

WHAT IS “AT YOUR FINGERTIPS”?

“At Your Fingertips” is a bi-monthly tip sheet to help providers navigate Electronic Visit Verification (EVV) by answering common questions and providing assistance for resolving common issues encountered by providers in their use of the EVV system.

This tip provides more information on the training opportunities offered by DSS. This tip sheet will help you understand where you and your staff can go for assistance in learning to use the CMAP Web site and Santrax.



Not sure who to contact when you have a question or issue, or if your issue needs to be escalated?

Contact DXC Technology via e-mail to: ctevv@dxc.com

Please only send client PHI in an encrypted/ secured email.



EVV TIP # 25

EVV TRAINING OPPORTUNITIES

Did you know that DSS offers a variety of *free* training resources for their providers? In addition to the New Provider Workshop (discussed in tip sheet #19) DSS also offers refresher trainings, provider manuals, provider bulletins, Important Messages and a number of other publications that can be used to successfully navigate Connecticut Medical Assistance Program (CMAP) and the Electronic Visit Verification (EVV) program. This tip sheet provides a brief overview of the many training opportunities found on the CMAP Web site.

WHAT IS THE NEW PROVIDER WORKSHOP?

The goal of the New Provider Workshop is to provide a basic understanding of the Connecticut Medical Assistance Program (CMAP). The training is free, in-person, offered four (4) times per year and is designed to address questions and concerns that new office staff and newly enrolled service providers may have regarding their use of the www.ctdssmap.com Web site effectively.

Among the topics covered at each training workshop are client eligibility, claim processing, web claim inquiry and resources that can be found on the CMAP Web site. Workshop attendees learn how to research a client's eligibility and understand the data returned, how to verify that a client has an approved prior authorization (PA) and how to read the remittance advice (RA).

WHAT ARE THE REFRESHER WORKSHOPS?

The goal of the yearly refresher workshops is to update providers on new information specific to their programs and/or provider type. Among the topics covered at each training workshop are new program rules, added service codes, proc/mod lists and their uses, how to verify client eligibility, perform web claim inquiries and resources that can assist in successful claims submittal. . These workshops can be used to train new staff and as a refresher for current staff in using the www.ctdssmap.com Web site and secure site features.

I WANT TO ATTEND A TRAINING WORKSHOP...HOW DO I REGISTER?

Invitations to upcoming workshops can be found on the www.ctdssmap.com Web site. Providers are encouraged to register for their preferred workshop(s) to secure a seat in the training room/environment early as seating can be limited.

To access the invitations and workshops select Provider> Provider Services> select “here” under Provider Training.

Important Messages

[Revised Provider Manual Chapters \(Updated 2/1/18\)](#)

[Attention Methadone Clinic Providers: DSS Behavioral Health Clinic Regulations Posted \(Posted 1/31/18\)](#)

[Electronic Visit Verification Implementation Important Message \(Posted 1/24/18\)](#)

[Attention: Methadone Maintenance Clinic Providers \(Posted 1/19/18\)](#)

[Attention Dental Providers: Annual Dental Benefit Maximum \(Posted 1/12/18\)](#)

[National Correct Coding Initiative \(NCCI\) - Medically Unlikely Edits \(MUE\) Review Process \(Posted 1/12/18\)](#)

[Hospital Monthly Important Message \(Updated 1/10/18\)](#)

CMA Web site by scrolling down on the Home Page to the Important Messages subheading.

WHAT ARE PROVIDER BULLETINS?

Provider Bulletins are publications posted to relevant provider types/ specialties documenting changes or updates to CMA. The online database of bulletins goes back to the year 2000 so that providers can research historical changes for their provider type. The bulletin search allows you to search for specific bulletins by year, number, or title. The provider bulletins can be found by navigating to Information > publications on the CMA Web site.



Information

Bulletin Search		
Year	18	Provider Type
Number		Title

Bulletin Search		Search Results
Bulletin Number	Title	Published Date
PB18-04	2018 CMA Addendum B - Outpatient Hospitals - Annual Update	01/29/2018
PB18-04	Coding Changes for Eteplirsen and Nusinersen	01/29/2018
PB18-04	Update to Outpatient Hospital Prior Authorization Grid	01/29/2018
PB18-02	Non-Emergency Medical Transportation (NEMT) For Pending Members	01/11/2018
PB18-01	Weather Related Transportation Cancellation / Delays	01/03/2018

WHAT ARE IMPORTANT MESSAGES?

Important Messages contain urgent messages that require immediate communication to the provider community as well as links to important information regarding recent/upcoming system changes. If you have enrolled in e-messaging then the Important Messages are sent to your email address. If you have not enrolled in e-messaging, you can review the most recent Important Messages on the home page of the

HOW DO I GET NOTIFIED ABOUT UPCOMING TRAINING OPPORTUNITIES?

You need to sign up for e-messaging in order to receive information to your registered email regarding program updates, training opportunities and other important information. To sign up for e-messaging navigate to www.ctdssmap.com and select "Register/ Update Email Subscription" under the Email Subscription quick link.

WHAT ARE PROVIDER NEWSLETTERS?

Provider Newsletters are quarterly publications that cover a wide range of topics. The most recent provider newsletter had articles about the Alternate Claim Solution, how to resolve Prior Authorization Issues timely, and updates regarding the ABI, Autism CHC, and PCA Waiver program Procedure Code Crosswalks.

The provider newsletters can be found by navigating to Information > publications and scrolling down to Provider Newsletters on the CMA Web site.

Provider Newsletters

- [December 2017 interChange Newsletter](#)
- [September 2017 interChange Newsletter](#)
- [June 2017 interChange Newsletter](#)
- [March 2017 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

WHAT INFORMATION IS ON THE TRAINING PAGE?

ABI Service Provider Workshops

Training Materials

Audience: ABI Service Providers

[ABI Service Provider Enrollment on the Web](#)

[ABI Billing and Web Claim Submission Workshop 2016](#)

[ABI Procedure Code Crosswalk 2018](#)

The training page contains links to the Acquired Brain Injury, Autism, Connecticut Home Care and Personal Care Assistant Waiver crosswalks and the most recent yearly refresher workshops. These documents are beneficial to new staff and as a refresher for existing staff to review programmatic updates to their provider type.

WHAT IS THE ELECTRONIC VISIT VERIFICATION IMPLEMENTATION IMPORTANT MESSAGE?

The Electronic Visit Verification Implementation Important Message is the home of all EVV related information. This important message contains the At Your Fingertips tip sheets, all EVV training documents and videos, the service code list identifying EVV mandated and optional services, Frequently Asked Questions and the link to the FVV device request form. This document is updated frequently and should be reviewed often to ensure that providers have the most up-to-date EVV information.

To locate the Electronic Visit Verification Implementation Important Message navigate to www.ctdssmap.com and scroll down to Important Messages.

WHAT INFORMATION CAN BE FOUND IN THE PROVIDER MANUALS?

The provider manuals offer specific information regarding CMAP and can be used to answer most questions regarding the program. Chapters 1-6 and 9-12 contain program information applicable to all provider types while chapters 7 and 8 are provider type specific. Each chapter should be used in conjunction with any provider bulletins and Important Messages. The provider bulletins can be found by navigating to www.ctdssmap.com select Information> Publications> Provider Manuals. What does each chapter address?

<u>Chapter</u>	<u>Description</u>
1	Introduction - Contains information on the CMAP program and the responsibilities of the Department of Social Services and DXC Technology.
2	Provider Participation Policy - Contains details of the regulations for provider enrollment in the CMAP program.
3	Provider Enrollment and Re-enrollment - Contains instructions for providers on the enrollment and re-enrollment process in the CMAP program.
4	Client Eligibility - Contains information regarding client eligibility in the CMAP program, client eligibility verification and third party liability.
5	Claim Submission Information - Contains the general claim submission information, claim related correspondence, behavioral health program guidelines, remittance advice, electronic funds transfer, Medicare/insurance carrier information and program forms applicable to most providers participating in the CMAP program. <u>Carrier Listing Sorted by Name</u> - Contains a list of monthly updated Medicaid carriers by name alphabetically. <u>Carrier Listing Sorted by Code</u> - Contains the same list of carriers sorted by carrier code.
6	Electronic Data Interchange Options - Contains information regarding methods of electronic data interchange between the CMAP provider community and DXC Technology.
7	Specific Policy/Regulation - Contains the Medical Services Policies that pertain to each specific provider type and specialty. To read the chapter specific to your agency, select your provider type.
8	Provider Specific Claims Submission Instructions - Contains instructions on the claim submission process for all provider types and specialties. To read the chapter specific to your program, select your waiver benefit plan or provider type.
9	Prior Authorization - Contains instructions on prior authorization requirements.
10	Web Portal/AVRS - Contains information on the on the Connecticut interChange Medicaid Management Information System (MMIS) Web Portal which facilitates information access and exchange between DSS and interChange stakeholders. The Web Portal is comprised of two separate applications that are referred to as the Public Web site and the Secure Web site. The Automated Voice Response System. The AVRS provides the following functionality to providers 24 hours a day, 7 days a week (except maintenance down time).
11	Other Insurance and Medicare Billing Guides - Contains information on the billing guidelines for Medicare and other insurances. The following are the options that can be selected in this chapter. <ul style="list-style-type: none">• Dental Insurance/ Medicare Billing guide• Institutional Other Insurance/ Medicare Billing Guide• Professional Other Insurance / Medicare Billing Guide
12	Claim Resolution Guide - Contains a list of most common explanation of benefit (EOB) codes and the Cause and Resolution for claim correction. EOB's are continually added to this chapter as new programs and policies are implemented. This chapter should be consulted if a provider come across an EOB they are unfamiliar with or need additional assistance with in resolving.