



**TO: Connecticut Home Care Access Agencies, Connecticut Home Care Performing Providers and Home Health Agencies**

**RE: Important Connecticut Home Care Online Enrollment Notification, Claim Submission and Other Program Changes**

**IT'S TIME TO ENROLL BEGINNING MAY 15, 2013!** Connecticut Home Care (CHC) Performing Providers were previously notified, via provider bulletin PB 2013-19, that effective for dates of service July 1, 2013 and forward, providers will no longer submit claims to the Access Agencies. To facilitate this change, the Department of Social Services (DSS) will be requiring all CHC performing providers who submit non-medical claims to enroll in the Connecticut Medical Assistance Program (CMAP) by July 1, 2013 with a new provider type 57 "CT Home Care Program" and specialty 544 "CHC Service Provider" in order to receive reimbursement for services provided.

Home Health Agency Providers who provide only **medical services** to CHC clients will not enroll as "CHC Service Providers". However, Agencies who also provide **non-medical** services must enroll as "CHC Service Providers" to be reimbursed for the non-medical services they provide.

### **Provider Enrollment**

Beginning **May 15, 2013**, providers may begin enrolling as "CHC Service Providers." To enroll, providers must go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and select "Provider Enrollment" from the Home page to access the enrollment Wizard. **PLEASE NOTE: Providers should read all instructions prior to proceeding with the enrollment process.** "CHC Service

**Providers" are not required to enroll with an NPI and taxonomy.**

Once the online application is submitted, providers should take note of the Application Tracking Number (ATN). The ATN will allow providers to track the status of their enrollment application, by selecting "Provider Enrollment Tracking" from the provider main menu on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home page. **PLEASE NOTE: Providers are encouraged to enroll as soon as possible as the enrollment process may take up to four (4) weeks to finalize. Providers who successfully complete the enrollment process with applications finalized after July 1, 2013 will be retroactively enrolled effective July 1, 2013.**

**Successfully enrolled providers** will receive a Provider Enrollment Approval Notice, AVRS ID, and initial password under separate cover in order to set up a secure provider Web account. Setup of a secure Web account is necessary to access a number of Web based tools such as client eligibility verification, claim submission, claim inquiry, and access to the Remittance Advice. Providers will also have access to care plans for the approved services they are to provide to CHC clients. This will allow providers to monitor the number and frequency of services approved and care plan changes against units of service performed, to avoid over service and claim denials.

**Re-enrollment** for "CHC Service Providers" will occur every two (2) years. When it is



time to re-enroll, providers will receive notification from HP with an Application Tracking Number. To re-enroll, providers will go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and select “Provider Re-enrollment” from the drop down “Provider” menu. Providers will enter the ATN provided and their NPI or AVRS ID. The ATN expedites the re-enrollment process by allowing the provider access to prior enrollment data.

Providers should carefully review the data for accuracy, making changes as applicable before submitting their re-enrollment application. Follow on credentialing documentation must be submitted to HP’s Provider Enrollment Unit before the provider can be re-enrolled. Providers will receive their re-enrollment credentialing from the DSS CHC Fiduciary, Allied Community Resources.

### **Claim Submission Non-medical Providers**

Effective for dates of service **July 1, 2013** and forward, enrolled “CHC Service Providers” must submit their **non-medical** claims directly to HP. Claims submitted electronically to HP must be in the **professional 5010 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.

CHC **non-medical** claims for dates of service through **June 30, 2013** will continue to be submitted to the Access Agencies.

### **Claim Submission - Medical Providers**

Effective for dates of service **July 1, 2013** and forward, Home Health Agencies must submit claims for **all** CHC **medical services** directly to HP in the **institutional 5010 claim format** using the same type of bill and provider

identifiers (NPI and Taxonomy) as current home health claims. CHC medical services will utilize the same RCC/HCCP/Modifier combinations, process under the same claims processing edits and follow the same Prior Authorization (PA) requirements as home health services.

Claims may also be billed electronically via the Web or on paper. Providers should refer to the “Methods of Claim Submission” indicated in this bulletin for further information.

**Medical** claims for dates of service through **June 30, 2013** for CHC clients who are not Medicaid eligible will continue to be submitted directly to the Access Agencies.

### **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.

Home Health Agencies must submit in the HIPAA 5010 X12N 837 Institutional 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](http://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](http://www.ctdssmap.com) Web site.



- **Electronic Claims - Provider Electronic Solutions Software** – DSS via HP offers free windows based software to providers who have internet access and wish to submit their claims electronically. **However, effective October 1, 2014, Provider Electronic Solutions software will no longer be available to providers and will not be supported by HP.** It is highly recommended that providers use this software only as an interim solution to obtaining vendor software for batch claim submission.

Providers must be an enrolled **Trading Partner** prior to submitting an electronic claim file using Provider Electronic Solutions. Providers who wish to become a Trading Partner can enroll from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home page by clicking on the Trading Partner Enrollment link.

Providers interested in submitting claims using the software can obtain additional information from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, under Trading Partner click on the Provider Electronic Solutions Billing Instructions link. Providers wishing to download the software may do so by clicking on the Trading Partner Documents link.

**PLEASE NOTE:** As previously stated effective October 1, 2014, Provider Electronic Solutions software will no longer be available to providers and will not be supported by HP. It is highly recommended that providers use this software only as an interim solution to obtaining vendor software for batch claim submission.

- **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](http://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. Home Health providers would access the institutional format to submit their CHC medical claims.

Web claim submission functionality allows prior service 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 claims processing 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. The CHC provider manual will be updated with claim submission instructions for “CHC Service Providers” prior to July 1. Providers should access Chapter 8 of the CHC provider manual located on the [www.ctdssmap.com](http://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 Provider Electronic Solutions as an interim solution to obtaining vendor software for batch claim submission.

### **Claim Reimbursement**

DSS will reimburse “CHC Service Providers” and Home Health Agencies directly for non-medical and medical services provided to CHC clients. **All services billed must be on the care plan in order for providers to be reimbursed.** In addition, Cost Share and Applied Income will no longer be deducted from provider claims. DSS has directed their CHC Fiduciary, Allied Community Resources, to collect Cost Share and Applied Income directly from the CHC clients.

“CHC Service Providers” will be reimbursed based on CHC fee schedule rates. Home Health Agencies will continue to be reimbursed at their provider rate on file. 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](http://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” will be required to enroll in EFT as part of the provider enrollment process.

### **Provider Training**

HP will offer online Virtual Room enrollment training this month for those providers enrolling as “CHC Service Providers”.

Additional training will be offered in **June** regarding such topics as secure Web account features, claim submission, and general program guidelines and resources available to providers enrolled in the Connecticut Medical Assistance Program.

Web claim submission training will also be offered in **June** to those wishing to submit professional or institutional claims via the Web.

A combined invitation to all three workshops will soon be mailed to providers. Future workshops will also be posted on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, select Provider Services, then Provider Training, and click “here”. Scroll to the workshop schedule where providers can register online and obtain directions to workshop locations.

### **Provider Communications**

To assist Access Agencies, CHC Service and Home Health Agency providers in keeping informed with the latest CHC Program communications, a Connecticut Home Care Program link has been added to the “Important Messages” section of the [www.ctdssmap.com](http://www.ctdssmap.com) Home page. Providers can click on the link to find all CHC Program communications sent to providers as of the last update.