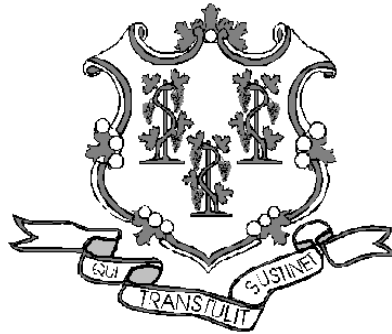




Connecticut Department of Social Services

Making a Difference

Connecticut Medical Assistance Program *New Provider* Workshop



Presented by
The Department of Social Services
& HP Enterprise Services



Training Topics

- **www.CTDSSMAP.com Web Portal Overview**

- **Web Account**

- Set Up / Capabilities
- Demographic Maintenance

- **Clerk Maintenance**

- Adding/Deleting Clerks, Assigning Roles

- **Eligibility Verification**

- Eligibility Searches
- Interpreting Results
- Service Codes
- Benefit Plans

- **Claim Processing / Submission Information**

- **Web Claim Inquiry/Submission**

- Claim Inquiry
- Search Results
- Submission
- Void
- Adjustment
- Copy
- Resubmission
- Prior Authorization Inquiry

- **Remittance Advice**

- **(Re)enrollment**

Training Topics

• Available Resources

– Information

- Important Messages
- Banner Page Announcements
- Publications
 - Provider Bulletins
 - Provider Manual
 - Forms, Newsletters, Etc.
- Links
- HIPAA
- Fee Schedule


• Wrap Up

- **What's New in 2012?** – EHR Incentive Program
- **Contacts**
- **Questions & Comments**

CTDSSMAP.com Web Portal Overview – Section 1.1

WEB ACCOUNT

• Welcome Page at www.CTDSSMAP.com



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

Help
Friday, August 05, 2011

[Home](#) [Information](#) [Provider](#) [Trading Partner](#) [ConnPACE](#) [Pharmacy Information](#)

Information

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

Provider

- Provider Services
- Provider Search
- Provider Enrollment
- EHR Incentive Program
- Secure Site

Trading Partner

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

ConnPACE

- ConnPACE Information
- ConnPACE Enrollment
- CHOICES Program

Pharmacy

- Pharmacy Information

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

Important Messages

[Welcome to the HIPAA 5010 Implementation Information Page Updated 8/3/2011](#)

[Electronic Health Record \(EHR\) News: Updated 8/3/2011](#)

[Attention: Providers! Subset of HIPAA 837 Institutional Version 5010 Production Claims Not Crossing Over](#)

[Hospital interChange Issues Updated as of 7/15/2011](#)

[Revised Provider Manual Chapters: Updated 6/30/2011](#)

[Connecticut Behavioral Health Provider \(CT BHP\) Rate Increase Package Interim Payment Adjustment](#)

[Home](#) [CT.gov Home](#) [Site Map](#) [About Us](#) [Feedback](#)

Web Account Set Up

- **Secure Your Web Access to www.CTDSSMAP.com**

- Ensure access to the Web portal to utilize the self-service features of interChange.
- If your office/company has security measures blocking your access you will need to contact the individual responsible for your firewall and internet permissions and request access to the Connecticut Medical Assistance Program (CTMAP) Web site.

Web Account Set Up

• Setting Up your Secure Site Account

- Select *Secure Site* from either the *Provider* panel on the left or the *Provider* drop down menu. Click *setup account*.

Home Information **Provider** Trading Partner ConnPACE

Information

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

Provider

- Provider Serv
- Provider Sear
- Provider Enro
- EHR Incentive Program
- **Secure Site**

Provider Enrollment
Provider Enrollment Tracking
Provider Matrix
Provider Services
Provider Search
Drug Search
Provider Fee Schedule Download
EHR Incentive Program
Secure Site

If you have received your Personal Identification Number 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

Web Account Set Up

• Setting Up your Secure Site Account

–Alternately, click on the *Provider* icon from the main page then click *Logging in for the first time?* from the *Quick Login* panel on the right side of the screen.

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

Quick Login

User ID*

Password*

[Login](#)

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

[Forgot your password?](#)

Quick Links

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

Provider Assistance Center

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

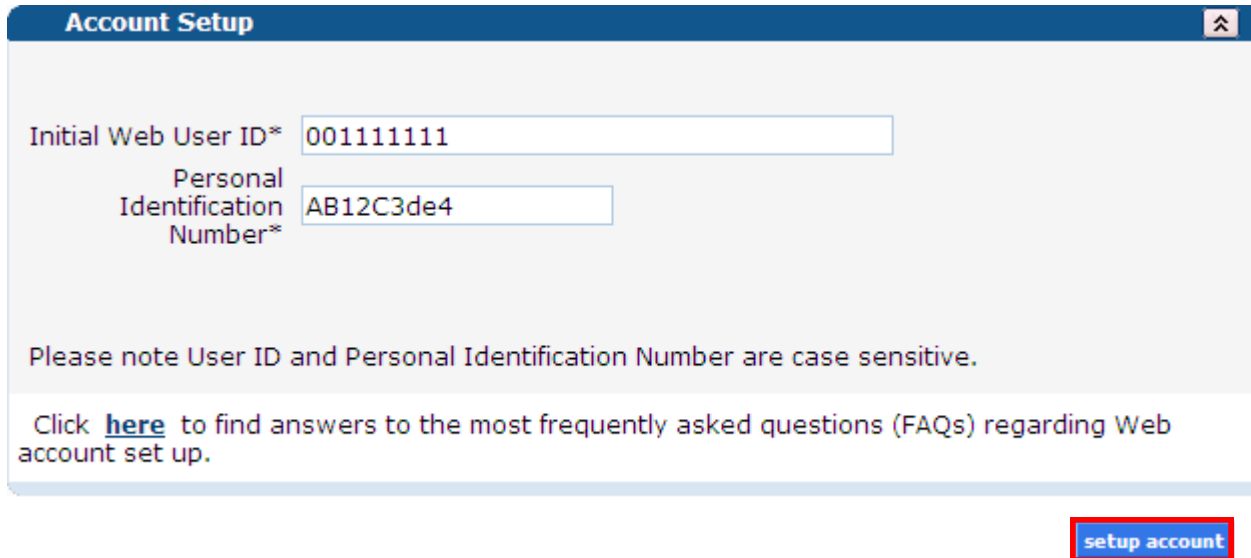
Web Account Set Up

• **Information Required for Account Set Up**

- As a new Provider or Trading Partner you should receive your logon IDs via your enrollment confirmation; Web and AVRS PINs will arrive under separate cover.
- *New Providers*
 - AVRS/Initial Web User ID
 - Web PIN
 - AVRS PIN
- *New Trading Partners*
 - Initial Web User ID
 - Web PIN
- You will need to have the Web ID and Web PIN on hand when you first access the secure site.

Web Account Set Up

- Enter the provided *Initial Web User ID* and *PIN* in the appropriate fields; click *setup account*.



Account Setup

Initial Web User ID*

Personal Identification Number*

Please note User ID and Personal Identification Number are case sensitive.

Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.

setup account

Web Account Set Up

- You will be brought to the *Account Setup* screen.
- Fill in the fields with the appropriate information.

Required fields are indicated with an asterisk (*).

User ID*	<input type="text" value="JOHN_DOE_DENTAL"/>	Password*	<input type="password" value="••••••"/>
Contact Last Name*	<input type="text" value="Doe"/>	Confirm Password*	<input type="password" value="••••••"/>
Contact First Name*	<input type="text" value="Jonathan"/>	EEmail*	<input type="text" value="john_doe_ddds@doedental.com"/>
Phone Number*	<input type="text" value="(800)555-5555"/> <input type="text" value="5555"/>	Confirm EMail*	<input type="text" value="john_doe_ddds@doedental.com"/>
1st Secret Question*	<input type="text" value="Mother's maiden name"/>		
1st Answer*	<input type="text" value="Smith"/>		
2nd Secret Question	<input type="text" value="Name of first pet"/>		
2nd Answer	<input type="text" value="Buster"/>		

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

** Before clicking *submit*, be sure to write down the chosen *User ID*, *Password*, and secret question *Answer(s)* and keep them in a secure location. **

Web Account Set Up

- You have successfully set up your CTDSSMAP.com *Secure Site* account.

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization Trade Files MAPIR Messages **Account**
home **account home** account maintenance account setup change password clerk maintenance demographic maintenance reset password log out

Your password expires in **60 day(s)** on **2/21/2012 at 12:00 AM** [Change Password](#)

Welcome, JOHN_DOE_DENTAL
Provider ID: 1234567890 NPI
Provider AVRS ID: 123456
Zip Code: 06000 - 1111

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

Quick Link

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

Global Messages

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

Secure Mailbox

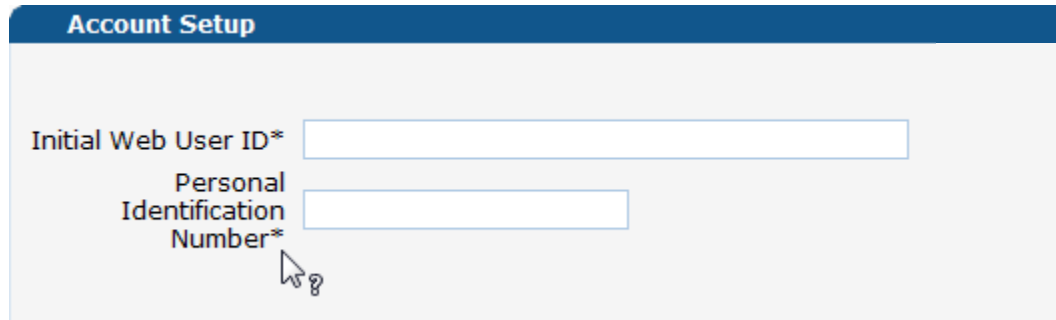
*** No rows found ***

Web Account Capabilities

- Accessing your *secure site* provider account allows you to:
 - Set Up clerk accounts to allow multiple users access to specified roles
 - Check client eligibility via the Web
 - Perform claim and prior authorization (PA) inquiries
 - Create, Submit, Resubmit, Adjust, Void, and Copy claims
 - Even those claims submitted through other means (paper, electronic)
 - Professional
 - Dental
 - Institutional
 - Obtain your Remittance Advice (RA)
 - Re-enroll with the CT Medical Assistance Program
 - Update your demographic information (addresses/bank accounts)
 - Retrieve E-Messages sent by HP

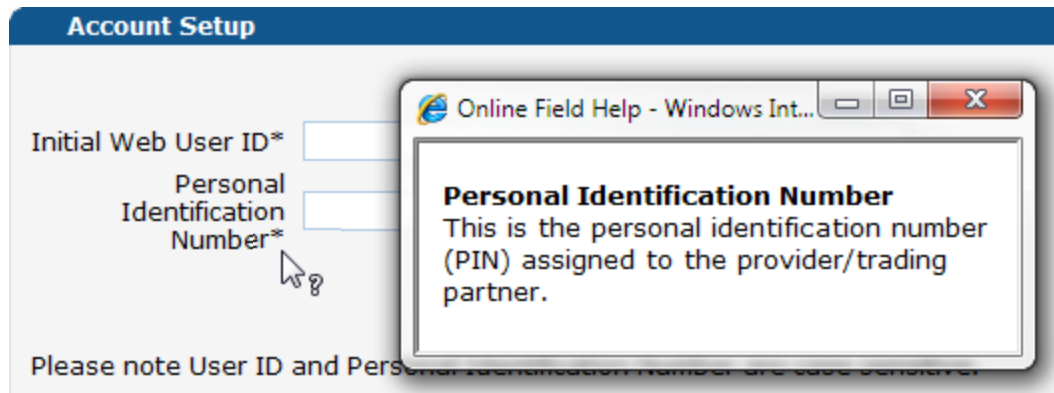
Web Account Capabilities

- The CTDSSMAP.com Web site features *Online Field Help* to assist providers with accessing and submitting information
 - Placing your mouse cursor over a data field name will create a small question mark beside the cursor.



The screenshot shows a web form titled "Account Setup" with a blue header. It contains two input fields: "Initial Web User ID*" and "Personal Identification Number*". A mouse cursor is hovering over the "Personal Identification Number*" field, and a small question mark icon is visible next to the cursor.

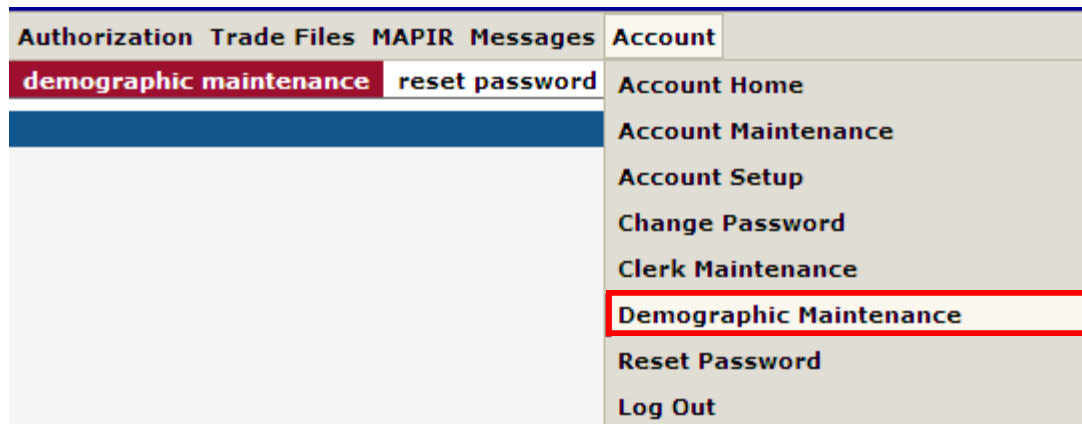
- Click the left mouse button when the question mark is displayed to open the *Online Field Help* window relevant to the selected field.



The screenshot shows the same "Account Setup" form as above, but with a "Personal Identification Number*" field selected. A "Personal Identification Number" help window is open over the field. The window title is "Online Field Help - Windows Int..." and the text inside reads: "Personal Identification Number This is the personal identification number (PIN) assigned to the provider/trading partner." Below the form, there is a note: "Please note User ID and Pers..."

Demographic Maintenance

- The *Demographic Maintenance* section of the secure site allows you to alter and maintain demographic information:
 - *Mail to, Pay to, and Service Location* addresses
 - *Service Languages*
 - *EFT (Electronic Funds Transfer) Account*
 - *Bank account that will receive all CTMAP related reimbursements.*
- Access this section by selecting *demographic maintenance* from either the *Account* submenu or the *Account* drop-down menu.



Demographic Maintenance

- The *Demographic Maintenance* page displays the provider information panel as well as a submenu.

Provider Information			
Provider ID	1234567890	Address	15 Main Street
Organization	Sole Proprietor		Suite 2A
Usage	Service Location	City	Willimantic
Provider Type	27 - Dentist	County	Fairfield
Ownership	Yes	State/Zip	CT 06614-4008
Phone	203-555-5555		

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

- Clicking the submenu options will open a panel with related information:
 - *Base Information*
 - Ownership
 - *Service Location*
 - County, Organization Code
 - *Service Language*
 - Language, Effective Date, End Date

Demographic Maintenance

- The *Location Name Address* panel allows you to specify different mailing, payment, and service locations.

Location Name Address ✕

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Mail to	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Pay to	DOE, JOHN	250 OAK AVENUE	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y
Service Location	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y

Type changes below.

[select from list](#)

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1*

Address 2

City

State

Zip*

Phone*

Fax

Apply Changes To:

- Svc Loc
- Pay To
- Mail To

Handicap Accessible?

EMail

Demographic Maintenance

- To alter address information simply select the applicable row from the provided list (*Mail to, Pay to, or Service Location*); then click *maintain address*.
 - Select/fill in the appropriate information (*address, phone number etc*); click **save**.

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

- To have the fields automatically filled in with the information from an address already on file, click *select from list* and then click on the address you would like to use.

Select Address For Change:								
Address 1	Address 2	City	State	Zip	Zip + 4	Phone	Ext	Fax
655 HUNTINGTON RD		STRATFORD	CT	06400	4400	(203)386-9855		
15 MAIN STREET	SUITE 2A	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	(203)555-5550

Demographic Maintenance

- The *EFT Account* panel allows you to add and maintain bank accounts into which reimbursements from CTMAP will be electronically deposited.
 - Click *add*; enter the appropriate information; and click *save*.
- **This action will place the provider in a pre-notification status and the provider will once again receive a paper check until a successful pre-notification *EFT* has been confirmed.**

The screenshot shows a software interface titled "EFT Account". At the top, there is a table with the following columns: ABA Number, Account Number, Account Type, EFT Status, Effective Date, End Date, and Last Change Date. The table contains one record with the following values: ABA Number: 001111100, Account Number: 5555-123-45-777, Account Type: Savings, EFT Status: Active, Effective Date: 08/01/2011, End Date: 12/31/2299, and Last Change Date: 08/05/2011. Below the table, there is a text prompt: "Type data below for new record." followed by a blue "add" button. The form below the button contains several input fields: ABA Number* (001111100), Account Number* (5555-123-45-777), Account Type* (Savings), EFT Status* (Active), Effective Date* (08/01/2011), End Date* (12/31/2299), Last Change Date (08/05/2011), Financial Institution (Dough Financial), Street 1 (2500 Main Street), Street 2 (empty), City (Willimantic), and State Zip (CT 06060 1234). At the bottom right of the form, there are two buttons: "save" (highlighted with a red box) and "cancel".

ABA Number	Account Number	Account Type	EFT Status	Effective Date	End Date	Last Change Date
A 001111100	5555-123-45-777	Savings	Active	08/01/2011	12/31/2299	08/05/2011

Type data below for new record.

add

ABA Number* 001111100

Account Number* 5555-123-45-777

Account Type* Savings

EFT Status* Active

Effective Date* 08/01/2011

End Date* 12/31/2299

Last Change Date 08/05/2011

Financial Institution Dough Financial

Street 1 2500 Main Street

Street 2

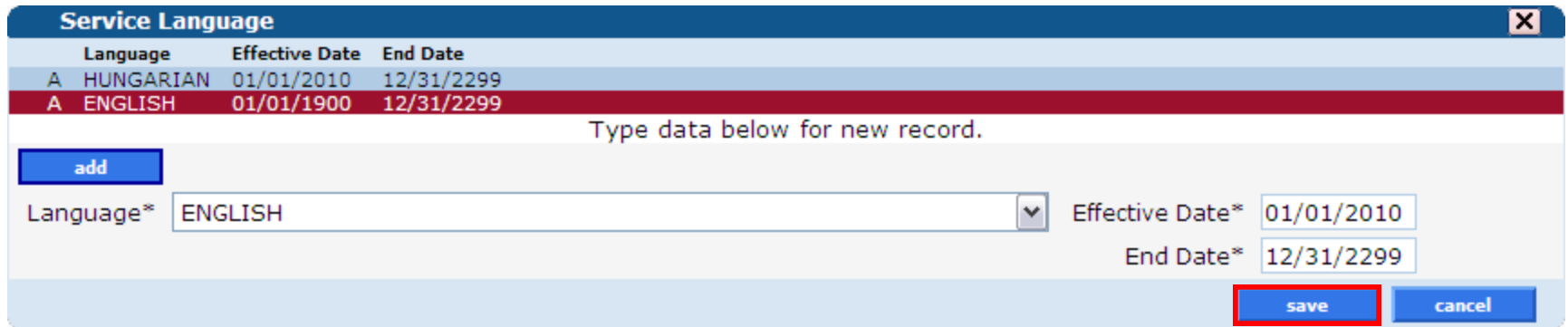
City Willimantic

State Zip CT 06060 1234

save cancel

Demographic Maintenance

- The *Language Spoken* panel allows you to select the language(s) spoken at your service locations.
- Click *add*; select the appropriate spoken language from the drop-down menu.
- Enter an *Effective* and *End Date*.
- If more than one language is spoken at your service address, click *add* to select additional languages.



The screenshot shows a dialog box titled "Service Language" with a close button (X) in the top right corner. It contains a table with the following data:

Language	Effective Date	End Date
A HUNGARIAN	01/01/2010	12/31/2299
A ENGLISH	01/01/1900	12/31/2299

Below the table, there is a text prompt: "Type data below for new record." To the left of this prompt is a blue button labeled "add". Below the prompt is a form with three fields:

- A dropdown menu for "Language*" with "ENGLISH" selected.
- A date input field for "Effective Date*" with the value "01/01/2010".
- A date input field for "End Date*" with the value "12/31/2299".

At the bottom right of the form, there are two buttons: "save" (highlighted with a red border) and "cancel".

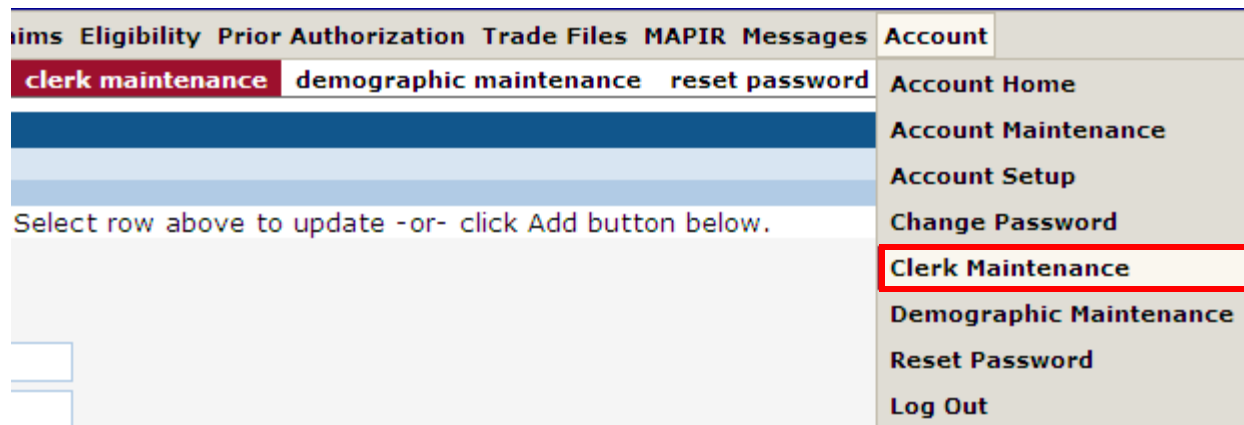
- Click *save*.

CTDSSMAP.com Web Portal Overview – Section 1.2

CLERK MAINTENANCE

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

- To create a new clerk account, click *add clerk*.
- Fill in the fields with the appropriate information.

The screenshot shows the 'Clerk Maintenance' web application. At the top, there is a table with columns 'User ID', 'Contact First Name', and 'Contact Last Name'. The first row is highlighted in red and contains 'A', 'MARCUSWILLIAMS', and an empty cell. Below the table, there are buttons for 'remove clerk' and 'add clerk', and a 'reset password' button. The 'add clerk' form includes fields for 'User ID*' (MARCUSWILLIAMS), 'Contact First Name*' (Marcus), 'Contact Last Name*' (Williams), 'Phone Number*' ((860)555-5555 and 1234), 'Password*' (masked with dots), 'Confirm Password*' (masked with dots), 'AVR ID' (111111114), 'AVR Pin' (masked with dots), and 'Confirm AVR Pin' (masked with dots). Below the form, there are two sections: 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section contains 'Claim Inquiry/Submission/Adjustment', 'PA Inquiry/Submission', and 'Client Eligibility Verification'. The 'Available Roles' section contains 'Trade Files'. There are navigation buttons between the two sections: '<', '<<', '>>', and '>'. At the bottom right, there are 'submit' and 'cancel' buttons, with the 'submit' button highlighted in red.

User ID	Contact First Name	Contact Last Name
A	MARCUSWILLIAMS	
JENNIFERSMITH	Jennifer	Smith
JUANMARTINEZ	Juan	Martinez
TOMJOHNSON	Tommy	Johnson

Type data below for new record.

remove clerk add clerk reset password

User ID* MARCUSWILLIAMS

Contact First Name* Marcus

Contact Last Name* Williams

Phone Number* (860)555-5555 1234

Password* ●●●●●●

Confirm Password* ●●●●●●

AVR ID 111111114

AVR Pin ●●●●

Confirm AVR Pin ●●●●

Assigned Roles

Clerk Roles (Internet Only)

Claim Inquiry/Submission/Adjustment
PA Inquiry/Submission
Client Eligibility Verification

Available Roles

Trade Files

submit cancel

- Click *submit*.

Clerk Maintenance

- The new clerk account has been added.

The following messages were generated:

Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

Clerk Maintenance ⌵

User ID	Contact First Name	Contact Last Name
JANESMITH	Jane	Smith
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

Type changes below.

User ID:

Contact First Name:

Contact Last Name:

Phone Number:

Clerk Roles (Internet Only)

Assigned Roles	Available Roles
Claim Inquiry/Submission/Adjustment PA Inquiry/Submission Client Eligibility Verification	Trade Files

- Return to the *Clerk Maintenance* menu to add additional clerks, reset an existing clerk's password, or to alter clerks' *Assigned Roles*.

Clerk Maintenance

- When a new clerk logs into the secure site for the first time they will be required to change their password from the one created by the account administrator.
- Fill in the fields with the appropriate information.

Change Password ? ⤴

User ID JUANMARTINEZ

Current Password* ●●●●●●

New Password* ●●●●●●●●

Confirm Password* ●●●●●●●●

New EMail* juan_martinez@doedental.com

Confirm New EMail* juan_martinez@doedental.com

change password cancel

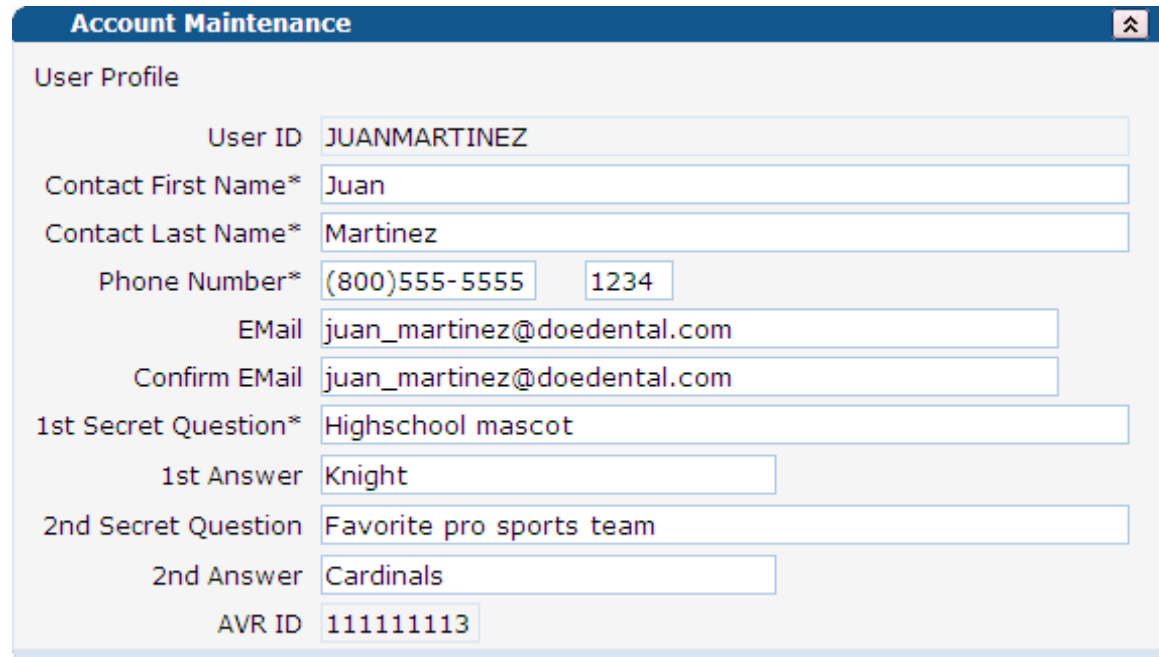
Please correct the following errors:

We are sorry but your password has expired. Please change your password.

- Click *change password*.
- The clerk is now ready to perform the job duties allowed under the *Assigned Roles* chosen by the account administrator.

Clerk Maintenance

- Once a clerk is signed in they can update their information by selecting *account maintenance* from either the *Account* submenu or the *Account* drop-down menu.
- Fill in the appropriate information.



The screenshot shows a web form titled "Account Maintenance" with a close button in the top right corner. The form is divided into a "User Profile" section. The fields and their values are as follows:

Field	Value
User ID	JUANMARTINEZ
Contact First Name*	Juan
Contact Last Name*	Martinez
Phone Number*	(800)555-5555 1234
E-Mail	juan_martinez@doedental.com
Confirm E-Mail	juan_martinez@doedental.com
1st Secret Question*	Highschool mascot
1st Answer	Knight
2nd Secret Question	Favorite pro sports team
2nd Answer	Cardinals
AVR ID	111111113

- Click *Save*.



Clerk Maintenance

- 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.

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.

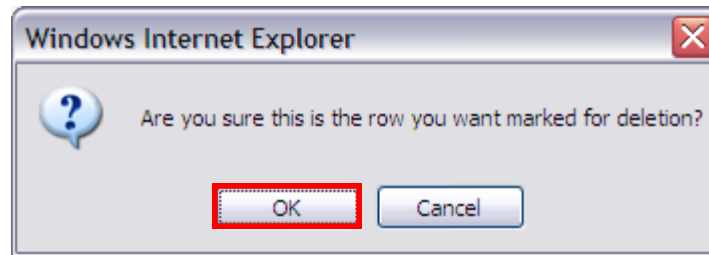
[switch to](#)

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

- 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*.

Clerk Maintenance

- To delete a clerk account – select that account from the list of existing clerks and click on *remove clerk*.
- A window will appear asking to you verify that you want to mark that clerk account for deletion. Click *OK*.



- The *D* indicates that the clerk has been marked for deletion.

Clerk Maintenance		
User ID	Contact First Name	Contact Last Name
D JANESMITH	Jane	Smith
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

- Click *Submit* to finalize the clerk account removal.

The following messages were generated:			
Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

Clerk Maintenance		
User ID	Contact First Name	Contact Last Name
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

CTDSSMAP.com Web Portal Overview – Section 1.3

ELIGIBILITY VERIFICATION

Eligibility Verification

- DSS recommends that providers verify a client's eligibility on the date of service prior to performing said service.
 - Eligibility can change at any time.
- Eligibility verification can be performed in the following ways:
 - Internet Web site at www.ctdssmap.com
 - Automated Voice Response System (AVRS)
 - Point of Sale (POS) Device
 - Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction
 - Via e-Prescribing using Surescripts and the ASC X12N 270/271 transaction

Eligibility Verification

- To verify a CTMAP 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 client data to satisfy at least one of the *valid search combinations* and then 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 last name From DOS*
SSN First Name, MI To DOS*
Birth Date

search

clear

- ***When entering a client's full name as part of your search criteria, a middle initial is required if one is present in their CTMAP profile.***

Eligibility Verification

- The *Eligibility Verification Response* window appears with the results of your search.

Eligibility Verification Response	
Verification Number	112090000S
Response Text	Cannot validate eligibility for dates older than 1 year

- In this specific case – the client’s eligibility cannot be verified for the requested dates (Sept. 1 – 30, 2010). Eligibility verification can only look as far back as one year.
- Changing the dates of the eligibility request to within the allowable one year window nets a different result. In this case, the client was not eligible.

Eligibility Verification Request			
Client ID	<input type="text"/>	last name	DOE
SSN	666-55-4444	First Name, MI	JOHN
Birth Date	<input type="text"/>		
		From DOS*	09/01/2011
		To DOS*	09/01/2011

Eligibility Verification Response	
→ Verification Number	120050000S ←
Client ID	000087958
Response Text	<u>Client is not eligible.</u>

Eligibility Verification

- Eligibility searches cannot span multiple months.
 - 11/1/2011 – 11/30/2011 is valid, 11/30/2011 – 12/2/2011 is not.
 - Submitting a request that spans multiple months will result in the following error message:

Eligibility Verification Request

Client ID	<input type="text"/>	last name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="11/30/2011"/>
SSN	<input type="text" value="666-55-4444"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>	To DOS*	<input type="text" value="12/02/2011"/>
Birth Date	<input type="text"/>				

Please correct the following errors:

Eligibility verification requests must not span multiple months.

- Positive eligibility responses provide greater detail...

Eligibility Verification Request

Client ID	<input type="text" value="009999999"/>	last name	<input type="text"/>	From DOS*	<input type="text" value="01/11/2012"/>
SSN	<input type="text" value="111-99-9999"/>	First Name, MI	<input type="text"/> <input type="text"/>	To DOS*	<input type="text" value="01/22/2012"/>
Birth Date	<input type="text"/>				

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
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 [▲]	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 >

Service Type Codes - MCO Services

*** No rows found ***

TPL

*** No rows found ***

Managed Care Provider

*** No rows found ***

Lockin

*** No rows found ***

Medicare

Coverage [▲]
 Medicare A

Eligibility Verification

- **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	1120900015
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

- *Client Information*

- Provides important client information

Client Information			
Client ID	009999999	Last Name	THOMAS
SSN	111-99-9999	First Name, MI	THOMAS
Birth Date	01/20/1997	Street	1 MAIN ST
Gender	M	City, State, Zip	TORRINGTON, CT 06790

Eligibility Verification

– *Benefit Plan*

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

Benefit Plan			
Service Information [▲]	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*

- A list of services for which the client was eligible that would be submitted for payment to HP Enterprise Services.

Service Type Codes - HP Services	
Service Type Code [▲]	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 >

Eligibility Verification

– Service Type Codes – MCO Services

- A list of services covered for the client that should be submitted for payment to the Managed Care Organization (MCO) with which they were enrolled.
- Clients on the HUSKY and Charter Oak plans were enrolled with an MCO for dates of service prior to 1/1/2012.

Benefit Plan			
Service Information	Benefit Month Effective Date	Effective Date	End Date
HUSKY B. For Behavioral Health Services, call BHP at 877-552-8247.	08/01/2011	08/11/2011	08/21/2011

Service Type Codes - HP Services	
Service Type Code ▲	Service Type Information
35	Dental Care
88	Pharmacy
MH	Mental Health
RT	Residential Psych Treatment

Service Type Codes - MCO Services	
Service Type Code ▲	Service Type Information
1	Medical Care
33	Chiropractic
4	Diagnostic X-Ray
42	Home Health Care
45	Hospice
47	Hospital
5	Diagnostic Lab
54	Long Term Care
56	Medically Related Trans
75	Prosthetic Device

1 2 Next >

Eligibility Verification

– TPL (Third Party Liability)

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

TPL	
Carrier Code	Carrier Name
060	BC/BS OF CONNECTICUT

- Due to HIPAA 5010 restrictions CTMAP is unable to disclose the eligibility status or covered services with the private insurance plan(s) via the web portal.
 - The Automated Voice Response System (AVRS) will continue to return TPL information in the client eligibility verification response.
 - Providers can access the AVRS by dialing 1-800-842-8440.
 - Press **1** for Self Service Options; enter your *AVRS ID* and *PIN*
 - Press **1** for Eligibility Verification.
 - Otherwise providers are required to initiate a separate request to the other payer or plan to determine the client's level of coverage.

Eligibility Verification

– Managed Care Provider

- Identifies the MCO with which the client was enrolled on the date(s) of service requested (if prior to 1/1/2012).

Managed Care Provider			
Provider Name	Provider Phone	Effective Date	End Date
BLUE CARE FAMILY PLAN	(800)554-1707	08/11/2011	08/21/2011

– 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.

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.

Medicare
Coverage [▲]
Medicare A
Medicare B

Eligibility Verification

• Service Codes

1 – Medical	54 – Long Term Care	AD – Occupational Therapy
4 – Diagnostic X-Ray	56 – Medical Related Transportation	AF – Speech Therapy
5 – Diagnostic Lab	75 – Prosthetic Device	AL – Vision (Optometry)
33 – Chiropractic	82 – Family Planning	DM – Durable Medical Equipment
35 – Dental	86 – Emergency Services	MH – Mental Health
42 – Home Health Care	88 – Pharmacy	PT – Physical Therapy
45 – Hospice	93 – Podiatry	RT – Residential Physical Treatment
47 – Hospital	98 – Professional (Physician) Office Visit	UC – Urgent Care

Eligibility Verification

• **Benefit Plans**

– *HUSKY A and HUSKY A, Primary Care Provider*

- Prior to 1/1/2012, *HUSKY A* clients had an MCO that handled all medical services. Federally Qualified Health Center (FQHC), behavioral health, dental, and pharmacy services were submitted to HP.
 - As of 1/1/2012, claims for all services are billed to HP.
- *HUSKY A Primary Care Provider* clients have enrolled with a Primary Care Case Manager (PCCM) rather than an MCO; eligible for all Medicaid services plus behavioral and support services through HP.

– *HUSKY B*

- Medical services obtained through MCO prior to 1/1/2012. Behavioral health, dental, FQHC and pharmacy claims were submitted to HP.
 - As of 1/1/2012, claims for all services are billed to HP.

– *HUSKY C* (previously referred to as *Medicaid*)

– *HUSKY D* (previously referred to as *Medicaid for Low-Income Adults (MLIA)*)

Eligibility Verification

- *Limited Behavioral Health Services*
 - Intensive in-home child and adolescent psychiatric services only.
- *Charter Oak*
 - Medical services obtained through MCO prior to 1/1/2012; behavioral health services and pharmacy services submitted to HP.
 - As of 1/1/2012, claims for all services are billed to HP
- *Connecticut AIDS Drug Assistance Program (CADAP)*
 - Pharmacy benefits for FDA-approved HIV/AIDS medications and medications approved to prevent complications associated with HIV/AIDS.
- *Drug coverage only, under the ConnPACE Program*
 - Pharmacy assistance for the Medicare ineligible elderly and disabled.
- *Medicare Covered Services*
 - Benefits are limited to the payment of Medicare *coinsurance* and *deductible* amounts if the Medicaid allowed amount is greater than the Medicare paid amount.
- _____ *Waiver*
 - Provides coverage for non-medical services. Eligibility requirements vary by waiver.

CTDSSMAP.com Web Portal Overview – Section 1.4

CLAIM PROCESSING / SUBMISSION INFORMATION

Claim Processing / Submission Information

- Claims for services rendered to CMAP clients may be submitted in a variety of ways:
 - Internet Web site at www.ctdssmap.com
 - Software utilizing the following HIPAA ASC X12N transactions:
 - 837D – Health Care Claim Dental
 - 837I – Health Care Claim Institutional
 - 837P – Health Care Claim Professional
 - Point of Sale (POS)
 - Paper
 - UB-04 Claim Form
 - CMS-1500 Claim Form
 - ADA-2006 Dental Claim Form
 - NCPDP Universal Pharmacy Claim Form
 - The HP mailing address for claims submission depends upon claim type.
 - Appropriate addresses are in Chapter 1 of the *CMAP Provider Manual*.

Claim Processing / Submission Information

- When a claim processes through the Connecticut interChange system it is 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*
- Each claim then passes through a series of *audits*
 - The claim is compared to previously paid claims
 - Is the current claim a duplicate of a paid claim?
 - Is the current claim for an inpatient hospital stay with the same date of service as a paid long term care room and board claim?
 - Does the billed procedure code require prior authorization (PA)?

Claim Processing / Submission Information

- Claims submitted to HP are each assigned a unique 13-digit Internal Control Number (ICN) that is used for tracking and research

20 | **12** | **032** | **123** | **456**
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 by HP to uniquely identify a claim within a batch (**456**)

Claim 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
 - Because of this, providers must investigate the possibility of clients having other insurance coverage and pursue payment prior to submitting their claim to HP.
- Claims can potentially deny when a discrepancy in TPL data exists on the client's state profile
 - A *Third Party Liability Information Form* should be sent to Health Management Systems (HMS)
 - This form is available on the *Information > Publications* page of ctdssmap.com
 - HMS will contact the insurance carrier and notify DSS of any discrepancy
 - DSS will update client eligibility

Claim Processing / Submission Information

• **Third Party Liability Information**

- TPL claims submitted to HP with other insurance payment or denial must include:
 - Carrier's unique three-digit carrier code
 - Available through eligibility verification (Web, phone, X12N 270/271 Eligibility Benefit Inquiry/Response Transaction) and in Chapter 5 of the CMAP Provider Manual
 - The *Amount Paid* (on a paid claim) or "0.00" for a TPL denial
 - The date of payment or denial from the TPL Explanation of Benefits (EOB)
 - The physical TPL EOB should *not* be submitted with paper claims; the provider must retain this for audit purposes.

Claim Processing / Submission Information

• **Timely Filing Guidelines**

- Claims for CMAP client must be submitted within one year of the actual date of service
- EOB **512** "*Claim exceeds timely filing limit*" is bypassed if:
 - Original claim with no TPL:
 - ICN Julian date is within 366 days of the detail through date of service
 - Client eligibility file update:
 - Client eligibility has been added or updated where the ICN Julian date is within 366 days of the change *and* the claim date of service is between the effective dates of the change
 - Other Insurance denial:
 - Providers have one year from the date the primary insurance denied the claim, as long as the provider received a response from the private carrier within a year.
 - If multiple carriers exist and if any one does not meet the above criteria, the claim will deny with EOB 512.

Claim Processing / Submission Information

• **Timely Filing Guidelines**

–EOB **512** “*Claim exceeds timely filing limit*” is bypassed if:

- Medicare and/or Other Insurance Payment:
 - TPL or Medicare paid amount is greater than \$0.00 *and* the paid date is within 366 days of the ICN Julian date of the claim.
 - If multiple carriers exist and if any one does not meet the above criteria, the claim will deny with EOB 512.
- Medicare denial:
 - If the Medicare (carrier code MPA or MPB) denial date on the claim is within 549 days of the from date of service on the claim and within 366 days of the ICN Julian date.
- 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 (RCC) or RCC/Procedure code* where the ICN Julian date on the current claim is less than or equal to 366 days from the previous claim’s Remittance Advice date *and* the previous claim did not deny for timely filing.

Claim Processing / Submission Information

• **Timely Filing Guidelines**

- Claims through CT Behavioral Health Partnership (CTBHP) must be submitted within 120 days of the actual date of service
- EOB **555** "*Claim is past behavioral health timely filing guidelines*" is bypassed if:
 - Original claim:
 - Detail through date(s) of service on the claim is within 120 days prior to the ICN Julian date.
 - Claim History:
 - Adjudicated claim for same *Client, Provider, Billed Amount*, detail *From and Through dates of service*, and *RCC or RCC/Procedure* code where the ICN Julian date on the current claim is less than or equal to 120 days from the previous claim's Remittance Advice date and the previous claim did not deny for timely filing.
- Nursing home providers have one year from the *Pay Start* date if authorization was added after the *through date of service*.

Claim Processing / Submission Information

- *Medicare Coinsurance and/or Deductible Claim Submission:*
 - Claims for clients covered under Medicare must first be billed to Medicare
 - Crossover claims are claims that Medicare has considered and made payment on
 - Only claims paid by Medicare will be electronically submitted to Medicaid
 - Crossover claims from Medicare will be denied if TPL information is on the client's eligibility file
 - Claims that do not cross over from Medicare or are denied by Medicare can be submitted by the provider to HP
 - Claims submitted on paper do not need the EOMB (Explanation of Medicare Benefits) voucher attached if Medicare *denied* the service

Claim Processing / Submission Information

- *Medicare HMO Claims:*

- Providers are responsible for identifying Medicare HMO enrolled clients
- Providers must indicate Medicare HMO in the *Insurance Plan* field of the claim form
- Medicare HMO claims must be sent to:
 - HP
 - P. O. Box 2911
 - Hartford, CT 06104
- Medicare HMO claims must include a valid Medicare HMO attachment, unless Medicare HMO *denied* the services

Claim Processing / Submission Information

- *Medicare Coinsurance and/or Deductible Reimbursement:*
 - Method of Medicaid reimbursement when Medicare is the primary payer:
 - Medicaid will pay up to the *Medicaid Allowed Amount* minus any Medicare or private insurance payment
 - Medicaid will *not* pay if the Medicare payment is equal to or exceeds the *Medicaid Allowed Amount*
 - A provider may *not* balance-bill the client, financially responsible relative, or representative of the client
- *Explanation of Medicare Benefits (EOMB) is required for Medicare (and Medicare HMO) paid claims and must include:*
 - Provider Name – Client Name
 - Date of Service – Billing Amount

Claim Processing / Submission Information

- Claims for certain services and procedures require that a *Prior Authorization* (PA) be obtained before the service is rendered in order for the provider to receive reimbursement.
 - Prior authorization forms are located on the CTDSSMAP.com Web site
 - Go to *Information > Publications > Authorization/Certification Forms*
 - PA forms are currently submitted to HP for scanning and submission for clinical review by Community Health Network of Connecticut (CHNCT).
 - In the future, authorization requests will be submitted directly to CHNCT for processing. Providers will be notified in advance when the required destination of PA requests will change.
 - The HP fax number for PA submission depends upon the type of authorization being requested; refer to the form for the correct fax number.
 - Services that require authorization are identified as such on the *Provider Fee Schedule*
 - Go to *Provider > Provider Fee Schedule Download*

CTDSSMAP.com Web Portal Overview – Section 1.5

WEB CLAIM INQUIRY/SUBMISSION

Web Claim Inquiry

- To search or submit claims to HP using the CTDSSMAP.com *secure site*, click on the *Claims* tab on the main menu.

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

- Enter enough information to satisfy at least one of the following criteria:
 - Enter the *ICN*, the *TCN*, the *From and Through Dates of Service*, the *From and Through Dates of Payment*, *Prescription No.*, or check the *Pending Claims* box.

Claim Search 1234567890 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No (Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

- Click *search*.

Web Claim Inquiry

- *Search Results*

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

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid ▾	Amount Billed	Amount Paid
2211172050004	00xxxxxxx	Johnny Q. Appleseed		03/01/2011	03/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2211173050028	00xxxxxxx	Johnny Q. Appleseed		05/01/2011	05/01/2011	Dental Claims	Paid	06/24/2011	\$201.00	\$104.00
2211172050018	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Paid	06/24/2011	\$1,300.00	\$611.52
2211172050016	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Paid	06/24/2011	\$1,300.00	\$711.52
2211172050023	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2211172050017	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Denied	06/24/2011	\$1,300.00	\$0.00
2211172050014	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2211172050025	00xxxxxxx	Johnny Q. Appleseed		05/02/2011	05/02/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2211172050002	00xxxxxxx	Samantha Johnson		04/01/2011	04/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2211172050010	00xxxxxxx	Samantha Johnson		04/01/2011	04/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2211173050027	00xxxxxxx	Rebecca D. Smith		05/01/2011	05/01/2011	Dental Claims	Denied	06/24/2011	\$201.00	\$0.00
2211172050019	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Paid	06/24/2011	\$1,200.00	\$611.52
2211167050001	00xxxxxxx	Johnny Q. Appleseed		04/01/2011	05/01/2011	Dental Claims	Paid	06/18/2011	\$1,400.00	\$10.00
2011157050004	00xxxxxxx	Johnny Q. Appleseed		06/01/2011	06/01/2011	Dental Claims	Paid	06/08/2011	\$500.00	\$182.00
2011143050004	00xxxxxxx	Johnny Q. Appleseed		05/02/2011	05/02/2011	Dental Claims	Paid	05/25/2011	\$500.00	\$182.00
2011143050008	00xxxxxxx	Rebecca D. Smith		03/20/2011	03/20/2011	Dental Claims	Paid	05/25/2011	\$500.00	\$182.00
2011105050003	00xxxxxxx	Samantha Johnson		03/02/2011	03/02/2011	Dental Claims	Paid	04/20/2011	\$500.00	\$182.00
2011105050001	00xxxxxxx	Samantha Johnson		03/02/2011	03/02/2011	Dental Claims	Paid	04/20/2011	\$500.00	\$182.00
2211167600009	00xxxxxxx	Rebecca D. Smith		04/01/2011	05/01/2011	Professional Claims	Suspended	0	\$350.00	\$0.00

Web Claim Inquiry

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

Claim Search 1234567890 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No (Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2211172050004	00xxxxxxx	Johnny Q. Appleseed		03/01/2011	03/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2011143050007	00xxxxxxx	Johnny Q. Appleseed		01/02/2011	01/02/2011	Dental Claims	Denied	05/25/2011	\$500.00	\$0.00
2011143050008	00xxxxxxx	Johnny Q. Appleseed		03/20/2011	03/20/2011	Dental Claims	Paid	05/25/2011	\$500.00	\$182.00
2011105050003	00xxxxxxx	Johnny Q. Appleseed		03/02/2011	03/02/2011	Dental Claims	Paid	04/20/2011	\$500.00	\$182.00
2011105050001	00xxxxxxx	Samantha Johnson		03/02/2011	03/02/2011	Dental Claims	Paid	04/20/2011	\$500.00	\$182.00
5311104001039	00xxxxxxx	Samantha Johnson		01/04/2011	01/04/2011	Dental Claims	Paid	04/16/2011	\$500.00	\$182.00
2011098050016	00xxxxxxx	Rebecca D. Smith		01/04/2011	01/04/2011	Dental Claims	Adj/Voided	04/10/2011	\$500.00	\$54.6
2011098050015	00xxxxxxx	Johnny Q. Appleseed		01/12/2011	01/12/2011	Dental Claims	Denied	04/10/2011	\$500.00	\$0.00
5311104001038	00xxxxxxx	Johnny Q. Appleseed		01/02/2011	01/02/2011	Dental Claims	Paid	0	\$500.00	\$182.00
2011098050009	00xxxxxxx	Johnny Q. Appleseed		01/02/2011	01/02/2011	Dental Claims	Adj/Voided	0	\$500.00	\$54.6

Web Claim Inquiry

- *Exclude Adjusted Claims*

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

Claim Search 1234567890 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No (Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims

Exclude Adjusted Claims

Records

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2211172050004	00xxxxxxx	Johnny Q. Appleseed		03/01/2011	03/01/2011	Dental Claims	Denied	06/24/2011	\$1,200.00	\$0.00
2011143050007	00xxxxxxx	Johnny Q. Appleseed		01/02/2011	01/02/2011	Dental Claims	Denied	05/25/2011	\$500.00	\$0.00
2011143050008	00xxxxxxx	Samantha Johnson		03/20/2011	03/20/2011	Dental Claims	Paid	05/25/2011	\$500.00	\$182.00
2011105050003	00xxxxxxx	Samantha Johnson		03/02/2011	03/02/2011	Dental Claims	Paid	04/20/2011	\$500.00	\$182.00
2011105050001	00xxxxxxx	Rebecca D. Smith		03/02/2011	03/02/2011	Dental Claims	Paid	04/20/2011	\$500.00	\$182.00
5311104001039	00xxxxxxx	Johnny Q. Appleseed		01/04/2011	01/04/2011	Dental Claims	Paid	04/16/2011	\$500.00	\$182.00
2011098050015	00xxxxxxx	Johnny Q. Appleseed		01/12/2011	01/12/2011	Dental Claims	Denied	04/10/2011	\$500.00	\$0.00
5311104001038	00xxxxxxx	Johnny Q. Appleseed		01/02/2011	01/02/2011	Dental Claims	Paid	0	\$500.00	\$182.00



Web Claim Inquiry

- *Pending Claims*

- Claims submitted since the last Remittance Advice (RA) was issued.

Claim Search 1265654719 NPI

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

Search Results

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2011098050009	00xxxxxxx	Samantha Johnson		01/02/2011	01/02/2011	Dental Claims	Adj/Voided	0	\$500.00	\$54.6
5311104001038	00xxxxxxx	Samantha Johnson		01/02/2011	01/02/2011	Dental Claims	Paid	0	\$500.00	\$182.00
2211167600009	00xxxxxxx	Rebecca D. Smith		04/01/2011	05/01/2011	Professional Claims	Suspended	0	\$350.00	\$0.00

- Convenient way to see all claims that will impact your reimbursement for the current cycle.

- Click on any line in the *Search Results* panel in order to view/alter the corresponding claim.

Web Claim Inquiry

- *Dental Claim* (base information)
 - Panel label and contents are subject to change based on claim type (*dental, institutional, professional*).
 - Provides important, basic information about the claim (provider and client identification, reimbursement).

Dental Claim			
ICN	2011150050007	Emergency	<input type="checkbox"/>
Provider ID	1234567890 NPI	Accident	<input type="checkbox"/>
AVRS ID	111111114	Facility Type Code*	11 [Search]
Client ID*	001223334		
Last Name	SMITH	Total Charges	
First Name, MI	JOHN B	Total Billed Amount	\$500.00
Date of Birth	09/15/1988	TPL Amount	\$0.00
Patient Account #	MLIA	Total Paid Amount	\$182.00
837 Version	5010		

Web Claim Inquiry

- *Detail*

- Provides a detailed account of the billed services/procedures.
 - Available/required fields are subject to change based on claim type.
- Clicking on a detail line will populate the relevant information into the fields below.

Detail

Item	DOS	Procedure	Units Billed	Tooth Number	Quadrant	Charges	Status	Allowed Amount
1	06/05/2011	D4211	1.00		10	\$500.00	PAID	\$182.00

Type changes below.

Item DOS*

Procedure* [Search] Units Billed*

Modifiers [Search] [Search] Charges*

[Search] [Search] Allowed Amount

Tooth Number Rendering Provider NPI [Search]

Quadrant [Search] Status

Surfaces

Buccal Distal Facial Incisal Lingual Mesial Occlusal

Web Claim Inquiry

- *Diagnosis*

- Lists diagnosis codes submitted on the claim.

Diagnosis		
Diag-Sequence ▲	Diagnosis	Description
Other 4	01003	PRIM TB COMPLEX-MICRO DX
Other 5	0088	INTESTINAL INF DUE OTH ORGANISM NEC
Other 6		
Other 7		

Code Set

Principal [Search] Other 1 [Search] Other 2 [Search]

Other 3 [Search]

[add more](#)

- *Claim Status Information*

- Provides important claim status and reimbursement information.

Claim Status Information	
Claim Status	PAID
Claim ICN	2011150050007
Paid Date	06/06/2011
Paid Amount	\$182.00

Web Claim Inquiry

- *EOB (Explanation of Benefits)*

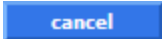
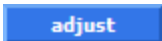
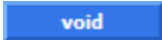
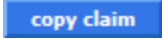
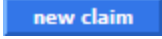
–Codes posted to claims to provide a brief explanation of the reason why claims were either suspended or denied. The EOB codes are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

EOB Information		
Detail Number	Code	Description
0	1802	TYPE OF BILL IS INVALID FOR THE PROVIDER.
0	0619	ZIP CODE IS NOT A VALID 9 DIGIT ZIP CODE
0	1912	BILLING PROVIDER'S TAXONOMY IS MISSING
0	0621	BILLING PROV ENTITY TYPE QUALIFIER TO PROV TYPE/SPECIALTY MISMATCH
1	9996	REFER TO HEADER EOB

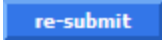
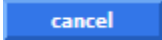
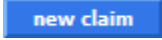
Web Claim Inquiry

• **What can I do with these claims?**

– *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

Web Claim Submission

- **New Claim Submission**

- Perform the following steps to easily submit a new claim:
 - Select the appropriate claim type (*Professional, Institutional, Dental*)
 - A blank claim will appear
 - At a minimum, enter data into all required fields (identified by an asterisk after the field name)

The screenshot shows a web form titled "Dental Claim" with a blue header bar. The form contains several input fields and dropdown menus. The fields are: ICN (empty), Provider ID (1234567890 NPI), AVRS ID (111111114), Client ID* (001223334), Emergency (dropdown menu), Accident (dropdown menu), and Facility Type Code* (11). A red arrow points from the AVRS ID field to the Facility Type Code* field. Another red arrow points to the Client ID* field. A "[Search]" button is located to the right of the Facility Type Code* field.

- To enter additional diagnosis codes, claim details, additional NDC's, or a TPL record, click the *add* button within the panel
 - Click the *submit* button at the bottom of the claim page
- The claim will process immediately and return a status of *Paid, Denied* or *Suspended*.

Web Claim Submission

- **Void a Claim**

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

Web Claim Submission

- **Claim Adjustment**

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

Web Claim Submission

• **Claim Copying**

- *Paid* claims may be copied and submitted as a new claim. This feature is helpful for reoccurring services.
- Perform the following steps to easily copy a *paid* claim for submission as a new claim:
 - Select *Claim Inquiry*
 - Enter the paid claim ICN (found on your RA) in the ICN field
 - Click the *search* button
 - Once the claim is retrieved, click the *copy* button at the bottom of the claim page
 - Make the necessary changes to the claim
 - Click the *submit* button at the bottom of the claim page
- The new claim will process immediately and return a status of *Paid*, *Denied* or *Suspended*.

Web Claim Submission

- **Claim Resubmission**

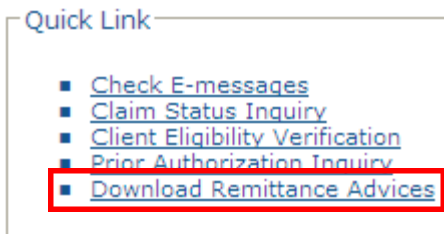
- Perform the following steps to easily resubmit a *denied* claim:
 - Select *Claim Inquiry*
 - Enter the denied claim ICN (found on your RA) in the ICN field
 - Click the *search* button
 - Once the claim is retrieved, make any necessary changes to the claim
 - Click the *re-submit* button at the bottom of the claim page
- The claim will process immediately and return a status of *Paid*, *Denied* or *Suspended*.

CTDSSMAP.com Web Portal Overview – Section 1.6

REMITTANCE ADVICE

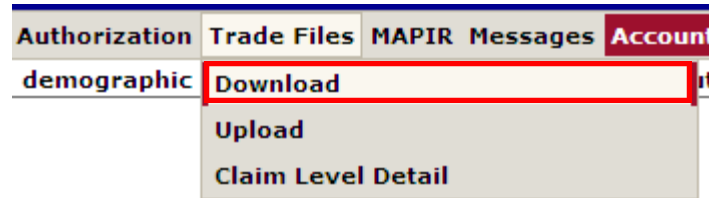
Remittance Advice

- All claims processed by HP are reported to the provider on a bi-monthly *Remittance Advice* (RA)
- 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.
- 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.*
- Click *Download Remittance Advice* from the *Quick Link* box on account home screen.

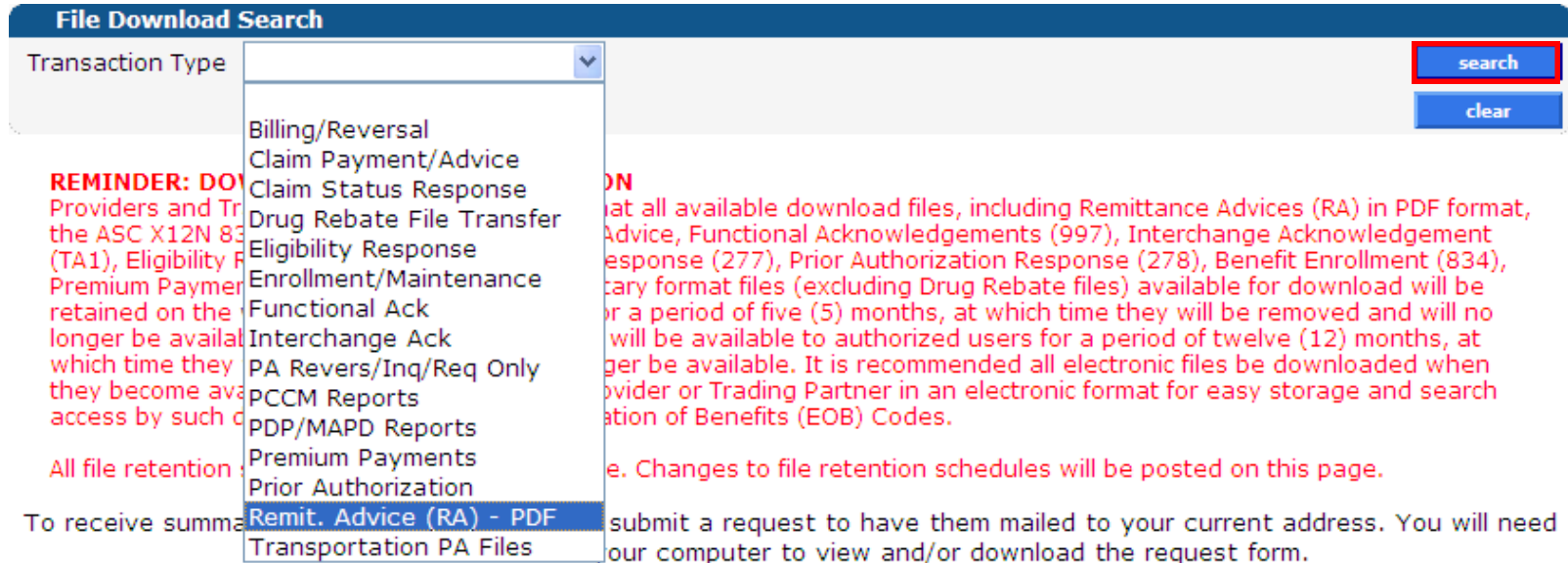


Remittance Advice

- The PDF version of the RA is also available and can be accessed by selecting **Download** from the **Trade Files** drop-down menu.



- Select **Remit. Advice (RA) – PDF** from the **Transaction Type** menu; click **Search**.



Remittance Advice

- RAs consist of the following 7 sections:
 - 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 are in suspense

Remittance Advice Examples

• Banner Page:

REPORT: CRA-BANN-R
RA#: 5553385
555

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

Date: 07/12/2011
PAGE: 1

JOHN DOE DENTAL
100 MAIN STREET
SUITE 2A
NEW HAVEN, CT 06106

PAYEE ID NPI 1234567890
ISSUE DATE 07/12/2011
TAXONOMY 1223G0001X
P. AVRS ID 001111111

Attention All Providers.
EXPANDED AUDIENCE FOR PROVIDER BULLETIN PB11-43: Provider Bulletin 2011-43 "Termination of Medicaid Eligibility for Certain Non-Citizens" has been expanded to include all providers. The purpose of this bulletin is to provide information related to the changes for certain non-citizens' eligibility for DSS medical assistance programs that went into effect on July 1, 2011.

• Claim Information (Paid, Dental):

REPORT: CRA-DNPD-R
RA#: 5553385

interChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
DENTAL CLAIMS PAID

Date: 07/12/2011
PAGE: 3

JOHN DOE DENTAL
100 MAIN STREET
SUITE 2A
NEW HAVEN, CT 06106

PAYEE ID NPI 1234567890
ISSUE DATE 07/12/2011
TAXONOMY 1223G0001X
P. AVRS ID 001111111

CLIENT NAME: JENNIFER SMITH CLIENT NO: 001234567

1 2011178000555 NPI 1234567890 062311 062311 240.00 160.00 0.00 0.00 160.00
6023176

PL SERV	PROC CD	TOOTH	SURFACE	QUAD	DATE SVC	PERF	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL	EOBS
11	D1351	14			062311		60.00	40.00	9918	
11	D1351	30			062311		60.00	40.00	9918	
11	D1351	19			062311		60.00	40.00	9918	
11	D1351	3			062311		60.00	40.00	9918	



Remittance Advice Examples

• Claim Information (Denied, Dental):

REPORT: CRA-BANN-R
RA#: 5553385
555

interChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
DENTAL CLAIMS DENIED

Date: 07/12/2011
PAGE: 12

JOHN DOE DENTAL
100 MAIN STREET
SUITE 2A
NEW HAVEN, CT 06106

PAYEE ID NPI 1234567890
ISSUE DATE 07/12/2011
TAXONOMY 1223G0001X
P. AVRS ID 001111111

--ICN--	RENDERING	SERVICE DATES		BILLED	TPL
-PATIENT NUM-	PROVIDER	FROM	THRU	AMOUNT	AMOUNT
CLIENT NAME: JENNIFER SMITH		CLIENT NO: 001234567			
1	2011178000555 NPI 1234567890	062111	062111	900.00	0.00
	6023185				
PL SERV	PROC CD	TOOTH	SURFACE QUAD	DATE SVC	BILLED
				PERF <th>AMOUNT</th>	AMOUNT
11	D2751	30	ODL	062111	900.00
					DETAIL EOB5
					4211

• EOB Code Description:

REPORT: CRA-BANN-R
RA#: 5553385

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

Date: 07/12/2011
PAGE: 121

JOHN DOE DENTAL
100 MAIN STREET
SUITE 2A
NEW HAVEN, CT 06106

PAYEE ID NPI 1234567890
ISSUE DATE 07/12/2011
TAXONOMY 1223G0001X
P. AVRS ID 001111111

EOB CODE	EOB CODE DESCRIPTION
0261	Tooth number is missing.
0513	Client's name and number disagree.
2102	CLIENT ELIGIBILITY SYSTEM IS NOT CURRENTLY AVAILABLE.
4211	Tooth number is non-covered for the procedure code billed.
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

Remittance Advice Examples

• Summary:

Medicaid
 HUSKY B-3
 HUSKY B 1 and 2
 CADAP
 ConnPACE
 SAGA
 Charter Oak
 MLIA

---CURRENT CYCLE TOTALS BY FUND PAYER---					
---NEW DAY CLAIMS---		---POSITIVE ADJUSTMENTS---		---TOTAL ALL CLAIMS---	
NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
2,022	294,967.21	1	14.01	2,023	294,981.22
3	379.63	0	0.00	3	379.63
41	5,577.61	0	0.00	41	5,577.61
0	0.00	0	0.00	0	0.00
0	0.00	0	0.00	0	0.00
0	0.00	0	0.00	0	0.00
0	0.00	0	0.00	0	0.00
310	45,263.10	0	0.00	310	45,263.10

CLAIMS PAID
 POS. CLAIMS ADJUSTMENTS
 TOTAL CLAIMS PAYMENTS
 CLAIMS DENIED
 CLAIMS IN PROCESS

---CLAIMS DATA---					
CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
2,376	346,187.55	5,557	809,655.63	29,311	4,268,250.86
1	14.01	13	118.02	142	222.03
2,377	346,201.56	5,570	809,773.65	29,453	4,268,472.89
301		750		6,745	
0		0		0	

PAYMENTS:
 CLAIMS PAYMENTS
 PAYOUTS
 ACCOUNTS RECEIVABLE:
 CLAIM SPECIFIC:
 CURRENT CYCLE
 OUTSTANDING FROM PREVIOUS CYCLES
 NON-CLAIM SPECIFIC
 NET PAYMENT
 REFUNDS:
 CLAIM SPECIFIC ADJUSTMENT REFUNDS
 NON-CLAIM SPECIFIC REFUNDS
 OTHER FINANCIAL:
 MANUAL PAYOUTS
 CHECK VOIDS
 NET EARNINGS

---EARNINGS DATA---					
	346,201.56		809,773.65		4,268,472.89
	0.00		0.00		0.00
	(730.05)		(730.05)		(730.05)
	(0.00)		(876.06)		(7,880.14)
	(0.00)		(0.00)		(0.00)
	345,471.51		808,167.54		4,259,862.70
	(0.00)		(0.00)		(0.00)
	(0.00)		(0.00)		(0.00)
	0.00		0.00		0.00
	(0.00)		(0.00)		(0.00)
	345,471.51		808,167.54		4,259,862.70

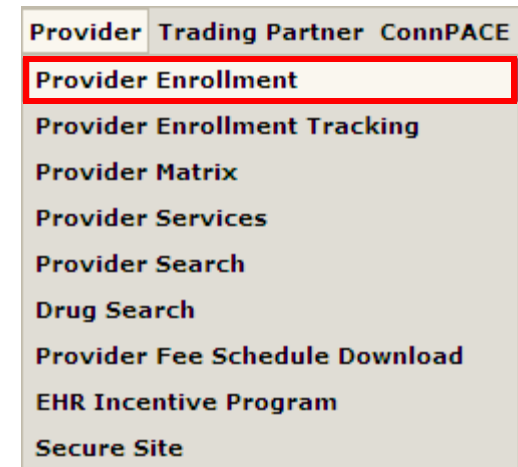


CTDSSMAP.com Web Portal Overview – Section 1.7

(RE)ENROLLMENT

(Re)enrollment

- **CTDSSMAP.com** allows a majority of providers to complete the re-enrollment process online via the Web portal.
 - A majority of the required information is automatically populated based on the provider's previous contract information.
 - Online re-enrollment cannot be initialized until an *Application Tracking Number* (ATN) is received from the HP Provider Enrollment Unit.
- To begin the re-enrollment process select *Provider Enrollment* from either the *Provider* box on the left hand side of the home page or the *Provider* drop-down menu.



(Re)enrollment

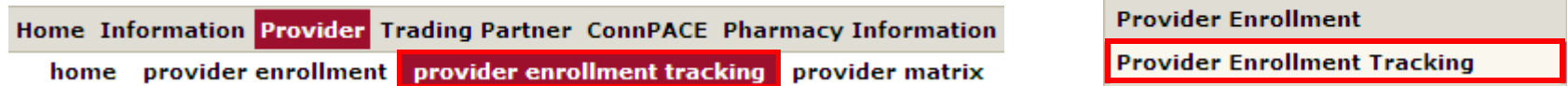
- Online enrollment/re-enrollment is available to all provider groups and provider taxonomies/types/specialties with the exception of the following:
 - Nursing Facilities (Long Term Care)
 - State Institution - ICF/MRs
 - Personal Care Services
 - Acquired Brain Injury Fiduciary
 - Regional Family Service Coordination Center (RFSCC) (Birth to Three) Billing and Performing Providers
 - DMH and DDS Performing Providers
 - Employment and Day Support Waiver Performing Providers
 - School Corporations
 - Private Non-Medical Institution Billing and Performing Providers
 - Connecticut Home Care (CHC) Personal Care Assistant (PCA) Fiduciary
 - Connecticut Home Care (CHC) Program - Access Agency Performing Providers
 - Managed Care Organizations

(Re)enrollment

- Five Year Re-enrollment Period:
 - Most provider types who complete their re-enrollment on or after January 1, 2012 will be required to re-enroll every five years.
 - Providers will receive a reminder letter when they are due for re-enrollment (30 days prior to the end of their previous contract).
 - Re-enrollment via the Enrollment/Re-enrollment Wizard on the CMAP Web site, www.ctdssmap.com, is required.
- The following providers are excluded and are required to re-enroll every two years:
 - Home Health Agencies
 - Clinics
 - DME
 - Dentists/Dentist Groups
 - Pharmacies
 - State Institutions
 - Drug and Alcohol Abuse Centers
- Long Term Care providers will still be required to re-enroll every 15 months.

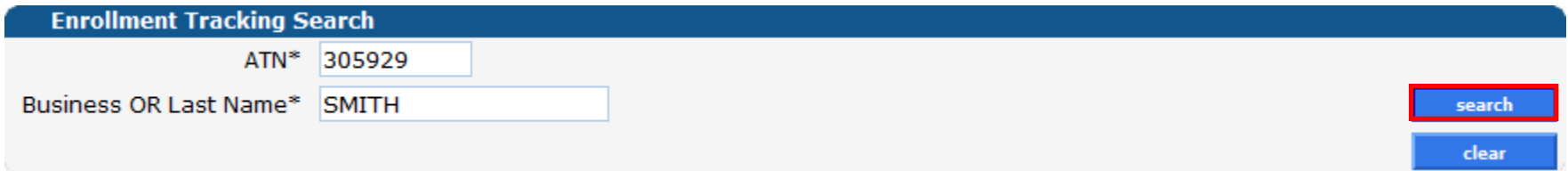
(Re)enrollment

- To check the status of an enrollment/re-enrollment application, select *Enrollment Tracking Search* from either the *Provider* submenu or the *Provider* drop-down menu.



The screenshot shows a navigation menu with the following items: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information. Below these are links: home, provider enrollment, provider enrollment tracking (highlighted in red), and provider matrix. To the right, a dropdown menu is open, showing 'Provider Enrollment' and 'Provider Enrollment Tracking' (highlighted in red).

- Enter your *ATN* and *Business OR Last Name* and click *search*.



The screenshot shows the 'Enrollment Tracking Search' form. It has two input fields: 'ATN*' with the value '305929' and 'Business OR Last Name*' with the value 'SMITH'. There are two buttons: 'search' (highlighted in red) and 'clear'.

- In this example HP is reviewing the application that was submitted by Jonathan Q. Smith on January 23, 2012.



The screenshot shows the 'Search Results' table with the following data:

ATN	Name	Date Received	Status
305929	SMITH, JONATHAN Q. ,	01/23/2012	HP Reviewing Submitted Applctn

Available Resources – Section 2.1

INFORMATION

Information

- www.CTDSSMAP.com contains a wealth of information for providers.
- ***Important Messages***
 - Available on the home page. Also available on the *Information* page.
 - Contains urgent messages that require immediate communication to the provider community as well as links to important information regarding recent/upcoming system changes .

Important Messages

[Attention All Providers: System Downtime](#)

[Hospital interChange Issues Updated as of 7/15/2011](#)

[Electronic Health Record \(EHR\) News: Updated 7/15/2011](#)

[Termination of Medicaid Eligibility for Certain Non-Citizens](#)

[Revised Provider Manual Chapters: Updated 6/30/2011](#)

[Connecticut Behavioral Health Provider \(CT BHP\) Rate Increase Package Interim Payment Adjustment](#)

[PDL Bulletin \(PB11-62\) Available Online Only!](#)

[Welcome to the HIPAA 5010 Implementation Information Page Updated 6/16/2011](#)

[Inmate Inpatient Hospital Coverage Delayed](#)

Information

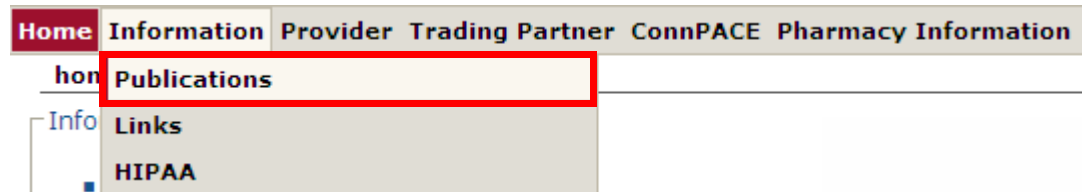
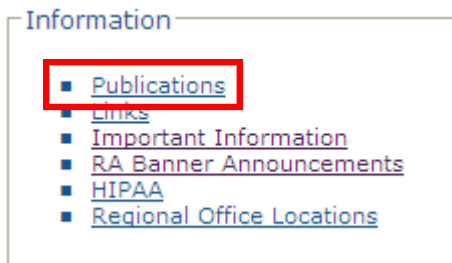
- ***RA Banner Announcements***

- Available by selecting the *Information* tab or clicking on *RA Banner Announcements* in the *Information* box on the left hand side of the home page.
- Messages originally published for providers on the first page of their remittance advice. Some banner announcements are provider specific and therefore are only sent to the relevant provider types/specialties.
- Often published in 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
07/22/2011-07/29/2011	Attention Connecticut Home Care (CHC) Access Agencies	Attention Connecticut Home Care (CHC) Access Agencies. REPROCESSED THIS CYCLE: HP previously identified a subset of Connecticut Home Care claims that paid between March 1, 2008 and January 30, 2009, but did not mass adjust as the rate increases had not been entered. The rates have since been updated and the claims have been reprocessed and will appear on the July 26, 2011 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with a region 55.

Information

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



Information

- *Provider Bulletins*

- 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.

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number ▾	Title	Published Date
PB11-67	Important NCPDP D.0 and HIPAA 5010 Cutover Date Schedule	07/27/2011
PB11-62	July 1, 2011 Changes to the Connecticut Medicaid Preferred Drug List (PDL)	06/28/2011
PB11-62	Reminder About the 5 day Emergency Supply	06/28/2011
PB11-62	Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL...	06/28/2011
PB11-61	Changes to the Dental Fee Schedule and Program Limitations	06/28/2011
PB11-60	HIPAA 5010 Implementation of Provider Electronic Solutions Software	06/23/2011
PB11-57	Presumptive Eligibility Certification and Guarantee of Payment Form, W-538	06/16/2011
PB11-55	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	06/14/2011
PB11-45	Inmate Inpatient Hospital Coverage Delayed	06/13/2011
PB11-43	Termination of Medicaid Eligibility for Certain Non-Citizens	06/30/2011
PB11-42	Clarification on the requirements for pre-screening client's eligibility for ort...	05/23/2011
PB11-41	Updated Procedure Codes affected by CMS National Correct Coding Initiative (NCCI...	06/01/2011
PB11-39	New Prior Authorization Override Process for Non-referred Mental Health Related ...	05/23/2011
PB11-39	New Pharmacy Edit for Diabetic Supplies - Effective June 1, 2011	05/23/2011

- *Provider Manual*

- The *Provider Manual* is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission.
- It is the primary source of information for submitting CTMAP claims, prior authorizations, and other related transactions. This manual contains detailed instructions regarding the Program, and should be your first source of information pertaining to policy and procedural questions.
- The *Provider Manual* is divided into twelve (12) chapters.
 - Click on the chapter title to open the document (disable pop-up blockers).
 - Chapters 7 and 8 are provider specific – select your provider type from the drop-down menu and click *View Chapter* to access the chapter.
 - Chapter 11 is claim-type specific.

Information

– *Chapter 1 – Introduction*

- Provides information on the CT Medical Assistance Program, the Department of Social Services' and Hewlett-Packards' responsibilities and re-sources, as well as information about the organization of the Provider Manual.

– *Chapter 2 – Provider Participation Regulations*

- Details the CTMAP regulations for provider participation.

– *Chapter 3 – Provider Enrollment*

- Provides information on provider eligibility in regards to provider enrollment and re-enrollment, as well as specific program enrollment information for the various state-offered health care programs.

– *Chapter 4 – Client Eligibility*

- Provides information regarding client eligibility in the Medical Assistance Program, client eligibility verification, and client third party liability.

Information

- *Chapter 5 – Claim Submission Information*
 - Provides information on general claims processing and billing requirements.
- *Chapter 6 – EDI Options*
 - Provides information on electronic claim submission and electronic RAs.
- *Chapter 7 – Regulations/Program Policy*
 - This section contains the Medical Services Policy sections that pertain to the chosen provider type.
- *Chapter 8 – Billing Instructions*
 - Provides information on provider specific billing requirements and instructions.
- *Chapter 9 – Prior Authorization*
 - Provides information on how to obtain Prior Authorization for designated services.

- *Chapter 10 – Web Portal/Automated Voice Response System (AVRS)*
 - Provides information on the self service features available to the provider from both the AVRS and the Web Portal functions of interChange. This serves as a standalone self-service manual that describes the comprehensive features available to the provider such as: claims inquiry/submission, prior authorization inquiry, Web enrollment and re-enrollment, etc.
- *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 the most common claim errors and, if applicable, information to resolve the error conditions.

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- **Chapter 1 - Introduction**

- 1.1 *Overview*

- 1.2 *Organization of Manual*

- About the Provider Manual

- 1.3 *CTMAP Overview*

- Connecticut Medical Assistance Program

- Responsibilities

- 1.4 *HP Directory*

- HP Telephone Numbers

- HP Mailing Addresses

- 1.5 *DSS Directory*

- DSS Addresses

- DSS Phone Numbers

- 1.6 *CTMAP Provider Research Request*

- **Chapter 2 – Provider Participation Policy**

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- 2.2 *Requirements for Provider Enrollment*

- Scope

- Definitions

- Provider Participation

- Termination or Suspension of Agreement

- General Provider Requirements

- Needs for Goods or Services

- Prior Authorization

- Billing Procedures

- Payment Rates

- Payment Limitations

- Payment for Out-of-State Goods or Services

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Enrollment/Re-enrollment Responsibilities

3.2 Taxonomies/Provider Type/Specialties

3.3 In-State Enrollment/Re-enrollment

Program Information

3.4 Re-enrollment Periods

3.5 Out-of-State Enrollment

Program Information

Out-of-State Enrollment Process

3.6 Provider File Maintenance

3.7 Specific Program Enrollment Information

ConnPACE

• **Chapter 4 – Client Eligibility**

4.1 Overview

4.2 *CONNECT*, Charter Oak, ConnPACE Cards

4.3 Automated Eligibility Verification System

Eligibility Dispute Resolution

Manuals and Additional Information

4.4 Internet Web Portal Eligibility

Client Eligibility Verification – Secure Provider Web Site Portal

4.5 AVRS Eligibility Verification

Global Message

Special Function Keys

General Instructions

Voice Response

AVRS-Telephone

4.6 Availability of AEVS and Pharmacy Point-of-Sale (POS) System

4.7 Client TPL Update Procedures

Instructions on Completing the TPL Information Form

Provider Manual – Table of Contents

• **Chapter 5 – Claim Sub. Information**

5.1 Overview

5.2 Paid Claim Adjustment Request

5.3 Instructions and Form for TPL

Legal Notice of Subrogation

Request for Assistance in Obtaining Payments Under 38a-472 of the CT General Statutes

5.4 Client TPL Update Procedures

5.5 Return to Provider Letter

5.6 Timely Filing Guidelines

Claim Requirements

Exceptions to the Timely Filing Limit

5.7 Medicare Coinsurance and/or Deductible Claim Submission

5.8 Behavioral Health Services Claim Sub.

State Administered General Assistance Behavioral Health Services

Connecticut Behavioral Health Partnership (CT BHP)

Charter Oak Behavioral Health Services

• **Chapter 5 (continued)**

5.9 Provider RA and Electronic Funds Transfer

RA – Layout Header and Banner Messages

RA – Inpatient Claims

RA – Home Health Claims

RA – CMS-1500 Claims

RA – Dental Claims

RA – Long Term Care Claims

RA – Drug Claims

RA – Medicare Crossover Part A Claims

Financial Transactions

Explanation of Benefit Code Descriptions

TPL Information

RA – Summary

RA – Claims in Process

Electronic Funds Transfer (ETF)

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5.11 EPSDT Information

EPSDT Billing Chart

Immunization Tracking Codes

Provider Manual – Table of Contents

- **Chapter 5** (continued)

- Periodicity Schedule

- Immunization Schedule

- Well Care Exam Forms & Anticipatory Guidance

- Recommendations for Anticipatory Guidance

- 5.12 Forms – Examination Request for Medical Eligibility Determination*

- Form W-513, W-300, W-300A, W-538

- 5.13 Forms – Hysterectomy*

- Form W-613 and W-613A

- 5.14 Forms – Physician’s Certification for Abortion (Title XIX)*

- Form W-484

- 5.15 Forms – Consent to Sterilization*

- Form W-612

- 5.16 Forms – Notification of Newborn*

- Form W-416

- 5.17 e-Prescribing*

- 5.18 Co-pays/Cost Shares*

- **Chapter 6 – EDI Options**

- 6.1 Overview

- 6.2 EDI Eligibility Verification Options*

- 6.3 Electronic Transmission Submission Options, Procedures, and Forms*

- 6.4 Electronic Remittance Advice*

- 6.5 EDI Unit Services*

- EDI Unit

- EDI Trading Partner Agreement Form

Provider Manual – Table of Contents

- **Chapter 7 – Specific Policy/Regulation**

This chapter has a number of provider-specific versions. Content will not be the same from one version to another. Below is an example of the information contained in the **Dental** version of chapter 7.

7.1 Medical Services Policy

- Requirements for Payment of Dental Services
- Dental Services
- Clinics
- Dental Clinics
- Requirements for Payment of Public Health Dental Hygienist Services (Regulations of State Agencies)
- Scope
- Definitions
- Provider Participation
- Eligibility
- Services Covered and Limitations
- Services Not Covered
- Payment Rate and Billing Procedure
- Documentation

- **Chapter 8 – Provider Specific Claim Sub.**

This chapter has a number of provider-specific versions. Content will not be the same from one version to another. Below is an example of the information contained in the **Physician** version of chapter 8.

8.1 Overview

8.2 Prior Authorization

8.3 EPSDT Information

8.4 Behavioral Health Claim Submission

8.5 Professional Service Claim Submission Instructions for CMS-1500 Claim Form

8.6 Medical Transportation Modifier List

8.7 Fee Schedule

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- **Chapter 9 – Prior Authorization**

- 9.1 *Overview*
- 9.2 *Professional and Miscellaneous*
- 9.3 *Hospital Inpatient Services*
- 9.4 *Chronic Disease Hospital Services*
- 9.5 *CT Behavioral Health Partnership*
- 9.6 *Transportation Services*
- 9.7 *CT Dental Health Partnership*
- 9.8 *Pharmacy*

- **Chapter 10 – Web Portal/AVRS**

- 10.1 *Overview*
- 10.2 *PAC Call Flow Chart*
- 10.3 *PAC Call Flow Manual*
- 10.4 *PPAAC Call Flow Manual*
- 10.5 *Web Portal Features*
- 10.6 *Publications and Services*
- 10.7 *Provider Enrollment/Re-enrollment*
- 10.8 *Trading Partner Enrollment*
- 10.9 *Web Security Administration*
- 10.10 *Claims - Submit, Resubmit, Adjust and Inquiry*
- 10.11 *Client Eligibility Verification*
- 10.12 *Prior Authorization*
- 10.13 *Trade Files*
- 10.14 *Provider Electronic Mail*
- 10.15 *Provider Demographic Maintenance*
- 10.16 *Pharmaceutical and Therapeutics (P&T) Committee*
- 10.17 *Provider Search*
- 10.18 *Drug Search*
- 10.19 *Provider Fee Schedule Download*
- 10.20 *Provider Services*
- 10.21/22 *Help/Troubleshooting*

Provider Manual – Table of Contents

- **Chapter 11 – Other Insurance and Medicare Billing Guides**

This chapter has three claim-specific versions. Content will not be the same from one version to another. Below is an example of the information contained in the **Dental** version of chapter 11.

11.1 *Introduction*

11.2 *Determining Other Coverage*

11.3 *Private Insurance as Primary*

11.4 *Billing Instructions – Other Ins. Payment*

ADA Dental Claim Form,

Provider Electronic Solutions (PES) Software

Web Claim

ASC X12N 837 D Health Care Claim

11.5 *Billing Instructions – Other Ins. Denial*

11.6 *Billing Instructions – Multiple Other Ins.*

11.7 *Timely Filing Rules*

- **Chapter 12 – Claim Resolution Guide**

12.1 *Overview*

12.2 *Explanation of Benefit Codes*

This is just a sample of the complete list of EOB codes that are discussed in the Guide

0226 Referring Provider Name/Number is Missing

0512 Claim Exceeds Timely Filing Limit

0513 Client's Name and Number Disagree

0550 Electronic Adjustment is Invalid

0570 Header Total Days Less Than Covered Days

0572 Quantity Disagrees with Days Elapsed

0813 Claim Denied After Medical Policy Review

0818 Invalid Processor Control Number

0861 NDC is Missing

1927 Billing Providers NPI is Missing or Invalid

2002 Client Ineligible for Dates of Service

2504 Bill Private Carrier First

2509 Bill Medicare First

2516 Claim Adjustment Reason Code is Invalid

3004 Inpatient Claim Requires Prior Authorization

Information

• *Forms*

- Authorization/Certification
- Hospice
- Provider Workshop Invitation
- Well Care Exam (EPSDT)
- Claim and Adjustment
- Provider Enrollment/Maintenance
- Third Party Liability
- Other

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 Prior Authorization 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](#)
- [Transmucosal Fentanyl PA Request Form](#)

Information

- *Provider Newsletters*

- Quarterly publications to providers on a wide range of topics.

Provider Newsletters

- [EHR Newsletter: Hospitals May 2011](#)
- [June 2011 interChange Newsletter](#)
- [EHR Newsletter: Professionals April 2011](#)
- [March 2011 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

- *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](#)
- [Hospice Procedure Code Exception List](#)

- *Drug Rebate*

Drug Rebate

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

Information

- The *Links* page (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

Information

- Publications
- **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

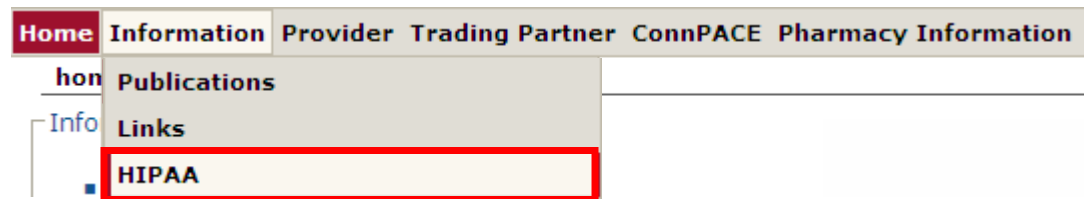
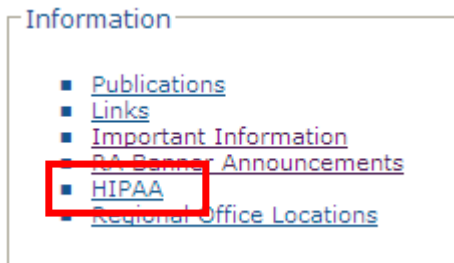
- [American Dental Association](#)
- [American Academy of Pediatrics](#)
- [American Medical Association](#)

HIPAA Information

- [Centers for Medicare and Medicaid Services; HIPAA page](#)
- [Washington Publishing Company; the manuals and implementation guides for new transaction sets](#)

Information

- Information regarding the recent implementation of HIPAA 5010 Transaction and Code Sets is located on the CTDSSMAP.com Web site on the *HIPAA* page.
- Access the *HIPAA* page 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*

- Lists the HIPAA transaction types utilized by DSS and HP
- Provides links to documents that explain the updates mandated by the implementation of version 5010.

HIPAA Mandated Transactions

New HIPAA 5010 Version Updates

- [ASC X12N 270/271 Eligibility Benefit Inquiry/Response Transaction](#)
- [ASC X12N 835 Health Care Claim Payment/Advice](#)
- [ASC X12N 999 Acknowledgement for Health Care Insurance Transactions](#)
- [NCPDP D.0 Transaction](#)

HIPAA transactions that DSS and HP utilize for the Connecticut Medical Assistance Program are the:

- ASC X12N 837 Health Care Claim Institutional Transaction - for inpatient, outpatient, home health, Part A crossover, and Part B of A crossover claims
- ASC X12N 837 Health Care Claim Professional - for professional and Part B crossover claims
- ASC X12N 837 Health Care Claim Dental
- ASC X12N 835 Health Care Claim Payment/Advice - for all claim types
- NCPDP 5.1 Transaction
- ASC X12N 270/271 Eligibility Benefit Inquiry/Response Transaction
- ASC X12N 276/277 Claim Inquiry/Response Transaction
- ASC X12N 278 Healthcare Services Review - Requested for Review and Response
- ASC X12N 997 Functional Acknowledgement

Information

- *Frequently Asked Questions*

- *HP and DSS have compiled a list of common HIPAA-related questions and answers.*

Frequently Asked Questions

Q: I've submitted my transactions but have not received a 997 functional acknowledgement.

A: This can occur in the following situations:

- The correct trading partner ID is not included on the ISA or GS records.
- You have submitted transactions for which you are not authorized based on your trading partner agreement.
- The website is slow due to the high volume of transactions being submitted.

Q: Why is the date on my 835 Remittance Advice (RA) different than my paper RA? What date should I use if I have questions or concerns?

A: The paper RA displays the date the check was issued. The electronic RA displays the date the file was created. Providers should use the date indicated on the paper RA.

Q: How do I print the report before transmitting?

A: Choose "Form Status" and click on "Ready".

For an individual client/claim- go into provider type, highlight the client, click on print.

For a detailed claim- go to Reports/Detail Forms.

Q: Can providers assign more than one account number per client?

A: The account number can be changed for each claim, but only one account number can be entered per claim.

- *Glossary Of Terms*

Glossary Of Terms

The [HIPAA Glossary](#) gives general definitions and explanations of HIPAA-related terms and acronyms

Information

- CTMAP 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 ***Accept***.
- Provider Fee Schedules are listed by provider type (and in some cases, specialty)
- Click the corresponding link to download the appropriate fee schedule.

Provider Fee Schedule Download

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

Information

- Example of the *Physician Office and Outpatient Services* fee schedule:

7/1/2011 Office and Outpatient Services							
Rate Type = to PED, pediatric services, or OBS, obstetrical services, or Lab, Lab services billed by a Physician indicates a unique rate for services for qualified clients and claim data. You may disregard any other rate type.							
See Clarifications on PA requirements for Behavioral Health Services on the last page of the fee Schedule							
Proc Code	Proc description	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY DURING		DEF	12.33	1/1/2008	12/31/2299	
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY DUR		DEF	11.17	1/1/2008	12/31/2299	
96004	PHYSICIAN REVIEW AND INTERPRETATION OF C		DEF	67.00	1/1/2008	12/31/2299	
96020	NEUROFUNCTIONAL TESTING SELECTION AND AD		DEF	MP	1/1/2008	12/31/2299	
96020	NEUROFUNCTIONAL TESTING SELECTION AND AD	26	DEF	MP	8/18/2010	12/31/2299	
96040	GENETIC COUNSELING 30 MIN		DEF	22.95	1/1/2008	12/31/2299	
96101	PSYCHO TESTING BY PSYCH/PHYS		DEF	78.13	1/1/2008	12/31/2299	Y
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODI		DEF	30.80	1/1/2008	12/31/2299	
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODI		DEF	23.30	1/1/2008	12/31/2299	
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSME		DEF	78.13	1/1/2008	12/31/2299	
96110	DEVELOPMENTAL TEST LIM		DEF	18.00	1/1/2008	12/31/2299	
96111	DEVELOPMENTAL TEST EXTEND		DEF	80.92	1/1/2008	12/31/2299	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL AS		DEF	60.66	1/1/2008	12/31/2299	
96118	NEUROPSYCH TST BY PSYCH/PHYS		DEF	73.17	1/1/2008	12/31/2299	Y
96119	NEUROPSYCH TESTING BY TEC		DEF	43.93	1/1/2008	12/31/2299	
96120	NEUROPSYCHOLOGICAL TESTING (EG WISCONSI		DEF	37.35	1/1/2008	12/31/2299	
96125	COGNITIVE TEST BY HC PRO		DEF	56.99	1/1/2008	12/31/2299	
96150	ASSESS HLTH/BEHAVE INIT		DEF	14.46	1/1/2008	12/31/2299	
96151	ASSESS HLTH/BEHAVE SUBSEQ		DEF	14.01	1/1/2008	12/31/2299	
96152	INTERVENE HLTH/BEHAVE INDIV		DEF	13.30	1/1/2008	12/31/2299	
96153	INTERVENE HLTH/BEHAVE GROUP		DEF	3.25	1/1/2008	12/31/2299	
96154	INTERV HLTH/BEHAV FAM W/PT		DEF	13.07	1/1/2008	12/31/2299	
96155	FAMILY (WITHOUT THE PATIENT PRESENT)/HEA		DEF	13.81	1/1/2008	12/31/2299	
96360	HYDRATION IV INFUSION INIT		DEF	37.77	1/1/2009	12/31/2299	

Wrap Up – Section 3.1

WHAT'S NEW IN 2012?

What's New in 2012

- Medicaid EHR Incentive Payment Program

- The Electronic Health Records (EHR) incentive program was established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery & Reinvestment Act of 2009. This program aims to transform the nation's health care system and improve the quality, safety and efficiency of patient health care through the use of electronic health records.

- **EHR Incentive Program Eligibility**

- The following eligible professionals and hospitals may participate in the EHR incentive program:

- *Eligible Professionals*

- Physicians
 - Certified nurse-midwives
 - Physician assistants who are working in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a physician assistant
 - Nurse practitioners
 - Dentists

- *Eligible Hospitals*

- Acute care hospitals (including critical access hospitals and cancer hospitals)
 - Children's hospitals

What's New in 2012

- **Incentive Payments – Eligible Professionals**

- Maximum incentives are \$63,750 over six years
- First year payment is \$21,250 if a provider adopts, implements or upgrades certified EHR technology
- Incentive payments are the same regardless of the starting year
- Must begin by 2016 to receive incentive payments

- **Incentive Payments – Eligible Hospitals**

- Hospital incentive payments are based on a formula provided in the statute that can be reviewed on the *EHR Incentive Programs: Hospitals* page and the *Medicaid Hospital Incentive Payment Calculations* document on the CMS Web site (www.cms.hhs.gov).
- For those providers interested in the CT Medicaid EHR Incentive Program, Connecticut began accepting registrations in July of 2011. For further information, please go to www.ctdssmap.com, under *Provider > EHR Incentive Program*. You may also contact us via a toll free Provider Assistance line or email address with any questions:
 - 1-855-313-6638
 - ctmedicaid-ehr@hp.com

Available Resources – Section 3.2

CONTACTS

Contacts

- **HP Provider Assistance Center (PAC)**
 - Monday through Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
 - 1-800-842-8440 (toll free)
- **HP Pharmacy Prior Authorization Assistance Center (PPAAC)**
 - In the office Monday through Friday, 7:00 AM – 9:00 PM (EST), and Saturday, 9:00 AM – 4:00 PM (EST), on-call service available outside of office hours.
 - 1-866-409-8386 (toll free)
- **HP Electronic Data Interchange (EDI) Help Desk**
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-688-0503 (toll free)
- **CHNCT Provider Relations** (prior authorizations)
 - Monday through Friday, 9 a.m. to 7 p.m. (EST)
 - 1-800-440-5071 (toll free)
- **www.CTDSSMAP.com**
- **CTDSSMAP-ProviderEmail@hp.com**

Wrap Up – Section 3.3

QUESTIONS & COMMENTS

Questions



Comments

Thank You For Attending the
***CT interChange MMIS New Provider
Workshop*** Training

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

Please fill out the supplied workshop survey:

Your feedback helps us to improve future workshops
