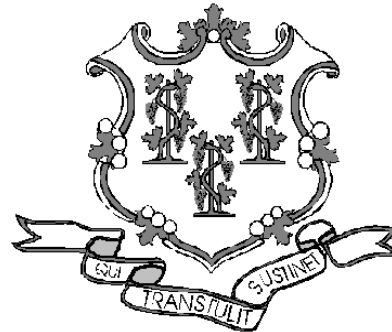




**Connecticut Department  
of Social Services**

*Caring for Connecticut*

Connecticut Medical Assistance Program  
Connecticut Home Care  
(CHC) Providers  
**Billing Workshop Review  
2013**



Presented by  
The Department of Social Services  
& HP Enterprise Services



# WORKSHOP AGENDA

- ✓ Program Changes
- ✓ Secure Web Account Set up/Web Capabilities
- ✓ Eligibility Verification
- ✓ Issues and Resolution for Eligibility
- ✓ Care Plan Access/ Issues and Resolution
- ✓ Claims Submission Guidelines/Resolution of claim denials
- ✓ Remittance Advice/Reimbursement
- ✓ Resources/Contacts
- ✓ Questions

# CHC PROGRAM CHANGES

## ENROLLMENT

Effective for dates of service **July 1, 2013** all CHC service providers must be an **enrolled billing provider** in order to submit claims directly to HP for reimbursement.

- ***Non-Medical Providers (including Home Health Agencies who also provide non-medical services)*** – Must enroll as CHC Service Providers.
- All existing CHC performing provider numbers currently used by the Access Agencies for billing claims have been ended effective **June 30, 2013**.

# CHC PROGRAM CHANGES

## CLAIM SUBMISSION

Effective for dates of service *July 1, 2013*:

- ***Non-Medical Service Providers (including Home Health Agencies for their non-medical services)***—will submit their claims directly to HP using their newly assigned *CHC Service Provider Number*.
  
- *All* CHC providers of service will continue to submit claims for dates of service through *June 30, 2013* directly to the Access Agencies for reimbursement.

# CHC PROGRAM CHANGES

## CARE PLAN

All non-medical services and units of service billed including Case Management (**serviced and billed by the Access Agencies**) must be on the care plan for the provider of service to be reimbursed.

Assessments and Status Reviews (serviced and billed by the Access Agencies) will not be on the care plan

- Second status reviews in a Nursing Home II requires PA.

# SECURE WEB PORTAL

Users have multiple access to logging on to their secure Web account.

The screenshot displays the Connecticut Department of Social Services website. The header features the department's logo and the slogan "Caring for Connecticut". The navigation menu includes "Home", "Information", "Provider", "Trading Partner", "ConnPACE", and "Pharmacy Information". The "Provider" menu is expanded, showing options like "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", and "Secure Site". The "Secure Site" link is highlighted with an orange box. The main content area displays a large "WELCOME" message and a heading "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this, there is a paragraph of text describing the website's purpose. At the bottom, there are five icons representing different services: Information (stack of books), Provider (stethoscope), Trading Partner (key), ConnPACE (mortar and pestle), and Pharmacy (Rx bottle). The "Provider" icon is highlighted with an orange box.

# SECURE WEB ACCOUNT

**Account Setup** - allows providers/trading partners to set up their local administrator user account.

- **Chapter 10-Web Portal/Avrs-Section 10.9.2 Setting Up Initial Local Administrator Account**

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES**  
*— Caring for Connecticut —*

Help  
Wednesday, April 02, 2008

Home Information Provider Trading Partner ConnPACE Pharmacy Information

**Account Setup** Online Field Help Microsoft Internet Explorer ...

**Initial Web User ID**  
Personal Identification Number

**Initial Web User ID**  
This is the upper User ID label is the identification number assigned to the provider/trading partner. This field is read only and should be at most 35 characters.

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.

Required fields are indicated with an asterisk (\*).

User ID\*  Password\*   
Contact Last Name\*  Confirm Password\*   
Contact First Name\*  EMail\*   
Phone Number\*   Confirm EMail\*   
1st Secret Question\*   
1st Answer\*   
2nd Secret Question   
2nd Answer

Security Agreement

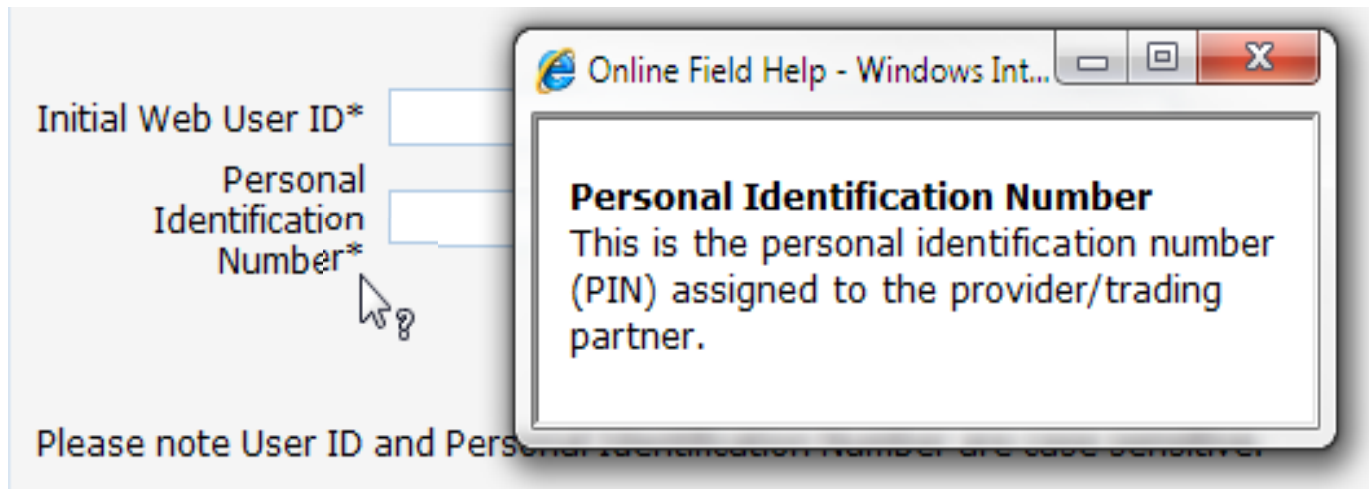
Provider agrees to meet all applicable state and federal laws and regulations pertaining to confidentiality, privacy, and security and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of all information concerning DSS clients, including, but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

I Agree

submit cancel

# SECURE WEB ACCOUNT

- The ctdssmap.com Web site features **Online Field Help** to assist providers with accessing and submitting information
- Placing your mouse over a data field name will create a small question mark beside the cursor. Click the left mouse button when the question mark is displayed to open the **Online Field Help** window relevant to the selected field.



# WEB ACCOUNT CAPABILITIES

## ***Accessing your provider secure web account allows you to:***

- Update your demographic information :
  - **Chapter 10-Web Portal/Avrs-Section 10.16 Provider Demographic Maintenance**
  
- Set Up clerk accounts:
  - **Chapter 10-Web Portal/Avrs-Section 10.9.3 Creating Clerk Accounts**
  
- Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access:
  - **Chapter 10-Web Portal/Avrs-Section 10.9.4.3 Ongoing Clerk Maintenance**
  
- Check client eligibility via the Web:
  - **Chapter 4-Client Eligibility-Section 4.4 Internet Web Site Portal Eligibility**
  
- Access client care plans:
  - **(Access Agencies)**
    - **Chapter 10-Web Portal/Avrs-Section 10.13 CHC Care Plan**
  
- Access client care plans:
  - **(CHC Service Providers)**
    - **Chapter 10-Web Portal/Avrs-Section 10.12.2 Searching for PA Request**

# WEB ACCOUNT CAPABILITIES CONT.

- Create and Submit claims:
  - **Chapter 10-Web Portal/Avrs-Section 10.10 Claim Submission, Resubmission, Adjustments and Inquiry**
  - Web claim format is HIPAA 5010 compliant
  - Professional
  
- Perform claim inquiries:
  - **Chapter 10-Web Portal/Avrs-Section 10.10.4 Searching for a Claim**
  
- Resubmit, Adjust, Void, and Copy claims:
  - **Chapter 10-Web Portal/Avrs-Section 10.10.5 Adjusting and Resubmitting Claims**
  - Even those previously submitted electronically or via paper
  - Region 12 and 13 claims cannot be adjusted
  
- Obtain your Remittance Advice (RA):
  - **Chapter 5- Claim Submission- Section 5.9 Provider Remittance Advice and Electronic Funds Transfer (EFT)**

# SWITCH PROVIDER FUNCTION

- If multiple providers create clerk accounts using an **identical clerk User ID**, the clerk in question will have the ability to switch back and forth between submitting online transactions for those providers
  - To switch between providers, select **switch provider** from either the *Account* submenu or the *Account* drop-down menu
  - Select the line of the provider you wish to switch to; click **switch to**. A window will appear asking you to verify the switch; click **ok**.

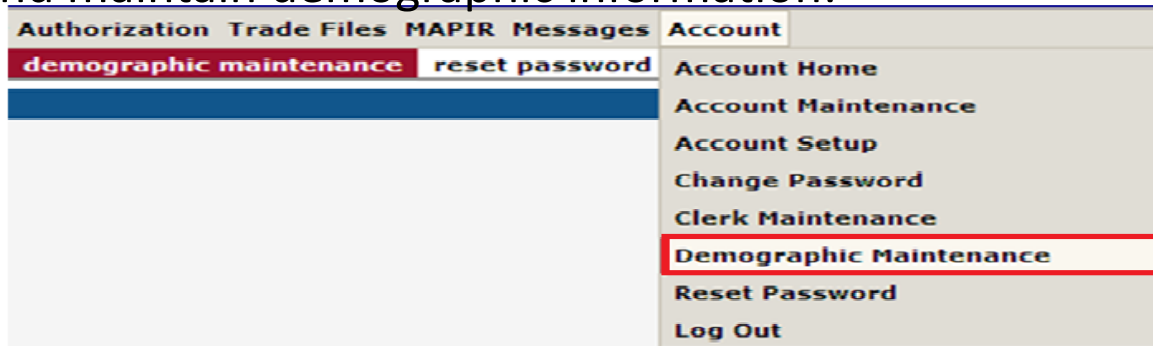
Switch Provider									
Trading Partner/ Provider ID	Provider AVRS ID	Provider Type	Address	City	State	Zip	Zip + 4	Default Provider/ Trading Partner	
1234567890	NPI	123456	Dentist	15 MAIN STREET	WILLIMANTIC	CT	06226	1948	<input checked="" type="checkbox"/>
1122334450	NPI	111222	Clinic	47 CRESCENT STREET	WILLIMANTIC	CT	06226	3606	<input type="checkbox"/>

Select row above to update.

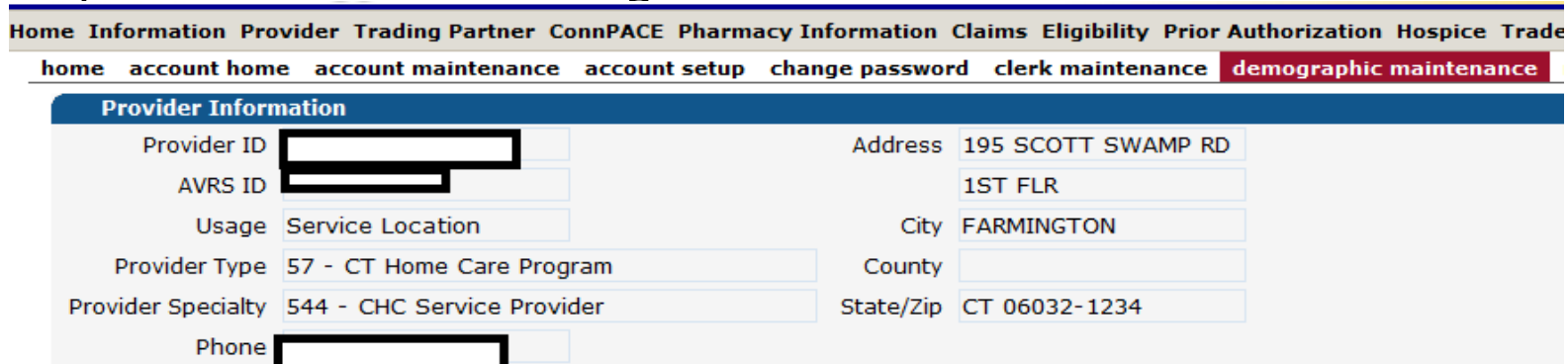
Current Provider/Trading Partner	1234567890	NPI	Address	15 MAIN STREET
Provider/Trading Partner ID	1234567890	NPI	City	WILLIMANTIC
Provider AVRS ID	123456		State	CT
Provider Type	Dentist		Zip	06226 1948
Default Provider/Trading Partner	<input checked="" type="checkbox"/>			

# DEMOGRAPHIC MAINTENANCE

The *Demographic Maintenance* section of the secure site allows you to alter and maintain demographic information:



Access this section by selecting *demographic maintenance* from either the *Account* submenu or the *Account* drop-down menu which will allow you to access the following sub-menus:



[Location Name Address](#) > [EFT Account](#) > [Service Language](#)

- **Location Name Address>EFT Account>Service Language**

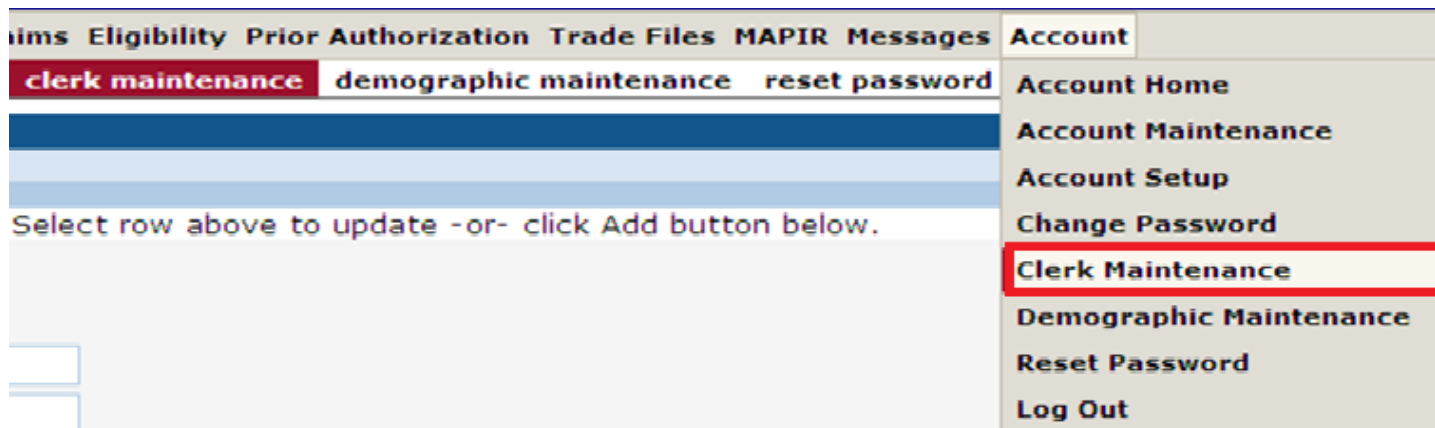
# DEMOGRAPHIC MAINTENANCE CONT.

- **Location Name Address** – Allows you to specify different mailing, payment, service location, and enrollment addresses
- **EFT Account** – Allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited
- \* Upon enrollment CHC Service Providers provided their EFT information. **The first reimbursement after July 1, 2013 will be via paper check.** Once the bank confirms the account, the second reimbursement will be via EFT.
- **Service Language** - Allows you to change Language, Effective Date and End Date

\*For further detail on Demographic Maintenance refer to section **10.16 Provider Demographic Maintenance** , in the **Chapter 10** provider manual at [www.ctdssmap.com](http://www.ctdssmap.com)

# CLERK MAINTENANCE

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



# CLERK MAINTENANCE

- In ***Clerk Maintenance*** you can:
  - Add/Delete Clerks, reset an existing clerk's password, and alter clerks' Assigned Roles
  - ***Assigned roles that are available for clerks' are:***
    - Claim Inquiry/Submission/Adjustment
    - PA Inquiry/Submission
    - Client Eligibility Verification
    - Trade Files

\*For further detail on Clerk Maintenance refer to section **10.9.3** **Creating Clerk Accounts**, in the **Chapter 10** provider manual at [www.ctdssmap.com](http://www.ctdssmap.com)

# WEB CLAIM INQUIRY

- To search or submit claims to HP using the [ctdssmap.com](http://ctdssmap.com) *secure site*, click on the claims tab on the main menu

The screenshot shows the top navigation bar of the website. The menu items are: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, and Claims. The 'Claims' tab is highlighted in red. Below the navigation bar, there are sub-menus for 'home', 'claim inquiry', 'professional', 'institutional', and 'dental'. The 'claim inquiry' sub-menu is also highlighted in red. Below the sub-menus, there is a 'Quick Links' section with two links: 'Internet Claims Submission FAQ' and 'Instructions for submitting Professional claims'.

- Enter enough information to satisfy at least one of the following criteria:
  - ICN, TCN, From and Through Dates of Service, From and Through Dates of Payment* or check the *Pending Claims* box

The screenshot shows the 'Claim Search' form. The form has a blue header with the text 'Claim Search' and 'NPI'. Below the header, there are several input fields and checkboxes. The fields are: ICN, Client ID, TCN, FDOS, TDOS, Prescription No (Pharmacy Only), Claim Type, Status, FDate Paid, TDate Paid, Pending Claims, Exclude Adjusted Claims, and Records. The 'search' button is highlighted in red, and the 'clear' button is blue.

- Click *search*

# WEB CLAIM INQUIRY

Once a claim has been submitted (*using any method of claim submission*), providers have many options to submit future claims, based on the status of the claim submitted.

- **Paid claims allow you to:**
  - ✓ Cancel any alterations you have made
  - ✓ Adjust the claim
  - ✓ Void the claim
  - ✓ Copy the claim and use it as a template to create a new claim
  - ✓ Create a new claim from scratch
  
- **Denied claims allow you to:**
  - ✓ Resubmit the claim (with or without making changes)
  - ✓ Cancel any alterations you have made
  - ✓ Create a new claim from scratch
  
- **Suspended claims allow you to:**
  - ✓ Create a new claim from scratch

\*\* For further information please refer to **Chapter 10** of the provider manual **section-10.10.4 Searching for a Claim** at [www.ctdssmap.com](http://www.ctdssmap.com)

*Learn more by attending a Web Claim Submission Workshop located at [www.ctdssmap.com](http://www.ctdssmap.com) **Homepage>Provider>Provider Services>Provider Training***

# ELIGIBILITY VERIFICATION

- DSS recommends that providers verify a client's eligibility on the date of service prior to performing the service, doing so will prevent unnecessary claim denials. *Ex.* The client was not eligible on the date of service, or the service provided was not a covered service under the client's benefit plan.
  
- Eligibility verification can be performed in the following ways:
  - Internet Web site at [www.ctdssmap.com](http://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
  
- \* Ineligibility at the time of verification does **not** mean the provider will not be paid for the service.

# 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 ConnPACE Pharmacy Information Claims **Eligibility** Prior Authorization Trade Files MAPIR Messages Account

- Enter enough data to satisfy at least one of the **valid search combinations**; click **search**

## Valid Search Combinations

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

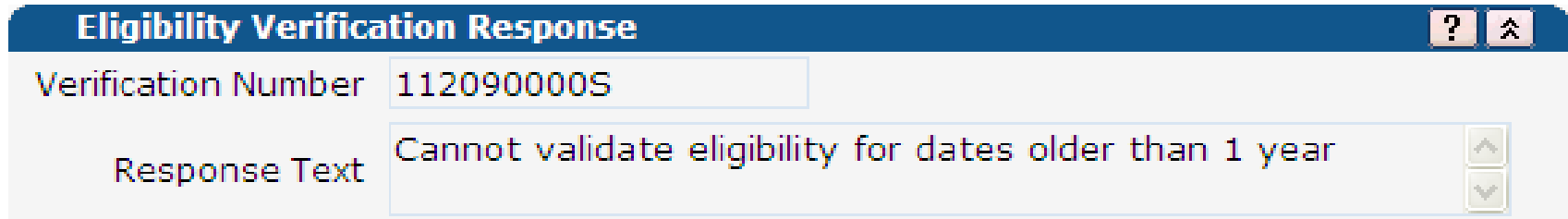
Eligibility Response Quick Reference Guide

Eligibility Verification Request					
Client ID	<input type="text"/>	last name	DOE <input type="text"/>	From DOS*	03/24/2013 <input type="text"/>
SSN	123-45-6789 <input type="text"/>	First Name, MI	JOHN <input type="text"/> S <input type="text"/>	To DOS*	03/24/2013 <input type="text"/>
Birth Date	<input type="text"/>				
Service Type Code 1	30 - Health Benefit Plan Coverage <input type="text"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				
					<input type="button" value="search"/>
					<input type="button" value="clear"/>

- **\*\*When entering a full name as part of your search, a middle initial is required if present in their CMAP profile\*\***

# ELIGIBILITY VERIFICATION

- The *Eligibility Verification Response* window provides the search results





The screenshot shows a window titled "Eligibility Verification Response" with a blue header bar containing a question mark icon and an up arrow icon. Below the header, there are two input fields. The first field is labeled "Verification Number" and contains the text "112090000S". The second field is labeled "Response Text" and contains the text "Cannot validate eligibility for dates older than 1 year". To the right of the "Response Text" field, there are two small arrow icons, one pointing up and one pointing down, indicating a scrollable area.

- **Eligibility verification can only look as far back as one year**
- **Eligibility searches cannot span multiple months**
  - 04/15/2013 – 05/14/2013 invalid span 05/24/2013 – 05/29/2013 valid span
- **What does all this information mean?**
  - *Eligibility Verification Response*
    - Provides a verification number that should be kept on record in case the client's coverage is retroactively changed at a later date
    - Reports client's eligibility status for the requested date(s) of service

## Eligibility Verification Response



Verification Number

Response Text   
  


## Client Information

Client ID	<input type="text" value="009999999"/>	Last Name	<input type="text" value="THOMAS"/>
SSN	<input type="text" value="111-99-9999"/>	First Name, MI	<input type="text" value="THOMAS"/> <input type="text" value=""/>
Birth Date	<input type="text" value="01/20/1997"/>	Street	<input type="text" value="1 MAIN ST"/>
Gender	<input type="text" value="M"/>	City, State, Zip	<input type="text" value="TORRINGTON, CT 06790"/>

## Benefit Plan

Service Information <sup>▲</sup>	Benefit Month Effective Date	Effective Date	End Date
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	01/01/2012	01/11/2012	01/22/2012

## Service Type Codes - HP Services

Service Type Code <sup>▲</sup>	Service Type Information
1	Medical Care
33	Chiropractic
35	Dental Care
4	Diagnostic X-Ray
42	Home Health Care
45	Hospice
47	Hospital
5	Diagnostic Lab
54	Long Term Care
56	Medically Related Trans

1 2 3 Next >

## TPL

\*\*\* No rows found \*\*\*

## Lockin

\*\*\* No rows found \*\*\*

## Medicare

Coverage <sup>▲</sup>  
Medicare A

# ELIGIBILITY VERIFICATION

## – *Benefit Plan*

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

*Client is covered for “Medicare Covered Services” for the effective/end dates of service verified. Non-medical CHC services will not be covered, unless otherwise covered by Medicare.*

Benefit Plan				
	Service Information	Benefit Month Effective Date	Effective Date	End Date
	Medicare Covered Services	05/01/2013	05/25/2013	05/25/2013

# ELIGIBILITY VERIFICATION

***HUSKY C only client. No coverage for CHC (non-medical) Waiver services within the effective/end dates of service verified.***

Benefit Plan			
Service Information <sup>A</sup>	Benefit Month Effective Date	Effective Date	End Date
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	01/01/2012	01/11/2012	01/22/2012

***State Funded CHC client covered for the CHC Assessment only. No other non-medical CHC services will be covered for the effective/end date of service verified.***

Benefit Plan			
Service Information	Benefit Month Effective Date	Effective Date	End Date
CT Home Care Assessment Only State Funded	02/05/2013	02/05/2013	02/05/2013

***\*Only Access Agency Assessment will be covered***

## ***TPL (Third Party Liability)***

- Private insurance plan(s) listed in the client's CMAP profile

**\*\*Note: Non-Medical services will not cost avoid when billing other insurance.**

# ELIGIBILITY VERIFICATION

## ▪ **Lockin**

- Some clients are locked into receiving certain health care services only from specific providers or pharmacies; those providers or pharmacies will be listed here. **Note1:** The hospice develops a plan of care that coordinates with the waiver case manager to eliminate overlap of services. **Note2:** Clients are locked into an Access Agency for case management, however, the Access Agency information will not appear in the client's lock-in segment.

Lockin				
Lockin Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice	08/05/2011	08/05/2011	HOSPICE AGENCY	(860)555-1234

## • **Medicare**

- Types of Medicare coverage active for the client on the date(s) of service requested.
- Non-Medical services will not cost avoid.

Medicare
Coverage ▲
Medicare A
Medicare B

# ELIGIBILITY VERIFICATION

## Benefit Plans eligible for CHC coverage with services required to be in the Care Plan:

- **CHC Waiver Benefit Plans** – *(Medical and non-medical services for elder and disabled clients in the CHC Program).*
  - ✓ **1915C** CHC 1915i Case Managed Clients
  - ✓ **1915S** CHC 1915i Self Directed Clients
  - ✓ **CBCMD** CHC Program for Disabled Adults Community Based
  - ✓ **CBCMF** CHC Community Based Case Managed Waiver
  - ✓ **CBCMS** CHC Community Based Case Managed State Funded
  - ✓ **SDIRF** CHC Self Directed Waiver
  - ✓ **SDIRS** CHC Self Directed State Funded

The following **HUSKY** clients may also be eligible for one of the above **CHC Waiver** benefit plans, but non-medical services won't be covered:

- HUSKY A
- HUSKY C

\*\*For more information refer to section **4.4 Internet Web Site Portal Eligibility** in the **Chapter 4-Client Eligibility** provider manual on [www.ctdssmap.com](http://www.ctdssmap.com).

# CARE PLAN ACCESS

**CHC Service providers have access to the care plans of the client's they service via the **secure Web portal** within the **Prior Authorization(PA) subsystem**.**

- Each service on the care plan has its own **unique PA #**.
- Each PA# is tied to and **viewable** to the **servicing provider** via **PA inquiry**.
- *PA's already on file prior to July 1, 2013 for **non-medical services for all(Waiver and State Funded) CHC clients will continue to be tied and viewable only to the Access Agency.***
- All CHC **non-medical** services for **Waiver** and **State Funded** CHC clients **must be on the care plan** for the **services** to be **reimbursed**.

# CARE PLAN ACCESS SECURE WEB PORTAL

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

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fe  
oos instructions/information **secure site**

Login

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

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

setup account

User ID\*

Password\*

login

If you have forgotten your password please click the reset password button.

reset password

# CARE PLAN ACCESS

## PRIOR AUTHORIZATION (PA) SEARCH

Once on the secure site, click [Prior Authorization](#) > [Prior Authorization Search](#)

The screenshot shows a navigation menu with the following items: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, **Prior Authorization**, Hospice, Trade Files, MAP. Below this, a secondary menu includes: home, **account home**, account maintenance, account setup, change password, clerk mainten, **Prior Authorization Search**, and set pass. A dropdown menu for 'Prior Authorization Search' is open, showing 'Care Plan' and 'Prior Authorization Search' (with a mouse cursor icon over it).

Your password expires in 19 day(s) on 11/12/2013 at 12:00 AM [Change Password](#)

Welcome, P008021185  
Provider ID: 008021185 MCD  
Provider AVRS ID: 008021185  
Zip Code: 06032 - 1234

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

### Global Messages

\*\*\* No rows found \*\*\*

### Secure Mailbox

\*\*\* No rows found \*\*\*

# CARE PLAN SEARCH

## ACCESS TO CARE PLAN SERVICES- SEARCH PERFORMED BY CLIENT ID

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

home prior authorization search **care plan**

### Care Plan Search

Care Plan Number	<input type="text"/>		
Client ID	<input type="text" value="001111011"/> [ Search ]	Procedure Code	<input type="text"/> [ Search ]
Last Name	<input type="text"/>	Revenue Code	<input type="text"/> [ Search ]
First Name	<input type="text"/>	Proc/Mod List	<input type="text"/>
Access Agency Provider ID	<input type="text" value="004071692"/>	Effective Date	<input type="text"/>
Service Provider ID	<input type="text"/> [ Search ]	End Date	<input type="text"/>
Prior Authorization	<input type="text"/>		

Records 20 ▾

# SEARCH BY CLIENT ID RESULTS - SINGLE CARE PLAN WITH FOUR SERVICE LINE DETAILS

## Care Plan Search

Care Plan Number

Client ID **001111011** [ Search ] Procedure Code  [ Search ]

Last Name  Revenue Code  [ Search ]

First Name  Proc/Mod List

Access Agency Provider ID **004071692** Effective Date

Service Provider ID  [ Search ] End Date

Prior Authorization

Records 20 ▾

[search](#)  
[clear](#)  
[add](#)

## Search Results

Care Plan Number	PA Number	Line Item	Client ID	Service Provider ID	Service Provider Name	Effective Date	End Date	Procedure Code	Revenue	Proc/Mod List	Status	Frequency
		01		004071692	CONNECTICUT COMMUNITY CARE INC	09/01/2013	12/31/2013	12862			Auto Approved for Care Plan	1 Per Day
		01		008021185	SMITH, JANE J	09/01/2013	12/31/2013	12142			Voided	64 Per Calendar Week
		02		008021185	SMITH, JANE J	09/01/2013	12/31/2013	12142			Auto Approved for Care Plan	24 Per Calendar Week
		03		008021185	SMITH, JANE J	09/01/2013	12/31/2013	12142			Auto Approved for Care Plan	128 Per Calendar Week

# SELECT LINE DETAIL TO DETERMINE UNITS USED, AVAILABLE AND FREQUENCY OF SERVICE

Line Item										
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Procedure Code List	Proc/Mod List	Revenue Code	Revenue Code List
01	320.000	\$0.00	0.000	\$0.00	Voided	1214Z				
02	48.000	\$0.00	48.000	\$0.00	Auto Approved for Care Plan	1214Z				
03	128.000	\$0.00	128.000	\$0.00	Auto Approved for Care Plan	1214Z				
04	264.000	\$0.00	264.000	\$0.00	Auto Approved for Care Plan	1214Z				

Type changes below.

delete
add

Line Item 04

Service Type Code Procedure Code

Procedure Code/List 1214Z [ Search ]  [ Search ]

Modifier 1  [ Search ]

Modifier 2  [ Search ]

Modifier 3  [ Search ]

Modifier 4  [ Search ]

Revenue Code/List  [ Search ]  [ Search ]

Proc/Mod List

Requested Eff./End Dates 10/21/2013 12/31/2013

Requested Units/Dollars 264.000 \$0.00

Tooth  [ Search ]

Quad  [ Search ]

Tooth Surface 1  [ Search ]

Tooth Surface 2  [ Search ]

Tooth Surface 3  [ Search ]

Tooth Surface 4  [ Search ]

Tooth Surface 5  [ Search ]

NDC  [ Search ]

Status L - Auto Approved for Care Plan

Authorized Units/Dollars 264.000 \$0.00

Authorized Eff./End Dates 10/21/2013 12/31/2013

Used Units/Dollars 0 \$0.00

Available Units/Dollars 264 \$0.00

Frequency 24 Per Calendar Week

Funding Source Waiver

# PROCEDURE CODE/FREQUENCY CROSSWALK

Procedure	Description	Unit Increment	Billing Provider	Span DC	Valid Frequency	Care Plan limitat	Funding Source
10212	SERVICES: PER 15 MINUTES, AGENCY	Per 15 min	CHC SERVICE PROV ONLY	Y	Per week or month		State Funded, Waiver
10222	SERVICES: OVERNIGHT, AGENCY	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		State Funded, Waiver
30222	PCA AGENCY OVERNIGHT CANNOT BE COMPLETED PRORATED HOURLY	11 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
10232	SERVICES: PER DIEM, AGENCY	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		State Funded, Waiver
12252	DIEM, CANNOT BE COMPLETED PRORATED HOURLY	23 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
T1019	PER 15 MINUTES INDIVIDUAL	Per 15 min	Allied Only	Y	Per week or per month		State Funded, Waiver
10192	PERSONAL CARE SERVICES INDIVIDUAL PER DIEM	1 per day	Allied Only	Y	Per week or per month		State Funded, Waiver
12272	DIEM CANNOT BE COMPLETED PRORATED HOURLY	23 per day	Allied Only	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
10202	PERSONAL CARE SERVICES INDIVIDUAL OVERNIGHT	1 per day	Allied Only	Y	Per week or per month		State Funded, Waiver
30202	PCA INDIV OVERNIGHT CANNOT BE COMPLETED PRORATED HOURLY	11 per day	Allied Only	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
12002	ADULT DAY HEALTH - FULL DAY (NON-MEDICAL MODEL PROVIDER)	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
12012	FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
12022	ADULT DAY HEALTH - HALF DAY (LESS THAN OR EQUAL TO 4 HRS)	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
12062	CHORE SERVICE AGENCY 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	Y	Per week or per month		State Funded, Waiver
12082	CHORE SERVICE - HIGHLY SKILLED / HOUR	\$S	CHC SERVICE PROV ONLY	N	not applicable. Dollars authorized, not units.	All services req PA	1915i, Medicaid, State Funded, Waiver
12092	MINOR HOME MODIFICATIONS	\$S	CHC SERVICE PROV ONLY	N	not applicable. Dollars authorized, not units.	All services req PA	1915i, Medicaid, State Funded, Waiver

# PROCEDURE CODE/FREQUENCY CROSSWALK

Procedure	Description	Unit Increment	Billing Provider	Span DC	Valid Frequency	Care Plan limits	Funding Source
1210Z	COMPANION SERVICE - AGENCY PER 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1214Z	HOMEMAKER SERVICE - AGENCY - PER 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1218Z	MEAL SERVICE - SINGLE HOT MEAL/MEAL SERVICE - SINGLE MEAL- HOT/COLD	1 single meal per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1220Z	DOUBLE MEAL ( ONE HOT - ONE COLD) PER DOUBLE MEAL/MEAL SERVICE - DOUBLE (ONE HOT & ONE COLD) PER DOUBLE MEAL	1 double meal per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1221Z	KOSHER MEALS DOUBLE	1 double meal per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1222Z	PERS SERVICE INSTALLATION	1 installation per year	CHC SERVICE PROV ONLY	N	Per year		1915i, Medicaid, State Funded, Waiver
1223Z	TWO-WAY PERS SYSTEM ONGOING SERVICES	1 ongoing service per month	CHC SERVICE PROV ONLY	N	Per month		1915i, Medicaid, State Funded, Waiver
1226Z	RESPITE CARE IN THE HOME 1/4 HOUR- COMPANION/RESPITE CARE IN THE HOME- 1/4 HR. COMPANION	Per 15 min	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1228Z	RESPITE CARE IN THE HOME 1/4 HOUR - HOMEMAKER/RESPITE CARE IN THE HOME 1/4 HOUR- HOMEMAKER	Per 15 min	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1230Z	RESPITE CARE IN THE HOME 1/4 HOUR - HOME HEALTH AIDE	Per 15 min	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1232Z	RESPITE CARE IN THE HOME PER HOUR-OTHER	Per Hour	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1234Z	RESPITE CARE- REST HOME WITH NURSING SUPERVISION- PER DAY/RESPITE CARE-REST HOME WITH NURSING SUPERVISION-PER DAY	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1236Z	RESPITE CARE- CHRONIC CONVALESCENT NURSING FACILITY- PER DAY/RESPITE CARE-CHRONIC CONVALESCENT NURSING FACILITY-PER DAY	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver

# PROCEDURE CODE/FREQUENCY CROSSWALK

Procedure	Description	Unit Increment	Billing Provider	Span DC	Valid Frequency	Care Plan limits	Funding Source
12402	RESPIRE CARE LICENSED HOME FOR THE AGED-PER DAY/RESPIRE CARE- LICENSED HOME FOR THE AGED PER DAY	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
12442	RESPIRE CARE OUT OF THE HOME-PER HOUR- OTHER/RESPIRE CARE OUT OF THE HOME PER HOUR OTHER	24 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
12472	MENTAL HEALTH COUNSELING-INDIVIDUAL -(PROVIDED IN CLIENT'S HOME)	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded Medicare
12562	MENTAL HEALTH COUNSELING-INDIVIDUAL (45 - 50 MIN) OUT OF HOME/MENTAL HEALTH COUNSELING-INDIVIDUAL(45-50 MIN)-OUT OF HOME	1 per day	CHC SERVICE PROV ONLY	Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
12622	SOCIAL TRANSPORTATION - TAXI - PER TRIP	PER TRIP	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded,, Waiver
12642	SOCIAL TRANSPORTATION - LIVERY - PER TRIP	PER TRIP	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded,, Waiver
12662	SOCIAL TRANSPORTATION - INVALID COACH - PER TRIP	PER TRIP	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded,, Waiver
12862	CASE MGMT SERVICES (ACTIVITIES RELATED TO IMPLEMENTATION, COORDINATION & MONITORING PLAN OF CARE)	1 PER DAY	ACCESS Agency only	Y	Billable by Access Agency only but included in the care plan. Per day		1915i, Medicaid, State Funded, Waiver
13972	ASSISTIVE TECHNOLOGY	\$	ALLIED COMMUNITY RESOURCES AND CHC SERVICE PROVIDERS	N	Frequency not applicable. Dollars authorized, not units.		1915i, Medicaid, State Funded, Waiver
HOME HEALTH SERVICES BILLED BY HOME HEALTH AGENCIES							
S9128/441	SPEECH THERAPY, IN THE HOME, PER DIEM/SPEECH THERAPY, IN THE HOME, PER DIEM	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per month	In excess of 2 per week or in excess of 10 per month	1915i, Medicaid, State Funded, Waiver

# PROCEDURE CODE/FREQUENCY CROSSWALK

Procedure	Description	Unit Increment	Billing Provider	Span DC	Valid Frequency	Care Plan limit	Funding Source
S9123/431	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per month	of 1 per week or in excess of 5 per month	1915i, Medicaid, State Funded, Waiver
S9131/421	PHYSICAL THERAPY; IN THE HOME, PER DIEM	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per month	of 2 per week or 10 per month	1915i, Medicaid, State Funded, Waiver
T1001	NURSING ASSESSMENT/EVALUATION RN SERVICES, UP TO 15 MINUTES (Must be billed in conjunction with S9123)	1 per eval	HOME HEALTH AGENCY ONLY	N	Per Date Span		State Funded, Waiver
T1002	LPN/LVN SERVICES, UP TO 15 MINUTES (Must be billed in conjunction with S9123)	Per 15 min	HOME HEALTH AGENCY ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES (Must be billed in conjunction with S9124)	Per 15 min	HOME HEALTH AGENCY ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	Per 15 min	HOME HEALTH AGENCY ONLY	N	Per week or per month	of 56 per week or in excess of 248 per month	1915i, Medicaid, State Funded, Waiver
SN	Skilled Nursing S9123 S9123 TT S9124 S9124 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	of 2 per week of any combination of SN and MA.	1915i, Medicaid, State Funded, Waiver
MA	Medication Administration T1502 T1502 TT T1503 T1503 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	of 2 per week of any combination of SN and MA.	1915i, Medicaid, State Funded, Waiver
Please Note: Dates of service can only be spanned when service is provided consecutively on each date of service within the claim detail.							
Spanned dates of service cannot exceed the frequency time frame (weekly or monthly) for the service as noted on the care plan.							
Spanned dates of service cannot exceed the number of units allowed on the weekly or monthly frequency for the service billed as noted on the plan of care.							
noted on the care plan.							

**\*\*The CHC Procedure Code/Frequency Crosswalk can be found by going to the Homepage>Information>Claims Processing Information**

# SPANNING DATES

- Dates of service can only be spanned for non-medical services submitted in the professional claim format when service is provided on consecutive dates which span the from and through dates of service on the claim detail.
- Spanned dates of service cannot exceed the frequency (weekly or monthly) for the service as noted on the care plan. *For example, if the chore service is to be provided 6 hours per week on consecutive days such as Monday through Wednesday for 2 hours per day for a total of 24 units, the span dates of service must begin on the Monday of the calendar week in which the service was performed and end on the Wednesday of the same calendar week for a total of 24 units.*
- Spanned dates of service cannot span multiple line details on the care plan. *For example, in the example above a onetime only of an additional 4 hours on Thursday is needed for the above week. If the 4 additional hours on Thursday are added as an additional line detail on the PA, the services for Thursday, even though they are consecutive with the regular weekly services, must be billed on a separate line detail.*

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Claims for services rendered to CMAP clients may be submitted:
  - Internet Web site at [www.ctdssmap.com](http://www.ctdssmap.com)
    - Interactive with ***immediate response*** of claim payment or denial
    - Allows provider to ***adjust or correct and resubmit*** within the ***same claims processing cycle.***
    - Does not require provider to enroll as a Trading Partner
  - Vendor Software utilizing the following HIPAA ASC X12N transactions:
    - 837P – Health Care Claim Professional
    - Requires provider to enroll as a Trading Partner

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Provider Electronic Solutions HIPAA compliant free windows based software offered by DSS via HP.
  - Effective **October 1, 2014** this software will **no longer be supported by HP**
  - Use as **interim solution** to **obtaining vendor software** for batch claim
  - Requires provider to enroll as a **Trading Partner**.
- Paper
  - CMS-1500 Claim Form

**Note: HP mailing address for paper claims submission depends upon claim type. (see Chapter 1 of the CMAP Provider Manual for correct mailing address.)**

# CLAIMS PROCESSING/SUBMISSION INFORMATION

- Claims processed through the Connecticut interChange system are subject to a series of **edits** that check the validity of claim data such as:
  - The submitted **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**
  - Is the **procedure code(s)** billed **on** the client's **plan of care**?
  - 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**?

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- **Third Party Liability (TPL) Information**
  - Commercial/private insurance coverage other than Medicare or Medicaid under which the client may be covered
    - Connecticut Medical Assistance Program is the payer of last resort, however, the following CHC claims will not cost avoid (deny) if commercial/private insurance is on the client's eligibility file:
      - Non-medical CHC claims **will not cost avoid**

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Claims submitted to HP are each assigned a unique 12 digit Internal Control Number (ICN) that is used for tracking and research

12 digit  
2012032123456  
1 2 3 4 5

- **1** *Claim Region* – Identifies the manner in which the claim was submitted (**20** = *Electronic Claims with No Attachments*)
- **2** *Year of Receipt* – Indicates the year in which the claim was received by HP (**12** = 2012)
- **3** *Julian Date of Receipt* – The Julian calendar date of receipt (**032** = *the thirty-second day of the year; February 1*)
- **4** *Batch Number* – An internal number assigned by HP to uniquely identify a batch (**123**)
- **5** *Claim Number* – A sequential number assigned to uniquely identify claims within a batch (**456**)

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Timely Filing Guidelines
  - Effective January 1, 2012 the timely filing limits are as follows:
    - **CHC State Funded**
      - (Non-medical services) – **1 year**
    - **HUSKY C with CHC Waiver**
      - (Non-Medical services) – **1 year**
    - **HUSKY A with CHC Waiver**
      - (Non-medical services) – **1 year**

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Conditions that Waive the Timely Filing Limit
  - Situations that allow the timely filing limit (**1 year** depending on benefit plan and claim type) to be bypassed:
    - Claim submission date is within range of the detail through date of service (TDOS)
    - Client eligibility has been added or updated where the claim date of service is within the effective dates of the update *and* the claim submission date is within range of the update
    - Medicare and/or Other Insurance Payment: (Assistive Technologies)
      - » TPL or Medicare paid amount is greater than \$0.00 *and* the paid date is within 366 days of the claim submission date
      - » If multiple carriers exist and if any one does not meet the above criteria, the claim will deny

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Situations that allow the timely filing limit to be bypassed (cont.):
  - Medicare or Other Insurance (TPL), denial (Assistive Technologies) :
    - » The claim submission date is within range of when the primary insurance denied the claim (provided that denial was not due to timely filing)
    - » If multiple carriers exist and if any one does not meet the above criteria, the claim will deny
  - Prior claim history:
    - » When a claim in history with the same *Client, Provider, Billed Amount, detail From and Through dates of service, and Revenue Center Code or Procedure Code* where the claim submission date is within range of the previous claim's Remittance Advice date *and* the previous claim did not deny for timely filing.

# EXPLANATION/DESCRIPTION OF EDITS AND RESOLUTION THAT WILL DENY NOV. 1, 2013

*The Access Agencies have been working diligently to upload their Care plans to the Web Portal. As most care plans have now been uploaded to the Web portal, effective **November 1, 2013**, claims previously held in suspense that contain the following EOB messages will deny.*

**\*\* This information can be found under**

**Homepage>Information>Publications>Provider Manuals>Chapter 12-Claim Resolution Guide**

- **3015 - CHC care plan required**

**Cause:**

- The claim is for a client enrolled in the Connecticut Home Care for Elder's benefit plan and a care plan has not yet been established for this client.

**Resolution:**

- The service is not payable unless the care manager creates a care plan and adds the service to the care plan. Contact the care manager for assistance.

# EXPLANATION/DESCRIPTION OF EDITS AND RESOLUTION THAT WILL DENY NOV. 1, 2013

- **3016 - Service not covered under CHC care plan**

**Cause:**

- The claim is for a client enrolled in the Connecticut Home Care for Elder's benefit plan and the service billed is not an authorized service on the client's care plan. This edit will also set if the service authorization is uploaded to the claims processing system with the incorrect servicing provider ID or if the provider submitted an incorrect procedure code.

**Resolution:**

- The service is not payable unless the care manager adds the service to the client's care plan, the service authorization is uploaded to the claims processing system with the correct servicing provider NPI or AVRS ID and the provider submits the correct procedure code. Contact the care manager for assistance.

# EXPLANATION/DESCRIPTION OF EDITS AND RESOLUTION THAT WILL DENY NOV. 1, 2013

- 5151 - Units exceed frequency units on CHC care plan

## Cause:

- The claim was submitted with units that exceed the frequency on the care plan established by the care manager. If only a portion of the units billed remain authorized, the claim will make payment on the available units.

## Resolution:

- The service is not payable unless the care manager increases the frequency for the date(s) of service submitted on the claim.

# EXPLANATION/DESCRIPTION OF EDITS AND RESOLUTION THAT WILL DENY NOV. 1, 2013

- **Providers are reminded to review the client's care plan, which can be found under "PA Inquiry" on their secure Web account to identify omissions or discrepancies in service authorizations which are causing claims to currently suspend that will deny after November 1, 2013.**
- If omissions or discrepancies are found, providers are encouraged to contact the Access Agency who issued the service order directly as noted below:
- **Connecticut Community Care (CCCI)- [serviceauthissues@ctcommunitycare.org](mailto:serviceauthissues@ctcommunitycare.org)**
- **Western Connecticut Area on Aging (WCAA)-contact WCAA directly at (203)465-1000**
- **South Western Connecticut Area on Aging (SWCAA) -Dayna Serra [dserra@swcaa.org](mailto:dserra@swcaa.org) or 203-814-3625 or Bill Schempp at [bschempp@swcaa.org](mailto:bschempp@swcaa.org) or 203-814-3645**
- **South Central Connecticut Area on Aging (SCCAA) -Carolyn Feliciano at [cfeliciano@aoascc.org](mailto:cfeliciano@aoascc.org) or contact her directly at 203-752-2991**

**\*\*Please include the following information when submitting care plan issues : client name, the client EMS number, the type of service (SNV, homemaker, MOW, etc.), the dates of service, the frequency of service (Spanned dates, monthly or weekly) and the number of units or hours per visit.**

# EXPLANATION/DESCRIPTION OF OTHER EDITS AND RESOLUTION

- 3003-Prior Authorization is required for payment of this service

## Cause:

- If the claim is for a client enrolled in the Connecticut Home Care for Elder's program, the client does not have any remaining units authorized by the client's care manager for the service billed on the claim.

## Resolution:

- The service is not payable unless the care manager increases the number of units for the date(s) of service being billed.

# EXPLANATION/DESCRIPTION OF OTHER EDITS AND RESOLUTION

- 4021 -The procedure billed is not a covered service under the client's benefit plan

## Cause:

- If the claim is Connecticut Home Care (CHC) Program claim and the client does not have an active CHC benefit plan in effect yet for the date of service submitted on the claim.

## Resolution:

- The Alternate Care Unit at DSS should be notified of an eligibility issue when a client begins service so action can be taken to resolve the client's eligibility issue as soon as possible. Providers who identify an eligibility issue at the time of service should send an encrypted email to [AlternateCare.dss@ct.gov](mailto:AlternateCare.dss@ct.gov)
- The client's name, client ID and the date service began or is scheduled to begin should be provided. Place the words "CHC Client Eligibility Issue" in the subject line of the email.

# EXPLANATION/DESCRIPTION OF OTHER EDITS AND RESOLUTION

- 4140 -The service submitted is not covered under the client's benefit plan.

## Cause:

- The claim was submitted with a billing provider who is restricted from submitting the procedure based on the client's benefit plan.

## Resolution:

- Either the billing provider on the claim needs to be changed, or the client's benefit plan must be changed, otherwise the claim is not payable.

# REMITTANCE ADVICE

- **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](http://www.ctdssmap.com)
  - Available in either the ASC X12N 835 Payment/Advice standard transaction format or in the Portable Document Format (PDF) which provides the paper version of the RA
  - *Only the last 10 RAs are maintained on the HP Web site; it is highly recommended that providers save a copy of their RAs to their local computer system for future access*

# ACCESS TO REMITTANCE ADVICE

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

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES**  
*-- Caring for Connecticut --*

Help  
Wednesday, October 23, 2013

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

home account home account maintenance account setup change password clerk maintenance demographic maintenance **Download** Upload Claim Level Detail

**Your password expires in 20 day(s) on 11/12/2013 at 12:00 AM** [Change Password](#)

Welcome, P008021185  
Provider ID: 008021185 MCD  
Provider AVRS ID: 008021185  
Zip Code: 06032 - 1234

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

- Claim Status Inquiry
- Client Eligibility Verification
- Prior Authorization Inquiry
- Download Remittance Advices**

**Global Messages**  
\*\*\* No rows found \*\*\*

**Secure Mailbox**  
\*\*\* No rows found \*\*\*

# ACCESS TO THE PDF REMITTANCE ADVICE

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

home **download** upload claim level detail

## File Download Search

Transaction Type Remit. Advice (RA) - PDF

search

clear

**REMINDER: DO NOT**  
Providers and Traders  
Payment/Advice, Response (278),  
on the www.ctd.com  
available to authorized users  
downloaded when using  
ID, ICN or Explanation of  
Benefits (EOB) files.  
  
All file retention schedules

- Billing/Reversal
- CSV
- Claim Payment/Advice
- Claim Status Response
- Drug Rebate File Transfer
- Eligibility Response
- Enrollment/Maintenance
- Functional Ack
- Interchange Ack
- PA Revers/Inq/Req Only
- PCCM Reports
- PDP/MAPD Reports
- Premium Payments
- Prior Authorization
- Remit. Advice (RA) - PDF**
- Transportation PA Files

**ON**  
at all available download files, including Remittance Advices (RA) in PDF format, the ASC X12N 835 Health Care Claim (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Claim Status Response (277), Prior Authorization (279), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained 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 retained for a period of twelve (12) months, at which time they will be removed and will no longer be available. It is recommended all electronic files be stored by the Provider or Trading Partner in an electronic format for easy storage and search access by such data as client

Changes to file retention schedules will be posted on this page.

If not listed here, you may submit a request to have them mailed to your current address. You will need to use Adobe Acrobat Reader on your computer to view and/or download the request form.

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

**Current Files Available for Download**

# Remittance Advice – 7 Sections of an RA

- Banner Page
  - Important messages from DSS or HP
- Claims Information (Paid, Denied, and Adjustments)
  - Sorted by claim type and status; reports up to 20 EOB codes per claim
- TPL Information
  - The primary insurance that is on file for clients whose services appear on the RA
- Financial Transactions Processed
  - Payouts, Refunds, Accounts Receivable
- RA Summary
  - Month-to-day and year-to-day summaries of financial activities, accounts receivable.
- EOB Code Descriptions
  - Descriptions of the EOB codes that affected claims on the RA
- Claims in Process
  - Lists claims that were in suspense when the financial cycle was run

# REMITTANCE ADVICE – BANNER PAGE

REPORT: CRA-BANN-R  
RA#: [REDACTED]

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
PROVIDER BANNER MESSAGES

Date: 10/08/2013  
PAGE: 1

[REDACTED]

PAYEE ID [REDACTED]  
ISSUE DATE 10/08/2013  
TAXONOMY -----  
P. AVRS ID [REDACTED]



Attention All Providers.

HOLIDAY CLOSURE: Please be advised, the Department of Social Services (DSS) and HP will be closed on Monday, October 14, 2013 in observance of the Columbus Day holiday. Both DSS' and HP's offices will re-open on Tuesday, October 15, 2013.

\*\*\*\*\*  
\*\*\*\*\*

Attention Connecticut Home Care (CHC) Service Providers and Home Health Providers Servicing CHC Clients.

CHC CLAIMS THAT DISPLAY EXPLANATION OF BENEFIT (EOB) CODES: 3015 CHC care plan required, 3016 Service not covered under CHC care plan, or 5151 Units exceed frequency units on CHC care plan, are currently in a suspended status. The Department of Social Services (DSS) has maintained these edits in a suspended status while the Access Agencies continue to make progress in both adding and updating the care plans. Effective November 1, 2013, claims that contain these EOB messages will begin to deny. A provider bulletin will be sent out shortly with more detail surrounding these claim denials, claims resolution and future billing change requirements. Once published, the bulletin will be available on the Connecticut Medical Assistance Web site: [www.ctdssmap.com](http://www.ctdssmap.com).

\*\*\*\*\*  
\*\*\*\*\*

Attention Providers.

TAKE THE ICD-10 PREPAREDNESS SURVEY: The ICD-10 implementation date is fast approaching. On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. ICD-10 compliance means that everyone covered by HIPAA is able to successfully conduct health care transactions using ICD-10 codes. This transition will take a lot of planning, preparation and time. Have you started thinking about ICD-10 implementation? Do you have an implementation plan in place? Or do you think it doesn't affect you? Take a brief survey to help DSS gauge the ICD-10 preparedness of providers participating in the Connecticut Medical Assistance Program (CMAP). The survey is available through October 31st 2013 from the new ICD-10 Important Message on the home page of our Web site [www.ctdssmap.com](http://www.ctdssmap.com). This Important Message will be updated with the latest ICD-10 news and resources

# REMITTANCE ADVICE CLAIMS PAID

REPORT: CRA-PHPD-R  
 RA#: [REDACTED]

interChange MMIS  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDER REMITTANCE ADVICE  
 CMS 1500 CLAIMS PAID

Date: 10/08/2013  
 PAGE: 2

[REDACTED]  
 [REDACTED]

PAYEE ID [REDACTED]  
 ISSUE DATE 10/08/2013  
 TAXONOMY -----  
 P. AVRS ID [REDACTED]

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.
1	[REDACTED]	070113 073013	912.86	912.86	0.00	0.00	0.00	0.00	0.00	912.86	0.00

CLIENT NAME: [REDACTED] CLIENT NO.: [REDACTED]

PL	SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING	BILLED	ALLOWED	DETAIL	EOBS
					FROM THRU	PROVIDER	AMOUNT	AMOUNT		
99		12012		2.00	070113 070213	MCD [REDACTED]	140.44	140.44		
99		12012		1.00	070513 070513	MCD [REDACTED]	70.22	70.22		
99		12012		2.00	070813 070913	MCD [REDACTED]	140.44	140.44		
99		12012		2.00	071113 071213	MCD [REDACTED]	140.44	140.44		
99		12012		2.00	071513 071613	MCD [REDACTED]	140.44	140.44		
99		12012		2.00	071813 071913	MCD [REDACTED]	140.44	140.44		
99		12012		2.00	072913 073013	MCD [REDACTED]	140.44	140.44		

CLIENT NAME: [REDACTED] CLIENT NO.: [REDACTED]

1	[REDACTED]	070113 072613	491.54	491.54	0.00	0.00	0.00	0.00	0.00	491.54	0.00
---	------------	---------------	--------	--------	------	------	------	------	------	--------	------



# REMITTANCE ADVICE SUMMARY PAGE

REPORT: CRA-SUMM-R  
 RAW: [REDACTED]

InterChange MNIS  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDER REMITTANCE ADVICE  
 SUMMARY

Date: 10/08/2013  
 PAGE: 10

[REDACTED]

PAYEE ID  
 ISSUE DATE  
 TAXONOMY  
 P. AVPS ID  
 MCD [REDACTED]  
 10/08/2013  
 [REDACTED]

	---NEW DAY CLAIMS---		---CURRENT CYCLE TOTALS BY FUND PAYER---		---POSITIVE ADJUSTMENTS---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	13	11,305.42	0	0.00	0	0.00	13	11,305.42
HUSKY B-3	0	0.00	0	0.00	0	0.00	0	0.00
HUSKY B 1 and 2	0	0.00	0	0.00	0	0.00	0	0.00
CADAP	0	0.00	0	0.00	0	0.00	0	0.00
ConnFACE	0	0.00	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00	0	0.00
MLIA	0	0.00	0	0.00	0	0.00	0	0.00
Tuberculosis	0	0.00	0	0.00	0	0.00	0	0.00
Family Planning	0	0.00	0	0.00	0	0.00	0	0.00

	CURRENT		MONTH-TO-DATE		YEAR-TO-DATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
CLAIMS PAID	13	11,305.42	13	11,305.42	13	11,305.42
POS. CLAIMS ADJUSTMENTS	0	0.00	0	0.00	0	0.00
TOTAL CLAIMS PAYMENTS	13	11,305.42	13	11,305.42	13	11,305.42
CLAIMS DENIED	0		0		2	
CLAIMS IN PROCESS	5		0		0	

EARNINGS DATA			
PAYMENTS:			
CLAIMS PAYMENTS	11,305.42	11,305.42	11,305.42
PAYOUTS	0.00	0.00	0.00
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(0.00)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
NET PAYMENT	11,305.42	11,305.42	11,305.42
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	11,305.42	11,305.42	11,305.42

# REMITTANCE ADVICE EOB CODE DESCRIPTIONS

REPORT: CRA-EOBH-R  
RA#:

interChange MNIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
EOB CODE DESCRIPTIONS

Date: 10/08/2013  
PAGE: 11

PAYEE ID  
ISSUE DATE  
TAXONOMY  
P. AVRS ID

MCD   
10/08/2013  
-----

EOB CODE	EOB CODE DESCRIPTION
0877	DETAIL QUANTITY DISAGREES WITH DAYS ELAPSED.
3016	SERVICE NOT COVERED UNDER CHC CARE PLAN
4021	The procedure billed is not a covered service under the client's benefit plan.
4140	The service submitted is not covered under the client's benefit plan.

# INFORMATION RESOURCES AT [WWW.CTDSSMAP.COM](http://WWW.CTDSSMAP.COM) IMPORTANT MESSAGES

**“Important Messages”** contains **urgent messages** that require immediate communication to the provider community as well as links to important information regarding recent or upcoming system changes. Be sure to review the **CHC Implementation IM** on a regular basis to keep informed about the upcoming CHC Program changes.

## Important Messages

[Ordering, Prescribing and Referring \(OPR\) Claim Edits Information Page](#)

[Provider FAQ for Provider Enrollment and/or Re-Enrollment \(Updated 10/16/2013\)](#)

[Attention All Providers](#)

[Electronic Health Record \(EHR\) News: Updated 10/10/2013](#)

[Attention: School Based Child Health Providers](#)

[Hospital interChange Issues Updated as of 10/9/13](#)

[New Influenza Virus Vaccines Updated 10/08/13](#)

[ICD-10 Implementation Information](#)

[Welcome to the CT Home Care Program Implementation \(Updated 10/3/13\)](#)

**\*\*The CHC Program Frequently Asked Questions can also be found in the CHC Implementation Important Message. Home page> Important Messages**

# INFORMATION –RA BANNER PAGE MESSAGES

- **RA Banner Announcements**

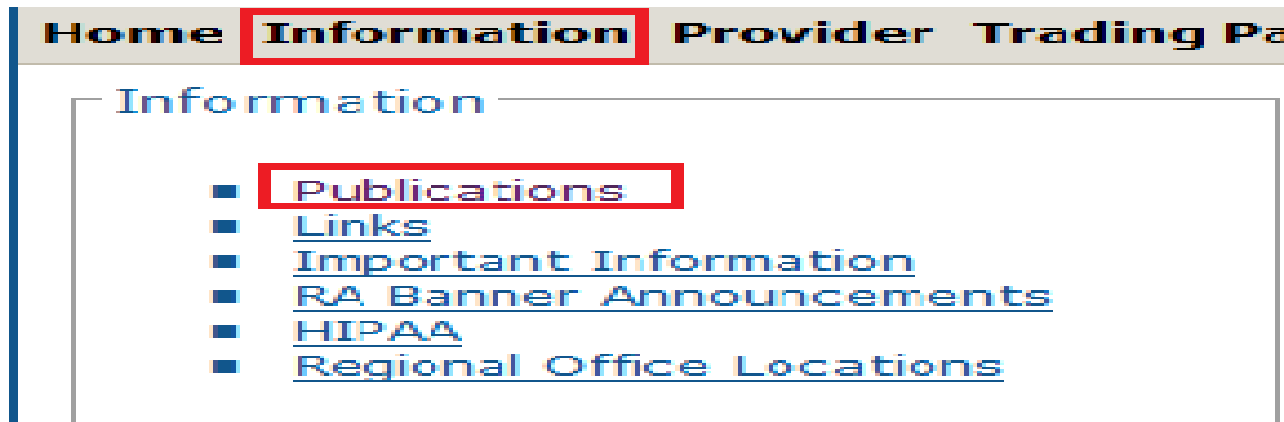
- Available by going to the **Homepage>Information>RA Banner Announcement** at [www.ctdssmap.com](http://www.ctdssmap.com)
  - Messages originally published for providers on the first page of their remittance advice. Some banner announcements are provider specific and therefore are only sent to the relevant provider types/specialties
  - Often published in regards to reprocessed claims; explaining the reasons behind the reprocessing as well as the claim types affected

RA Banner Announcement		
Banner Effective Date	Providers	Banner Page Announcement
10/18/2013-10/25/2013	Attention Connecticut Home Care (CHC) Service Providers and Home Health Providers Servicing CHC Clients	Attention Connecticut Home Care (CHC) Service Providers and Home Health Providers Servicing CHC Clients. CHC CLAIMS THAT DISPLAY EXPLANATION OF BENEFIT (EOB) CODES: 3015 CHC care plan required, 3016 Service not covered under CHC care plan, or 5151 Units exceed frequency units on CHC care plan, are currently in a suspended status. The Department of Social Services (DSS) has maintained these edits in a suspended status while the Access Agencies continue to make progress in both adding and updating the care plans. Effective November 1, 2013, claims that contain these EOB messages will begin to deny. Please refer to provider bulletin PB13-63 which contains detail surrounding these claim denials, claims resolution and future billing change requirements. This bulletin can be accessed by going to the Connecticut Medical Assistance Program's Web site: <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> . From this web page, go to Information, then to Publications, then enter Year 13 and Number 63, then click search.

# INFORMATION – PUBLICATIONS

The *Publications* page on the ctdssmap.com Web site is a *primary resource* for information available regarding the Connecticut Medical Assistance Program.

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



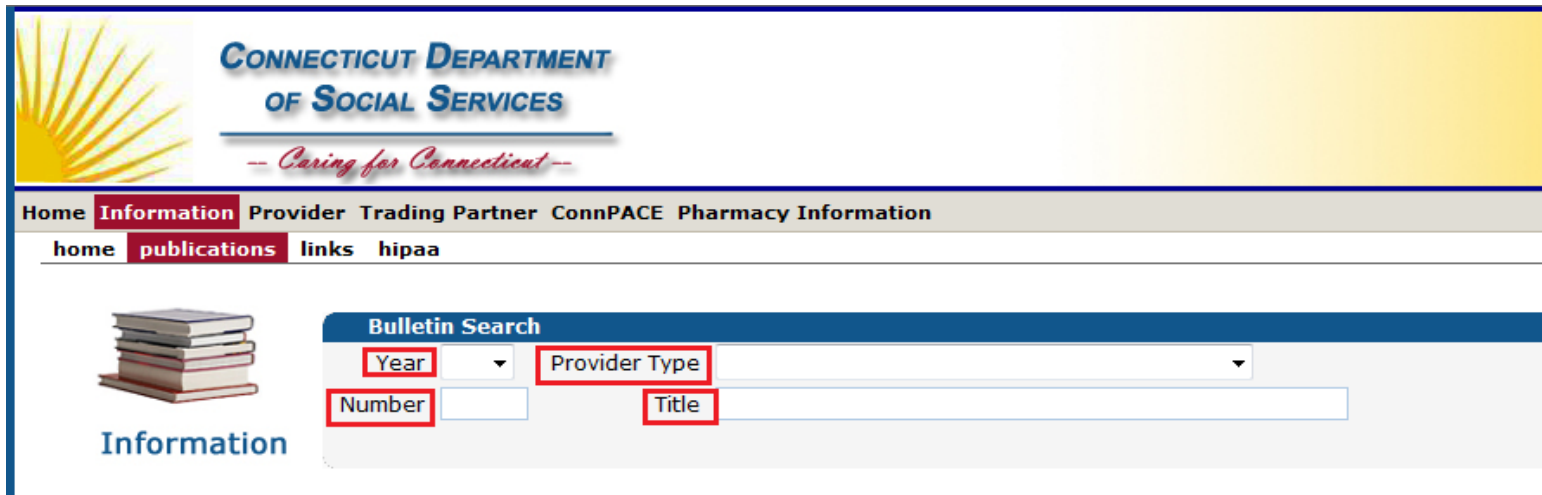
# INFORMATION – PROVIDER MANUAL

- *Provider Manual (Homepage>Information>Publications>Provider Manuals*  
at [www.ctdssmap.com](http://www.ctdssmap.com)
  - The Provider Manual is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission
  - It is the primary source of information for submitting CMAP claims and other related transactions. This manual contains detailed instructions regarding the 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 BULLETINS

## ➤ Provider Bulletins:

- Publications mailed 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.



The screenshot shows the website for the Connecticut Department of Social Services. The header includes the department's name and logo, with the tagline "Caring for Connecticut". A navigation bar contains links for Home, Information, Provider, Trading Partner, ConnPACE, and Pharmacy Information. Below this, a secondary navigation bar has links for home, publications, links, and hipaa. The main content area features an "Information" icon (a stack of books) and a "Bulletin Search" form. The form has a blue header and contains four input fields: "Year" (a dropdown menu), "Provider Type" (a dropdown menu), "Number" (a text input field), and "Title" (a text input field). Red boxes highlight the "Year", "Provider Type", "Number", and "Title" labels in the form.

# INFORMATION – PROVIDER MANUAL

## – **Chapter 1 – Introduction**

- Provides information on the CT Medical Assistance Program, the Department of Social Services' and Hewlett-Packards' 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

# INFORMATION – PROVIDER MANUAL

## – **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 Remittance Advices

## – **Chapter 7- Regulations/Program Policy**

- This section contains the Medical Section Policy section that pertains to the chosen provider type.

## – **Chapter 8 – Billing Instructions**

- Provides information on provider specific billing requirements.

# INFORMATION – PROVIDER MANUAL

## – **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 both the AVRS and the Web Portal functions of interChange

## – **Chapter 11 – Other Insurance/Medicare Billing Guides**

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

## – **Chapter 12 – Claim Resolution Guide**

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

# INFORMATION – FORMS

## Forms

- Claim and Adjustment Forms
- Enrollment Maintenance Forms
- Provider Workshop Invitations
- Third Party Liability Forms
- Other Forms

\*\* [www.ctdssmap.com](http://www.ctdssmap.com)

**Homepage>Information>Publications>Forms**

# INFORMATION – OTHER FORMS

- **Provider Newsletters**

- Quarterly publications to providers on a wide range of topics

## Provider Newsletters

- [April 2013 interChange Newsletter](#)
- [December 2012 interChange Newsletter](#)
- [October 2012 interChange Newsletter](#)
- [Provider Newsletter Archives](#)
- [EHR Newsletter: Hospitals May 2011](#)
- [EHR Newsletter: Professionals April 2011](#)

- **Claims Processing Information**

- Guides and FAQs to assist with billing/claims processing

## Claims Processing Information

- [Eligibility Response Quick Reference Guide](#)
- [Internet Claims Submission FAQ](#)
- [Hospice Procedure Code Exception List](#)
- [ICN Region Code List](#)
- [Medical Assistance Program EOB Crosswalk](#)
- [CHC Procedure Code Frequency Crosswalk](#)
- [Medically Unlikely Edit \(MUE\) Updates](#)
- PCMH Billing Instructions
  - [Physician, Nurse Practitioner and Physician Assistants PCMH Billing Instructions](#)
  - [Outpatient PCMH Billing Instructions](#)
  - [FQHC PCMH Billing Instructions](#)

**\*\*The CHC Procedure Code/Frequency Crosswalk can be found here by going to [www.ctdssmap.com](http://www.ctdssmap.com)Homepage>Information>Claims Processing Information**

# INFORMATION – LINKS

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

Information

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

Home Information Provider Trading Partner ConnPACE Pharmacy Information

Publications

Info **Links**

HIPAA

## State Government Sites

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

## Federal Government Sites

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

## Health Care Provider Organizations

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

# INFORMATION – HIPAA

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



- **HIPAA Mandated Transactions**
- **Frequently Asked Questions**
  - HP 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

# INFORMATION – 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
  - Hold down the **control key** and **click** the **corresponding link** to download the appropriate fee schedule

Provider Fee Schedule Download	
•	Acquired Brain Injury <a href="#">CSV</a>
•	Air Ambulance <a href="#">CSV</a>
•	Alcohol Treatment <a href="#">CSV</a>
•	Audiology <a href="#">CSV</a>
•	Basic/Advanced Transportation <a href="#">CSV</a>
•	Behavioral Health Partnership <a href="#">PDF</a>
•	Chiropractor <a href="#">CSV</a>
•	Clinic - Ambulatory Surgical Center <a href="#">CSV</a>
•	Clinic - Dialysis <a href="#">CSV</a>
•	Clinic - Family Planning / Abortion <a href="#">CSV</a>
•	Clinic - Medical <a href="#">CSV</a>
•	Clinic - Mental Health <a href="#">CSV</a>
•	Clinic - Rehabilitation <a href="#">CSV</a>
•	Clinic - Substance Abuse <a href="#">CSV</a>
•	Critical Helicopter <a href="#">CSV</a>
•	<b>CT Home Care <a href="#">CSV</a></b>
•	Dental <a href="#">PDF</a> <a href="#">CSV</a>
•	Home Health <a href="#">PDF</a>
•	Hospice <a href="#">CSV</a>
•	Independent Radiology <a href="#">CSV</a>
•	Lab <a href="#">CSV</a>
•	MEDS - DME <a href="#">CSV</a>
•	MEDS-Hearing Aid/Prosthetic Eye <a href="#">CSV</a>
•	MEDS-Medical/Surgical Supplies <a href="#">CSV</a>
•	MEDS-MISC <a href="#">PDF</a>
•	MEDS-Parenteral-Enteral <a href="#">CSV</a>
•	MEDS-Prosthetic/Orthotic <a href="#">CSV</a>
•	Mental Health Waiver <a href="#">CSV</a>
•	Natureopath <a href="#">PDF</a>
•	Optician <a href="#">CSV</a>
•	Personal Care Assistant <a href="#">CSV</a>
•	Physical Therapy <a href="#">CSV</a>
•	Physician Anesthesia <a href="#">CSV</a>
•	Physician Office and Outpt Services <a href="#">CSV</a>
•	Physician Radiology <a href="#">CSV</a>
•	Physician Surgical <a href="#">CSV</a>
•	Psychologist <a href="#">PDF</a>
•	Special Services <a href="#">CSV</a>
•	Travel Agent <a href="#">CSV</a>

# WHAT'S NEW IN 2013?

# PROVIDER WORKSHOPS

- This provider workshop and past presentations can be found by going to [www.ctdssmap.com](http://www.ctdssmap.com)  
**Homepage>Provider> Provider Services> Provider Training**

## Provider Training

HP Provider Relations offers free provider training on a bi-monthly basis. If you are a newly enrolled provider in the Connecticut Medical Assistance Program, have new office staff, or simply want to brush up on billing basics, please join us at these scheduled events. For more information on covered topics, the bi-monthly training session schedule, or to obtain a registration form or directions to the facility where the workshop will be held, click [here](#) .

# CONTACTS

- **HP Provider Assistance Center (PAC)**
  - 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
  - CTDSSMAP-ProviderEmail@hp.com
- **HP Electronic Data Interchange (EDI) Help Desk**
  - 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
- **Connecticut Community Care (CCCI)- [serviceauthissues@ctcommunitycare.org](mailto:serviceauthissues@ctcommunitycare.org)**
- **Western Connecticut Area on Aging (WCAA)-contact WCAA directly at (203) 465-1000**
- **South Western Connecticut Area on Aging (SWCAA) -Dayna Serra [dserra@swcaa.org](mailto:dserra@swcaa.org) or 203-814-3625 or Bill Schempp at [bschempp@swcaa.org](mailto:bschempp@swcaa.org) or 203-814-3645**
- **South Central Connecticut Area on Aging (SCCAA) -Carolyn Feliciano at [cfeliciano@aoascc.org](mailto:cfeliciano@aoascc.org) or contact her directly at 203-752-2991**
- **www.CTDSSMAP.com**

# **CHC BILLING WORKSHOP REVIEW**

***Time for Questions***

# **CHC BILLING WORKSHOP REVIEW**

***Thank You For Attending  
The Connecticut Medical Assistance Program  
CHC Billing Workshop Review !***

***All questions and comments regarding this  
training are welcome!***

***Please fill out the supplied workshop survey,  
your feedback helps us to improve future  
workshops!***