

CT Transition of SAGA Clients to Medicaid Low Income Adults (Medicaid LIA) Workshop

Presented by

The Department of Social Services
& HP for Billing Providers



Training Topics

- **Overview**
- **Recoupment of SAGA Claims**
- **interChange Web Portal**
- **Provider Publications**
- **Eligibility Verification**
- **Prior Authorization**
- **Claim Inquiry / Web Claim Submission**
- **Remittance Advice**
- **Provider Re-enrollment**
- **Contacts**

Overview

Provider Bulletin PB10-38

Pursuant to section 2001 (a)(40)(A) of the Patient Protection and Affordable Care Act, the State Administered General Assistance Program (SAGA) was discontinued and individuals formerly covered under SAGA are covered under Medicaid effective April 1, 2010.

- 47,000 single, low-income adults covered by SAGA transferred into the Medicaid program.
- These clients now have access to the fee-for-service Medicaid health care benefit package.
- A positive impact on the state budget as the state will now receive federal reimbursement for what were previously all state expenditures.

Overview

The program name for this new Medicaid population is “Medicaid for Low Income Adults”, which will be referred to as “Medicaid L-I-A.”

Medicaid LIA client claims will be paid in accordance with fee-for-service Medicaid claims submission requirements, procedure codes and reimbursement rules.

Recoupment of SAGA Claims

Mental Health Claims:

- On August 13, 2010 the Department of Mental Health and Addiction Services (DMHAS) sent recoupment letters to providers and made available claim-line detail reports of claims designated for recoupment
- Providers will soon receive communication from DMHAS and DSS regarding the pending State Plan Amendment (SPA) on allowable Medicaid group size

Public Web Site Home Page

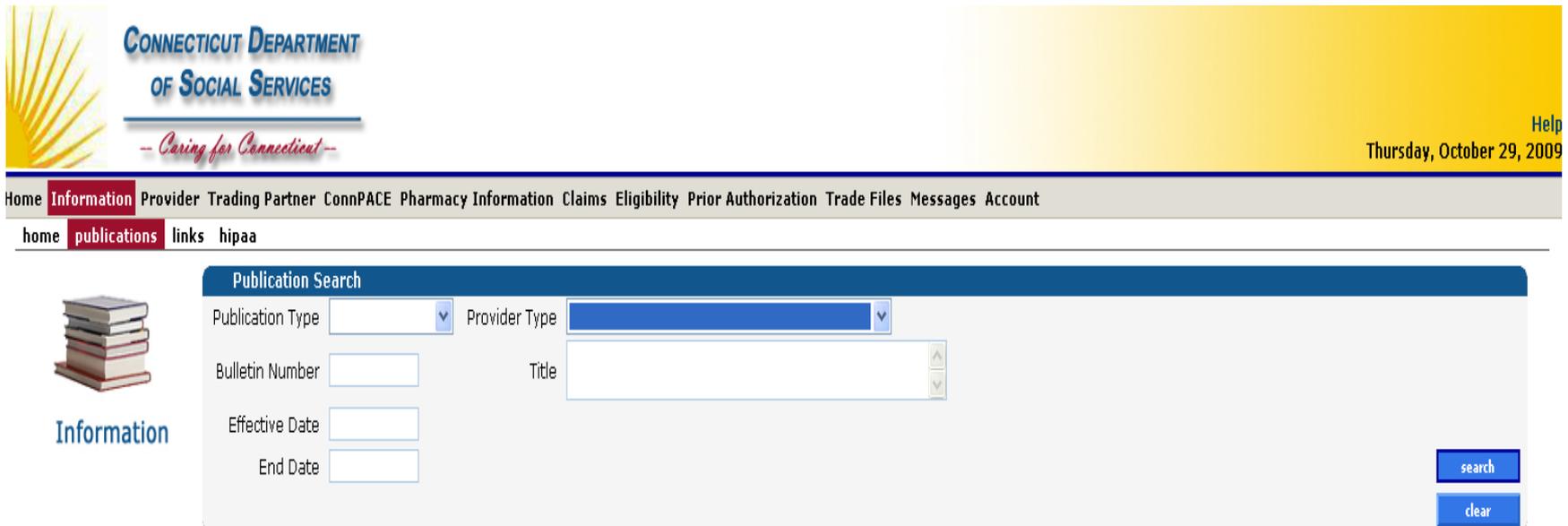
To access the Web site logon to the Connecticut Medical Assistance Program Web site at: www.ctdssmap.com.

The screenshot shows the home page of the Connecticut Medical Assistance Program website. At the top left is the logo for the Connecticut Department of Social Services, featuring a sunburst and the text "CONNECTICUT DEPARTMENT OF SOCIAL SERVICES" and "— Caring for Connecticut —". To the right of the logo is the date "Thursday, September 09, 2010" and a "Help" link. Below the logo is a navigation bar with links: "Home", "Information", "Provider", "Trading Partner", "ConnPACE", and "Pharmacy Information". Below the navigation bar is a "home site map about us" section. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" heading. Below the heading is a paragraph of text: "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY HP ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM. THE SITE ALSO PROVIDES MEDICAL ASSISTANCE PROGRAM CLIENTS THE ABILITY TO SEARCH FOR ENROLLED HEALTHCARE PROVIDERS IN THEIR AREA. CONNPACE CLIENTS CAN ACCESS ENROLLMENT AND REENROLLMENT INFORMATION AT THIS SITE ALSO." Below this text are five icons representing different sections: "Information" (stack of books), "Provider" (stethoscope), "Trading Partner" (key), "ConnPACE" (mortar and pestle), and "Pharmacy" (Rx pill bottle). Below the icons is an "Important Messages" section with a blue header. The messages include: "Revised Provider Manual Chapters: Updated 9/3/2010", "Attention Providers: Correction to July 2010 interChange Newsletter Articles", "Hospital interChange Issues Updated as of 8/11/2010", "New!! EHR Incentive Programs Tip Sheets for Medicaid Eligible Professionals and Hospitals", and "All Providers SAGA to Medicaid LIA Transition Announcement". On the left side of the page, there are several vertical menus: "Information" (Publications, Links, Important Information, RA Banner Announcements, HIPAA, Regional Office Locations), "Provider" (Provider Services, Provider Search, Provider Enrollment, Secure Site), "Trading Partner" (Trading Partner Enrollment, Trading Partner Documents, Provider Electronic Solutions, Billing Instructions), "ConnPACE" (ConnPACE Information, ConnPACE Enrollment, CHOICES Program), and "Pharmacy" (Pharmacy Information). At the bottom left of the page is the text "VM A".

Publications Page

To Search For Bulletins:

- Enter PB (publication type) XX(YEAR)-xx (bulletin number)
Example: PB09-43; or
- Choose Bulletin from Publication Type; and
- Choose the type of Provider from dropdown menu in the 'Provider Type' field for provider specific bulletins
- Click Search



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

Help
Thursday, October 29, 2009

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

home **publications** links hipaa

Information

Publication Search

Publication Type Provider Type

Bulletin Number Title

Effective Date

End Date

search
clear

Publications Page

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 Name • Carrier Listing Sorted by Code
6	Electronic Data Interchange Options
7	Specific Policy / Regulation <input type="text" value="Select a provider type"/> <input type="button" value="View Chapter 7"/>
8	Provider Specific Claims Submission Instructions Note: Some versions of Ch 8 may take over 10 minutes to download <input type="text" value="Select a provider type"/> <input type="button" value="View Chapter 8"/>
9	Prior Authorization
10	Web Portal/AVRS
11	Other Insurance and Medicare Billing Guides <input type="text" value="Select a claim type"/> <input type="button" value="View Chapter 11"/>

Publications Page

Forms

Authorization/Certification Forms

- [ConnPACE Recipient Statement Form](#)
- [Consent to Sterilization, W-612](#)
- [Consentimiento para la esterilizacion, W-612S](#)
- [Customized Wheelchair Prescription for Patients in a Nursing Facility or ICF/MR, W-628](#)
- [Hysterectomy Information Form, W-613 and Physician Hysterectomy Certification Form Retroactive Eligibility, W-613A](#)
- [Medicaid Certification for Admission of Individual Under 21 Years of Age to an Inpatient Psychiatric Facility, W-1686](#)
- [Notification of Newborn Form, W-416](#)
- [Nursing Home and Long Term Care Pharmacy PA Form](#)
- [Pharmacy Prior Authorization Form](#)
- [Physician's Certification for Abortion \(Title XIX\), W-484](#)
- [Prior Authorization Request Form](#)
- [Salzmann Handicapping Malocclusion Index](#)
- [Serostim - Physician Certification Prior Authorization Form](#)
- [Synagis Prior Authorization Request Form](#)

Claim and Adjustment Forms

- [ADA Dental Claim Form Information](#)
- [Institutional UB-04 Claim Information](#)
- [NCPDP Universal Pharmacy and Compound Claim Form Information](#)
- [Paid Claim Adjustment Request \(PCAR\) Form](#)
- [Professional CMS 1500 \(V08/05\) Claim Information](#)

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](#)

Provider Enrollment/Maintenance Forms

- [Addendum to Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signatures](#)
- [Additional Enrollment/Re-enrollment Data Form](#)
- [Alcohol Detox Addendum](#)
- [Authorization for Electronic Funds Transfer \(EFT\) Form](#)
- [Deficit Reduction Act Affidavit](#)
- [Determination of Separate Practice Location](#)
- [Home Health Agency Designation of Service Areas, W-1005](#)
- [Mental Health and Substance Abuse Questionnaire Form](#)
- [National Provider Identifier \(NPI\) Submission Form](#)

Publications Page

Provider Newsletters

- [January 2010 interChange Newsletter](#)
- [July 2009 interChange Newsletter](#)
- [April 2009 interChange Newsletter](#)
- [December 2008 interChange Newsletter](#)
- [October 2008 interChange Newsletter](#)
- [July 2008 interChange Newsletter](#)
- [May 2008 interChange Newsletter](#)
- [February 2008 interChange Newsletter](#)
- [December 2007 Provider Newsletter - Issue 2](#)
- [December 2007 Provider Newsletter - Issue 1](#)
- [August 2007 Provider Newsletter](#)
- [July 2007 Provider Newsletter](#)



Claims Processing Information

- [Internet Claims Submission FAQ](#)
- [Dental Other Insurance Billing Guide](#)
- [Institutional Other Insurance/Medicare Billing Guide](#)
- [Professional OI/Medicare Billing Guide](#)
- [Hospice Procedure Code Exception List](#)
- [ICN Region Code List](#)
- [Medical Assistance Program EOB Crosswalk](#)

Drug Rebate

- [Application for ConnPACE Drug Rebate Participation](#)
- [J-Codes on Professional Claims](#)

Provider Fee Schedules

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the text "CONNECTICUT DEPARTMENT OF SOCIAL SERVICES - 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 Enrollment Tracking", "Provider Matrix", "Provider Services", "Provider Search", "Drug Search", "Provider Fee Schedule Download", and "Secure Site". The "Provider Fee Schedule Download" option is highlighted. Below the menu, there is a brief description of the Provider Relations team's role.

- Select Provider Fee Schedule Download from Provider menu
- Click “I accept” to the Connecticut Provider Fee Schedule End User License Agreement page
- Provider Fee Schedules are posted by provider type and some by specialty

The screenshot shows the "Provider Fee Schedule Download" page. It features a list of medical specialties, each with links to download the fee schedule in PDF, HTML, or CSV format. The specialties listed include:

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

Provider Training



- Provider workshops are held quarterly and can be found under the Provider menu
- Select Provider Services
- Scroll down to Provider Training and click on the link labeled “here”.

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](#).

Secure Web Site

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

Friday, September 10, 2004

Home Information Provider Trading Partner ConnPACE Pharmacy Information

home site map

Information

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

Provider

- Provider Services
- Provider Search
- Provider Enrollment
- 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. THE SITE ALSO PROVIDES MEDICAL ASSISTANCE PROGRAM CLIENTS THE ABILITY TO SEARCH FOR ENROLLED HEALTHCARE PROVIDERS IN THEIR AREA. CONNPACE CLIENTS CAN ACCESS ENROLLMENT AND REENROLLMENT INFORMATION AT THIS SITE ALSO.

 Information

 Provider

 Trading Partner

 ConnPACE

 Pharmacy

Logging on via the Secure Site link



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

Help
Tuesday, May 19, 2009

Home Information **Provider** Trading Partner ConnPACE Pharmacy Information Eligibility Account

provider enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download **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](#)

Client Eligibility

Client Eligibility Verification:

- Web Eligibility www.ctdssmap.com
- Provider Electronic Solutions Software
- HIPAA ASC X12N 270/271 Health Care Eligibility Remit Inquiry and Response
- Automated Voice Response System (AVRS)
1-800-842-8440 or 860-269-2028



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

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims **Eligibility** Prior Authorization Account

Valid Search Combinations

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

Eligibility Verification Request

Client ID	<input type="text"/>	last name	<input type="text"/>	From DOS*	<input type="text" value="09/09/2010"/>
SSN	<input type="text"/>	First Name, MI	<input type="text"/>	To DOS*	<input type="text" value="09/09/2010"/>
Birth Date	<input type="text"/>				

Client Eligibility

Eligibility Inquiry (not available to inactive providers)

- Requires a combination of primary and secondary client identification (Client ID and SSN or Date of birth; SSN and Date of Birth; full name and SSN or Date of birth)
- From and through dates of service

Important points to remember:

- Verify eligibility on the same day as services to be rendered, eligibility can change daily, even for HUSKY Managed Care Clients
- Providers can not verify future dates of service
- Providers must contact the Provider Assistance Center to verify client eligibility for dates of service greater than one year old
- Other insurance is also received from a verification inquiry
- Retain the Inquiry Verification Number to use if claim denies as client ineligible on date of service and verification showed client as eligible

Client Eligibility

- Eligibility verification responses for dates of service inquiries of April 1, 2010 forward are “Client eligible for Medicaid L-I-A”. For dates of service inquiries prior to April 1, 2010 you will continue to receive “Client eligible for State Administered General Assistance Program.”
- DSS maintains and updates client eligibility information
 - Issues regarding client eligibility should be directed to the DSS Regional office (refer to Chapter 1 section 1.5)
 - Prior to providing a service, providers are responsible for verifying client eligibility **on the date of service**

Prior Authorization

Authorizations provided by ABH were honored and modified when necessary to reflect the correct coding for Medicaid payment.

- Federally Qualified Health Centers must submit claims with the encounter code as well as the procedure code.
- Hospitals must submit claims using Revenue Center Codes (not CPT codes).
- Ambulatory Detoxification services must be billed using code H0014.
- Freestanding clinic providers that are not federally designated Community Mental Health Centers must submit claims for day treatment services using code H2013 for both mental health and substance abuse programs.

Prior Authorization

Prior authorization of intensive outpatient program services and of outpatient psychotherapy services in excess of 13 visits within a 90 day span has been temporarily suspended.

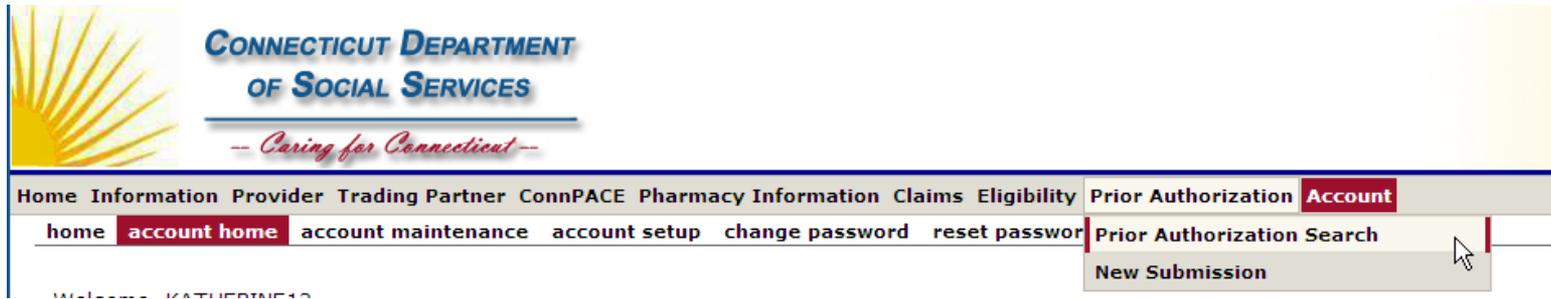
This change affects ALL Medicaid clients effective April 1, 2010:

- Mental Health Clinics - 90804 – 90815, 90846, 90847, 90853, 90857, H0015, S9480
- Rehabilitation Clinics - 90804 – 90809, 90846, 90847, 90853, 90857
- Medical Clinics - 90804 – 90808, 90846, 90847, 90853
- Independent Practitioners - 90804 – 90819, 90821 – 90824, 90826 – 90829, 90846, 90847, 90853, 90857
- General Hospitals - Outpatient clinic visit (513) and Intensive outpatient programs (905 and 906)
- Psychiatric Hospitals - Individual therapy (914), Group therapy (915), Family therapy (916) and Intensive outpatient programs (905 and 906)

Prior Authorization Process

- Behavioral health Prior Authorizations (PAs) for Medicaid and Medicaid LIA clients are submitted to DSS via the Prior Authorization Request Form.
- Providers download the Prior Authorization Request Form from the Web portal at www.ctdssmap.com; from the home page go to Information > Publications, and scroll to the Forms section.
- Completed forms are faxed to **(860) 269-2137**. If a form is faxed do not mail form to HP. PA requests cannot be submitted through the Web portal, but providers can check PA status on the Web.
- PA procedures can be found in Chapter 9 of the Provider Manual on the Web portal at www.ctdssmap.com, Information > Publications.
- Obtaining PA does not guarantee payment or ensure client eligibility.

Prior Authorization Search



- Log into Provider Secure site
 - Access to PA is granted to clerk ID by administrator
- Select Prior Authorization
- Select Prior Authorization Search from drop down menu

Prior Authorization Search

- Search by either Client ID or Prior Authorization number
- Search can be further refined by Requested Dates, Authorized Dates, and/or Procedure Code
- Click the Search button to retrieve all matching records

The screenshot shows the web interface for the Connecticut Department of Social Services. At the top left is the department logo with the text "CONNECTICUT DEPARTMENT OF SOCIAL SERVICES" and the slogan "-- Caring for Connecticut --". On the top right, it says "Help" and "Friday, September 10, 2010". Below this is a navigation bar with links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, **Prior Authorization**, and Account. Under the navigation bar, there are tabs for "home", "prior authorization search" (which is active), and "new submission".

Below the tabs is a "Quick Link" section with a link to "Web Guide - Prior Authorization Search".

The main section is titled "Prior Authorization Search" and includes the text "Provider 008002279 MCD". It contains several input fields and dropdown menus:

- Client ID:
- Client Name:
- Requested Eff Date:
- Requested End Date:
- Authorized Eff Date:
- Authorized End Date:
- Prior Authorization:
- PA Assignment:
- PA Assign - Sub:
- Procedure: [Search]
- Revenue Code: [Search]

At the bottom right of the form are three buttons: "search", "clear", and "add". There is also a "Records" dropdown menu set to "20".

Prior Authorization

Base Information											
Prior Authorization Number	2010253001			PA Assignment	BEHAVIORAL HEALTH OUTPATIENT						
Client ID	005153371			First Name, MI	BOD T						
Last Name	AMERICHoice			Date of Birth	03/21/						
Billing Provider	1003071275 NPI			Insurance	None						
Diagnosis	30390 [Search]			Estimated Date of Delivery							
				Patient Condition	Fair						

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	18.000	\$0.00	18.000	\$0.00	Approved	H0015					

Type changes below.

Line Item	01		Service Type Code*	Procedure Code		Tooth	<input type="checkbox"/>	[Search]	Authorized Units/Dollars	18.000	\$0.00
Procedure Code/List	H0015 [Search]					Quad	<input type="checkbox"/>	[Search]	Authorized Eff./End Dates	07/25/2010	08/31/2010
Modifier 1	<input type="checkbox"/> [Search]					Tooth Surface 1	<input type="checkbox"/>	[Search]	Used Units/Dollars	0	\$0.00
Modifier 2	<input type="checkbox"/> [Search]					Tooth Surface 2	<input type="checkbox"/>	[Search]	Available Units/Dollars	18	\$0.00
Modifier 3	<input type="checkbox"/> [Search]					Tooth Surface 3	<input type="checkbox"/>	[Search]			
Modifier 4	<input type="checkbox"/> [Search]					Tooth Surface 4	<input type="checkbox"/>	[Search]			
Revenue Code/List	<input type="text"/> [Search]					Tooth Surface 5	<input type="checkbox"/>	[Search]			
Proc/Mod List	<input type="text"/>										
Requested Eff./End Dates*	07/25/2010 08/31/2010					NDC	<input type="text"/>	[Search]			
Requested Units/Dollars*	18.000 \$0.00					Status	Approved				

Notes

*** No rows found ***

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

Description

Claim Inquiry / Web Claim Submission

Providers can perform an inquiry on the status of their claims using the following search criteria:

- Internal Control Number (ICN)
- Client ID and date of service (no greater range than 93 days)
- Date of payment (no greater range than 93 days)
- Pending claims
- Exclude adjusted claims

View claims processed regardless of the submission method

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

Claim Inquiry / Web Claim Submission

Online Claim Submission is available to most providers.

Providers can:

- Submit claims to HP directly from their secure Provider Web site.
- Receive immediate claim response
 - Paid
 - Denied
 - Suspended
- Copy claim for new submission
- Adjust claim (correction to paid claim)
- Void claim (cancel/recoup paid claim)
- Resubmit claim

Claim Inquiry / Web Claim Submission Help

Quick Links

- Instructions for submitting Claims
 - Link in upper left of window for Web claim instructions
- Internet Claim Submission FAQ
 - Frequently Asked Questions on Web claim submission

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

home claim inquiry **professional** institutional dental

Quick Links

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

Remittance Advice

All claims processed by HP are reported to the provider on a semi-monthly Remittance Advice (RA).

RA reports

- Claim Activity
- Payments
- Financial Transactions
- Monies Sent to and Received from a Provider
- Providers receive RAs electronically from the Web site www.ctdssmap.com as a Portable Document Format (PDF) RA or in the ASC X12N 835 Health Care Payment Advice

Medicaid LIA claims will continue to report as fund payer "S". Any such claims for DOS on or after April 1, 2010 are actually Medicaid LIA claims. In the near future Medicaid LIA claims will report under a new fund payer designation of "M".

Accessing the PDF Version Remittance Advice

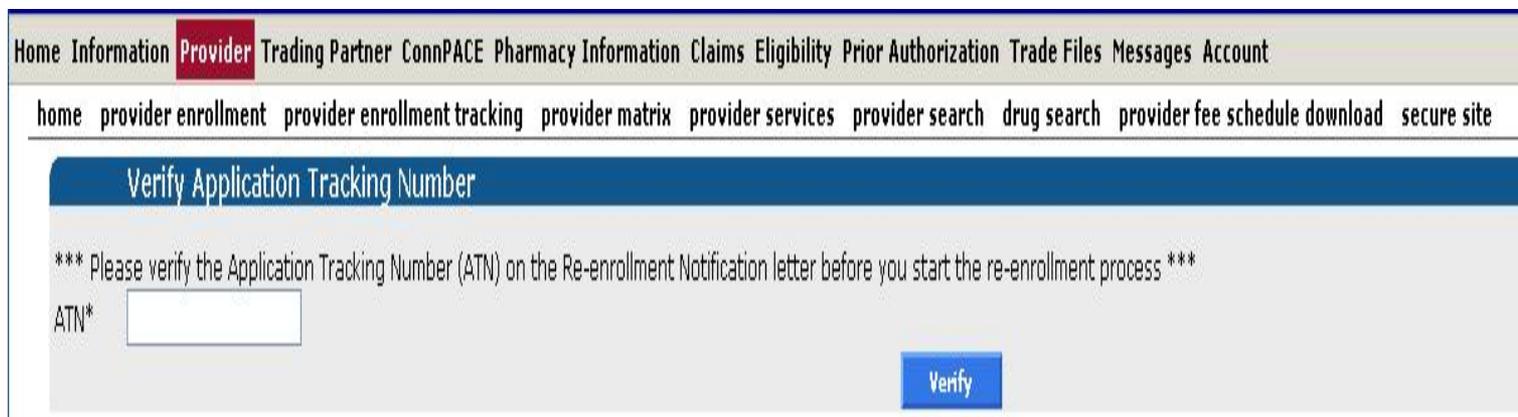
To access the PDF Version of the Remittance Advice:

- Log onto the Provider Secure Web site at www.ctdssmap.com
- From the Home Page log onto Provider Secure Web site with user ID and password
- Click on the Quick Link for “Download Remittance Advice”
- Select transaction type “Remit. Advice (RA) – PDF” to download

For further reference see Chapter 5 of the Provider Manual.

Enrollment/Re-Enrollment process

- Must be logged into secure site to complete provider re-enrollment
- ATN – Application Tracking Number



The screenshot shows a web interface for a provider portal. At the top, there is a navigation bar with links: Home, Information, **Provider**, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Trade Files, Messages, and Account. Below this is a secondary navigation bar with links: home, provider enrollment, provider enrollment tracking, provider matrix, provider services, provider search, drug search, provider fee schedule download, and secure site. The main content area has a blue header that reads 'Verify Application Tracking Number'. Below the header, there is a message: '*** Please verify the Application Tracking Number (ATN) on the Re-enrollment Notification letter before you start the re-enrollment process ***'. Underneath the message is a text input field labeled 'ATN*' and a blue button labeled 'Verify'.

Chapter 3 of the Provider Manual contains further instructions on provider enrollment and re-enrollment.

Instructions Upon Completion of the Enrollment Wizard

- Providers should refer to the Provider Matrix page to review required evidentiary documentation requirements for their provider type and specialty.



CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES
— Caring for Connecticut —

Help
Thursday, October 29, 2009

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

home provider enrollment provider enrollment tracking **provider matrix** provider services provider search drug search provider fee schedule download secure site

Instructions Upon Completion Of The Enrollment Wizard

You have submitted the on-line portion of your enrollment/re-enrollment application. Your enrollment, however, is not finalized until you review the additional required forms/evidentiary documentation that must be submitted to EDS for review. These forms/documentation must be **completed on paper and mailed to EDS with the Application Tracking Number (ATN)** assigned to you by the system. Without these required forms/evidentiary documentation, EDS cannot process your enrollment/re-enrollment application.

Additional Forms to be Completed

Please review the list of forms below and determine if they must be completed for each taxonomy/type/specialty that you have selected to enroll in the Enrollment Wizard. This must be done for all in-state, border state, and out-of-state providers, unless otherwise noted.

All Provider Taxonomies/Types/Specialties

- [W-9 Form](#)
- [Deficit Reduction Act Affidavit](#)
- [Electronic Funds Transfer Form](#) (with the exception of State Institution and Out-of-State providers)
- [Determination of Separate Practice Location](#) (if you have indicated in the Enrollment Wizard that you are a contractor or an employee of an enrolled Connecticut Medical Assistance Program Provider)
- [Addendum to Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signatures](#)
- [Page 1 of the Provider Application](#) (available to download for group members to complete)
- [Provider Enrollment Agreement](#) (available to download for group members to complete)
- [Nursing Facility Provider Enrollment Agreement](#)
- [State Institution - ICF/MR Provider Enrollment Agreement](#)

DSS Review of Application

- HP validates the information
- The Department of Social Services approves/denies the application
- Letter alerts Provider of decision

Additional Resources

Where to go for help:

- www.ctdssmap.com

Provider Assistance Center: Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays

- 1-800-842-8440 (in-state toll free)
- (860) 269-2028 (local to Farmington, CT)

Client Assistance Center: Available to Connecticut Medical Assistance Program clients Monday through Friday, from 8 a.m. to 5 p.m. (EST), excluding holidays at:

- 1-866-409-8430 (toll free)
- (860) 269-2031 (local to Farmington, CT)

Pharmacy Prior Authorization Assistance Center: 24 hours/7 days a week

- 1-866-409-8386 (in-state toll free)
- (860) 269-2030 (local to Farmington, CT)

Please Complete The Workshop Evaluation
Before You Leave!

Thank you for attending the CT Transition of
SAGA Clients to Medicaid Low Income Adults
(Medicaid LIA) Workshop!