



TO: All Providers

RE: Elimination of Paper Claims Notification

The purpose of this provider bulletin is to notify all providers that effective October 1, 2016, the Department of Social Services (DSS) will no longer accept paper claims for processing. The Department is mandating this change as a means to provide a more streamlined and cost effective method for reimbursement for the Connecticut Medical Assistance Program. Providers are encouraged to check with their claim vendors in order to begin preparing for this transition by ensuring that all claims are submitted to Hewlett Packard Enterprise electronically, using the ASC X12N 837 Health Care Claim or through the Provider Secure Web Portal at www.ctdssmap.com.

Paper claims submitted to Hewlett Packard Enterprise on or after October 1, 2016 will be returned to the provider. Out of State providers who currently submit paper claims are excluded from this mandate along with any provider claims that are submitted to Hewlett Packard Enterprise for special handling, such as timely filing overrides.

The Electronic Options for Submitting Claims are Described Below:

Trading Partner/X12

Providers must transmit claims through Hewlett Packard Enterprise's secure Web site using the HIPAA compliant ASC X12N 837 Health Care Claim transaction format. Providers or their billing agents will be required to complete an on-line Electronic Data Interchange (EDI) Trading Partner Agreement form and successfully complete a test using the ASC X12N 837 Health Care Claim format appropriate for their provider type. Providers or their Billing Agents should click on the following links for additional information:

[Companion Guide](#)

[Trading Partner Agreement Enrollment](#)

[Chapter 6 - EDI Options](#)

Web Claim Submission

The online Web claim submission tool does not require providers to install any software and is free of charge. Billing providers must have established their Secure Web Portal account in order to submit claims through the internet. This tool makes it possible to submit claims directly from your Secure Provider Web account and see the outcome of your claim submission immediately. This also allows you to resubmit denied claims and adjust previously paid claims. Providers can also copy an existing claim, make necessary changes to the claim and submit the claim. The copy functionality reduces the data entry required to submit a claim.

If you have not yet established your Provider Secure Web account, you must log on to www.ctdssmap.com and select Provider → Secure Site → setup account. You must enter the Initial Web User ID and Personal Identification Number (PIN) each mailed to providers under separate cover letters. Providers who have questions on this process may contact the Provider Assistance Center at 1-800-842-8440, Monday through Friday, from 8:00 to 5:00 p.m.

Long Term Care Providers

As a reminder, in addition to the Web claim submission tool, Long Term Care providers also have the option to use the free Provider Electronic Solutions (PES) software to transmit their claims. PES transactions are submitted utilizing the HIPAA ASC X12N 837 format. Providers who are currently using PES software must be on version

3.81. To verify the current version you are running, click the “Help” icon in the software menu and click on “About”. Version 3.81 accommodates the ICD-10 transition; therefore, if you choose to use PES software you must upgrade to this version.

In order to upgrade to version 3.81, you must have sequentially installed all previous versions and currently have version 3.80. Complete instructions regarding how to upgrade PES are available on our Web site at www.ctdssmap.com. From the Home page, go to Trading Partner, EDI, look under Provider Electronic Solutions Upgrade, click on “Upgrade instructions via the Web” or “Upgrade Instructions via Provider Electronic Solutions”, and then click on the “Provider Electronic Solutions 3.81 Upgrade” link.

Important Billing Requirement Reminder

As a reminder, the billing provider taxonomy is a requirement for Connecticut Medicaid claims processing. In order for a claim to successfully process, the National Provider Identifier (NPI) and associated claim data submitted on the claim must be associated with one single Automated Voice Response System (AVRS) ID. When a provider has one NPI associated to multiple AVRS IDs, additional claim data such as the billing provider’s taxonomy code and 9 digit zip code must be used to determine the correct AVRS ID to associate to the claim. If you are utilizing the Provider Secure Web account, the taxonomy will pre-populate on your electronic Web Submission claim. The Explanation of Benefit (EOB) code 1945 – “Claim/detail denied. Billing/performing provider could not be determined” will post to the header of the claim when the system cannot identify a unique AVRS ID with which to process the claim.

Medicare Crossover Claims

Crossover claims must also include the billing provider taxonomy when received from Medicare. Please confirm with your software vendor that the billing provider taxonomy is not being removed from your claims submitted to Medicare. It is imperative that your crossover claims include the

billing taxonomy in order for the Connecticut Medical Assistance Program to correctly process your claims and identify a unique AVRS ID.

Training

Provider workshops on the Web claims submission tool will be held throughout the summer months in preparation for the upcoming transition away from paper claim submission. Providers will receive workshop invitations through electronic messaging. Providers may also visit the www.ctdssmap.com training page to review upcoming scheduled provider workshops and register to attend at the following link:

[CMAP Provider Training](#)

Resources

Several on-line resources are available to providers to assist with this transition:

Provider Manuals

[Chapter 5 – Claim Submission Information](#)

[Chapter 8 – Provider Specific Claim Submission Instructions](#)

[Chapter 11 – Other Insurance and Medicare Billing Guides](#)

[Internet Claim Submission FAQ](#)

Providers with questions may contact the Provider Assistance Center at 1-800-842-8440, Monday through Friday, from 8:00 a.m. to 5:00 p.m. (except holidays).