), MARCUSWILLIAM (Marcus William), and TOMJOHNSON (Tommy Johnson). The row for MARCUSWILLIAM is highlighted in red. Below the table, there is a text input field for "User ID" containing "MARCUSWILLIAMS", and text input fields for "Contact First Name" (Marcus) and "Contact Last Name" (Williams). There are also two input fields for "Phone Number": "(800)555-5555" and "5550". A "reset password" button is located to the right of the form. Below the form, there are two lists of roles: "Assigned Roles" and "Available Roles". The "Assigned Roles" list includes: Client Eligibility Verification, PA Inquiry/Submission, Prior Authorization Inquiry, Claim Inquiry/Submission/Adjustment, and Claim Inquiry. The "Available Roles" list includes: Trade Files. There are four navigation buttons between the lists: <, <<, >, and >>. At the bottom right, there are "submit" and "cancel" buttons.

User ID	Contact First Name	Contact Last Name
JAMESMITH	Jane	Smith
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAM	Marcus	William
TOMJOHNSON	Tommy	Johnson

Type changes below.

remove clerk add clerk reset password

User ID: MARCUSWILLIAMS

Contact First Name: Marcus

Contact Last Name: Williams

Phone Number: (800)555-5555 5550

Assigned Roles:

- Client Eligibility Verification
- PA Inquiry/Submission
- Prior Authorization Inquiry
- Claim Inquiry/Submission/Adjustment
- Claim Inquiry

Available Roles:

- Trade Files

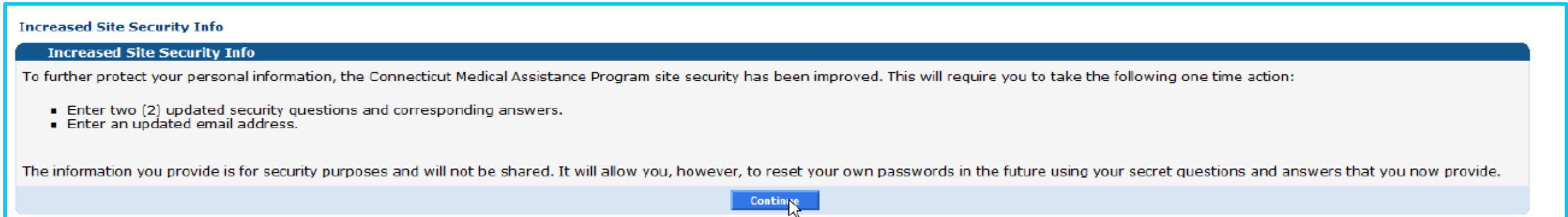
submit cancel

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

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Clerk Maintenance

This will be the first panel that a clerk will see after signing on to their Secure Web Portal Account



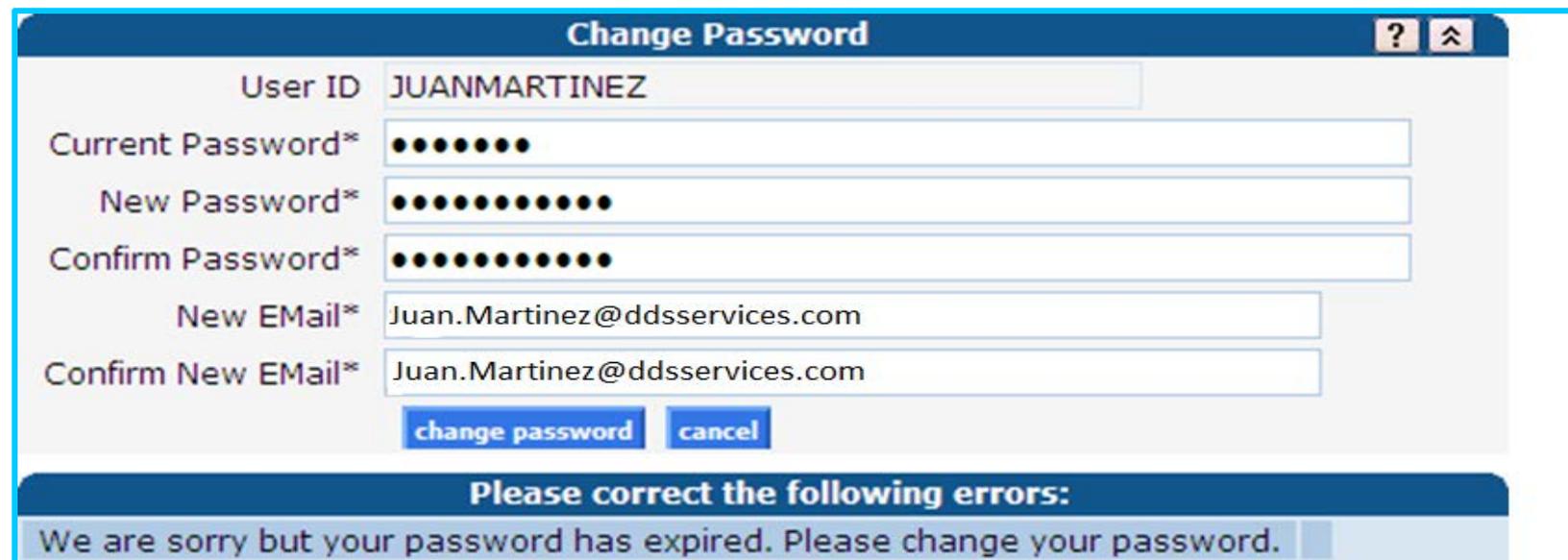
Increased Site Security Info

To further protect your personal information, the Connecticut Medical Assistance Program site security has been improved. This will require you to take the following one time action:

- Enter two (2) updated security questions and corresponding answers.
- Enter an updated email address.

The information you provide is for security purposes and will not be shared. It will allow you, however, to reset your own passwords in the future using your secret questions and answers that you now provide.

[Continue](#)



Change Password

User ID: JUANMARTINEZ

Current Password*: [masked]

New Password*: [masked]

Confirm Password*: [masked]

New EMail*: Juan.Martinez@ddsservices.com

Confirm New EMail*: Juan.Martinez@ddsservices.com

[change password](#) [cancel](#)

Please correct the following errors:

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

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

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

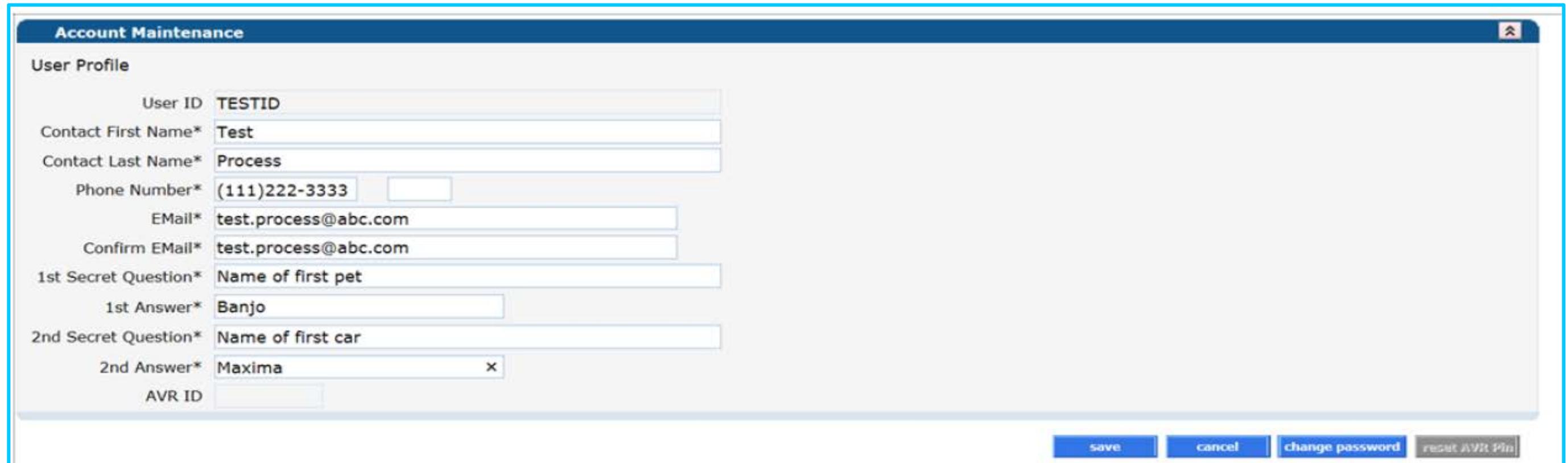
The clerk is now ready to perform the job duties allowed under the Assigned Roles chosen by the account administrator

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Clerk Maintenance

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

Fill in the appropriate information; click save



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

Field	Value
User ID	TESTID
Contact First Name*	Test
Contact Last Name*	Process
Phone Number*	(111)222-3333
E-Mail*	test.process@abc.com
Confirm E-Mail*	test.process@abc.com
1st Secret Question*	Name of first pet
1st Answer*	Banjo
2nd Secret Question*	Name of first car
2nd Answer*	Maxima
AVR ID	

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

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Web Account Capabilities - Clerk Maintenance

To delete a clerk account – select that account from the list of existing clerks and click on remove clerk
A window will appear asking to you verify that you want to mark that clerk account for deletion; click OK
The D indicates that the clerk has been marked for deletion

Click Submit to finalize the clerk account removal



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

The following messages were generated:			
Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

Clerk Maintenance			
User ID	Contact First Name	Contact Last Name	
JUANMARTINEZ	Juan	Martinez	
MARCUSWILLIAMS	Marcus	Williams	
TOMJOHNSON	Tommy	Johnson	

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Switch User

Switch Provider								
Trading Partner/ Provider ID	Provider AVRS ID	Provider Type	Address	City	State	Zip	Zip + 4	Default Provider/ Trading Partner
00#####	DDS SS	DDS SS	1315 MAIN STREET	WILLIMANTIC	CT	06226	1948	<input checked="" type="checkbox"/>
00#####	ABI WVR	ABI WVR	47 CRESCENT STREET	WILLIMANTIC	CT	06226	3606	<input type="checkbox"/>

Select row above to update.

Current Provider/Trading Partner

Provider/Trading Partner ID

Provider AVRS ID

Provider Type

Default Provider/Trading Partner

Address

City

State

Zip

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

Select switch provider from either the Account submenu or the Account drop-down menu

Select the appropriate provider; click switch to. A window will appear asking you to verify the switch; click OK



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Web Account Capabilities - Client Eligibility
www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Eligibility Verification - Eligibility Verification Methods

Receipt of a service order from the DDS Case Manager confirms the client is DDS Specialized Services eligible, however, the client's eligibility file may not yet reflect the client's HUSKY C or HUSKY D eligibility. To avoid unnecessary claim denials such as:

- The client was not eligible on the date of service.
- The service provided was not a covered service under the client's benefit plan.

Providers should verify client eligibility:

- Verify client eligibility upon receipt of the initial service order.
- Regular Intervals during service

Eligibility verification can be performed in the following ways:

- Internet Web site at www.ctdssmap.com.
- Automated Voice Response System (AVRS).
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction.
- Provider Electronic Solutions (PES) software.

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

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

The screenshot shows the 'Eligibility' tab selected in the top navigation bar. Below the navigation bar, there is a section titled 'Valid Search Combinations' with a list of search criteria: Client ID + SSN, Client ID + Birth Date, Birth Date + SSN, Full Name + SSN, and Full Name + Birth Date. To the right of this list, a red arrow points to the text: 'When entering a full name as part of your search criteria, a middle initial is required if present in the client's "CMAP profile."'. Below this text, another red arrow points down to the 'First Name, MI' input field in the 'Eligibility Verification Request' form. The form includes fields for Client ID, SSN, Birth Date (02/05/1995), last name (Doe), First Name, MI (John), From DOS* (01/01/2018), and To DOS* (01/01/2018). There are also five dropdown menus for Service Type Code 1 through 5, with Service Type Code 1 set to '30 - Health Benefit Plan Coverage'. At the bottom right of the form are 'search' and 'clear' buttons.

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

The Eligibility Verification Response window provides the search results

In this specific case – the client’s eligibility cannot be verified for the requested date (December 31, 2016) as eligibility verification can only look back one year

Changing the dates of the eligibility request to within the allowable one year window creates a different result.

The screenshot displays two sections of a web application interface. The top section, titled "Eligibility Verification Request", contains several input fields: Client ID, SSN (666-55-4444), Birth Date, last name (DOE), First Name, MI (JOHN), From DOS* (12/31/2016), and To DOS* (12/31/2016). There are also five dropdown menus for Service Type Code 1 through 5, with Service Type Code 1 selected as "30 - Health Benefit Plan Coverage". A "search" button and a "clear" button are located on the right side of this section. The bottom section, titled "Eligibility Verification Response", shows a "Verification Number" of 1502603HMS and a "Response Text" that reads "Cannot validate eligibility for dates older than 1 year".

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

Eligibility searches cannot span multiple months

01/01/2018 – 01/31/2018 is valid, 01/15/2018 – 02/15/2018 is not valid

Submitting a request that spans multiple months will result in an error message.

The screenshot shows a web form titled "Eligibility Verification Request". The form contains several input fields: Client ID, SSN (666-55-4444), Birth Date, last name (DOE), First Name, MI (JOHN), From DOS* (01/15/2018), and To DOS* (02/15/2018). There are five Service Type Code dropdown menus, with the first one set to "30 - Health Benefit Plan Coverage". A "search" button and a "clear" button are located on the right side of the form. Below the form, there is a section titled "Eligibility Verification Response" which contains a blue error message box that reads: "Please correct the following errors: Eligibility verification requests must not span multiple months." The error message is highlighted with a blue background and white text.

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

Positive eligibility responses provide greater detail...

Eligibility Verification Request			
Client ID	<input type="text"/>	last name	<input type="text" value="DOE"/>
SSN	<input type="text" value="666-55-4444"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>
Birth Date	<input type="text"/>	From DOS*	<input type="text" value="01/01/2018"/>
Service Type Code 1	<input type="text" value="30 - Health Benefit Plan Coverage"/>	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"/>

Eligibility Verification Response	
Verification Number	<input type="text" value="15040039KM"/>
Response Text	<input type="text" value="Client is eligible. Refer to Benefit Plan for specific program coverage."/>

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

What does all this information mean?

Eligibility Verification Response

Provides a verification number that should be kept on record in case the client's coverage is retroactively changed at a later date

Reports client's eligibility status for the requested date(s) of service

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

Client Information

Client Information			
Client ID	009999999	Last Name	THOMAS
SSN	111-99-9999	First Name, MI	THOMAS
Birth Date	01/20/1997	Street	1 MAIN ST
Gender	M	City, State, Zip	TORRINGTON, CT 06790

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

Benefit Plan

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

–The client must have a HUSKY C or HUSKY D benefit plan for the DDS Specialized Services provider to be reimbursed for services provided to a DDS client residing in a nursing facility and billed directly to DXC Technology by the DDS Specialized Services provider.

Benefit Plan				
Service Information ^A	Benefit Month	Effective Date	End Date	Message
FFS Husky C	10/01/2018	10/01/2018	10/31/2018	The eligibility response is based on current eligibility and is subject to change. Please validate again on the actual date of service.

Benefit Plan				
Service Information ^A	Benefit Month	Effective Date	End Date	Message
FFS Husky D	10/01/2018	10/01/2018	10/31/2018	The eligibility response is based on current eligibility and is subject to change. Please validate again on the actual date of service.

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

Service Type Codes – DXC Technology

A list of services for which the client was eligible that would be submitted for payment to DXC Technology

Service Type Codes - DXC Technology			
Service Type Code ▲	Service Type Information	Copay	Coinsurance
1	Medical Care		
33	Chiropractic	\$0.00	0%
35	Dental Care		
4	Diagnostic X-Ray	\$0.00	0%
42	Home Health Care	\$0.00	0%
45	Hospice	\$0.00	0%
47	Hospital	\$0.00	0%
48	Hospital - Inpatient	\$0.00	0%
5	Diagnostic Lab	\$0.00	0%
50	Hospital - Outpatient	\$0.00	0%

1 2 3 Next >

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

Lockin

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

Lockin				
Lockin Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice	01/01/2018	01/31/2018	HOSPICE AGENCY2	(860)255-3913

Medicare

–Types of Medicare coverage active for the client on the date(s) of service requested

Medicare
Coverage ▲
Medicare A
Medicare B

DDS Specialized Services Provider Billing Workshop

Eligibility Verification

Benefit Plans payable for DDS Specialized Services

HUSKY C

Previously referred to as fee-for-service Medicaid, or Adult Medicaid

- Individuals that are aged, blind, or disabled

HUSKY D

Previously referred to as Medicaid for Low-Income Adults, (MLIA) or State Administered General Assistance (SAGA)

- Individuals aged 19 through 64 who do not receive federal Supplemental Security Income or Medicare and who are not eligible for another coverage group.



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Web Account Capabilities - Prior Authorization (PA)
www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Prior Authorization

Effective for dates of service October 1, 2018 and forward, all services will be authorized by the Department of Developmental Services (DDS).

- All services will be authorized for a period of one year
- **DDS Specialized Services providers will have access to the service authorizations for the client's they will service via the provider's secure Web Portal Home page from the Prior Authorization (PA) menu.**
- **Each service to be provided will have its own unique PA Number beginning with the letter D and be viewable to the servicing provider by selecting PA Search from the PA menu.**

NOTE: To prevent unnecessary claim denials providers should determine if service authorization has been received for the service/start date prior to providing service and submitting claims.

DDS Specialized Services Billing Provider Workshop

Billing Guidelines and Restrictions- Billable Services

Procedure Code	Description	Allowed Units	Prior Authorization Required	Diagnosis Restrictions
97537	Community or Work Reintegration Training, per 15 min.	Confirm units per day allowed	Yes, authorized per year of service	If unknown, use F79
T2020	Day Habilitation Waiver, per diem	Confirm units per day allowed	Yes, authorized per year of service	If unknown, use F79
T2021	Day Habilitation Waiver, per 15 min	Confirm units per day allowed	Yes, authorized per year of service	If unknown, use F79
H2019	Therapeutic Behavioral Services, per 15 min.	Confirm units per day allowed	Yes, authorized per year of service	If unknown, use F79
97802	Medical nutrition therapy re-assessment and intervention, per 15 min.	Confirm units per day allowed	Yes authorized per year of service	If unknown, use F79

DDS Specialized Services Provider Billing Workshop

Prior Authorization (PA) – Access via Secure Web Portal

Users have multiple ways to log on to their secure Web account from the www.ctdssmap.com Home page.

Home Information Provider Trading
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
- Fingerprint Criminal Background Check Info
- Provider Training
- Secure Site

Provider Trading Partner Pharmacy In

- Provider Enrollment
- Provider Re-Enrollment
- Provider Enrollment Tracking
- Provider Matrix
- Provider Services
- Provider Search
- Drug Search
- Provider Fee Schedule Download
- EHR Incentive Program
- OOS Instructions/Information
- Fingerprint Criminal Background Check Info
- E-Mail Subscription
- Secure Site

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

... ASSISTANCE PROGRAM WEB SITE, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A VARIETY OF NEWS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE...

Provider

Quick Login

User ID*

Password*

Login

Logging in for the first time?
Forgot your password?

DDS Specialized Services Provider Billing Workshop

Prior Authorization (PA) - Access Via Secure Web Portal cont.

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

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fe
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

DDS Waiver Services Provider Billing Workshop

Prior Authorization (PA) Search – via Secure Web Account Home Page

Once on the secure site, click *Prior Authorization Search from the Prior Authorization Menu.*

Connecticut Department of Social Services
Making a Difference

Help
Tuesday, February 09, 2016

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

home **account home** account maintenance account setup change password reset password log out **Prior Authorization Search**
Care Plan
Pharmacy Prior Authorization

Welcome DDSsrpv1

Re-enrollment due date: 8/21/2021

Global Messages
*** No rows found ***

Secure Mailbox
*** No rows found ***

Quick Link

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

Email Subscription

- [Register/Update Email Subscription](#)

DDS Specialized Services Provider Billing Workshop

Prior Authorization (PA) - Search Criteria

Search by *Client ID* or *PA Number*. Further define search by *date*, *procedure* or *list code*.

DDS Specialized Services Provider Billing Workshop

Prior Authorization (PA) Search Results – DDS Specialized Services

Search results by client ID provide all PAs authorized for the client under the provider's care. Results can be more defined by increasing the amount of data used in the search.

The screenshot shows a web application interface for searching Prior Authorizations. The top navigation bar includes links like Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Medical Care Advisory Committee, Claims, Eligibility, **Prior Authorization**, Hospice, Trade Files, MAPIR, Messages, and Account. Below this, there are sub-links for home, **prior authorization search**, care plan, and pharmacy prior authorization.

A "Quick Link" section contains a link to "Web Guide - Prior Authorization Search".

The main section is titled "Provider 008022339 MCD" and "Prior Authorization Search". It contains several input fields:

- Client ID: 000000000
- Client Name: Client, DDS
- Search Pharmacy PAs only:
- Requested Eff Date: []
- Requested End Date: []
- Authorized Eff Date: []
- Authorized End Date: []
- Prior Authorization: []
- PA Assignment: []
- PA Assign - Sub: []
- Procedure: [] [Search]
- Revenue Code: [] [Search]
- Proc/Mod List: []
- Procedure Code List: [] [Search]

At the bottom right of the search form are "search" and "clear" buttons. A "Records" dropdown is set to 20.

Below the search form is a blue instruction: "Click on a column heading to sort results in ascending or descending order." with a blue arrow pointing to the "Authorized Effective date" column heading in the results table.

The "Search Results" table has the following columns: Prior Authorization, Line Item, Authorized Effective date, Authorized End date, Authorized Units, Authorized Dollars, Status, Determination Date, PA Assignment, PA Assign - Sub, Procedure, Mod 1, Mod 2, Mod 3, Mod 4, Revenue, NDC, Proc/Mod List, Procedure Code List, and Frequency.

Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Revenue	NDC	Proc/Mod List	Procedure Code List	Frequency
D018274001	01	10012018	09302019	104	\$0.00	Approved				T2020									
D018274002	01	10012018	09302019	208	\$0.00	Approved				H2019									

DDS Specialized Services Provider Billing Workshop

PA Access to Additional Service Authorization Information

Additional Care Plan Information can be viewed by opening a PA from the PA Search Results Inquiry. Once a PA line detail is open, providers have access to units available and used, in addition to case manager notes.

Base Information

Prior Authorization Number: **D018274001**

Client ID: **000000000** PA Assignment:

Last Name: **Client** First Name, MI: **DDS**

Billing Provider: MCD Date of Birth: **10/06/1986**

Diagnosis: [Search] Insurance: **None** [v]

Estimated Date of Delivery:

Patient Condition: **Fair** [v]

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	Drug Name
1	104	\$0.00	104	\$0.00	Approved										

Type changes below.

Line Item: **01**

Service Type Code*: **Procedure Code** [v]

Procedure Code **T2020** [Search] **Day Habilitation, Per Diem**

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*: **10012018** **09302019**

Requested Units/Dollars*: **104** \$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]

Drug Name:

Status: **Approved**

Authorized Units/Dollars **104** \$0.00

Authorized Eff./End Dates **10012018 / 09302019**

Used Units/Dollars **0** \$24.00

Available Units/Dollars **104** (\$24.00)

Frequency:

*** No rows found ***

Notes

DDS Specialized Services Provider Billing Workshop

PA Inquiry - Viewing and Understanding the DDS Specialized Services PA

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

The procedure code(s) and effective dates of service and units should match:

- the service request or
- the service order noted in the notes section of the PA on your secure Web account (Created by the DSS Case Manager)

Note: Discrepancies should be reported to the DDS Case Manager



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Web Account Capabilities - Claim Submission and Inquiry
www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Web Account Capabilities - Web Claim Submission/Inquiry

Web Claim Submission allows for:

- Interactive Claim Submission with **immediate response** of claim payment, denial or suspense.

Web Claim Inquiry:

- Allows providers to **query claims** in order to **adjust, void, or re-submit** within the **same claims processing cycle**.

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Access to Claim Format

Click Claims and Select the Professional Format

The screenshot shows a web portal interface with a navigation bar at the top containing links like 'Home', 'Information', 'Provider', 'Trading Partner', 'ConnPACE', 'Pharmacy Information', 'Trade Files', 'HAPIR', 'Messages', and 'Account'. Below the navigation bar, there is a message: 'Your password expires in 61 days on 10/22/2018 at 12:00 a...'. The main content area displays a welcome message for 'DDSPRV1' with provider ID '#####', reenrollment due date '08/21/2021', and zip code '06106 - 5501'. A dropdown menu is open under the 'Claims' link, showing options: 'Claim Inquiry', 'Professional' (highlighted), 'Institutional', 'Dental', and 'Claim History for Specific Services'. To the right, there is a 'Quick Link' section with links for 'Check E-messages', 'Claim Status Inquiry', 'Client Eligibility Verification', 'Prior Authorization Inquiry', and 'Download Remittance Advices'. At the bottom, there is a 'Global Messages' table and a 'Secure Mailbox' section.

Category	Subject	Message	Sent Date	Effective Date	End Date
Notification	Web Claim Submission is Here!	Web claim submission is now...	12/22/2009	12/22/2009	12/31/2299

*** No rows found ***

DDS Specialized Services Provider Billing Workshop

Claim Processing/Submission Information/Resources

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

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

Quick Links

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

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

Professional Claim

ICN	<input type="text"/>	From Date	<input type="text"/>
Provider ID	##### NPI	To Date	<input type="text"/>
AVRS ID	#####	Admission Date	<input type="text"/>
Client ID*	<input type="text"/>	EPSDT Referral	<input type="text"/>
Last Name	<input type="text"/>	Total Charges	\$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
SSN	<input type="text"/>		
Accident Related	No		
Accident Date	<input type="text"/>		

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

DDS Specialized Services Provider Billing Workshop

Claims Processing/Submission Information – Demographics/Diagnosis.

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

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"/>	From/To Date auto populated with first/last dos on claim.
Provider ID	##### NPI	To Date	<input type="text"/>	
AVRS ID	#####	Admission Date	Situational	
Client ID*	00#####	EPSDT Referral	Situational	
Last Name	Smith	Total Charges	\$0.00	Auto populated with sum of charges entered.
First Name, MI	ANGEL	Total Paid	\$0.00	Auto populated once claim submitted.
Date of Birth	05/22/1977	TPL Amount	\$0.00	
Patient Account #	Optional	CoPay Amount	\$0.00	
Medical Record Number	Optional	Medicare Crossover	No	
Referring Physician	Situational [Search]	837 Version	5010	Auto populated
SSN				
Accident Related	No			
Accident Date	Situational			

Enter the client ID and click outside the field to auto fill client name and date of birth.

Situational

Auto populated

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diagnosis

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

add more

If diagnosis code is unknown use diagnosis code F79.

DDS Specialized Services Provider Billing Workshop

Claims Processing/Submission Information – Service Line Detail

Condition

*** No rows found ***

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

Cond-Sequence Condition [Search]

N/A

Detail

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

Type data below for new record.

Item

From DOS* **Required**

To DOS* **Required**

Procedure* [Search]

Modifiers [Search] [Search]

Units* ← Auto populates 1 unit

Facility Type Code* **Required** ← Place of treatment

Charges* **Required** ← U & C charge for service

Rendering Physician [Search]

SSN

Referring Provider [Search]

Ordering Provider [Search]

Status

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

Pregnancy

EPSDT Referral

Family Planning

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

CoPay Amount

Medicare Paid Date

Medicare Calc Allowed Amt

Medicare Paid Amount

Medicare Deductible Amount

Medicare Coinsurance Amount

Diagnosis Code Pointer ← A diagnosis pointer is required for each diagnosis listed on the claim. Valid values are 1-4.

National Drug Code

NDC Quantity

NDC Unit of Measurement

Additional NDCs (Detail Item 1)

*** No rows found ***

N/A

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

National Drug Code Quantity Unit of Measurement

DDS Specialized Services Provider Billing Workshop

Claims Processing/Submission Information – Third Party Liability/Claim Status

TPL
*** No rows found ***

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

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

Claim Status Information

Claim Status

Review claim for accuracy and completion then click submit

DDS Specialized Services Provider Billing Workshop

Claims Processing/Submission Information – Claim Status cont./EOB Info.

Claim Status Information	
Claim Status	PAID
Claim ICN	2218274100001
Paid Date	<input type="text"/>
Paid Amount	\$40.00
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Paid date of 10/11/18 will populate after the next financial cycle.

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

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry

The screenshot shows the top navigation bar with links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Trade Files, MAPIR, Messages, and Account. Below this is a secondary navigation bar with links: home, account home, account maintenance, account setup, change password, Claims, Eligibility, Prior Authorization, and Account. A dropdown menu is open under 'Claims', with 'Claim Inquiry' highlighted by a red box and a red arrow pointing to it. Other options in the dropdown include Professional, Institutional, Dental, and Claim History for Specific Services. The main content area displays a password expiration notice, a welcome message for provider DDSRV1, and a 'Global Messages' table with one row of notification data.

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

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

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

ICN

Client ID FDOS/TDOS or Fdate Paid/Tdate Paid (spanning 91 days or less)

check the Pending Claims box

The 'Claim Search' form includes the following fields and options:

- Claim Search: 1234567890 NPI
- ICN:
- Client ID:
- TCN:
- FDOS:
- TDOS:
- Prescription No (Pharmacy Only):
- Claim Type:
- Status:
- FDate Paid:
- TDate Paid:
- Pending Claims:
- Exclude Adjusted Claims:
- Records: 20
- Buttons: search, clear

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry - Search Results

When more than one claim matches the claim inquiry search criteria, a list of claims will appear in the Search Results panel

Search results may be sorted by clicking on the column headings

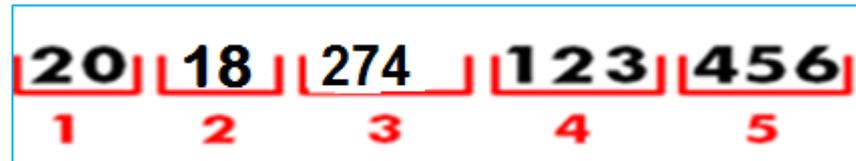
Click anywhere on a given row to select the claim to view

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid ▼	Amount Billed	Amount Paid
2016026600026				12/31/2015	01/05/2016	Professional Claims	Paid	01/29/2016	\$500.00	\$105.73
5616026001001				12/31/2015	01/02/2016	Professional Claims	Denied	01/29/2016	\$500.00	\$0.00
5616025001001				12/31/2015	01/02/2016	Professional Claims	Denied	01/27/2016	\$500.00	\$0.00
2016025600026				12/31/2015	01/02/2016	Professional Claims	Adj/Voided	01/27/2016	\$500.00	\$100.00
2016022600037				12/31/2015	01/02/2016	Professional Claims	Denied	01/27/2016	\$500.00	\$0.00
2216022600003				10/01/2015	10/01/2015	Professional Claims	Denied	01/27/2016	\$98.00	\$0.00
2016022600039				12/31/2015	01/02/2016	Professional Claims	Adj/Voided	01/27/2016	\$500.00	\$5.73
5616025002001				12/31/2015	01/02/2016	Professional Claims	Denied	01/27/2016	\$500.00	\$0.00
2016025600023				12/31/2015	01/02/2016	Professional Claims	Adj/Voided	01/27/2016	\$500.00	\$5.73
2216022600004				10/01/2015	10/01/2015	Professional Claims	Denied	01/27/2016	\$98.00	\$0.00
2016020600011				12/31/2015	01/01/2016	Professional Claims	Denied	01/22/2016	\$300.00	\$0.00
2216019600005				08/25/2015	08/25/2015	Professional Claims	Denied	01/21/2016	\$150.00	\$0.00
2216019600004				08/25/2015	08/25/2015	Professional Claims	Denied	01/21/2016	\$150.00	\$0.00
2216019600010				09/05/2015	09/05/2015	Professional Claims	Denied	01/21/2016	\$150.00	\$0.00
2216019600009				08/05/2015	08/05/2015	Professional Claims	Denied	01/21/2016	\$150.00	\$0.00
2216019600008				08/05/2015	08/05/2015	Professional Claims	Denied	01/21/2016	\$150.00	\$0.00
2216019600006				08/25/2015	08/25/2015	Professional Claims	Denied	01/21/2016	\$150.00	\$0.00

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry – Internal Control Number (ICN) Logic

Claims submitted to DXC Technology are each assigned a unique 13-digit Internal Control Number (ICN) that is used for tracking and research.



- 1 Claim Region** – Identifies the manner in which the claim was submitted. (**20** = Electronic Claims with No attachments)
- 2 Year of Receipt** – Indicates the year in which the claim was received by DXC Technology (**18** = 2018)
- 3 Julian Date of Receipt** – The Julian calendar date of receipt (**274** = the two hundred seventy fourth day of the year = October 1, 2018).
- 4 Batch Number** – An internal number assigned by DXC Technology to uniquely identify a batch. (**123**)
- 5 Claim Number** – A sequential number assigned to uniquely identify claims within a batch. (**456**)

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry

Search Results by FDOS and TDOS is limited to no more than 93 days

Claim Search 1414141414 NPI

ICN	<input type="text"/>		Claim Type	<input type="text" value=""/>	
Client ID	<input type="text"/>		Status	<input type="text" value=""/>	
TCN	<input type="text"/>		FDate Paid	<input type="text"/>	
FDOS	<input type="text" value="10/01/2015"/>		TDate Paid	<input type="text"/>	
TDOS	<input type="text" value="01/01/2016"/>		Pending Claims	<input type="checkbox"/>	
Prescription No (Pharmacy Only)	<input type="text"/>		Exclude Adjusted Claims	<input type="checkbox"/>	
			Records	<input type="text" value="20"/>	

Search Results

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2216022600004				10/01/2015	10/01/2015	Professional Claims	Denied	01/27/2016	\$98.00	\$0.00
2216022600003				10/01/2015	10/01/2015	Professional Claims	Denied	01/27/2016	\$98.00	\$0.00
2016020600011				12/31/2015	01/01/2016	Professional Claims	Denied	01/22/2016	\$300.00	\$0.00
2215315600003				11/08/2015	11/08/2015	Professional Claims	Denied	11/18/2015	\$85.00	\$0.00
2016019600003				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00
2016019600002				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00
2016019600001				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry - Exclude Adjusted Claims

Removes claims that have been altered since their initial submission

Results in a more accurate representation of your total reimbursement

Claim Search 1414141414 NPI

ICN
Client ID
TCN
FDOS
TDOS
Prescription No (Pharmacy Only)

Claim Type
Status
FDate Paid
TDate Paid

Pending Claims
Exclude Adjusted Claims
Records

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2216022600004				10/01/2015	10/01/2015	Professional Claims	Denied	01/27/2016	\$98.00	\$0.00
2216022600003				10/01/2015	10/01/2015	Professional Claims	Denied	01/27/2016	\$98.00	\$0.00
2016020600011				12/31/2015	01/01/2016	Professional Claims	Denied	01/22/2016	\$300.00	\$0.00
2215315600003				11/08/2015	11/08/2015	Professional Claims	Denied	11/18/2015	\$85.00	\$0.00
2016019600003				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00
2016019600002				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00
2016019600001				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry - Pending Claims

Claims submitted since the last Remittance Advice (RA) was issued that have not yet gone through a financial cycle. Note the Paid date for these claims is 0 until the cycle paid date.

Convenient way to see all claims that will impact your reimbursement for the current cycle

Click any line in the Search Results panel to view the corresponding claim

Claim Search 1414141414 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No
(Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

Search Results

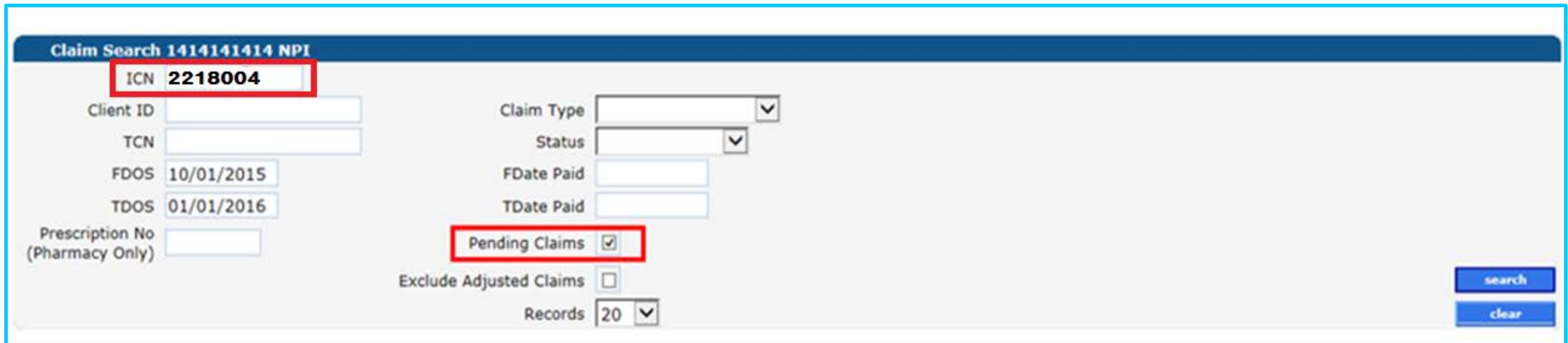
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2218001005124				01/01/2018	01/01/2018	Professional Claims	Denied	0	\$300.00	\$0.00
2218004321008				01/03/3018	01/04/2018	Professional Claims	Denied	0	\$300.00	\$0.00
2218002159281				01/02/2018	01/02/2018	Professional Claims	Denied	0	\$300.00	\$0.00

DDS Specialized Services Provider Billing Workshop

Web Claim Inquiry - Pending Claims

To narrow search results for pending claims by region on a given date, enter the first 7 digits of the Claim Internal Control Number (ICN).

This search will provide claims submitted via the Web on January 4, 2018 that have not yet processed through a financial cycle.



The screenshot shows a web interface for searching claims. The title bar reads "Claim Search 1414141414 NPI". The "ICN" field is highlighted with a red box and contains the value "2218004". Other fields include "Client ID", "TCN", "FDOS" (10/01/2015), "TDOS" (01/01/2016), "Prescription No (Pharmacy Only)", "Claim Type", "Status", "FDate Paid", "TDate Paid", "Exclude Adjusted Claims" (unchecked), and "Records" (20). The "Pending Claims" checkbox is checked and highlighted with a red box. "search" and "clear" buttons are located at the bottom right.

DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Web Account Capabilities – Web Claim Submission Options
www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Options

Paid claims allow you to:

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

Denied claims allow you to:

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

Suspended claims allow you to:

- new claim** Create a brand new claim

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Options - Adjustments

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

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

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Options - Adjustment Limitations

Timely Filing

Claims that are over the Timely Filing guidelines cannot be adjusted, unless the adjustment is submitted to pay the same or less than the original claim; otherwise, claim adjustments outside of the timely filing limit will be fully recouped

Special Handled Claims

Claims with an ICN that begins with either “12” or “13” indicate that they have been special handled by DXC Technology and are, therefore, not able to be adjusted via the www.ctdssmap.com Web site

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Options - Void

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

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

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

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Options - Copy

Paid claims may be copied and submitted as a new claim

This feature is helpful for reoccurring services

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

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

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

DDS Specialized Services Provider Billing Workshop

Web Claim Submission Options - Resubmit

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

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

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



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Claim Submission Methods

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Claim Submission Methods

Claims submitted for DDS Specialized services, directly by DDS Specialized Services providers must be submitted via:

Internet Web site at www.ctdssmap.com

- Interactive with **immediate response** of claim payment, denial or suspend.
- Allows providers to **query claims** in order to **adjust, void, or re-submit** within the **same claims processing cycle**.

Vendor Software utilizing the following HIPAA ASC X12N transactions:

- 837P – Health Care Claim Professional
- Requires provider to enroll as a Trading Partner

Paper (special handling only)

- CMS-1500 Claim Form

As of October 1, 2016 the Department of Social Services (DSS) will no longer accept paper claims for processing. Paper claims submitted on or after October 1, 2016 will be returned to the provider.

Ref: PB 2016-31.



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Claim Submission Guidelines

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Claim Submission Guidelines - Edits and Audits

Regardless of the claim submission method, all claims are processed through the Connecticut interChange system and are subject to a series of edits that check the validity of claim data such as:

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

Claims are then subject to a series of audits such as:

- If the billed procedure code requires prior authorization (PA), has the PA been approved?
- The claim is compared to previously paid claims
 - Is the current claim a duplicate of a paid claim?

DDS Specialized Services Provider Billing Workshop

Claim Submission Guidelines - Timely Filing

Timely Filing Guidelines

The timely filing limit, under the **HUSKY C & HUSKY D Benefit** plan for the submission of DDS Specialized Services by a DDS Specialized Services Provider:

- ***One (1) year from the date of service (initial claim).***
- ***One (1) year from date of last payment or denial, if not for timely filing.***

DDS Specialized Services Provider Billing Workshop

Claim Submission Guidelines - Spanning Dates of Service

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.

- For example, if Therapeutic Behavioral services (H2019) are to be provided for 3 days per week, the services may be spanned on a single claim detail if the services are performed on consecutive days of service such as Monday – Wednesday.

Spanned dates of service cannot span multiple PAs or multiple line details on a PA.

For example, Procedure code H2019 is authorized under PA D018274100 for dates of service 10/1/18-9/30/19 and PA D018274181 for dates of service 10/1/2019-9/30/2020.

- Services performed for H2019 on Monday, 9/30/19 through Wednesday, 10/2/19 cannot be spanned on a single line detail.
 - Date of service 9/30/19 must be billed on a separate line detail as the service is authorized under D018274100.
 - Services for Tuesday and Wednesday 10/1-10/2/2019 may be spanned as both are authorized under PA D018274181.



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Claim Denials and Resolution

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Claim Denials and Resolution

Denial Reasons Due to Eligibility:

EOB Code 2003 - Client Ineligible for dates of service

EOB Code 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 a **HUSKY C** or **HUSKY D** benefit plan. If any other EOB is on the claim, take action on the other EOB and disregard EOB 4021).

- **Please Note:** The system attempts to process under the HUSKY benefit plan first, if not a covered service it will set 4021 for the HUSKY benefit plan. The system will then attempt to process under any other benefit plan the client may have, which too will set 4021.
- **Resolution:**
 - Client eligibility file needs to be updated with a **HUSKY C** or **HUSKY D** benefit plan or a change in the effective dates of eligibility.

DDS Specialized Services Provider Billing Workshop

Claim Denials and Resolution

Claim Denial Reason due to PA Exhausted:

EOB Code 3003 – Prior Authorization is required for payment of the service (units for the service are exhausted).

Resolution 1: Units of service must be added by the DDS Case Manager to an existing PA that is currently exhausted.

Resolution 2: PA exhausted may be due to provider keying error. Provider should review claim(s) within the span dates of the PA for keying errors or possible over service.

DDS Specialized Services Provider Billing Workshop

Claim Denials and Resolution

Claim Denial Reason due to Provider Not Allowed to Submit Claims for Care Plan:

EOB Code 3017 – Provider not Allowed to Submit claims for Care Pan

Cause:

Provider Submitting a claim for H2019 for an ABI client using their DDS Specialized Services Provider AVRS ID. (H2019 a covered service under both ABI and DDS Specialized Services).

Resolution : Provider must resubmit claim under their ABI Provider ID.



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Remittance Advice

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Remittance Advice - Access to Claim and Financial Reporting

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

RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted, and are produced based on a provider's claim activity

Providers receive RAs electronically via the secure Provider Web site at www.ctdssmap.com

Available in the ASC X12N 835 Payment/Advice standard transaction format, which is a string of raw data that must be configured by the provider/vendor for download into their system, PDF or in the Comma Separated Format (CSV) which provides the paper version of the RA

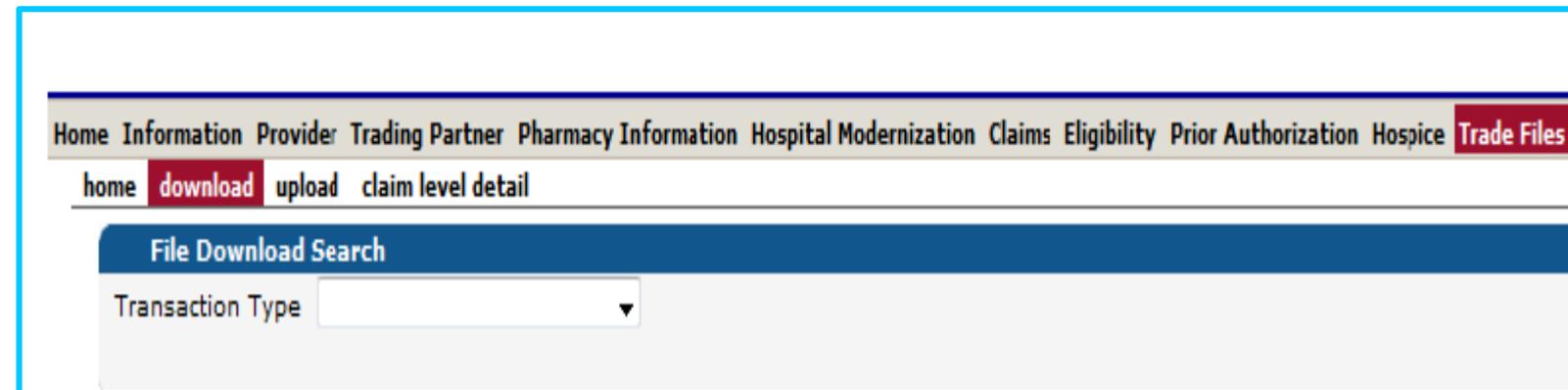
Only the last 10 RAs are maintained on the DXC Technology Web site; it is highly recommended that providers save a copy of their RAs to their local computer system for future access

DDS Specialized Services Provider Billing Workshop

Remittance Advice (RA) - Access to Claim and Financial Reporting

To access the Remittance Advice in PDF or CSV Format:

Click Download Remittance Advice from the Quick Link box on the account home screen or select Download from the Trade Files drop-down menu



then select “Remit. Advice (RA) - PDF” or “CSV” from the “Transaction Type” on the File Download Search screen.

Note: Files are only retained on the Provider’s Secure Web Account for a period of five (5) months or ten (10) RAs at which time they are removed. Providers should download copies each cycle for future reference.

DDS Specialized Services Provider Billing Workshop

Remittance Advice Comma Separated Value - CSV Format

In addition to the traditional PDF Remittance Advice (RA) format, DDS Specialized Services providers will have access to their (RA) in an excel format. This allows providers to sort the file and search for specific claim approvals and denials. To access the RA, go to our Web site at www.ctdssmap.com and log onto the secure Web portal. Under “Trade Files”, choose “Download” from the drop down menu. Select “CSV” from the “Transaction Type” on the File Download Search screen. This will populate the current files available to download. The following provides an example of the data available in this excel format:

Provider ID	Client ID	Client Last Name	Client First Name	Client Acct Number	ICN	Paid Date (MMDDYY)	Detail Num	FDOS(MM DDYY)	TDOS(MM DDYY)	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Billed Amt	Paid Amt	EOB1	EOB2	EOB3	Medical Record Num	Adj Xref ICN
#####	#####			FFS	2218274118123	10/11/2018	1	10/01/2018	10/01/2018	97537					20.00	5.00	9918	0	0	TC1FORANDIE	
#####	#####			FFS	2218274321145	10/11/2018	4	10/01/2018	10/01/2018	H2019					120.00	100.00	9918	0	0	TC1FORANDIE	
#####	#####			FFS	2218275124231	10/11/2018	1	10/02/2018	10/02/2018	97537					20.00	5.00	9918	0	0	TC1FORANDIE	

DDS Specialized Services Provider Billing Workshop

Remittance Advice - Components of the RA – 7 Sections

Banner Page

Important messages from DSS or DXC Technology

Claims Information (Paid, Denied, and Adjustments)

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

TPL Information

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

Financial Transactions Processed

Payouts, Refunds, Account Receivables

DDS Specialized Services Provider Billing Workshop

Remittance Advice - Components of the RA – 7 Sections cont.

RA Summary

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

EOB Code Descriptions

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

Claims in Process

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

Remittance Advice – Banner Page

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

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

Remittance Advice - Paid Claims

REPORT: CRA-PHPD-R RA#: 6761656		interchange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID						Date: 01/10/2018 PAGE: 5			
Provider Name Check/Remittance Advice Address							PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		NPI If Applicable ##### 00#####		
FP	--ICN-- --PATIENT NUMBER--	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	DEDUCT AMOUNT	CO-INS AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	APPLIED INCOME	PAID AMOUNT	CLIENT CONTR.
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL	E OBS		
CLIENT NAME: SARAH JONES 2218274100001		01/03/2018 01/03/2018		100.00	80.00	0.00	0.00	0.00	0.00	80.00	0.00
PL SERV	11	T2021	20.00	10/01/2018 10/01/2018	NPI	100.00	80.00	9918			
CLIENT NAME: ESTE SMITH 2218276189007		10/02/2018 10/02/2018		8.63	8.63	0.00	0.00	0.00	0.00	8.63	0.00
PL SERV	11	T2020	1.00	10/02/2018 10/02/2018	NPI	8.63	8.63				

Remittance Advice – Denied Claims

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

interChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM

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

PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS DENIED

--ICN-- --PATIENT NUMBER--	SERVICE DATES FROM THRU	BILLED AMOUNT	DEDUCT AMOUNT	CO-INS AMOUNT	TPL AMOUNT	APPLIED INCOME	CLIENT CONTR.
-------------------------------	----------------------------	------------------	------------------	------------------	---------------	-------------------	------------------

CLIENT NAME: BRITT BLUE		CLIENT NO.:00#####					
2218278111098	10/04/2018 10/04/2018	20.00	0.00	0.00	0.00	0.00	0.00

PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING FROM THRU	PROVIDER	BILLED AMOUNT	DETAIL EOBS
11	97803		5.00	10/04/2018 10/04/2018	NPI	20.00	2003

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

Remittance Advice – Claim Adjustments

FP	--ICN--	SERVICE DATES		BILLED	ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT	
PL	SERV	PROC	CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	AMOUNT	AMOUNT	AMOUNT	AMOUNT	CONTR.
REPORT: CRA-PHPD-R RA#: 6761656 interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS Date: ##/##/#### PAGE: 5 Provider Name Check/Remittance Advice Address PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID NPI If Applicable 01/10/2018 00#####													
CLIENT NAME: MARK ZEE A 2218274100002 CLIENT NO.: 00##### M 5918275234210 (20.00) (0.00) (0.00) (0.00) (0.00) (20.00) (0.00) 10.00 0.00 0.00 0.00 0.00 10.00 0.00 10.00 0.00 0.00 10.00 SERVICE DATES RENDERING BILLED ALLOWED AMOUNT AMOUNT DETAIL EOB5 11 97537 1 ##/##/## ##/##/## NPI IF APPLICABLE 10.00 10.00													

Remittance Advice – Final Transactions

REPORT: CRA-PHPD-R
RA#: 6761656

interChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

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

Provider Name
Check/Remittance Advice
Address

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

NPI If Applicable
#####

00#####

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

NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDER

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

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

NO REFUNDS FROM PROVIDER

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

A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	--BALANCE--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME
5918280190123	10/10/2018	963.20	963.20	963.20	0.00	8400		
5918280191112	10/10/2018	1,814.00	1,814.00	1,814.00	0.00	8400		
5918281178172	10/11/2018	10.00	10.00	10.00	0.00	8400		
5918282342124	10/12/2018	10.00	10.00	10.00	0.00	8400		
		-----1099 ADJUSTMENTS-----						

Remittance Advice – Summary

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

Interchange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
SUMMARY

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

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID
NPI IF APPLICABLE
##/##/####
00*****

	---NEW DAY CLAIMS---		---POSITIVE ADJUSTMENTS---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	146	13,682.15	1	64.00	147	13,746.15
HUSKY B-3	0	0.00	0	0.00	0	0.00
HUSKY B 1 and 2	0	0.00	0	0.00	0	0.00
CADAP	0	0.00	0	0.00	0	0.00
ConnPACE	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00
MLIA	39	3,393.25	1	18.75	40	3,412.00
Tuberculosis	0	0.00	0	0.00	0	0.00
Family Planning	0	0.00	0	0.00	0	0.00
IHS Facility services	0	0.00	0	0.00	0	0.00

	CURRENT		MONTH-TO-DATE		YEAR-TO-DATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
CLAIMS PAID	185	17,075.40	185	17,075.40	1,124	175,838.92
POS. CLAIMS ADJUSTMENTS	2	82.75	2	82.75	17	2,179.50
TOTAL CLAIMS PAYMENTS	187	17,158.15	187	17,158.15	1,141	178,018.42
CLAIMS DENIED	6		6		44	
CLAIMS IN PROCESS	0		0		0	

	CURRENT		MONTH-TO-DATE		YEAR-TO-DATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
PAYMENTS:						
CLAIMS PAYMENTS		17,158.15		17,158.15		178,018.42
PAYOUTS		0.00		0.00		0.00
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE		(4,168.40)		(4,168.40)		(4,168.40)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(0.00)		(8,901.30)
NON-CLAIM SPECIFIC		(0.00)		(0.00)		(0.00)
NET PAYMENT		12,989.75		12,989.75		164,948.72
1099 ADJUSTMENTS		0.00		0.00		0.00
REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
OTHER FINANCIAL:						
MANUAL PAYOUTS		0.00		0.00		0.00
CHECK VOIDS		(0.00)		(0.00)		(0.00)
NET EARNINGS		12,989.75		12,989.75		164,948.72

Remittance Advice – EOB Code Descriptions

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

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

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

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID
NPI IF APPLICABLE
##/##/####
00#####

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

FINANCIAL TRANSACTIONS REASON CODES

RSN CODE	REASON CODE DESCRIPTION
8400	Result of claim adjustment



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Program Reminders for Successful Claim Submission

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Reminders for Successful Claim Submission – Service Authorization

Check to be sure the services you have been requested to provide have been authorized.

- Use “Prior Authorization Search” under the Prior Authorization menu
- Report discrepancies to the appropriate DSS Case Manager immediately.
- Review Prior Authorizations when you are notified of changes to be sure the services you are being requested to provide have been authorized.

DDS Specialized Services Provider Billing Workshop

Reminders for Successful Claim Submission - Claim Submission Review

Prior to submitting claims be sure services provided match services 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 the PA
- Spanning dates of service across PAs or PA line details.

DDS Specialized Services Provider Billing Workshop

Reminders for Successful Claim Submission - Claim Submission Review cont.

Minimize claim submission time by:

- Submitting claims via 837 batch or interactively via the web. Paper claims will be returned unless the claim needs special handling.
- 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.

DDS Specialized Services Provider Billing Workshop

Program Reminders for Successful Claim Submission - Claim Resolution

Reconcile claims as entered via the web or leave time before claim cycle cutoff to correct and resubmit.

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.
- Contact **DXC Technology Provider Assistance Center** with issues you cannot resolve.



DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Program Information Resources

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Information Resources - www.ctdssmap.com



Connecticut Department of Social Services
Making a Difference

Help
Monday, August 13, 2018

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

[home](#) [site map](#) [about us](#)

Information

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



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



Information



Provider



Trading Partner



Pharmacy

Provider

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

Trading Partner

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

Pharmacy

- [Pharmacy Information](#)

Email Subscription

- [Register/Update Email Subscription](#)

Important Messages

- [Attention Dental Providers: Restoration Pricing Update \(Updated 8/6/18\)](#)
- [Clarification of PB18-52 - Electronic Visit Verification \(EVV\) - Consecutive Services Enhancement](#)
- [Electronic Visit Verification Important Message \(Updated 8/2/18\)](#)
- [Electronic Visit Verification Service Providers \(EVV\) - Consecutive Services Enhancement \(Posted 8/1/18\)](#)
- [CMAP Addendum B July Updates \(Posted 7/20/18\)](#)
- [Revised Provider Manual Chapters \(Updated 7/18/18\)](#)
- [Clarification of PB18-37 "Required PCA Training" - Frequently Asked Questions](#)

Fee Schedules

CMAP fee schedules are available for download from the Web site

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

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



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

DDS Specialized Services for Nursing Facility Residents [CSV](#)

DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Program Information Resources - Publications

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop Information Resources - Important Messages (IM)

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

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



Information

Important Messages

[Attention Dental Providers: Restoration Pricing Update \(Updated 8/6/18\)](#)

[Clarification of PB18-52 - Electronic Visit Verification \(EVV\) - Consecutive Services Enhancement](#)

[Electronic Visit Verification Important Message \(Updated 8/2/18\)](#)

[Electronic Visit Verification Service Providers \(EVV\) - Consecutive Services Enhancement \(Posted 8/1/18\)](#)

[CMAP Addendum B July Updates \(Posted 7/20/18\)](#)

[Revised Provider Manual Chapters \(Updated 7/18/18\)](#)

DDS Specialized Services Provider Billing Workshop

Information Resources - Remittance Advice (RA) Banner Announcements

RA Banner Announcements

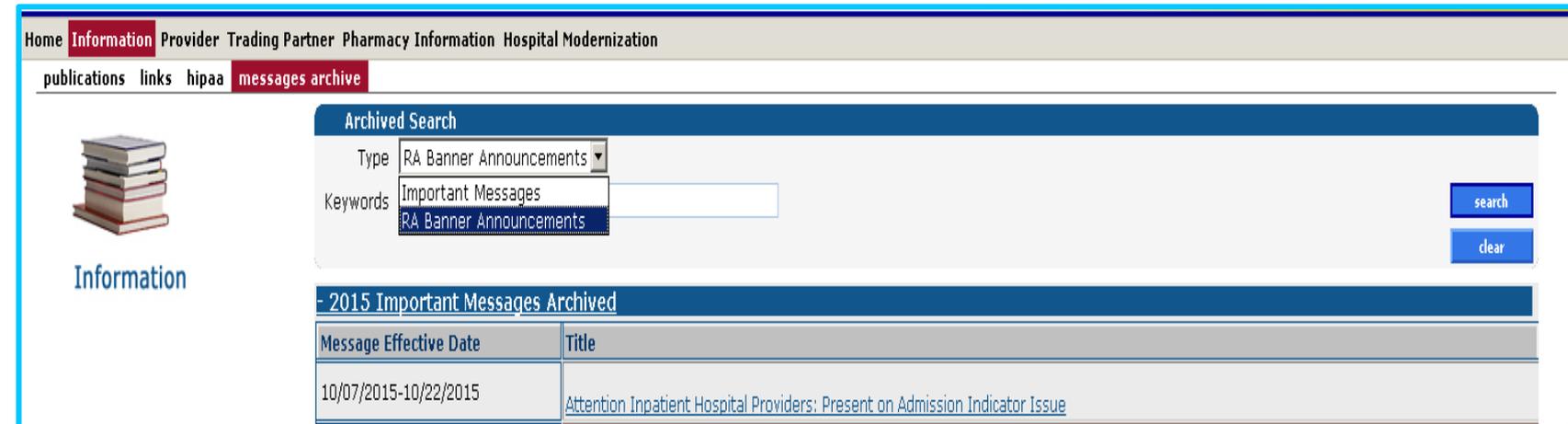
- Available by selecting the Information tab or clicking on RA Banner Announcements in the Information box on the left hand side of the home page
- Messages originally published for providers on the first page of their remittance advice. Some banner announcements are provider specific and therefore are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

Banner Effective Date	Providers	Banner Page Announcement
08/18/2017-08/25/2017	Attention ABI, CHC, PCA and Home Health Service Providers	Attention ABI, CHC, PCA and Home Health Service Providers. WHO TO CONTACT WITH EVV RELATED QUESTIONS: Providers may have questions about who to contact regarding EVV related issues. If after reviewing the information below you are unsure who to contact for assistance, please send an e-mail to ctevv@dxc.com. You are also encouraged to send an e-mail to the ctevv@dxc.com mailbox if you feel you need additional support resolving your issue. Please be sure to include your Sandata ticket number if applicable. If you are missing a client from your Santrax system and have verified that the client is eligible on their waiver benefit plan or have clients that you are unfamiliar with, please send a secure email to ctevv@dxc.com. If a prior authorization (PA) is present on the www.ctdssmap.com portal but is not present in the Santrax system, please send an email to ctevv@dxc.com. If you are experiencing issues with the Santrax system and its functionality please contact Sandata Customer Care. They can be reached at 1-855-399-8050 or by email at ctccustomer@sandata.com. Important: Do not email client identifying data unless you encrypt your e-mail.

DDS Specialized Services Provider Billing Workshop

Information Resources - Archive Important Message and RA Banner Announcements

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



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

publications links hipaa **messages archive**


Information

Archived Search

Type: RA Banner Announcements

Keywords: Important Messages
RA Banner Announcements

search clear

- 2015 Important Messages Archived

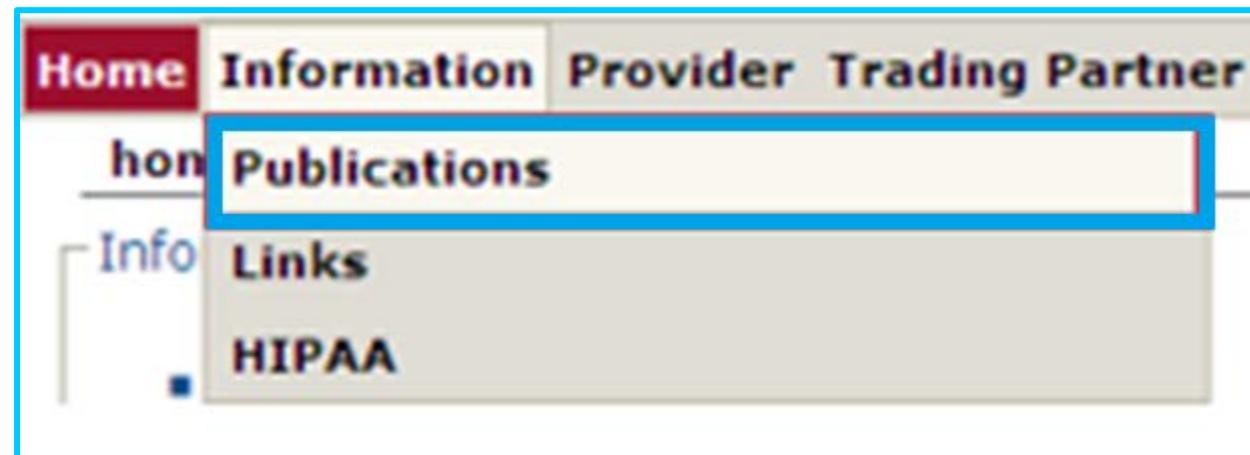
Message Effective Date	Title
10/07/2015-10/22/2015	Attention Inpatient Hospital Providers: Present on Admission Indicator Issue

DDS Specialized Services Provider Billing Workshop

Information Resources - Publications

Publications

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



DDS Specialized Services Provider Billing Workshop

Information Resources - Publications – Provider Bulletins

Provider Bulletins

- Publications posted 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

Connecticut Department of Social Services
Making a Difference

Thursday, August 09, 2018

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

home **publications** links hipaa messages archive

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number	Title	Published Date
PB18-45	Proof of Delivery Receipts for Covered Medical Equipment, Devices and Supplies (...)	07/19/2018
PB18-44	Prescription/Written Orders for all Services Covered under the Connecticut Medic...	07/19/2018
PB18-42	Change in the Submission and Payment Processing of DDS Day Support Services	06/28/2018
PB18-34	Enhanced Secure Web Site Features for Password Resets, Locked Accounts, and Disa...	06/15/2018
PB18-31	Revised Medicaid (HUSKY) Spend-down Procedures	06/06/2018
PB18-30	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/15/2018
PB18-29	Expedited Medicaid Eligibility Processing for Individuals with Medical Emergenci...	05/15/2018
PB18-19	Web Portal Enhancement - Alternate Service Location Addresses	04/05/2018
PB18-13	Payment Error Rate Measurement (PERM) Program Audit Requests	02/27/2018
PB18-11	Timely Completion of Medical Records in the Office and Outpatient Settings	02/28/2018
PB18-06	Billing Clients for Missed Appointments - Reissue of PB15-05	02/16/2018
PB18-01	Weather Related Transportation Cancellation / Delays	01/03/2018

Information Claim Cycle Schedule July - December 2018

DDS Specialized Services Provider Billing Workshop

Information – Publications - Provider Manual @ www.ctdssmap.com

Chapter	Title
1	Introduction
2	Provider Participation Policy
3	Provider Enrollment and Re-enrollment
4	Client Eligibility
5	Claim Submission Information Additional Chapter 5 Information <ul style="list-style-type: none"> Carrier Listing Sorted by Name Carrier Listing Sorted by Code
6	Electronic Data Interchange Options
7	Specific Policy / Regulation <input type="text" value="Select a provider type"/> <input type="button" value="View Chapter 7"/>
8	Provider Specific Claims Submission Instructions <input type="text" value="Select a provider type"/> <input type="button" value="View Chapter 8"/>
9	Prior Authorization
10	Web Portal/AVRS
11	Other Insurance and Medicare Billing Guides <input type="text" value="Select a claim type"/> <input type="button" value="View Chapter 11"/>
12	Claim Resolution Guide

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

DDS Specialized Services Provider Billing Workshop

Information – Publications - Provider Manual @ www.ctdssmap.com

Chapter 1 – Introduction

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

Chapter 2 – Provider Participation Policy

- Details the CMAP regulations for provider participation

Chapter 3 – Provider Enrollment and Re-enrollment

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

Chapter 4 – Client Eligibility

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

Chapter 5 – Claim Submission Information

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

Chapter 6 – Electronic Data Interchange Options

- Provides information on electronic claim submission and electronic RAs

DDS Specialized Services Provider Billing Workshop Information – Publications - Provider Manual @ www.ctdssmap.com

Chapter 7 – Specific Policy/Regulation

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

Chapter 8 – Provider Specific Claims Submission Instructions

- Provides information on provider specific billing requirements and instructions

Chapter 9 – Prior Authorization

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

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

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

Chapter 11 – Other Insurance/Medicare Billing Guides

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

Chapter 12 – Claim Resolution Guide

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

DDS Specialized Services Provider Billing Workshop

Information – Resources Provider Newsletters and Claims Processing Guides

Provider Newsletters

Quarterly publications to providers on a wide range of topics

Claims Processing Information

Guides and FAQs to assist with billing/claims processing

Provider Newsletters

- [June 2018 interChange Newsletter](#)
- [April 2018 interChange Newsletter](#)
- [December 2017 interChange Newsletter](#)
- [September 2017 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

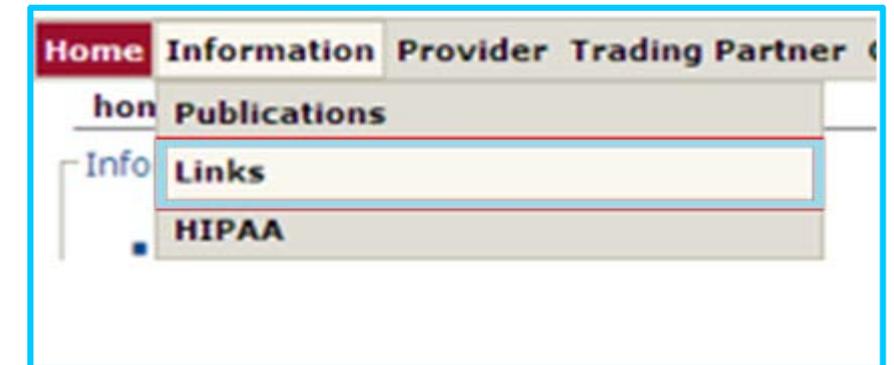
Claims Processing Information

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

DDS Specialized Services Provider Billing Workshop

Information Resources - Links

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



State Government Sites

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

Federal Government Sites

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

Health Care Provider Organizations

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

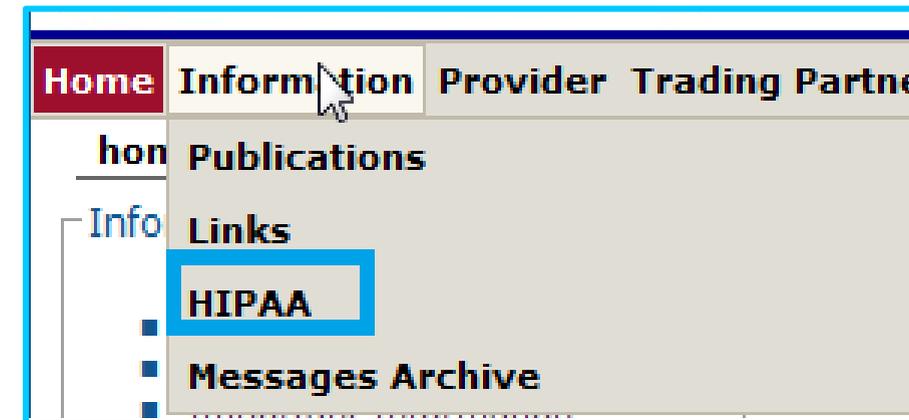
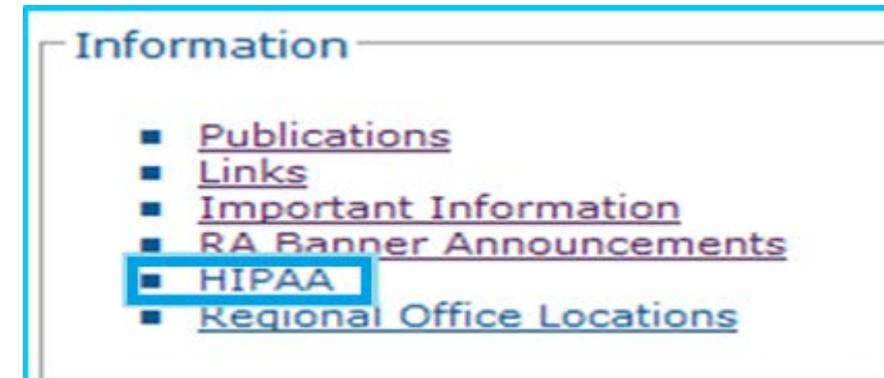
DDS Specialized Services Provider Billing Workshop

Information – HIPAA

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

The HIPAA page provides information regarding:

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





DDS Specialized Services Provider Billing and Web Claim Submission Workshop

Program Information On Going Communication Tool

www.ctdssmap.com

DDS Specialized Services Provider Billing Workshop

Information Resources – E-mail Subscriptions

E-mail Subscriptions

Register for E-mail Subscriptions - Providers **MUST** register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com

- For complete E-mail subscription information, please see provider bulletin PB 15-23 on the CMAP Web site

Home Information Provider Trading Partner

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
- QOS Instructions/Information
- Fingerprint Criminal Background Check Info
- Secure Site

Trading Partner

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

Pharmacy

- Pharmacy Information

Email Subscription

Register/Update Email Subscription 1

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, 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 30, 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 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 3

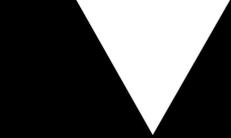
E-Mail

Confirm E-Mail

Register 4

Available Subscriptions

- Provider
- ALL Provider Types
- Acquired Brain Injury
- Advance Practice Nurse
- Autism Spectrum Disorder/Behavior Analysts
- Autism Waiver
- BHH/TCM/Waiver Provider
- Behavioral Health Clinician
- Birth to Three
- 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
- **DDS Specialized Services** 2
- DME/Medical Supply Dealer
- Dental
- Drug and Alcohol Abuse Center
- Early Childhood Autism Waiver
- Extended Care Facility/Long Term Care
- FQHC - Behavioral Health



Contacts

www.ctdssmap.com

Contacts

DDS Specialized Services Provider Billing Workshop

Contacts

Where to go for help:

DXC Technology Provider Assistance Center

For Enrollment and Claim related issues:

Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays

1-800-842-8440 (toll free)



Questions/Comments

www.ctdssmap.com

Question and Comments

Thank You For Attending

The Connecticut Medical Assistance Program

DDS Specialized Services Provider Billing and Web Claim Submission Training.

All questions and comments regarding this training are welcome.

Please fill out the provided workshop survey:

Your feedback helps us to improve future workshops