



Hewlett Packard
Enterprise

Targeted Case Management

Web Claim Submission Workshop

Presented by:
The Department of Social Services & Hewlett Packard Enterprise
for Billing Providers

Training Topics

- ***Accessing Your Secure Web Account***
- ***TCM Claim Specific Guidelines – Review***
- ***Web Claim Submission***
 - *Access to the TCM Claim Format*
 - *Completing the Online Claim*
 - *Claim Submission Information*
- ***Web Claim Inquiry***
 - *Search Criteria*
- ***Claim Submission Options***
 - *Paid*
 - *Denied*
 - *Suspended*
- ***Information – Resources***
- ***What’s New***
 - *Future Claim Submission Changes*
- ***Contacts***
- ***Questions/Comments***

Accessing Your Secure Web Account

www.ctdssmap.com
Secure Web Account

Web Account

Welcome page at www.ctdssmap.com



Help
Tuesday, October 27, 2015

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

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Information

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Provider

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- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [OOS Instructions/Information](#)
- [Secure Site](#)

Trading Partner

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

Pharmacy

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

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



Information



Provider



Trading Partner



Pharmacy

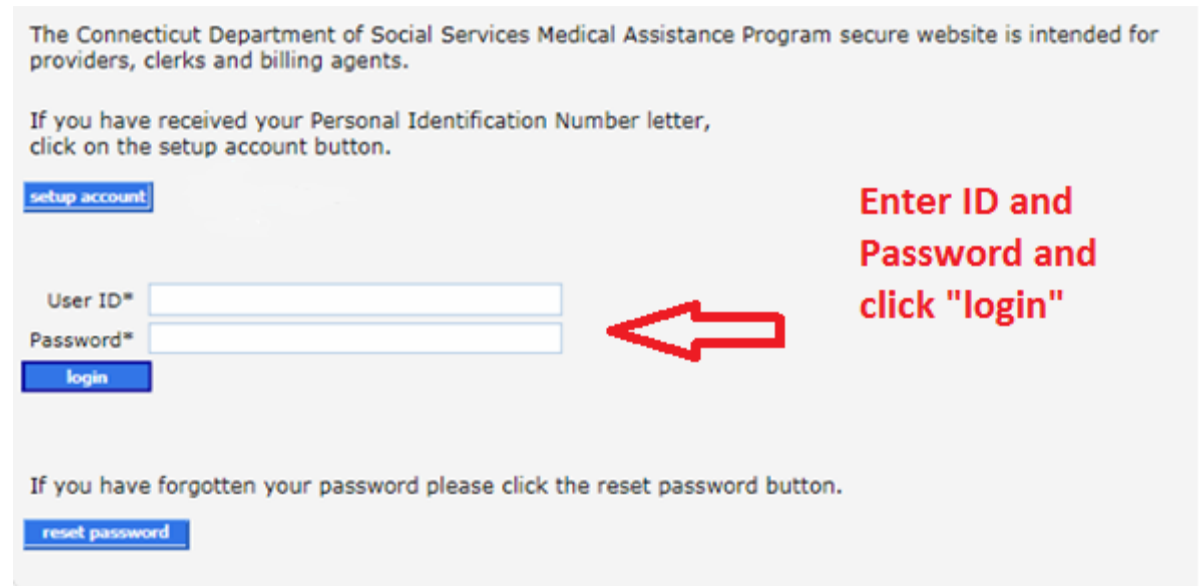
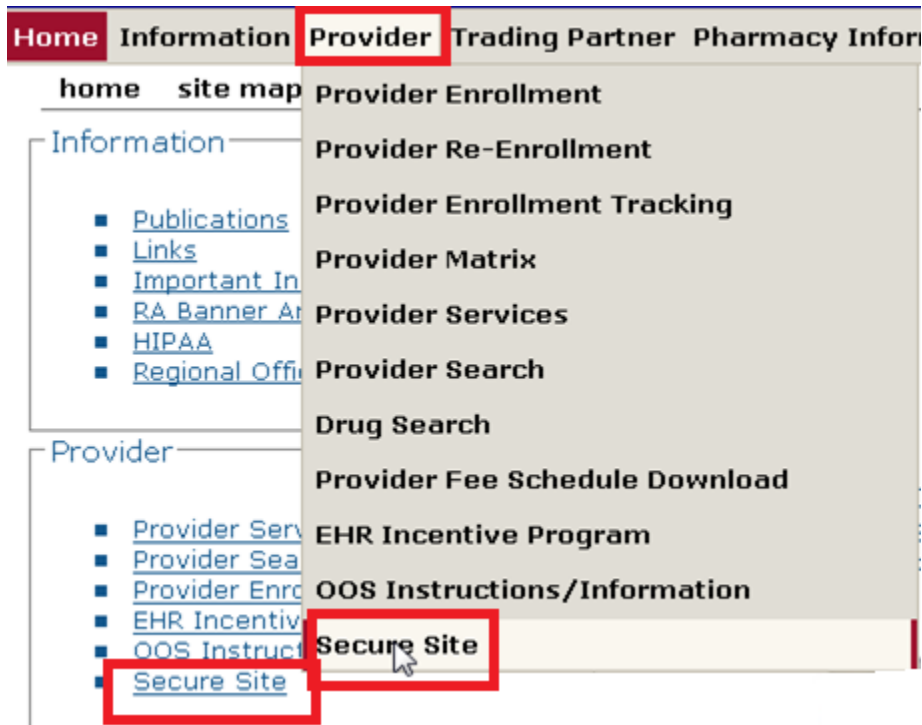
Important Messages

[Attention Providers: Extended Down Time and 835 Delay Notification](#)

Web Claim Submission

Accessing your Secure Site Account

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



Web Claim Submission

Access to your Secure Web Account

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

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 Information

 **Provider**

 Trading Partner

 Pharmacy

Quick Login

User ID*

Password*

Login

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

Quick Links

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

Provider Assistance Center

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

Email Subscription

- [Register/Update Email Subscription](#)

Web Claim Submission

Access to Secure Web Account

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

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

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

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

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

Quick Link

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

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

Secure Mailbox

*** No rows found ***

TCM Claim Specific Guidelines Review

www.ctdssmap.com

TCM Claim Specific Review

TCM Billing Guidelines and Restrictions

Billable Services

Procedure code	Description	Allowed Units	PA Required	Diagnosis Restrictions
T1017 <i>(effective for dates of service 7/1/16)</i>	Targeted Case Management, per 15 minute units <i>(max fee = \$12 per unit)</i>	12 units per month <i>(Services less than 8 minutes are not billable units).</i>	PA required > 12 units per month <i>(Authorization required from Beacon Health Options at (1-877-552-8247))</i>	Primary Diagnosis must be on table 17 <i>(Table of ICD-10 diagnosis codes for DMHAS Targeted Case Management services)</i>

Diagnosis Code Restrictions

TCM services are payable when the “Primary Diagnosis” code is one that appears on Table 17:

“List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)”.

To access this table:

From the www.ctdssmap.com Web site Home page:

- Provider
- Provider Fee Schedule Download
- Click *****Click Here for Fee Schedule Instructions***** link
at the top of the “Provider Fee Schedule Download” page.
- Scroll to the table listing and click on “**Table 17**” on page 5 of the instructions. This will bring you directly to the diagnosis table.

TCM Non Contracted Fee Schedule

– TCM/CMI Private Fee for Service Providers are reimbursed based on the rate on their Fee Schedule located on the www.ctdssmap.com Web site.

– From the Home page:

– Provider

– Provider Fee Schedule Download

– Read the License Agreement

– Click I accept

– Locate the Targeted Case Management Non-Contracted Fee Schedule

– Press and hold the CTRL key while Clicking on the CSV link until a dialogue window opens with options to open, save or save as

Web Claim Submission

www.ctdssmap.com

Web Claim Submission

Web Claim Submission

Access to Claim Format

– Click Claims and Select the Professional Format

Home Information Provider Trading Partner ConnPACE Pharmacy Inform...
home account home account maintenance account setup change pa...
Claims Eligibility Prior Authorization Trade Files MAPIR Messages Account
Maintenance reset password log out

Your password expires in 61 days on 08/08/16 at 12:30

Welcome: John_Doe_Waiver
Provider ID: 1234567890 NPI
Reenrollment Due Date: 02/25/2018
Zip Code: 06106 - 5501
Your R.A.s, or 835 transactions, are being sent to:
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Global Messages

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

Secure Mailbox

*** No rows found ***

Claims Processing/Submission Information

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	NPI and AVRS ID auto populate based on secure web account login.	To Date	<input type="text"/>
AVRS ID	#####		Admission Date	<input type="text"/>
Client ID*	<input type="text"/>		EPSDT Referral	<input type="text"/>
Last Name	<input type="text"/>			
First Name, MI	<input type="text"/>		Total Charges	<input type="text"/> \$0.00
Date of Birth	<input type="text"/>		Total Paid	<input type="text"/> \$0.00
Patient Account #	<input type="text"/>		TPL Amount	<input type="text"/> \$0.00
Medical Record Number	<input type="text"/>		CoPay Amount	<input type="text"/> \$0.00
Referring Physician	<input type="text"/> [Search]		Medicare Crossover	<input type="text"/> No
SSN	<input type="text"/>		837 Version	<input type="text"/> 5010
Accident Related	<input type="text"/> No			
Accident Date	<input type="text"/>			

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diagnosis

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

add more

Claims Processing/Submission Information

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Claims** Eligibility Prior Authorization Hospice Trade Files MAPIR M
 home claim inquiry **professional** institutional dental claim history for specific services

Quick Links

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

Professional Claim

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

Auto Accident
 Another Party Responsible
 Employment Related
 Other Accident

Diag-Sequence	Diagnosis	Description	Diagnosis
Code Set	ICD 10	Auto populated	
Principal	Required	[Search]	Other 1 <input type="text"/> [Search]
Other 3	<input type="text"/>	[Search]	Other 4 <input type="text"/> [Search]
Other 6	<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 must be from list on table 17.

Claims Processing/Submission Information

Condition

*** No rows found ***

Cond-Sequence Condition [Search]

delete add N/A

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

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

From DOS* Emergency Indicator

To DOS* Pregnancy

Procedure* [Search] EPSTD Referral

Modifiers [Search] [Search] Family Planning

Units* ← Auto populates 1 unit Allowed Amount ← Amount approved to pay for service = lessor of allowed rate on fee schedule or billed amount. Populated once claim processed.

Facility Type Code* [Search] ← Place of treatment CoPay Amount

Charges* U & C charge for service Medicare Paid Date

Rendering Physician [Search] Medicare Calc Allowed Amt

SSN Medicare Paid Amount

Referring Provider [Search] Medicare Deductible Amount

Ordering Provider [Search] Medicare Coinsurance Amount

Diagnosis Code Pointer ← Indicates which diagnosis code(s) applicable to service. At least one for primary required. Up to 4 may be entered.

National Drug Code NDC Quantity

NDC Unit of Measurement

delete add

Additional NDCs (Detail Item 1)

*** No rows found *** N/A

National Drug Code Quantity Unit of Measurement

delete add

Claims Processing/Submission Information

TPL
*** No rows found ***

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

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

Claim Status Information

Claim Status **Review claim for accuracy and completion then click submit**

Claims Processing/Submission Information

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

Paid date of 6/13/16 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

Web Claim Inquiry

Claim Search 1234567890 NPI

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

- Once you have submitted a claim to Hewlett Packard Enterprise using the ctdssmap.com Secure Site:
 - click on the “Claims” tab on the main menu and select “Claim Inquiry”
- Enter enough information to satisfy at least one of the following criteria:
 - ICN
 - Client ID FDOS/TDOS or Fdate Paid/Tdate Paid (spanning 91 days or less)
 - check the Pending Claims box

Web Claim Inquiry

Search Results

- When more than one claim matches the claim inquiry search criteria, a list of claims will appear in the Search Results panel
- Search results may be sorted by clicking on the column headings
- Click anywhere on a given row to select the claim to view

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

Web Claim Inquiry

Results searching by FDOS and TDOS (no greater range than 93 days)

Claim Search 1414141414 NPI

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

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

Web Claim Inquiry

Exclude Adjusted Claims

- Removes claims that have been altered since their initial submission
- Results in a more accurate representation of your total reimbursement

Claim Search 1414141414 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No (Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

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

Web Claim Inquiry

Pending Claims

- Claims submitted since the last Remittance Advice (RA) was issued
- Convenient way to see all claims that will impact your reimbursement for the current cycle
- Click any line in the Search Results panel to view the corresponding claim

Claim Search 1414141414 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No (Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2016019600001				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00
2016019600003				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00
2016019600002				12/31/2015	01/01/2016	Professional Claims	Denied	0	\$300.00	\$0.00

Claim Submission Options

www.ctdssmap.com

Web Claim Submission

Web Claim Inquiry

What can I do with these claims?

– 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



Web Claim Submission - Void

Void

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

- Select *Claim Inquiry*
- Enter the paid claim ICN (found on your RA) in the ICN field
- Click the **search** button
- Once the claim is retrieved, click the **void** button at the bottom of the claim page
- **The void will process immediately and return a message that the claim has been successfully adjusted / voided with a new ICN**

Web Claim Submission - Adjust Adjustment

Perform the following steps to easily adjust a paid claim:

- Select *Claim Inquiry*
- Enter the paid claim ICN (found on your RA) in the ICN field
- Click the ***search*** button
- Once the claim is retrieved, make any necessary changes to the claim
- Click the ***adjust*** button at the bottom of the claim page
- **The adjustment will process immediately and return a status of Paid, Denied or Suspended**

Web Claim Submission - Adjust

Web claim adjustment limitations

Timely Filing

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

Special Handled Claims

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



Web Claim Submission - Copy

Paid claims may be copied and submitted as a new claim

– *This feature is helpful for reoccurring services*

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

– Select *Claim Inquiry*

– Enter the paid claim ICN (found on your RA) in the ICN field

– Click the **search** button

– Once the claim is retrieved, click the **copy** button at the bottom of the claim page

– Make the necessary changes to the claim

– Click the **submit** button at the bottom of the claim page

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



Web Claim Submission - Resubmit

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

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

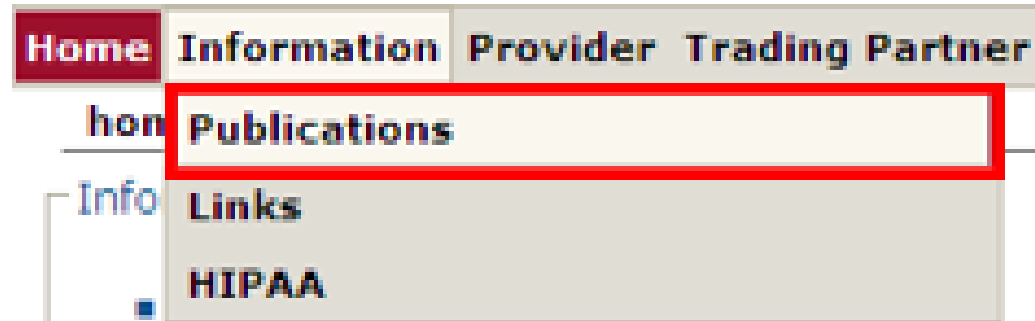
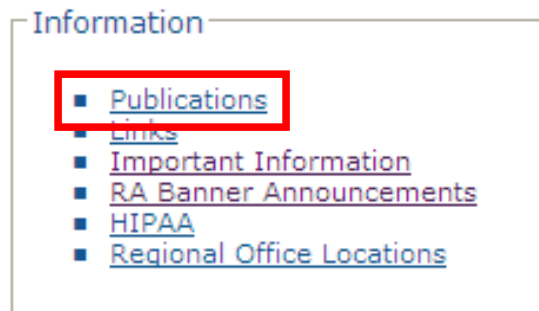
The claim will process immediately and return a status of *Paid, Denied or Suspended*

Information

www.ctdssmap.com
Information

Information – Publications

- A majority of the information available on the ctssmap.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



Information – Provider Bulletins

– Provider Bulletins

- Publications posted to relevant provider types / specialties documenting changes or updates to the CT Medical Assistance Program
- Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type. The online database of bulletins goes back to the year 2000



Information

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number	Title	Published Date
PB15-85	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	11/08/2015
PB15-61	Claims Processing Guidance for Implementing ICD-10 Codes	08/04/2015
PB15-60	Eligible Clients under the Affordable Care Act Part IV (Temporary ID Update)	07/28/2015
PB15-55	Upcoming Changes to the Automated Voice Response System Menu Options	07/16/2015
PB15-54	Elimination of Mailing Paper Remittance Advices	07/14/2015
PB15-47	Fee Schedule Updates for ICD-10 Diagnosis Codes	06/30/2015
PB15-47	ICD-10 Related Explanation of Benefit (EOB) Codes in Connecticut Medical Assista...	06/30/2015
PB15-50	Payment Error Rate Measurement (PERM) Program Audit Requests	06/30/2015
PB15-45	Billing Procedures for Services Ordered by Residents and Interns	06/22/2015
PB15-36	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/19/2015
PB15-35	Expedited Medicaid Eligibility Processing for Individuals with Medical Emergenci...	05/05/2015
PB15-23	Implementation of Electronic Messaging - Replacement to the Mailing of Bulletins...	03/10/2015
PB15-05	Billing Clients for Missed Appointments	01/20/2015

Information- E-mail Subscriptions

Register for E-mail Subscriptions

- Providers MUST register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com
- *For complete E-mail subscription information, please see provider bulletin PB-23 on the CMAP Web site

The screenshot shows the website for the Connecticut Department of Social Services. The header includes the department's logo and name, along with a navigation menu. The main content area is titled "E-Mail Subscriptions" and contains several paragraphs of text explaining the registration process. To the right, there is a section titled "Available Subscriptions" with a list of provider types. At the bottom, there is a "New Subscriber" form with two input fields for "E-Mail" and "Confirm E-Mail", and a "Register" button.

Connecticut Department of Social Services
Making a Difference

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

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download oos instructions/information aca ordering/prescribing/referring provider list **e-mail subscriptions** secure site

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

Available Subscriptions

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

Information – Provider Manual

- 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

Information – Provider Manual

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

Information – Provider Manual

- Chapter 7 – Regulations/Program Policy
 - This section contains the Medical Services Policy sections that pertain to the chosen provider type
- Chapter 8 – Billing Instructions
 - Provides information on provider specific billing requirements and instructions
- Chapter 9 – Prior Authorization
 - Provides information on how to obtain Prior Authorization for designated services
- Chapter 10 – Web Portal/Automated Voice Response System (AVRS)
 - Provides information on both the AVRS and the Web Portal functions
- 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

What's New

www.ctdssmap.com

Future Claim Submission Changes

What's New

The Department of Social Services has mandated that as of October 1, 2016 - paper claims will no longer be accepted for reimbursement.

- Paper claims submitted to Hewlett Packard Enterprise on or after October 1, 2016 will be returned to the provider.
- Several on-line resources are available to providers to assist with this transition:

Provider Bulletin

PB16-31 – *Elimination of Paper Claims Mandate*

Provider Manuals

Chapter 5 – Claim Submission Information

Chapter 8 – Provider Specific Claim Submission Instructions

Chapter 11 – Other Insurance and Medicare Billing Guides

Other Web Resources

Internet Claim Submission FAQ

* Excluded from this mandate are provider claims that are submitted to Hewlett Packard Enterprise for special handling, such as timely filing overrides and Out Of State (OOS) claims.

Contacts

www.ctdssmap.com

Contacts

Contacts

- **Hewlett Packard Enterprise Provider Assistance Center (PAC)**

- 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
- www.ctdssmap.com ctdssmap-ProviderEmail@HPE.com

- **Hewlett Packard Enterprise Electronic Data Interchange (EDI) Help Desk**

- 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays

- **CTBHP**

- 1-877-552-8247



Questions/Comments

www.ctdssmap.com

Question and Comments



Hewlett Packard Enterprise

Thank You For Attending

The Connecticut Medical Assistance Program

Targeted Case Management (TCM) Web Claim Submission Workshop

All questions and comments regarding this training are welcome.

Please fill out the provided workshop survey:

Your feedback helps us to improve future workshops