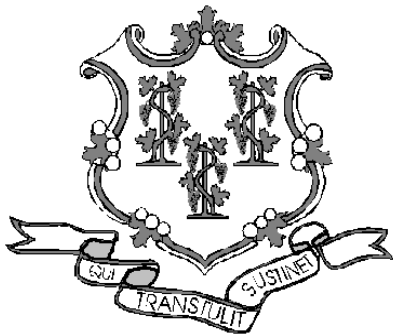




Connecticut Department
of Social Services

Making a Difference

Dental Web Claim Submission Workshop



Presented by
The Department of Social Services
& Hewlett Packard Enterprise



**Hewlett Packard
Enterprise**

Training Topics

- **Eligibility Verification**
- **Web Claim Submission Overview**
- **Web Claim Submission Benefits**
- **Access to Claim Submission Tool**
- **Web Claim Inquiry**
- **New Claim Submission**
- **Web Claim Adjustment**
- **Web Claim Void**
- **Web Claim Copy**
- **Secondary Claim – Other Insurance**
 - **Other Insurance Denial**
- **Additional Resources**
- **Questions/Comments**

Eligibility Verification

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

- Eligibility can change at any time

Eligibility Verification Options:

– *Internet Web site at www.ctdssmap.com*

– Automated Voice Response System (AVRS)

– Point of Sale (POS) Device

– Providers interested in using a POS device must contact a third party vendor to obtain the device

– Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction.

Eligibility Verification

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

Valid Search Combinations

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

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

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



Eligibility Response Quick Reference Guide

Eligibility Verification Request					
Client ID	<input type="text"/>	last name	<input type="text" value="Doe"/>	From DOS*	<input type="text" value="02/09/2016"/>
SSN	<input type="text"/>	First Name, MI	<input type="text" value="John"/> <input type="text"/>	To DOS*	<input type="text" value="02/09/2016"/>
Birth Date	<input type="text" value="02/05/1955"/>				
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"/>

To verify a client's eligibility in the Connecticut Medical Assistance Program (CMAP) through the Secure Site – click on the Eligibility tab on the main menu.

Eligibility Verification

Service Codes

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

Eligibility Verification

The Eligibility Verification Response window provides the search results.

- In this specific case – the client’s eligibility cannot be verified for the requested dates (Sept. 1, 2013) – 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 windows from a software application. The top window, titled "Eligibility Verification Request", contains several input fields: Client ID (empty), SSN (123-45-6789), Birth Date (empty), last name (DOE), First Name, MI (JOHN), From DOS* (09/01/2013), and To DOS* (09/01/2013). There are five Service Type Code dropdown menus, with the first one set to "35 - Dental Care". Search and clear buttons are located at the bottom right of this window. The bottom window, titled "Eligibility Verification Response", shows a Verification Number of 1502603HMS and a Response Text field containing the message: "Cannot validate eligibility for dates older than 1 year".

Eligibility Verification

Eligibility searches cannot span multiple months

- 12/01/2015 – 12/31/2015 is valid, 12/31/2015 – 1/15/2016 is not valid
- Submitting a request that spans multiple months will result in an error message.

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

Valid Search Combinations

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

Eligibility Response Quick Reference Guide

Eligibility Verification Request

Client ID	<input type="text"/>	last name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="12/31/2015"/>
SSN	<input type="text" value="123-45-6789"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text" value="S"/>	To DOS*	<input type="text" value="01/15/2016"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="35 - Dental Care"/>	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"/>				

Please correct the following errors:

Eligibility verification requests must not span multiple months.

Eligibility Verification

Positive eligibility responses provide greater detail

Eligibility Verification Response

Verification Number: 151250000Q

Response Text: Client is eligible. Refer to Benefit Plan for specific program coverage.

Client Information

Client ID	009999999	Last Name	CAREY
SSN	###-##-####	First Name, MI	BABYC
Birth Date	01/20/2007	Street	1 MAIN ST
Gender	M	City, State, Zip	TORRINGTON, CT 06790

Benefit Plan

Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	05/01/2015	05/05/2015	05/05/2015	

Deductible Information

*** No rows found ***

Out of Pocket Information - Includes Deductible and Coinsurance

*** No rows found ***

Service Type Codes - HP Services

Service Type Code	Service Type Information	Copay	Coinsurance
35	Dental Care		

Service Type Codes - MCO Services

*** No rows found ***

Service Type Codes - Not Covered

*** No rows found ***

TPL

*** No rows found ***

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	151250000Q
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

Client Information

Client Information			
Client ID	009999999	Last Name	CAREY
SSN	###-##-####	First Name, MI	BABYC
Birth Date	01/20/2007	Street	1 MAIN ST
Gender	M	City, State, Zip	TORRINGTON, CT 06790

Eligibility Verification

Benefit Plan

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

		Benefit Plan		
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	01/01/2016	01/01/2016	01/31/2016	

Service Type Codes – Hewlett Packard Enterprise

–A list of services for which the client was eligible that would be submitted for payment to Hewlett Packard Enterprise.

–The Service type code field will also provide copay amounts for HUSKY B clients. HUSKY B Copay amounts for Dental Service Code will not show on the eligibility screen, provider should refer to the dental fee schedule.

Service Type Codes - HP Services			
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 >

Eligibility Verification

TPL – Third Party Liability

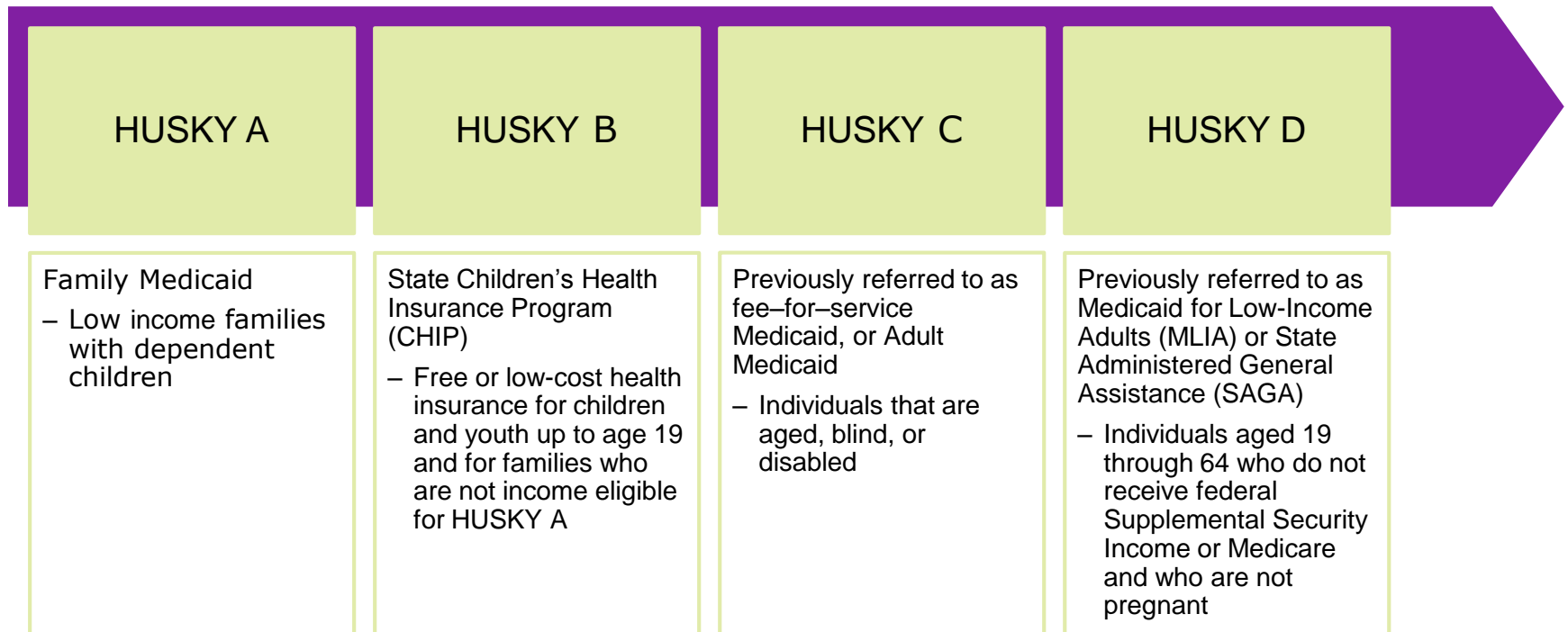
- Some clients may have Commercial Insurance as their primary insurance. This information will be shown in the TPL panel of the Eligibility Verification Response.

		TPL
Carrier Code	Carrier Name	
060	BC/BS OF CONNECTICUT	

Provider should initiate a separate request to the other payer or plan to determine level of coverage

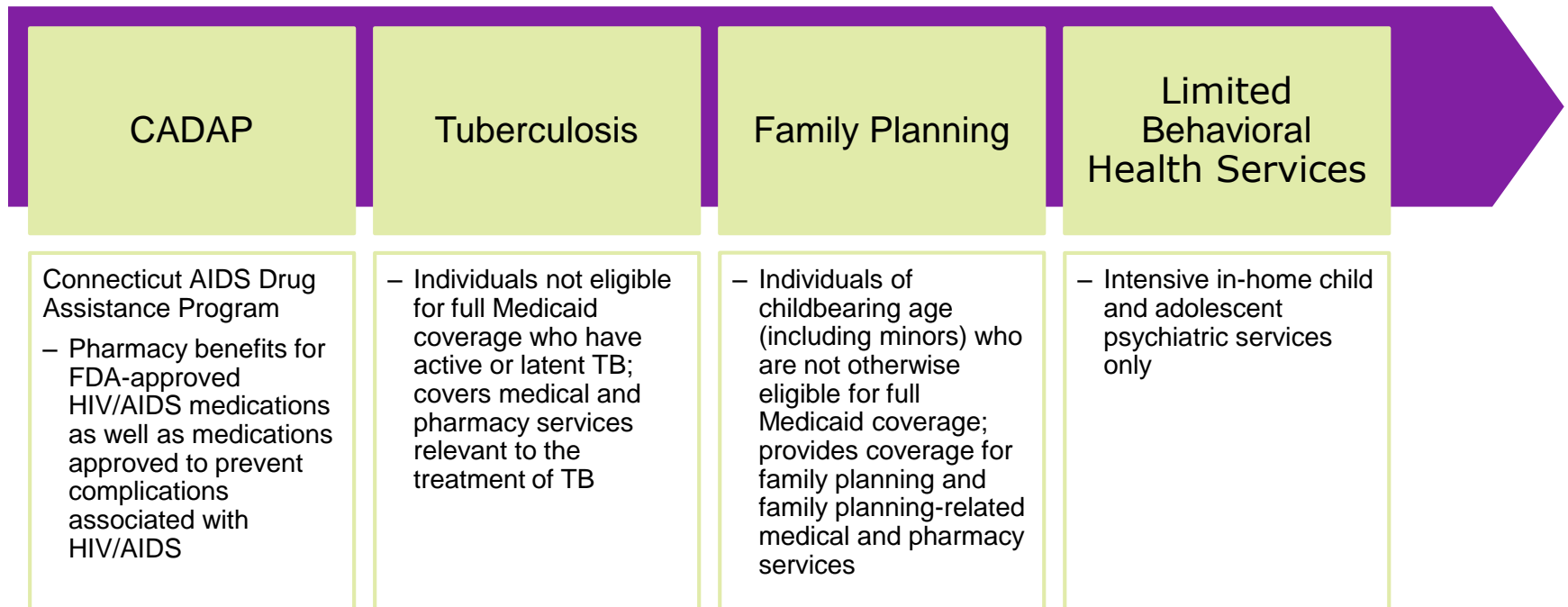
Eligibility Verification

Eligibility Verification – Benefit Plans



Eligibility Verification

Eligibility Verification – Benefit Plans



Eligibility Verification

Eligibility Verification – Benefit Plans

Medicare Covered Services

- Benefits are limited to the payment of Medicare *coinsurance* and *deductible* amounts assuming the Medicare *paid amount* is less than the Medicaid *allowed amount*. Charges that are denied or are not covered by Medicare will not be considered for payment under the QMB program.

CHC Waiver Benefit Plans

Connecticut Home Care (CHC) Benefit Plans

- Medical and Non-Medical services for elder and disabled clients under the CHC program

- Please Note: There are other waivers that provide non-medical services to HUSKY clients at risk of institutionalization, thereby enabling them to continue to live in a home and community based setting at a cost less than that of an institution, such as Personal Care Attendant and Acquired Brain Injury Waivers.

Eligibility Verification

Medicare Covered Service Benefit Plan

- This benefit plan only covers coinsurance and deductible for services that Medicare covers. If Medicare denies a service, it is not covered under CMAP.
- Since Dental services are not covered under Medicare, a client who has the Medicare Covered Service Benefit Plan only does not have dental benefits under CMAP.
- The eligibility verification below shows the response for a client with Medicare Covered Service Benefit Plan done by selecting 35 as the Service Type Code.

Benefit Plan					
Service Information	Benefit Month	Effective Date	Effective Date	End Date	Message
Medicare Covered Services		07/01/2016	07/19/2016	07/19/2016	

Deductible Information				
Service Information	Effective Date	End Date	Base Deductible Amount	Remaining Amount
Qualified Medicare Beneficiary			\$0.00	

Out of Pocket Information - Includes Deductible and Coinsurance	
*** No rows found ***	

Service Type Codes - HP Services	
*** No rows found ***	

Service Type Codes - MCO Services	
*** No rows found ***	

Service Type Codes - Not Covered	
Service Type Code	Service Type Information
35	Dental Care

Web Claim Submission Overview

- **Effective October 1, 2016**, the Department of Social Services (DSS) will no longer accept paper claims for processing. Providers are encouraged to check with their claim vendor in order to begin preparing for this transition by ensuring that all claims are submitted to Hewlett Packard Enterprise electronically, using the HIPAA compliant ASC X12N 837 Health Care Claim or through the Provider Secure Web Portal at www.ctdssmap.com.
- Paper claims submitted to Hewlett Packard Enterprise on/or after October 1, 2016 will be returned to the provider with the exception of Out Of State (OOS) providers and/or any claims that are submitted for special handling, such as timely filing overrides.
- This presentation will prepare you for successful Web claim submission through the Provider Secure Web Portal at www.ctdssmap.com.

Web Claim Submission Benefits

Top [5 reasons](#) to use the Web claim submission tool:

- Easily search, submit, copy and void claims
- Resubmit previously denied claims
- Submit secondary claims containing payments or denials from Other Insurance
- Adjust claims on the Web
- Claim results are immediate

Access to Claim Submission Tool

www.ctdssmap.com

- Log onto the secure Web portal
- Select Claims
- Dental

The screenshot displays the web portal interface for the Connecticut Department of Social Services. The header includes the department logo and the date "Friday, July 08, 2016". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Medical Care Advisory Committee, Claims, Eligibility, and Prior Authorization. Below this, a secondary navigation bar includes links for Hospice, Trade Files, MAPIR, Messages, and Account. The Account menu is expanded, showing options for Claim Inquiry, Professional, Institutional, Dental, and Claim History for Specific Services. The Dental option is highlighted. The main content area displays user information for provider P008001007, including their ID, AVRS ID, reenrollment due date, and zip code. A message indicates that 835 transactions are being sent to the provider's download name in the Trade Files menu.

Connecticut Department of Social Services
Making a Difference

Help
Friday, July 08, 2016

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Medical Care Advisory Committee Claims Eligibility Prior Authorization

Hospice Trade Files MAPIR Messages Account

home account home account maintenance account setup change password clerk maintenance demographic maintenance

Welcome, P008001007
Provider ID: 1616161616 NPI
Provider AVRS ID: 008001007
Reenrollment Due Date: 03/03/2011
Zip Code: 12345 -

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

Claim Inquiry
Professional
Institutional
Dental
Claim History for Specific Services
- Create Eligibility Verification
- Prior Authorization Inquiry
- Download Remittance Advices
- ACA Ordering/Prescribing/Referring Provider List

Access to Claim Submission Tool

- If the Claims tab is not present, or if Claim Inquiry is the only option in the drop down list, the clerk account **has not** been granted access to the claim submission tool.
- The account administrator must log onto the main account, click on the clerk maintenance tab, click on the clerk account in question and move the Claim Inquiry/Submission/Adjustment under Assigned Roles to Available Roles in order to grant access.
- Steps for creating and/or modifying clerk accounts can be found on slides 20 through 24.
- Access chapter 10 on the www.ctdssmap.com Web site for a complete list of Web portal functions.

Access to Claim Submission Tool

- Clerk accounts grants Web access to staff members allowing them to perform functions based on their job responsibilities.
- The main account administrator is responsible for maintaining clerk accounts within their organization. This includes adding clerks, changing the role(s) for clerks, removing clerks, and resetting passwords.
- Access the *Clerk Maintenance* section of the secure site by selecting *clerk maintenance* from either the *Account* submenu or the *Account* drop-down menu.

The screenshot displays a web application interface. At the top, there is a navigation bar with the following items: Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below this, a secondary navigation bar contains links for 'change password', 'clerk maintenance' (highlighted in red), 'demographic maintenance', 'reset password', and 'log out'. A dropdown menu is open under the 'Account' link, listing the following options: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance (highlighted with a mouse cursor), Demographic Maintenance, Reset Password, and Log Out. Below the navigation bars, there is a table with a blue header bar. The text 'Select row above to update -or- click Add button below.' is displayed below the table header.

Access to Claim Submission Tool

- To **create a new** clerk account, click add clerk and complete fields.
- To give access to the claim submission tool for an **existing clerk**, click on the clerk account in question and move the “**Claim Inquiry/Submission/Adjustment**” under Available Roles to Assigned Roles.

Clerk Maintenance

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

Type data below for new record.

remove clerk add clerk reset password

User ID* MARCUSWILLIAMS

Contact First Name* Marcus

Contact Last Name* Williams

Phone Number* (860)555-5555 1234

Password* ●●●●●●

Confirm Password* ●●●●●●

AVR ID 111111114

AVR Pin ●●●●

Confirm AVR Pin ●●●●

Clerk Roles (Internet Only)

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

submit cancel

If applicable, fill in the required fields then click submit.

Access to Claim Submission Tool

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

The following messages were generated:

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

Clerk Maintenance

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

Type changes below.

User ID:

Contact First Name:

Contact Last Name:

Phone Number:

Clerk Roles (Internet Only)

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

Access to Claim Submission Tool

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.

The screenshot shows a web form titled "Change Password" with a blue header. The form contains the following fields and buttons:

- User ID: JUANMARTINEZ
- Current Password*: [masked with 7 dots]
- New Password*: [masked with 10 dots]
- Confirm Password*: [masked with 10 dots]
- New EMail*: juan_martinez@doedental.com
- Confirm New EMail*: juan_martinez@doedental.com
- Buttons: "change password" and "cancel"

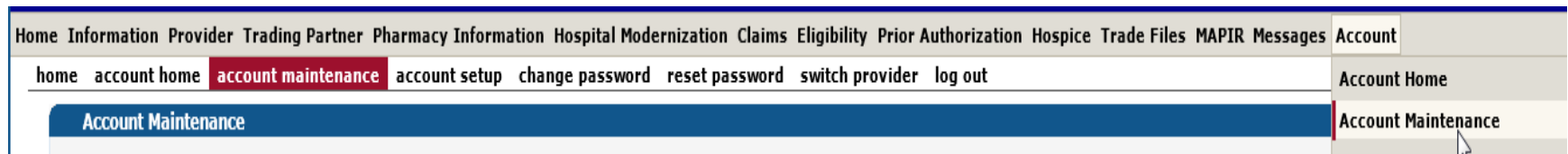
Below the form, a blue banner displays the error message: "Please correct the following errors: We are sorry but your password has expired. Please change your password."

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

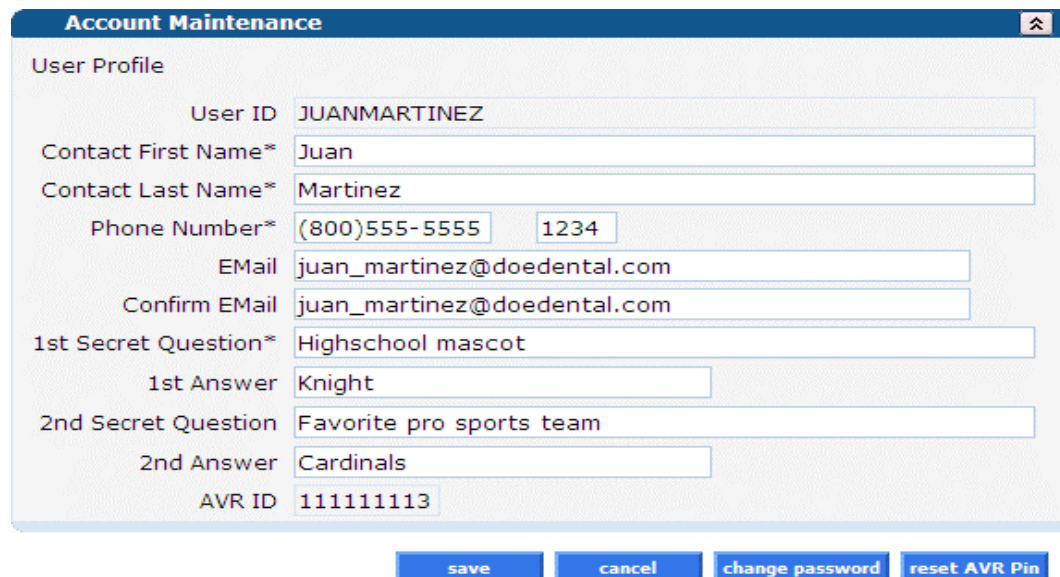
- The clerk is now ready to perform the job duties allowed under the *Assigned Roles* chosen by the account administrator.

Access to Claim Submission Tool

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



Fill in the appropriate information; click save



The screenshot shows the 'Account Maintenance' form with the following fields and values:

User Profile	
User ID	JUANMARTINEZ
Contact First Name*	Juan
Contact Last Name*	Martinez
Phone Number*	(800)555-5555 1234
E-Mail	juan_martinez@doedental.com
Confirm E-Mail	juan_martinez@doedental.com
1st Secret Question*	Highschool mascot
1st Answer	Knight
2nd Secret Question	Favorite pro sports team
2nd Answer	Cardinals
AVR ID	111111113

Buttons at the bottom: save, cancel, change password, reset AVR Pin

Web Claim Inquiry

Once you have successfully logged in, to search claims on the www.ctdssmap.com secure site, click on “Claims” then “Claims Inquiry” on the main menu.

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

- ICN, From and Through Dates of Service, From and Through Dates of Payment, or check the *Pending Claims* box.
- The From and Through dates cannot span more than 93 days.

Claim Search 008000011 MCD

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

Web Claim Inquiry

Claim Search 16161616 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No (Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

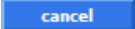
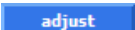
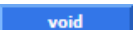
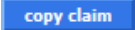
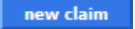
Search Results

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


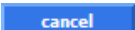
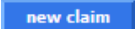
Web Claim Inquiry

- What can I do with these claims?

- *Paid* claims allow you to:

-  Cancel any data entry you have done to the claim after it processed
 -  Adjust the claim
 -  Void the claim
 -  Copy the claim and use it as a template to create a new claim
 -  Create a brand new claim

- *Denied* claims allow you to:

-  Resubmit the claim (with or without making changes)
 -  Cancel any data entry you have done to the claim after it processed
 -  Create a brand new claim

- *Suspended* claims allow you to:

-  Create a brand new claim

New Claim Submission

To [submit Dental Claims](#) using the ctdssmap.com secure site, click on “Claims” then “Dental”.


- The Claim page is divided into different panels. Each panel is marked with a blue line which lists the name of that panel.
- The first panel is the Header of the claim; information entered here applies to the entire claim.
- All required fields in the different panels are marked with an asterisk.

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

home claim inquiry professional institutional **dental** eyeglass vision and denture history

Quick Links

- [Internet Claims Submission FAQ](#)
- [Instructions for submitting Dental claims](#)
- [Claim Resolution Guide](#)



Dental Claim

ICN	<input type="text"/>	Emergency	<input type="text"/>
Provider ID	008000008 MCD	Accident	<input type="text"/>
AVRS ID	008000008	Facility Type Code*	<input type="text"/> [Search]
Client ID*	<input type="text"/>		
Last Name	<input type="text"/>	Total Charges	
First Name, MI	<input type="text"/>	Total Billed Amount	<input type="text" value="\$0.00"/>
Date of Birth	<input type="text"/>	TPL Amount	<input type="text" value="\$0.00"/>
Patient Account #	<input type="text"/>	Total Paid Amount	<input type="text" value="\$0.00"/>
837 Version	5010		

New Claim Submission

Detail Panel

Detail								
Item	DOS	Procedure	Units Billed	Tooth Number	Quadrant	Charges	Status	Allowed Amount
A	1		1.00			\$0.00		\$0.00

Type data below for new record.

Item DOS*

Procedure* [Search] Units Billed*

Modifiers [Search] [Search] Charges*

[Search] [Search] Allowed Amount

Tooth Number Rendering Provider [Search]

Quadrant [Search] Status

Surfaces

Buccal Distal Facial Incisal Lingual Mesial Occlusal

- In the Detail Section enter the procedure code, date of service, units of the procedure, total charges for the service. If applicable, enter the rendering provider NPI and the tooth number. Tooth Surfaces, if applicable, can be checked off.
- To enter additional procedures, click on the button within the Detail Panel and enter the required information.
- *Do not click on the button after you've entered the last procedure for the client/date of service.*

New Claim Submission

Diagnosis Panel

Diagnosis			
Diag-Sequence ▲	Diagnosis	Description	
Code Set	ICD 10 ▼		
Principal	<input type="text"/>	[Search]	Other 1 <input type="text"/> [Search] Other 2 <input type="text"/> [Search]
Other 3	<input type="text"/>	[Search]	

- If the provider is billing for a behavior management procedure code (D9920) along with other dental services, they must bill the related diagnosis code to the behavior management service in the diagnosis field.
- No other dental services require a diagnosis code to be entered on the claim.

New Claim Submission

TPL Panel

TPL

*** No rows found ***

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

Client Carriers

Carrier Code [Search]

Plan Name

Policy Number

Paid Amount

Paid Date

Adjustment Reason Code [Search] [Search] [Search]

Adjustment Amount


Relationship

Last Name

First Name, MI

Date of Birth

delete add

- Medicaid is always the payer of last resort. If the client has Other Insurance (OI) primary, the provider should bill that carrier first.
- The OI information can be entered in the TPL panel by first clicking the  button in the TPL panel.
- The required fields are Carrier Code for the OI, Paid Amount and Paid Date.
- The three digit Carrier Code can be found on the client eligibility verification screen under TPL Information, or in the drop down “Client Carriers” field in the TPL panel on the Claim screen.

New Claim Submission

Claim Status Panel

Claim Status Information	
Claim Status	Not Submitted yet

Claim Status Information	
Claim Status	PAID
Claim ICN	2216187050003
Paid Date	07/07/2016
Paid Amount	\$85.28

Claim Status Information	
Claim Status	DENIED
Claim ICN	2216190050002
Denied Date	
Paid Amount	\$0.00

EOB Information		
Detail Number	Code	Description
0	9997	REFER TO DETAIL EOB
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
1	6472	PERIODIC ORAL EVALUATION LIMITED TO ONCE PER 6 MONTHS FOR CLIENTS 20 AND UNDER
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
2	6473	ONLY 1 DENTAL PROPHYLAXIS ALLOWED PER SIX MONTHS FOR CLIENTS 20 AND UNDER.

- Claim Status Information Panel shows the status of the claim.
- Once a claim is submitted, it processes in real time and assigns an Internal Control Number (ICN) to the claim. The Claim Status will show if it has been submitted, paid, denied or suspended.
- Claim Status on a paid claim will show the paid amount.
- Claim Status on a processed claim will also show the Explanation of Benefit (EOB) codes that post at the header of the claim and at the details.

New Claim Submission

Claim Status Panel

[Web Claim function buttons](#)

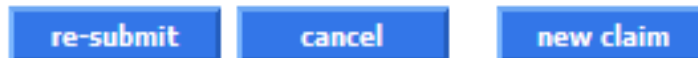
New Claim



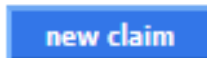
Paid claim



Denied claim



Suspended claim



New Claim Submission




Web Claims Submission – Error Messages

If required information is missing or is in an incorrect format, the self editing feature of Web claims generates error messages to alert the provider and will prevent the claim from being submitted until the errors have been corrected.

The following messages were generated:			
Message Description	Panel	Field	Row
 A valid Facility Type Code is required	Dental Claim	Facility Type Code	

Dental Claim 

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

Dental Claim	
ICN	<input type="text"/>
Provider ID	1616161616 NPI
AVRS ID	008001007
Client ID*	005153371
Emergency	<input type="text"/> 
Accident	<input type="text"/> 
 Facility Type Code*	<input type="text"/> [Search]

Web Claim Adjustment

Adjustment - Perform the following steps to easily adjust a *paid* claim:

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

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

Web claim adjustment limitations:

- Timely Filing
 - Claims that are over the *Timely Filing* guidelines cannot be *adjusted*. If a claim outside of timely filing is adjusted, the claim will be fully recouped, unless the adjusted claim payment will be equal to or less than the original claim payment.
- Special Handled
 - Claims with an ICN that begins with either “12” or “13” indicate that they have been special handled by Hewlett Packard Enterprise and are, therefore, not able to be adjusted via the **www.ctdssmap.com** Web site.

Web Claim Void

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

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

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

Web Claim 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.

Secondary Claim – Other Insurance Payment

- To *submit* an Other Insurance (OI) primary claim using the ctdssmap.com secure site, click on “Claims” then “Dental”.
- Complete all fields with an asterisk at the Dental Claim Panel, Detail Panel and any additional information as it pertains to the claim.
- In the TPL Panel, click on the **add** button; in the below example, select Client Carrier Code 060, enter the TPL payment \$100.00 and a paid date of 07/01/2016.
- Click on the Submit button at the bottom of the page. The claim will process immediately and return with a status of Paid, Denied or Suspended.

TPL									
Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
A	060	BC/BS OF CONNECTICUT	03241971	\$0.00					

Type data below for new record.

Client Carriers	<input type="text" value="060 - BC/BS OF CONNECTICUT"/>
Carrier Code	<input type="text" value="060"/> [Search]
Plan Name	<input type="text" value="BC/BS OF CONNECTICUT"/>
Policy Number	<input type="text" value="03241971"/>
Paid Amount*	<input type="text" value="\$100.00"/>
Paid Date*	<input type="text" value="07/01/2016"/>
Relationship	<input type="text"/>
Last Name	<input type="text"/>
First Name, MI	<input type="text"/>
Date of Birth	<input type="text"/>
Adjustment Reason Code	<input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]
Adjustment Amount	<input type="text" value="\$0.00"/> <input type="text" value="\$0.00"/> <input type="text" value="\$0.00"/>

delete **add**

Other Insurance Denial

- If the OI denies the claim, in the TPL panel select the Carrier Code from the Drop Down Client Carriers field, enter zero in the "Paid Amount" field and the date of the denial in the "Paid Date".

TPL									
Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
A	060	BC/BS OF CONNECTICUT	03241971	\$0.00					

Type data below for new record.

Client Carriers	<input type="text" value="060 - BC/BS OF CONNECTICUT"/>
Carrier Code	<input type="text" value="060"/> [Search]
Plan Name	<input type="text" value="BC/BS OF CONNECTICUT"/>
Policy Number	<input type="text" value="03241971"/>
Paid Amount*	<input type="text" value="\$0.00"/>
Paid Date*	<input type="text" value="07/01/2016"/>
Relationship	<input type="text"/>
Last Name	<input type="text"/>
First Name, MI	<input type="text"/>
Date of Birth	<input type="text"/>
Adjustment Reason Code	<input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]
Adjustment Amount	<input type="text" value="\$0.00"/> <input type="text" value="\$0.00"/> <input type="text" value="\$0.00"/>

Additional Resources

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.

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number	Title	Published Date
PB16-31	Elimination of Paper Claims Notification	06/07/2016

Additional Resources

- *Provider Manual*
- The Provider Manual is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission.
- It is the primary source of information for submitting CMAP claims, and other related transactions. This manual contains detailed instructions regarding the Medicaid Program, and should be your first source of information pertaining to policy and procedural questions.
- Provider Manuals can be accessed by going to www.ctdssmap.com. From the home page click on “Publications”, scroll down to “Provider Manuals” then select the appropriate provider manual and/or select the appropriate provider specific or claim specific manual from the drop down menu and click on “View Chapter”.
- The Provider Manual is divided into twelve (12) chapters:
 - » Chapters 7 and 8 are provider specific – select “Dental” from the drop-down menu and click **View Chapter** to access the chapter
 - » Chapter 10 is the *Web Portal/Automated Voice Response System (AVRS) information*
 - » Chapter 11 is claim-type specific Other Insurance/Medicare Billing Guide – select “Dental” from the drop-down menu and click **View Chapter** to access the chapter

A complete reference of chapters 1 through 12 can be found on slides 42 and 43

Additional Resources

Provider Manual

- *Chapter 1 – Introduction*
 - Provides information on CMAP, the Department of Social Services' and Hewlett-Packard's responsibilities and resources.
- *Chapter 2 – Provider Participation Regulations*
 - Details the CMAP regulations for provider participation
- *Chapter 3 – Provider Enrollment*
 - Provides information on provider eligibility in regards to provider enrollment and re-enrollment
- *Chapter 4 – Client Eligibility*
 - Provides information regarding client eligibility in CMAP, client eligibility verification, and client third party liability.
- *Chapter 5 – Claim Submission Information*
 - Provides information on general claims processing and billing requirements
- *Chapter 6 – EDI Options*
 - Provides information on electronic claim submission and electronic RAs.

Additional Resources

Provider Manual

- *Chapter 7 – Regulations / Program Policy*
 - This section contains the Medical Services Policy sections that pertain to the chosen provider type.
- *Chapter 8 – Billing Instructions*
 - Provides information on provider specific billing requirements and instructions.
- *Chapter 9 – Prior Authorization*
 - Provides information on how to obtain Prior Authorization for designated services.
- *Chapter 10 – Web Portal / Automated Voice Response System (AVRS)*
 - Provides information on both the AVRS and the Web Portal functions of interChange.
- *Chapter 11 – Other Insurance/Medicare Billing Guides*
 - Provides claim-type specific information on other insurance and Medicare billing.
- *Chapter 12 – Claim Resolution Guide*
 - Provides descriptions of common EOB codes and, if applicable, information to resolve the errors.

Additional Resources

Where to go for more information www.ctdssmap.com

- If you have any questions regarding Web claim submission,
 - Reference the Instructions for Submitting Dental Claims which can be found after logging into the Web portal then selecting “Claims” then “Dental”.

The screenshot shows the top navigation bar of the CTDSSMAP website. The navigation bar includes links for Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims (highlighted in red), Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below the navigation bar, there is a secondary menu with links for home, claim inquiry, professional, institutional, dental (highlighted in red), and eyeglass vision and denture history. A 'Quick Links' box is visible, containing three links: Internet Claims Submission FAQ, Instructions for submitting Dental claims, and Claim Resolution Guide. A blue arrow points from the 'Instructions for submitting Dental claims' link to the 'dental' link in the secondary menu.

- **Hewlett Packard Enterprise Provider Assistance Center (PAC)**
 - 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
- **Hewlett Packard Enterprise Electronic Data Interchange (EDI) Help Desk**
 - 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays

Wrap Up & Questions

- Questions & Answers



*Thank you for attending
today's workshop!*

*Please complete the workshop evaluation,
your comments are appreciated!*