

Connecticut Medical Assistance Program



Hospice Refresher Workshop

Presented by
The Department of Social Services
& HP Enterprise Services

Training Topics

- **What's New in 2015?**
 - **Electronic Messaging**
 - **Claim Adjustments**
 - **Messages Archived**
- **Proposed Changes in Hospice Rates Fiscal Year 2016**
- **Client Eligibility - Determining the Hospice Benefit**
- **On-line Hospice Transactions**
 - **Locking in the Hospice Benefit/Managing the Hospice Lock-in**
- **Covered Services/Non-Covered Services/Claim Submission Guidelines**
- **Prior Authorization Requirements**
- **Patient Liability**
- **Claim Denials and Resolution**
- **Hospice Reminders**
- **ICD-10 Readiness**
- **Program Resources/Contacts/Questions**



Electronic Messaging

The Department of Social Services (DSS) and HP are pleased to announce the implementation of electronic messages replacing the mailing of bulletin/policy transmittals

[Provider Bulletin 2015-23](#) “Implementation of Electronic Messaging - Replacement to the Mailing of Bulletins/Policy Transmittals”

Hospice providers and their office staff can subscribe to receive pertinent CMAP program information via e-mail messages

DSS and HP no longer distributes any paper communications to providers as of [June 30, 2015](#)

Electronic Messaging

DSS and HP will use electronic messaging to distribute:

- Provider bulletins and policy transmittals
- Workshop invitations
- Program updates and reminders

There are many benefits to the electronic delivery of communication

- Faster distribution of information to the provider community
- Any office personnel can subscribe to receive program information via e-mail.
- Provides a simplified subscription process that can be completed very quickly allowing information to get into the right hands

Electronic Messaging

To subscribe for electronic messaging, providers and office staff must perform the following steps:

- Access the www.ctdssmap.com Web site.
- Select Provider > E-mail Subscription from the drop-down menu.

The screenshot shows the homepage of the Connecticut Medical Assistance Program. The header includes the Connecticut Department of Social Services logo and the date Thursday, March 12, 2015. The main navigation bar has tabs for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. A left-hand menu is open, showing a tree structure under 'Provider' with 'E-Mail Subscription' highlighted by a red arrow. The main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner with icons for Information, Provider, Trading Partner, and Pharmacy. Below the banner is an 'Important Messages' section with several news items.

Connecticut Department of Social Services
Making a Difference

Help
Thursday, March 12, 2015

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

Information

- Publications
- Links
- Important Info
- RA Banner An
- HIPAA
- Regional Office

Provider

- Provider Serv
- Provider Sear
- Provider Enro
- EHR Incentive
- OOS Instructi
- Secure Site

Trading Partner

- Trading Partner Enrollment
- Trading Partner Documents
- Provider Electronic Solutions
- Billing Instructions

Pharmacy

- Pharmacy Information

Email Subscription

- Register/Update Email Subscription

Provider

- 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
- E-Mail Subscription**
- Secure Site

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

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

Information Provider Trading Partner Pharmacy

Important Messages

- [Hospital interChange Issues \(Updated 3/11/2015\)](#)
- [Revised Provider Manual Chapters \(Updated 3/2/2015\)](#)
- [Attention Providers: Access Health CT \(AHCT\) Frequently Asked Questions \(Updated 3/2/15\)](#)
- [Attention CHC Service Providers: Extension of the Temporary Elimination of Timely Filing Requirement](#)
- [Attention Optical Shop Providers - Important Changes Related to Enrollment/ Re-enrollment of Optical Shops](#)
- [Attention: Psychologists \(Updated 02/03/15\)](#)

Electronic Messaging

- Once on the E-mail Subscription page, enter the e-mail address you wish to subscribe under New Subscriber.
- Re-enter the e-mail address for verification and click Register



The screenshot shows a web form titled "New Subscriber". It contains two text input fields. The first field is labeled "E-Mail" and contains the text "user@abc.com". The second field is labeled "Confirm E-Mail" and also contains "user@abc.com". Below the fields is a button labeled "Register".

- A confirmation message will be displayed at the top of the page

The following messages were generated:

Message Description

Registration was successful. Please select one or more service areas to complete your subscription request.

- If you receive an error message, correct the error(s) and click **Register** again

Electronic Messaging

- From the right hand side of the page, use the checkboxes to select the available subscriptions you would like to receive

Available Subscriptions

■ Provider

- Hospice Agency
- ICD-10



- Once complete, select Save

Electronic Messaging

- **Providers that supplied e-mail addresses at the time of enrollment or re-enrollment in CMAP, or during the setup of their Secure Web portal account, will automatically be subscribed for e-mail notifications**
 - Please note that the email addresses on file for clerk accounts will not be included in the auto-subscribe process and will need to subscribe separately
- **Once you have subscribed, you may modify your subscriptions at any time by performing the following steps**
 - Access the www.ctdssmap.com Web site
 - Select Provider > E-mail Subscription from the drop-down menu

Electronic Messaging

Once on the E-mail Subscription page, enter the e-mail address you wish to modify in the Existing Subscribers section of the panel and click Update

A screenshot of a web form titled "Existing Subscribers". It features a text input field labeled "E-Mail" containing the text "user@abc.com". Below the input field is a blue button labeled "Update". The entire form is enclosed in a light gray rounded rectangle with a blue border.

From the right hand side of the page, use the checkboxes to modify your subscriptions and click Save

Once you have successfully modified your subscriptions, you will receive a confirmation notice that includes the provider type(s) and/or topic(s) you selected from the checkboxes

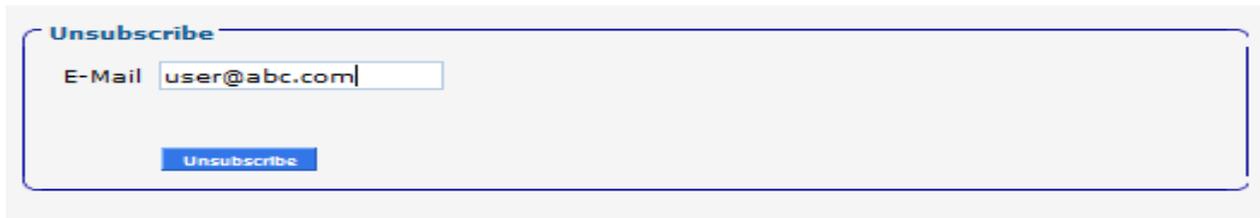
The following messages were generated:

Message Description

Your subscription has been successfully saved. You will receive a confirmation email shortly.

Electronic Messaging

- To **Unsubscribe** your subscription, you will need to do the following steps:
 - Access the www.ctdssmap.com Web site
 - Select Provider > E-mail Subscription from the drop-down menu
 - Once on the E-mail Subscription page, enter the e-mail address you wish to unsubscribe in the Unsubscribe section of the panel. Once complete, click Unsubscribe



The screenshot shows a web form titled "Unsubscribe". It contains an "E-Mail" label followed by a text input field containing the email address "user@abc.com". Below the input field is a blue button labeled "Unsubscribe".

- A confirmation message will be displayed at the top of the page

The following messages were generated:

Message Description

The email address has been removed as requested.

Claim Adjustments

Timely filing changes to claim adjustments:

Effective **June 2, 2015**, when a **non-crossover claim** adjustment is submitted to pay the same or less than the original claim, DSS has approved the bypass of timely filing edits for claims with a date of service or last paid date over the timely filing limit (one year)

Providers may now submit these types of adjustments via the web or 837 adjustment transaction

Providers no longer need to:

- Submit paper Paid Claim Adjustment Forms (PCARS) for said adjustments
- Submit a check to give back an overpayment

Messages Archived

DSS and HP has started archiving RA Banner and Important Messages on the www.ctdssmap.com Web site. To access archived messages, nursing home and ICF/IID providers will need to access the Messages Archived page by selecting Messages Archived from the Information drop-down menu on the home page. **RA Banner and Important Messages dated January 1, 2014 and forward will be saved on the Web site and be available for review.**

Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

Information Publications

Info Links

- HIPAA
- Messages Archived**
- RA Banner Announcements
- HIPAA
- Regional Office Locations

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

Important Messages Archived

[Attention Home Health & Access Agency Management and Nursing Staff - Important Upcoming Training Sessions Regarding Nurse Delegation for the Administration of Medication](#)

[Attention: Freestanding Ambulatory Surgical Centers](#)

[Updated - Attention: Physicians, Advanced Nurse Practitioners and Nurse Midwives](#)

RA Banner Announcements Archived

Banner Effective Date	Providers	Banner Page Announcement
05/17/2013-05/24/2013	Attention All Providers Except Pharmacy Providers	Attention All Providers Except Pharmacy Providers. IMPLEMENTATION OF ACA CLAIM EDITS FOR ALL PROVIDERS EXCEPT PHARMACY: Sections 6401 and 6501 of the Affordable Care Act (ACA) mandate that ordering and referring providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP). To support this mandate, beginning with claim dates of service May 1, 2013, the Department of Social Services (DSS) will implement the following new claim edits to validate that attending, referring, ordering and rendering providers submitted on Institutional, Professional and Dental claims are enrolled in the CMAP. 1033 Informational Only - Attending physician not enrolled on date of service 1034 Informational Only - Rendering provider not enrolled on date of service 1035 Informational Only - Referring provider not enrolled on date of service 1036 Informational Only - Ordering provider not enrolled on date of service These edits will be initially implemented in a post and pay status which means if the provider is not enrolled, the edit will be posted to the claim but the claim will not be denied for that reason. This post and pay period will allow DSS to assess the impact of setting these edits to deny and enable billing providers to identify those providers who still need to enroll in CMAP. DSS will communicate via a future provider bulletin the date when these edits will begin to deny claims. DSS strongly recommends that billing providers encourage their attending, referring, ordering and rendering providers to enroll in the CMAP in order to avoid future claim denials.



Proposed Changes in Hospice Rates Fiscal Year (FY) 2016

Market Basket Increase:

- CMS announced in the FY2016 a proposed rule that the proposed hospice payment increase for FY2016 would be 1.8%. The 1.8% increase is after the 0.6 and 0.3 productivity factors have been deducted

Tiered Routine Home Care Rate:

- CMS announced a proposal to establish two tiers of routine home care payments, one payment for days 1 – 60 and a reduced payment for days 61 +

Service Intensity Add-on:

- CMS announced a proposal to establish a service intensity add-on for patients in the last seven (7) days of life. The rate is proposed to be established at the hourly continuous home care rate

Stay tuned! Watch for upcoming announcements



Client Eligibility Verification

- **DSS recommends that providers verify a client's eligibility on the date of service prior to performing the service as eligibility can change at any time**
- **To determine if a client is eligible for the Hospice benefit, providers may use any of the available methods of checking client eligibility:**
 - Provider Secure Web site at www.ctdssmap.com
 - Provider Electronic Solutions Software
 - HIPAA ASC X12N 270/271 Health Care Eligibility Inquiry and Response
 - Automated Voice Response System (AVRS)

Client Eligibility Verification

- To verify a CMAP client's eligibility through the secure site – click on the [Eligibility tab](#) on the main menu
- Enter enough data to satisfy a least one of the valid search combinations; click search
- Enter a [valid client data search combination](#) as noted below, then click search

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

Valid Search Combinations

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

Eligibility Response Quick Reference Guide

Eligibility Verification Request

Client ID last name

SSN First Name, MI

From DOS*

Birth Date To DOS*

Service Type Code 1 Service Type Code 2

Service Type Code 3 Service Type Code 4

Service Type Code 5

- When entering a client's full name as part of your search criteria, the client's name must be entered as it appears in their CTMAP profile

Client Eligibility Verification

- The Verification Number validates the eligibility information received during the inquiry
- Clients with HUSKY A, B, C and D coverage are eligible for Hospice Services

Eligibility Verification Response ? ^

Verification Number

Response Text

Client Information

Client ID Last Name

SSN First Name, MI

Birth Date Street

Gender City, State, Zip

Benefit Plan

Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247	04/01/2015	04/03/2015	04/30/2015	



Client Eligibility Verification

Client eligibility information on the Web will include:

- Services restricted to or lock-in to “Hospice” or “Hospice Medicare”, if the client is eligible for Medicare
- Name of the hospice provider
- The effective and end dates of the hospice coverage based on the dates of service submitted in the eligibility request
- The telephone number of the hospice provider

Lockin					
Lockin Type	Effective Date	End Date	Provider Name	Provider Phone	Message
HOSPICE-MEDICARE	04/07/2015	04/30/2015	Green Acres Hospice	(203)5551212	
Medicare					
Coverage					
Medicare A					
Medicare B					

Hospice Eligibility

A client is eligible to receive the hospice benefit when:

- The client is certified by a physician as being terminally ill
- Initial certification is 90 days
- Recertification is for a second 90 day period followed by unlimited 60 day periods

The client will be locked into service by a single hospice agency for services relating to their terminal illness for the duration of the certification period

- A client may change hospice agencies once during this period under **Medicare, no limit for Medicaid**
- A client may choose to revoke election of hospice services at any time
- A client may re-elect the hospice benefit at any time

Clients that are eligible for both Medicare A and Medicaid receive hospice services through Medicare

- When a dually eligible client decides to elect, revoke, or change hospice providers, they must make such elections, revocations, and changes in both the Medicare and Medicaid programs

Locking in the Hospice Benefit

➤ All clients who elect the Hospice benefit:

- Dually Eligible
- HUSKY Only

Must be locked into the care of the Hospice provider during the course of their election in order for the Hospice provider to be paid for the service billed

- The Hospice Provider **must** enter an [Election Transaction](#) via their secure Web Account **within seven (7) business days** of the effective date of the hospice election
- When a client is pending HUSKY eligibility, the Hospice Provider **must** enter an [Election Transaction](#) via their secure Web Account **within seven (7) business days** of the client's eligibility being added to the Department of Social Services client eligibility file

On-line Hospice Transactions – *Locking in the Hospice Benefit*

To enter a [Hospice Election Transaction](#), providers must log into their secure web account from the www.ctdssmap.com Home Page and click [“Secure Site”](#)

The screenshot shows the homepage of the Connecticut Medical Assistance Program. At the top left is the logo for the Connecticut Department of Social Services, "Making a Difference". At the top right, there is a "Help" link and the date "Monday, July 06, 2015". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, MAPIR, Account, and ConnPACE. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" heading. Below this is a paragraph of introductory text. Four icons represent different sections: a stack of books for "Information", a stethoscope for "Provider", a key for "Trading Partner", and a pill bottle for "Pharmacy". On the left side, there are three menu categories: "Information" (with links for Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations), "Provider" (with links for Provider Services, Provider Search, Provider Enrollment, EHR Incentive Program, QOS Instructions/Information, and "Secure Site" which is highlighted with a red box), and "Trading Partner" (with links for Trading Partner Enrollment, Trading Partner Documents, and Provider Electronic Solutions Billing Instructions). At the bottom, there is a blue bar labeled "Important Messages".

Connecticut Department of Social Services
Making a Difference

Help
Monday, July 06, 2015

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

Information

- Publications
- Links
- Important Information
- RA Banner Announcements
- HIPAA
- Regional Office Locations

Provider

- Provider Services
- Provider Search
- Provider Enrollment
- EHR Incentive Program
- QOS Instructions/Information
- Secure Site

Trading Partner

- Trading Partner Enrollment
- Trading Partner Documents
- Provider Electronic Solutions Billing Instructions

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

On-line Hospice Transactions – *Locking in the Hospice Benefit*

From the provider's secure Web account Home Page, click **"Hospice"**

Connecticut Department of Social Services
Making a Difference

Help
Monday, July 06, 2015

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

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

Your password expires in 58 day(s) on 8/4/2015 at 12:00 AM [Change Password](#)

Welcome, **Green Acres Hospice**
Provider ID: **0000000000** NPI
Provider AVRS ID: **000000000**
Reenrollment Due Date: Not Currently Applicable
Zip Code: 06052 - 1234

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](#)
- [ACA Ordering/Prescribing/Referring Provider List](#)

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 ***



On-line Hospice Transactions – *Locking in the Hospice Benefit*

The [“Instructions for Submitting Hospice Transactions”](#) provides step by step instructions for submitting all Hospice Transactions, including important filing requirements

Connecticut Department of Social Services
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Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization **Hospice** Trade Files MAPIR Messages Account

Quick Links
■ [Instructions for Submitting Hospice Transactions](#)

Click on the link to "Instructions for Submitting Hospice Transactions" to ensure accurate and timely submission of all Hospice Transactions.

Hospice Request Form

Transaction Type*

Provider ID 2009091702 NPI

Provider Name GREEN ACRES HOSPICE

Provider Address 125 PARK AVENUE
NEW BRITAIN, CT 06052

Client ID Number*

Last Name

First Name, MI

Date of Birth

Name of Hospice Contact

Hospice Telephone Number

Note: If you are logged in under another secure Web account, such as your Home Health Agency or Assisted Living Services Agency secure Web account, a message **“Hospice election requests can only be sent by Hospice providers”**, indicating you are logged into the incorrect account



On-line Hospice Transactions – *Locking in the Hospice Benefit*

To submit a [“Hospice Election”](#), click on [“election”](#) from the dropdown, complete the transaction fields that have an asterisk and click [“Submit Hospice Transaction”](#)

The screenshot shows the Connecticut Department of Social Services online portal. The header includes the logo and tagline 'Making a Difference' on the left, and 'Help Monday, July 06, 2015' on the right. A navigation bar contains links for Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, **Hospice**, Trade Files, NAPIR, Messages, and Account. Below the navigation bar is a 'Quick Links' section with a link for 'Instructions for Submitting Hospice Transactions'. The main content area is a 'Hospice Request' form. The 'Transaction Type*' dropdown menu is open, showing options: 'Election', 'Discharge/Relocation', 'Transfer To This Agency', and 'Extension Of Hospice Elections'. The 'Provider Name' is 'GREEN ACRES HOSPICE' and the 'Provider Address' is '125 PARK AVENUE, NEW BRITAIN, CT 06052'. Other fields include 'Client ID Number*', 'Last Name', 'First Name, MI', 'Date of Birth', 'Effective Date of Hospice Transaction*', 'Name of Hospice Contact*', and 'Hospice Telephone Number*'. At the bottom of the form are two buttons: 'submit hospice transaction' and 'cancel'.



On-line Hospice Transactions – *Locking in the Hospice Benefit*

Once you confirm that you want to submit the election click **“Continue”**

Connecticut Department of Social Services
Making a Difference

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Monday, July 06, 2015

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

Quick Links
• [Instructions for Submitting Hospice Transactions](#)

The following messages were generated:

Message Description	Panel	Field	Row	Action
Are you sure you want to submit this Hospice election form?	Hospice Request Form			<input checked="" type="radio"/> Yes <input type="radio"/> No

Hospice Request Form

Transaction Type* Election

Provider ID 2009091702 NPI

Provider Name GREEN ACRES HOSPICE

Provider Address 125 PARK AVENUE
NEW BRITAIN, CT 06052

Client ID Number* 002712226

Last Name ROBINSON

First Name, MI ASAI

Date of Birth 05/07/2000

Effective Date of Hospice Transaction* 04/07/2015

Name of Hospice Contact* Hospice Provider

Hospice Telephone Number* (203)555-1212 2007

[submit hospice transaction](#) [cancel](#)

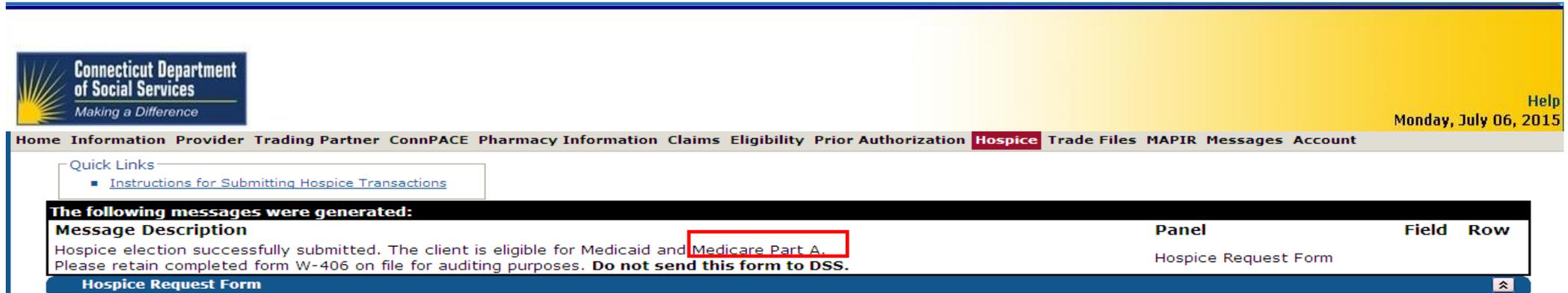
You must then click continue to complete the transaction.

To complete the transaction, you must first click one of the "Action" radio buttons, be sure your selection is taken by a change in the button color. In this case yes was selected.

On-line Hospice Transactions – *Locking in the Hospice Benefit*

Once you click [“Continue,”](#) you will receive a [confirmation message](#) that your transaction was [successfully submitted](#)

[Dual Eligible response:](#)



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

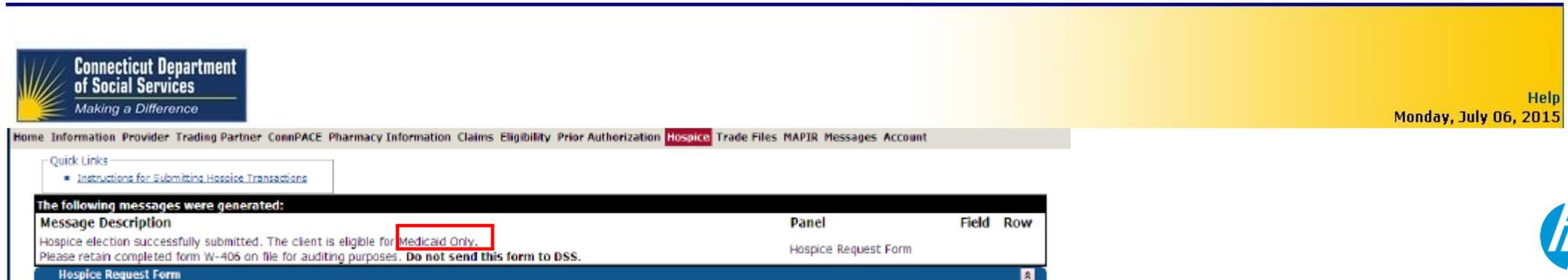
Quick Links
▪ [Instructions for Submitting Hospice Transactions](#)

The following messages were generated:

Message Description	Panel	Field	Row
Hospice election successfully submitted. The client is eligible for Medicaid and Medicare Part A. Please retain completed form W-406 on file for auditing purposes. Do not send this form to DSS.	Hospice Request Form		

Hospice Request Form

[Medicaid only response:](#)



Connecticut Department of Social Services
Making a Difference

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

Quick Links
▪ [Instructions for Submitting Hospice Transactions](#)

The following messages were generated:

Message Description	Panel	Field	Row
Hospice election successfully submitted. The client is eligible for Medicaid Only. Please retain completed form W-406 on file for auditing purposes. Do not send this form to DSS.	Hospice Request Form		

Hospice Request Form



Hospice Election Transaction

Managing the Hospice Lock-in

Important Points to Remember:

- **A Hospice Election Transaction must be submitted by the Hospice Agency within seven (7) days when:**
 - A client initially elects the hospice benefit
 - Re-elects the benefit after revocation
 - Re-elects the benefit after discharging from the care of another Hospice Agency or your own Agency
- **Submission of the “Election Transaction” does not immediately place the lock-in on the client’s eligibility file. This may take up to fourteen (14) business days to be updated**
 - Updates to the Election Transaction can be made up until the transaction appears on the eligibility file
 - The lock-in, when entered on the client eligibility file will be for a period of one year

Hospice **Election** Transaction

Managing the Hospice Lock-in

Important Points to Remember:

- Failure to submit the Election Transaction within seven (7) business days of the effective date of the hospice election, may result in lost hospice lock-in days with the effective date of the transaction; providers will have to use the first day the on-line transaction tool will allow
- If the Notice of Election (**NOE**) is not filed in a timely matter, the hospice provider will only be allowed to enter an election transaction retroactively up to seven (7) business days
- Providers should confirm accurate entry of the Hospice election by checking client eligibility and Hospice agency provider ID
- The Hospice provider cannot bill the beneficiary for non-covered days and the Hospice provider will be liable for the non-covered days
- Hospice Election Forms should not be sent to DSS. They should be retained by the provider for audit purposes

Hospice Election Transaction

Managing the Hospice Lock-in

Important Points to Remember:

Once the Hospice lock-in has been entered on the client's eligibility file, it is the [Hospice Provider's responsibility to maintain the lock-in](#) as applicable to the client's treatment and requests as defined in the Hospice Regulations by submitting the appropriate on-line transactions in a timely manner:

- Discharge/Revocation
- Transfer to another Hospice Agency
- Extension of the Hospice Lock-in

Hospice **Discharge** Transaction

Managing the Hospice Lock-in

Important Points to Remember:

- Discharges **should be entered timely** to update the lock-in as soon as possible to avoid delay in entering additional transactions or delaying treatment by other providers in the care of a client. Discharges may be updated until the discharge transaction appears on the eligibility file
- Submission of the discharge transaction does not automatically update the lock-in on the client's eligibility file. **Entry of the transaction may take up to fourteen (14) business days**
- Each revocation must be entered as a discharge
- A new election cannot be entered until the discharge transaction has been entered and the client's eligibility file updated

Hospice **Discharge** Transaction

Managing the Hospice Lock-in

Important Points to Remember:

- A **discharge should not be entered** if a client is being directly transferred to another Hospice Agency. An automatic discharge will be entered upon receipt of the transfer by the receiving Hospice Agency
- The **discharge form, W-404, or revocation form, W405, should not be sent to DSS** unless the reason for discharge is:
 - ✓ Just cause [\(discharge code 5\)](#)

[This reason for discharge requires DSS approval. Form W-404 must be faxed to \(860\) 424-5799](#)

Hospice **Transfer** Transaction

Managing the Hospice Lock-in

Important Points to Remember:

- A transfer transaction is entered by the Hospice Agency directly receiving a client from another Hospice Agency
- A transfer transaction may be submitted up to 3 days prior to the transfer date or 3 days after the transfer date
- Submission of the transfer transaction does not automatically update the lock-in on the client's eligibility file. Entry of the transaction may take up to fourteen (14) business days
- Hospice transfer transactions may be updated until the transfer transaction appears on the eligibility file
- A discharge from the transferring Hospice will not occur until the transfer transaction is received by the receiving Hospice
- The Hospice Transfer form, W-403, should not be submitted to DSS

Hospice **Extension** Transaction

Managing the Hospice Lock-in

Important Points to Remember:

- An **on-line extension** transaction is entered by a Hospice Agency to extend the lock-in of a client that will exceed the initial twelve (12) month election period or subsequent twelve (12) month extension period
- A Hospice extension may be **submitted up to 30 days prior to the end date of the most current hospice lock-in segment**
- A Hospice extension **cannot be submitted more than three (3) business days after the end date of the current Hospice segment**
- Submission of the extension transaction does not automatically update the lock-in on the client's eligibility file. **Entry of the transaction may take up to fourteen (14) business days**

Covered Services – **RCC 651** – Level of Care

➤ **RCC 651 – Hospice/RTN Home (Hospice HUSKY only)**

- All inclusive rate for all hospice related services to a client not in crisis performed in the home, nursing facility, hospital or ICF/IID

Hospice provider can also bill the following revenue center codes on the same day:

- **RCC 658 Hospice Room and Board-Nursing Facility**
 - If care is provided in the nursing facility
- **RCC 657 Hospice/Physician**

Covered Services - **RCC 652** – *Level of Care*

➤ **RCC 652- Hospice/CTNS Home (Hospice HUSKY only)**

- All inclusive per hour rate for hospice related services to a client during brief periods of crisis, provided in the home. A minimum of 8 hours of care must be billed per day

Hospice provider can also bill the following revenue center codes on the same day:

- **RCC 657 Hospice/Physician**

Covered Services - **RCC 655** – *Level of Care*

➤ **RCC 655 – Hospice/IP Respite (Hospice Dually Eligible or Hospice HUSKY)**

- All inclusive rate for all hospice related services performed in the Nursing Facility or other location in order to give the caregiver a rest
- Only 5 days of respite care in a Nursing Facility or other location is allowed within a 60 day period
- RCC cannot be billed for clients who reside in a Nursing Facility, the client must be residing in the community

Hospice provider can also bill the following revenue center code on the same day:

- **RCC 657 Hospice/Physician**

Covered Services - **RCC 656** – *Level of Care*

➤ **RCC 656 – Hospice/IP Non-Respite Care in Nursing Facility or Hospital (Hospice HUSKY only)**

- All inclusive rate for all hospice related services performed in the Nursing Facility or Hospital when pain control or chronic symptoms cannot be managed in other settings
- Prior Authorization is required after 5 days of inpatient care

Hospice provider can also bill the following revenue center code on the same day:

- **RCC 657 Hospice/Physician**

Covered Services - **RCC 657** – Other Services billed by Hospice Providers

- **RCC 657 – Hospice/Physician billed by the Hospice Agency (Hospice HUSKY only & crossover claims)**
 - **Must be billed with at least one procedure code per date of service**
 - By Physician employed by or contracted by the hospice
 - Service must be related to the terminal illness
 - **Procedure codes in the 7xxxx range (radiology services-physician component) must be billed with modifier 26**
 - Explanation of Benefit (EOB) code 0707- Hospice Radiology Services require modifier)

Hospice provider can also bill one of the following **level of care revenue center codes**, on the same day:

- **RCC 651 Hospice/RTN Home**
- **RCC 652 Hospice/CTNS Home**
- **RCC 655 Hospice/IP Respite**
- **RCC 656 Hospice/IP Non-Respite**

Covered Services - **RCC 658** – Other Services billed by Hospice Providers

➤ RCC 658 – Hospice Room and Board - Nursing Facility (Hospice Dually Eligible or Hospice HUSKY)

- Client must be residing in a nursing facility and have a valid Nursing Facility “Level of Care” authorization segment on their eligibility file
- Hospice provider may also bill one of the following revenue center codes on the same day for Medicaid only clients:

Hospice provider can also bill the following revenue center codes, if applicable, on the same day:

- RCC 651 Routine Care
 - If care is provided in the Nursing Facility
- RCC 657 Hospice/Physician

Non Covered Hospice Services

- Reference section 17b-262-842 of the regulation
- These services are not covered when the client elects the hospice benefit
 - ✓ Treatment to cure the illness
 - Except for children under the age of 21 (HUSKY A, C, and D)
 - Except for children under age 19 (HUSKY B)
 - ✓ Hospice services by more than one hospice provider
 - ✓ Drugs that are anti emetics and narcotic analgesics billed by pharmacy providers

Claim Submission Guidelines

Hospice Claims can be submitted to HP via:

- ✓ Web Claim Submission
- ✓ ASC X12N Health Care Claim Institutional Format
- ✓ Provider Electronic Solutions *(may be used through September 30, 2015, if provider does not upgrade to version 3.81)*
- ✓ UB-04 Claim Form

Providers should refer to:

- **Chapter 8 - Hospice Claim Submission Instructions** located on the www.dssmap.com Web site click > publications > provider manuals > select Hospice in drop-down > view chapter 8

Type of Bill:

- 81X = Non Hospital Hospice Claim
- 82X = Hospital Hospice Claim

Claim Submission Guidelines

- Claims cannot span multiple calendar months
- Only one date of service allowed per claim detail
- Only **one** of the following four levels of care can be billed on a date of service:
 - ✓ RCC 651 (Routine Care)
 - ✓ RCC 652 (Continuous Home Care)
 - ✓ RCC 655 (Respite Care in Nursing Facility or Hospital)
 - ✓ RCC 656 (General Inpatient Care in Nursing Facility or Hospital)

Claim Submission Guidelines – *Nursing Facility (room/board)*

- **DSS will reimburse hospice providers at 95% of the nursing facility's per diem rate on file**
- **To secure an accurate reimbursement:**
 - Hospice clients may only be admitted to those facilities with which the hospice agency has a written agreement
 - A client who resides in a nursing facility must be authorized with a pay start of the institution in which they reside
 - Room and board charges are billed by and payable to the hospice agency only
 - Agency will submit a claim to HP for [RCC 658](#), DSS pays the hospice agency the room/board. The hospice agency must then reimburse the nursing facility

Long term care providers may bill the Department of Social Services for hospital and home leave days for a hospice client [RCCs 183, 185](#)

Prior Authorization

➤ Hospice Services Requiring Prior Authorization:

- General Inpatient Care in a hospital or Nursing Facility which extends beyond the fifth day of care
 - HUSKY only clients:
 - ✓ CHN PA request for Hospice Services
- Hospice Care extending for more than 12 months
 - HUSKY only clients:
 - ✓ complete on-line extension and
 - ✓ CHN PA request for Hospice Services
 - Dually eligible clients:
 - ✓ complete on-line extension
 - ✓ Retain the revised W-406 in the clients records Do not send to DSS

Prior Authorization

Prior authorization forms for the Authorization of Hospice Services are located online:

www.huskyhealth.com

- Click “*For Providers*” → “*Provider Bulletins, Updates and Forms*” → “*Outpatient Authorization Request Form*”
- Authorization requests may be submitted to CHNCT via either:
 - ✓ *Clear Coverage* online portal
 - ✓ www.huskyhealth.com click on “*For Providers*”, then “*Access Clear Coverage*”
 - ✓ Fax: 203-265-3994

Patient Liability

- **Patient Liability** represents the amount a client in a **Nursing Facility** is responsible to contribute toward their care each month
- If a claim is submitted where the patient liability exceeds the Medicaid allowed amount an A/R (accounts receivable) is created for the difference
- Patient liability amounts are calculated and determined by the DSS Regional offices based on the client's income (pension, SS, etc.) healthcare expenses

Patient Liability

- **Patient liability is deducted from the first claim processed for the month in which patient liability is due**

For example:

- Client resides in a nursing facility
 - From 11/1/14 – 11/5/14 the client is in the hospital
 - On 11/5 the client returns to the nursing facility and elects the hospice benefit
 - Nursing facility submits a claim for client's bed reserve 11/1/14-11/4/14
 - The Hospice submits the nursing facility room and board for 11/5/14 - 11/30/14
 - Patient liability is deducted from the first claim that processes; at the header of the claim, not the detail
- **Hospice agency and nursing facility providers need to make arrangements to reconcile patient liability**

Patient Liability

- **Mass adjustments due to patient liability changes within clients' profiles will occur as those rates are often retroactively changed by DSS**
- Changes do not require claim adjustments to be performed by providers
- Patient Liability Mass adjustments are processed the first cycle of every month; adjustments will appear on RA with an ICN region code 53
- Claims will be automatically adjusted by HP and the necessary A/Rs, payouts and reimbursements will be generated

Patient Liability

- **When a claim is recouped the system will take the patient liability by way of a recoupment**
- If the claim is resubmitted, the system will pay the claim and include the patient liability in the claim payment
- If the provider does not resubmit the claim and is seeking reimbursement for the patient liability by way of a payout, the DSS Convalescent Unit must be contacted.
 - Proof (general ledger, patient account ledger) must be provided illustrating that the money is owed to the provider, and not the client

Claim Denials and Resolution

EOB Code Description:

1024 Provider is not authorized to bill for this client

Cause

For Assisted Living, Acquired Brain Injury, Connecticut Home Care, Personal Care Assistance and Hospice claims, DSS has not yet updated EMS with authorization for the client to be serviced by the billing provider.

Resolution

The claim is not payable until EMS is updated with the client's authorization for the client to be serviced by the billing provider.

To determine if EMS has been updated, perform a client eligibility verification transaction. Once EMS has been updated, resubmit the claim.



Claim Denials and Resolution

EOB Code Description:

0702 Hospice room and board not covered without nursing home authorization

Cause

The hospice claim was submitted with Revenue Center Code (RCC) 658 (Hospice Room and Board-Nursing Facility) for a client who has not received authorization by the Department of Social Services to be in the nursing home.

Resolution

Once the nursing home authorization has been added to the client's eligibility file, the claim can be resubmitted.

Claim Denials and Resolution

EOB Code Description:

0710 Revenue not covered for client enrolled in Medicare hospice

Cause

The hospice claim was submitted for a client who has been authorized for Medicare hospice services and the claim contains a Revenue Center Code (RCC) other than 658.

Resolution

Only RCC 658 is valid when billing a hospice claim for a client with a Medicare hospice lock-in. Correct the RCC and resubmit the claim, otherwise, the claim is not payable.

Claim Denials and Resolution

EOB Code Description:

0711 Claim denied. Client does not have hospice lock-in

Cause

The hospice claim is submitted for a client who has not yet been authorized by the Department of Social Services to receive hospice services from the billing provider.

Tip: DSS should execute the client's election into the hospice program within 10 business days from date of receipt of the election form. If the lock-in is not in place within 10 days of the submission of the election form to DSS, the hospice provider should contact DSS. DSS will not back date election forms not received within 10 days of election.

Resolution

Perform a client eligibility verification transaction to determine if the client has been locked-in to the billing hospice agency.

If the lock-in is in place, resubmit the claim to HP.

If lock-in is not authorized for the date of service:

- If services billed are Revenue Center Code (RCC) 658 (Hospice Room and Board-Nursing Facility), the Nursing Home must bill these charges as a routine room and board claim.
- If services billed are either RCC 651 (Hospice/RTN Home) or 652 (Hospice/CTNS Home), the Hospice must bill comparable Home Health services under their Home Health Agency Provider Number.
- If services billed are RCC 656 (Hospice/IP Non-Respite), either the Hospital or Nursing Home must bill charges as a routine Hospital or Nursing Home stay.
- If services billed are RCC 657 (Hospice/Physician), the professional provider must bill charges as a routine medical claim.



Hospice Reminders

Primary Diagnosis Changes

- Effective January 1, 2015 and forward, the following diagnosis codes, based on ICD-9-CM coding guidelines, should not be used as the primary diagnosis when submitting Hospice Services:
 - 799.3 (Debility, unspecified)
 - 780.7 (Malaise and Fatigue)
 - 780.79 (Other malaise and fatigue)
 - 783.7 (Adult failure to thrive)
 - 294.10 (Dementia in diseases classified elsewhere without behavioral disturbance)
 - 294.11 (Dementia in diseases classified elsewhere with behavioral disturbance)
- When dementia diagnosis codes are present, the underlying condition should be coded as the primary diagnosis
- The dementia condition could be coded as the secondary diagnosis

NOTE: Claims submitted with any of the aforementioned diagnosis codes as the primary diagnosis will be denied



Hospice Reminders

Notice of Hospice Election Submission Guidelines

➤ Exceptions to untimely submission of the NOE:

- Fire, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice's ability to operate
- An event that produces a data filing problem due to a Department systems issue that is beyond the control of the hospice
- Retroactive client eligibility
- Other circumstances determined by the Department to be beyond the hospice's control

NOTE: The Hospice provider must call the HP Provider Assistance Center at 1-800-842-8440 if one of the above qualifying circumstances prevents you from submitting your NOE within the timely filing requirements

Reference provider bulletin: PB14 - 80 for additional information



ICD-10

ICD-10 Readiness

- ✓ On October 1, 2015, the ICD-9 code set to report medical diagnosis and inpatient procedures will be replaced by ICD-10 code sets

Important claim impacts include:

- ✓ [Hospice claims](#) must be billed with all codes from the same code set (ICD-9 or ICD-10) based on the date of service
- ✓ [Global 837 transactions](#) require ICD-10 Code Set be submitted with the appropriate Code Qualifiers
- ✓ [Web claims transmitted on the ctdssmap.com Web site](#) changes require providers to select the Code Set for Diagnosis tab and select either ICD- 9 or ICD-10 Code Set from a drop down list
- ✓ Providers will also have to select the Code Set on the Cause of Injury and Reason for Visit diagnosis tabs
- ✓ [UB-04 Paper Claim](#)
 - Current version of the claim form will continue to be used
 - Field 66 DX – Provider must enter the applicable ICD indicator to identify which version of the ICD codes is being reported

Reference provider bulletin: PB14-20 & PB15-61 for additional information



ICD-10

ICD-10 Readiness

ICD-10 Related EOB Codes for all Claim Types:

- ✓ 492 - ICD-9 diagnosis code qualifiers after ICD-10 implementation date
- ✓ 485 - Diagnosis codes must be all same code set
- ✓ 4027 - Diagnosis not covered for date of service
- ✓ 4039 - The primary diagnosis code is not covered
 - A list of applicable ICD-10 related EOB codes will be maintained in the ICD-10 Important Message posted on the www.ctdssmap.com Home page
 - ICD-9 conversion to ICD-10 is available at: <http://icd10cmcode.com/icd9to10conversion.php>

Example:

ICD-9-CM <=> ICD-10-CM Code Translation Tool

Select Conversion Type

ICD-9 to ICD-10

Code # to be translated

294.10

TRANSLATE CODE

There is a direct match between the ICD-10-CM code returned below and **294.10**.

ICD 10 Code	Description
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance

Reference provider bulletins: PB14-20 & PB15-47 for additional information

ICD-10 Readiness

ICD-10 Implementation Important Message



ICD-10 Information

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)
[CMAP Glossary](#)
[ICD-10 Frequently Asked Questions \(FAQs\)](#)



Subscribe to Email Notices

ICD-10 Information

The US Department of Health and Human Services (HHS) has mandated the replacement of the ICD-9-CM code sets used by medical coders and billers to report healthcare diagnoses and procedures with ICD-10 codes, effective October 1, 2015.

Check this page frequently - it contains pertinent and useful information about the implementation of the International Classification of Diseases, Tenth Revision (ICD-10). The CMAP ICD-10 team updates this page regularly.

ICD-10 Provider Readiness Survey

DSS and HP recently published a survey to gauge provider readiness for the upcoming ICD-10 implementation. Below are the key findings from the survey.

[2015 ICD-10 Provider Readiness Survey Results](#)

ICD-10 News

[Sign up for CMS ICD-10 Industry Email Updates](#)

CMAP has published the following bulletins to assist providers with the transition to ICD-10. The bulletins are available by clicking on the links below:

[International Classification of Diseases, 10th Revision \(ICD-10\) Implementation Implementation of the ICD-10 Code Sets](#)

[1\) ICD-10 Related Explanation of Benefit Codes in Connecticut Medical Assistance Program; 2\) Fee Schedule Updates for ICD-10 Diagnosis Codes](#)

In addition several ICD-10 related articles have been published in the Provider Newsletters. From the Publications page, scroll down to the Provider Newsletters section to access these articles.

[Publications > Provider Newsletters](#)

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)



ICD-10 Readiness

ICD-10 Implementation Resources

General Resources

[AAPC ICD-10 Code Translator](#). This tool is based on the General Equivalency Mapping (GEM) files published by CMS and is intended to assist providers in code selection. Some clinical analysis may be required to choose the most accurate code.

[International Classification of Diseases \(ICD\)](#). The World Health Organization (WHO) link provides you with other links and downloads to help you better understand ICD coding and the transition from ICD-9 to ICD-10.

[Centers for Disease Control and Prevention \(CDC\)](#). This link is to the ICD-10 page of the CDC. Additional links take you to ICD-10-related documents, web pages, and other sources.

[National Uniform Claim Committee \(NUCC\)](#). The NUCC is an authoritative voice regarding national standard data content and data definitions for professional (non institutional) healthcare claims and related encounter data in the United States.

ICD-10 Mailbox

If you have questions about ICD-10 that you would like the ICD-10 team to address, please submit them to:

cmapi10questions@hp.com



ICD-10 Readiness

ICD-10 Implementation Resources

ICD-10 Questions Mailbox

If you have questions about ICD-10 that you would like the ICD-10 team to address, please submit your questions to cmapid10questions@hp.com.

ICD-10 Testing

If you would like to become a beta tester, please contact the CMAP testing team at CTICD10testing@hp.com and include:

- your Trading Partner ID
- NPI and AVRS ID for the claims you will be testing
- your contact name and phone number
- email address you wish the PDF Remittance Advice to be emailed to
- type of claims you will be testing
- please include “ICD10 Testing” in the subject of the email

Resources

- Connecticut Medical Assistance Program Web site – www.ctdssmap.com

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number	Title	Published Date
PB14-80	Primary Diagnosis Coding Instructions and Hospice's Notice of Election (NOE) Fil...	11/18/2014

Information > Publications > Provider Manuals

Provider Manuals

Chapter	Title
1	Introduction
2	Provider Participation Policy
3	Provider Enrollment and Re-enrollment
4	Client Eligibility
5	Claim Submission Information Additional Chapter 5 Information <ul style="list-style-type: none">Carrier Listing Sorted by NameCarrier Listing Sorted by Code
6	Electronic Data Interchange Options
7	Specific Policy Regulation <input type="text" value="Hospice"/> <input type="button" value="View Chapter 7"/>
8	Provider Specific Claims Submission Instructions <input type="text" value="Hospice"/> <input type="button" value="View Chapter 8"/>
9	Prior Authorization
10	Web/AVRS
11	Other Insurance and Medicare Billing Guides <input type="text" value="Select a claim type"/> <input type="button" value="View Chapter 11"/>
12	Claim Resolution Guide



Resources

[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](#)



[click I Accept](#)



Provider Fee Schedules are listed by provider type and specialty

Hold down the **control key** and **click** the **Hospice CSV link** to download the fee schedule

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

A screenshot of a web page titled 'Provider Fee Schedule Download'. The page contains a list of various medical specialties, each with a link to its corresponding fee schedule. The 'Hospice CSV' link is highlighted with a red box. The list includes: Acquired Brain Injury CSV, Ambulatory Detoxification CSV, Behavioral Health Clinician CSV, Chiropractor CSV, Clinic - Ambulatory Surgical Center CSV, Clinic - Behavioral Health CSV, Clinic - Chemical Maintenance CSV, Clinic - Dialysis CSV, Clinic - Family Planning / Abortion CSV, Clinic - Medical CSV, Clinic - Rehabilitation CSV, CT Home Care CSV, Dental CSV, Home Health PDF, Hospice CSV, Independent Audiology and Speech and Language Pathology CSV, Independent Physical Therapy and Occupational Therapy CSV, Independent Radiology CSV, Lab CSV, MEDS - DME CSV, MEDS - Hearing Aid/Prosthetic Eye CSV, MEDS - Medical/Surgical Supplies CSV, MEDS - MISC CSV, MEDS - Parenteral-Enteral CSV, MEDS - Prosthetic/Orthotic CSV, Mental Health Waiver CSV, Natureopath PDF, Optician/Eyeglasses CSV, Personal Care Assistant CSV, Physician Anesthesia CSV, Physician Office and Outpt Services CSV, Physician Radiology CSV, Physician Surgical CSV, Psychologist CSV, Special Services CSV, Transportation - Air Ambulance CSV, Transportation - Basic/Advanced CSV, Transportation - Critical Helicopter CSV, Transportation - Non-emergency Medical CSV, and Transportation - Travel Agent CSV.



Resources

The fee schedule provides the rate by region. The Hospice provider must refer to the crosswalk located at publications>Forms>Hospice Forms to determine the regional rate associated to the client's county and town of residence on file at the time of claim submission

Hospice Forms

- [Cambio de Solicitud entre Proveedores de Hospicio, W-403S](#)
- [Change Request between Hospice Providers Form, W-403](#)
- [Eleccion de Hospicio, W-406S](#)
- [Election Form, W-406](#)
- [Medicaid Hospice Discharge Form, W-404](#)
- [Medicaid Hospice Revocation Form, W-405](#)
- [Town/Metropolitan Statistical Area Regions Codes Crosswalk](#)

Town Code	Town Description	County Code	REGIONAL AREA or Metropolitan Statistical Area
1	Andover	07	02
2	Ansonia	05	03
3	Ashford	08	05
4	Avon	02	02
5	Barkhamsted	03	05
6	Beacon Falls	05	03
7	Berlin	02	02
8	Bethany	05	03
9	Bethel	01	01
10	Bethlehem	03	05
11	Bloomfield	02	02
12	Boiton	07	02
13	Bozrah	06	04
14	Branford	05	03
15	Bridgeport	01	01
16	Bridgewater	03	05
17	Bristol	02	02
18	Brookfield	01	01
19	Brooklyn	08	05
20	Burlington	02	02
21	Canaan	03	05
22	Canterbury	08	05
23	Canton	02	02
24	Chaplin	08	05
25	Cheshire	05	03
26	Chester	04	02
27	Cilinton	04	02
28	Colchester	06	04
29	Colebrook	03	05
30	Columbia	07	02
31	Cornwall	03	05
32	Coventry	07	02
33	Cromwell	04	02
34	Danbury	01	01
35	Darien	01	01
36	Deep River	04	02
37	Derby	05	03
38	Durham	04	02
39	Eastford	08	05
40	East Granby	02	02
41	East Haddam	04	02
42	East Hampton	04	02
43	East Hartford	02	02
44	East Haven	05	03
45	East Lyme	05	03



Resources

Home > **Important Messages**

Important Messages

[Attention 340B Hospital Providers: National Drug Code \(NDC\) Related Claim Denials \(Posted 6/12/15\)](#)

[Attention Providers: Drug Utilization Review \(DUR\) Newsletter Notification \(Posted 6/12/15\)](#)

[Hospital interChange Issues \(Updated 6/10/15\)](#)

Information > Publications > **Provider Newsletters**

- Quarterly publications to providers on a wide range of topics

Provider Newsletters

- [June 2015 interChange Newsletter](#)
- [March 2015 interChange Newsletter](#)
- [December 2014 interChange Newsletter](#)
- [October 2014 interChange Newsletter](#)
- [Provider Newsletter Archives](#)
- [EHR Newsletter: Hospitals May 2011](#)

Information > Publications > **Claims Processing**

Information

- Guides and FAQs to assist with billing/claims processing

Claims Processing Information

- [Eligibility Response Quick Reference Guide](#)
- [Internet Claims Submission FAQ](#)
- [Dental Other Insurance Billing Guide](#)
- [Institutional Other Insurance/Medicare Billing Guide](#)
- [Professional OI/Medicare Billing Guide](#)



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

➤ [CHNCT Provider Relations \(prior authorizations\)](#)

- 1-800-440-5071 – Monday through Friday, 9 a.m. to 7 p.m. (EST)

➤ www.huskyhealth.com

➤ www.CTDSSMAP.com



Time for Questions



**Thank You For Attending the Connecticut
Medical Assistance Program Hospice
Refresher Training**

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