

Welcome to the Integrated Care for Kids Billing and Web Claim Submission Workshop – 2023

Once you have joined the Teams meeting, please follow these Communication Rules:

- Please ensure your camera is off.
- Use the mute button when you are not speaking.
- Please be sure to select “Show Conversations” as documents or links used during the meeting will be posted to the “Meeting Chat”.
- You may also use the “Meeting Chat” to ask the speaker a question or to comment.
- Alternatively, you can use the “Raise Hand” icon or (Ctrl+Shift+K) to ask the speaker a question or to comment.

Thank you for your participation!

Integrated Care for Kids Billing and Web Claim Submission Workshop

Presented by the Department of Social Services and Gainwell Technologies

August 9, 2023



gainwell

Agenda

- Introduction to Integrated Care for Kids (InCK) services
- Re-Enrollment – How to Avoid being Disenrolled
- 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
 - Claim Submission Options
- Claim Submission Methods

Guidelines

- Claim Denials and Resolution
- Remittance Advice/Trade File Access
- Provider Resources
 - www.ctdssmap.com
 - Publications
 - Provider Training
 - Communication Tools
- Contacts
- Time for Questions

InCK Billing Provider Introduction

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



InCK Billing Provider Claim Submission Workshop

Introduction

The Integrated Care for Kids (InCK) initiative intended to improve the quality of care for children under the age of twenty-one (21) as well as pregnant and postpartum individuals covered by HUSKY Health through intensive, team-based care management. These care coordination services will be services are determined by:

- Initial Comprehensive assessment of individual needs to determine the necessity for any medical, educational, social or other services and establishes each individual risk to the Service Integration Level (SIL) of care.
 - SIL 1- services after the assessment are not provided
 - reassessments provided at least annually
 - SIL 2- moderate level of need and intensity of InCK Targeted Case Management (TCM) services to be provided in the care plan
 - reassessments provided at least annually
 - SIL 3- high level of need and intensity of InCK TCM services to be provided in the care plan
 - reassessments provided every six months
 - More frequently based on individual needs
- Other requirements based on the comprehensive assessment, development and periodic revision of a specific care plan and Monitoring and follow-up of activities to ensure the care plan is implemented and adequately addresses the eligible individuals needs as per Policy Transmittal [Provider Bulletin PB 2023-55](#).

InCK Billing Provider Claim Submission Workshop

Introduction cont.

Agencies interested in providing InCK services must meet the following qualifications:

- be able to deliver services in New Haven
- comply with timely service requirements
- have experience providing community-based care coordination services
- designate one or more dedicated care coordinator supervisors to provide regular supervision and oversight of care coordinators (refer to Policy Transmittal [PB 2023-55](#) for InCK supervisor qualifications)

Interested Agencies will be required to:

- enroll as InCK Billing providers on the www.ctdssmap.com Web site via the Enrollment Wizard
 - Interested providers who have not yet enrolled can click on the [InCK Billing Provider Enrollment Workshop](#) for further initial enrollment related information
- bill directly to Gainwell Technologies to obtain reimbursement for Targeted Case Management services based on the Service Intensity Level (SIL) of care

InCK Billing Provider Claim Submission Workshop

Introduction cont.

- Providers enrolled as **InCK Billing providers** will receive payment directly from the Department of Social Services (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.
- Gainwell Technologies 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 2023-41** for the claim submission period of **July 1, 2023 - December 31, 2023**.
 - 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.
- Providers who have not enrolled as an **InCK Billing provider** should refer to the InCK Billing Provider Enrollment Workshop on the www.ctdssmap.com Web site. From the Home page, select the “Provider Training” link. Under the “Materials” heading, click on the “InCK Enrollment Workshop” link.

InCK Billing Provider Re-Enrollment

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



InCK Billing Provider Claim Submission Workshop

Re-Enrollment

When a provider is due to re-enroll, they will receive a reminder letter 6 months prior to the end of their current contract.

- **3-year contract** - (InCK Billing Provider)

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**)

NOTE: An NPI is not required to enroll, re-enroll or submit claims as an InCK Billing Provider

InCK Billing Provider Claim Submission Workshop

Re-Enrollment cont.

Providers should successfully **complete the re-enrollment application as quickly as possible**. Gainwell Technologies **strongly** suggests that you complete the re-enrollment upon receipt of your 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).

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

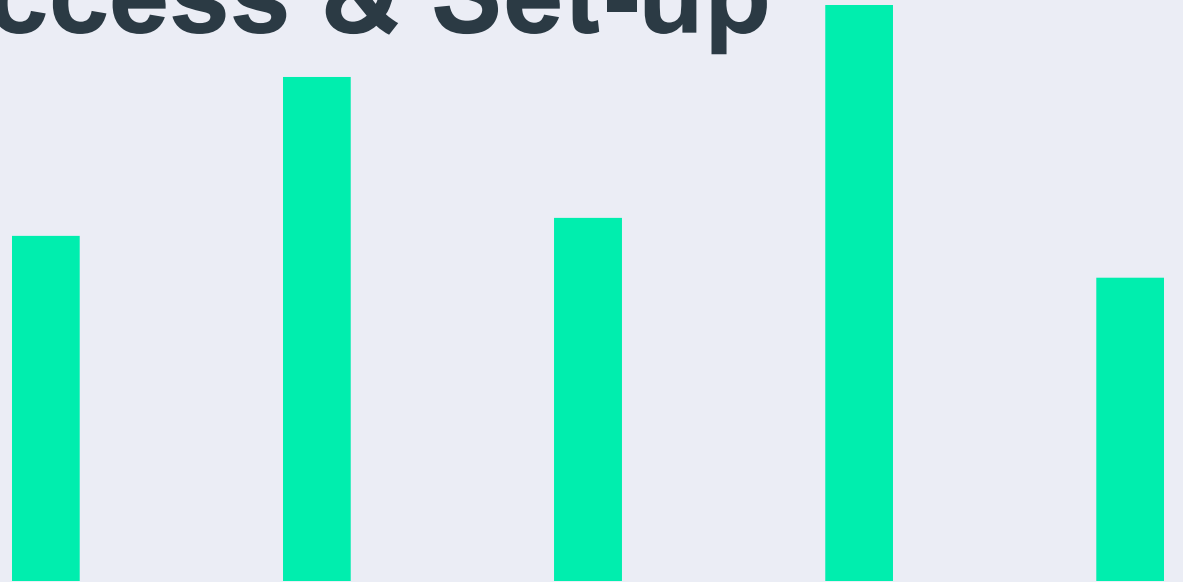
- Reinstatement of contracts w/out a finalized application violates Affordable Care Act (ACA) policies.

Note: Enrolled providers can find their re-enrollment due date on the home page of their Secure Web account.

InCK Billing Provider Secure Web Account Access & Set-up

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up

Providers who have successfully enrolled as an InCK Billing 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) (Currently not required for InCK Billing Providers)
- Submit and Query Claims
- Download Remittance Advices & e-Delivery Notifications

InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

Ensure access to your secure Web Account 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.

InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

- 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](#)
- [Promoting Interoperability 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

SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANAGEMENT, AND CLAIM SUBMISSION. FOR MORE INFORMATION, VISIT OUR WEBSITE.

 Provider

Quick Login

User ID*

Password*

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

[Forgot your password?](#)

InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search
provider fee schedule download promoting interoperability program oos instructions/information fingerprint criminal background check info e-mail subscription
secure site

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](#)

Providers can set-up their Secure Web account once they receive their enrollment approval notification with Initial Web User ID and Personal Identification Number (PIN) letter with one time use PIN.

InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

The “Web Account Setup” functionality allows providers to set up a local 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.

here to find answers to the most frequently asked questions (FAQs) regarding Web account set up.' At the bottom right, there is a blue button labeled 'setup account'."/>

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification

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.

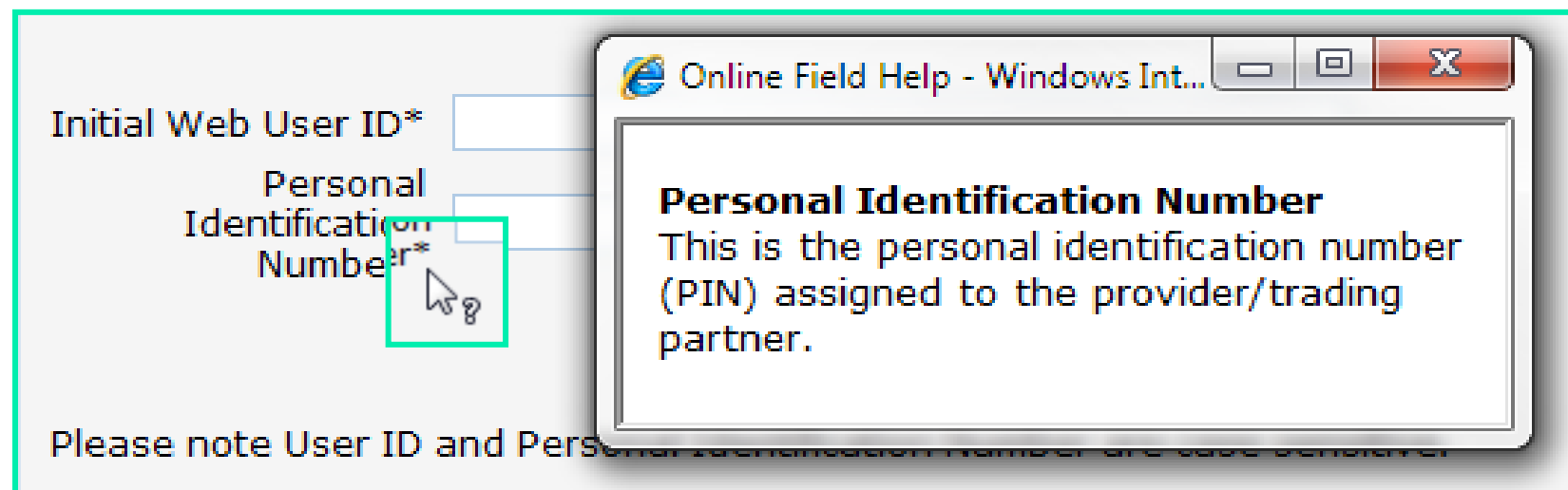
[setup account](#)

InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

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

To utilize this function, place your mouse over the data field and a small question mark (?) will appear beside the cursor. Left click the mouse when the question mark is displayed to open the **Online Help Field Help** window relevant to the selected field.



InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

- 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*

Contact Last Name*

Contact First Name*

Phone Number*

1st Secret Question*

1st Answer*

2nd Secret Question*

2nd Answer*

Password*

Confirm Password*

EMail*

Confirm EMail*

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

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

- ****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.****

InCK Billing Provider Claim Submission Workshop

Secure Web Account Access & Set-up cont.

You have successfully set up your ctdssmap.com **Primary Account Holder** Secure Site account. **NOTE:** Your account home page indicates both the date your secure Web account password will expire and when your application for re-enrollment must be in a finalized/completed status to avoid being dis-enrolled.

home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization Hospice MAPIR **Account**

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

Your Password will expire in 60 days on 10/1/2023 at 2:20 pm [Change Password](#)

Welcome: Provider Acct User ID
Provider ID: Provider ID
Provider AVRS ID: Provider AVRS ID
Re-Enrollment Due Date: 06/01/2027
Zip code: 00000-0000

InCK Billing providers must re-enroll every 3 years. Approximately 6 months prior to this date providers will receive a notice to Re-Enroll. The Re-Enrollment application must be in a finalized status by the provider's Re-Enrollment due date. If the Re-Enrollment application is not in a finalized status by the provider's Re-Enrollment due date, the provider will be dis-enrolled.

Global Messages
*** 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](#)

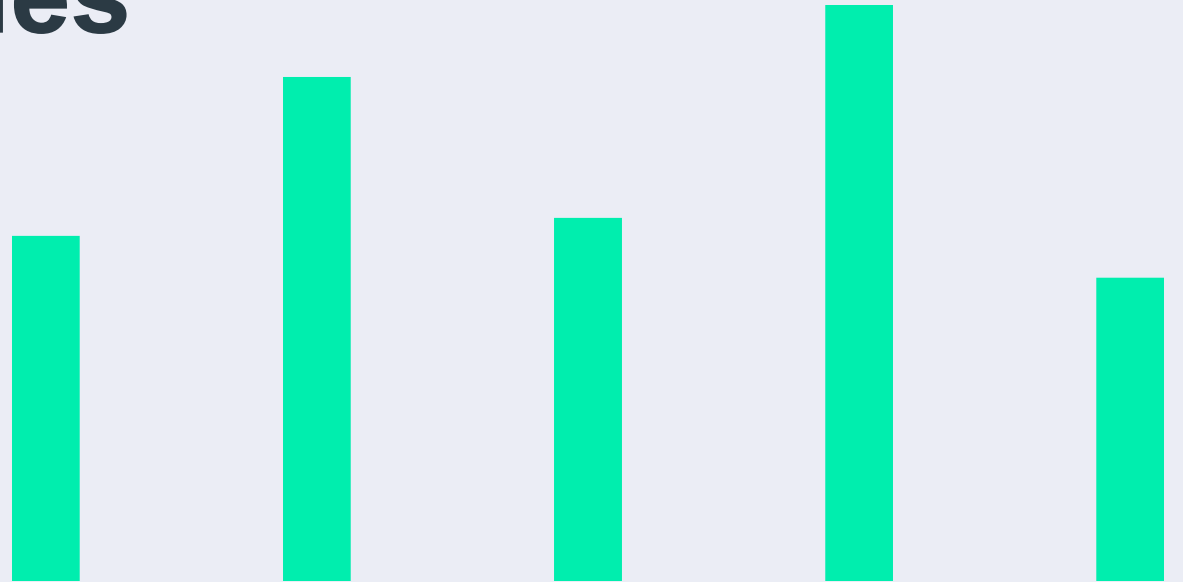
Email Subscription

- [Register/Update Email Subscription](#)

InCK Billing Provider Web Account Capabilities

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Web Account Capabilities

Accessing your Secure Site provider account allows you to:

- **Verify re-enrollment due date**
- **Change your password**
- **Update your demographic information (addresses/phone numbers/bank accounts/languages) – Primary Account Holder Only**
- **Set up clerk accounts to allow multiple users access to areas of the secure web portal to perform job tasks.**
- **Switch Provider functionality**
Allows switching from one provider secure web account to another to allow clerks that have been associated to multiple provider accounts easy access.
- **Check client eligibility via the Web**
- **Perform claim and prior authorization (PA) inquiries**
- **Create, submit, resubmit, adjust, void, and copy claims (format is Professional HIPAA 5010 compliant)**
Even those claims submitted through other means (electronic, paper)
- **Download Trade Files** - to obtain Remittance Advice (RA) – This reports claim activity (Paid, Denied, Adjusted, Suspended) since last financial cycle and e-Delivery Notifications such as Re-enrollment Due Letters.

InCK Billing Provider Web Account Capabilities – Demographic Maintenance

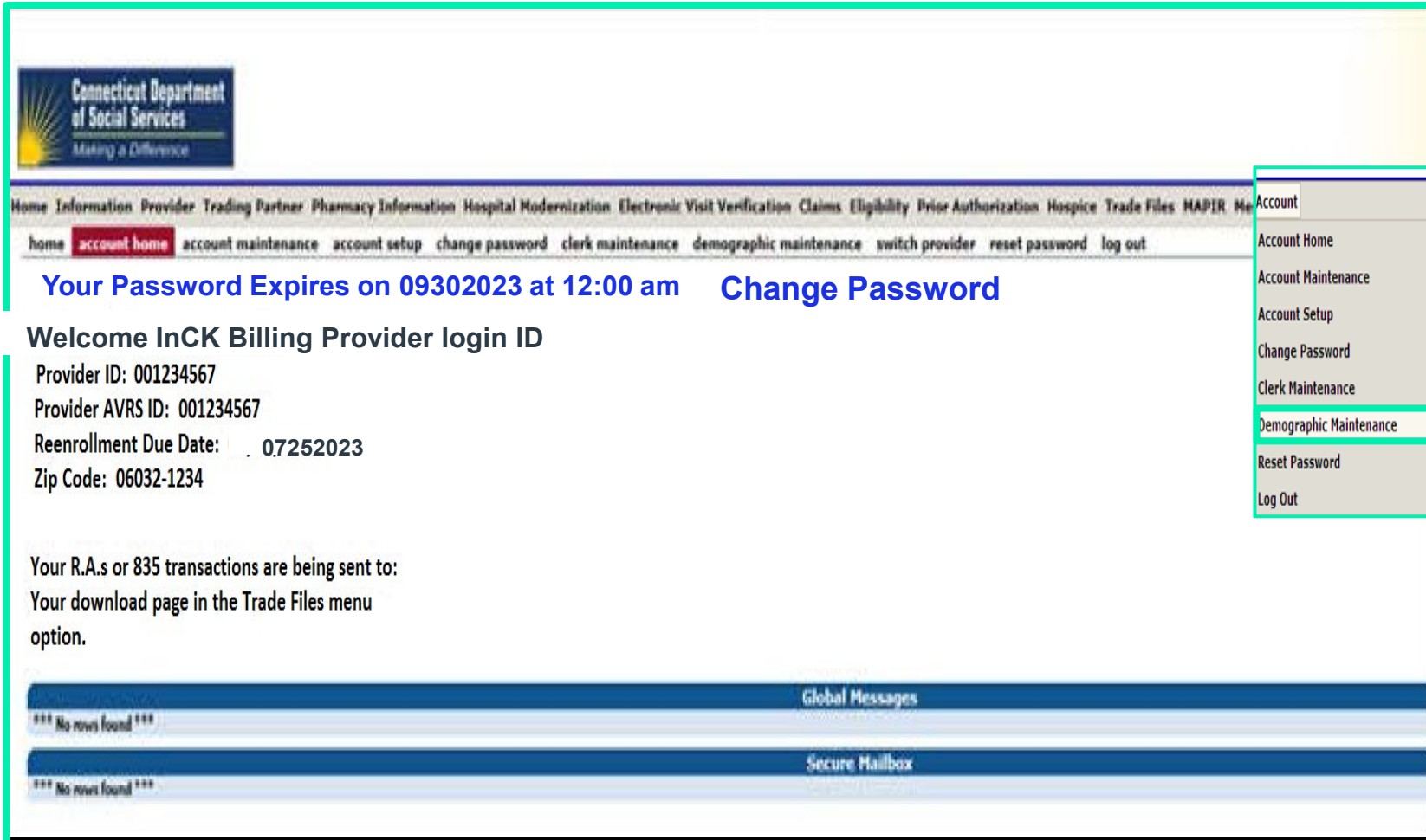
www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Web Account Capabilities - Demographic Maintenance



The screenshot displays the InCK Billing Provider login interface. At the top left is the Connecticut Department of Social Services logo. A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, and Me. Below this is a secondary navigation bar with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, switch provider, reset password, and log out. A blue banner indicates that the user's password expires on 09302023 at 12:00 am, with a 'Change Password' link. The main content area welcomes the user and displays their Provider ID (001234567), Provider AVRS ID (001234567), Reenrollment Due Date (07252023), and Zip Code (06032-1234). Below this, a message states that R.A.s or 835 transactions are being sent to the download page in the Trade Files menu option. At the bottom, there are sections for Global Messages and Secure Mailbox, both showing '*** No rows found ***'.

- The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:
- Mail to, Pay to, existing Home, Service Location, alternate Service Location and Enrollment addresses
- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)
- Service Language
- Organizational Members
- Access this section by selecting demographic maintenance from either the Account submenu or the Account drop-down menu

InCK Billing Provider Claim Submission Workshop

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	64- InCK Billing Provider	County	Hartford
Provider Specialty	642- Integrated Care for Kids	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
- Maintain Organization Members

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

InCK Billing Provider Claim Submission Workshop

Web Account Capabilities - Demographic Maintenance cont.

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

Location Name Address
✕

Usage	Name	Street	City	State	Country	Zip	Zip + 4	Contact Phone	Contact Ext	Handicap Access
Alt Service Location	InCK Billing Provider	1275 POST ROAD	FAIRFIELD	CT		06824	6015			N
Alt Service Location	InCK Billing Provider	1020 MEMORY LN	HARTFORD	CT	US	06066	6066	(860)741-2333		N
Alt Service Location	InCK Billing Provider	1020 MEMORY LN	HARTFORD	CT	US	06066	6066	(860)741-2333		N
Enrollment Address	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT	US	06824	5166	(203)254-2452		N
Home Office	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N
Mail to	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N
Pay to	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N
Service Location	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N

Type Changes Below

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1*

Address 2

City

State

Zip*

Apply Changes To:

Svc Loc

Pay To

Mail To

Enrollment

Phone*

Fax

Handicap Accessible?

EMail

Confirm EMail

InCK Billing Provider Claim Submission 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, Home, Service Location, additional alternate Service Location); then click maintain address

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

↓

maintain address

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

Type changes below.

Name Type: Business Name Personal Name

Name:

Title:

Usage:

Country:

Address 1*:

Address 2:

City:

State:

Zip*:

Phone*:

Fax:

Apply Changes To:

Svc Loc

Pay To

Mail To

Enrollment

Handicap Accessible?:

Email:

Confirm Email:

↓

The following messages were generated:

Message Description
Save was Successful

Panel

Field

InCK Billing Provider Claim Submission 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.

EFT Account Click here to open Provider EFT Enrollment instructions.

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

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

Required fields are indicated with an asterisk (*)

Provider Name*

Account Number Linkage to Provider Identifier*

Provider Tax Identification Number (TIN)

OR

National Provider Identifier (NPI)

Provider Identifiers*

Provider Federal Tax Identification Number (TIN)

OR Employer Identification Number (EIN)

OR

National Provider Identifier (NPI)

Other Identifiers

Assigning Authority

Trading Partner ID

Financial Institution Information

Financial Institution Name

Financial Institution Address

Street

City

State/Province

ZIP Code/Postal Code

Financial Institution Routing Number

Financial Institution Routing Number(rekey)*

Type of Account at Financial Institution

Provider's Account Number with Financial Institution

Provider's Account Number with Financial Institution(rekey)*

Reason for Submission New Enrollment Change Enrollment Cancel Enrollment

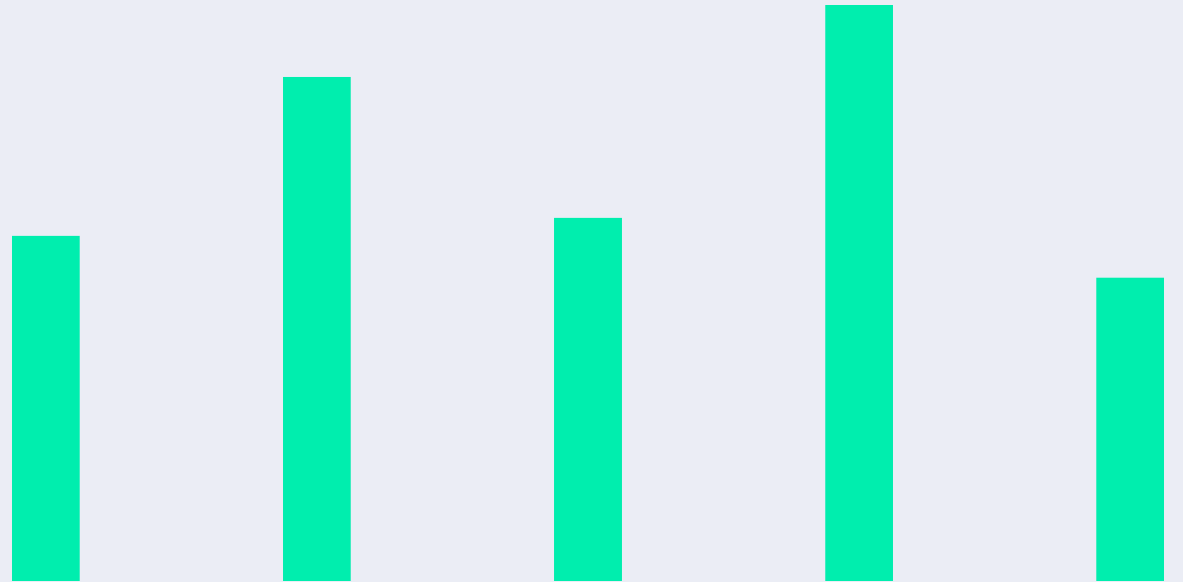
Authorized Signature

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

InCK Billing Provider Web Account Capabilities – Clerk Maintenance

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



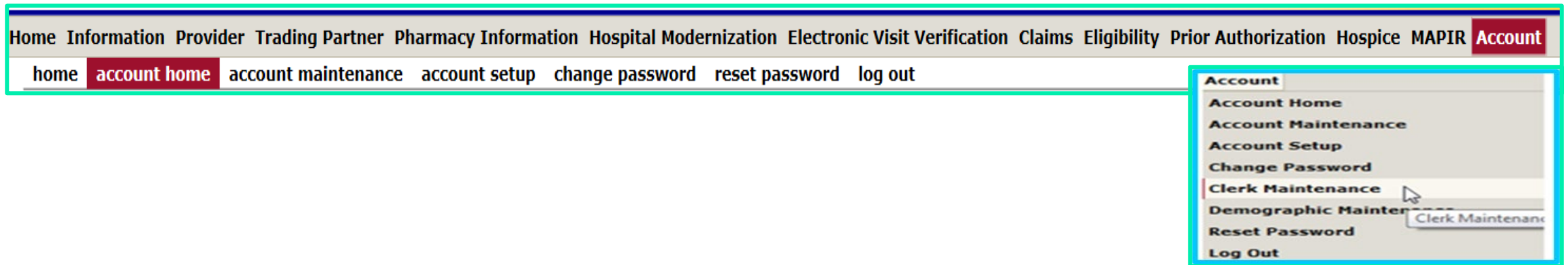
InCK Billing Provider Claim Submission Workshop

Web Account Capabilities – Clerk Maintenance

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 the Account drop-down menu



InCK Billing Provider Claim Submission Workshop

Web Account Capabilities – Clerk Maintenance cont.

To Assign roles, the master user must >Log on to their Secure Web portal account >Select Clerk Maintenance > Create a new clerk by selecting the add clerk button > Fill in the required fields > assign the appropriate role(s) > Click submit.

Connecticut Department of Social Services
Making a Difference

Help
Friday, February 22, 2019

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 clerk maintenance demographic maintenance switch provider reset password log out

Clerk Maintenance

User ID	Contact First Name	Contact Last Name
001	Terry	N

Type data below for new record.

remove clerk add clerk

User ID*

Contact First Name*

Contact Last Name*

Phone Number*

Password*

Confirm Password*

AVR ID

AVR Pin

Confirm AVR Pin

submit reset password

Assigned Roles	Available Roles
Clerk Roles (Internet Only)	<input type="checkbox"/> Claim Inquiry/Submission/Adjustment
	<input type="checkbox"/> PA Inquiry/Submission
	<input type="checkbox"/> Client Eligibility Verification
	<input type="checkbox"/> Trade Files Includes E-Delivery
	<input type="checkbox"/> Submit Applications
	<input type="checkbox"/> Trade Files E-Delivery Only

submit cancel

Home CT.gov Home Site Map About Us Feedback

InCK Billing Provider Claim Submission Workshop

Web Account Capabilities – Clerk Maintenance cont.

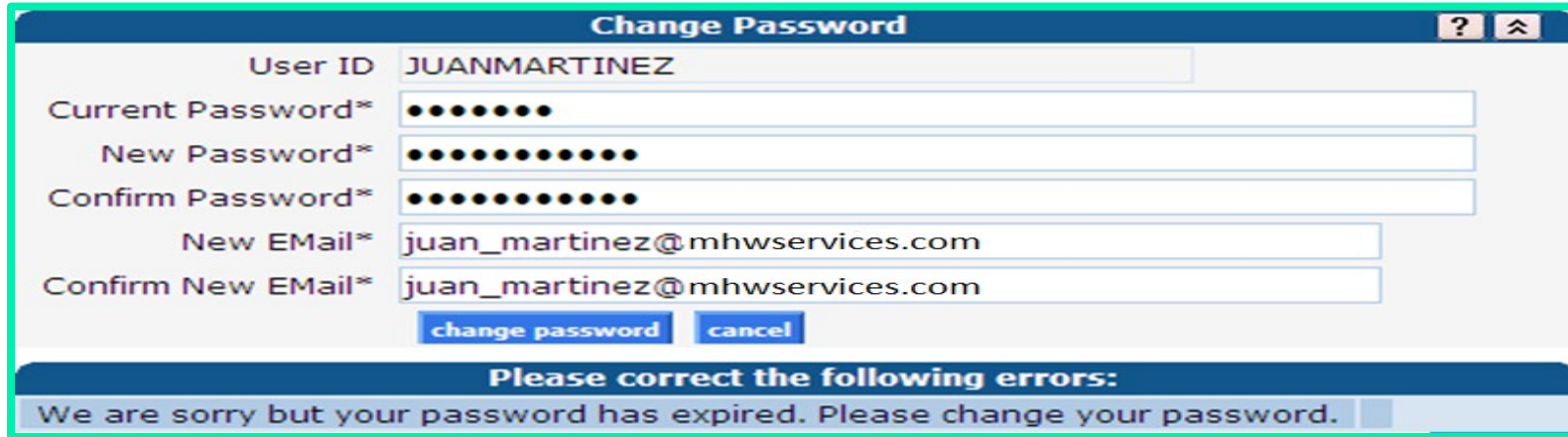
Clerks can be assigned the following roles allowing them to perform a variety of job functions:

- **Claim Inquiry/ Submission/ Adjustment** – Allows clerks to inquire on claims, submit claims, and adjust claims through the Secure Web site. *This role cannot be limited to only claims inquiry or only claims submission.*
- **PA Inquiry/ Submission - Prior Authorization is currently not required for InCK Billing Providers**
- **Client Eligibility Verification** – Allows clerks to verify a client’s eligibility
- **Submit Applications** – Allows clerks to submit applications to add an alternate service location address(es).
- **Trade Files Includes E-Delivery** – Allows clerks to Upload claims and retrieve claim file responses (999’s), X12N transactions, retrieve electronically delivered letters and to download Remittance Advices (RAs)
- **Trade Files E-Delivery Only** - Allows a clerk to access electronically delivered letters only, and does not provide access to trade file functions such as downloading Remittance Advices (RAs)

NOTE: A clerk cannot be assigned both the “Trade Files Includes E-Delivery” and the “Trade Files E-Delivery Only” roles.

InCK Billing Provider Claim Submission Workshop

Web Account Capabilities - Clerk Maintenance cont.



Change Password

User ID: JUANMARTINEZ

Current Password*: ●●●●●●

New Password*: ●●●●●●●●

Confirm Password*: ●●●●●●●●

New EMail*: juan_martinez@mhwservices.com

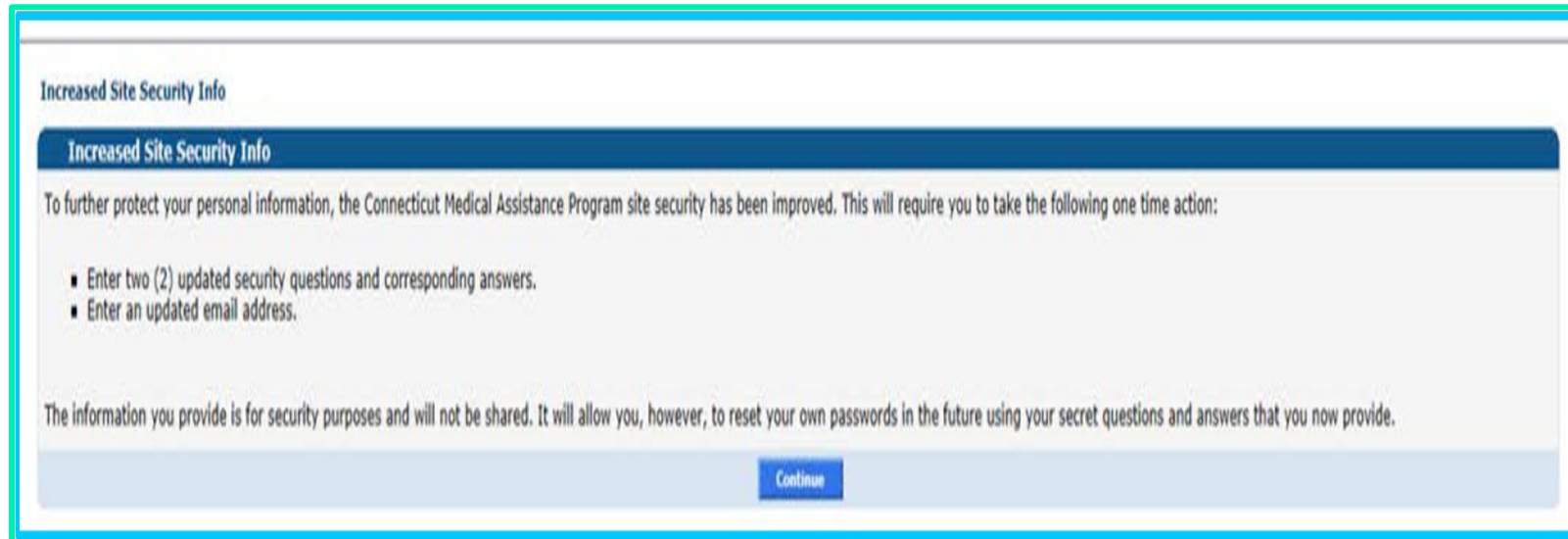
Confirm New EMail*: juan_martinez@mhwservices.com

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



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.

The Increased Site Security Info page displays. **Two security questions and answers must be set up in the event the clerk needs to reset their password**

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

InCK Billing Provider Claim Submission Workshop

Web Account Capabilities - Clerk Maintenance cont.

Account Maintenance

User Profile

User ID

Contact First Name*

Contact Last Name*

Phone Number*

EMail

Confirm EMail

1st Secret Question*

1st Answer

2nd Secret Question

2nd Answer

AVR ID

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

Once the appropriate information is added; click save.

InCK Billing Provider Claim Submission Workshop

Web Account Capabilities - Clerk Maintenance cont.

Return to the Clerk Maintenance menu to:

- add additional clerks
- reset an existing clerk's password
- alter clerks' Assigned Roles
- delete an existing clerk

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.

remove clerk add clerk reset password

User ID:

Contact First Name:

Contact Last Name:

Phone Number:

Clerk Roles (Internet Only)

Assigned Roles	Available Roles
	<input type="checkbox"/> Claim Inquiry/Submission/Adjustment <input type="checkbox"/> PA Inquiry/Submission <input type="checkbox"/> Client Eligibility Verification <input checked="" type="checkbox"/> Trade Files Includes E-Delivery <input type="checkbox"/> Submit Applications <input checked="" type="checkbox"/> Trade Files E-Delivery Only

InCK Billing Provider Claim Submission Workshop

Web Account Capabilities - Clerk Maintenance cont.

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

InCK Billing Provider Claim Submission 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#####	Autism WVR	1315 MAIN STREET	WILLIMANTIC	CT	06226	1948	<input checked="" type="checkbox"/>	
00#####	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

InCK Billing Provider Web Account Capabilities – Client Eligibility

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Client Eligibility

Targeted Case Management Services under the InCK Program are available under the following **HUSKY Benefit plans**:

- HUSKY A
- HUSKY B
- HUSKY C
- HUSKY D
- The above HUSKY Health members will be eligible for a needs assessment that will determine individual Service Integration Level (SIL) if they are:
 - under the age of twenty-one years old.
 - reside in New Haven within the 06510 and 06511 zip codes only.
 - Are currently pregnant or less than one year postpartum.

InCK Billing Provider Claim Submission Workshop

Eligibility Verification Methods

Providers can verify eligibility for InCK Targeted Case Management (TCM) services using any of the following

eligibility verification methods:

- 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.

InCK Billing Provider Claim Submission Workshop

Eligibility Verification Methods cont.

Client ineligibility occurs most often due to client/representative issues in following through with the redetermination process.

To reduce claim denials due to client ineligibility, providers are encouraged to check client eligibility at the time of intake, prior to providing services to the client and at regular intervals thereafter.

*******Providers will not be paid for services until the issue of ineligibility is resolved.*******

InCK Billing Provider Claim Submission Workshop

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 Electronic Visit Verification 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

Enter enough 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 one is 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"/>	From DOS*	<input type="text"/>
SSN	<input type="text"/>	First Name, MI	<input type="text"/>	To DOS*	<input type="text"/>
Birth Date	<input type="text"/>				
Service Type Code 1	30 - Health Benefit Plan Coverage	Service Type Code 2			
Service Type Code 3		Service Type Code 4			
Service Type Code 5					

InCK Billing Provider Claim Submission Workshop

Eligibility Verification cont.

The Eligibility Verification Response window provides the search results

In this specific case – the client’s eligibility cannot be verified for the requested date (September 1, 2017) 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 windows from a software application. The top window, titled "Eligibility Verification Request", contains several input fields: Client ID (empty), SSN (666-55-4444), Birth Date (empty), last name (DOE), First Name, MI (JOHN), From DOS* (09/01/2017), and To DOS* (09/01/2017). 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 this window. The bottom window, 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".

InCK Billing Provider Claim Submission Workshop

Eligibility Verification cont.

Eligibility searches cannot span multiple months

- 05/01/2022 - 05/31/2022 is valid, 05/01/2022 – 06/01/2022 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 Electronic Visit Verification Claims **Eligibility** Prior Authorization Hospice Trade Files MAPIR Messages

Account CRF Payment

-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="SMITH"/>	From DOS*	<input type="text" value="05/01/2022"/>
SSN	<input type="text"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>	To DOS*	<input type="text" value="06//01/2022"/>
Birth Date	<input type="text"/>				
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"/>				

Please correct the following errors:

Eligibility verification requests must not span multiple months.

InCK Billing Provider Claim Submission Workshop

Eligibility Verification cont.

Positive eligibility responses provide greater detail...

Eligibility Verification Request	
Client ID	0
SSN	
Birth Date	0
Service Type Code 1	30 - Health Benefit Plan Coverage
Service Type Code 3	
Service Type Code 5	
Last Name	
First Name, MI	
From DOS*	05/02/2022
To DOS*	05/26/2022
Service Type Code 2	
Service Type Code 4	
<input type="button" value="search"/>	
<input type="button" value="clear"/>	

Eligibility Verification Response	
Verification Number	2214606K55
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

InCK Billing Claim Submission Workshop

Eligibility Verification cont.

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	2214606K55
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

Inck Billing Provider Claim Submission Workshop

Eligibility Verification cont.

Benefit Plan

The benefit plan with which the client was an active member on the date(s) of service requested. This client has a HUSKY C Benefit plan. The HUSKY C benefit plan will pay Targeted Case Management services submitted by the InCK Billing provider.

Benefit Plan					
Service Information 	Benefit Month			Message 1	Message 2
	Effective Date	Effective Date	End Date		
Husky C, For Behavioral Health Services, call BHP at 877-552-8247.	07/01/2023	7/25/2023	07/31/2023		

InCK Billing Provider Claim Submission Workshop

Eligibility Verification cont.

Services Type Codes

This is a list of codes for which the client is eligible based on their benefit plan(s). Services can be submitted to Gainwell Technologies based on the codes that are payable under the provider's contract.

Service Type Codes - Medicaid Services			
Service Type Code ^A	Service Type Information	Copay	Coinsurance
1	Medical Care		
33	Chiropractic	\$0.00	0%
35	Dental Care		
4	Diagnostic X-Ray	\$0.00	0%
40	Oral Surgery	\$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%

1 2 3 Next >

InCK Billing Provider Claim Submission Workshop

Eligibility Verification cont.

Lock in

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

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 <small>▲</small>
Medicare A
Medicare B

InCK Billing Provider Web Account Capabilities – Prior Authorization

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Prior Authorization (PA)

Prior Authorization is currently **not required** for Targeted Case Management services billed by InCK Billing Providers.

InCK Billing Provider Claim Submission Methods

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Claim Submission Methods

Claims submitted for TCM Services by InCK Billing providers must be submitted via:

- Secure Web Account
 - The Internet Web site at www.ctdssmap.com
 - Interactive claim submission 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 ASCX12N transactions:
 - 837P - Health Care Claim Professional format
 - Requires provider to enroll as a Trading Partner
- Clearing House or Billing Service utilizing the following HIPAA ASCX12N transactions:
 - 837P - Health Care Claim Professional format
 - Requires Clearing House or Billing Service to enroll as a Trading Partner

InCK Billing Provider Claim Submission Workshop

Claim Submission Methods cont.

- Paper Claims may be submitted for **special handling only** via:
 - CMS-1500 Claim Form
- **The Department of Social Services (DSS) does not accept paper claims for routine claims processing. Paper claims submitted will be returned to the provider.**
 - *Ref:* [PB 2016-31](#)

InCK Billing Provider Web Account Capabilities – Claim Submission and Inquiry

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Claim Submission and Inquiry

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

Home Information Provider Trading

Information

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

Provider

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

Provider Trading Partner Pharmacy

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

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY GAINWELL TECHNOLOGIES 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

Quick Login

User ID*

Password*

Login

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

[Forgot your password?](#)

InCK Billing Provider Claim Submission Workshop

Claim Submission/Inquiry – Login to Secure Web Account

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download promoting interoperability program oos instructions/information fingerprint criminal background check info e-mail subscription **secure site**

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](#)

User ID*

Password*

[login](#)

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

[reset password](#)

InCK Billing Provider Claim Submission Workshop

Web Claim Submission

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

Account
home **account home** account maintenance account setup change password clerk maintenance demograph

Your Password will expire 10/01/2023 at 12:00 Pm [Change Password](#)

Welcome InCK Billing Provider [login](#)

Provider ID: 001234567
Provider AVRS ID: 001234567
Reenrollment Due Date: 06/01/2027
Zip Code: 06032-1234

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

Global Messages

*** No rows found ***

Secure Mailbox

*** No rows found ***

InCK Billing Provider Claim Submission Workshop

Web Claim Submission and Inquiry

Web Claim Submission allows for:

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

Web Claim Inquiry:

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

InCK Billing Provider Claim Submission Workshop

Web Claim Submission cont.

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

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

Quick Links

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

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

Professional Claim

ICN	<input type="text"/>	From Date	<input type="text"/>
Provider ID	##### NPI	To Date	<input type="text"/>
AVRS ID	#####	Admission Date	<input type="text"/>
Client ID *	<input type="text"/>	EPSDT Referral	<input type="text" value="v"/>
Last Name	<input type="text"/>	Total Charges	<input type="text" value="\$0.00"/>
First Name, MI	<input type="text"/>	Total Paid	<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"/>	CoPay Amount	<input type="text" value="\$0.00"/>
Medical Record Number	<input type="text"/>	Medicare Crossover	<input type="text" value="v"/>
Referring Physician	<input type="text"/> [Search]	837 Version	<input type="text" value="v"/>
SSN	<input type="text"/>		
Accident Related	<input type="text" value="v"/>		
Accident Date	<input type="text"/>		

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

NPI and AVRS ID auto populate based on secure web account login.

InCK Billing Provider Claim Submission Workshop

Web Claim Submission cont.

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

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

Quick Links

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

Professional Claim

ICN

Provider ID NPI

AVRS ID

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

Last Name **Smith**

First Name, MI **ANGEL**

Date of Birth **08/16/2006**

Patient Account # **Optional**

Medical Record Number **Optional**

Referring Physician **Situational** [Search]

SSN

Accident Related **No** **Situational**

Accident Date **Situational**

From Date

To Date **From/To Date auto populated with first/last dos on claim.**

Admission Date **Situational**

EPSDT Referral **Situational**

Total Charges **\$0.00** **Auto populated with sum of charges entered.**

Total Paid **\$0.00** **Auto populated once claim submitted.**

TPL Amount **\$0.00**

CoPay Amount **\$0.00**

Medicare Crossover **No**

837 Version **5010** **Auto populated**

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diagnosis

Diag-Sequence	Diagnosis	Description
Code Set	ICD 10	Auto populated
Principal	<input type="text"/>	[Search]
Other 1	<input type="text"/>	[Search]
Other 2	<input type="text"/>	[Search]
Other 3	<input type="text"/>	[Search]
Other 4	<input type="text"/>	[Search]
Other 5	<input type="text"/>	[Search]
Other 6	<input type="text"/>	[Search]
Other 7	<input type="text"/>	[Search]
Other 8	<input type="text"/>	[Search]

Principal Diagnosis code is not required for InCK TCM claims. However, InCK Providers are required to include relevant ICD-10 Z codes on the claim. Providers should refer to PB 2023-55 for more information.

InCK Billing Provider Claim Submission Workshop

Web Claim Submission cont.

*** No rows found ***

Condition

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* **T2023** [Search]

Modifiers **TG** [Search]

Units* **1**

Facility Type Code* **Required** [Search]

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

Rendering Physician **Not Required** [Search]

SSN

Referring Provider **Not Required** [Search]

Ordering Provider **Not Required** [Search]

Status

Emergency Indicator

Pregnancy

EPSDT Referral

Family Planning

Allowed Amount

CoPay Amount

Medicare Paid Date

Medicare Calc Allowed Amt

Medicare Paid Amount

Medicare Deductible Amount

Medicare Coinsurance Amount

Diagnosis Code Pointer

National Drug Code

NDC Quantity

NDC Unit of Measurement

TCM Service Integration Level (SIL) 3. One (1) unit per month allowed

Auto populates 1 unit

Place of treatment

U & C charge for service

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

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

Indicates which diagnosis code(s) are applicable to the service. At least 1 code for primary diagnosis is required. Up to 4 may be entered.

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

InCK Billing Provider Claim Submission Workshop

Web Claim Submission-Claim Status

Claim Status Information	
Claim Status	PAID
Claim ICN	2223222151278
Paid Date	
Paid Amount	\$ 201.00
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

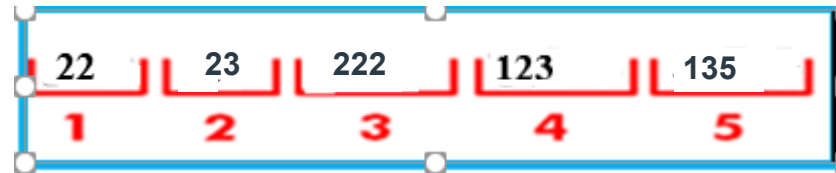
The paid date will populate after the next financial cycle.

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

InCK Billing Provider Claim Submission Workshop

Web Claim Inquiry- Internal Control Number (ICN)

Claims submitted to Gainwell Technologies 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 (**22** = Electronic Claims with No Attachments. The ICN Region Code List can be found on our Web Site under Information > Publications > Claims Processing Information.)
- 2 Year of Receipt** – Indicates the year the claim was received by Gainwell Technologies. (**23** = 2023)
- 3 Julian Date of Receipt** - The Julian calendar date of receipt. (**222** = the 153 day of the year; August 10th)
- 4 Batch Number** - An internal number assigned by Gainwell Technologies to uniquely identify a batch. (**123**)
- 5 Claim Number** – A sequential number assigned to uniquely identify claims within a batch. (**135**)

InCK Billing Provider Claim Submission Workshop

Web Claim Inquiry

The screenshot displays the InCK Billing Provider web portal. At the top, there is a navigation bar with links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. Below this is an 'Account' section with a sub-menu including 'home', 'account home', 'account maintenance', 'account setup', 'change password', 'clerk maintenance', and 'demographic m'. A notification states: 'Your Password will expire on 10/1/2023 at 12:00 PM' with a 'Change Password' link. A welcome message for the 'Provider' includes: 'Provider ID: 123456789', 'Provider AVRS ID: 123456789', 'Reenrollment Due Date: 09152023', and 'Zip Code: 78521 - 1234'. Below this, it says: 'Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option.' There are two 'Global Messages' and 'Secure Mailbox' sections, both showing '*** No rows found ***'. The 'Claims Eligibility Prior Authorization' menu is highlighted with a green box, and the 'Claim Inquir' option is highlighted with a red box and a red arrow. The 'Claim Search' form is also highlighted with a green box and contains the following fields: ICN, Client ID, TCN, FDOS, TDOS, Prescription No (Pharmacy Only), Claim Type, Status, FDate Paid, TDate Paid, Pending Claims (checkbox), Exclude Adjusted Claims (checkbox), and Records (dropdown set to 20). A red box highlights the 'search' button.

Once you have submitted your claim to Gainwell Technologies using the www.ctdssmap.com Secure Site:

Click on the “Claims” tab on the main menu and select “Claims Inquiry”

Enter at least one of the following criteria:

- ICN
- Client ID and either FDOS/TDOS or FdatePaid/TdatePaid - **span date must be 93 days or less**

Check the **Pending Claims** box to view claims submitted prior to cycle

InCK Billing Provider Claim Submission Workshop

Web Claim Inquiry cont.

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

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

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

Claim Search 008023223 MCD

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
2222041600002				01/01/2022	02/01/2022	Professional Claims	Adj/Voided		\$481.16	\$480.92
5922049001003				01/01/2022	02/01/2022	Professional Claims	Paid		\$481.16	\$480.92

InCK Billing Provider Claim Submission 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

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

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

Claim Search 008023223 MCD

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

Claim Type
Status
FDate Paid
TDate Paid
Pending Claims

Exclude Adjusted Claims

Records

This claim will no longer be listed once a search has been completed based on the exclude adjusted criteria

Search Results

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2222041600002				01/01/2022	02/01/2022	Professional Claim	Adj/Voided		\$481.16	\$480.92
5922049001003				01/01/2022	02/01/2022	Professional Claim			\$481.16	\$480.92

InCK Billing Provider Claim Submission 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 there is no Paid date for these claims.**

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

The screenshot displays the 'Claim Search' interface. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, **Claims**, Eligibility, Prior Authorization, Hospice, Trade Files. Below this is a sub-navigation bar with: home, **claim inquiry**, professional, institutional, dental, claim history for specific services.

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

- ICN: [Text Input]
- Client ID: [Text Input]
- TCN: [Text Input]
- FDOS: 01/01/2022
- TDOS: 03/31/2022
- Prescription No (Pharmacy Only): [Text Input]
- Claim Type: [Dropdown Menu]
- Status: [Dropdown Menu]
- FDate Paid: [Text Input]
- TDate Paid: [Text Input]
- Pending Claims: (highlighted with a red box)
- Exclude Adjusted Claims:
- Records: 20 [Dropdown Menu]

The 'Search Results' panel shows a table with the following data:

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2222048600008				02/05/2022	02/08/2022	Professional Claims	Paid		\$665.00	\$393.48
2222048600007				02/01/2022	02/05/2022	Professional Claims	Paid		\$665.00	\$262.32

InCK Billing Provider Claim Submission Workshop

Web Claim Inquiry - Pending Claims cont.

- 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 May 31, 2022, that have not yet processed through a financial cycle.

The screenshot shows the 'Claim Search' interface with the following elements:

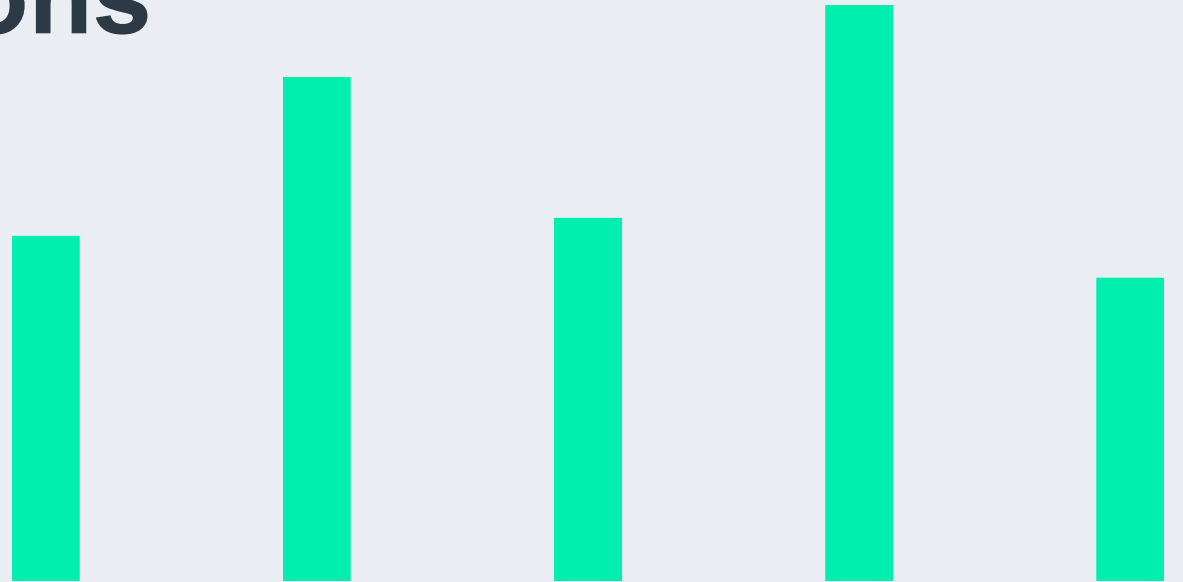
- Navigation bar: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, **Claims**, Eligibility, Prior Authorization.
- Sub-navigation: Home, **claim inquiry**, claim history for specific services.
- Search Form:
 - ICN: 2222151 (highlighted in green)
 - Client ID: []
 - TCN: []
 - FDOS: []
 - TDOS: []
 - Prescription No (Pharmacy Only): []
 - Claim Type: []
 - Status: []
 - FDate Paid: []
 - TDate Paid: []
 - Pending Claims: (highlighted in green)
 - Exclude Adjusted Claims:
 - Records: 20
- Search Results Table:

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2222151606291				07/11/2021	07/17/2021	Professional Claims	Paid		\$1,372.28	\$1,372.28
2222151606222				07/04/2021	07/10/2021	Professional Claims	Paid		\$1,176.22	\$1,176.22

InCK Billing Provider Web Account Capabilities – Web Claim Submission Options

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission 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

InCK Billing Provider Claim Submission Workshop

Web Claim Submission Options- Adjustments

- **How to 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**

InCK Billing Provider Claim Submission 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 region code either “12” or “13” indicate that they have been special handled by Gainwell Technologies and are, therefore, not able to be adjusted via the www.ctdssmap.com Web site

InCK Billing Provider Claim Submission Workshop

Web Claim Submission Options - Void

How 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**

InCK Billing Provider Claim Submission Workshop

Web Claim Submission Options – Copy Claim

The **Copy claim** feature is helpful when submitting recurring services. **Paid claims** may be **copied** and submitted as a **new claim**.

How to easily copy a paid claim for submission as a new claim:

- Select ***Claim Inquiry***
- Enter the paid claim **ICN** from your Web inquiry. The ICN can be 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***

InCK Billing Provider Claim Submission Workshop

Web Claim Submission Options – Resubmit

How 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***

InCK Billing Provider Claim Submission Guidelines

<https://www.ctdssmap.com>

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission Workshop

Billing Codes for TCM Services

Procedure Code	Modifier	Procedure Code Description
T2023	N/A	Service Integration Level 2: Targeted Case Management; per month
T2023	TG	Service Integration Level 3: Targeted Case Management; per month

InCK Billing Provider Claim Submission 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:

- Is the procedure code(s) billed, for the client Prior Authorized? **(Currently N/A for InCK TCM services)**
- 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?

InCK Billing Provider Claim Submission Workshop

Claim Submission Guidelines – Timely Filing

Timely Filing Guidelines

The timely filing limit for InCK Billing Provider services, is as follows:

- *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.*

InCK Billing Provider Claim Denials and Resolution

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim
Submission Workshop



InCK Billing Provider Claim Submission 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 is not enrolled with a **HUSKY A, B, C or D** benefit type.

Resolution: Client eligibility file needs to be updated with a HUSKY benefit plan or change in the effective dates of eligibility

InCK Billing Provider Remittance Advice

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



InCK Billing Provider Claim Submission Workshop

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

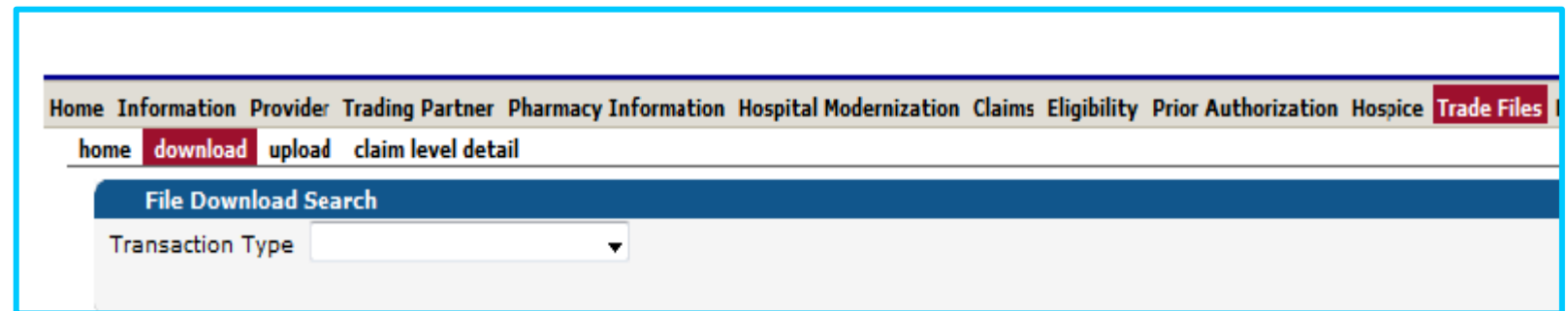
- All claims activity is reported to providers twice a month on a Remittance Advice
- RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted, and are produced based on a provider's claim activity
- Providers receive RAs electronically via the secure Provider Web site at www.ctdssmap.com. RAs are available in the following formats:
 - **ASC X12N 835 Payment/Advice standard transaction format**
string of raw data that must be configured by the provider/vendor for download into their system,
 - **Portable Document Format (PDF)**
paper version of the RA.
- Only the last 10 RAs are maintained on the Gainwell Technologies Web site; it is highly recommended that providers save a copy of their RAs to their local computer system for future access

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Access to Claim and Financial Reporting cont.

To access the Remittance Advice in PDF 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” 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.

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Components of the RA

Each RA contains seven (7) separate sections:

Banner Page

Important messages from DSS or Gainwell Technologies

Claims Information (Paid, Denied, and Adjustments)

Sorted by claim type and status; reports EOB codes related to claim payment and or denial

TPL Information

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

Financial Transactions Processed

Payouts, Refunds, Account Receivables

RA Summary

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

EOB Code Descriptions

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

Claims in Process

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

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Banner Page

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

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Paid Claims

REPORT: CRA-PHPD-R RA#: 6761656		InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID							Date: - PAGE: 5		
Provider Name Check/Remittance Advice Address								PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		NPI If Applicable ##### 00#####	
FP	--ICN--	SERVICE DATES	BILLED	ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT
	--PATIENT NUMBER--	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	INCOME	AMOUNT	CONTR.
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING				DETAIL	EOBS	
				FROM THRU	PROVIDER						
CLIENT NAME: SARAH JONES 2223274231244		mm/dd/yyyy mm/dd/yyyy	CLIENT NO.: 00#####			0.00	0.00	0.00	0.00	443.00	0.00
PL SERV	11	PROC CD T2023 TG	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU	RENDERING NPI	BILLED AMOUNT 850.00	ALLOWED AMOUNT \$443.00	DETAIL EOBS 9918		
CLIENT NAME: ESTE SMITH 2223241111235		mm/dd/yyyy mm/dd/yyyy	CLIENT NO.: 00#####			0.00	0.00	0.00	0.00	201.00	0.00
PL SERV	11	PROC CD T2023	MODIFIERS	UNITS 1.00	SERVICE DATES FROM THRU	RENDERING NPI	BILLED AMOUNT 1240.00	ALLOWED AMOUNT \$201.00	DETAIL EOBS		

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Denied Claims

REPORT: CRA-PHDN-R RA#:#####	interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM					Date: ##/##/#### PAGE: 41	
PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS DENIED					PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID	NPI IF APPLICABLE ##/##/#### 00#####	
--ICN-- --PATIENT NUMBER--	SERVICE DATES FROM THRU	BILLED AMOUNT	DEDUCT AMOUNT	CO-INS AMOUNT	TPL AMOUNT	APPLIED INCOME	CLIENT CONTR.

CLIENT NAME: BRITT BLUE 2223211345234	CLIENT NO.: 00#####	200.00	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 EOB#
11	T2023			mm/dd/yyyy mm/dd/yyyy	NPI	200.00	2003

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Claim Adjustments

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#####

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.

CLIENT NAME: MARK ZEE	CLIENT NO.: 00#####										
2223244350250	###/###/##	###/###/##	(20.00)	(20.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(20.00)	(0.00)
5923244031245	###/###/##	###/###/##	201.00	201.00	0.00	0.00	0.00	0.00	0.00	201.00	0.00
		SERVICE DATES RENDERING				BILLED	ALLOWED				
PL	SERV	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	AMOUNT	AMOUNT	DETAIL	E OBS
11		T2023		1.00	###/###/##	###/###/##	NPI IF APPLICABLE				

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – Financial 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#####

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

TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME	LIAB DATE
NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDER						

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

--CCN--	REFUND --AMOUNT--	REASON CODE
NO REFUNDS FROM PROVIDER		

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

A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	--BALANCE--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME
5923274001235	mm/dd/yyyy	963.20	963.20	963.20	0.00	8400		
5923274002236	mm/dd/yyyy	1,814.00	1,814.00	1,814.00	0.00	8400		
5923274014275	mm/dd/yyyy	10.00	10.00	10.00	0.00	8400		
5923274019275	mm/dd/yyyy	10.00	10.00	10.00	0.00	8400		
-----1099 ADJUSTMENTS-----								

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – 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---		---CURRENT CYCLE TOTALS BY FUND PAYER---		---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
CONNPAGE	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	399	3,393.25	1	18.75	400	3,412.00
Tuberculosis	0	0.00	0	0.00	0	0.00
Family Planning	0	0.00	0	0.00	0	0.00
IHS Facility services	0	0.00	0	0.00	0	0.00

	---CLAIMS DATA---		---EARNINGS DATA---	
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

InCK Billing Provider Claim Submission Workshop

Remittance Advice (RA) – 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

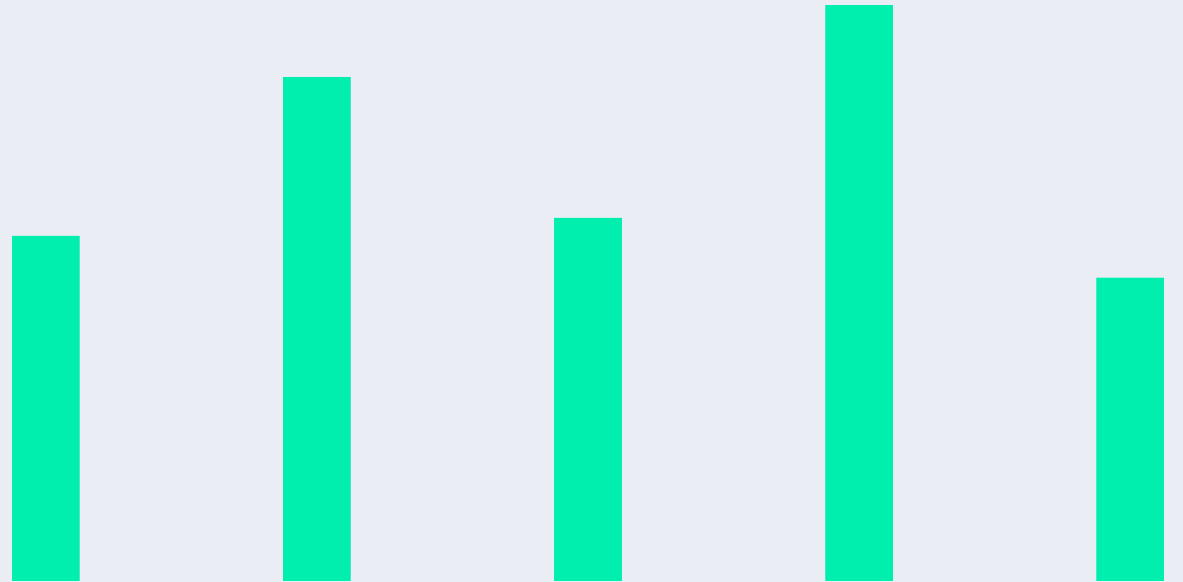
FINANCIAL TRANSACTIONS REASON CODES

RSN CODE	ACCOUNT RECEIVABLES REASON CODES REASON CODE DESCRIPTION
8400	Result of claim adjustment

InCK Billing Provider Program Information

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



InCK Billing Provider Claim Submission Workshop

www.ctdssmap.com - Information



Help
Site: B
Login

Tuesday, August 1, 2023 at 4:54:34 PM

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

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

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- [Provider Search](#)
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WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

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



Information



Provider



Trading Partner



Pharmacy

Important Messages

InCK Billing Provider Claim Submission Workshop

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 **CSV** 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		
Promoting Interoperability Program		
OOS Instructions/Information		
Fingerprint Criminal Background Check Info		
ACA OPR Provider List		
E-Mail Subscription		
Secure Site		

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

Provider Fee Schedule Download

- Acquired Brain Injury Case Management [CSV](#)
- Acquired Brain Injury DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Fiduciary [CSV](#)
- Acquired Brain Injury II DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Service Provider [CSV](#)
- Acupuncture [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](#)
- Connecticut Housing Engagement and Support Services [CSV](#)
- CT Home Care [CSV](#)
- DDS Specialized Services NF Fee Schedule [CSV](#)
- Dental Adult [XLSX](#)
- Dental DOS Prior to 09/01/2016 [CSV](#)
- Dental Pediatric [XLSX](#)
- Free Standing Birthing Center [CSV](#)
- Free-Standing Substance Use Disorder (SUD) Residential Treatment Facilities [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](#)
- Integrated Care for Kids Targeted Case Management [CSV](#)
- Lab [CSV](#)
- Local Health Department [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 Assisted Living Provider [CSV](#)
- Mental Health Waiver DOS Prior to 02/01/2020 [CSV](#)
- Mental Health Waiver Service and Fiscal Intermediary Provider [CSV](#)
- Naturopath [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](#)
- Violence Prevention Professional [CSV](#)

InCK Billing Provider Claim Submission Workshop

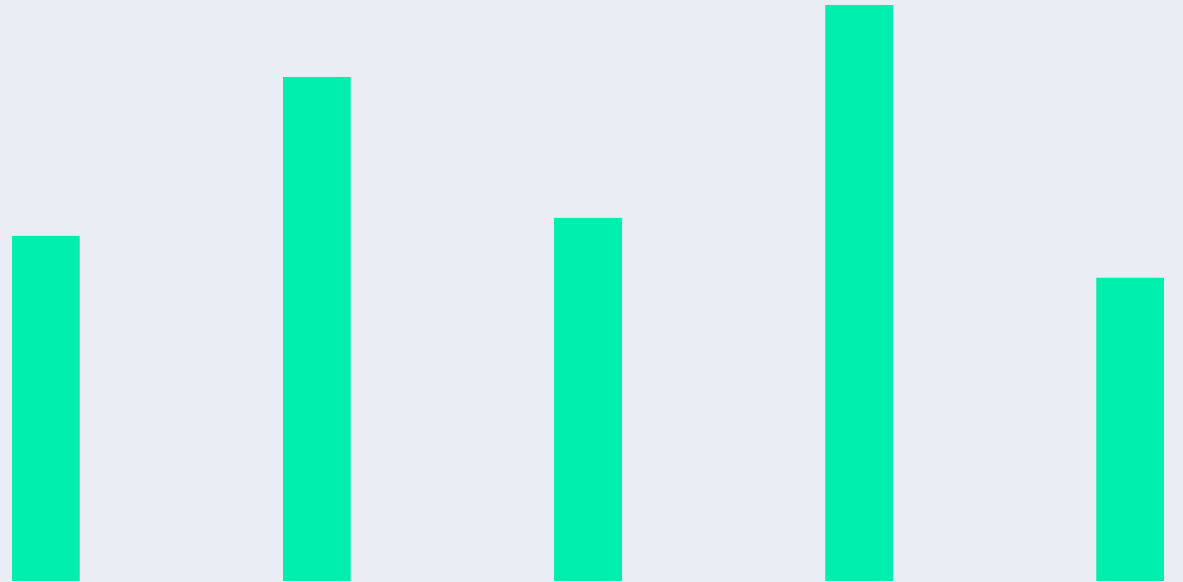
Fee Schedule

Procedure	Description	Modifier	Rate Type	Max Fee	Effective Date	End Date	PA
T2023	Targeted case management; per month – SIL 2	N/A	INC	201.00	3/13/2023	12/31/2299	N/A
T2023	Targeted case management; per month – SIL 3	TG	INC	443.00	3/13/2023	12/31/2299	N/A

InCK Billing Provider Resources

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



InCK Billing Provider Claim Submission Workshop

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

Important Messages

[Attention Behavioral Health Clinics: REMINDER Provider Bulletin 2023-44 Performing Providers Required for Behavioral Health Clinic Providers \(Posted 7/31/23\)](#)

[Attention CT BHP Behavioral Health Providers Enrolled in Independent Practice and Group Practice, Psychologists, Licensed Marital and Family Therapists \(LMFTs\), Licensed Clinical Social Workers \(LCSWs\), Licensed Professional Counselors \(LPCs\), Licensed Alcohol and Drug Counselors \(LADCs\): Behavioral Health Clinician Groups and Individual Clinicians in Independent Practice FAQ \(Posted 7/28/23\)](#)

[Attention CT BHP Behavioral Health \(BH\) Providers, Psychologists, Licensed Marital and Family Therapists \(LMFTs\), Licensed Clinical Social Workers \(LCSWs\), Licensed Professional Counselors \(LPCs\), Licensed Alcohol and Drug Counselors \(LADCs\): Attestation Requirement for BH Clinician Groups and BH Licensed Clinicians. ISSUE: Provider/Ownership Signature on Attestation Form \(Posted 7/27/23\)](#)

[Attention PCMH+ Providers: PCMH+ Payments Delayed for Second Cycle in July \(Posted 7/25/23\)](#)

[Attention All Providers: Medical Authorizations - PA Requirement Look-Up \(Posted 7/18/23\)](#)

[Attention Connecticut Home Care Program for Elders, Acquired Brain Injury, Personal Care Assistance Waiver Homemaker and Companion Agencies: Provider Audit Requirements \(Posted 7/12/23\)](#)

[Hospital Monthly Important Message \(Posted 7/10/23\)](#)

[Attention Home Health Providers: REMINDER Signing Up for Rescheduled Sandata Agency Management Training Dates for New Users \(Posted 7/10/23\)](#)

[COVID-19 Information and FAQs \(Updated 6/30/23\)](#)

[Attention Home Health Providers: 1\) Rescheduled Sandata Agency Management Training Dates for New Users 2\) REMINDER: Electronic Visit Verification \(EVV\) Home Health Implementation Training Requirements \(Posted 6/30/23\)](#)

[Attention Home Health Providers: Updated Home Health Technical Specifications, Alternate Electronic Visit Verification FAQ Posted, Sandata Agency Management Training Recordings Available, and Rescheduled Trainings Update Posting 6/29/23\)](#)

[Attention Home Health Agencies \(HHA\) and Home and Community Based Services Providers \(HCBS\): Value Based Payment June 2023 Benchmark Quarter **Action Required** \(Posted 6/28/23\)](#)

[Attention ICF/IID Providers: Reimbursement Public Notice \(Posted 6/27/23\)](#)

[Revised CMAP Telehealth Table - Targeted Case Management, T1017 - Update to Telehealth Method Effective June 21, 2023 \(Posted 6/20/23\)](#)

[Procedures for Updating Client Third Party Liability Information NEW HMS Phone Number: 1-866-252-0671 \(Posted 6/7/23\)](#)

[Attention All Pharmacists: HUSKY Renewal Reminder \(Posted 6/6/23\)](#)

[HUSKY Health Primary Care Payment Program Extension Notification](#)

[Click here for Archived Messages](#)

InCK Billing Provider Claim Submission Workshop 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 regard to reprocessed claims; explaining the reasons behind the reprocessing as well as the claim types affected.

06/23/2023- 06/29/2023	Attention All Providers	Attention All Providers. HOLIDAY CLOSURE: Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will be closed on Tuesday, July 4, 2023 in observance of the Independence Day holiday. Both the DSS and Gainwell Technologies offices will re-open on Wednesday, July 5, 2023.
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InCK Billing Provider Claim Submission Workshop 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.

The screenshot displays the 'messages archive' page on the InCK Billing Provider Claim Submission Workshop website. The page features a navigation menu at the top with 'messages archive' highlighted. Below the navigation is an 'Archived Search' section with a dropdown menu set to 'Important Messages' and a search button. A table titled '- 2023 Important Messages Archived' lists several messages with their effective dates and titles.

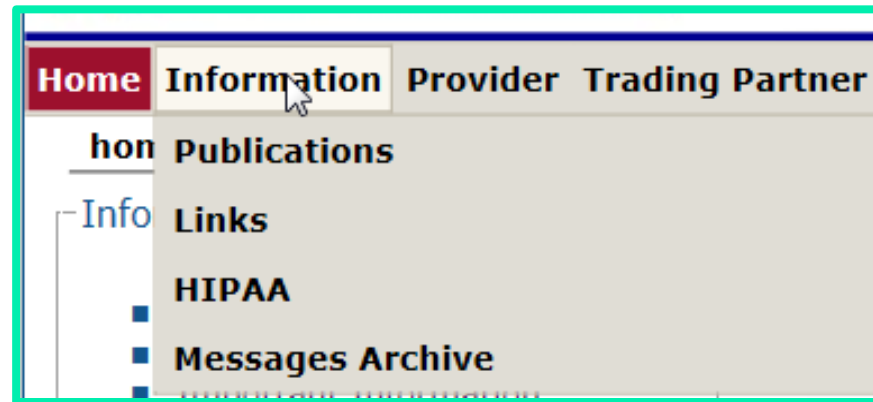
Message Effective Date	Title
06/14/2023-07/30/2023	Attention Home Health Providers: New Sandata Agency Management User Trainings for Thursday, June 15, 2023, and Friday, June 16, 2023, to be RESCHEDULED (Posted 6/14/23)
06/13/2023-07/30/2023	Attention ICF/IID Providers: Reimbursement Public Notice for SPA 23-0013 Private ICF/IID Supplemental Payment (Posted 6/13/23)
06/12/2023-07/30/2023	Attention All Providers: Revised CMAP Telehealth Table -Group Psychotherapy Correction Effective June 12, 2023 (Posted 6/12/23)
06/12/2023-07/09/2023	Hospital Monthly Important Message (Posted 6/12/23)
06/02/2023-06/30/2023	Attention Home Health Providers: REMINDER Sandata Agency Management (SAM) Training Dates and Registration Links for Existing & New Users (Posted 6/2/23)

InCK Billing Provider Claim Submission Workshop

Resources - Publications

Publications

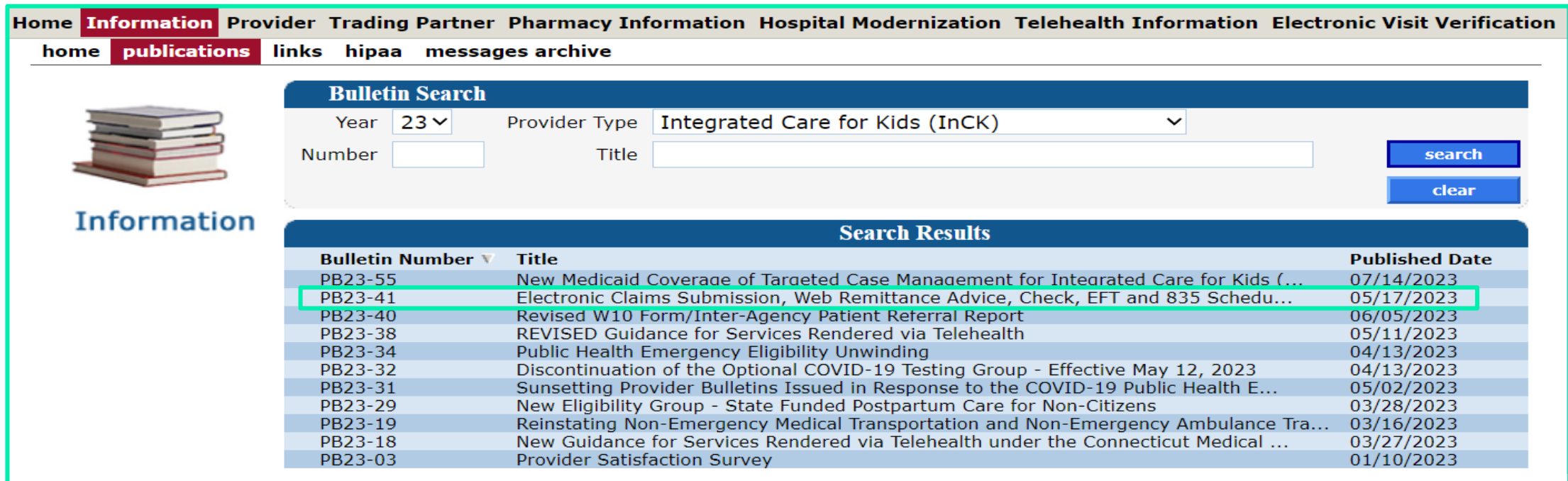
- Most of the information available on the www.ctdssmap.com Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left-hand side of the home page or from the Information drop-down menu



Inck Billing Provider Claim Submission Workshop Resources – 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. Provider Bulletin [PB-2023-41](#) provides the claim cycle and payment schedule through December 2023. The online database of bulletins goes back to the year 2000.



The screenshot displays the website's navigation menu at the top, including 'Home', 'Information', 'Provider Trading Partner', 'Pharmacy Information', 'Hospital Modernization', 'Telehealth Information', and 'Electronic Visit Verification'. Below the navigation, there are links for 'home', 'publications', 'links', 'hipaa', and 'messages archive'. The main content area features a 'Bulletin Search' section with a search form. The form includes a 'Year' dropdown set to '23', a 'Provider Type' dropdown set to 'Integrated Care for Kids (InCK)', and input fields for 'Number' and 'Title'. There are 'search' and 'clear' buttons. To the left of the search form is an icon of a stack of books and the word 'Information'. Below the search form is a 'Search Results' table with the following data:

Bulletin Number	Title	Published Date
PB23-55	New Medicaid Coverage of Targeted Case Management for Integrated Care for Kids (...)	07/14/2023
PB23-41	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedu...	05/17/2023
PB23-40	Revised W10 Form/Inter-Agency Patient Referral Report	06/05/2023
PB23-38	REVISED Guidance for Services Rendered via Telehealth	05/11/2023
PB23-34	Public Health Emergency Eligibility Unwinding	04/13/2023
PB23-32	Discontinuation of the Optional COVID-19 Testing Group - Effective May 12, 2023	04/13/2023
PB23-31	Sunsetting Provider Bulletins Issued in Response to the COVID-19 Public Health E...	05/02/2023
PB23-29	New Eligibility Group - State Funded Postpartum Care for Non-Citizens	03/28/2023
PB23-19	Reinstating Non-Emergency Medical Transportation and Non-Emergency Ambulance Tra...	03/16/2023
PB23-18	New Guidance for Services Rendered via Telehealth under the Connecticut Medical ...	03/27/2023
PB23-03	Provider Satisfaction Survey	01/10/2023

InCK Billing Provider Claim Submission Workshop 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, 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

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 Select a provider type <input type="text" value="Select a provider type"/> <input type="button" value="View Chapter 7"/>
8	Provider Specific Claims Submission Instructions Select a provider type <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 Select a claim type <input type="text" value="Select a claim type"/> <input type="button" value="View Chapter 11"/>

InCK Billing Provider Claim Submission Workshop

Resources – Provider Manual cont.

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 regard 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

InCK Claim Submission Workshop

Resources – Provider Manual cont.

Chapter 7 – Specific Policy/Regulation

- This section contains the Medical Services Policy sections that pertain to the chosen provider type. Currently there is no Chapter 7 for InCK billing Providers.

Chapter 8 – Provider Specific Claims Submission Instructions

- Provides information on provider specific billing requirements and instructions. From the dropdown select InCK Billing Provider, then click view chapter 8.

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

InCK Billing Provider Claim Submission Workshop

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 2023 interChange Newsletter](#)
- [March 2023 interChange Newsletter](#)
- [December 2022 interChange Newsletter](#)
- [September 2022 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](#)

InCK Billing Provider Claim Submission Workshop

Resources - Links

The Links page – Information > Links

Provides Web links to various relevant sites and resources. including General Health Care Sites and Resources and Health Care Provider Organizations

Home	Information	Provider	Trading Partner	Pharmacy Information	Hospital Modernization	Electronic Visit Verification
home	publications	links	hipaa	messages	archive	
State Government Sites				Federal Government Sites		
<ul style="list-style-type: none">• State of Connecticut Department of Social Services• HUSKY Health - Healthcare for Uninsured Kids and Youth• Connecticut Behavioral Health Partnership (CT BHP)• State of Connecticut Department of Children and Families• State of Connecticut Department of Mental Health and Addiction Services• State of Connecticut Department of Developmental Services• State of Connecticut Department Public Health• State of Connecticut Birth to Three Services• State of Connecticut Web Site				<ul style="list-style-type: none">• Centers for Medicare and Medicaid Services• Department of Health and Human Services• National Institutes of Health• National Library of Medicine• Centers for Disease Control and Prevention• Social Security Administration• Agency for Healthcare Research and Quality• MyHealthfinder - a US government consumer health gateway site• U.S. Government Publishing Office• National Plan & Provider Enumeration System		

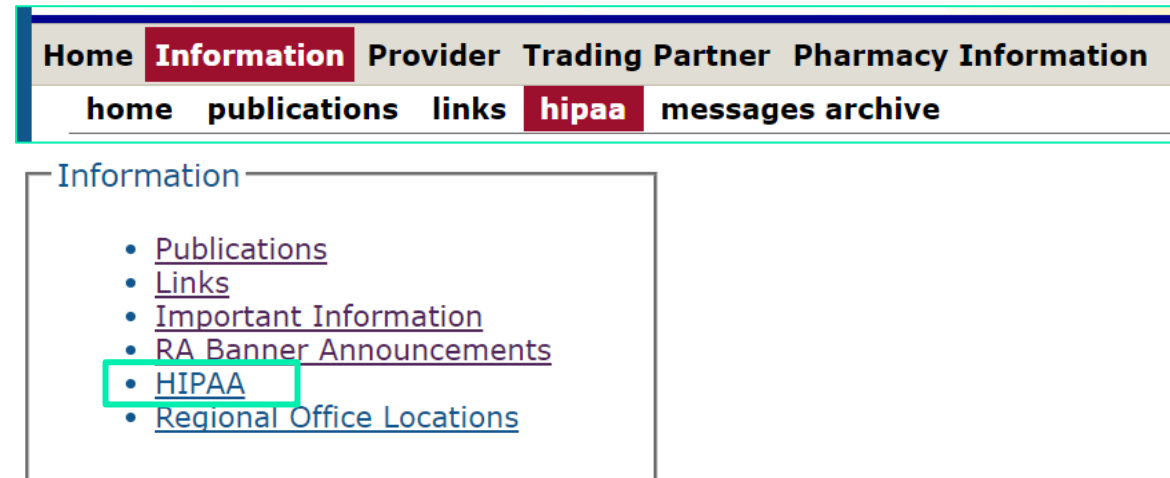
InCK Billing Provider Claim Submission Workshop

Resources - HIPAA

The HIPAA Information page Information > HIPAA

The HIPAA page provides information regarding:

- HIPAA Mandated Transactions
- Frequently Asked Questions
Gainwell Technologies 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



The screenshot shows a website navigation menu with the following items: Home, Information, Provider, Trading Partner, Pharmacy Information. Below this is a secondary menu with: home, publications, links, hipaa, messages archive. The 'hipaa' item is highlighted in red. Below the main menu is a box titled 'Information' containing a list of links: Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. The 'HIPAA' link is highlighted with a red box.

InCK Billing Provider Claim Submission Workshop

Resources-Quick Access to Contacts, Schedules & Training

• Provider Services

Quick access to:

- Gainwell Technologies and DSS contact information
- Claim cycle schedules (prior and current year)
- Holiday schedule
- Provider Training (see also Provider Training Link)
 - Links to Invitations to upcoming Provider Workshops
 - Past Workshop Presentations by Provider Type
 - Enrollment
 - Claim Submission
 - Yearly Refreshers
 - Procedure Code Crosswalks (ABI, Autism, CFC, CHC, MHW and PCA Waiver Services)

– Provider

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

InCK Billing Provider Claim Submission Workshop

Resources– Email 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 reference the User Guide on the Email Subscriptions page.**

Home Information Provider Trading Pa

Information

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

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Promoting Interoperability Program](#)
- [QOS 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](#)

Electronic Visit Verification

- [EVV Implementation Overview](#)

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

E-Mail

Confirm E-Mail

[Register](#)

Existing Subscribers

E-Mail

[Update](#)

Unsubscribe

E-Mail

[Unsubscribe](#)

Available Subscriptions

- **Provider**
 - ALL Provider Types
 - Acquired Brain Injury
 - Acupuncturist
 - 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
 - CT Housing Engagement and Support Services
 - Certified Nurse Midwife
 - Chiropractor
 - Clinic
 - Community First Choice
 - Community Services
 - DDS Employment and Day Supports
 - DDS Specialized Services
 - DME/Medical Supply Dealer
 - Dental
 - Drug and Alcohol Abuse Center
 - Extended Care Facility/Long Term Care
 - FQHC - Behavioral Health
 - FQHC - Dental
 - FQHC - Medical & Tribal Svs Medical
 - Home Health Agency
 - Hospice Agency
 - Hospital
 - Integrated Care for Kids (InCK)
 - Laboratory
 - Local Health Department
 - Mental Health Group Home
 - Mental Health Waiver
 - Naturopath
 - Optical Shop
 - Optician
 - Optometrist
 - Personal Care Services
 - Pharmacy
 - Physician
 - Physician Assistant
 - Podiatrist
 - Private Non-Medical Institution
 - Psychiatric Residential Treatment Facility
 - Radiology
 - Resident
 - School Based Child Health
 - State Institution
 - Support at Home
 - Therapist
 - Transportation
 - Violence Prevention Professional (VPP)
- **Topics**
 - EVV - Electronic Visit Verification
 - Hospital Modernization
 - Labeler/Drug Manufacturer
 - Promoting Interoperability (PI), formerly EHR Incentive, Program
 - Trading Partner

Subscribe to receive InCK CMAP Publications

InCK Billing Provider Claim Submission Workshop

Workshop – Resources – e-Delivery

The Department of Social Services (DSS) has implemented the electronic delivery of provider's letters. This has replaced the mailing of many paper letters that providers previously received from the Connecticut Medical Assistance Program (CMAP) through the United States Postal Service (USPS).

Letters are posted to the provider's Secure Web portal account.

The letter(s) are systematically posted to the user's Secure Web portal account for retrieval (E-Delivery letter retention will be approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available).

An email notification is sent notifying the user that a letter(s) has been posted.

Primary Account holders have been automatically set up for e-Delivery.

A clerk can access e-delivered letters if assigned that permission by their primary account holder.

InCK Billing Provider Claim Submission Workshop Resources – e-Delivery Document Download

A user can download their letters by selecting Trade Files then Download from the menu items. Select E-Delivery from the Transaction Type field.

A user can also sort their letters by title, date available and date downloaded.

Connecticut Department of Social Services
Making a Difference

Wednesday, June 16, 2021

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

Account

home **download** upload claim level detail

File Download Search

Transaction Type

REMINDER: DOWNLOAD WEB FILE RETENTION
Web file retention periods vary based on the type of file being downloaded.

- Remittance Advices (RA) in PDF format, the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Claim Status Response (277), Prior Authorization Response (278), Benefit Enrollment (834), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained on the www.ctdssmap.com web site for a period of five (5) months, at which time they will be removed and will no longer be available.
- Historical Drug Rebate files will be available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available.
- E-Delivery letter retention will be approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available.
- 1099 file retention will be approximately three (3) years, at which time they will be removed and will no longer be available.

It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

All file retention schedules are subject to change. Changes to file retention schedules will be posted on this page.

Files are listed in order of the date they become available.

Current Files Available for Download			
File Name	Title	Date Available	Date Downloaded
008023102_PAU-0001-D_1189363_392329_20210611.pdf	Prior Authorization Notices - Provider	06/11/2021	
008023102_PAU-0001-D_1188332_390490_20210105.pdf	Prior Authorization Notices - Provider	01/05/2021	

InCK Billing Provider Claim Submission Workshop

Resources – e-Delivery Notification

Email notification that a letter(s) have been posted is sent to the email address associated with the primary account holder and clerk's Secure Web portal account.

Email is sent daily for letters posted the day prior.

Only one email generated, even if multiple letters posted the previous day.

- If a clerk is associated to multiple primary account holders, the email indicates the primary account holder to which the posted letters apply.

Sample Email text:

From: ctdssmap@gainwelltechnologies.com

Subject: CMAP E-Delivery Alert – Letter(s) Available

Reminder: It is important all users keep their data updated, including their contact email information, as well as maintaining clerk data.

InCK Billing Provider Claim Submission Workshop Resources - e-Delivery Document (letter) Types

The following are examples of letters being delivered electronically:

- **Electronic Funds Transfer (EFT) Letters**
- **Provider re-enrollment due notices and approval or denial letters**

InCK Billing Provider Contacts

www.ctdssmap.com

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



InCK Billing Provider Claim Submission Workshop

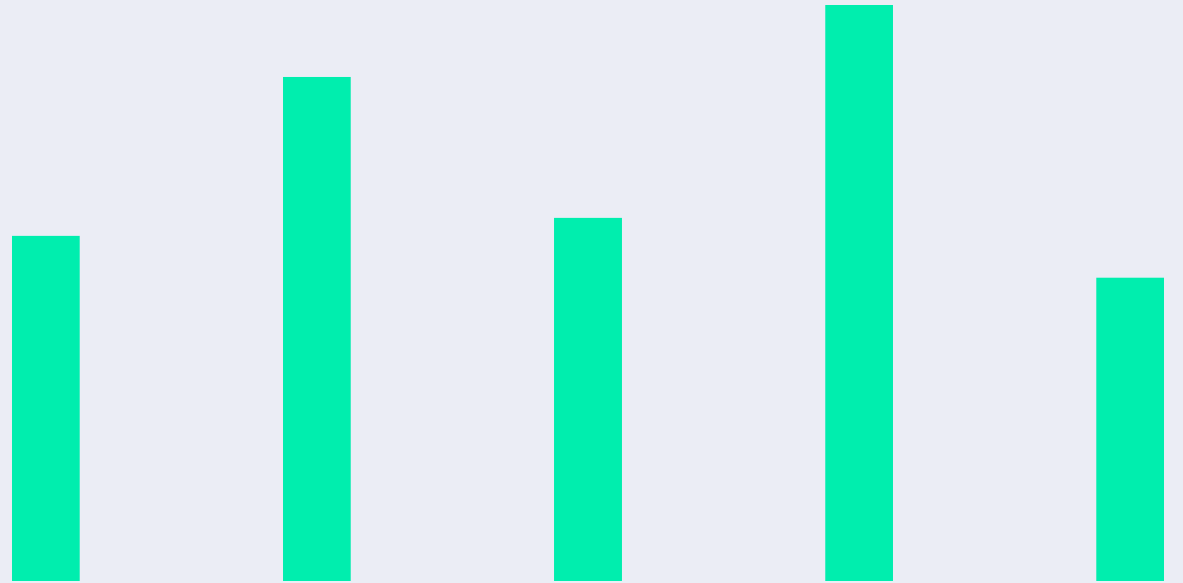
Contacts

- **Gainwell Technologies Provider Assistance Center (PAC)**
 - 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
 - ctdssmap-ProviderEmail@gainwelltechnologies.com
 - This should be your first call resource to answer all **enrollment, eligibility** and **billing** related questions. Should your issue require a higher level of research, it will be escalated to your provider representative. **Please be sure to ask the PAC representative for your call tracking number for future call reference.**
- **Gainwell Technologies Electronic Data Interchange (EDI) Help Desk**
 - 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays

InCK Billing Provider Questions

<https://www.ctdssmap.com>

Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop



Thank you.

Thank you for attending the Connecticut Medical Assistance Program Integrated Care for Kids (InCK) Billing and Web Claim Submission Workshop.

All questions and comments regarding this training are welcome.

Please click on the link to the InCK Billing and Web Claim Submission Workshop Evaluation located in the Chat section. Gainwell Technologies uses these evaluations to improve and address topics of interest to our audience.