

**CONNECT**  
TO CARE BY CMSP

**CONEXION**  
A LA SALUD DE CMSP



# Connect to Care by CMSP Provider Billing & Claims Training

# Meeting Logistics

All Participants will be muted during this meeting

## Q&A

Questions will be answered at the end of the presentation as time allows.

To ask a question, you will type your question into the “Q&A” box in the lower right corner of the screen and click “Send” to the **Host**. All questions or technical assistance issues should be asked via the Q&A box.

# Presentation Follow Up

A copy of these slides and a recording of this training will be available on the AMM Connect to Care website at <http://connectocare.amm.cc> by October 1, 2021.

To access the recording, please enter the password indicated on the website.



# AGENDA

**Background & Program Overview**  
**Eligibility & Enrollment**  
**Updated Covered Benefits**  
**Claims Submission**  
**Claims Timely Filing**  
**Claims Appeals/Dispute**  
**Provider Resources**  
**Q & A**

# Key Terms & Abbreviations

Abbreviation/Term	Definition
CMSP	County Medical Services Program
Alluma	Connect to Care Enrollment System Vendor
AMM	Advanced Medical Management - Administrator for medical claims
MedImpact	Pharmacy Benefit Manager
FPL	Federal Poverty Level
CTC	Connect to Care
OxC	One-x-Connection – Enrollment system for CTC
SOC	Share of Cost



# What is Connect to Care?

## Target Population

Uninsured adult (Ages 21-64) residents in CMSP counties with the income range of over 138% FPL and up to 300% FPL regardless of citizenship or immigration status.

## Timeline

Connect to Care started on December 1, 2020 and has 26 CTC enrolling clinics. CMSP contracted providers will provide CTC covered services to enrolled members.

# Who are Connect to Care Providers?

Connect to Care utilizes CMSP contracted providers to render CTC covered services.

CMSP contracted Provider Search:  
<https://connecttocare.amm.cc/ProviderSearch>

Any claim billed to CTC from non-contracted providers will be denied.





# How Does CTC Differ from CMSP?

	CMSP	CONNECT TO CARE
How to Enroll	County Social Services Departments	Participating Health Centers (OxC)
Age Limit	21-64	21-64
Citizenship Requirement	No, must only reside in a CMSP county	No, must only reside in a CMSP county
Coverage for No-Cost Primary Health Care	Yes	Yes
Coverage for Basic Prescription Medications	Yes, with \$5 copay and certain limits	Yes, with \$5 copay and certain limits
Coverage for Specialty Prescription Medications	Yes, with SOC and certain limits	No
Coverage for Dental, Emergency Room, Urgent Care, and Inpatient Hospital Services	Yes, with SOC and certain limits	No
Income Requirements	Up to 300% FPL (most 139-300%)	138% to 300% FPL
Other Health Coverage	Dual enrollment allowed with certain specialized, limited-scope programs and secondary payer provisions	No

# How Does CTC differ from Path to Health?

	PATH TO HEALTH	CONNECT TO CARE
How to Enroll	Participating Health Centers (One-e-App)	Participating Health Centers (OxC)
Age Limit	26 and up	21-64
Citizenship Requirement	No, must only reside in a CMSP county	No, must only reside in a CMSP county
Coverage for No-Cost Primary Health Care	Yes	Yes
Coverage for Basic Prescription Medications	Yes, with \$5 copay and certain limits	Yes, with \$5 copay and certain limits
Coverage for Specialty Prescription Medications	No	No
Coverage for Dental, Emergency Room, Urgent Care, and Inpatient Hospital Services	No	No
Income Requirements	Up to 138% FPL	138% to 300% FPL
Other Health Coverage	Must have limited scope Medi-Cal	No

# Connect to Care Eligibility & Enrollment

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# Who Does Connect to Care Service?

To be eligible for Connect to Care, a person must be:

- ✓ An adult residing of one of CMSP's 35 counties.
- ✓ Aged 21 through 64
- ✓ No existing healthcare coverage
- ✓ With income between 138% and 300% FPL
- ✓ Anyone can apply regardless of immigration status

# HOW DOES THE ENROLLMENT SYSTEM WORK?

## CLINIC



- The applicant works with an Application Assister at the clinic
- The Application Assister collects necessary information and uploads documents through OxC
- Finished applications are securely submitted by the Assister to CMSP for review

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## CMSP





- Completed applications are reviewed by an Eligibility Worker at CMSP. The Eligibility Worker will approve or deny the application
- If approved, applicants will receive an approval letter, a Member ID Card, and a Member Guide
- If denied, applicants will receive a denial letter explaining why the application was denied
- Application Assisters can view the status of applications

# Connect to Care Member ID Card

Following approval to the Connect to Care Program, the member will receive a Connect to Care ID Card (issued & mailed by AMM).

	
<b>Member Name/ Nombre del afiliado:</b> <b>Member ID/ ID del afiliado:</b> <b>Benefit Period/ Período de elegibilidad :</b>	
<hr/> <b>Connect to Care Customer Service/ Servicio de atención al cliente:</b> (888) 614-0846 <b>TTY Line/ Línea de TTY (teléfono de texto):</b> (562) 429-8162 <b>*Pharmacy Services/ Servicios farmacéuticos:</b> (800) 788-2949 *\$5/Rx and \$1,500/Rx maximum may apply. *Puede aplicar un máximo de 5 USD por receta y 1500 USD por receta.	
<p>Please refer to the Connect to Care website below for additional benefit information and list of covered &amp; non-covered services.          Por favor de consultar el sitio web de Connect to Care disponible abajo para obtener información adicional sobre los beneficios y una lista de los servicios que están cubiertos y los que no.</p> <p><a href="http://connectocare.amm.cc">http://connectocare.amm.cc</a></p>	

	
<b>Providers/ Prestadores:</b> Covered services must be rendered by contracted CMSP providers to be payable. Any medical claims billed to Connect to Care from non-contracted providers will be denied as not covered. Questions about provider contracting call (888) 614-0846.	<b>Hospitals &amp; Emergency Service Providers/ Hospitales y prestadores de servicios de emergencia:</b> Connect to Care does not cover emergency or inpatient services. For information on covered services please call (888) 614-0846 or visit <a href="http://connectocare.amm.cc">http://connectocare.amm.cc</a> .
By using this card, you acknowledge that AMM is the health care benefits administrator for Connect to Care.	<b>Claims:</b> Advanced Medical Management, Inc. 5000 Airport Plaza Drive #150 Long Beach, CA 90815-1260
This card is for identification purposes only and is not proof of coverage and/or eligibility. / Esta tarjeta se utiliza únicamente para fines de identificación y no es una prueba de cobertura o elegibilidad.	<b>Payer IDs for Electronic Claims:</b> Emdeon - CMSP1 Office Ally - AMM15 ClaimRemedi – CMSP Gateway/Trizetto – Institutional: UMM15 Professional: AMM15
* Prescription drug services through MedImpact (PCN/Group No. 50145); not an AMM product.	

# Connect to Care Benefit Period

- Connect to Care has a six-month benefit period with the effective start date and end date which is indicated on the member ID card.
- The effective date of the member's enrollment is the date of their application.
- Members are able to re-apply to the program at designated Connect to Care enrolling clinics.

# Connect to Care Member Guide

Members will receive a Member Guide along with their ID Card that contains information regarding covered services and important contacts.

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Member Guide

**AMM**  
ADVANCED MEDICAL MANAGEMENT, INC.

Welcome to the Connect to Care program by CMSP. This Member Guide provides important information about your Connect to Care benefit coverage and how to obtain covered health care services. Please review this Member Guide to learn about your benefit coverage and how to contact Advanced Medical Management (AMM), the administrator for Connect to Care medical benefits, if you have questions. This Member Guide also provides information on how to get prescription medications that are covered under your Connect to Care benefits and how to contact MedImpact Healthcare Systems, Inc. (MedImpact), the pharmacy benefit administrator for the Connect to Care Program. AMM does not administer Connect to Care pharmacy benefits.

Your Connect to Care ID Card is enclosed with this Member Guide. You will use this ID card when you seek health care services under the Connect to Care Benefit. Below is an example of a Connect to Care Benefit Member ID Card:

<p><b>CONNECT</b> TO CARE BY CMSP</p> <p>Member Name/ Nombre del afiliado: Member ID/ ID del afiliado: Benefit Period/ Período de elegibilidad:</p>	<p><b>CONEXION</b> A LA SALUD DE CMSP</p>
<p>Connect to Care Customer Service/ Servicio de atención al cliente: (888) 614-0846 TTY Line/ Línea de TTY (deaf/hard of hearing): (502) 428-8162 Pharmacy Services/ Servicios farmacéuticos: (800) 788-2945 \$0/0 and \$1,500/0 maximum may apply. * Please refer to schedule of benefits for details and \$500/\$500 per month.</p>	
<p>Please refer to the Connect to Care website below for additional benefit information and list of covered &amp; non-covered services. Por favor de consultar el sitio web de Connect to Care disponible abajo para obtener información adicional sobre los beneficios y una lista de los servicios que están cubiertos y los que no. <a href="http://connectocare.amm.cc">http://connectocare.amm.cc</a></p>	

<p><b>CONNECT</b> TO CARE BY CMSP</p> <p>Previdência/ Prestadores: Covered services must be received by contracted CMSP providers to be payable. Any medical services billed to Connect to Care from non-contracted providers will be denied and not covered. Questions about provider contracting call (888) 614-0846.</p>	<p><b>AMM</b> ADVANCED MEDICAL MANAGEMENT, INC.</p> <p>Hospitals &amp; Emergency Services/ Prestadores de emergencias: Connect to Care does not cover emergency or hospital services. For information on covered services please call (888) 614-0846 or visit <a href="http://connectocare.amm.cc">http://connectocare.amm.cc</a></p>
<p>By using this card, you acknowledge that AMM is the health care benefits administrator for Connect to Care.</p>	<p>Advanced Medical Management, Inc. 3000 Airport Plaza Drive #100 Long Beach, CA 90801-1200</p>
<p>This card is for identification purposes only and is not proof of coverage and eligibility. Este tarjeta es utilizada únicamente para fines de identificación y no es una prueba de cobertura o elegibilidad.</p>	<p>Payor/ De for Electronic Claims: Cleveland - CMSP Office Only - AMMIS Cleveland - CMSP Cleveland/Phoenix - Professional AMMIS</p>
<p>* Prescription drug services through MedImpact (PCN Group No. 8046) not an AMM product</p>	

For a full copy of the member guide, visit: <https://connectocare.amm.cc/>

Your ID card includes the "benefit period" which are the dates your coverage is valid for Connect to Care. If you want to re-apply, you can do so within thirty days prior to the end of your benefit period so you don't have a gap in coverage. You can re-apply through Connect to Care contracted community health centers. You'll receive a new ID card when you complete the re-application process with a new "benefit period" of up to 6 months.

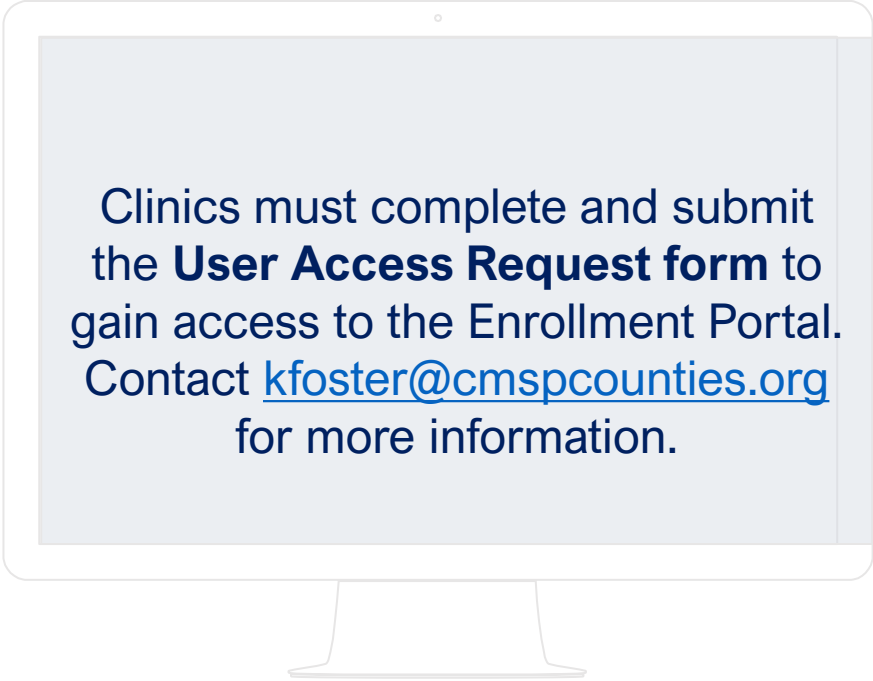


# Eligibility & Enrollment Verification

Connect to Care enrollment support or questions, please contact the Connect to Care Enrollment Helpdesk at **(800) 548-5880**.

Connect to Care eligibility is not listed on the MediCal website.

Providers can verify eligibility via the enrollment system website or by contacting AMM Customer Service at **(888) 614-0846**.



Clinics must complete and submit the **User Access Request form** to gain access to the Enrollment Portal. Contact [kfoster@cmspcounties.org](mailto:kfoster@cmspcounties.org) for more information.

# Connect to Care Covered Benefits



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# Connect to Care Covered Services

Specified Primary Care & Preventative Services, Specialist Office Visits, Physical Therapy, Lab Work & Radiology, Prescriptions

Primary care or specialist office visits	Screenings for HIV, HPV, Hepatitis B & C, STI Screenings
Routine screening laboratory testing	Screening for depression, alcohol misuse, obesity counseling (performed by a physician)
Prescription medications with a \$5 copay per prescription (up to \$500 per claim and \$1500 maximum benefit limit)	Preventative health screenings
Various in-office minor medical procedures	EKG, Osteoporosis, DEXA Scan
Specified X-rays of head, neck, chest, trunk, upper and lower extremities	Colorectal cancer screening
Adult immunizations	Tobacco use counseling and intervention (performed by a physician)
Outpatient Mental Health Service (mild to moderate)	Outpatient Substance Abuse Disorder Services

For the full list of covered benefits, please see the Connect to Care Provider Operations Manual or visit <https://connecttocare.amm.cc/>

# Updated Connect to Care Covered Services

Effective July 1, 2021, CTC benefits were expanded to include the following services when performed by contracted CMSP Providers.

- Outpatient Mental Health Services - Mild to Moderate Category
- Outpatient Substance Use Disorder Services
- A provider bulletin outlining the update to services was sent out on 07/28/2021. A copy of the bulletin will be posted to <https://connectocare.amm.cc/Providers> under the Resources section

# Updated Connect to Care Covered Services

## Outpatient Mental Health Services - Mild to Moderate Category

<b>Limits</b>
<b>Six (6) visits per enrollment period</b> (any approved combination of individual, family, and/or group therapy or evaluations)
NOTE: No authorization required when diagnosed with a mental health disorder defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning.
<b>Approved Provider Types</b>
Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Marriage and Family Therapist (MFT), Marriage and Family Therapist (MFT), Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO)
Associate MFT (under the direct supervision of a licensed mental health professional), Associate Professional Clinical Counselor (under the direct supervision of a licensed mental health professional), Associate Clinical Social Worker (under the direct supervision of a licensed mental health professional), Psychology Assistant (under the direct supervision of a licensed mental health professional) NOTE: Billing provider on claim form must be supervising provider's NPI with associate/assistant's name listed under "additional claims information"; must be rendered by an In-Network provider (including clinics) in an outpatient setting.

## Outpatient Mental Health (Mild to Moderate)

CPT Code	Description	Frequency Limits
96132	Neuropsychological testing evaluation services; first hour	One per year
96133	Neuropsychological testing evaluation services; each additional hour	Two per year
96136	Psychological or neuropsychological test administration and scoring, two or more tests; first 30 minutes	One per year
96137	Psychological or neuropsychological test administration and scoring, two or more tests; each additional 30 minutes	Nine per year
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests; first 30 minutes	One per year
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests; each additional 30 minutes	Nine per year
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform with automated results only	One per year
96105	Assessment of aphasia, per hour	Two episodes per year ( $\leq 3$ hours each); all hours for each episode must be billed on the last day of service
96110	Developmental screening, per standardized instrument	Two per year
96112	Developmental test administration; first hour	One per year
96113	Development test administration; each additional 30 minutes	One per year
96116	Neurobehavioral status exam; first hour	One per year
96121	Neurobehavioral status exam; each additional hour	One per year
96130	Psychological testing evaluation services; first hour	One per year
96131	Psychological testing evaluation services; each additional hour	Two per year
90832	Psychotherapy; 30 minutes with patient	N/A
90837	Psychotherapy; 60 minutes with patient	N/A
90839	Psychotherapy for crises; first 60 minutes	N/A
90840	Psychotherapy for crises; each additional 30 minutes	N/A
90846	Family Psychotherapy (without patient present); 50 minutes	Must have two family members present; 50 minutes max
90847	Family Psychotherapy (with patient present); 50 minutes	Must have two family members present; 110 minutes max
90849	Multiple-family group therapy	N/A
90853	Group Psychotherapy (other than of a multiple-family group)	N/A
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour	110 minutes max

# Updated Connect to Care Covered Services

## Outpatient Substance Use Disorder (SUD) Services

CPT Code	Description
H0004	Individual Counseling
H0005	Group Counseling
<b>Limits</b>	
Six (6) visits per enrollment period (any combination of approved individual and/or group treatment or screenings)	
NOTE: Includes alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse.	
<b>Approved Provider Types</b>	
Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Marriage and Family Therapist (MFT), Certified Drug and Alcohol Counselor, Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO)	
NOTE: Billing provider on claim form must be supervising provider's NPI with associate/assistant's name listed under "additional claims information". Must be rendered by an In-Network provider (including clinics) in an outpatient setting.	

# Updated Connect to Care Approved Procedure Codes

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CPT Code	Procedure	CPT/HCPCS Code Description	CMS* (No SOC Required)	Path to Health	Connect to Care
10060	Incision & Drainage of Abscess	Simple or Simple	✓	✓	✓
10061	Incision & Drainage of Abscess	Complicated or Multiple	✓	✓	✓
10180	Incision & Drainage of Abscess	Puncture Aspiration of Abscess	✓	✓	✓
11200	Removal of Skin Tags - 15 Skin Tags	Removal of Skin Tags, Multiple Fibrocystaneous Tags, Any Area, Up to and Including 15 Lesions	✓	✓	✓
11201	Removal of Skin Tags - Each Additional 10 Skin Tags	Removal of Skin Tags, Multiple Fibrocystaneous Tags, Any Area, Up to and Including 15 Lesions; Each Additional 10 Lesions, or Part Thereof (List Separately in Addition to Code for Primary Procedure)	✓	✓	✓
11300	Shaving of Epidermal or Dermal Lesions - 0.5 cm or Less	Shaving of Epidermal or Dermal Lesion, Single Lesion, Trunk, Arms or Legs, Lesion Diameter 0.5 cm or Less	✓	✓	✓
11301	Shaving of Epidermal or Dermal Lesions - 0.6 to 1.0 cm	Shaving of Epidermal or Dermal Lesion, Single Lesion, Trunk, Arms or Legs, Lesion Diameter 0.6 cm to 1.0 cm	✓	✓	✓
11400	Excision - Benign Lesions (Trunk, Arms and Legs) 0.5 cm or Less	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, or Legs; Excised Diameter 0.5 cm or Less	✓	✓	✓
11401	Excision - Benign Lesions (Trunk, Arms and Legs) 0.6 to 1.0 cm	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, or Legs; Excised Diameter 0.6 cm to 1.0 cm	✓	✓	✓
11420	Excision - Benign Lesions (Scalp, Neck, Hands, Feet) 0.5 cm or Less	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 cm or Less	✓	✓	✓
11421	Excision - Benign Lesions (Scalp, Neck, Hands, Feet) 0.6 cm to 1.0 cm	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 cm to 1.0 cm	✓	✓	✓
11440	Excision - Benign Lesions (Face, Ears, Eyelids, Nose, Lips, Mucous Membrane) 0.5 cm or Less	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.5 cm or Less	✓	✓	✓
11441	Excision - Benign Lesions (Face, Ears, Eyelids, Nose, Lips, Mucous Membrane) 0.6 cm to 1.0 cm	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.6 to 1.0 cm	✓	✓	✓
11765	Ingrown Toenail Removal	Wedge Excision of Skin of Nail Fold (e.g., for Ingrown Toenail)	✓	✓	✓
12001	Minor Laceration Repair - Simple Repair 2.5 cm or Less	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 2.5 cm or Less	✓	✓	✓
12002	Minor Laceration Repair - Simple Repair 2.6 cm to 7.5 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 2.6 cm to 7.5 cm	✓	✓	✓
12004	Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 7.6 cm to 12.5 cm	✓	✓	✓
12005	Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 12.6 cm to 20.0 cm	✓	✓	✓
12006	Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 20.1 cm to 30.0 cm	✓	✓	✓
12007	Minor Laceration Repair - Simple Repair Over 30.0 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); Over 30.0 cm	✓	✓	✓
12011	Minor Laceration Repair - Simple Repair 2.5 cm or Less	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 2.5 cm or Less	✓	✓	✓
12013	Minor Laceration Repair - Simple Repair 2.6 cm to 5.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 2.6 cm to 5.0 cm	✓	✓	✓
12014	Minor Laceration Repair - Simple Repair 5.1 cm to 7.5 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 5.1 cm to 7.5 cm	✓	✓	✓
12015	Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 7.6 cm to 12.5 cm	✓	✓	✓
12016	Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 12.6 cm to 20.0 cm	✓	✓	✓
12017	Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 20.1 cm to 30.0 cm	✓	✓	✓
12018	Minor Laceration Repair - Simple Repair Over 30.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; Over 30.0 cm	✓	✓	✓
12020	Minor Laceration Repair - Simple Repair	Treatment of Superficial Wound Dehiscence, Simple Closure	✓	✓	✓
12021	Minor Laceration Repair - Simple Repair, with Packing	Treatment of Superficial Wound Dehiscence, Simple Closure, with Packing	✓	✓	✓
13100	Benign Skin Tag, Mole, Wart Removal (No Pathology Needed) - Repair, Complex, Trunk; 1.1 cm to 2.5 cm	Repair, Complex, Trunk; 1.1 cm to 2.5 cm	✓	✓	✓
13101	Benign Skin Tag, Mole, Wart Removal (No Pathology Needed) - Repair, Complex, Trunk; 2.6 cm to 7.5 cm	Repair, Complex, Trunk; 2.6 cm to 7.5 cm	✓	✓	✓
17000	Destruction, Benign or Premalignant Lesions - 1st Lesion	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (e.g. Actinic Keratosis); First Lesion	✓	✓	✓
17003	Destruction, Premalignant Lesions - 2-14 Lesions	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (e.g. Actinic Keratosis); Second through 14 Lesions	✓	✓	✓
17004	Destruction, Premalignant Lesions - 15 or More Lesions	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (e.g. Actinic Keratosis); 15 or More Lesions	✓	✓	✓

The full list of Connect to Care Approved Procedure Codes can be accessed at [connecttocare.amm.cc](http://connecttocare.amm.cc).



# Non-Covered Services



Acupuncture, including podiatry-related acupuncture services	Hospital inpatient and emergency room services
Breast and cervical cancer treatment services when covered by another benefit	Methadone maintenance services
Chiropractic care	Optometry services and eye appliances
Cosmetic procedures	Public transportation, such as airplane, bus, car or taxi rides
Dental services	Pregnancy-related and infertility services
Family planning services (including contraceptive-related visits) when covered by another coverage (F-PACT)	Any medical service not provided by a contracted CMSP Connect to Care provider

# Connect to Care Pharmacy Benefits

Covered medications are available at a **\$5 copayment** per prescription and prescription coverage is limited to a maximum of \$500 per claim and a \$1500 maximum benefit per Connect to Care enrollment period.

For questions regarding covered prescription drugs, or  
If you require assistance with pharmacy billing, please contact:

**MedImpact Customer Service**

**(800) 788-2949**

To access the full prescription drug formulary and list of participating pharmacies, visit  
[myconnectocare.org](http://myconnectocare.org)

# COVID-19 Testing

Connect to Care will provide coverage for COVID-19 diagnostic testing to CTC members at no cost. This includes no cost for any provider office visit in order to receive COVID-19 testing.

Diagnosis codes are to be billed in accordance with CMS ICD-10 coding guidelines.

For ICD10 Guidelines:

[https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020 final.pdf](https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020%20final.pdf)

## Telehealth Services During the State of Emergency

CMSP contracted Providers may provide telehealth services to Connect to Care members during the COVID-19 State of Emergency in California if the following conditions are met:

1. The service(s) would be otherwise covered by CTC if the service(s) were delivered in person by the treating provider.
2. The treating provider believes that the CTC covered service(s) are medically necessary.
3. The treating provider determines it is appropriate to deliver the service(s) via telehealth and can effectively deliver the services via telehealth from a health center, office, or from another location (e.g. the provider's home), while maintaining the CTC member's privacy.
4. The telehealth service is delivered by two-way, real-time communication over the telephone (audio only) or via real-time video (audio and video).

# Telehealth Services During the State of Emergency

## When billing Telehealth Services:

- ✓ Use the appropriate CPT codes for the particular service(s) rendered.
- ✓ Use the appropriate modifier 95, GT, or GQ.
- ✓ Health centers should not use Place of Service 02.
- ✓ AMM may request medical records for a particular patient in the instance of multiple Telehealth visits to the same Provider.

# Billing Patient Encounters

Reminder on the use of Code T1015 for patient encounters

- ✓ Providers should bill a patient encounter using the appropriate level E&M code (for example: 99201-99205, 99211-99215)
- ✓ Code T1015 can be billed on a claim but is not a payable code for CTC
- ✓ For a list of covered CTC services at the code level, please refer to the Connect to Care Provider Operations Manual located at [connecttocare.amm.cc](http://connecttocare.amm.cc).

# Billing Patient Encounters

With the exception of X-Rays, a claim for an FQHC, RHC, or Tribal Health Clinic must be billed with an office visit code in order to be payable

- ✓ If a code is on the approved list but it is not an office visit or X-Ray it will still need an office visit in order to be payable
- ✓ If a claim is billed without an office visit or E/M code, claim will be denied requesting to be rebilled with appropriate codes.
- ✓ See next slide for example of appropriate vs inappropriate claim billing

# Billing Patient Encounters Examples

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Example 1: 72100 (X-Ray Spine) is on approved list but is not billed with E/M code. Claim is okay to pay

38		39 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT			
a							
b							
c							
d							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPSS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
521		72100	062221	1	57.59		

Example 2: 83036 (A1C Labs) is on approved list but not billed with E/M code. Claim will be denied asking to be rebilled with appropriate E/M code.

38		39 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT			
a							
b							
c							
d							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPSS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
301		83036	071221	1	22.07		



# EOB Claim Rejection Example

<u>Service Dates</u>	<u>Service-Proc-Mod.</u>	<u>Amount Billed</u>	<u>Amount Allowable</u>	<u>Copay / Coins. / Deduct.</u>	<u>Adjust Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjust Codes</u>	<u>Remitt. Remarks</u>
07/12/2021	301-83036	\$22.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	16	M67
<b>Claim Totals:</b>		<b>\$22.07</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		

## Adjustment Code Legend:

**16** - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code)

## Remittance Remark Legend:

**M67** - Missing/incomplete/invalid other procedure code(s).

	<u>Amount Billed</u>	<u>Amount Allowable</u>	<u>Copay / Coins. / Deduct.</u>	<u>Adjust Amount</u>	<u>Interest</u>	<u>Net Pay</u>
<b>Vendor Totals:</b>	<b>\$22.07</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## Additional Resources

For Contraceptives & Family Planning Services, please contact:

**Family PACT (916) 650-0414**

For Pregnancy-Related Services, please contact:

**Medi-Cal (800) 541-5555**

For Breast and Cervical Cancer Screening Services, please contact:

**Every Woman Counts (916) 449-5300**

For Breast and Cervical Cancer Treatment Services, please contact:

**BCCTP (800) 824-0088**

# Connect to Care Claims Submission

HEALTH INSURANCE CLAIM FORM

1. MEMBER: MEDICAL: CHAMPUS  
2. PATIENT'S NAME (Last, First Name, Middle Initial) CHAMPVA  
3. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE  
4. PATIENT'S BIRTH DATE (MM/DD/YYYY) VA File #  
5. PATIENT RELATIONSHIP TO INSURED (Spouse, Child, Other) SEX (M/F)  
6. OTHER INSURED'S NAME (Last, First Name, Middle Initial) STATE ZIP CODE  
7. INSURED'S NAME (Last, First Name, Middle Initial) GROUP NUMBER  
8. OTHER INSURED'S NAME (Last, First Name, Middle Initial) STATE ZIP CODE  
9. OTHER INSURED'S BIRTH DATE (MM/DD/YYYY) Employment Status (Employed, Unemployed, Retired, Disabled, Student, Other)

# Connect to Care Claims Submission

- ✓ Non-Clinic Claims should be submitted on a **CMS 1500** or **UB-04** Claim Form.
- ✓ Clinic claims must be submitted on a **UB-04** Claim Form.
- ✓ **Important:** Claims must be submitted using member's **unique Connect to Care ID Number on the claim.**
- ✓ Claims can be submitted electronically (preferred) or via mail
- ✓ For more detailed information on claims forms and submission, please refer to the Connect to Care Provider Operations Manual located at [connecttocare.amm.cc](http://connecttocare.amm.cc).

# Timely Filing of Claims

- ✓ First Time Claims Submission – **150 Calendar Days** from the Date of Service.
- ✓ Claim Appeal/Dispute – **60 Business Days** from the Denial Date
- ✓ Claims received by AMM past the contracted filing limit will be denied.

# Claims Appeals/Disputes

- ✓ Claims Appeal Dispute forms must be completed and can be located at [connecttocare.amm.cc](http://connecttocare.amm.cc).
- ✓ Fax or Mail Claim Appeal/Dispute to:

**Fax**  
**562-766-2007**

or

**Mail**  
**CMSP – Advanced Medical Management,  
Inc.**  
**Attn: Claims Department**  
**5000 Airport Plaza Drive, Suite 150**  
**Long Beach, CA 90815-1260**

- ✓ AMM will acknowledge all provider appeals in writing within 15 calendar days of receipt.
- ✓ A written resolution notice will be sent 45 business days from the receipt of the appeal.

# Electronic Claim Submissions

Clearinghouse	Payer ID	Support Phone#	Website
Office Ally	AMM15	(360) 975-7000 Opt. 1	<a href="http://www.officeally.com">http://www.officeally.com</a>
Emdeon/Capario	CMSP1	(888) 363-3361	<a href="https://cda.changehealthcare.com/Portal/">https://cda.changehealthcare.com/Portal/</a>
Claimremedi	CMSP	(800) 763-8484	<a href="https://claimremedi.providersportal.com">https://claimremedi.providersportal.com</a>
Cognizant/Trizetto	<i>Institutional Claims:</i> UMM15 <i>Professional Claims:</i> AMM15	(800) 556-2231	<a href="http://www.trizetto.com">http://www.trizetto.com</a>

# Paper Claim Submissions

Submit Paper Claims to:

**Connect to Care - Advanced Medical Management, Inc.**  
**Attn: Claims Department**  
**5000 Airport Plaza Dr., Suite 150**  
**Long Beach, CA 90815-1260**



# Checking Claims Status

You can check the status of your submitted claims after 5 business days from AMM's receipt using the online **AMM Claims Manager**.

To Register, visit <https://claims.amm.cc/Register.aspx>



Please allow 24 hours for your account to be approved after registering. Once approved, visit <https://claims.amm.cc/Login.aspx> to check on the status of your claims.



For assistance in registering, please contact Connect to Care Customer Service at (888) 614-0846

# Reimbursement Rates

CMSP contracted Clinics will be reimbursed at their corresponding PPS rate for each qualifying visit for a Connect to Care member.

CMSP Providers will be reimbursed at their CMSP contractual rates.

Services must be rendered by a contracted CMSP provider and must be on the CTC covered services list of codes in order to be reimbursable.

Reminder: The CTC Approved Procedure Code List is available online:  
<https://connecttocare.amm.cc>

# Connect to Care Provider Resources

**CONNECT**  
TO CARE BY CMSP



**CONEXION**  
A LA SALUD DE CMSP

# Key Websites



Visit AMM CTC website for additional Provider resources:

<https://connectocare.amm.cc>

- ✓ Provider Operations Manual
- ✓ CTC Covered Services Codes
- ✓ CMSP CTC Provider Search/Provider Roster
- ✓ List of clearinghouses and payer IDs
- ✓ Forms, Trainings, Provider Bulletins

# Key Websites



For more information on CTC enrollment, eligibility, drug formulary and general questions, please visit:

<https://myconnecttocare.org>

<https://miconexionalasalud.org>

# Important Contact Information

## **AMM Customer Service**

Connect to Care Third Party Administrator

**(888) 614-0846**

<https://connectocare.amm.cc/Contact>

## **MedImpact Customer Service**

Connect to Care Pharmacy Services Administrator

**(800) 788-2949**

# Question and Answers

To ask a question, please type your question into the “Q&A” box in the lower right corner of the screen and click “Send” to the **Host**.



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Thank you for attending!



Presented By  
Linda Boyd, *AMM Director of Administration*

