



TO: Access Agencies, CHC Service Providers, Home Health Agencies, Physicians, Nurse Practitioners, Physician Assistants, Medical Clinics, Ambulatory Surgical Centers, Outpatient Hospitals

RE: Adult Family Living/Foster Care Credentialing/Enrollment and Claim Submission Guidelines

As previously communicated in Provider Bulletin 2013-50, effective July 1, 2013 the Department of Social Services (DSS) added Adult Family Living/Foster Care as a new service under the Connecticut Home Care Program for Elders (CHCPE) and the Personal Care Assistance (PCA) Waivers. Providers are encouraged to review Provider Bulletin 2013-50 as it outlines the Adult Family Living/Foster Care service and its requirements in detail.

This bulletin serves to further communicate the credentialing and enrollment process to Agencies wishing to provide Adult Family Living/Foster Care services and to communicate to enrolled providers the claim submission instructions for the reimbursement of these services.

Agencies wishing to provide Adult Family Living/Foster Care services must contact the DSS CHCPE/PCA Fiduciary, Allied Community Resources, at 1-877-722-8833 to initiate the credentialing process. Once credentialed, providers not already enrolled as a CHC Service provider must enroll by accessing the www.ctdssmap.com Web site, clicking on Provider then Provider Enrollment. Upon submission of the online application, providers will receive an Application Tracking Number (ATN). Applicants must submit a copy of their credentialing letter, provided by Allied Community Resources, with the ATN referenced on the letter to HP's Provider Enrollment Unit, P. O. Box 5007, Hartford, CT 06104 to complete the application process.

Agencies enrolled as CHC Service providers and credentialed to provide Adult Family Living/Foster Care services must submit their claims directly to HP in the professional 5010 837P electronic claim format. Claims may also be submitted via the Web or on paper. Providers should refer to the "Methods of Claim Submission" indicated in this bulletin for further information.

Agencies providing Adult Family Care/Foster Care services must submit one of the following procedure codes based on the level of care provided for the date of service submitted on the claim. Providers will be reimbursed the daily rate associated with the procedure code billed.

Level of Care	Procedure Code	Daily Rate
Level 1	S5140	\$ 42.58
Level 2	5140X	\$ 63.40
Level 3	5140Y	\$ 77.28
Level 4	5140Z	\$107.06

In order for the provider to be reimbursed, the procedure code billed, associated with the level of care provided, must be on the client's care plan. Providers can review the client's care plan by selecting Prior Authorization Inquiry from the Prior Authorization menu on their secure Web account. If the procedure code does not appear on the care plan, providers must contact the Agency that issued the service order.

Methods of Claim Submission

- **Electronic Claims – Vendor Software**
 Enrolled "CHC Service Providers" may submit their claims electronically, using



their own vendor software. Claims must be submitted in the HIPAA 5010 X12N 837 Professional format.

Providers must be an enrolled Trading Partner to submit an electronic claim file to HP. Providers who wish to become a Trading Partner can enroll from the www.ctdssmap.com Web site Home page by clicking on the Trading Partner Enrollment link.

For additional information on claim submission via vendor software, providers should click on the HIPAA link under Information on the Home page of the www.ctdssmap.com Web site.

➤ **Web Based Claim Submission**

A secure provider Web account is required to submit Web based claims. A secure provider Web account is accessed via the secure site link located on the www.ctdssmap.com Web site.

Enrolled “CHC Service Providers” can easily submit claims directly to HP using the professional format under the claims menu of their secure provider Web account.

Web claim submission functionality allows previously processed claims to be copied for ease in submitting ongoing services. Claim submission is real time, allowing the provider to know immediately if a claim paid or denied, while permitting providers to adjust, or correct and resubmit claims prior to the next claim payment cycle.

Providers do not need to enroll as a Trading Partner in order to submit interactive claims via the Web.

➤ **Paper Claim Submission**

“CHC Service Providers” submitting paper claims must submit their claims on a CMS 1500 claim form. **Important:** Effective April 1, 2014, HP will only accept version 02/12 of the CMS-1500 claim form. Providers should access Chapter 8 of the CHC provider manual located on the www.ctdssmap.com Web site for these paper claim submission instructions. From the Home page, select Publications > Provider Manuals > Chapter 8 > Connecticut Home Care > View Chapter 8.

Reimbursement for claims submitted on paper can take up to 45 days to process. Providers currently submitting on paper should consider one of the other more efficient options for obtaining reimbursement for services such as the Web for interactive claims submission or vendor software for batch claim submission.

Claim Reimbursement

DSS will reimburse Agencies providing Adult Family Living/Foster Care as enrolled “CHC Service Providers” based on CHC fee schedule rates. **All services billed must be on the care plan in order for providers to be reimbursed.** Claims will be processed and providers will be reimbursed based on the DSS claim cycle schedule published semi-annually. Providers can access this schedule from the www.ctdssmap.com Web site Home page by clicking on Provider Services and scrolling to schedules.

Reimbursement to providers for claims processed and paid will occur via Electronic Fund Transfer (EFT). “CHC Service Providers” are required to enroll in EFT as part of the provider enrollment process. Any changes to EFT information can be done via the Demographic Maintenance function on the provider’s secure Web account.