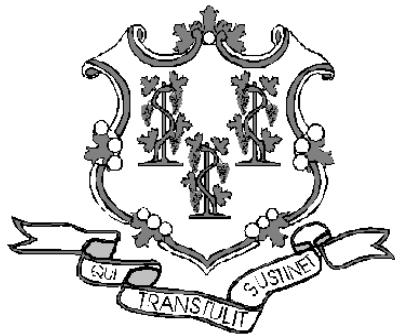




Connecticut Department
of Social Services

Making a Difference

Home Health and Hospice 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 – Medicare
 - ABN or Medicare Denial
- Secondary Claim – Other Insurance
 - Other Insurance Payment or Denial
- Additional Resources
- Questions/Comments

Web Claim Submission

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)
- Provider Electronic Solutions (PES) software
- Point of Sale (POS) Device
 - Providers interested in using a POS device must contact a third party vendor to obtain the device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction.

Web Claim Submission

Web Account Access

Welcome page at www.ctdssmap.com

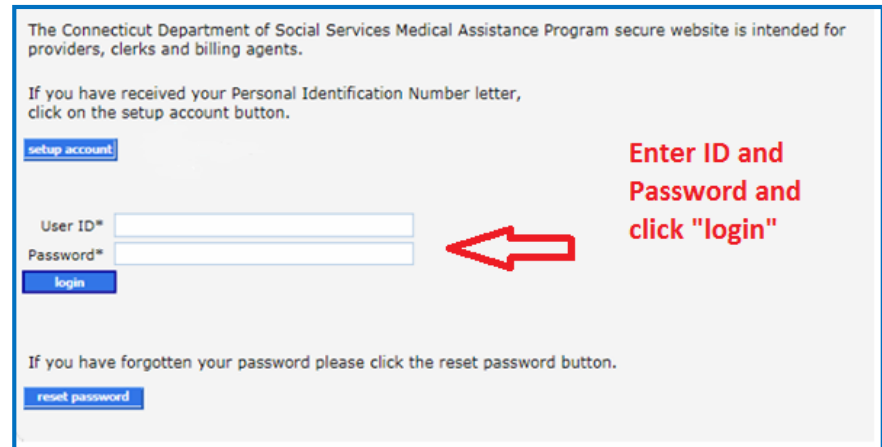
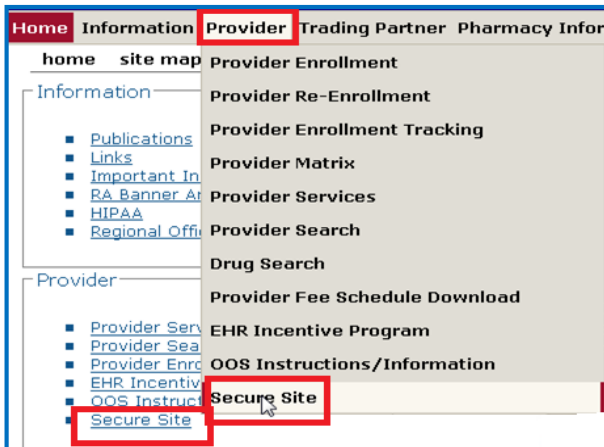
The screenshot shows the homepage of the Connecticut Medical Assistance Program website. At the top left is the logo for the Connecticut Department of Social Services, "Making a Difference". At the top right, it says "Help Tuesday, October 27, 2015". Below the header is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. Under "Home", there are sub-links for home, site map, and about us. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" heading. Below this is a paragraph of introductory text: "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY HP ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM." Below the text are four icons representing different sections: a stack of books for "Information", a stethoscope for "Provider", a key for "Trading Partner", and a pill bottle for "Pharmacy". On the left side, there are three vertical menu boxes. The "Information" box contains links for Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. The "Provider" box contains links for Provider Services, Provider Search, Provider Enrollment, EHR Incentive Program, OOS Instructions/Information, and Secure Site. The "Trading Partner" box contains links for Trading Partner Enrollment, Trading Partner Documents, and Provider Electronic Solutions Billing Instructions. At the bottom, there is an "Important Messages" section with a link for "Attention Providers: Extended Down Time and 835 Delay Notification".

Web Claim Submission

Web Account Access

Accessing your Secure Site Account

- Select **Secure Site** from either the Provider panel on the left or the Provider drop-down menu. Enter your **User ID** and **Password** and click **“Login.”**

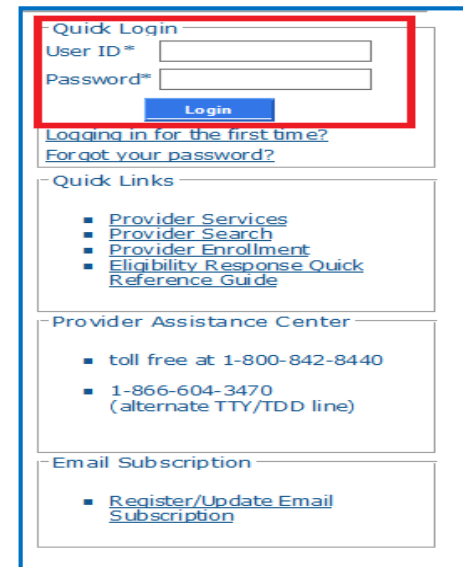


Web Claim Submission

Web Account Access

Access to your Secure Web Account

- Alternately, click on the *Provider* icon from the main page then enter User ID and **Password** and click "**Login**" from the *Quick Login* panel on the right side of the screen



Web Claim Submission

Web Account Access

You have successfully accessed your www.ctdssmap.com Secure Web account.

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

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

Your password expires in 61 days on 08/08/16 at 12:00 AM [Change Password](#)

Welcome: John_Doe_Waiver
Provider ID: 1234567890 NPI
Reenrollment Due Date: 02/25/2018
Zip Code: 06106 - 5501
Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.

Quick Link

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

Global Messages						
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	

Secure Mailbox

*** No rows found ***

Web Claim Submission

Eligibility Verification

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

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

Valid Search Combinations

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

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

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



Eligibility Response Quick Reference Guide

Eligibility Verification Request

Client ID	<input type="text"/>	last name	<input type="text" value="Doe"/>	From DOS*	<input type="text" value="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"/>				

search

clear

Web Claim Submission

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

Web Claim Submission

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 (July 1, 2015 – July 1, 2015) 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 a web application interface for eligibility verification. It is divided into two main sections: 'Eligibility Verification Request' and 'Eligibility Verification Response'.

Eligibility Verification Request: This section contains several input fields and dropdown menus. The 'Client ID' is set to '00#####'. The 'SSN' field is empty. The 'Birth Date' is '10/04/1941'. The 'From DOS*' and 'To DOS*' fields are both set to '07/01/2015'. There are five 'Service Type Code' dropdown menus. The first dropdown is set to '30 - Health Benefit Plan Coverage'. The other four dropdowns are empty. There are also fields for 'last name' and 'First Name, MI'. A 'search' button and a 'clear' button are located on the right side of this section.

Eligibility Verification Response: This section displays the results of the search. The 'Verification Number' is '1619800YVQ'. The 'Client ID' is '001966956'. The 'Response Text' is 'Cannot validate eligibility for dates older than 1 year'.

Web Claim Submission

Eligibility Verification

Eligibility searches cannot span multiple months

- 7/16/2016 – 7/31/2016 is valid, 7/16/2016 – 8/16/2016 is not valid
- Submitting a request that spans multiple months will result in an error message.

Eligibility Verification Request

Client ID	00#####	last name	<input type="text"/>	From DOS*	07/16/2016
SSN	<input type="text"/>	First Name, MI	<input type="text"/> <input type="text"/>	To DOS*	08/16/2016
Birth Date	10/04/1941				
Service Type Code 1	42 - Home Health Care	Service Type Code 2	45 - Hospice		
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.

Web Claim Submission

Eligibility Verification

Eligibility Verification – Favorable Response

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

Eligibility Verification Request

Client ID	00#####	last name	<input type="text"/>	From DOS*	07/16/2016
SSN	<input type="text"/>	First Name, MI	<input type="text"/> <input type="text"/>	To DOS*	07/31/2016
Birth Date	10/04/1941				
Service Type Code 1	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"/>				

Eligibility Verification Response

Verification Number 1619800YX7

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

Web Claim Submission

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.

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 >

Web Claim Submission

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

Web Claim Submission

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	Message
HOSPICE-MEDICARE	02/18/2016	02/27/2016	MASONICARE PARTNERS HOME HEALTH AND	(860)528-2273	

Medicare

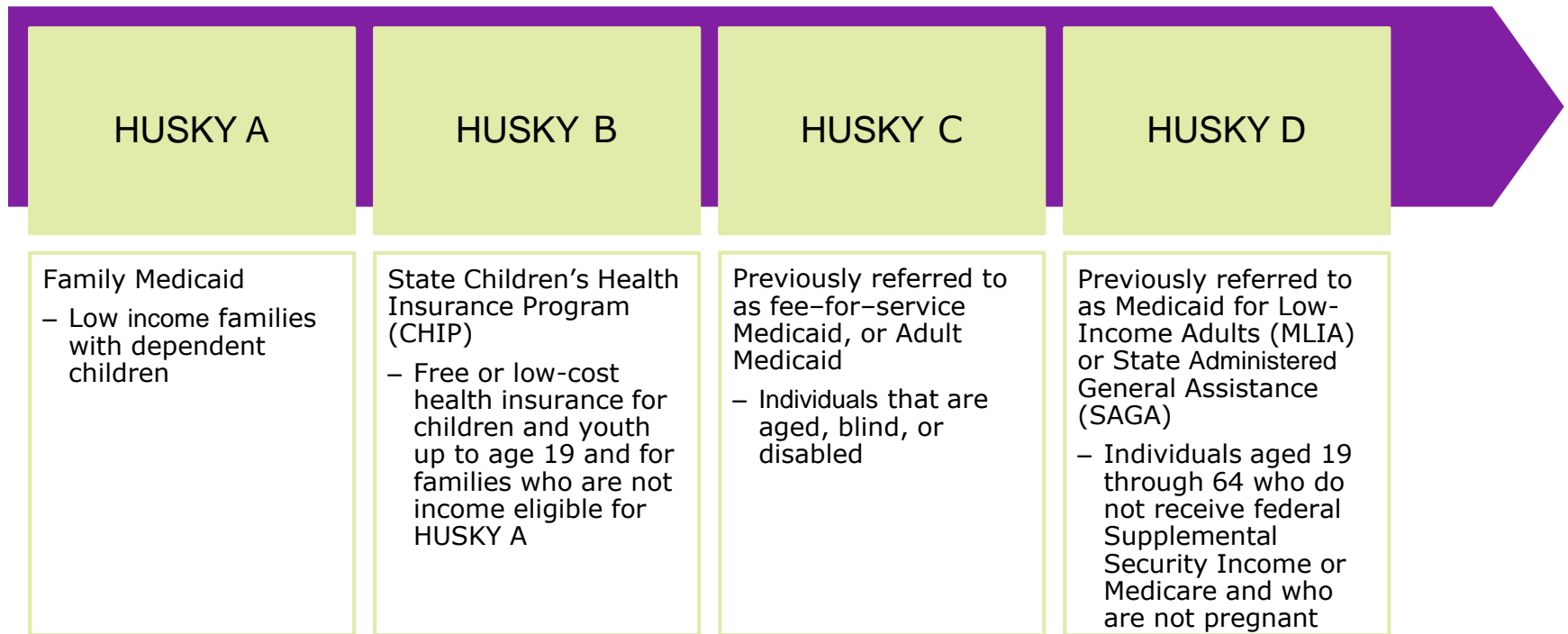
- Types of Medicare coverage active for the client on the date(s) of service requested

Medicare	
Coverage [▲]	
Medicare A	
Medicare B	

Web Claim Submission

Eligibility Verification

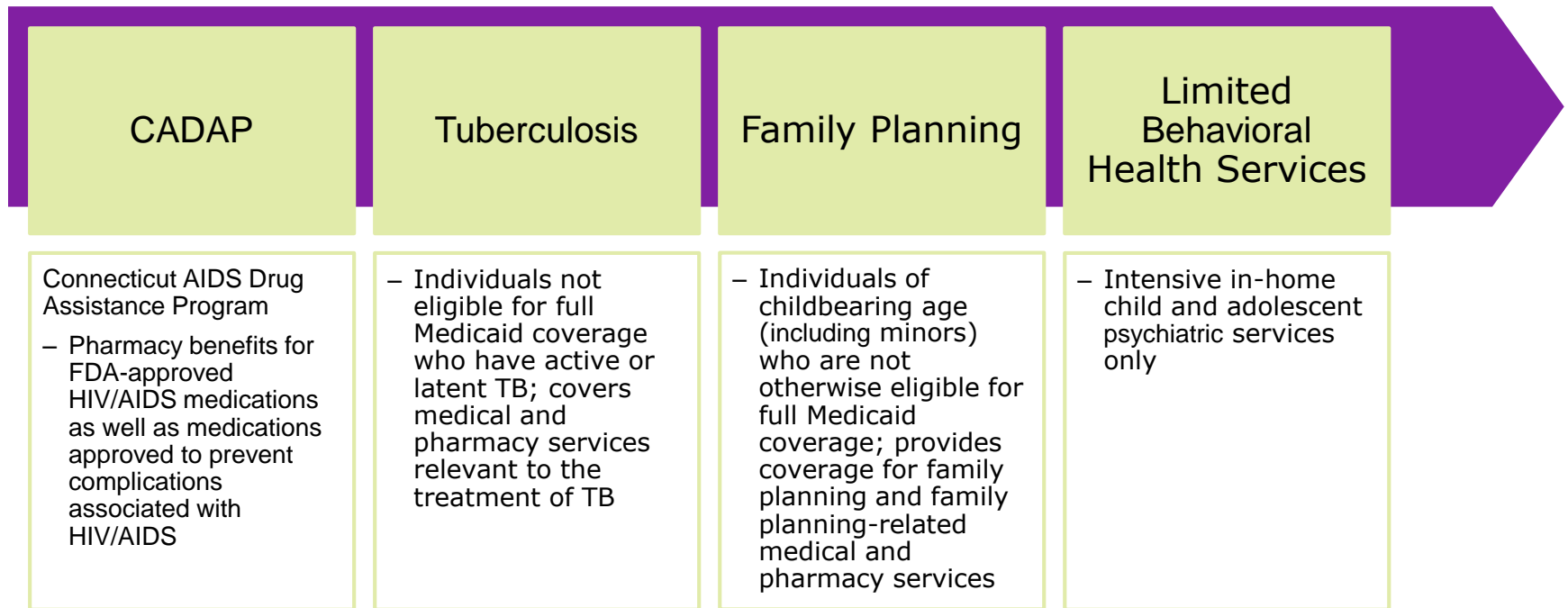
Eligibility Verification – Benefit Plans



Web Claim Submission

Eligibility Verification

Eligibility Verification – Benefit Plans



Web Claim Submission

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.

Web Claim Submission

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.

Reference provider bulletin, PB 2016-31 for additional information

Web Claim Submission

Web 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 or Medicare
- Adjust claims on the Web
- Claim results are immediate

Web Claim Submission

Access to Claim Submission Tool

www.ctdssmap.com

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

Connecticut Department of Social Services
Making a Difference

Help
Wednesday, June 15, 2016

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

home account home account maintenance account setup change password reset password

Your password expires in 61 days on 9/27/16 at 12:00 AM

Claim Inquiry
Professional
Institutional
Dental
Claim History for Specific Services

Change Password

Quick Link

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

Web Claim Submission

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 23 through 26.
- Access chapter 10 on the www.ctdssmap.com Web site for a complete list of Web portal functions.

Web Claim Submission

Access to Claim Submission Tool

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

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'. The main content area features a table with a single row and a text prompt: 'Select row above to update -or- click Add button below.' On the right side, a dropdown menu is open under the 'Account' header, 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. A tooltip for 'Clerk Maintenance' is visible over the dropdown item.

Web Claim Submission

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 screenshot shows the 'Clerk Maintenance' web application interface. At the top, there is a table with columns 'User ID', 'Contact First Name', and 'Contact Last Name'. The table contains three rows: 'MARCUSWILLIAMS', 'JENNIFERSMITH', and 'JUANMARTINEZ'. Below the table, there are buttons for 'remove clerk' and 'add clerk', and a 'reset password' button. The 'add clerk' form includes fields for 'User ID*', 'Contact First Name*', 'Contact Last Name*', 'Phone Number*' (with area code and 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 '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'. At the bottom right, there are 'submit' and 'cancel' buttons.

User ID	Contact First Name	Contact Last Name
A MARCUSWILLIAMS		
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

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

Available Roles

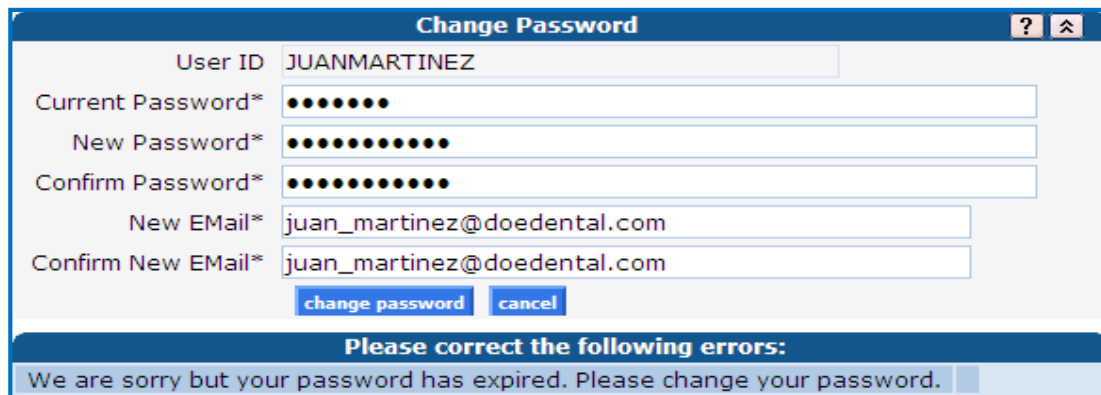
- Trade Files

submit cancel

Web Claim Submission

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". The form contains the following fields and buttons:

- User ID: JUANMARTINEZ
- Current Password*: [masked]
- New Password*: [masked]
- Confirm Password*: [masked]
- New EMail*: juan_martinez@doedental.com
- Confirm New EMail*: juan_martinez@doedental.com
- Buttons: change password, cancel

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

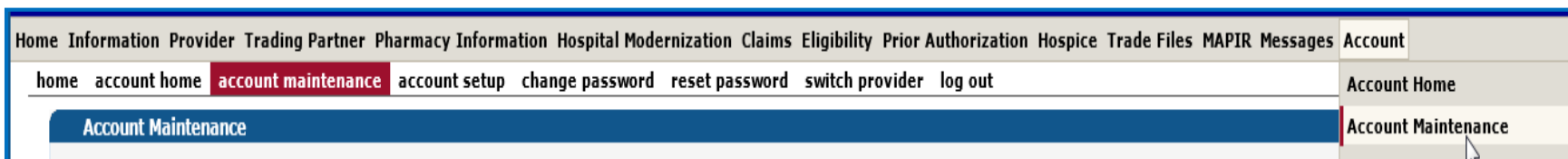
Fill in the fields with the appropriate information; click *change password*

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

Web Claim Submission

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.



The 'Account Maintenance' form displays the following information:

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

Fill in the appropriate information; click *save*

Web Claim Submission

Web Claim Inquiry

www.ctdssmap.com

- Log onto the secure Web portal
- Select Claim Inquiry

Connecticut Department of Social Services
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Help
Wednesday, June 15, 2016

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

home **account home** account maintenance account setup change password reset password

Your password expires in 61 days on 9/27/16 at 12:00 AM

Claim Inquiry ←

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

[Change Password](#)

Quick Link

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

Web Claim Submission

Web Claim Inquiry

To *search* claims on the ctdssmap.com secure *site*, first *log in*, then 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.*

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 Submission

Web Claim Inquiry

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

home **claim inquiry** claim history for specific services

Claim Search 00##### MCD

ICN	<input type="text"/>	Claim Type	Home Health <input type="text"/>
Client ID	<input type="text"/>	Status	<input type="text"/>
TCN	<input type="text"/>	FDate Paid	<input type="text"/>
FDOS	05/01/2016	TDate Paid	<input type="text"/>
TDOS	05/31/2016	Pending Claims	<input type="checkbox"/>
Prescription No (Pharmacy Only)	<input type="text"/>	Exclude Adjusted Claims	<input type="checkbox"/>
		Records	20 <input type="text"/>

Note:

- ICN - Enter first seven (7) digits to view claims submitted on a given day. For example 2216032 are web claims submitted on 2/1/16
- F/T Dates - cannot be greater than 3 months.
- Pending Claims - check box to view claims not yet processed through a financial cycle. Narrow search by adding other criteria.
- Exclude Adjusted Claims - check box to view only the current active claim.

Web Claim Submission

Web Claim Inquiry

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2016173	002			05/12/2016	05/26/2016	Home Health Claims	Paid	07/12/2016	\$340.00	\$190.4
5916173	003			05/09/2016	05/23/2016	Home Health Claims	Paid	07/12/2016	\$340.00	\$190.4
2216179	003			05/09/2016	05/09/2016	Home Health Claims	Denied	07/12/2016	\$170.00	\$0.00
2216179	003			05/09/2016	05/09/2016	Home Health Claims	Denied	07/12/2016	\$170.00	\$0.00
2016179	002			05/04/2016	05/25/2016	Home Health Claims	Paid	07/12/2016	\$680.00	\$380.8
2016158	003			05/31/2016	05/31/2016	Home Health Claims	Paid	06/21/2016	\$170.00	\$95.2
2016159	003			05/12/2016	05/26/2016	Home Health Claims	Paid	06/21/2016	\$340.00	\$190.4
2016168	001			05/04/2016	05/31/2016	Home Health Claims	Denied	06/21/2016	\$850.00	\$0.00
2216158	004			05/02/2016	05/27/2016	Home Health Claims	Denied	06/21/2016	\$780.00	\$0.00
2016159	002			05/02/2016	05/26/2016	Home Health Claims	Paid	06/21/2016	\$450.00	\$267.68
2016168	003			05/09/2016	05/23/2016	Home Health Claims	Adj/Voided	06/21/2016	\$340.00	\$95.2
2216158	004			05/02/2016	05/27/2016	Home Health Claims	Denied	06/21/2016	\$940.00	\$0.00
2016153	001			05/12/2016	05/26/2016	Home Health Claims	Paid	06/07/2016	\$340.00	\$190.4
2016153	003			05/13/2016	05/13/2016	Home Health Claims	Paid	06/07/2016	\$170.00	\$95.2
2016153	002			05/13/2016	05/13/2016	Home Health Claims	Paid	06/07/2016	\$170.00	\$95.2
2016153	003			05/02/2016	05/25/2016	Home Health Claims	Paid	06/07/2016	\$780.00	\$461.44
2016153	001			05/02/2016	05/23/2016	Home Health Claims	Paid	06/07/2016	\$680.00	\$380.8
2016153	003			05/03/2016	05/24/2016	Home Health Claims	Paid	06/07/2016	\$620.00	\$362.88
2016153	004			05/20/2016	05/20/2016	Home Health Claims	Paid	06/07/2016	\$170.00	\$95.2
2016153	004			05/25/2016	05/25/2016	Home Health Claims	Paid	06/07/2016	\$170.00	\$83.65

Click on any column heading to sort in ascending or descending order

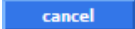
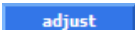
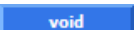
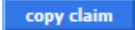
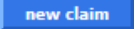
1 2 3 4 Next >

Web Claim Submission

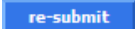
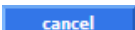
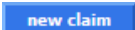
Web Claim Inquiry

- What can I do with these claims?

– *Paid* claims allow you to:

-  Cancel any alterations you have made
-  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 alterations you have made
-  Create a brand new claim

– *Suspended* claims allow you to:

-  Create a brand new claim

Web Claim Submission

New Claim Submission

To *submit Home Health and/or Hospice Claims* using the ctdssmap.com secure site, click on “Claims” then “Institutional” on the main menu, then select “Home Health Claims” from the Claim Type drop down menu.

Connecticut Department of Social Services
Making a Difference

Help
Friday, July 15, 2016

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 Institutional claims
- Claim Resolution Guide

Click on "FAQ" or "Instructions for Submitting Institutional claims" for help with submitting a claim.

Institutional Claim

Claim Type* H - Home Health Claims

ICN

Provider ID XXXXXXXXXXXX NPI From Date

AVRS ID 00XXXXXXXX To Date

Type Of Bill [Search]

Client ID*

Last Name

First Name, MI

Date of Birth

Patient Account Number

Medical Record Number

Attending Phys* [Search]

Other Physician [Search]

Enter type of bill applicable to Home Health (331) or Hospice (813) services. Select search for help.

Web Claim Submission

New Claim Submission cont.

Diagnosis Codes

- Lists diagnosis codes submitted on the claim

Diagnosis Cause of Injury Reason For Visit Condition Surgical Procedure Occurrence/Span

*** No rows found ***

Code Set  Enter Principal diagnosis code. You can use the search function for assistance in finding it.

Principal* **Required** [Search] Admitting [Search] Other 1 [Search]

Other 2 [Search] Other 3 [Search] Other 4 [Search]

Other 5 [Search] Other 6 [Search] Other 7 [Search]

[add more](#)

Note: ICD-10 codes must be used for services provided on or after October 1, 2015. The Diagnosis panel defaults to ICD 10; therefore, you must select ICD-9 from the drop down menu when billing dates of service through September 30, 2015.

Reference provider bulletin PB 2015-61 for Medicare crossover claims with header dates of service that span from September, 2015 through October, 2015.

Web Claim Submission

New Claim Submission (cont)

Detail									
Item	From DOS	To DOS	Revenue Code	HCPCS/Rates	Units	Charges	Status	Allowed Amount	
A	1				1.00	\$0.00		\$0.00	

Type data below for new record.

Item	<input type="text" value="1"/>	Revenue Code*	<input type="text" value="Required"/> [Search]
From DOS*	<input type="text" value="Required"/>	HCPCS/Rates	<input type="text" value="S9124"/> [Search]
To DOS*	<input type="text" value="Required"/>	Modifiers	<input type="text" value="TE 1"/> [Search] <input type="text" value="TG 2"/> [Search] <input type="text" value="TT 3"/> [Search] <input type="text" value="4"/> [Search]
Units*	<input type="text" value="Required 1.00"/>	Units (If Measurement)	<input type="text" value="v"/>
Charges*	<input type="text" value="Required \$0.00"/>	Status	<input type="text"/>
		Allowed Amount	<input type="text" value="\$0.00"/>
		CoPay Amount	<input type="text" value="\$0.00"/>
		TPL Amount	<input type="text" value="\$0.00"/>

Enter the Revenue Center Code (RCC). Enter the HCPCS Code and Modifier(s), if applicable. Up to four (4) modifiers may be entered. Use the search function to find the codes applicable to the service provided.

Web Claim Submission

New Claim Submission

TPL

*** No rows found ***

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

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

If client has no Medicare or other coverage other than a HUSKY Benefit Plan or CHC Waiver, leave this panel blank.

Web Claim Submission

New Claim Submission (cont.)

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

Claim Status Information	
Claim Status	PAID
Claim ICN	2216165600002
Paid Date	
Paid Amount	\$12.00
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

 The paid date will populate after the financial cycle.

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

Web Claim Submission

New Claim Submission cont.

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 till the errors have been corrected.


The following messages were generated:

Message Description	Panel	Field	Row
 A valid Revenue Code is required	Detail	Revenue Code	1

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

Detail								
Item	From DOS	To DOS	Revenue Code	HCPCS/Rates	Units	Charges	Status	Allowed Amount
A	1	05/05/2016	05/05/2016	99283	1.00	\$150.00		\$0.00

Type data below for new record.

Item	<input type="text" value="1"/>	 Revenue Code*	<input type="text"/>	<input type="button" value="[Search]"/>
From DOS*	<input type="text" value="05/05/2016"/>	HCPCS/Rates	<input type="text" value="99283"/>	<input type="button" value="[Search]"/>
To DOS*	<input type="text" value="05/05/2016"/>	Modifiers	<input type="text"/>	<input type="button" value="[Search]"/>
Units*	<input type="text" value="1.00"/>	Units Of Measurement	<input type="text"/>	<input type="button" value="[Search]"/>
Charges*	<input type="text" value="\$150.00"/>	Status	<input type="text"/>	<input type="button" value="[Search]"/>

Web Claim Submission

Claim Adjustments

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

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

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

Web claim 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.
- Medicare Crossovers
 - Crossover claims cannot be *adjusted*; they must be *voided, copied* and then *submitted* as new claims.
- Special Handled
 - Claims with an ICN that begins with either “12” or “13” indicate that they have been special handled by HP and are, therefore, not able to be adjusted via the **www.ctdssmap.com** Web site.

Web Claim Submission

Voiding a Claim

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

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

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

Web Claim Submission

Copying a Claim

- Paid claims may be copied and submitted as a new claim
- This feature is helpful for recurring 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 remittance advice (RA) in the ICN field
- Click the **search** button
- Once the claim is retrieved, click the **copy** button at the bottom of the claim page
- Make the necessary changes to the claim
- Click the **submit** button at the bottom of the claim page

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

Web Claim Submission

ABN and Medicare Denial

An ABN on file may be used in place of a Medicare denial, when it has been determined that the client does not meet Medicare's level of care. In the TPL panel select the Carrier Code from the Drop Down Client Carriers field, enter zero in the "Paid Amount" field, the date the ABN was signed in the "Paid Date" field and the appropriate adjustment code in the "Adjustment Reason Code" field.

Should the client request Medicare be billed for the service and the service is denied, enter data as noted below, except enter the adjustment reason code as noted on the Medicare denial.

The claim will process immediately and return 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	MPA	MEDICARE PART A	\$0.00	03/24/2015	Self					

Type data below for new record.

Client Carriers	Other									
Carrier Code*	MPA	[Search]	Relationship	Self						
Plan Name	MEDICARE PART A		Last Name	S						
Policy Number			First Name, MI	D						
Paid Amount*	\$0.00		Date of Birth	03/24/1970						
Paid Date*	03/24/2015									
Adjustment Reason Code	150	[Search]		[Search]		[Search]				
Adjustment Amount	\$0.00		\$0.00		\$0.00					

Web Claim Submission

Other Insurance Payment or Denial

Medicaid is the payer of last resort. The three digit Carrier Code of the Other Insurance (OI) is required to be submitted on the claim when OI is primary or secondary to Medicare. If the OI pays or denies the claim, in the TPL panel select the Carrier Code from the Drop Down Client Carriers field, enter the paid amount or \$0.00, if denied, in the "Paid Amount" field and the date of the payment or denial in the "Paid Date".

The following example illustrates a single OI payment of \$60.00 from carrier code B04 with an OI paid date of 11/1/2015.

TPL									
Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
B04	B/C-B/S OF ROCHESTER NY	987654321	\$60.00	11/01/2008	Child	Carey	Lori		06/01/1962

Type changes below.

Client Carriers	B04 - B/C-B/S OF ROCHESTER NY								
Carrier Code	B04	[Search]	Relationship	Child					
Plan Name	B/C-B/S OF ROCHESTER NY								
Policy Number	987654321			Last Name	Carey				
Paid Amount*	\$60.00		First Name, MI	Lori					
Paid Date*	11/1/2015								
Adjustment Reason Code	119	[Search]	[Search]	[Search]	[Search]				
Adjustment Amount	\$80.00	\$0.00	\$0.00						

delete add

Web Claim Submission

Additional Resources

Fee Schedule

- At www.ctdssmap.com choose “Provider”, then “Provider Fee Schedule Download”, click “I accept” after reading the Connecticut Provider Fee Schedule End User License Agreement. In the “Provider Fee Schedule Download” choose “Home Health” by clicking the “PDF” link or “Hospice” by clicking the “CSV” link.

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

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services
ehr incentive program oos instructions/information e-mail subscription secure site

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

Provider Fee Schedule Download

- Acquired Brain Injury [CSV](#)
- Acquired Brain Injury II [CSV](#)
- Ambulatory Detoxification [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Clinic and Outpatient Hospital Behavioral Health [CSV](#)
- Clinic - Dialysis [CSV](#)
- Clinic - Family Planning / Abortion [CSV](#)
- Clinic - Medical [CSV](#)
- Clinic - Rehabilitation [CSV](#)
- Community First Choice - Assessments [CSV](#)
- Community First Choice - Services [CSV](#)
- CT Home Care [CSV](#)
- Dental [CSV](#)
- Home Health [PDF](#)
- Hospice [CSV](#)
- Hospital Outpatient [CSV](#)

Web Claim Submission

Additional Resources cont.

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.
- To find Provider Bulletins go to www.ctdssmap.com, click on “Information” then click on “Publications”

Bulletin Search

Year 16 Provider Type

Number 31 Title

Search Results

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

Web Claim Submission

Additional Resources cont.

- *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.
- The Provider Manual 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:
 - » Chapter 5 is *Claim Specific Information*
 - » Chapter 8 is provider specific – select your provider type (Home Health or Hospice) from the drop-down menu and click **View Chapter** to access the chapter
 - » Chapter 11 is claim-type specific
 - » Chapter 12 the Claim Resolution Guide

A complete reference of chapters 1 through 12 can be found on slides 46 and 47

Web Claim Submission

Additional Resources cont.

Provider Manual

- *Chapter 1 – Introduction*
 - Provides information on the CT Medical Assistance Program, the Department of Social Services' and Hewlett-Packard's responsibilities and resources.
- *Chapter 2 – Provider Participation Regulations*
 - Details the CMAP regulations for provider participation
- *Chapter 3 – Provider Enrollment*
 - Provides information on provider eligibility in regards to provider enrollment and re-enrollment
- *Chapter 4 – Client Eligibility*
 - Provides information regarding client eligibility in the Medical Assistance Program, client eligibility verification, and client third party liability.
- *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.

Web Claim Submission

Additional Resources cont.

Provider Manual

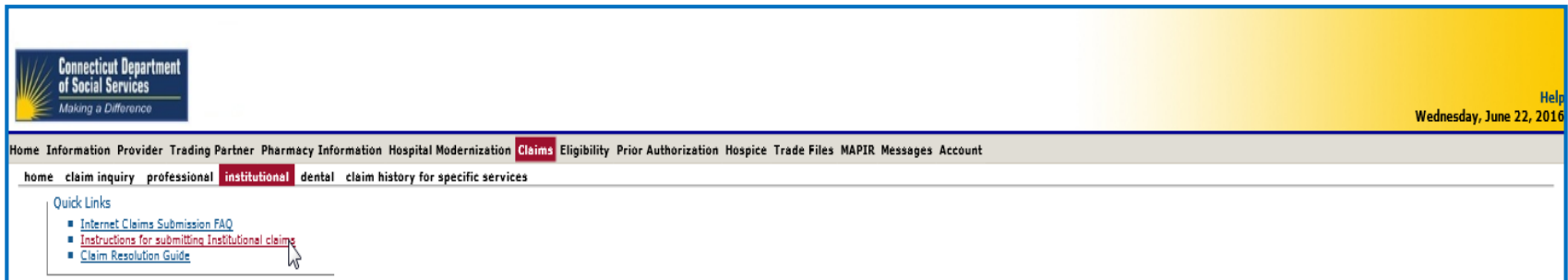
- *Chapter 7 – Regulations / Program Policy*
 - This section contains the Medical Services Policy sections that pertain to the chosen provider type.
- *Chapter 8 – Billing Instructions*
 - Provides information on provider specific billing requirements and instructions.
- *Chapter 9 – Prior Authorization*
 - 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.

Web Claim Submission

Additional Resources cont.

Where to go for more information www.ctdssmap.com

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



- **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

Web Claim Submission

Wrap Up & Questions

- Questions & Answers



*Thank you for attending
today's workshop!*

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