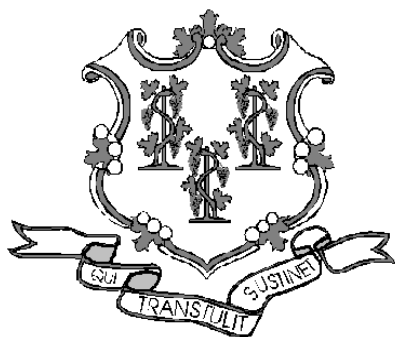


# Personal Care Attendant (PCA) Waiver

## Billing Provider Workshop for Personal Care Service Providers



Presented by

The Department of Social Services  
& Hewlett Packard Enterprise



**Hewlett Packard**  
Enterprise

# PCA Waiver Workshop Introduction

*This workshop will provide guidance to enrolled PCA Service Providers in the readiness of the primary components for successful claim submission and reimbursement resolution.*

# Training Topics

- **PCA Program Overview**
- **Secure Web Account**
  - **Set Up/Web Capabilities**
- **Provider File Maintenance**
  - **Maintain Addresses/EFT Account**
- **Clerk Maintenance**
  - **Adding/Deleting Clerks, Assigning Roles**
- **Eligibility Verification/Issues and Resolution**
- **Care Plan Access/Issues and Resolution**
- **Claim Submission Guidelines/Resolution of Claim Denials**
- **Remittance Advice/Reimbursement/Monthly Claims Reprocessing**
- **Resources/Contacts**
- **Questions**

# PCA Waiver Program Overview

The Personal Care Attendant (PCA) Waiver Program provides personal care assistance services to maintain adults with chronic, severe and permanent disabilities in the community.

## **Services covered under the PCA Waiver Program include:**

- ✓ Three Tiers of Case Management provided by an Access Agency.
- ✓ Adult Foster Care by a PCA Service Provider
- ✓ Support Broker Services by a PCA Service Provider
- ✓ Home Health Services by a Home Health Agency
- ✓ Community First Choice (CFC) Services (Personal Care Assistance, Meal Service, Personal Emergency Response System, Workers Compensation Coverage, Support/Planning, PT/OT/ST Therapy and licensed nurse client/family training and education.) Billed by Allied Community Resources.

# PCA Waiver Program Overview cont.

## **Additional Services covered under the PCA Waiver Benefit include:**

- ✓Assistive Technologies
- ✓Environmental Access Adaptations
- ✓Transition Services

These services are billed by Allied Community Resources and will not be on the client's Care Plan.

PCA Waiver clients are also eligible for all Medicaid-covered services.

# PCA Waiver Program Overview cont.

Effective for dates of service February 25, 2016 enrolled PCA Service Providers may submit claims for:

- ✓ ***Adult Family Living/Foster Care***
- ✓ ***Support Broker Services***

provided to PCA Waiver clients.

# Secure Web Portal

Providers who have successfully enrolled as PCA Service Providers will receive:

- ✓An approval letter with their new AVRS/Medicaid ID
- ✓Additional letter under separate mailing containing their Personal Identification Number (PIN)
- The AVRS ID and PIN allow the provider initial access to the Connecticut Medical Assistance Program Secure Web Portal for the purpose of creating a **secure Web account**.

# Access to Secure Web Portal

Users have multiple access to logging on to their secure Web account from the [www.ctdssmap.com](http://www.ctdssmap.com) Home page.

The screenshot displays the homepage of the Connecticut Department of Social Services (CTDSS). The header features the CTDSS logo and the tagline "Making a Difference". Below the header is a navigation bar with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, and Hospital Modernization. The "Provider" link is highlighted with a red box. On the left side, there is a "home site map" menu. Under the "Provider" section, the "Secure Site" link is highlighted with a red box. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner. Below the banner, there is a section titled "Important Messages" with several links. At the bottom, there are three icons: a stack of books labeled "Information", a stethoscope labeled "Provider" (highlighted with a red box), and a key labeled "Trading Partner".



# Access To Web Portal

To ensure your access to the [www.ctdssmap.com](http://www.ctdssmap.com) 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 (CMAP) Web site.

# Setup Your Secure Web Account

**Login**

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

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

[set up account](#)  **Click to access Account Setup.**

User ID\*

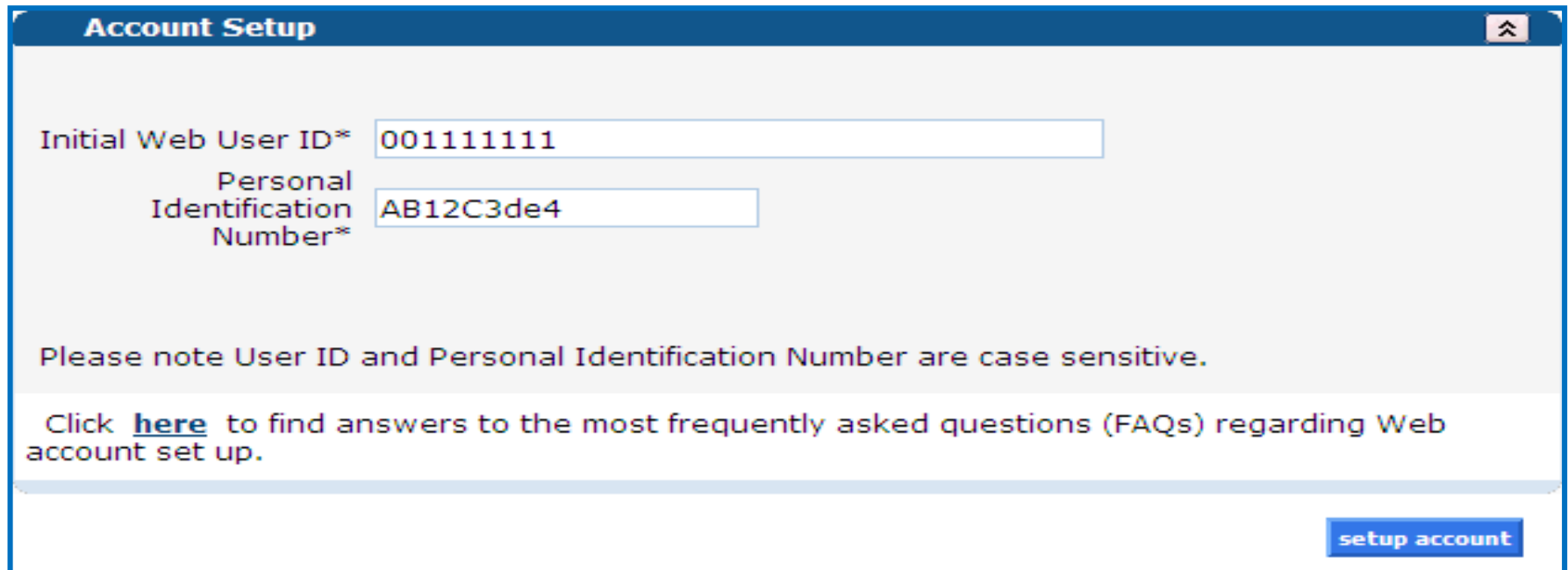
Password\*

[login](#)

[reset password](#)

# Secure Web Account Setup

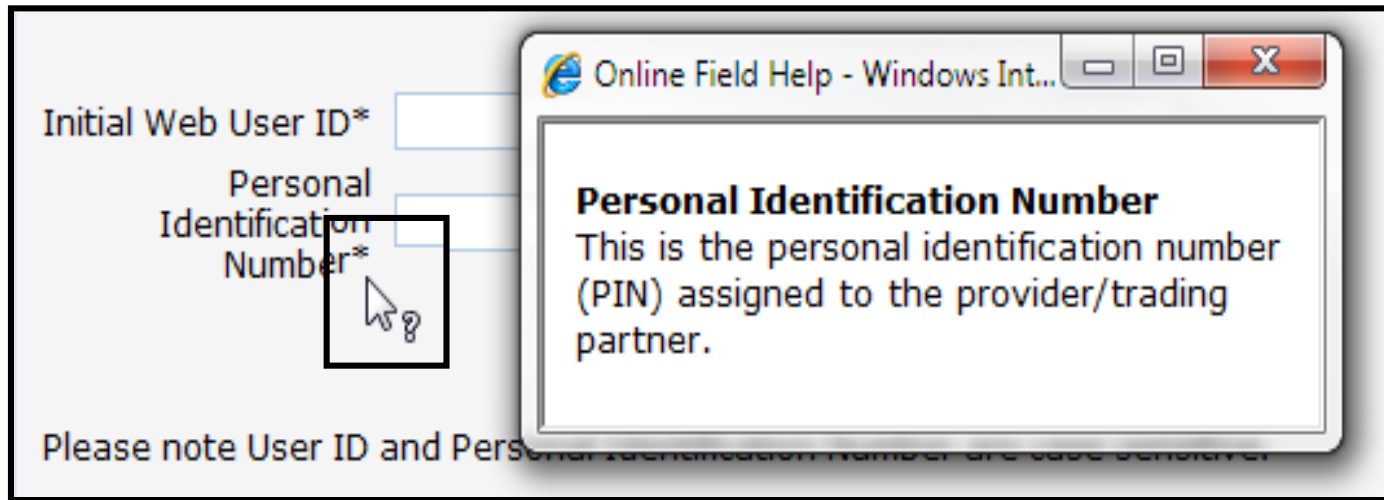
- Account Setup- Allows providers to set up a local administrator user account.
- Enter the provided *Initial Web User ID* and *PIN* (which can be found in the enrollment and PIN letters), in the appropriate fields; click **setup account**.



The screenshot shows a web browser window titled "Account Setup". It contains two input fields: "Initial Web User ID\*" with the value "001111111" and "Personal Identification Number\*" with the value "AB12C3de4". Below these fields is a note: "Please note User ID and Personal Identification Number are case sensitive." At the bottom left, there is a link: "Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up." At the bottom right, there is a blue button labeled "setup account".

# Secure Web Account - Online Field Help

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



# Web Account Set Up

- Once on 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_Waiver"/>	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"/>	EMail*	<input type="text" value="john_doe@waiverpca.com"/>
Phone Number*	<input type="text" value="(800)555-5555"/> <input type="text" value="5555"/>	Confirm EMail*	<input type="text" value="john_doe@waiverpca.com"/>
1st Secret Question*	<input type="text" value="Mothers 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 security 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 61 days on 4/26/2016 at 12:00 AM** [Change Password](#)

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

**Quick Link**

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

**Global Messages**

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

**Secure Mailbox**

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

# WEB ACCOUNT CAPABILITIES

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

- **Update your demographic information (primary account holder only):**
  - Chapter 10-Web Portal/AVRS-Section Provider Demographic Maintenance
- **Set Up clerk accounts:**
  - Chapter 10-Web Portal/AVRS-Section Creating Clerk Accounts
- **Switch Provider:**
  - Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.
  - Chapter 10-Web Portal/AVRS-Section Ongoing Clerk Maintenance
- **Check client eligibility via the Web:**
  - Chapter 4-Client Eligibility-Section Internet Web Site Portal Eligibility

# Web Account Capabilities cont.

- **Access client care plans:**
  - Care Plan Inquiry (Access Agencies)
  - Prior Authorization Inquiry (PCA Service Providers)
- **Create and Submit claims:**
  - Web claim format is HIPAA 5010 compliant
  - Professional
- **Perform claim inquiries:**
- **Resubmit, Adjust, Void, and Copy claims:**
  - Even those previously submitted electronically or via paper.
  - Region 12 and 13 claims cannot be adjusted.
- **Obtain your Remittance Advice (RA):**

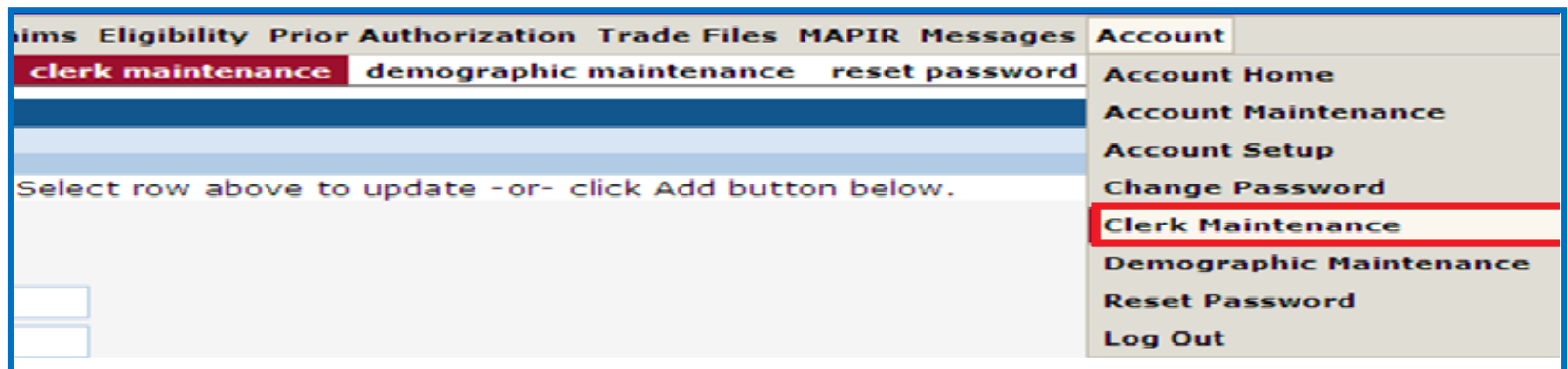


# Demographic Maintenance cont.

- **Location Name Address**- Allows you to specify different mailing, payment, service location, and enrollment addresses.
- **EFT Account**- Allows you to add and maintain bank accounts into which reimbursements from the Connecticut Medical Assistance Program (CMAP) will be electronically deposited.
- \* Upon enrollment PCA Service Providers provided their EFT information. **The first reimbursement after February 25, 2016 will be via paper check.** Once the bank confirms the account, the second reimbursement, if confirmed, will be via EFT.
- **Service Language**- Allows you to change Language, Effective Date and End Date.

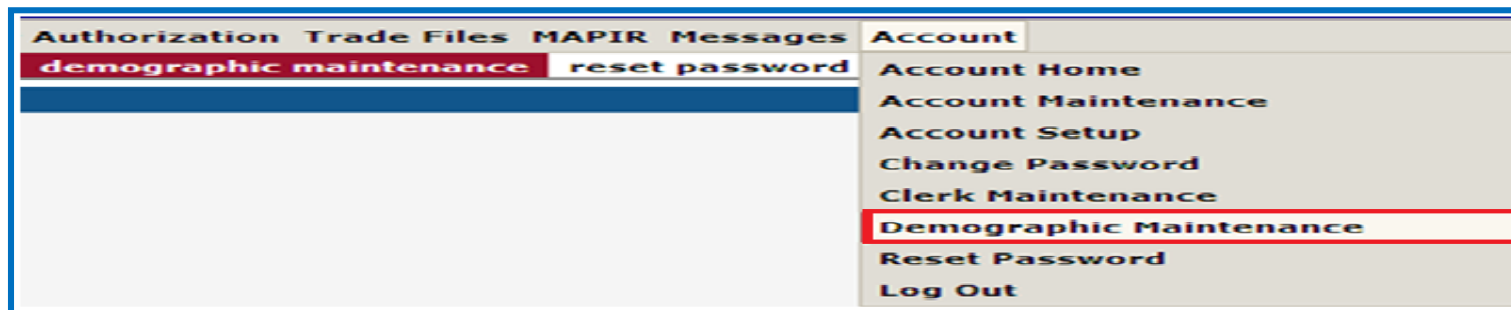
# CLERK MAINTENANCE

- 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.



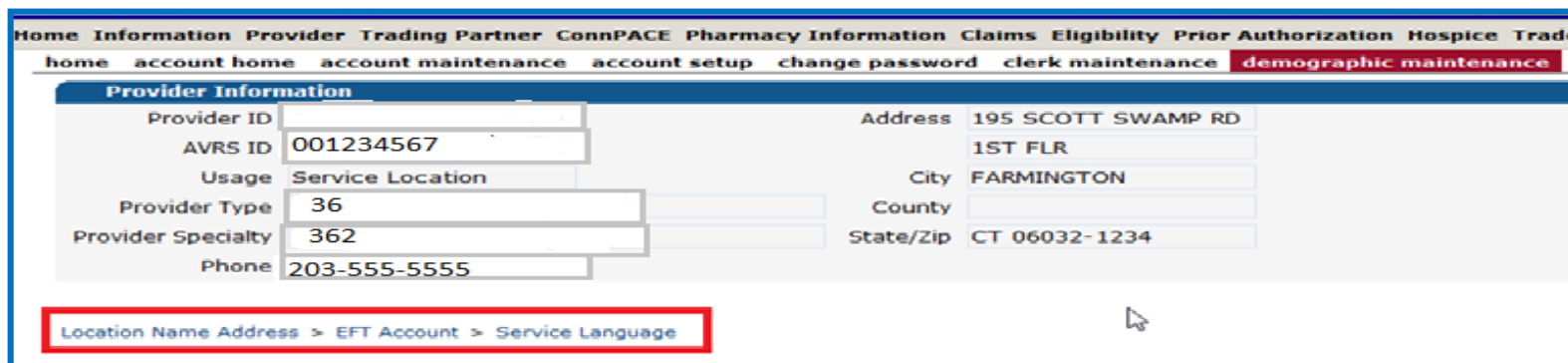
# DEMOGRAPHIC MAINTENANCE

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



A screenshot of a web application's navigation menu. The menu is divided into two sections. The top section contains links for 'Authorization', 'Trade Files', 'MAPIR', 'Messages', and 'Account'. The 'Account' link is highlighted with a red box. Below this, a sub-menu is displayed, listing 'Account Home', 'Account Maintenance', 'Account Setup', 'Change Password', 'Clerk Maintenance', 'Demographic Maintenance' (highlighted with a red box), 'Reset Password', and 'Log Out'.

Access this section by selecting *demographic maintenance* from either the *Account* drop-down menu (above) or the *Account* sub-menu (below)



A screenshot of the 'Demographic Maintenance' form. The form is titled 'Provider Information' and contains several input fields for provider details. The fields are arranged in two columns. The left column includes 'Provider ID', 'AVRS ID', 'Usage', 'Provider Type', 'Provider Specialty', and 'Phone'. The right column includes 'Address', 'City', 'County', and 'State/Zip'. The 'Address' field is split into two lines. Below the form, there is a red box containing the text 'Location Name Address > EFT Account > Service Language'. A mouse cursor is visible over the red box.

- Click on **Location Name Address, EFT (Electronic Funds Transfer) Account or Service Language** to make additional changes.

# Clerk Maintenance

- Click to add/remove clerks, assign or change roles and reset passwords.

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 table lists four users: JANE SMITH, JUAN MARTINEZ, MARCUS WILLIAMS (highlighted in red), and TOM JOHNSON. Below the table, there is a section for editing a clerk, with the text 'Type changes below.' and a 'reset password' button. The editing section includes fields for 'User ID' (MARCUSWILLIAMS), 'Contact First Name' (Marcus), 'Contact Last Name' (Williams), and 'Phone Number' ((800)555-5555 5550). There are also 'remove clerk' and 'add clerk' buttons. At the bottom, there is a section for 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' list includes 'Client Eligibility Verification', 'PA Inquiry/Submission', 'Prior Authorization Inquiry', 'Claim Inquiry/Submission/Adjustment', and 'Claim Inquiry'. The 'Available Roles' list includes 'Trade Files'. There are navigation buttons between the two lists: '<', '<<', '>', and '>>'. At the bottom right, there are 'submit' and 'cancel' buttons.

User ID	Contact First Name	Contact Last Name
JANE SMITH	Jane	Smith
JUAN MARTINEZ	Juan	Martinez
MARCUS WILLIAMS	Marcus	Williams
TOM JOHNSON	Tommy	Johnson

Type changes below.

remove clerk add clerk reset password

User ID: MARCUSWILLIAMS

Contact First Name: Marcus

Contact Last Name: Williams

Phone Number: (800)555-5555 5550

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

submit cancel

- Fill in the required fields to add a clerk, click submit.

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

# Switch Provider Function

- Once a clerk ID is created by the local administrator, the same clerk ID can be added to more than one main account, this will allow the clerk the ability to switch back and forth between submitting online transactions for those 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

Provider AVRS ID: 123456

Provider Type: Dentist

Default Provider/Trading Partner: ☒

Address: 15 MAIN STREET

City: WILLIMANTIC

State: CT

Zip: 06226 1948

- Select the appropriate provider; click **switch to**. A window will appear asking you to verify the switch; click **OK**



# PCA Service Provider Workshop

## DETERMINING AND RESOLVING ELIGIBILITY ISSUES

# ELIGIBILITY VERIFICATION

➤ Receipt of a service order from the Access Agency confirms the client is PCA Waiver eligible, however, the client's eligibility file may not yet reflect the client's PCA Waiver eligibility. To avoid unnecessary claim denials such as:

- The client was not eligible on the date of service.
- The service provided was not a covered service under the client's benefit plan.

Verify client eligibility upon receipt of the initial service order.

➤ Eligibility verification can be performed in the following ways:

- Internet Web site at [www.ctdssmap.com](http://www.ctdssmap.com).
- Automated Voice Response System (AVRS).
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction.



# Determining and Resolving Eligibility Issues

- The Home and Community Based Unit at DSS should be notified of an eligibility issue when a client begins service so action can be taken to resolve the eligibility issue as soon as possible. Providers who identify an eligibility issue at the time of service should send an encrypted email to [alternateCare.dss@ct.gov](mailto:alternateCare.dss@ct.gov).
- The client's name, client ID and the date service began or is scheduled to begin should be provided. Place the words "PCA Waiver Client Eligibility Issue" in the subject line of the email.
- Providers who identify an eligibility issue upon claim denial should contact the DSS Home and Community Services Unit as noted above. To avoid further claim denial, check eligibility before resubmitting claim.

# Eligibility Verification Via Secure Web Portal

The screenshot shows the login page for the Connecticut Department of Social Services Medical Assistance Program secure website. The page has a blue header with navigation links: Home, Information, **Provider**, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below the header, there is a secondary navigation bar with links: home, provider enrollment, provider re-enrollment, provider enrollment tracking, provider matrix, provider services, provider search, drug search, provider feedback, oos instructions/information, and **secure site**. The main content area has a blue bar with a **Login** button. Below this, a message states: "The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents." Another message says: "If you have received your Personal Identification Number letter, click on the setup account button." There is a **setup account** button. A red box highlights the login fields: "User ID\*" and "Password\*" text labels, input boxes, and a **login** button. Below the login fields, a message says: "If you have forgotten your password please click the reset password button." There is a **reset password** button.

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

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

**Login**

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

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

**setup account**

User ID\*

Password\*

**login**

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

**reset password**

# Eligibility Verification

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

## Valid Search Combinations

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

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

← When entering a full name as part of your search criteria, a middle initial is required if present in the client's "CMAP profile."



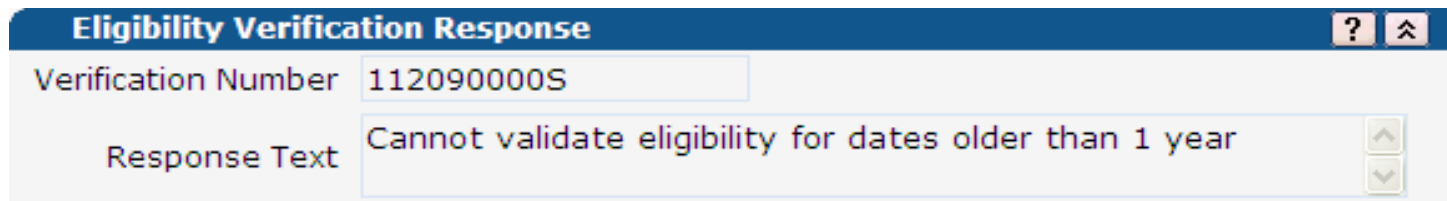
Eligibility Response Quick Reference Guide

## Eligibility Verification Request

Client ID	<input type="text"/>	last name	<input type="text" value="Doe"/>	From DOS*	<input type="text" value="02/09/2016"/>
SSN	<input type="text"/>	First Name, MI	<input type="text" value="John"/> <input type="text"/>	To DOS*	<input type="text" value="02/09/2016"/>
Birth Date	<input type="text" value="02/05/1955"/>				
Service Type Code 1	<input type="text" value="30 - Health Benefit Plan Coverage"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				

# ELIGIBILITY VERIFICATION

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



The screenshot shows a software window titled "Eligibility Verification Response". It has a blue header bar with a question mark icon and an upward arrow icon. Below the header, there are two input fields. The first field is labeled "Verification Number" and contains the text "112090000S". The second field is labeled "Response Text" and contains the text "Cannot validate eligibility for dates older than 1 year". To the right of the "Response Text" field are two small, vertically stacked arrow buttons (up and down).

- **Eligibility verification can only look as far back as one year.**
- **Eligibility searches cannot span multiple months.**
  - 02/25/2016 – 03/14/2016 (invalid span)
  - 02/25/2016 – 02/29/2016 (valid span)

This search will allow providers to search for eligibility to the end of the month (future dates). Providers must validate eligibility on the actual date of service.

# 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

**Eligibility Verification Response** ?

Verification Number 1120900015

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

**Client Information**

Client ID 009999999

SSN 111-99-9999

Birth Date 01/20/1997

Gender M

Last Name THOMAS

First Name, MI THOMAS

Street 1 MAIN ST

City, State, Zip TORRINGTON, CT 06790

**Benefit Plan**

**Service Information**

Benefit Plan Husky C. For Behavioral Health Services, call BHP at 877-552-8247.

Benefit Month Effective Date 01/01/2012

Effective Date 01/11/2012

End Date 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

**N/A to Support Broker and Adult Foster Care Services**

**TPL**

**Lockin**

**Medicare**

**Coverage**

Medicare A

Must state PCA Waiver Eligible.

# Client Eligibility Verification-PCA Eligible

**Eligibility Verification Response**

Verification Number1603603JHD

Response TextClient is eligible. Refer to Benefit Plan for specific program coverage.

**Client Information**

Client ID001234567Last NameMan

SSN###-##-####First Name, MISnow

Birth Date02/05/50Street

Gender FCity, State, Zip

Client must have a Personal Care Assistant Waiver Benefit Plan for the payment of Adult Foster Care or Support Broker services.

	Benefit Plan			
Service Information <sup>A</sup>	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	02/01/2016	02/05/2016	02/05/2016	
Personal Care Assistant Waiver	02/01/2016	02/05/2016	02/05/2016	

# CARE PLAN ACCESS

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

- Each service on the care plan has its own **unique PA#**.
- Each PA# is tied to and **viewable** to the **servicing provider** via a **PA inquiry**.
- All PCA **Support Broker** and **Adult Family Living/ Foster Care** services
- **must be on the care plan** for the **services** to be **reimbursed**.



# Care Plan Access Via Secure Web Portal

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

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

**Login**

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

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

[setup account](#)

User ID\*

Password\*

[login](#)

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

[reset password](#)

# PCA CARE PLAN ACCESS - (PA) SEARCH

Once on the secure site, click **Prior Authorization** > **Prior Authorization Search**.

The screenshot displays the Connecticut Department of Social Services web portal. The header includes the department logo and the tagline "Making a Difference". The date "Tuesday, February 09, 2016" is shown in the top right corner. The main navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims Eligibility, Prior Authorization, Hospice, MAPIR, Account, and ConnPACE. The "Account" link is highlighted. Below the navigation bar, a sub-menu for "Prior Authorization" is open, showing options for "Prior Authorization Search", "Care Plan", and "Pharmacy Prior Authorization". The "Prior Authorization Search" option is selected. The main content area displays a welcome message for user PCA001234567 and a re-enrollment due date of 02/25/2018. There are sections for "Global Messages" and "Secure Mailbox", both showing "\*\*\* No rows found \*\*\*". A "Quick Link" section on the right lists various services such as Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, Download Remittance Advices, and ACA Ordering/Prescribing/Referring Provider List. An "Email Subscription" section also lists a link to Register/Update Email Subscription.

Connecticut Department of Social Services  
Making a Difference

Help  
Tuesday, February 09, 2016

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

home account home account maintenance account setup change password reset password log out Prior Authorization Search Care Plan Pharmacy Prior Authorization

Welcome, PCA001234567

Re-enrollment Due 02/25/2018

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

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

Quick Link

- Check E-messages
- Claim Status Inquiry
- Client Eligibility Verification
- Prior Authorization Inquiry
- Download Remittance Advices
- ACA Ordering/Prescribing/Referring Provider List

Email Subscription

- Register/Update Email Subscription

# PCA CARE PLAN ACCESS - (PA) SEARCH

Search by ***Client ID or PA Number***. Further define search by ***date, procedure or list code***.

Connecticut Department of Social Services  
Making a Difference

Help  
Tuesday, February 09, 2016

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

home **prior authorization search** care plan pharmacy prior authorization

Quick Link  
■ [Web Guide - Prior Authorization Search](#)

Provider 001234567 MCD

**Prior Authorization Search**

Client ID

Client Name

Search Pharmacy PAs only ☐

Requested Eff Date

Requested End Date

Authorized Eff Date

Authorized End Date

Prior Authorization

PA Assignment

PA Assign - Sub

Procedure  [ Search ]

Revenue Code  [ Search ]

Proc/Mod List

Procedure Code List  [ Search ]

Records 20

search  
clear

# PA Search Via Provider Secure Web Account

- Search results by client ID provide all PAs authorized for the client under the provider's care. Results can be more defined by increasing the amount of data used in the search.

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

**prior authorization search** care plan pharmacy prior authorization

Quick Link  
■ [Web Guide - Prior Authorization Search](#)

Provider 1174635650 NPI

**Prior Authorization Search**

Client ID: 000000000  
Client Name: MP SEG CLIENT TWO

Search Pharmacy PAs only: ☐

Requested Eff Date:   
Requested End Date:   
Authorized Eff Date:   
Authorized End Date:

PA Assignment:   
PA Assign - Sub:   
Procedure:  [ Search ]  
Revenue Code:  [ Search ]  
Proc/Med List:  [ Search ]  
Procedure Code List:  [ Search ]

Records: 20

Click on a column heading to sort results in ascending or descending order

Search Results

Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Revenue	NDC	Proc/Med List	Procedure Code List	Frequency
2016041005	01	02/07/2016	02/13/2016	5	\$0.00	Auto Approved for Care Plan	0	PCA	Initial	5140Z	U2							972	5 Per Calendar Week
2016041006	01	02/07/2016	02/13/2016	1	\$0.00	Auto Approved for Care Plan	0	PCA	Initial										1 Per Calendar Week

PA inquiry by client ID shows a 972 code list for Adult Foster Care Services for a week. Any combination of codes within the 972 code list can be billed up to 5 units for the week of 2/7-2/13/16, based on the care provided. An additional day of service has been authorized for either of two days in the week when foster care not provided using

a designated level of care as indicated by code 51240Z = per diem level 4 with one time only modifier "U2."

Add additional data to reduce lengthy search results.

# PA Search Via Provider Secure Web Account

Additional Care Plan Information can be Viewed by opening a PA from the PA Search Results Inquiry. A one-line detail PA will auto populate when the PA is opened.

prior authorization search care plan pharmacy prior authorization

[Back To Search Results](#)

**Base Information**

Prior Authorization Number: 2016041005  
Client ID: 003658371  
Last Name: CLIENT TWO  
Billing Provider: 1174635650 NPI  
Diagnosis: [ Search ]  
PA Assignment: PCA  
First Name, MI: MP SEG  
Date of Birth: 01/01/1920  
Insurance: None  
Estimated Date of Delivery: [ Search ]  
Patient Condition: Fair

**Line Item**

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Procedure Code List	Proc/Mod List	Revenue Code	Revenue Code List	Drug Name
01	5.000	\$0.00	5.000	\$0.00	Auto Approved for Care Plan	972									

Type changes below.

Line Item: 01

Service Type Code\*: Procedure Code [ Search ]  
Procedure Code: [ Search ]  
Mod 1: [ Search ]  
Mod 2: [ Search ]  
Mod 3: [ Search ]  
Mod 4: [ Search ]  
Revenue Code/List: [ Search ] [ Search ]  
Proc/Mod List: [ Search ]  
Procedure Code List: 972 Foster Care - CHC  
Requested Eff./End Dates\*: 02/07/2016 02/13/2016  
Requested Units/Dollars\*: 5.000 \$0.00  
Status: Auto Approved for Care

Authorized Units/Dollars: 5.000 \$0.00  
Authorized Eff./End Dates: 02/07/2016 02/13/2016  
Used Units/Dollars: 0 \$0.00  
Available Units/Dollars: 5 \$0.00  
Frequency: 5 Per Calendar Week

Tooth: [ Search ]  
Quad: [ Search ]  
Tooth Surface 1: [ Search ]  
Tooth Surface 2: [ Search ]  
Tooth Surface 3: [ Search ]  
Tooth Surface 4: [ Search ]  
Tooth Surface 5: [ Search ]

Drug Name: [ Search ]

Notes

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

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

**Click the PA line detail at search results to open the PA or PA line detail for additional service authorization information. Once the PA is open, Providers have access to the caremanager notes which may provide all or additional service authorization.**

# PCA Authorized Services

## ***Procedure Codes***

Description of Service	Procedure Code
Support Broker	2040Z
Description of Service	Procedure Code
Adult Foster Care – Level 1	S5140
Adult Foster Care – Level 2	5140X
Adult Foster Care – Level 3	5140Y
Adult Foster Care – Level 4	5140Z

# PCA Authorized Services

## Use of Modifiers

➤ **The following Modifiers may also be authorized when Support Broker or Adult Foster Care Services are authorized by Procedure Code:**

- ✓ Modifier **U2 - One Time Only Services** can be used to authorize:
  - Additional units needed on a day **Support Broker** services are provided
  - Another day of service in an existing care plan when **Adult Foster Care** is provided
  - An additional frequency to an existing service when **Support Broker or Adult Foster Care** services are provided.

# PCA Authorized Services

## Use of Modifiers

- ✓ Modifier **TT** - Subsequent Client, can be used to authorize:
  - **Support Broker** or **Adult Family Living/Foster Care** service for an additional client residing in the home of a client already receiving the same service.
  - If the **TT** modifier is authorized, it must be associated to the procedure code on the care plan/PA.
  - The **TT** modifier reduces the subsequent client payment for service by **50%**.



# PCA Authorized Services

## Adult Family Living/Foster Care Procedure Code list and Procedure Code/Modifier Code List.

Adult Family Living/Foster Care	List Code = 972 <i>(on care plan)</i>
Description of Service	Procedure Code <i>(on claim)</i>
Level 1	S5140
Level 2	5140X
Level 3	5140Y
Level4	5140Z
Adult Family Living/Foster Care – <i>(One Time Only)</i>	List Code = FF <i>(on care plan)</i>
Description of Service	Procedure Code <i>(on claim)</i>
Level 1 - One Time Only	S5140 U2
Level 2 - One Time Only	5140X U2
Level 3 – One Time Only	5140Y U2
Level 4 – One Time Only	5140Z U2

# Viewing and Understanding the PCA Care Plan – PA Inquiry

## **Points to remember when viewing the client's Service Order/Prior Authorization on your secure Web Account:**

- The procedure code, modifiers, from and through dates of service, units and frequency should match:
  - ✓ the paper service order or
  - ✓ the service order noted in the notes section of the PA on your secure Web account (Access Agency Upload of Service Orders)

Note: Discrepancies should be reported to the Access Agency

# Viewing and Understanding the Care Plan

## Points to Remember

- **Codes Authorized on the care plan are not always the codes to be billed on the claim.**
  - Providers should refer to the procedure code crosswalk for billing codes associated to codes authorized on the (PA).
- **If a Procedure Code or Procedure Code Modifier List is authorized, providers should:**
  - Refer to the Procedure Code Crosswalk for billing codes and unit increments associated to the Procedure Code List or Procedure Code Modifier List authorized.
  - Codes associated to the list can be billed interchangeably, based on the service provided, up to the units authorized within the frequency, unless otherwise indicated by the care manager as documented on the service order.

# Viewing and Understanding the Care Plan

## Points to Remember cont.

- If the procedure code on the **service order** is of a **lessor reimbursement** value than the **service being provided** from the code list,
  - the provider must contact the care manager unless otherwise indicated in the external notes on the PA.



# PCA Service Provider Workshop

## CLAIM SUBMISSION GUIDELINES

# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Claims for services rendered to CMAP clients may be submitted:
  - Internet Web site at [www.ctdssmap.com](http://www.ctdssmap.com)
    - Interactive with **immediate response** of claim payment or denial.
    - Allows provider to **adjust, void, or re-submit** within the **same claims processing cycle**.
  - Vendor Software utilizing the following HIPAA ASC X12N transactions:
    - 837P – Health Care Claim Professional
    - Requires provider to enroll as a Trading Partner
  - Paper
    - CMS-1500 Claim Form

# CLAIMS PROCESSING/SUBMISSION INFORMATION

- Claims processed through the Connecticut interChange system are subject to a series of **edits** that check the validity of claim data such as:
  - **Submitting** provider must be actively enrolled on the date of service.
  - **Client** must be eligible on date of service.
  - **Procedure Code** submitted must be valid for the **Provider Type**.
- Claims are then subject to a series of **audits**
  - Is the **procedure code(s)** billed **on** the client's **plan of care**?
  - If the billed **procedure code** requires prior authorization (PA), has the **PA** been **approved**?
  - The claim is compared to previously paid claims
    - » Is the current claim a **duplicate** of a **paid claim**?

# CLAIMS PROCESSING / SUBMISSION INFORMATION

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

- **1** Claim Region – Identifies the manner in which the claim was submitted. (**20** = Electronic Claims with No attachments)

**20** **16** **032** **123** **456**  
1 2 3 4 5

- **2** *Year of Receipt* – Indicates the year in which the claim was received by Hewlett Packard Enterprise. (**16** = **2016**)
- **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 Hewlett Packard Enterprise to uniquely identify a batch. (**123**)
- **5** *Claim Number* – A sequential number assigned to uniquely identify claims within a batch. (**456**)



# CLAIMS PROCESSING / SUBMISSION INFORMATION

- Timely Filing Guidelines

- The timely filing limit, under the ***PCA Waiver Benefit*** plan for the submission of:

- **Support Broker**

- **Adult Family Living/Foster Care Services**

- » **One (1) year** from the date of service (initial claim).

- » **One (1) year** from date of last payment or denial, if not for timely filing.

# SPANNING DATES

- Dates of service can only be spanned for non-medical services submitted in the professional claim format when service is provided on consecutive dates which span the from and through dates of service on the claim detail.
- Spanned dates of service cannot exceed the frequency (weekly or monthly) for the service as noted on the care plan.
- **For example, if foster care service is to be provided 6 days per week on consecutive days such as Monday through Saturday for 1 per day for a total of 6 units, the span dates of service must begin on the Monday of the calendar week in which the service was performed and end on the Saturday of the same calendar week for a total of 6 units.**

# Spanning Dates of Service

- Spanned dates of service cannot span multiple line details on the care plan.
- **For example, in the example above a onetime only of an additional day of foster care on Sunday is needed for the above week. If the additional day on Sunday is added as an additional line detail on the PA, the services for Sunday, even though they are consecutive with the regular weekly services, must be billed on a separate line detail.**



# PCA Service Provider Workshop

## MONTHLY CLAIMS RE-PROCESSING DUE TO CARE PLAN CHANGES

# PCA Waiver Monthly Claims Reprocessing

## Systematic Monthly Claims Reprocessing to:

- Sync paid claims to the appropriate PA/PA line detail once care plan changes have been made by the Access Agency such as:
- End dating and restarting a care plan due to periods of hospitalization.
- Increasing or decreasing services.
- End dating a care plan when the client leaves the Agency's service.

# PCA Waiver Monthly Claims Reprocessing

## Systematic Monthly Reprocessing

- In the **first cycle of each month**, Hewlett Packard Enterprise will recoup (void) all paid claims impacted by the Access Agency changes made two months prior (Region 52 claims = a voided claim).
- In the **same cycle Hewlett Packard Enterprise will reprocess, (deny and/or pay claims)** posting to the correct PA/PA line detail (Region 24 claims = a new day claim).
- For example: changes made to PAs in March 2016 by the Access Agency will result in claims being voided (region 52) and reprocessed (region 24) in the first cycle of May 2016.
- Note: Region = the first two digits of the claim Internal Control Number (ICN).

# PCA Monthly Claims Reprocessing cont.

## Impact to Provider Remittance Advice ( Paper RA)

- If there is a financial impact (Change in \$ amount up or down) between the voided claim (region 52) and the reprocessed claim (region 24):
  - Providers will see in the adjustment section of their RA
    - The previously paid claim ICN (Region 20, 22, 59, 10 etc.).
    - Recouped/Voided claim ICN (Region 52).
    - EOB Code 8236 – Claim was recouped due to PA change.

# Monthly Claim Reprocessing Due to PA Changes Made by Access Agency Claim Recouped

REPORT: CRA-PHAD-R  
RA#:

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
CMS 1500 CLAIM ADJUSTMENTS

Date: 10/15/201  
PAGE: 33

Home Care Agency  
555 Any ST  
Somewhere, CT 00000-0000

PAYEE ID MCD  
ISSUE DATE 10/15/201  
TAXONOMY -----  
P. AVRS ID

FP	--ICN--	SERVICE DATES		ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT
	--PATIENT NUMBER--	FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	INCOME	AMOUNT	CONTR.
		SERVICE DATES RENDERING				BILLED	ALLOWED				
PL SERV	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	AMOUNT	AMOUNT	DETAIL	EOBS	

CLIENT NAME: Sally Client

CLIENT NO.: 0000000000

1	22000000000000	060314	061214	(116.16)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(58.08)	(0.00)
1	52000000000000	060314	061214	116.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEADER EOBS:				8236						0.00	



# PCA Monthly Claims Reprocessing cont.

## Impact to Provider Remittance Advice ( Paper RA)

- A new claim will be systematically created. Providers will see the new day claim on their RA :
- Claim ICN (Region 24) in the paid/denied section of the RA.
- EOB Code 8238 – Claim Systematically Reprocessed Due to a PA/Service Order Change.
- **NOTE: If the reprocessed region 24 claim pays the same as the recouped region 52 claim, neither claim will appear on the RA.**

# Monthly Claim Reprocessing Due to PA Changes – Claim Reprocessed and appears on RA (paid amount region 24 claim greater than amount recouped – region 52 claim)

REPORT: CRA-PHPD-R  
RA#:

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

Date: 10/15/2014  
PAGE: 2

Home Care Agency  
555 Any ST  
Somewhere, CT00000-0000

PAYEE ID  
ISSUE DATE 10/15/2014  
TAXONOMY -----  
P. AVRS ID

FP	--ICN--	SERVICE DATES	BILLED	ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT
	--PATIENT NUMBER--	FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	INCOME	AMOUNT	CONTR.

CLIENT NAME: Sally Client

CLIENT NO.:

060214 061214

116.16

75.00

0.00

0.00

0.00

0.

2400000000000

0.00

0.00

75.00

Header EOB: 8238

SERVICE DATES RENDERING

BILLED

ALLOWED

DETAIL EOB

CL SERV PROC CD MODIFIERS

UNITS

FROM

THRU

PROVIDER

AMOUNT

AMOUNT

12

1210Z

20

060214

061214

MCD

116.16

75.00

# PCA Monthly Claims Reprocessing

## Impact to Provider's Secure Web Portal – Claim Inquiry

- Regardless of the financial impact (more, less or no \$ change):
  - All **region 52** and **region 24** claims will appear on the provider's secure web account
  - **Region 24** claims with no financial impact (i.e. region 24 claims paid the same as voided region 52 claims) will appear on the web with:
    - **EOB code 8237** – Claim Systematically Reprocessed Due to PA Change-Information Only.

**Note: These claims will not appear on the provider's RA**

# PCA Monthly Claims Reprocessing

## Impact to Provider's Secure Web Portal – PA Inquiry

- Region **24 claims** identify a change made to the care plan/PA.
- Region **24 claims** with **EOB Code 8238** – Claim Systematically Reprocessed Due to a PA/Service Order Change confirms there has been a change which has:
  - ✓ **Positively** or **negatively** impacted you financially.
  - ✓ May continue to impact you financially in the future.
- Providers should investigate reprocessed claims with a **negative** impact to determine if:
  - ✓ Providing appropriate level of service currently authorized.
  - ✓ Current service order matches the PA on their secure web account. Report discrepancies to the Access Agency.

# PCA Monthly Claims Reprocessing

## Impact to Provider's Secure Web Portal – PA Inquiry cont.

- A PA may show negative units available, if the changes made by the Access Agency reduce the frequency number or date span to less than the total units paid on claims currently associated to the PA.
- For example:
  - PA authorized for 7 units per week for 4 weeks = 28 units authorized and available.
  - Claims are paid against the PA = 14 units used
  - Access Agency changes the PA to 5 units a week for 2 weeks = 10 units authorized and available.
  - Until claims are recouped and reprocessed, the PA will show 10 units available – 14 used = (4) negative units.



# PCA Service Provider Workshop

## CLAIM DENIALS, RESOLUTION AND RESOURCES

# Claim Denials and Resolution

## Claim Denials due to Client Eligibility

### Denial Reasons:

- **EOB Code 2003** - Client Ineligible for dates of service
- **EOB Code 4021** - Procedure Billed is not a Covered Service under the Client's Benefit Plan. (If this is the only EOB that sets on the claim, the client does not have a PCA Waiver benefit plan. If any other EOB is on the claim, take action on the other EOB and disregard EOB 4021). **The system evaluates each benefit plan the client is on even though it is not a covered service.**

### Resolution:

- Client eligibility file needs to be updated with a PCA Waiver benefit plan or change in the effective dates of eligibility.

# Claim Denials and Resolution

## Claim Denials/Resolution Related to Care Plan/PA Issues

- **EOB Code 3015** –Care Plan Required

**Resolution:** A care plan must be created by the Access Agency and uploaded to the Hewlett Packard Enterprise system.



# Claim Denials and Resolution

## Claim Denials/Resolution Related to Care Plan/PA Issues

- **EOB Code 3016** -Service not Authorized on the Care Plan.

**Resolution1:** A service denied for not on care plan must be added by the Access Agency to the Care plan.

**Resolution2:** Incorrect Procedure code billed by provider or PA/claim mismatch.

# Claim Denials and Resolution

## Claim Denials Related to Care Plan/PA Issues:

- **EOB Code 5151** - Units exceed the frequency units authorized on the care plan.

**Resolution 1:** Units of service must be added to the frequency of an existing PA by the Access Agency.

**Resolution 2:** Units exceeded due to provider keying error. Provider should review claim(s) within the span dates of the PA for keying errors or possible over service.

# Claim Denials and Resolution

## Claim Denials Related to Care Plan/PA Issues

- **EOB Code 3003** - Units of service must be added by the Access Agency to an existing PA that is currently exhausted.

**Resolution 1:** Prior Authorization is required for payment of the service (units for the service are exhausted).

**Resolution 2: PA exhausted** may be due to provider keying error. Provider should review claim(s) within the span dates of the PA for keying errors or possible over service.

# Claim Denials, Resolution and Resources

## Resources for Care Plan/PA Issues:

- Care Mangers create service orders and enter them in the Access Agencies Care Management System. **DSS cannot make care plan or prior authorization changes in the portal.**
- The Access Agency is responsible for uploading initial care plans and changes to care plans to Hewlett Packard Enterprise, in Prior Authorization format, within seven (7) days of issuing the service order.
- If the provider **has a service order** and a **PA for the service order cannot be found by doing a PA inquiry via the provider's secure Web account** within **seven (7) days** of receipt of the service order, the provider should contact the applicable Access Agency.



# PCA Service Provider Workshop

## PROGRAM RESOURCES

# PCA Program Resources

## ➤ PCA Procedure Code Crosswalk

- ✓ Contains authorized codes and associated billing codes
- ✓ Service descriptions
- ✓ Unit increments
- ✓ Billing Provider (Allied, PCA Service Provider or Home Health Agency)
- ✓ If spanning code is allowed
- ✓ Valid frequency (which can be used by Access Agency to authorize the service)

This document can be found as a link in **24D**.(procedure code/modifier field)of the **claim submission instructions** of the **Waiver Programs and Special Services Chapter 8** of the CMAP Provider manual.

# PCA Waiver Program Resources

## **CT Medical Assistance Provider Manual**

- ✓ *Provider access from the [www.ctdssmap.com](http://www.ctdssmap.com) Homepage> Information> Publications> Provider Manuals.*
- ✓ The Provider Manual is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission.
- ✓ It is the primary source of information for submitting CMAP claims and other related transactions. This manual contains detailed instructions regarding the Program, and should be your first source of information pertaining to policy and procedural questions.

# PCA Program Resources

## **CT Medical Assistance Provider Manual**

### **Chapter 1 – Introduction**

- Provides information on the CT Medical Assistance Program, (CMAP) the Department of Social Services' and Hewlett-Packard Enterprises' responsibilities and resources.

### **Chapter 2 – Provider Participation Regulations**

- Details the CMAP regulations for provider participation.

### **Chapter 3 – Provider Enrollment**

- Provides information on provider eligibility in regards to provider enrollment and re-enrollment.

### **Chapter 4 – Client Eligibility**

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



# PCA Program Resources

## **CT Medical Assistance Provider Manual**

### **Chapter 5 – Claim Submission Information**

- Provides information on general claims processing and billing requirements.

### **Chapter 6 – EDI Options**

- Provides information on electronic claim submission and electronic Remittance Advice.

# PCA Program Resources

## **CT Medical Assistance Provider Manual**

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

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

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

- Provides information on provider specific billing requirements.

# PCA Program Resources

## **CT Medical Assistance Provider Manual**

### **Chapter 9 – Prior Authorization**

- Provides information on how to obtain Prior Authorization for designated services.

### **Chapter 10 – Web Portal/Automated Voice Response System (AVRS)**

- Provides information both the AVRS and the Web Portal functions of interChange.

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

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

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

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

# INFORMATION-PROVIDER BULLETINS

## ➤ Provider Bulletins:

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

Connecticut Department of Social Services  
Making a Difference

Help  
Wednesday, February 10, 2016

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

home publications links hipaa messages archive

Information

**Bulletin Search**

Year  Provider Type

Number  Title

search clear

# Information – Important Messages

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



## Information

### Important Messages

[Attention Inpatient Hospital Providers: Present on Admission Indicator Issue \(Updated 10/22/15\)](#)

[Hospital interChange Issues \(Updated 10/14/15\)](#)

[Attention 340B Hospital Providers: NDC related Claims Denials \(Updated 10/12/15\)](#)

[Updates to 835 Electronic Remittance Advice \(ERA\) \(Updated 10/9/15\)](#)

[Provider Manuals Revised as a Result of ICD-10 Implementation](#)

[Attention Providers: Discontinuation of Paper Trading Partner Agreements \(Posted 10/6/15\)](#)

[ICD-10 Implementation Information \(Updated 10/1/15\)](#)

[Attention: Ambulance Providers Rate Updates \(Updated 9/29/15\)](#)

# Information – Banner Announcements

## *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


10/23/2015- 10/30/2015	Attention All Providers	Attention All Providers. HOLIDAY CLOSURE: Please be advised that the Department of Social Services (DSS) will be closed on Wednesday, November 11, 2015 in observance of Veteran's Day. DSS' offices will re-open on Thursday, November 12, 2015. HP's office will be open on Wednesday, November 11, 2015.
---------------------------	-------------------------	---

# Archive Important Messages and Banner Announcements

Important Messages and RA Banner Announcements are available on the Home page of the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Only the most current messages will be posted in the main areas on the Web for a limited time; thereafter, providers will have to retrieve previously published Important Messages and Banner Announcements from messages archive. To access the messages archive page, select messages archive from the Information drop-down menu on the home page.

[Home](#) [Information](#) [Provider](#) [Trading Partner](#) [Pharmacy Information](#) [Hospital Modernization](#)

[publications](#) [links](#) [hipaa](#) [messages archive](#)

  
Information

Archived Search

Type RA Banner Announcements

Keywords Important Messages

RA Banner Announcements

search

clear

- 2015 Important Messages Archived

Message Effective Date	Title
10/07/2015-10/22/2015	<a href="#">Attention Inpatient Hospital Providers: Present on Admission Indicator Issue</a>

- 2015 RA Banner Announcements Archived

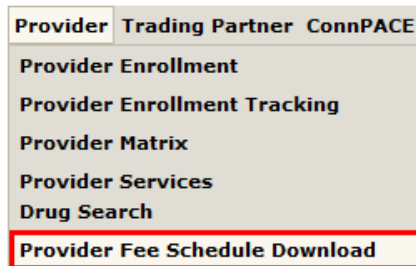
RA Banner Announcements and Important Messages dated January 1, 2014 and forward are saved on the Web site and are available for review.

# Fee Schedules

\*\*\* [Click here for the Fee Schedule Instructions](#) \*\*\*

CMAP fee schedules are available for download from the Web site

- Select **Provider Fee Schedule Download** from the **Provider** drop-down menu



- You must read and accept the End User License Agreement prior to downloading the fee schedule; click *I Accept*
  - Provider Fee Schedules are listed by provider type and specialty
  - Click the corresponding link to download the appropriate fee schedule
  - “Fee Schedule instructions” can be accessed at the top of the page after clicking *I Accept*

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



# What's New ?

## ***Register for E-mail Subscriptions***

Providers may register to receive information electronically for new provider publications through the email subscription function on the Connecticut medical assistance program (CMAP) Web Site at [www.ctdssmap.com](http://www.ctdssmap.com) .

### **Provider publications will include, but not limited to:**

- » **Provider invitations**

- » **Provider bulletins**

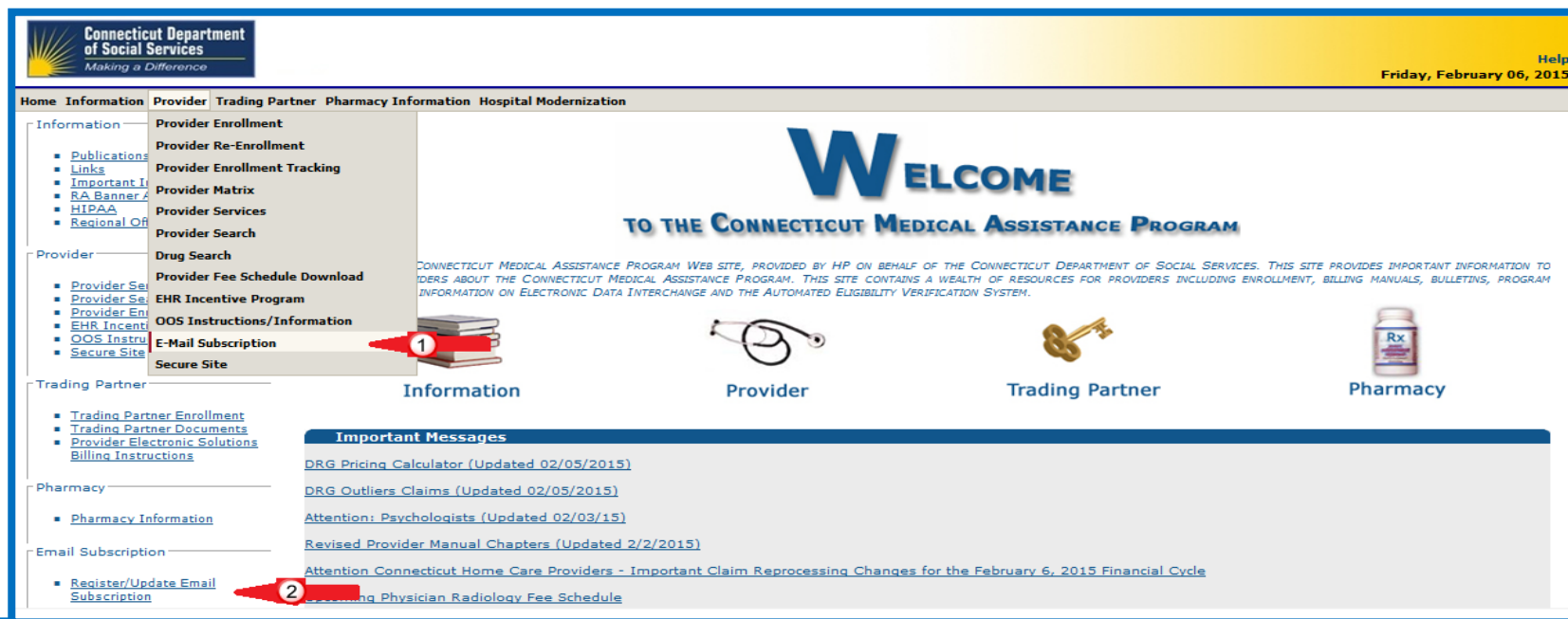
The main account administrator within the providers office that maintain Web account capabilities will be able to select by provider type or by topic which publication notifications they would like to receive. Staff that have clerk accounts or other interested parties from your organization may sign up separately for an e-mail subscription as well

As of June 30, 2015, Hewlett Packard Enterprise no longer mails provider bulletins or provider invitations. Providers who choose not to register will need to access the CMAP Web site for any publications that will be published through the electronic information process

# What's New ?

## How do I register for E-mail Subscriptions?

- Access the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From the Home page:
  - » Option 1 - Click **E-mail Subscription** located in drop down box when hovering over the Provider menu. The Subscriptions page will be displayed.
  - » Option 2 – Select the quick link titled **Register/Update Email Subscription** on the left side of the page. The Subscriptions page will be displayed as shown in Figure 1.



# What's New ?

**Link to Email Available Subscription once clicking on "E-mail Subscription" on the Home Page**

E-Mail Subscriptions

Top ?

Do you want to get the latest information from the Connecticut Medical Assistance Program (CMAP)? Registration is a very quick and simple process! You can register now to receive on-line publications such as provider bulletins, workshop invitations, newsletters, and important messages via email by entering your email address below under "New Subscriber". Once you have entered your email address and confirmed that address, you will be asked to select the type of information you wish to receive (reference list of provider types, trading partner, and topics on the right side of the screen). Once registered, you will receive a confirmation email.

There is no limit on the number of e-mail subscriptions per office! Each provider, member of your office staff, enrollment support staff, etc. can subscribe to receive information via email.

It is important to note that, as of June 30, 2015, the Department of Social Services will no longer send provider bulletins and workshop invitations via the postal service. To ensure that you receive the latest information from CMAP, you must either subscribe to receive this information or review the information posted to [www.ctdssmap.com](http://www.ctdssmap.com) daily to obtain newly published information.

Once you have subscribed, you can modify the type of information you receive at any time by entering your email in the Existing Subscribers box below. You may also unsubscribe at any point in time by entering your email in the Unsubscribe box below.

Click [here](#) to receive detailed instructions on how to newly subscribe, modify an existing subscription, or unsubscribe.

New Subscriber

E-Mail

Confirm E-Mail

Register

Existing Subscribers

E-Mail

Update

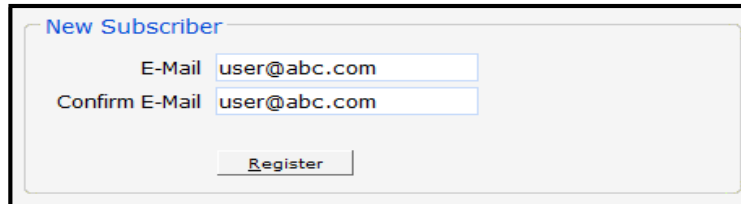
Available Subscriptions

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

# What's New ?

## New Subscriber

In the “New Subscriber” section, enter the e-mail address to which the subscription(s) is to be sent. Re-enter the email address for confirmation



New Subscriber

E-Mail

Confirm E-Mail

Click **Register**

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

**The following messages were generated:**

**Message Description**

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

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

# CONTACTS

## **PCA Service Provider Credentialing/Re-credentialing:**

Allied Community Resources

Provider Services

P.O. Box 479

East Windsor, CT 06088

E-mail: [mflagg@alliedgroup.org](mailto:mflagg@alliedgroup.org) or [vgiannelli@alliedgroup.org](mailto:vgiannelli@alliedgroup.org)

Phone: (860)627-9500 ext. 108 or 138

Fax: (860) 627-0230.

## **DSS Home and Community Based Services Unit for PCA Waiver Eligibility Issues:**

The Home and Community Based Services Unit at DSS should be notified of an eligibility issue when a client begins service so action can be taken to resolve the eligibility issue as soon as possible. Providers who identify an eligibility issue at the time of service should send an encrypted email to [alternateCare.dss@ct.gov](mailto:alternateCare.dss@ct.gov).

The client's name, client ID and the date service began or is scheduled to begin should be provided. **Place the words "PCA Client Eligibility Issue" in the subject line of the email.**

# CONTACTS

- **Hewlett Packard Enterprise Provider Assistance Center (PAC)**
  - 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
  - CTDSSMAP-ProviderEmail@hpe.com
- **Hewlett Packard Enterprise Electronic Data Interchange (EDI) Help Desk**
  - 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
- **Connecticut Community Care (CCCI)-**  
[serviceauthissues@ctcommunitycare.org](mailto:serviceauthissues@ctcommunitycare.org).

**Providers must include the following information when submitting service authorization issues to CCCI:** provider name, client name, client EMS number, CCCI number, EOB code on rejecting claim at Hewlett Packard Enterprise, from and to dates of service, the type of service (adult family living/foster care or Support broker services) the frequency of service (Spanned dates, monthly or weekly), the number of units needed, CCCI service order number, if available and any comments the provider wishes to communicate to CCCI.

# CONTACTS

- **South Western Connecticut Area on Aging (SWCAA)-**  
[SWCAABillings@swcaa.org](mailto:SWCAABillings@swcaa.org).

**Please have the following information available when contacting SWCAA:** client name, the client EMS number, the type of service (adult family living/foster care or support broker), the dates of service, the frequency of service and the number of units or hours per visit.

- **South Central Connecticut Area on Aging (SCCAA)-**  
[pcaldwell@aoascc.org](mailto:pcaldwell@aoascc.org). **Companies without secure e-mail, please fax service order inquiries to (203)752-3064, Attention Peggy Caldwell or contact her directly at (203)752-2947.** Due to the high volume of inquiries AASCC requests your primary source of communication to them be by e-mail or fax.
- **Western Connecticut Area on Aging (WCAA)- contact WCAA directly at (203)465-1000**
- **Please have the following information available when contacting WCAA:** client name, the client EMS number, the type of service (adult family living/foster care or support broker services) the dates of service, the frequency of service and the number of units or hours per visit.

- Questions & Answers

