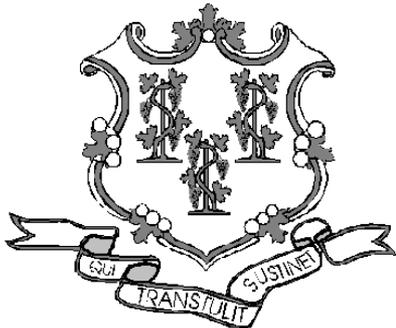




Connecticut Department of Social Services

Caring for Connecticut



Transportation Provider Workshop

Presented by

The Department of Social Services
& HP for Billing Providers



Training Topics

- **NEMT Program**
- **Provider Enrollment / Re-enrollment**
- **Web Account**
- **Account Demographics**
- **Claim Inquiry**
- **Remittance Advice**
- **Claim Resolution**
- **Provider Manuals**
- **Provider Bulletins**



NEMT Program

- Effective February 1, 2013 the Department of Social Services (DSS) implemented a new non-emergency transportation (NEMT) program. DSS selected LogistiCare as the NEMT “non risk broker”.
- LogistiCare will manage Medicaid non-emergency medical transportation for HUSKY A, C and D and limited benefit clients.
- The implementation of a non-risk broker for NEMT services will provide a more efficient, higher standard of service to clients with greater quality control.



NEMT Program

- LogistiCare will be responsible for prior authorizing and scheduling:
 - Non-emergency air ambulance
 - Livery
 - Non-emergency ambulance
 - Wheelchair van
- LogistiCare has been responsible for all Prior Authorization (PA) requests for NEMT services since April 1, 2012.
- Transportation Providers will submit all their NEMT claims to LogistiCare, this doesn't include ambulance.
- LogistiCare will submit the claims to HP electronically.



NEMT Program

- HP will process all claims received from LogistiCare.
- All claims processed by HP will be reported to providers on a Remittance Advice (RA), which is produced after each claim cycle.
 - Providers will receive these RAs via the provider secure Web site www.ctdssmap.com.
- Any payment due to the provider will be sent as an Electronic Funds Transfer (EFT). The providers will receive their EFT payment after a claim cycle, which occurs twice a month.



NEMT Program

- The claim cycle date, Web Remittance Advice and EFT schedule is posted on the Web site www.ctdssmap.com.
- To view the provider's payment schedule:
 - Go to the Web site www.ctdssmap.com go to "Provider" then "Provider Services" then scroll to "Schedules" and click on "2013 Claim Cycle Payment Schedule Jan – Jun".
 - Cycle schedules are posted twice a year.
- RAs are usually available the Tuesday after a claim cycle.
- EFT payments are usually deposited the Wednesday after claim cycle.



Provider Enrollment / Re-enrollment

- DSS will now enroll all NEMT providers as Medicaid providers including ambulance, wheelchair van and livery.
- Ambulance, wheelchair van and livery providers must be enrolled in the Connecticut Medical Assistance Program (CMAP) network in order to be reimbursed for services provided to HUSKY A, C, D and limited benefit clients.
- Ambulance providers that provide both emergency and non-emergency services will not be required to enroll separately for each service type.
- LogistiCare will coordinate the provider enrollment and re-enrollment process in collaboration with HP.



Provider Enrollment / Re-enrollment

- LogistiCare will collect all enrollment and re-enrollment documents and ensure the application is complete.
- LogistiCare will forward completed applications to HP
- HP will verify the application is complete and will forward it to the DSS Quality Assurance unit for review.
- DSS will review the application and either approve or deny it.
 - If they approve the request, the provider will receive communication from LogistiCare.
 - If they do not approve the application they will send feedback to LogistiCare, who will follow up with the provider.



Re-Enrollment

- DSS requires the periodic re-enrollment of all providers.
- Re-enrollment Period
 - Transportation providers who complete their re-enrollment on or after January 1, 2012 will be required to re-enroll every five years.
- Providers and LogistiCare will receive a reminder letter when the provider is due for re-enrollment (30 days prior to the end of their previous enrollment contract).



Web Account

- Welcome page at www.CTDSSMAP.com



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

Help
Friday, July 27, 2012

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

Information

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Provider

- [Provider Services](#)
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- [Secure Site](#)

Trading Partner

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ConnPACE

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- [ConnPACE Enrollment](#)
- [CHOICES Program](#)

Pharmacy

- [Pharmacy Information](#)

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY HP ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM. THE SITE ALSO PROVIDES MEDICAL ASSISTANCE PROGRAM CLIENTS THE ABILITY TO SEARCH FOR ENROLLED HEALTHCARE PROVIDERS IN THEIR AREA. CONNPACE CLIENTS CAN ACCESS ENROLLMENT AND REENROLLMENT INFORMATION AT THIS SITE ALSO.

Information

Provider

Trading Partner

ConnPACE

Pharmacy

Important Messages

[Electronic Health Record \(EHR\) News: Updated 7/24/2012](#)

[Attention: CT HP Provider Electronic Solutions \(PES\) Software Users](#)

[Attention: Hospital Providers Important Message Updated 7/11/2012](#)

CT interChange MMIS

/// 10

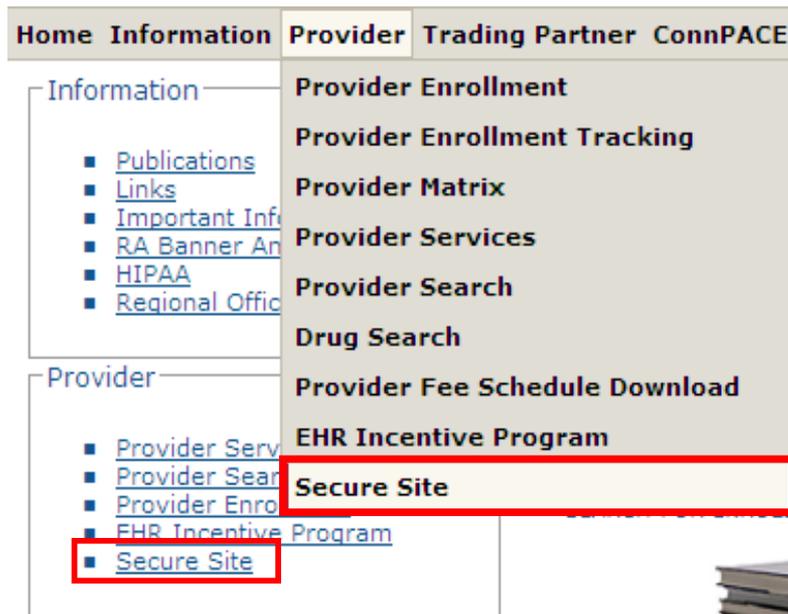
Web Account Set Up

- Secure Your Web Access to www.CTDSSMAP.com
 - Providers should ensure they have access to the Web portal to utilize the self-service features of interChange.
 - If your office/company has security measures blocking your access you will need to contact the individual responsible for your firewall and internet permissions and request access to the Connecticut Medical Assistance Program (CMAP) Web site.



Web Account Set Up

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



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

[setup account](#)

User ID*

Password*

[login](#)

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

[reset password](#)

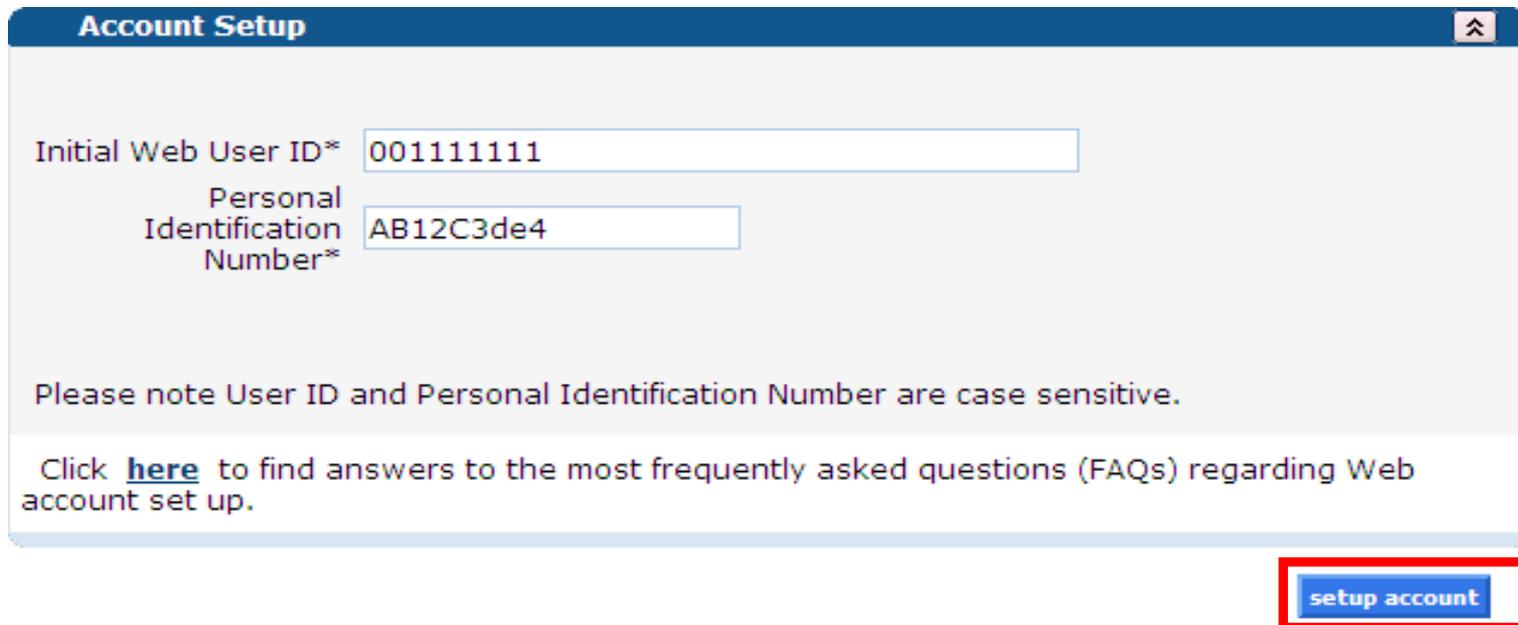
Web Account Set Up

- Information Required for Account Set Up
 - As a new Provider you should receive your logon IDs via your enrollment confirmation; Web and AVRS PINs will arrive under separate cover.
 - AVRS ID/Initial Web User ID
 - Web PIN
 - AVRS PIN
 - You will need to have the Web ID and Web PIN on hand when you first access the secure site.



Web Account Set Up

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



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 of the form is a link: "Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up." A red rectangular box highlights a blue button labeled "setup account" located below the form.

Web Account Set Up

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

Security Agreement

Provider agrees to meet all applicable state and federal laws and regulations pertaining to confidentiality, privacy, and security and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of all information concerning DSS clients, including, but not limited to, personal, financial, and medical information. Provider agrees that this agreement is an

I Agree

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



Web Account Set Up

- You have successfully set up your www.ctdssmap.com Secure Site account as the primary account holder.

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

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

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

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

Quick Link

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

Global Messages

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

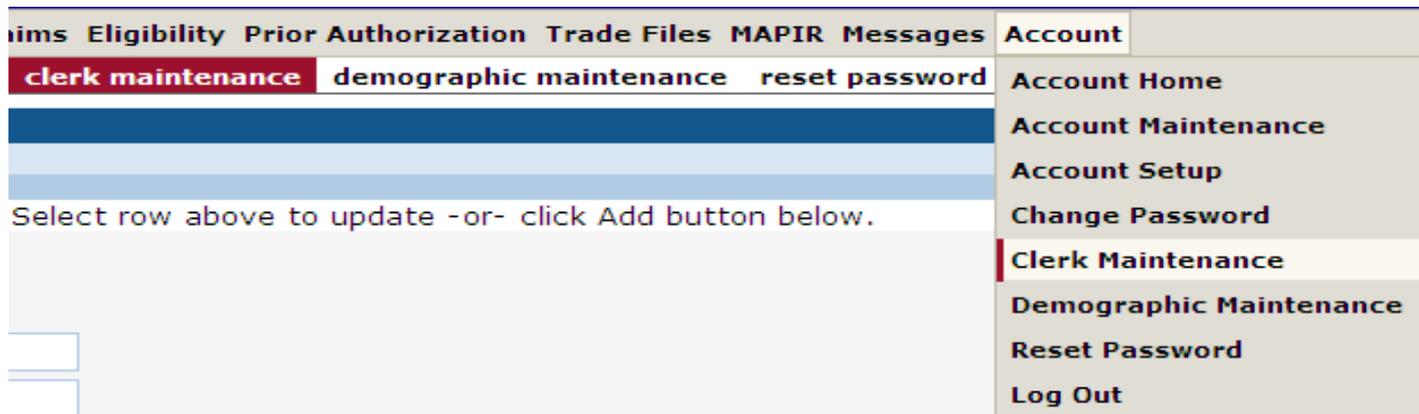
Secure Mailbox

*** No rows found ***



Clerk Maintenance

- Clerk accounts grant Web access to staff members allowing them to perform functions based on their job responsibilities.
 - The primary account holder is responsible for maintaining clerk accounts within their organization. This includes adding clerks, changing the role(s) for clerks, removing clerks, and resetting passwords.
- Access the Clerk Maintenance section of the secure site by selecting clerk maintenance from either the Account submenu or the Account drop-down menu.



Clerk Maintenance

- To create a new clerk account, click *add clerk*.

Clerk Maintenance

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

Type data below for new record.

[remove clerk](#) [add clerk](#) [reset password](#)

User ID*

Contact First Name*

Contact Last Name*

Phone Number*

Password*

Confirm Password*

AVR ID

AVR Pin

Confirm AVR Pin

Assigned Roles

Clerk Roles (Internet Only)

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

Available Roles

- Trade Files

[submit](#) [cancel](#)



Clerk Maintenance

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

The following messages were generated:

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

Clerk Maintenance

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

Type changes below.

User ID:

Contact First Name:

Contact Last Name:

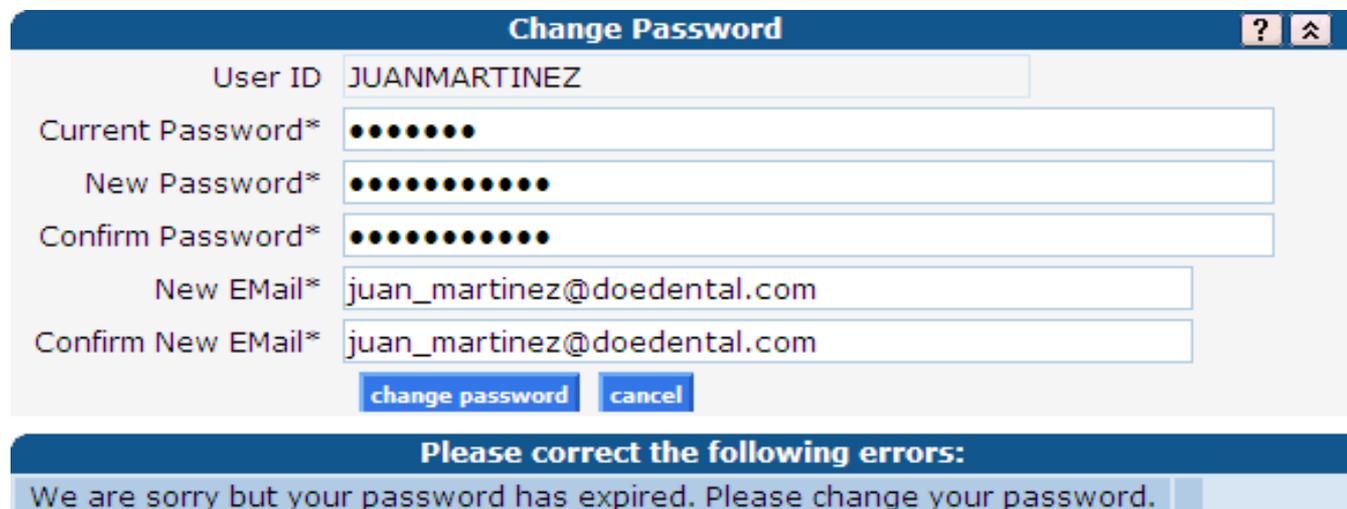
Phone Number:

Clerk Roles (Internet Only)

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

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 ? [maximize]

User ID: JUANMARTINEZ

Current Password*: ●●●●●●

New Password*: ●●●●●●●●

Confirm Password*: ●●●●●●●●

New EMail*: juan_martinez@doedental.com

Confirm New EMail*: juan_martinez@doedental.com

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

Clerk Maintenance

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

Account Maintenance

User Profile

User ID	JUANMARTINEZ
Contact First Name*	Juan
Contact Last Name*	Martinez
Phone Number*	(800)555-5555 1234
Email	juan_martinez@doedental.com
Confirm EMail	juan_martinez@doedental.com
1st Secret Question*	Highschool mascot
1st Answer	Knight
2nd Secret Question	Favorite pro sports team
2nd Answer	Cardinals
AVR ID	11111113

[save](#) [cancel](#) [change password](#) [reset AVR Pin](#)

Clerk Maintenance

- To delete a clerk account – select that account from the list of existing clerks and click on remove clerk.
 - A window will appear asking you to verify that you want to mark that clerk account for deletion; click OK.
 - The D indicates that the clerk has been marked for deletion.

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

- Click Submit to finalize the clerk account removal.

The following messages were generated:

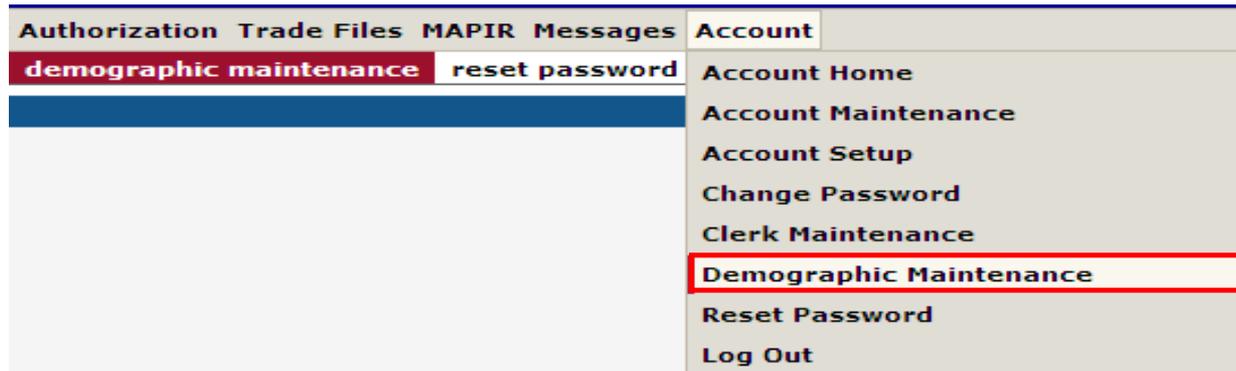
Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

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



Account Demographic Maintenance

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



Demographic Maintenance

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

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

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

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

Demographic Maintenance – Location Name Address

- Specify different mailing, payment, service location, and enrollment addresses.

Location Name Address
✕

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Mail to	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Pay to	DOE, JOHN	250 OAK AVENUE	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y
Service Location	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Enrollment	DOE, JOHN	123 STEELE STR	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y

Type changes below.

select from list

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1*

Address 2

City

State

Zip*

Apply Changes To:

Svc Loc

Pay To

Mail To

Phone*

Fax

Handicap Accessible?

Email

save
cancel



Demographic Maintenance

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

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

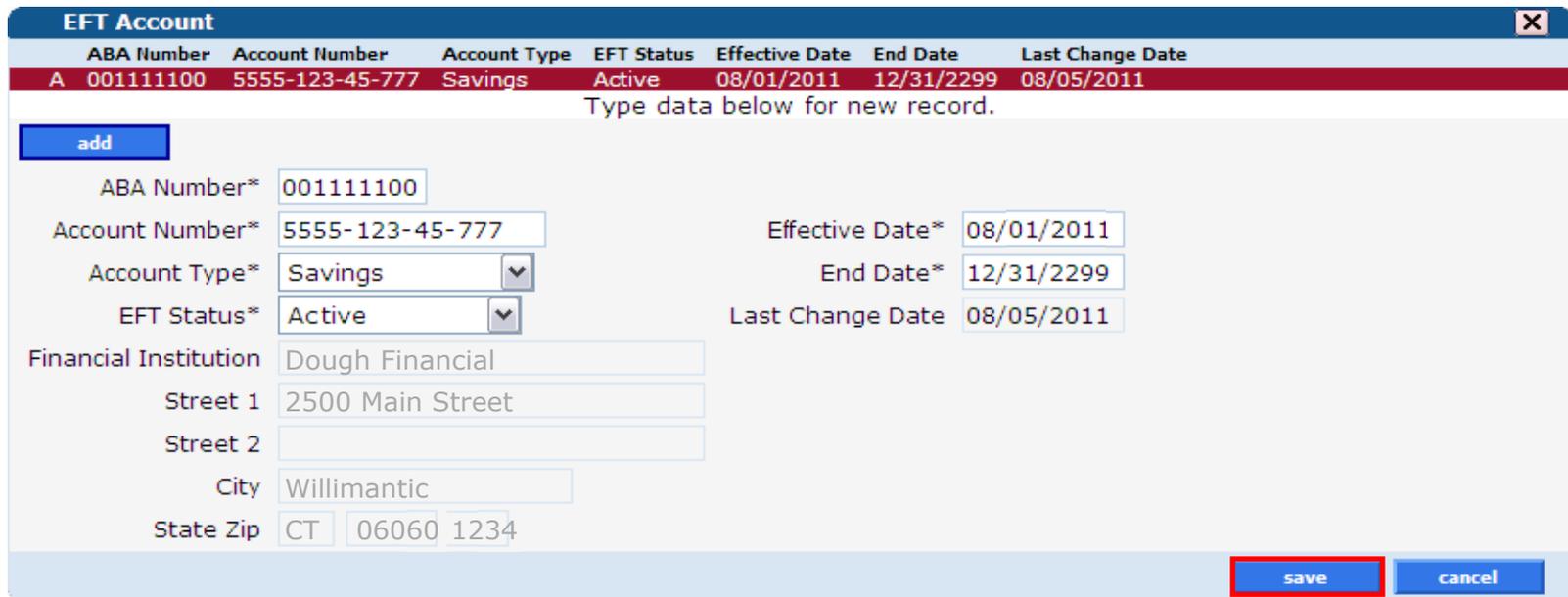
- To have the fields automatically filled in with the information from an address already on file, click **select from list** and then click on the address you would like to use

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



Demographic Maintenance – EFT Account

- The *EFT Account* panel allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited.
 - Click ***add***; enter the appropriate information; and click ***save***



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

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

Type data below for new record.

add

ABA Number* 001111100

Account Number* 5555-123-45-777

Account Type* Savings

EFT Status* Active

Effective Date* 08/01/2011

End Date* 12/31/2299

Last Change Date 08/05/2011

Financial Institution Dough Financial

Street 1 2500 Main Street

Street 2

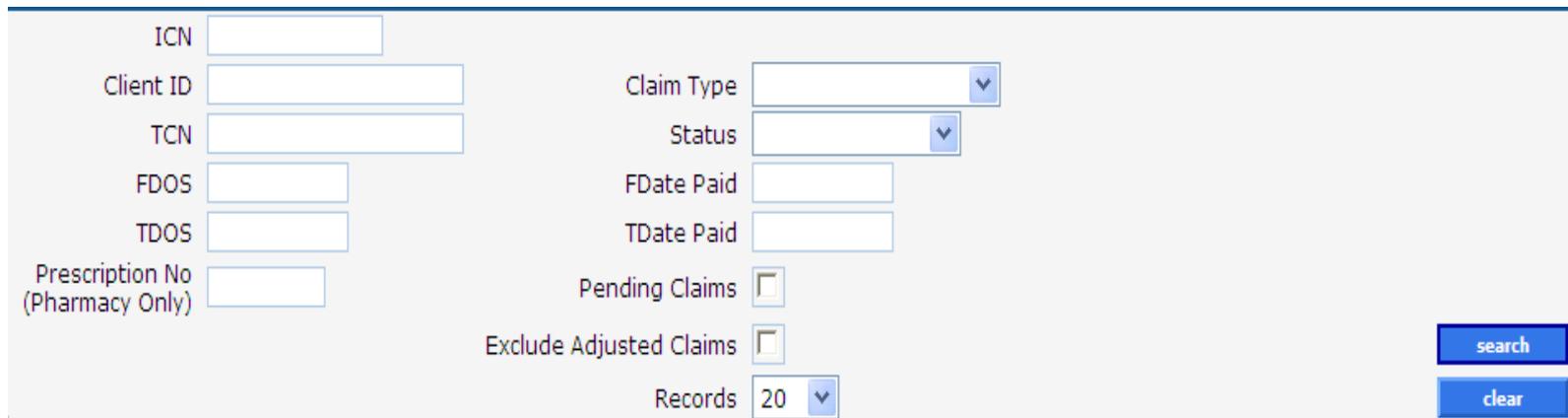
City Willimantic

State Zip CT 06060 1234

save **cancel**

Web Claim Inquiry

- At the claims menu select claims inquiry to view claims processed regardless of the submission method
- Search by:
 - Internal Control Number (ICN)
 - Client ID and date of service (no greater range than 93 days)
 - Date of payment (no greater range than 93 days)
 - Pending claims



The screenshot shows a search form for claims. It includes several input fields and dropdown menus. On the left side, there are fields for ICN, Client ID, TCN, FDOS, TDOS, and Prescription No (Pharmacy Only). On the right side, there are dropdown menus for Claim Type and Status, and input fields for FDate Paid and TDate Paid. Below these are checkboxes for Pending Claims and Exclude Adjusted Claims, and a dropdown menu for Records set to 20. At the bottom right, there are search and clear buttons.

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

search
clear

Claim Inquiry Search Results

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

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid ▾	Amount Billed	Amount Paid
2213016600001		PHIL GREENE		12/16/2012	12/16/2012	Professional Claims	Denied	01/18/2013	\$54.00	\$0.00
2013011600016		JOHN KOSZO		01/10/2013	01/10/2013	Professional Claims	Denied	01/16/2013	\$38.00	\$0.00
5913014001007		JOHN KOSZO		01/01/2013	01/09/2013	Professional Claims	Paid	01/16/2013	\$59.00	\$38.00
2013014600005		SARAH OLIVER		12/30/2012	12/31/2012	Professional Claims	Paid	01/16/2013	\$58.00	\$34.00
2013011600009		SARAH OLIVER		12/15/2012	12/15/2012	Professional Claims	Paid	01/16/2013	\$29.00	\$17.00
2013011600018		JOHN KOSZO		01/10/2013	01/10/2013	Professional Claims	Denied	01/16/2013	\$38.00	\$0.00
2013014600006		MONIQUE ALBUJA		12/30/2012	12/31/2012	Professional Claims	Denied	01/16/2013	\$58.00	\$0.00
2013014600008		STEPHANIE ALBINSKI		12/30/2012	12/31/2012	Professional Claims	Denied	01/16/2013	\$58.00	\$0.00
2013022600006		PHIL GREENE		12/15/2012	12/15/2012	Professional Claims	Paid	0	\$34.00	\$34.00
2013022600005		PHIL GREENE		12/15/2012	12/15/2012	Professional Claims	Denied	0	\$34.00	\$0.00
5913022001001		PHIL GREENE		12/15/2012	12/15/2012	Professional Claims	Denied	0	\$34.00	\$0.00
2013018600005		AND LASTLY		12/21/2012	12/21/2012	Professional Claims	Suspended	0	\$57.20	\$0.00



Claim Inquiry Search Results

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

home claim inquiry **professional** institutional dental

Quick Links

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

 [Back To Search Results](#)

Professional Claim

ICN	<input type="text" value="221115360005"/>	From Date	<input type="text" value="11/18/2010"/>
Provider ID	<input type="text" value="1414141414 NPI"/>	To Date	<input type="text" value="11/18/2010"/>
AVRS ID	<input type="text" value="008001011"/>	Admission Date	<input type="text"/>
Client ID*	<input type="text" value="001785846"/>	EPSDT Referral	<input type="text"/>
Last Name	<input type="text" value="STEELE"/>	Total Charges	<input type="text" value="\$45.00"/>
First Name, MI	<input type="text" value="TROY"/> <input type="text" value="M"/>	Total Paid	<input type="text" value="\$13.04"/>
Date of Birth	<input type="text" value="11/29/1990"/>	TPL Amount	<input type="text" value="\$0.00"/>
Patient Account #	<input type="text" value="2468912"/>	CoPay Amount	<input type="text" value="\$0.00"/>
Medical Record Number	<input type="text"/>	Medicare Crossover	<input type="text" value="No"/>
Referring Physician	<input type="text"/> [Search]	837 Version	<input type="text" value="5010"/>
Accident Related	<input type="text" value="No"/>		
Accident Date	<input type="text"/>		

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident



Claim Inquiry Search Results

Diag-Sequence ▲		Diagnosis	Description
Principal	250	250	DIABETES MELLITUS

Code Set:

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

Other 3: [Search] Other 4: [Search] Other 5: [Search]

Other 6: [Search] Other 7: [Search] Other 8: [Search]

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
1	12/01/2012	12/01/2012	A0180	2.00	\$32.00	PAID	\$32.00

Type changes below.

Item	<input type="text" value="1"/>	Status	<input type="text" value="PAID"/>
From DOS*	<input type="text" value="12/01/2012"/>	Emergency Indicator	<input type="text"/>
To DOS*	<input type="text" value="12/01/2012"/>	Pregnancy	<input type="text" value="Not pregnancy Related"/>
Procedure*	<input type="text" value="A0180"/> [Search]	EPSDT Referral	<input type="text" value="None"/>
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Family Planning	<input type="text" value="No"/>
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	<input type="text" value="\$32.00"/>
Units*	<input type="text" value="2.00"/>	CoPay Amount	<input type="text" value="\$0.00"/>
Facility Type Code*	<input type="text" value="99"/> [Search]	Medicare Paid Date	<input type="text"/>
Charges*	<input type="text" value="\$32.00"/>	Medicare Calc Allowed Amt	<input type="text" value="\$0.00"/>
Rendering Physician	<input type="text" value="2011102037"/> NPI [Search]	Medicare Paid Amount	<input type="text" value="\$0.00"/>
Diagnosis Code Pointer	<input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	Medicare Deductible Amount	<input type="text" value="\$0.00"/>
National Drug Code	<input type="text"/>	Medicare Coinsurance Amount	<input type="text" value="\$0.00"/>
NDC Quantity	<input type="text" value="0"/>		
NDC Unit of Measurement	<input type="text"/>		



Claim Inquiry Search Results

Additional NDCs (Detail Item 1)

*** No rows found ***

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

National Drug Code Quantity Unit of Measurement

delete

add

TPL

Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
M 060	BC/BS OF CONNECTICUT	AZO8498092	\$0.00	01/01/2011	Self				

Type changes below.

Client Carriers

Carrier Code [Search]

Relationship

Plan Name

Last Name

Policy Number

First Name, MI

Paid Amount*

Date of Birth

Paid Date*

Adjustment Reason Code [Search] [Search] [Search]

Adjustment Amount

delete

add



Claim Inquiry Search Results

- Paid claim status information

Claim Status Information	
Claim Status	PAID
Claim ICN	2013011600011
Paid Date	01/14/2013
Paid Amount	\$15.00
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

- Denied claim status information

Claim Status Information	
Claim Status	DENIED
Claim ICN	2013014600006
Denied Date	01/14/2013
Paid Amount	\$0.00
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

EOB Information		
Detail Number	Code	Description
0	9997	REFER TO DETAIL EOB
1	4021	THE PROCEDURE BILLED IS NOT A COVERED SERVICE UNDER THE CLIENT'S BENEFIT PLAN.
2	4021	THE PROCEDURE BILLED IS NOT A COVERED SERVICE UNDER THE CLIENT'S BENEFIT PLAN.



Remittance Advice

- All claims activity is reported to providers on a semi-monthly 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
 - RAs are available for provider to download in a PDF format via the secure Provider Web site at www.CTDSSMAP.com
 - Only the last 10 RAs are maintained on the HP Web site; it is highly recommended that providers save a copy of their RAs to their local computer system for future access



Remittance Advice

- Click Download Remittance Advice from the Quick Link box on account home screen or select Download from the Trade Files drop-down menu:

The screenshot shows the top navigation bar with links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, and Messages. Below this is an 'Account' section with a dropdown menu open, listing: Download, Upload, Claim Level Detail, Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, and Download Remittance Advices (highlighted with a red box). The main content area shows 'Welcome, PTOM123' and a secondary navigation bar with links: home, account home, account maintenance, account setup, change password, reset password, switch provider, and log out.

Two message boxes are shown. The first is titled 'Global Messages' and contains the text '*** No rows found ***'. The second is titled 'Secure Mailbox' and also contains the text '*** No rows found ***'.



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 delete any files from the system. All file retention schedules will be posted on this page. Changes to file retention schedules will be posted on this page.

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 HP
- Claims Information (Paid, Denied, and Adjustments)
 - Sorted by claim type and status; reports up to 20 Explanation of Benefits (EOB) codes per claim
- Third Party Liability (TPL) Information
 - The primary insurance that is on file for clients whose services appear on the RA
- Financial Transactions Processed
 - Payouts, Refunds, Accounts Receivable



Remittance Advice – 7 Sections of an RA

- RA Summary
 - Month-to-day and year-to-day summaries of financial activities, accounts receivable.
- EOB Code Descriptions
 - Descriptions of the EOB codes that affected claims on the RA.
- Claims in Process
 - Lists claims that were in suspense when the financial cycle was run.



Remittance Advice

- Banner Page:

REPORT: CRA-BANN-R
RA#: 5805414

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

Date: 12/26/2012
PAGE: 1

269 MAIN STREET
CRONWELL, CT 06416-2302

PAYEE ID NPI
ISSUE DATE 12/26/2012
TAXONOMY 3416L0300X
P. AVRS ID

Attention All Providers.

HOLIDAY CLOSURE: Please be advised, the Department of Social Services (DSS) and HP will be closed on Tuesday, January 1, 2013 in observance of the New Year's holiday. Offices will re-open on Wednesday, January 2, 2013.

Attention All Providers.

2013 CYCLE SCHEDULE JANUARY - JUNE NOW AVAILABLE: The Connecticut Medical Assistance Program financial cycle schedule for the first half of 2013 is now available in provider bulletin PB2012-66. To access the bulletin from the www.ctdssmap.com Web site Home page, go to Information, then Publications, choose 12 from the Year drop-down, enter 66 in the bulletin number field and click search.



Remittance Advice

- Claim Information (Claims Paid):

REPORT: CRA-PHPD-R
RA#: 1038715

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

Date: 01/16/2013
PAGE: 1

1 MAIN ST
FARMINGTON, CT 06032-1234

PAYEE ID
ISSUE DATE 01/16/2013
TAXONOMY 344600000X
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	AMOUNT	INCOME	AMOUNT	CONTR.

CLIENT NAME:		CLIENT NO.:									
M	2013011600008	090112 090112	61.00	17.00	0.00	0.00	0.00	0.00	0.00	17.00	0.00
	MLIA										

PL SERV	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	BILLED	ALLOWED	DETAIL	EOBS
							AMOUNT	AMOUNT		
41	AO425		2.00	090112	090112	MCD 008002643	32.00	0.00	0865	
99	AO100		2.00	090112	090112	NPI 2013008216	29.00	17.00	9918	

CLIENT NAME:		CLIENT NO.:									
T	2013011600009	121512 121512	29.00	17.00	0.00	0.00	0.00	0.00	0.00	17.00	0.00
	TB										

PL SERV	PROC CD	MODIFIERS	UNITS	FROM	THRU	PROVIDER	BILLED	ALLOWED	DETAIL	EOBS
							AMOUNT	AMOUNT		
99	AO100		2.00	121512	121512	NPI 2013008216	29.00	17.00	9918	



Remittance Advice

- Claim Information (Claims Denied):

REPORT: CRA-PHDN-R		interChange MMIS				Date: 01/16/2013	
RA#: 1038718		MEDICAID MANAGEMENT INFORMATION SYSTEM				PAGE: 3	
		PROVIDER REMITTANCE ADVICE					
		CMS 1500 CLAIMS DENIED					
1 MAIN ST FARMINGTON, CT 06032-1234				PAYEE ID		NPI	
				ISSUE DATE		01/16/2013	
				TAXONOMY		344600000X	
				P. AVRS ID			
--ICN--	SERVICE DATES	BILLED	DEDUCT	CO-INS	TPL	APPLIED	CLIENT
--PATIENT NUMBER--	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	INCOME	CONTR.
CLIENT NAME:	CLIENT NO.:						
2013009600024	060512 060512	78.00	0.00	0.00	78.00	0.00	0.00
032012060528262DA							
HEADER EOB3: 0730 2001 2515							
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING	BILLED	DETAIL	EOBS
				FROM THRU PROVIDER	AMOUNT		
99	A0100	RD	2.00	060512 060512 NPI 20130008216	78.00	2517	
CLIENT NAME:	CLIENT NO.:						
2013009600025	060612 060612	78.00	0.00	0.00	78.00	0.00	0.00
032012060630193DA							
HEADER EOB3: 0730 2001 2515							



Remittance Advice

- EOB Code Description:

REPORT: CRA-EOBM-R	interChange MMIS	Date: 01/16/2013
RA#: 1038718	MEDICAID MANAGEMENT INFORMATION SYSTEM	PAGE: 18
	PROVIDER REMITTANCE ADVICE	
	EOB CODE DESCRIPTIONS	

1 MAIN ST
FARMINGTON, CT 06032-1234

PAYEE ID	NPI
ISSUE DATE	01/16/2013
TAXONOMY	344600000X
P. AVRS ID	

EOB CODE	EOB CODE DESCRIPTION
0550	ELECTRONIC ADJUSTMENT IS INVALID.
0730	NEMT BROKER TP ID IS NOT PRESENT ON NON-EMERGENCY TRANSPORTATION CLAIM
0865	Ambulance cannot bill mileage separately.
2001	CLIENT ID IS INVALID OR NOT ON FILE. REFERENCE ID CARD FOR CORRECT NUMBER.
2100	CLIENT NOT FOUND ON ELIGIBILITY MANAGEMENT SYSTEM.
2502	Bill Medicare first.
2515	CLAIM OTHER PAYER CARRIER CODE IS NOT ON FILE.
2517	CLAIM OTHER PAYER ADJUDICATION INFORMATION IS INCOMPLETE
4014	NO PRICING SEGMENT IS ON FILE.
4021	The procedure billed is not a covered service under the client's benefit plan.
4070	MODIFIER RESTRICTION FOR PROCEDURE CODE
4155	No reimbursement rule for the associated facility type
4250	No reimbursement rule for the associated provider type/provider specialty
4601	PROCEDURE NOT COVERED. CHECK: PRIOR AUTHORIZATION, FTC, REFERRING PROVIDER, QUANTITY RESTRICTIONS
4831	Service is not payable on date of service.
4956	SERVICE RESTRICTION FOR PROCEDURE UNDER PROVIDER CONTRACT.
5001	EXACT DUPLICATE OF A PAID CLAIM OR A CLAIM THAT IS CURRENTLY IN PROCESS.
9910	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED



Remittance Advice - Summary

	-----CURRENT CYCLE TOTALS BY FUND PAYER-----					
	---NEW DAY CLAIMS---		---POSITIVE ADJUSTMENTS---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	2	64.50	0	0.00	2	64.50
HUSKY B-3	0	0.00	0	0.00	0	0.00
HUSKY B 1 and 2	0	0.00	0	0.00	0	0.00
CADAP	0	0.00	0	0.00	0	0.00
ConnPACE	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00
MLIA	2	46.00	0	0.00	2	46.00
Tuberculosis	3	80.00	0	0.00	3	80.00
Family Planning	0	0.00	0	0.00	0	0.00
	-----CLAIMS DATA-----					
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	7	190.50	7	190.50	7	190.50
POS. CLAIMS ADJUSTMENTS	0	0.00	0	0.00	0	0.00
TOTAL CLAIMS PAYMENTS	7	190.50	7	190.50	7	190.50
CLAIMS DENIED	50		50		50	
CLAIMS IN PROCESS	4		0		0	
	-----EARNINGS DATA-----					
PAYMENTS:						
CLAIMS PAYMENTS		190.50		190.50		190.50
PAYOUTS		0.00		0.00		0.00
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE		(8.50)		(8.50)		(8.50)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(0.00)		(0.00)
NON-CLAIM SPECIFIC		(0.00)		(0.00)		(0.00)
NET PAYMENT		182.00		182.00		182.00
1099 ADJUSTMENTS		0.00		0.00		0.00
REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
OTHER FINANCIAL:						
MANUAL PAYOUTS		0.00		0.00		0.00
CHECK VOIDS		(0.00)		(0.00)		(0.00)
NET EARNINGS		182.00		182.00		182.00



Claim Resolution Guide

- Provider Manual Chapter 12 – Claim Resolution Guide
 - This guide lists commonly posted EOB codes and provides a brief explanation of the reason why claims were either suspended or denied.
 - This guide provides a detailed description of the cause of each EOB and more importantly, the necessary correction to the claim, if appropriate, in order to resolve the error condition.
 - This guide also provides tips by identifying where providers can go to find additional information to assist with correcting their claims.



Claim Resolution Guide

- EOB 4801 “Procedure not covered. Check: Prior Authorization, FTC, Referring Provider, Quantity Restrictions”
- Cause
 - The procedure billed is not permitted to be paid to the billing provider on the date of service.
- Resolution
 - If the procedure billed is not a covered procedure on the provider's fee schedule for the date of service, the service is not payable.
 - If the procedure billed is present on the provider's fee schedule, contact the Provider Assistance Center to request an update to the procedure code in question.



Provider Manuals - Information

- Provider Manuals
 - The Provider Manuals are 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 claims, prior authorizations, and other related transactions. This manual contains detailed instructions regarding the Program, and should be your first source of information pertaining to policy and procedural questions.



Provider Manuals - Information

- Provider Manual
 - The Provider Manual is divided into twelve (12) chapters
 - Click on the chapter title to open the document (disable pop-up blockers).
 - Chapters 7 and 8 are provider specific – select your provider type from the drop-down menu and click ***View Chapter*** to access the chapter.
 - Chapter 11 is claim-type specific.



Provider Manuals

- Chapter 1 – Introduction
 - Provides information on the CMAP, the Department of Social Services' and Hewlett-Packard's 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.



Provider Manuals

- Chapter 4 – Client Eligibility
 - Provides information regarding client eligibility in the CMAP, client eligibility verification, and client third party liability.
- Chapter 5 – Claim Submission Information
 - Provides information on general claims processing and billing requirements.
- Chapter 6 – EDI Options
 - Provides information on electronic claim submission and electronic RAs.



Provider Manuals

- Chapter 7 – Regulations/Program Policy
 - This section contains the Medical Services Policy sections that pertain to the chosen provider type.
- Chapter 8 – Billing Instructions
 - Provides information on provider specific billing requirements and instructions.
- Chapter 9 – Prior Authorization



Provider Manuals

- Chapter 10 – Web Portal/Automated Voice Response System (AVRS)
 - Provides information for 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.



Provider Bulletins

- Provider Bulletins

- Publications mailed to relevant provider types/specialties documenting changes or updates to the CMAP.
- 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.

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

home **publications** links hipaa



Information

Bulletin Search

Year Provider Type

Number Title



Provider Bulletins

- Provider can request to receive provider notifications electronically by e-mailing a request to:
 - [_ctdssmap-provideremail@hp.com](mailto:ctdssmap-provideremail@hp.com)



Contact Information

- Where to go for more information:
 - www.ctdssmap.com
 - HP Provider Assistance Center (PAC) 1-800-842-8440
Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays.
 - LogistiCare 1-888-248-9895



Contact Information

- Who to contact with questions:
 - LogistiCare
 - Provider contract and rates
 - Provider Enrollment / Re-enrollment
 - Prior Authorization
 - Claim questions / Claim re-submission
 - HP Provider Assistance center (PAC)
 - Web Account Set up
 - Web User ID and Password Resets
 - Remittance Advice Download



Time for Questions

- Questions & Answers

