Connecticut interChange MMIS

Provider Manual

Chapter 1 - Introduction

October 21, 2024

Connecticut Department of Social Services (DSS)
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Amendment History

Version	Version Date	Reason for Revision	Section	Page(s)
1.0	01/01/2008	Initial Release.	All	All
1.1	05/16/2008	Changed content to mirror Internet static content. Incorporated changes to Husky A and B programs, and MCOs. Included information for pharmacy carveout and dental carveout. Updated DSS contact numbers.	1.3 – 1.6	5, 6, 8-12, 15-20, 23-32, 36
1.2	06/03/2008	Added CT BHP claims to PO Box 2971, incorporated other minor changes to mirror Internet static content.	1.4	15-17, 19
1.3	07/09/2008	Updated Prior Authorization for Non-Emergency Transportation Services Vendor table. Updated DSS contact numbers and dental carve out effective dates, incorporated other minor changes to mirror Internet static content.	1.3 – 1.6	12 15-18 24-25, 29-32 37
1.4	09/10/2008	Updates made to reflect the new Charter Oak Health Plan, addition of two new MCOs, and changes as a result of the Dental Carve Out. Updated DSS contact numbers.	1.2 – 1.5	5 8, 10 – 13 21 – 22 27 – 30, 32
1.5	11/19/2008	Updates made to remove a reference in the Charter Oak section and to add additional information to the HP mailing address for pharmacy claims submission and third-party liability audit documentation	1.3 1.4	12 21-22
1.6	01/05/2009	Updated client assistance center to include types of calls answered, added a reference to identify where BeneCare's mailing address can be found, changed DSS' mailing address for the Dental Program.	1.4 1.5	19, 23 26
1.7	01/22/2009	Added non-emergency transportation phone numbers for HUSKY clients, updated DSS phone numbers.	1.3 1.5	11 29-30, 35
1.8	05/29/2009	Updated MCO information, updated DSS phone numbers.	1.3 1.5	10-11 29, 31

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Version	Version Date	Reason for Revision	Section	Page(s)
1.9	10/05/2009	Updated program descriptions, added Hospice program description, added FQHC carve out, added contact information for the Hospice program, updated DSS phone numbers.	1.3 1.5	8 – 13 29 – 33
2.0	10/26/2009	Updated FQHC Carve Out effective date.	1.3	13
2.1	12/02/2009	Removed references to PO Box 2920, updated fax numbers, updated managed care phone number, revised CHC program definition.	1.3 1.4 1.5	9 18, 23 30, 33
2.2	02/04/2010	Removed references to Secure logon IDs to access Chapter 10, removed references to Dental PAs prior to 9/1/08. Added e-Prescribing eligibility information, add a description of the Connecticut Dental Health Partnership, removed Access Agencies from the enrollment exception process list.	1.2 1.3 1.4 1.5	5 11,13 19, 20, 22-23 27, 33
2.3	03/25/2010	Added clarification to pharmacy prior authorization section, updated address for Aetna Better Health, updated DSS phone numbers.	1.3 1.4 1.5	9, 11, 12 21 29-33, 36
2.4	07/21/2010	Updated to reflect discontinuation of SAGA program and the implementation of the Medicaid Low Income Adults program, incorporated TTY/TDD phone number, added Chapter 11, changed Medicaid Policy phone numbers for EPSDT, SBCH and Vision Care, changed fax number for Vision (EPSDT only) PA, added fax number for initial Home Health and Therapy PA requests, and added telephone number for non-emergency transportation PA for Medicaid LIA clients.	1.2 1.2 1.3 1.4 1.5 1.6	2 5-6 8-13 18, 21-23 28, 30, 31, 33, 35-39 43
2.5	01/18/2011	Removed “and Charter Oak” in regard to carve out for FQHCs. Removed “Devices and Supplies” from DME spelled out.	1.3 1.4	13 18
2.6	03/16/2011	Added Chapter 12, revised Hospice definition, updated for Behavioral Health Expansion Project, updated DSS telephone numbers.	1.2 1.3 1.5	5 10-14 32-38

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2.7	06/14/2011	Added EHR Call Center, removed SAGA references, updated ConnPACE program description, misc document corrections.	1.2 1.3 1.4 1.5	5 8-13 18, 23 34
2.8	08/13/2012	Updated as a result of ASO transition.	All	All
2.9	11/29/2012	Revised address for the submission of out-of-state claims, updated PO boxes.	1.4 1.5	22, 24-26 29
3.0	03/14/2013	Updated fax number for HPs Client Assistance Center. Updated to include emergency ambulance reference.	1.3 1.4	10, 12 21
3.1	06/28/2013	Updates made as a result of CHC Care Plan Portal Implementation.	1.3 1.4	15 26
3.2	10/29/2013	Updated PAC and EDI phone numbers; incorporated information to reflect that ConnPACE and Charter Oak will no longer be supported programs as of January 1, 2014.	1.2 1.3 1.4 1.5 1.6	5 8,11, 13-16 19-20, 22-23, 25, 27 31, 33, 35 40
3.3	04/21/2014	Updated references to ConnPACE and Charter Oak programs.	All	All
3.4	06/26/2014	Updated DSS addresses and logo. Removed references to ConnPACE and Charter Oak programs.	1.2 1.3 1.4 1.5 1.6	5 All 21 All 35
3.5	04/06/2015	Updated DSS Medical Operations Provider Relations phone number.	1.5	28
3.6	07/01/2015	Updated name of DSS' Resources and Recovery Division. Updated DSS' Third-Party Liability phone number and added the Fraud Hotline phone number.	1.5	27-28

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3.7	07/27/2015	Removed references to form availability via fax on demand. Removed SBCH exception as these providers now follow the standard enrollment/re-enrollment process.	1.3 1.7	13, 18, 19 38
3.8	09/02/2015	Updated DSS client eligibility contact information.	1.5	25, 30
3.9	09/22/2015	Updated Synagis PA phone and fax numbers.	1.5	29
4.0	11/01/2015	Updated to replace HP references/logo with Hewlett Packard Enterprise references/logo.	All	All
4.1	08/09/2016	Updated to announce elimination of paper claims. Misc other updates.	1.4	20, 22-23
4.2	09/19/2016	Removal of P.O Boxes based on elimination of paper claims.	1.4	22-24
4.3	04/18/2017	Update to the PO Box 5007 zip code. Updated to replace Hewlett Packard Enterprise references/logo with DXC Technology references/logo, as well as updated hyperlinks to Husky Health.	All	All
4.4	05/16/2017	Removal of PO Box 2942, and updated it to PO Box 2971	1.4	22
4.5	06/26/2017	Addition of HUSKY Plus Benefit Plan	1.3	8, 10
4.6	11/14/2017	Updated to include Birth to Three billing entity as well as Sandata and corresponding contact information.	1.3 1.6	14 33
4.7	12/19/2017	Updated to include contact information for new transportation vendor, Veyo a Total Transit Company. Additionally listing the Tuberculosis and Family Planning programs.	1.3 1.6	14 35
4.8	09/06/2018	Updated Local DXC Technology Office address from Farmington to East Hartford	1.4	24
4.9	11/01/2018	Updated to reflect the transition of the CADAP program administration to DPH and their pharmacy benefit management, Magellan, as well as updates to changes in EHR program name to the Promoting Interoperability Program .	1.2 1.3 1.5	5, 8,13, 21,22,30

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Version	Version Date	Reason for Revision	Section	Page(s)
			1.6	33
5.0	09/25/2019	Updated Electronic Visit Verification (EVV) program information to include Autism waiver. Addition of Trauma Questionnaire form submission address and fax number.	1.3 1.4	15 23
5.1	10/01/2020	Updated to replace DXC Technology references/logo with Gainwell Technologies references/logo.	All	All
5.2	12/17/2021	Updated to replace @dxc.com email address with @gainwelltechnologies.com email address.	All	All
5.3	7/28/2023	Replace old transportation vendor Veyo with new vendor MTM (Medical Transportation Management)	1.3 1.6	15 35
5.3	10/21/2024	Updated Chapter names to match ctdssmap.com website	1.2	5
		Added ABI and Autism to the Waiver Programs section	1.3	12,13
		Updated Magellan Rx to Prime Therapeutics Management LLC which became new name effective 10/01/2024.	1.3, 1.5, 1.6	8,12,15,30, 33,35
		Updated Magellan Rx email address to show Prime Therapeutics Management LLC email address which became effective 10/01/2024	1.3, 1.6	12,33,35
		Updated Magellan Rx website address to show Prime Therapeutics Management LLC website address which became effective 10/01/2024	1.6	33
		Updated ‘In Person at 12 Offices’ line to instruct user to click on ‘Office Locator’ rather than ‘Field Offices’ to match ct.gov/dss website	1.6	33
		Updated/verified all bookmarks and links	All	All
		Deleted information regarding PI / EHR / MAPIR programs that have ended	1.4	22
		Removed reference to Local Fax Number for Pharmacy PA Submission	1.4	21

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1.1 Overview

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

The Department of Social Services (DSS) and Gainwell Technologies have prepared this Connecticut Medical Assistance Program Provider Manual to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission.

This Provider Manual is the primary source of information for submitting Connecticut Medical Assistance Program claims, prior authorizations, and other related documents. This manual contains detailed instructions regarding the Connecticut Medical Assistance Program (CMAP) and should be your first source for policy and procedural questions. This manual will be maintained on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com and should be referenced for the most up-to-date information.

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1.2 Organization of Manual

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Overview

The provider manual is organized by chapters according to subject. For example, provider enrollment is discussed in Chapter 3 – Provider Enrollment and Re-enrollment, provider specific claim submission instructions in Chapter 8 – Provider Specific Claims Submission Instructions, etc. The detailed Table of Contents makes it easy and convenient to locate specific information in this manual. Within each chapter the manual is further divided into distinct sections that contain related material. Each section begins on a new page.

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The Provider Manual is divided into twelve (12) chapters. Each chapter is explained below.

Chapter	Description
Chapter 1 Introduction	Provides information on the Connecticut Medical Assistance Program, DSS and Gainwell Technologies responsibilities/resources and the Provider Manual organization.
Chapter 2 Provider Participation Policy	Provides Connecticut Medical Assistance Program Regulations for provider participation.
Chapter 3 Provider Enrollment and Re-enrollment	Provides information on provider eligibility in regard to provider enrollment and re-enrollment, and specific program enrollment information for the HUSKY Health Program (HUSKY A, HUSKY B, HUSKY C, HUSKY D), Connecticut Behavioral Health Partnership (CT BHP), Connecticut Dental Health Partnership (CTDHP), and the Connecticut AIDS Drug Assistance Program (CADAP).
Chapter 4 Client Eligibility	Provides information regarding client eligibility in the Medical Assistance Program, client eligibility verification, and client third party liability.
Chapter 5 Claim Submission Information	Provides information on general claim processing and billing requirements.
Chapter 6 Electronic Data Interchange Options	Provides information on electronic claim submission and electronic remittance advices.
Chapter 7 Specific Policy/Regulation	Provides the Connecticut State Regulations or Program regulatory policy for specific providers.
Chapter 8 Provider Specific Claims Submission Instructions	Provides information on provider specific billing requirements and instructions.
Chapter 9 Prior Authorization	Provides information on how to obtain Prior Authorization for designated services.
Chapter 10 Web Portal/AVRS	Provides information on the self-service features for the provider for both the Automated Voice Response System (AVRS) and the Web Portal functions with interChange. This will serve as a standalone self-service manual that will provide the comprehensive features available to the provider such as: claims inquiry/submission, PA inquiry/submission, Web enrollment and re-enrollment, etc.
Chapter 11 Other Insurance and Medicare Billing Guides	Provides information on other insurance and Medicare billing.
Chapter 12 Claim Resolution Guide	Provides descriptions of the most common claim errors and, if applicable, information to resolve the error conditions.

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About the Provider Manual

Provider Specific Chapters	The contents of Chapter 7 – Specific Policy / Regulation and Chapter 8 – Provider Specific Claims Submission Instructions are unique to a provider type/specialty/taxonomy and present policy, billing information, and instructions for the CMS-1500, UB-04, Dental Claim Form, Pharmacy Claim Form/Compound Prescription Drug Claim Form, and fee schedules when applicable.
Sections and Subsections	Sections within a chapter are highlighted with a bold heading, which states the section title and section number above the header line. Subsections on related topics follow consecutively within the section and are noted in the left margin. Important topics are noted in the left margin to assist the reader in finding certain information within a subsection.
Future Updates	As the Provider Manual is updated in the future, additional information may result in the significant expansion of certain topics. Providers will be notified of changes through a bulletin with updated information available on our Web site. A current version of the manual will be located on the provider Web site which will identify all current changes made to the document.
Page “Footers/Headers”	At the bottom of each manual page is a “footer” which identifies the page number. The header will reflect the revision date, Chapter name, and version of the document.
Locating Information	Providers should consult the detailed Table of Contents when searching for specific informational topics. The Table of Contents contains a list of the sections within a chapter. Providers will be able to do perform an Adobe® search within the Provider Manuals.
Accessing Manuals	The Connecticut Medical Assistance Program Provider Manual can be accessed from our Web site portal: www.ctdssmap.com. 1. From the home page, click on Information, Publications and Provider Manuals. Select Chapter. 2. For Chapters 7 or 8, select a provider type/specialty from the drop-down list and click “View Chapter”. 3. For Chapter 11, select a claim type from the drop-down list and click “View Chapter”.
Provider Manual Evaluation	DSS and Gainwell Technologies encourage provider feedback on the usefulness of this Provider Manual for the Connecticut Medical Assistance Program. Providers can download or print the feedback form from the Web site portal www.ctdssmap.com by clicking Information, Publications, then Forms and can mail their suggestions to: Gainwell Technologies Attn: Provider Relations P.O. Box 2991 Hartford, CT 06104

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1.3 Connecticut Medical Assistance Program Overview

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Connecticut Medical Assistance Program

The Department of Social Services (DSS) provides medical assistance to low-income persons and people who could otherwise support themselves if not for the fact that they have excessive health care costs. The Connecticut Medical Assistance Program (CTMAP) provides this assistance through a variety of programs and administrative functions. The CTMAP offers a comprehensive health care benefit package that supports the following:

- HUSKY A – Family Medicaid
- HUSKY B – State Children's Health Insurance Program (SCHIP)
  - HUSKY Plus - supplemental coverage of goods and services for eligible HUSKY B clients
- HUSKY C – previously referred to as Medicaid, Title XIX, fee-for-service, or Adult Medicaid
- HUSKY D – previously referred to as Medicaid for Low Income Adults (LIA)
- Special Programs – Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), Healthy Start, Waiver Programs, Medicare Covered Services, Family Planning, and Tuberculosis.
- Please note that, as of November 1, 2018, the Connecticut AIDS Drug Assistance Program (CADAP) is administered by the Department of Public Health and their pharmacy benefit manager, Prime Therapeutics Management LLC..

Each of these programs, and the benefits available to clients in these programs, are described below:

Program	Description
HUSKY A	The HUSKY A program is partially funded by the Federal Government, and so must comply with the regulations of the U.S. Department of Health and Human Services. The objective of the HUSKY A program is to ensure access to health care for low-income families with dependent children by: • providing coverage for those health services and medical supplies necessary to prevent or treat illness or injury in the least expensive appropriate setting. • making accurate and timely payment for services to ensure the active participation of a sufficient number of qualified health care providers to meet the program's needs. • making accurate and timely decisions about individual and family eligibility for medical care. Most individuals who are eligible for a cash assistance program (e.g., Temporary Assistance for Needy Families (TANF), State Supplement, Refugee Assistance) are eligible for a medical assistance program. Individuals whose income exceeds the limitations for these programs may qualify for a medical assistance program if their medical expenses exceed the amount of their "excess" income (i.e., the income above the applicable limit). This is also called "spenddown". Children under age 21 may also be eligible for HUSKY A benefits.

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	In order to maximize federal reimbursement of HUSKY A expenditures, the program is structured to comply with federal requirements established pursuant to Title XIX of the Social Security Act. Most medical assistance qualifies as HUSKY A under Title XIX and is reimbursed, generally, at 50% by the Federal Government. Benefits for HUSKY A clients include: • Ambulatory services • Audiology services and hearing aids • Behavioral health services • Chiropractor services • Dental health services • Dialysis • Doctor's visits • Durable medical equipment • Emergency care • Family planning • Home health services • Hospice services • Hospital stays • Laboratory tests • Maternity care • Orthotics and prosthetic devices • Other well care services • Outpatient care in a hospital • Pharmacy • Physical/occupational/speech therapy • Preventive care • Smoking cessation • Transportation • Vision • X-rays and other radiology services
HUSKY B	HUSKY B is Connecticut's State Children's Health Insurance Program (SCHIP, also known as Title XXI). HUSKY B provides a free or low-cost health insurance program for children and youth up to age 19 for families who are not income eligible for HUSKY A. There may be premium or copay requirements. (Please refer to www.ct.gov/husky for additional information,) Benefits for HUSKY B clients include: • Ambulatory services • Audiology services and hearing aids • Behavioral health services • Chiropractor services • Dental health services • Dialysis • Doctor's visits

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	• Durable medical equipment • Emergency care, including emergency ambulance • Family planning • Home health services • Hospice services • Hospital stays • Laboratory tests • Maternity care • Orthotics and prosthetic devices • Other well care services • Outpatient care in a hospital • Pharmacy • Physical therapy/occupational therapy/speech therapy • Preventative care • Vision • X-rays and other radiology services
HUSKY Plus	HUSKY Plus provides supplemental coverage of goods and services for eligible HUSKY B clients under the age of 19 years old, who have intensive physical health needs and have exhausted one or more of their benefits covered under the HUSKY B plan. Benefits for HUSKY Plus clients include: • Medical Equipment, Devices and Supplies (MEDS or DME) • Hospital Outpatient • Clinic-Rehabilitation • Therapy Services
HUSKY C (previously referred to as Medicaid)	The HUSKY C program is similar to the HUSKY A program but ensures access to health care for individuals that are aged, blind, or disabled. Benefits for HUSKY C clients include: • Ambulatory services • Audiology services and hearing aids • Behavioral health services • Chiropractor services • Dental health services • Dialysis • Doctor’s visits • Durable medical equipment • Emergency care • Family planning • Home health services • Hospice services • Hospital stays • Laboratory tests

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	• Maternity care • Orthotics and prosthetic devices • Other well care services • Outpatient care in a hospital • Pharmacy • Physical/occupational/speech therapy • Preventative • Smoking cessation • Transportation • Vision • X-rays and other radiology services
HUSKY D (previously referred to as Medicaid Low Income Adults)	Pursuant to section 2001 (a)(40)(A) of the Patient Protection and Affordable Care Act, the HUSKY D program is available for Connecticut residents aged 19 through 64, who do not receive federal Supplemental Security Income or Medicare and who are not pregnant. Benefits for HUSKY D clients include: • Ambulatory services • Audiology services and hearing aids • Behavioral health services • Chiropractor services • Dental health services • Dialysis • Doctor's visits • Durable medical equipment • Emergency care • Family planning • Home health services • Hospice services • Hospital stays • Laboratory tests • Long term care/nursing facility • Maternity care • Orthotics and prosthetic devices • Other well care services • Outpatient care in a hospital • Pharmacy • Physical/occupational/speech therapy • Preventive care • Smoking cessation • Transportation • Vision • X-rays and other radiology services

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In addition to mandatory, optional, and non-medical services, there are special programs within the Connecticut Medical Assistance Program. The special programs include such things as:

Program	Description
EPSDT	The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of HUSKY A, HUSKY C, and HUSKY D. It is required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary health care services for children under 21 years of age. Services include periodic comprehensive health screenings, immunizations, interperiodic encounters, vision services, dental services, hearing services, other diagnostic and treatment services, and special services. Special services include case management, appointment scheduling assistance and non-emergency medical transportation.
Healthy Start	The Healthy Start Program provides medical assistance to pregnant women whose income is at or below 250% of the Federal Poverty Level.
Waiver Programs	The Department of Social Services supports many waiver programs. Examples of a waiver program include the Acquired Brain Injury (ABI), Autism, Connecticut Home Care Program for Elders, the Mental Health Waiver, and the Personal Care Assistance (PCA) waiver. Waiver programs are designed to provide special services, including both medical and non-medical services, for a targeted population of clients. A list and description of each waiver program can be found in Chapter 8 - Waiver Programs and Special Services.
Medicare Covered Services	Clients who are eligible for the Qualified Medicare Beneficiary (QMB) program are eligible to have Medicare coinsurance and deductible claims processed for Medicare covered services only. If the Medicare payment is equal to or greater than the Medicaid allowed amount, no further payment will be made by Medicaid. Charges that are denied or not covered by Medicare will not be considered for payment under the QMB program.
Family Planning Benefit	The Family Planning – Limited Benefit provides confidential coverage for family planning and family planning - related services for individuals of childbearing age (including minors) who are not otherwise eligible for full Medicaid coverage. In order for services to be covered, therefore, they must be part of a visit relating to the individual's desire to prevent pregnancy or regulate the number and spacing of children. The Department has identified ICD-10-CM diagnosis codes as related to family planning coverage, as long as they are provided as part of or as follow-up to a family planning visit.
CADAP	As of November 1, 2018, the Department of Public Health administers the Connecticut AIDS Drug Assistance Program (CADAP) with their Pharmacy Benefit Manager (PBM) which is currently Prime Therapeutics Management LLC.. This is a program which pays for HIV/AIDS medications and other drugs approved by the U.S. Food and Drug Administration that may prevent the serious deterioration of the health of persons who have Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) included on the CADAP formulary.

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Program	Description
	For more information, providers should contact Prime Therapeutics Management LLCat CTMyRxEnroll@primetherapeutics.com or by calling 1-800-424-3310.
Tuberculosis Eligibility Waiver	The Tuberculosis Eligibility Waiver provides coverage for TB-related services for those individuals with TB who are not otherwise eligible for Medicaid. Specific providers may bill for procedures on their individual fee schedules that are related to a TB diagnosis.
Claims Submission	Claims for all clients in the Connecticut Medical Assistance Program (CTMAP) are submitted to Gainwell Technologies for processing in accordance with DSS policy. Claim instructions can be found in Chapter 8 – Provider Specific Claims Submission Instructions of the Provider Manual. In order to receive reimbursement for claims processed, providers must be enrolled in the CTMAP. Please refer to Chapter 3 – Provider Enrollment and Re-enrollment for more information on enrollment in the program. Please note that, effective for dates of service November 1, 2018, and forward, claims for CADAP clients should no longer be submitted to Gainwell Technologies. CADAP claims submitted to Gainwell Technologies with dates of service on or after November 1, 2018, will deny.

Responsibilities

The following section outlines the responsibilities of the various organizations that support the Connecticut Medical Assistance Program. Contact information for each of these organizations is located in subsequent sections of this chapter.

DSS Responsibilities	The Connecticut Department of Social Services (DSS) is responsible for the administration of the Connecticut Medical Assistance Program. In its role as the administrator of the program, DSS interprets the State and Federal laws and regulations, and develops the necessary policies and procedures to implement those regulations. DSS is responsible for policy, procedures, and payment methodology. Questions relating to these areas should be addressed to DSS.
Gainwell Technologies Responsibilities	Gainwell Technologies is the Fiscal Agent under contract with the State of Connecticut Department of Social Services to support the operation of the Medical Assistance Program. Gainwell Technologies' responsibilities include: • processing claims, financial refunds and recoupments; issuing payments and remittance advices • performing provider enrollment and re-enrollment; offers a provider call center dedicated to assisting providers with billing questions, providing a dedicated provider relations team to perform provider training and respond to complex program issues • providing a client assistance call center

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	• providing a pharmacy prior authorization service and call center Gainwell Technologies maintains the provider Web portal which allows for: • real-time claim submission and adjudication • on-line provider enrollment/re-enrollment • on-line Care Plan entry and inquiry of approved and available services to certain client populations • inquiries regarding claims status, client eligibility verification, and other self-service features aimed at increasing access to and improving the efficiency of participating in the Connecticut Medical Assistance Program In addition, Gainwell Technologies provides an Automated Eligibility Verification System which provides the most current client eligibility information and Prior Authorization information.
CHN Responsibilities	The Department contracts with Community Health Network (CHN), the medical administrative services organization (ASO) responsible for helping to improve clients' care experiences, quality of service and cost-effectiveness. CHN's responsibilities include: • authorizing and managing the medical health services for all HUSKY A, HUSKY B, HUSKY C, and HUSKY D clients • managing inpatient hospital services and other medical health services such as independent therapies, certain surgical procedures, medical equipment devices/supplies and home health agency services • monitoring provider network capacity • providing client services support (including referral assistance and appointment scheduling); health education; and intensive care management for those clients with exceptional health challenges. Performing utilization management (i.e., prior authorization), quality management, health data analytics and reporting • providing clients with provider searches for HUSKY Health Program providers in their area
Connecticut Behavioral Health Partnership (CT BHP)	The Connecticut Behavioral Health Partnership (CT BHP) is a joint initiative between the Department of Social Services, the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS) covering behavioral health services for HUSKY A, HUSKY B, HUSKY C, and HUSKY D clients. Children with complex behavioral health needs served by DCF are also covered for behavioral health services through the Partnership. The CT BHP is responsible for authorizing and managing the behavioral health services for all HUSKY A, HUSKY B, HUSKY C, and HUSKY D clients.
Connecticut Dental Health Partnership (CTDHP)	The Connecticut Dental Health Partnership (CTDHP) is the program which oversees the delivery of dental services to all children and adults who are eligible and enrolled in HUSKY A, HUSKY B, HUSKY C, and HUSKY D Programs. The CTDHP is responsible for

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	authorizing and managing the dental health services for all HUSKY A, HUSKY B, HUSKY C, and HUSKY D clients.
Electronic Visit Verification (EVV) for Autism, ABI, CHC, CFC, Mental Health, PCA Waiver Services and Home Health Services	The Department of Social Services, their MMIS contractor, Gainwell Technologies and Sandata Technologies has successfully implemented Electronic Visit Verification (EVV) in the CT Medical Assistance Program (CMAP). Electronic Visit Verification benefits clients and providers by eliminating the use of manual time sheets and automates documentation of services received, facilitates real-time communication with care managers about changes in health or other status of the individual receiving services, ensures that the client receives the services that are authorized and that DSS is billed for only those services authorized and provided.
Early Intervention Services also known as Birth to Three Services	The Office of Early Childhood (OEC), as lead agency for the Part C of the IDEA (Birth to Three System), has contracted with the Public Consulting Group (PCG) to assist Early Intervention Service Programs, also known as Birth to Three Programs, with the claim submission process for billing early intervention services other than hearing aids, assistive listening devices, orthotic/prosthetic devices and durable medical equipment/assistive technology.
Connecticut AIDS Drug Assistance Program (CADAP) Pharmacy Benefits Management	Beginning with dates of service November 1, 2018, and forward, the Department of Public Health (DPH) administers CADAP with Prime Therapeutics Management LLC for pharmacy benefits management for CADAP clients.
Non-emergency Medical Transportation Services	The Department contracts with MTM (Medical Transportation Management) for HUSKY A, HUSKY C, and HUSKY D clients for non-emergency transportation (NEMT).
Provider Responsibilities	Providers are responsible for obtaining client eligibility verifications, prior authorization of services, if applicable, and completing claims according to claim submission requirements. Additionally, providers of services and supplies enrolled in the Connecticut Medical Assistance Program must abide by their provider agreement to comply with the applicable State and Federal laws and regulations and the policies of DSS. In order to qualify for reimbursement from the Connecticut Medical Assistance Program, providers must also meet and maintain the standards and ethics of their profession or business. If a provider fails to comply with regulations governing enrollment and participation under the Connecticut Medical Assistance Program, DSS may, with proper notification, discontinue a provider's participation in the program. It should be noted that Section 1128B (formerly section 1909) of the Social Security Act provides federal penalties for violations connected with the Connecticut Medical Assistance Program. The Act prohibits:

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- False statements, misrepresentations, concealment, failure to disclose, and conversion of benefits.
- Any giving or seeking of kickbacks, rebates, or similar remuneration.
- Receiving reimbursement in excess of that provided by the HUSKY Health Program.
- False statements or misrepresentation in order to qualify as a provider.

Any person committing any such acts or making such statements shall be guilty of a felony, and upon conviction, fined not more than $25,000 or imprisoned for not more than five (5) years, or both.

In addition, pursuant to Section 1128A of the Social Security Act, any person or entity that causes to be presented a claim for a medical item or service the claimant knows or has reason to know was not provided as claimed or payment for which may not be made under the program, or caused to be presented a request for payment which is in violation of the terms of any assignment or an agreement, shall be subject to a civil money penalty of not more than $2,000.00 for each item or service and an assessment of not more than twice the amount claimed for each such item or service.

The Department of Social Services (DSS) monitors the utilization and billing of services. When appropriate, administrative action may be taken which may include referral to law enforcement officials.

Documentation Requirements

Providers are obligated to document services rendered to Connecticut Medical Assistance Program clients. In addition to requirements in DSS policy, all Public Health Code medical record and documentation responsibilities must be fulfilled.

(See Public Health Code Section 19a-14-400.)

Such records must be made available for authorized DSS inspections for a period of five (5) years from the date of service or longer if it concerns a dispute.

This does not supersede any existing record keeping requirements in effect by DSS or other state agencies or federal regulations.

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1.4 Gainwell Technologies Directory

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Overview

This section includes telephone numbers and addresses necessary for the provider community to effectively interact with Gainwell Technologies. All Gainwell Technologies telephone numbers and addresses identified in the specific sections of the Connecticut Medical Assistance Program Provider Manual are also found in this section.

Gainwell Technologies is the primary source for answering provider questions on the aspects of the Connecticut Medical Assistance Program contained in the Gainwell Technologies responsibilities section above, except DSS policy. The Gainwell Technologies section of the directory includes a brief description of the Provider Assistance Center, Gainwell Technologies Client Assistance Center, Provider Representatives, and the Gainwell Technologies Pharmacy Prior Authorization Assistance Center including telephone numbers and addresses. In addition, this section provides other Gainwell Technologies addresses for correspondence and sterilization/hysterectomy consent forms. Providers should contact Gainwell Technologies for questions regarding claim submission and provider enrollment.

A DSS Directory and Other Organizations Directory are provided in subsequent sections of this chapter for important contact information.

Resource	Description and Contact Information
The Provider Assistance Center	Gainwell Technologies responds to questions on client and provider eligibility, claim submission procedures, claims processing issues and provider enrollment. Questions on these topics should be directed to the Provider Assistance Center. The Provider Assistance Center is the provider's source for information not provided on the Web portal or from the Automated Voice Response System (AVRS). Customer service representatives are available from 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays, by calling toll free 1-800-842-8440. Providers are also offered a TDD/TTY number for assistance in obtaining necessary program information. The number is 1-866-604-3470. General faxed inquiries should be directed to 1-877-413-4241 or 1-877-413-4421.
Gainwell Technologies Provider Representatives	Provider Representatives are available to assist providers that are referred by the Provider Assistance Center for assistance with complex claim processing issues. The Provider Representative provides training to enrolled providers and coordinates with DSS to resolve claim submission issues.

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Resource	Description and Contact Information
Electronic Data Interchange Unit (EDI)	The Electronic Data Interchange (EDI) Unit answers questions regarding the HIPAA Electronic Transactions, Gainwell Technologies Provider Electronic Solution software, and electronic claims submission. Additional EDI information is available on the Trading Partner Page of the www.ctdssmap.com Web portal. Contact the EDI Help Desk toll free at 1-800-688-0503 Monday through Friday, 8:00 am to 5:00 pm, excluding holidays. Faxed inquiries should be directed to 1-877-413-4421.
Automated Voice Response System (AVRS)	The AVRS is available 24 hours a day, seven days a week (except for maintenance) and allows self-service features for enrolled providers such as client eligibility verification and access to client/program information through a touch tone telephone. 1. The provider initiates the request by dialing toll free at 1-800-842-8440. 2. The system interacts in a series of verbal prompts and responses as the provider, client, and specific service date data are entered. The system responds to the provider requests in the form of a voice response.

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Resource	Description and Contact Information
Automated Eligibility Verification System (AEVS)	The AEVS provides a comprehensive source of DSS client eligibility information to all enrolled providers. By using any method of the AEVS to verify client eligibility, the provider can access important information including: third party insurance, Medicare coverage, waiver program eligibility, and Medicare covered services only information. Listed below are the many ways providers can access the Automated Eligibility Verification System (AEVS) for all Connecticut Medical Assistance Programs clients: • Internet secure Web site at www.ctdssmap.com • Automated Voice Response System (AVRS) ○ Toll free 1-800-842-8440 • Gainwell Technologies Provider Electronic Solutions software • Point of Sale (POS) Device • Vendor software utilizing the ASC X12N 270/271: Health Care Eligibility/Benefit Inquiry and Information Response transaction • Via e-Prescribing using Surescripts and the ASC X12N 270/271: Health Care Eligibility/Benefit Inquiry and Information Response transaction For more information on any of the above mentioned AEVS methods, for information on obtaining technical specifications, or for assistance in obtaining the Provider Electronic Solutions software package, providers should visit the Internet Web site at www.ctdssmap.com. This site allows self-service features for providers such as client eligibility verification and downloading of pertinent forms.

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Resource	Description and Contact Information
Client Assistance Center	Providers may also direct clients to the Gainwell Technologies Client Assistance Center for assistance with the following: • Client questions regarding claims • Pharmacy • Prior authorization verifications The Gainwell Technologies Client Assistance Center is available to Medical Assistance Program clients Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding holidays at: • Toll free: 1-866-409-8430 or • Fax: 1-877-413-4421 Clients are also offered a TDD/TTY number for assistance in obtaining necessary program information. The number is: • 1-866-604-3470 For questions regarding CADAP eligibility for services rendered prior to November 1, 2018, clients can be directed to call Connecticut AIDS Drug Assistance Program (CADAP) at 1-866-409-8386. For questions regarding CADAP eligibility for services rendered on or after November 1, 2018, clients can be directed to call Magellan RX Management at 1-800-424-3310.
Provider Enrollment Unit	The Provider Enrollment Unit processes enrollment and re-enrollment applications for providers. Enrollment for most providers must be completed on-line via the Web portal Enrollment Wizard at www.ctdssmap.com. Providers, when notified that it is time for re-enrollment, must complete their re-enrollment via the on-line Web portal Re-enrollment Wizard, also available at www.ctdssmap.com. Please refer to Chapter 3 – Provider Enrollment and Re-Enrollment for additional information on provider eligibility and enrollment.
Pharmacy Prior Authorization Assistance Center	The Pharmacy Prior Authorization Assistance Center is responsible for processing all drug-related prior authorization requests from pharmacy or physician providers. The Pharmacy Prior Authorization Assistance Center receives and makes determination on all pharmacy prior authorization requests via calls, fax, or written inquiries. The Pharmacy Prior Authorization Assistance Center is available twenty-four hours a day, seven days a week by calling 1-866-409-8386. Written inquiries should be directed to: Pharmacy Prior Authorization Assistance Center P. O. Box 2951 Hartford CT 06104 Faxed inquiries should be directed to 1-866-759-4110 (toll free).

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Resource	Description and Contact Information
Promoting Interoperability (PI) Call Center	Program ended

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Gainwell Technologies Mailing Addresses

Listed below are the addresses to use when mailing claims, correspondence, and consent forms. It is important to note that claims are only permitted on paper from out-of-state providers, as well as any claims that require special handling.

Submission Type	Address
Compound Prescription Drug, Out-of-State Pharmacy Claim Submission, Factor VIII, Timely Filing Claim Submission – NCPDP Pharmacy Claim form (only 1 claim permitted per form), and any Drug Rebate Correspondence	Gainwell Technologies P.O. Box 2951 Hartford, CT 06104
Gainwell Technologies Written Correspondence, including Out-of-State (OOS) and Special Handled Claims	The Gainwell Technologies Written Correspondence Unit is an additional resource for billing questions, claim status research, out-of-state claims submission, eligibility questions, etc. from providers, as well as written correspondence from clients. Gainwell Technologies P.O. Box 2991 Hartford, CT 06104
Paid Claim Adjustment Request (PCAR), Provider Refunds, Third Party Liability Refunds, and Third-Party Liability Audit Documentation	Gainwell Technologies P.O. Box 2981 Hartford, CT 06104 Please note that PCARs and claim voids can be submitted more efficiently via the Web portal at www.ctdssmap.com. For more information on Web submission, please refer to Chapter 10 – Web Portal / AVRS.
Physician's Certification for Abortion (Title XIX) Form (W-484)	Gainwell Technologies P.O. Box 2971 Hartford, CT 06104
Hysterectomy Information Form (W-613) and Physician Hysterectomy Certification Form Retroactive Eligibility (W-613A)	Gainwell Technologies P.O. Box 2971 Hartford, CT 06104
Trauma Questionnaire Form Submission	Gainwell Technologies P.O. Box 2981 Hartford, CT 06104 1-833-577-3519, fax
Consent to Sterilization Form Submission (W-612)	Gainwell Technologies P.O. Box 2971 Hartford, CT 06104

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Submission Type	Address
Provider Enrollment/Re-enrollment Supporting Documentation	Gainwell Technologies P.O. Box 5007 Hartford, CT 06102-5007
Electronic Data Interchange Unit (EDI)	The EDI Unit answers questions regarding the HIPAA Electronic Transactions, Provider Electronic Solution software and electronic claims capture management procedures. Gainwell Technologies Attn: EDI Unit P.O. Box 2991 Hartford, CT 06104 1-800-688-0503
Local Gainwell Technologies Office	10 Waterside Drive, Suite 105 Farmington, CT 06032 (860) 255-3900, local (860) 269-2033, fax
Pharmacy Prior Authorization Assistance Center	Gainwell Technologies P.O. Box 2951 Hartford, CT 06104 1-866-409-8386
Professional and Miscellaneous Prior Approval Requests	Prior authorization requests for non-Connecticut Home Care (CHC) Money Follows the Person clients and CHC second status review requests for clients in a nursing home should be faxed to Gainwell Technologies at (860) 269–2137. Please refer to Chapter 9 – Prior Authorization of the Provider Manual for further information on prior authorization requests.
Connecticut Medical Assistance Program Reorder Forms	Please visit the Internet Web site at www.ctdssmap.com to download or print forms.

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1.5 Department of Social Services Directory

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Overview

This section includes telephone numbers and addresses for the Department of Social Services (DSS). DSS, or its designee, is responsible for policy, procedures, prior authorization requirements, and payment methodology. Questions relating to these areas should be addressed to DSS or the appropriate designee.

The DSS section of the directory is divided into three parts. The first part includes a list of DSS addresses; the second part, a list of DSS telephone numbers; and the third part, contact information for client eligibility issues, including telephone numbers and a link to information about the DSS field offices.

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Department of Social Services Addresses

Gainwell Technologies is the first contact for provider issues, questions and requests for assistance. DSS is responsible for the administration of the Connecticut Medical Assistance Program and determining reimbursement rates and policy. Written correspondence relating to the areas listed below should be sent to DSS at the corresponding address.

Area to Contact	DSS Address
Administrative Hearings & Appeals	Department of Social Services Office of Administrative Hearings & Appeals 55 Farmington Avenue Hartford, CT 06105
Policy and Regulations (If a provider has questions about program policies outlined in Chapters 2 and 7 of the Provider Manual or subsequent policy transmittals)	Department of Social Services Policy and Regulations Medical Care Administration 55 Farmington Avenue Hartford, CT 06105
Certificate of Need and Rate Setting	Department of Social Services Certificate of Need and Rate Setting 55 Farmington Avenue Hartford, CT 06105
Connecticut Behavioral Health Partnership	Department of Social Services Connecticut Behavioral Health Partnership 55 Farmington Avenue Hartford, CT 06105
Connecticut Home Care Program for Elders	Department of Social Services Connecticut Home Care Program for Elders 55 Farmington Avenue Hartford, CT 06105
Connecticut Dental Health Partnership	Department of Social Services Connecticut Dental Health Partnership 55 Farmington Avenue Hartford, CT 06105
Duplicating Unit (See the Provider Manual for available forms i.e. Chapter 5)	Department of Social Services Duplicating Unit 55 Farmington Avenue Hartford, CT 06105

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Area to Contact	DSS Address
Resources and Recovery Division (Including Third Party Liability)	Department of Social Services Resources and Recovery Division 55 Farmington Avenue Hartford, CT 06105
Provider Relations	Department of Social Services Provider Relations 55 Farmington Avenue Hartford, CT 06105
Pharmacy Unit	Department of Social Services Pharmacy Unit 55 Farmington Avenue Hartford, CT 06105

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Department of Social Services Telephone Numbers

Medical Operations Provider Relations..... 1-866-277-5321 option 8

Connecticut Home Care Program for Elders……..…… 1-800-445-5394

CONNECT Card Information..... 1-800-385-4052

Third Party Liability (all inquiries) .....…(860) 424-5977

Fraud Hotline…….....1-800-842-2155

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Pharmacy Programs
CADAP Eligibility Information* 1-866-409-8386
CADAP Program Information* .....(860) 424-5150
CADAP Serostim Prior Authorization* …….....1-800-233-2503 Fax (860) 424-4822
*For client eligibility or claims with dates of service prior to November 1, 2018, only. As of November 1, 2018, questions can be directed to the Department of Public Health's Pharmacy Benefit Manager, Prime Therapeutics Management LLC. Contact information is provided below in Section 1.6, Other Organizations Directory.
Drug Rebate Information .....(860) 424-5150
Pharmacy Program Information.....(860) 424-5150
Pharmacy Synagis Prior Authorization……(toll free) 1-800-440-5071 Fax 203-774-0549

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Client Eligibility Issues
Telephone Number ..... 1-855-CONNECT 1-855-626-6632 TTD/TTY 1-800-842-4524 (Hours of Operation: Monday through Friday from 7:30 a.m. to 4 p.m.) Web Site……www.connect.ct.gov In Person at 12 Offices…….. www.ct.gov/dss, click on Office Locator For additional information, you may also access the DSS Web site using the following link: www.ct.gov/dss.

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1.6 Other Organizations Directory

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Overview

This section includes telephone numbers and addresses for other organizations that support various functions for the Department of Social Services.

CHN
Telephone Number .....1-800-440-5071 (Hours of Operation: Monday through Friday from 9 a.m. to 7 p.m.) Web Site ..... www.ct.gov/husky

Client Eligibility (HUSKY A, HUSKY B, and HUSKY D Clients)
Access Health CT Telephone Number: .....1-855-805-4325 TTY: 1-855-789-2428 Web Site..... www.accesshealthct.com

Client Eligibility (CADAP Clients)
Prime Therapeutics Management LLC Telephone Number: .....1-800-424-3310 Web Site.....https://ctdph.primetherapeutics.com

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Connecticut Behavioral Health Partnership (CT BHP)
Telephone Number .....1-877-552-8247 (Hours of Operation: Monday through Friday from 9 a.m. to 7 p.m.) TTY Number .....1-866-218-0525 Web Site ..... www.CTBHP.com

Connecticut Dental Health Partnership (CT DHP)/BeneCare Provider Relations
Telephone Number .....1-888-445-6665 (Hours of Operation: Monday through Friday from 8 a.m. to 5 p.m.) Web Site .....www.CTDHP.org

Sandata Technologies
Sandata Customer Care .....1-855-399-8050 Email ..... ctcustomercare@sandata.com

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Public Consulting Group (PCG) for Birth to Three
Telephone Number .....1-844-293-0023 (Hours of Operation: Monday through Friday from 8 a.m. – 5 p.m. (EST) Email ..... connecticutei@pcgus.com

Prime Therapeutics Management LLC CADAP Pharmacy Benefits Management /Provider Relations
Telephone Number .....1-800-424-3310 (Hours of Operation: Monday through Friday from 8 a.m. – 5 p.m. (EST) Email .....CTMyRxEnroll@primetherapeutics.com

Non-Emergency Transportation Services – Prior Authorization (HUSKY A, HUSKY C, and HUSKY D Clients)*
MTM (Medical Transportation Management) .....1-855-478-7350 *HUSKY B clients are not eligible for non-emergency medical transportation.

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1.7 Connecticut Medical Assistance Program Provider Research Request

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Overview

Most routine provider questions can be answered using the self-service features on the Web portal at www.ctdssmap.com or through Automated Voice Response System (AVRS). For more complex inquiries, providers can send correspondence to the Gainwell Technologies Provider Relations staff with the details of their issue. The letter should include at a minimum NPI/non-medical provider identifier, taxonomy, client ID, date of service, the name and phone number of the contact person, and a description of the claim processing/payment question or issue.

Providers may also attach a copy of any pertinent information, which may expedite the resolution of an issue. This information may include a copy of a claim, remittance advice, or a Paid Claim Adjustment Form. It is important to note that Gainwell Technologies cannot accept fax copies of claims for processing.

Submission	About the Provider Research Request Form
How to Obtain Form	Providers can obtain the Provider Research Request Form by downloading or printing the form from our Web site at www.ctdssmap.com. See Chapter 10 – Web Portal / AVRS for more information on Internet features helpful to providers.
Where to Send the Form	Providers can e-mail their request from the Web site after a secure log in from the provider portal or send written correspondence to the Gainwell Technologies Provider Relations staff. If the response requires additional research or analysis, the provider will receive a written or telephone response within 10 business days. Mail paper copies of the Provider Research Request to: Gainwell Technologies Written Correspondence P.O. Box 2991 Hartford, CT 06104 As a reminder, the AVRS is available for client eligibility verification inquiries 24 hours a day, 7 days a week. Providers may also access the AVRS for inquires on Remittance Advice, Claim Status, and Diagnosis Codes. The Gainwell Technologies Provider Assistance Center is available from 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday, excluding holidays, for provider inquiries. Providers may contact the Provider Assistance Center toll free at 1-800-842-8440. Providers are also offered a TDD/TTY number for assistance in obtaining necessary program information. The number is 1-866-604-3470.

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