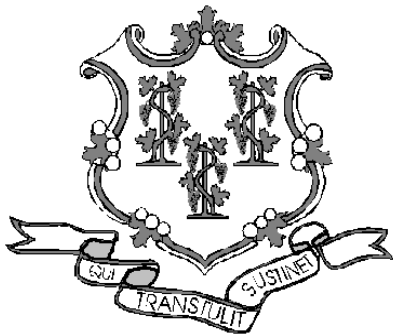




**Connecticut Department
of Social Services**

Making a Difference

Billing Workshop
for
Targeted Case Management (TCM)
Non-Contracted Providers



Presented by
The Department of Social Services
& Hewlett Packard Enterprise



**Hewlett Packard
Enterprise**

TCM Workshop Introduction

*This workshop will provide guidance to enrolled **TCM-CMI Private Fee for Service** providers in the readiness of the primary components for successful claim submission and reimbursement resolution.*

Training Topics

- **TCM 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**
- **Claim Submission Guidelines/Resolution of Claim Denials**
- **Remittance Advice/Reimbursement**
- **Resources/Contacts**
- **Questions**

TCM Overview

Targeted Case Management (TCM) services were previously rendered by providers under contract with the Department of Mental Health and Addiction Services (DMHAS). The Department of Social Services (DSS) has made recent changes that allow providers not contracted with DMHAS to enroll as a **BHH/TCM/Waiver Billing provider** with a specialty of **TCM-CMI Private Fee for Service contract** and bill DSS directly for TCM services.

TCM services are defined as services furnished to assist eligible individuals 18 years of age and older, with serious contract and chronic mental illness or substance abuse disorders, in gaining access to needed medical, social, educational and other services when this targeted group is transitioning to/from a community setting (i.e. nursing facility, general hospital and emergency department).

TCM Overview cont.

TCM services includes the following assistance:

- Comprehensive assessment
- Development and periodic revision of a specific care plan
- Referral and related activities (such as scheduling appointments)
- Monitoring and follow-up activities

TCM Overview cont.

- Effective for dates of service **July 1, 2016**, providers **certified by DMHAS** as having a **competency in providing case management services to adults with serious and chronic mental illness**, are eligible to enroll as a TCM-CMI Private Fee for Service provider and may submit claims for:
 - ✓ Targeted Case Management services provided to this targeted population.

Secure Web Portal

Providers who have successfully enrolled as a **TCM-CMI Private Fee for Service** provider 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 Home page.

The screenshot shows the Connecticut Department of Social Services website. The navigation bar includes 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. The 'Provider' menu is expanded, showing options like 'Provider Enrollment', 'Provider Re-Enrollment', 'Provider Enrollment Tracking', 'Provider Matrix', 'Provider Services', 'Provider Search', 'Drug Search', 'Provider Fee Schedule Download', 'EHR Incentive Program', 'OOS Instructions/Information', 'E-Mail Subscription', and 'Secure Site'. The 'Secure Site' link is highlighted with a red box. Below the navigation bar, there is a 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner. Below the banner, there are three icons: a stack of books labeled 'Information', a stethoscope labeled 'Provider', and a key labeled 'Trading Partner'. The 'Provider' icon is also highlighted with a red box. Below the icons, there is an 'Important Messages' section with a blue header and a list of links.

Access To Web Portal

To ensure your access to the 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*

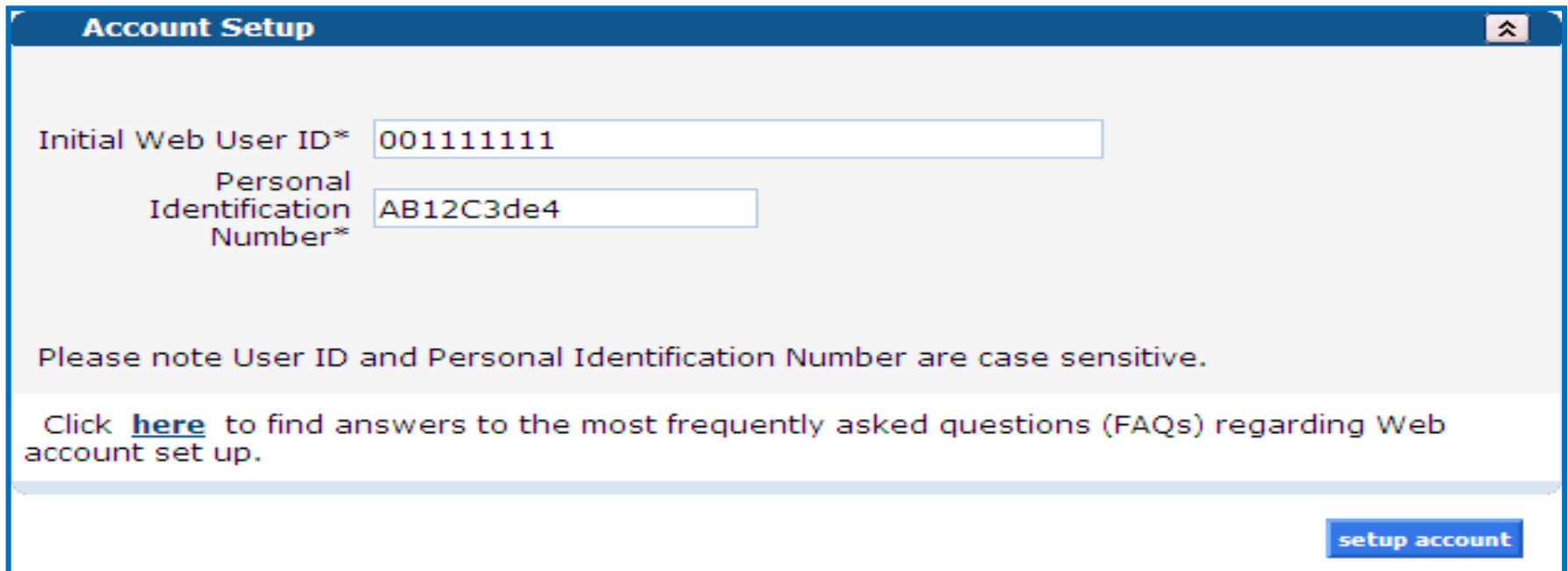
[login](#)

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

[reset password](#)

Secure Web Account Setup

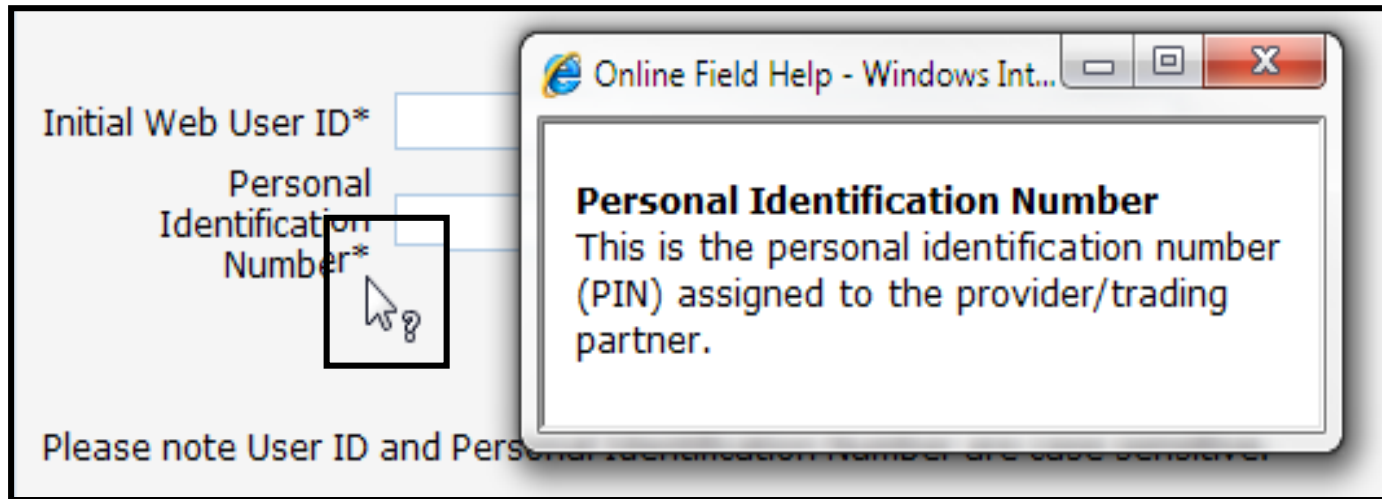
- Account Setup- Allows providers to set up a local administrator user account.
- Enter the provided *Initial Web User ID* and *PIN* (which can be found in the enrollment and PIN letters), in the appropriate fields; click **setup account**.



The screenshot shows a web form titled "Account Setup" with a blue header bar. The form contains two input fields: "Initial Web User ID*" with the value "001111111" and "Personal Identification Number*" with the value "AB12C3de4". Below the 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"/>	E-Mail*	<input type="text" value="john.doe@tcmmc.com"/>
Phone Number*	<input type="text" value="(800)555-5555"/> <input type="text" value="5555"/>	Confirm E-Mail*	<input type="text" value="john.doe@tcmmc.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 08/08/16 at 12:00 AM [Change Password](#)

Quick Link

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

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.

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:

- ***Primary Account Holder to update your demographic information.***

Resource: Chapter 10-Web Portal/AVRS-Section Provider Demographic Maintenance

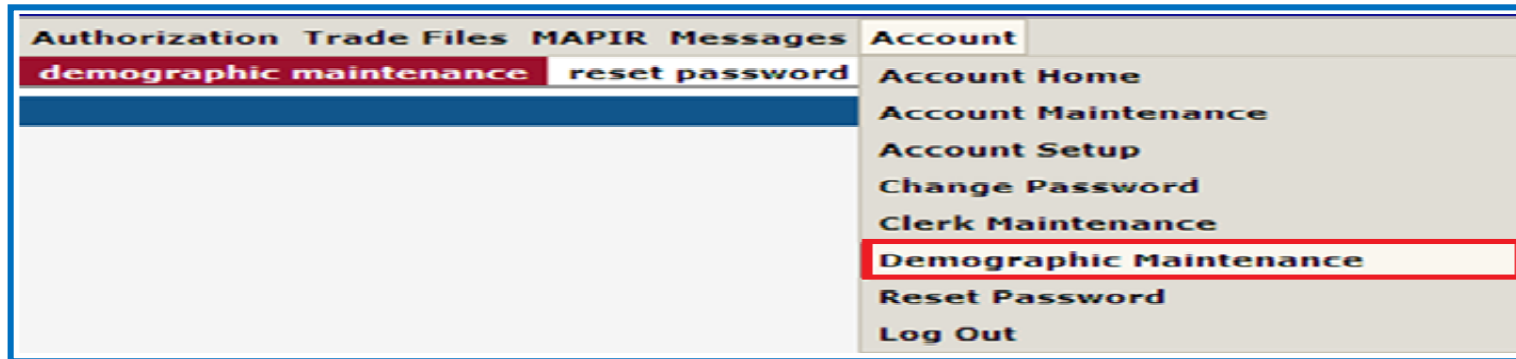
- ✓ **Location Name Address-** Allows you to specify different mailing, payment, service location, and enrollment addresses.
- ✓ **Service Language-** Allows you to change Language, Effective Date and End Date.

Demographic Maintenance cont.

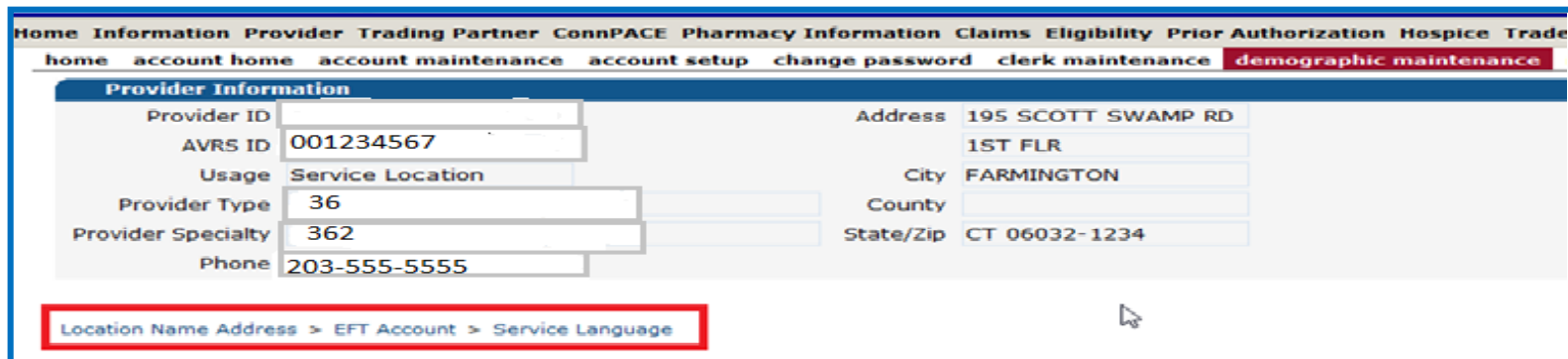
- ✓ **EFT Account**- Allows you to add and maintain bank accounts into which reimbursements from the Connecticut Medical Assistance Program (CMAP) will be electronically deposited.
 - * Upon enrollment **TCM-CMI Private Fee for Service** providers specified their EFT information. **The first reimbursement after claim submission will be via paper check.** Once the bank confirms the account, the second reimbursement, if confirmed, will be via EFT.

Demographic Maintenance

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



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



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

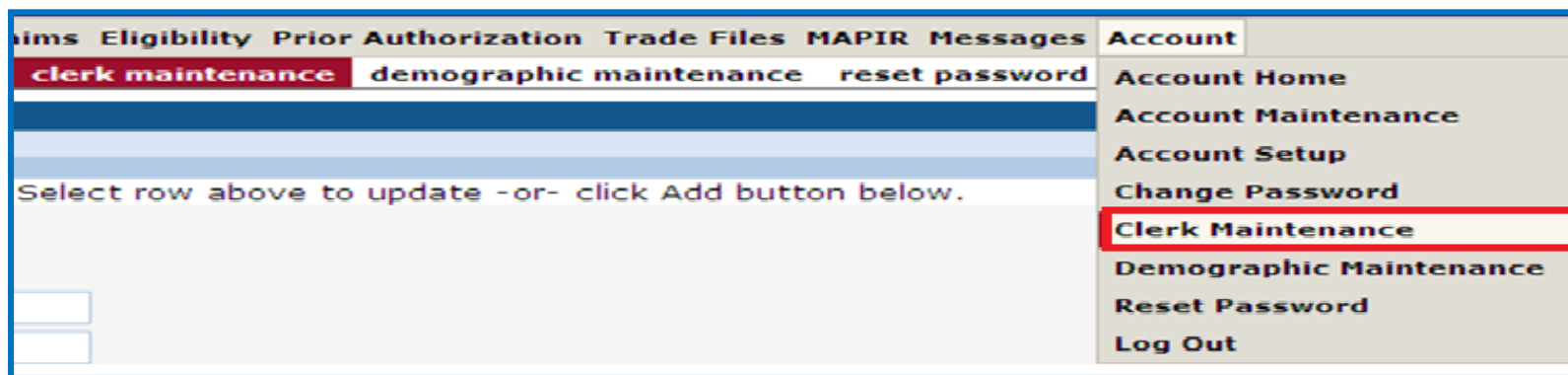
Web Account Capabilities

Accessing your provider secure web account allows you to:

- ***Set Up clerk accounts:***
 - **Resource:** Chapter 10-Web Portal/AVRS-Section Creating Clerk Accounts

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

- 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 for 'User ID', 'Contact First Name', and 'Contact Last Name'. The table contains four rows: JANESMITH (Jane Smith), JUANMARTINEZ (Juan Martinez), MARCUSWILLIAMS (Marcus Williams), and TOMJOHNSON (Tommy Johnson). The row for MARCUSWILLIAMS is highlighted in red. Below the table, there is a section for editing a clerk, with the text 'Type changes below.' centered. This section includes several input fields: 'User ID' (MARCUSWILLIAMS), 'Contact First Name' (Marcus), 'Contact Last Name' (Williams), and 'Phone Number' (split into '(800)555-5555' and '5550'). There are four buttons: 'remove clerk', 'add clerk', 'reset password', and 'submit'. The 'remove clerk' and 'add clerk' buttons are highlighted with red boxes. Below the input fields, 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 four navigation buttons between the role lists: '<', '<<', '>', and '>>'. At the bottom right, there are 'submit' and 'cancel' buttons.

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

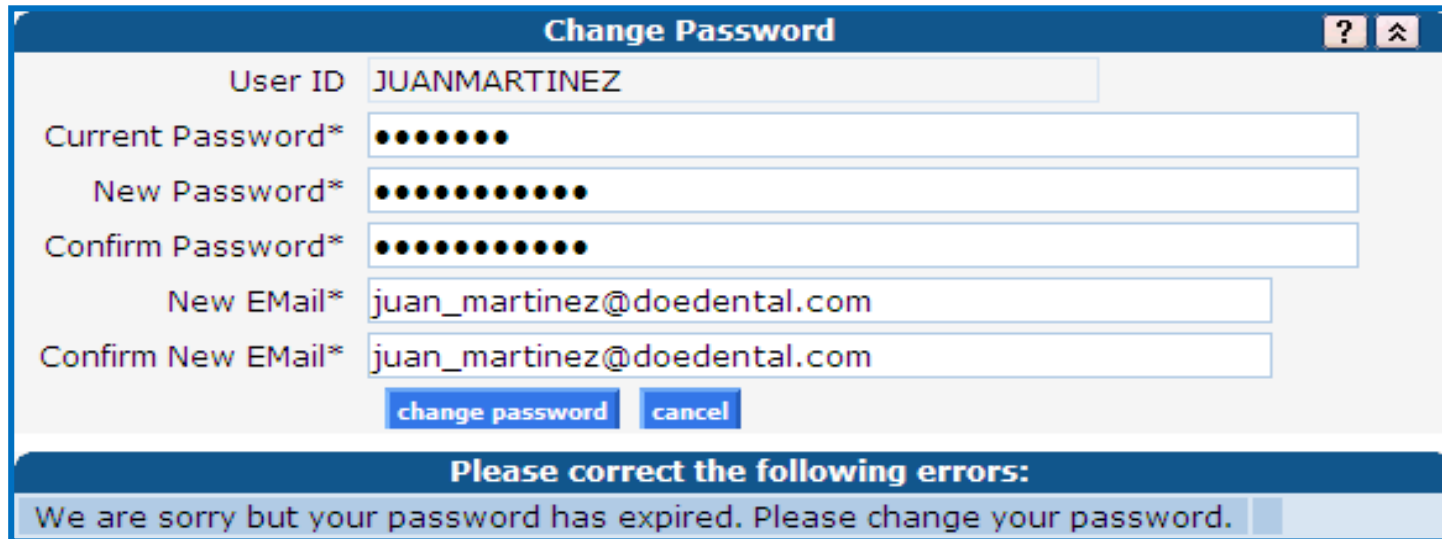
Assigned Roles	Available Roles
Client Eligibility Verification PA Inquiry/Submission Prior Authorization Inquiry Claim Inquiry/Submission/Adjustment Claim Inquiry	Trade Files

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.



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.

- 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.

Web Account Capabilities

Accessing your provider secure web account allows you to:

- ***Switch Provider:***
 - Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.
 - **Resource:** Chapter 10-Web Portal/AVRS-Section Ongoing Clerk Maintenance

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.

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

Web Account Capabilities

Accessing your provider secure web account allows you to:

- **Check client eligibility via the Web:**
 - **Resource:** Chapter 4-Client Eligibility-Section Internet Web Site Portal Eligibility

Web Account Capabilities cont.

Accessing your provider secure web account allows you to:

- **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):**



TCM Non-Contracted Billing Provider Workshop

DETERMINING ELIGIBILITY

Eligibility Verification

DSS recommends that providers verify a client's eligibility on the date of service prior to performing the said service as

- Eligibility can change at any time resulting in 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.

Eligibility Verification

DSS recommends that providers verify a client's eligibility on the date of service prior to performing the said service using one of the following eligibility verification methods:

- Internet Web site at www.ctdssmap.com
- Automated Voice Response System (AVRS)
- Provider Electronic Solutions (PES) software
- Point of Sale (POS) Device
 - Providers interested in using a POS device must contact a third party vendor to obtain the device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction

Eligibility Verification 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

Eligibility Verification

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.
 - **Eligibility verification can only look as far back as one year.**

Eligibility Verification Request

Client ID	00#####	last name	Client	From DOS*	06/01/2015
SSN		First Name, MI	TCM	To DOS*	06/01/2015
Birth Date	05/22/1977				
Service Type Code 1	30 - Health Benefit Plan Coverage	Service Type Code 2			
Service Type Code 3		Service Type Code 4			
Service Type Code 5					

search clear

Eligibility Verification Response

Verification Number	1615803LQY
Client ID	001386113
Response Text	Cannot validate eligibility for dates older than 1 year

Eligibility Verification

- **Eligibility searches cannot span multiple months.**
 - 05/01/2016 – 06/06/2016 (invalid span)

Eligibility Verification Request

Client ID	00#####	last name	Client	From DOS*	05/01/2016
SSN		First Name, MI	TCM	To DOS*	06/06/2016
Birth Date	05/22/1977				
Service Type Code 1	30 - Health Benefit Plan Coverage	Service Type Code 2			
Service Type Code 3		Service Type Code 4			
Service Type Code 5					

Please correct the following errors:

Eligibility verification requests must not span multiple months.

Eligibility Verification

- **Eligibility search spanning current month.**
 - 06/01/2016 – 06/30/2016 (valid span)

The screenshot displays two sections of a web application interface. The top section, titled "Eligibility Verification Request", contains several input fields: Client ID (00#####), SSN, Birth Date (05/22/1977), last name (Client), First Name, MI (TCM), From DOS* (06/01/2016), and To DOS* (06/30/2016). There are five Service Type Code dropdown menus, with the first one selected as "30 - Health Benefit Plan Coverage". Search and clear buttons are located on the right side of this section. The bottom section, titled "Eligibility Verification Response", shows a Verification Number (161580001H) highlighted with a red box and a Response Text field containing the message: "Client is eligible. Refer to Benefit Plan for specific program coverage."

An eligibility search will allow providers to search for eligibility to the end of the current month (future dates). However, **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 Response	
Verification Number	1120900015
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

–*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

- The benefit plan(s) with which the client was an 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 – Hewlett Packard Enterprise Services

- A list of services for which the client was eligible that would be submitted for payment to Hewlett Packard Enterprise Services
- The Service type code field will also provide copay amounts for HUSKY B clients

Service Type Codes - HP Services			
Service Type Code [▲]	Service Type Information	Copay	Coinsurance
1	Medical Care		
33	Chiropractic	\$0.00	0%
35	Dental Care		
4	Diagnostic X-Ray	\$0.00	0%
42	Home Health Care	\$0.00	0%
45	Hospice	\$0.00	0%
47	Hospital	\$0.00	0%
48	Hospital - Inpatient	\$0.00	0%
5	Diagnostic Lab	\$0.00	0%
50	Hospital - Outpatient	\$0.00	0%

1 2 3 Next >

Eligibility Verification

–TPL (*Third Party Liability*)

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

TPL	
Carrier Code	Carrier Name
060	BC/BS OF CONNECTICUT

- Due to HIPAA 5010 restrictions, CMAP 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

–*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 ^Δ
Medicare A
Medicare B



TCM Non-Contracted Billing Provider Workshop

GENERAL CLAIM SUBMISSION GUIDELINES

CLAIMS PROCESSING / SUBMISSION INFORMATION

- Claims for services rendered to CMAP clients may be submitted:
 - Internet Web site at 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**
 - 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, for the submission of TCM Services:

- **HUSKY A and B**

- » **120 days** from the date of service (initial claim).

- » **120 days** from date of last payment or denial, if not for timely filing.

- **HUSKY C and D**

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

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



TCM Non-Contracted Billing Provider Workshop

TCM SERVICE GUIDELINES AND RESTRICTIONS

Prior Authorization Requirements

Prior Authorization (PA) is required when TCM services will exceed greater than the allowed limit of twelve (12) 15 minute units per month.

- TCM services must be authorized by Beacon Health Options, formerly Value Options, the Department of Social Service Behavioral Health Administrative Services Organization.
- Providers should contact Beacon Health Options at 1-877-552-8247

TCM Service Guidelines

TCM Claim Submission Limitations

- Services must be identified in the TCM service plan
- Claims cannot be submitted when the case management activities are an integral and inseparable component of another covered Medicaid service
- Case management is not reimbursable when the case management activities constitute the direct delivery of underlying medical, educational, social or other services to which an eligible individual has been referred, including but not limited to services related to foster care programs

Claim Submission Guidelines

TCM Services Claim Submission Format and Provider Data Requirements:

- Claim Format - **Professional**
- Billing Provider NPI – **Billing Provider Specific**
- Billing Provider Taxonomy – **163WC0400X**

TCM Billing Guidelines and Restrictions

Billable Services

Procedure code	Description	Allowed Units	PA Required	Diagnosis Restrictions
T1017	Targeted Case Management, per 15 minute units	12 units per month	PA required > 12 units per month	Primary Diagnosis must be on table 17
<i>(effective for dates of service 7/1/16)</i>	<i>(max fee = \$12 per unit)</i>	<i>(Services less than 8 minutes are not billable units).</i>	<i>(Authorization required from Beacon Health Options at (1-877-552-8247)</i>	<i>(Table of ICD-10 diagnosis codes for DMHAS Targeted Case Management services)</i>

TCM Non Contracted Fee Schedule

- TCM/CMI Private Fee for Service Providers are reimbursed based on the rate on their Fee Schedule located on the www.ctdssmap.com Web site.
 - From the Home page:
 - »Provider
 - »Provider Fee Schedule Download
 - »Read the License Agreement
 - »Click I accept
 - »Locate the Targeted Case Management Non-Contracted Fee Schedule
 - »Press and hold the CTRL key while Clicking on the CSV link until a dialogue window opens with options to open, save or save as

Access to the TCM Non-Contracted Fee Schedule on the www.ctdssmap.com Web site

Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

home site map Provider Enrollment

Information Provider Re-Enrollment

Provider Enrollment Tracking

Publications Links Important Info BA Request Form HDSA Regional Office

Provider **Provider Fee Schedule Download**

Provider Fee Schedule Download

- Acquired Brain Injury [CSV](#)
- Acquired Brain Injury II [CSV](#)
- Ambulatory Detoxification [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Behavioral Health [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Dialysis [CSV](#)
- Clinic - Family Planning / Abortion [CSV](#)
- Clinic - Medical [CSV](#)
- Clinic - Rehabilitation [CSV](#)
- Community First Choice - Assessments [CSV](#)
- Community First Choice - Services [CSV](#)
- CT Home Care [CSV](#)
- Dental [CSV](#)
- Home Health [PDF](#)
- Hospice [CSV](#)
- Independent Audiology and Speech and Language Pathology [CSV](#)
- Independent Physical Therapy and Occupational Therapy [CSV](#)
- Independent Radiology [CSV](#)
- Lab [CSV](#)
- MEDS - DME [CSV](#)
- MEDS-Hearing Aid/Prosthetic Eye [CSV](#)
- MEDS-Medical/Surgical Supplies [CSV](#)
- MEDS-MISC [CSV](#)
- MEDS-Parenteral-Enteral [CSV](#)
- MEDS-Prosthetic/Orthotic [CSV](#)
- Mental Health Waiver [CSV](#)
- Natureopath [PDF](#)
- Optician/Eyeglasses [CSV](#)
- Outpatient [CSV](#)
- Personal Care Assistant [CSV](#)
- Physician Anesthesia [CSV](#)
- Physician Office and Outpt Services [CSV](#)
- Physician Radiology [CSV](#)
- Physician Surgical [CSV](#)
- Psychologist [CSV](#)
- Special Services [CSV](#)
- Target Case Management Non-Contracted [CSV](#)
- Transportation - Air Ambulance [CSV](#)

Connecticut Provider Fee Schedule End User License Agreements

END USER LICENSE AGREEMENTS FOR CURRENT PROCEDURAL TERMINOLOGY (CPT) AND CURRENT DENTAL TO ACCESS THE CONNECTICUT PROVIDER FEE SCHEDULES, REVIEW AND ACCEPT THE END USER LICENSE A

The license granted herein is expressly conditioned upon your acceptance of all terms and conditions contained herein. If you do not accept these conditions, you may not access or use the software. Instead, you must click below on the button labeled "I Do Not Accept".

I Accept **I Do Not Accept**

Click on the CSV link below while holding down your keyboard ctrl key until a dialogue box appears with option to open, save, or save as.

1 **2** **3**

Diagnosis Code Restrictions

TCM services are payable when the “Primary Diagnosis” code is one that appears on Table 17:


“List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)”.

To access this table:

From the www.ctdssmap.com Web site Home page:

- Provider
- Provider Fee Schedule Download
- Click *****Click Here for Fee Schedule Instructions***** link at the top of the “Provider Fee Schedule Download” page.
- Scroll to the table listing and click on **“Table 17”** on page 5 of the instructions. This will bring you directly to the diagnosis table.

Access to TCM Primary Diagnosis Code Table on the www.ctdssmap.com Web site.



1

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

Provider Fee Schedule Download

- Acquired Brain Injury [CSV](#)
- Acquired Brain Injury II [CSV](#)
- Ambulatory Detoxification [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Behavioral Health [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Dialysis [CSV](#)

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4 **Table 17:** List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017).
 Click Table 17 to access diagnosis table for primary diagnosis required for TCM services.
 Table Listing, Next Table 2, End of Document

5

Table 17: Contains the list of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017):

ICD-10-CM codes	ICD-10-CM descriptions
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
F060	Psychotic disorder with hallucinations due to known physiological condition

6

- Special Services [CSV](#)
- Target Case Management Non-Contracted [CSV](#)
- Transportation - Air Ambulance [CSV](#)
- Transportation - Basic/Advanced [CSV](#)

Connecticut Provider Fee Schedule End User License Agreements

END USER LICENSE AGREEMENTS FOR CURRENT PROCEDURAL TERMINOLOGY (CPT) TO ACCESS THE CONNECTICUT PROVIDER FEE SCHEDULES, REVIEW AND ACCEPT

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TCM Non-Contracted Billing Provider Workshop

CLAIM DENIALS AND RESOLUTION

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 benefit plan payable for TCM services. 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:

- Possible client eligibility file needs to be updated with a TCM Payable benefit plan or change in the effective dates of eligibility.

Claim Denials and Resolution

Claim Denials Related to Care Plan/PA Issues

- **EOB Code 3003** — Provider has exceeded the allowable 12 monthly units.

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 and Resolution

Claim Denials Related to Primary Diagnosis

- **EOB Code 42311** – Primary Header Diagnosis Restriction for procedure under provider contract.

Resolution: Provider must resubmit claim with primary diagnosis, if applicable, from **Table 17 - “List of ICD-10 diagnosis codes for DMHAS Targeted Case Management Services (2023T and T1017)”**.

To access **Table 17** -from the www.ctdssmap.com Web site Home page >provider>provider fee schedule download>accept license agreement>Click Here for Fee Schedule Instructions>Click Table 17 page 5 of Instructions>Table 17 diagnosis codes will display.



TCM Non-Contracted Billing Provider Workshop

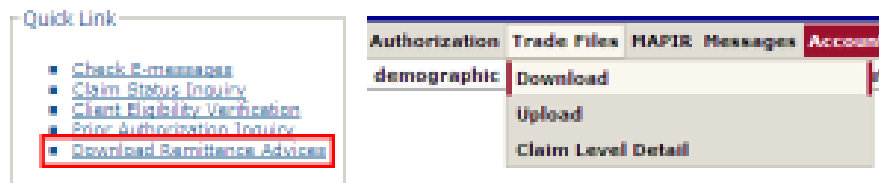
REMITTANCE ADVICE

Remittance Advice

Remittance Advice

All claims activity is reported to providers twice a month on a *Remittance Advice*

- RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted, and are produced based on a provider's claim activity
- Providers receive RAs electronically via the secure Provider Web site at www.ctdssmap.com
- 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 Hewlett Packard Enterprise 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 the account home screen or select *Download* from the *Trade Files* drop-down menu:



TT © Copyright 2013 Hewlett-Packard Development Company, L.P. The information contained herein is subject to change without notice.

Remittance Advice

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

File Download Search

Transaction Type

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

REMINDER: DO NOT retain all available download files, including Remittance Advices (RA) in PDF format, Advice, Functional Acknowledgements (997), Interchange Acknowledgement response (277), Prior Authorization Response (278), Benefit Enrollment (834), and other binary format files (excluding Drug Rebate files) available for download will be available for a period of five (5) months, at which time they will be removed and will no longer be available to authorized users for a period of twelve (12) months, at which time they will no longer be available. It is recommended all electronic files be downloaded when they become available from the Provider or Trading Partner in an electronic format for easy storage and search access by such users.

All file retention schedules will be posted on this page.

To receive summaries, you must submit a request to have them mailed to your current address. You will need your computer to view and/or download the request form.

Remittance Advice – 7 Sections of an RA

Banner Page

- Important messages from DSS or Hewlett Packard Enterprise

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, Account Receivables

RA Summary

- Month-to-day and year-to-day summaries of financial activities, account receivables

EOB Code Descriptions

- Descriptions of the EOB codes that posted to claims on the RA

Claims in Process

- Lists claims that were in suspense when the financial cycle was run



TCM Non-Contracted Billing Provider Workshop

PROGRAM RESOURCES

Program Resources

CT Medical Assistance Provider Manual

- ✓ *Provider access from the 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.

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.

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.

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.

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.

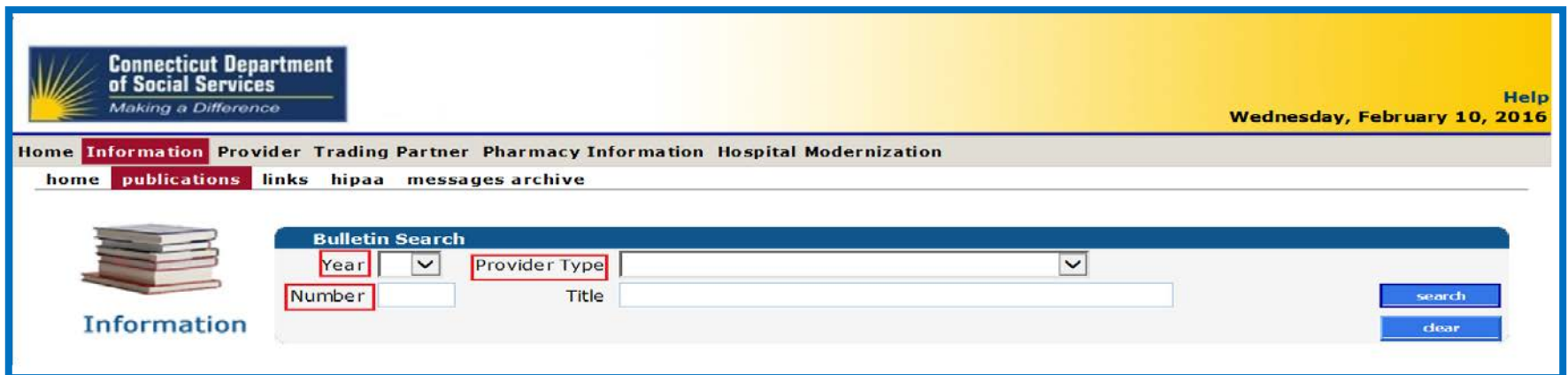
Chapter 12 – Claim Resolution Guide

- 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.



The screenshot shows the Connecticut Department of Social Services website. The header includes the department logo and the date Wednesday, February 10, 2016. The navigation menu includes Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The main content area features a "Bulletin Search" form with fields for Year, Provider Type, Number, and Title, along with search and clear buttons. A stack of books icon and the word "Information" are also visible.

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

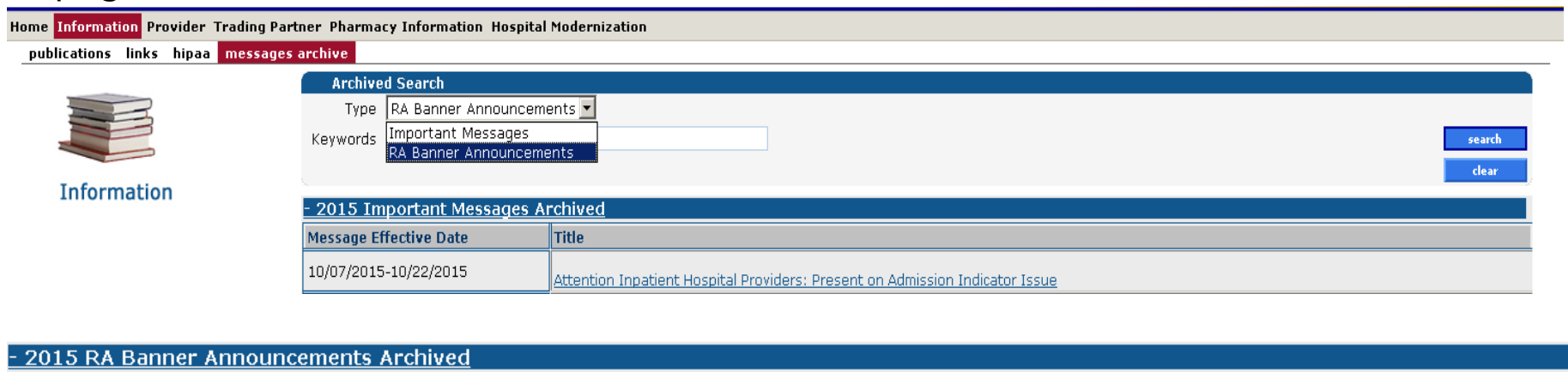
RA Banner Announcements

- 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.
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Archive Important Messages and Banner Announcements

Important Messages and RA Banner Announcements are available on the Home page of the 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.



The screenshot shows the 'messages archive' page on the CT DSSMAP website. The navigation bar includes 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. Below the navigation bar, there are links for 'publications', 'links', 'hipaa', and 'messages archive'. The 'Information' section is highlighted, and a search interface is visible. The search interface includes a dropdown menu for 'Type' (set to 'RA Banner Announcements'), a text input for 'Keywords' (containing 'Important Messages' and 'RA Banner Announcements'), and 'search' and 'clear' buttons. Below the search interface, there is a section titled '- 2015 Important Messages Archived' with a table of messages.

Message Effective Date	Title
10/07/2015-10/22/2015	Attention Inpatient Hospital Providers: Present on Admission Indicator Issue

Below the table, there is a section titled '- 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.

E-Messaging

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 .

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

E-Messaging

How do I register for E-mail Subscriptions?

- Access the Connecticut Medical Assistance Program Web site at 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.

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the date "Friday, February 06, 2015". The main navigation bar has tabs for "Home Information", "Provider", "Trading Partner", "Pharmacy Information", and "Hospital Modernization". A dropdown menu is open under "Provider", listing various options. A red arrow with the number "1" points to the "E-Mail Subscription" link in this menu. Below the navigation, there is a "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner. Below the banner are four icons: "Information" (books), "Provider" (stethoscope), "Trading Partner" (key), and "Pharmacy" (pill bottle). Below these icons is an "Important Messages" section with several links. A red arrow with the number "2" points to the "Register/Update Email Subscription" link in the left sidebar.

E-Messaging

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

E-Mail Subscriptions

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 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

Existing Subscribers

E-Mail

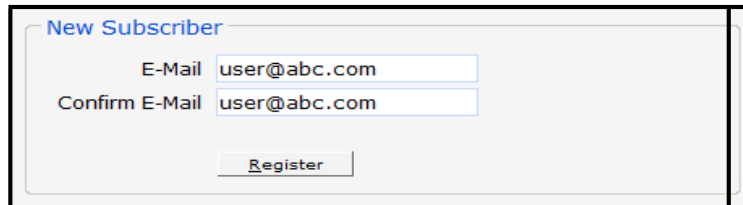
Available Subscriptions

- **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

E-Messaging

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



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

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

- **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
- **Provider Relations Representative**
 - escalated calls from the PAC

- Questions & Answers

