June 2021
Connecticut Medical Assistance Program
http://www.ctdssmap.com

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

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Attention: Medical Equipment, Devices and Supplies Providers

Changes to Standard Requirements for Medical Equipment, Devices and Supplies (MEDS)

Department of Social Services (DSS) has announced that effective for dates of service June 1, 2021 and forward, the following requirements for services rendered to HUSKY Health (A, B, C and D) members, which were waived during the COVID-19 Temporary Effective Period, are reinstated:

1. Obtaining a prescription for repairs of durable medical equipment (DME), including customized wheelchairs;
2. Completing/filing deadline requirements for customized wheelchairs; and
3. Limiting the provision of medical and surgical supplies, parenteral/enteral supplies, respiratory equipment and supplies, and hearing aid batteries to a 30-day supply.

Providers can refer to Provider Bulletin 2021-33 for additional information about the DME program changes.

Attention: All Providers

What is a Provider

The definition of provider within the Connecticut Medical Assistance Program (CMAP) is as follows : "An eligible institution, facility, agency or person that is enrolled and approved by the State of Connecticut to receive reimbursement for providing eligible services to Medical Assistance Program clients." One reason it is imperative to understand the type of provider you are while participating in CMAP is the State of Connecticut Regulations for the Department of Social Services (DSS) Section 17b-262-524 of the Provider Participation Policy requires the periodic re-enrollment of all providers. This means that even if you are a member rendering care **for** an institution, **both** you and the institution are responsible for re-enrolling in CMAP to be reimbursed for services. For example, Dr. Smith is enrolled in CMAP, but they have just received a notice that their re-enrollment due date is coming up in six months. Dr. Smith works for Smithfield Hospital who just re-enrolled last month. Does Dr. Smith have to re-enroll if their employer hospital just re-enrolled in CMAP last month? Yes, they do. Dr. Smith must be enrolled as well as the Hospital to be reimbursed for eligible services rendered to CMAP clients. Additionally, as a provider, you are responsible for keeping information within the Secure Portal Profile as current and up to date as possible. This includes addresses, affiliations, EFT information, etc. This ensures mailings and payments get to the proper place and person.

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Attention: Mental Health Waiver Service Providers

Re-Enrollment Reminder—It May be Time to Re-Enroll

With Electronic Visit Verification (EVV) mandatory implementation by **July 1, 2021** the focal point for Mental Health Waiver Service providers rendering mandated EVV services to Mental Health Waiver members, providers are reminded that they must re-enroll every two years to maintain active enrollment status to continue to be reimbursed for the services they provide. As a result, while many providers have already begun receiving re-enrollment notifications as early as January 2021, and have completed the re-enrollment process, others have not yet submitted their re-enrollment application.

To complete the re-enrollment process, Mental Health Waiver Service providers are also reminded that the Primary Secure Web Account holder and any clerks assigned the "Trade File" role will receive, an electronic delivery (eDelivery) notification, approximately six (6) months prior to their re-enrollment due date. These assigned individuals will retrieve their re-enrollment due letters via Trade Files.

To ensure providers receive their re-enrollment notifications in a timely manner, providers should register or update their email subscriptions to receive eDelivery notification of re-enrollment, to include at least Mental Health Waiver Service providers. To register or update your email subscription, please follow these steps:

Login to the www.ctdssmap.com Web site.

1. From the Home page, click on the **"Register/ Update Email Subscription"** link.

2. If a new subscriber, **enter e-mail address, confirm e-mail address** and click **Register**. NOTE: If you are already a subscriber, but not for Mental Health Waiver Services, **enter email** and click **Update.**

Check the Mental Health Waiver Services **box** and any others you wish to subscribe. Click **Save.**

PLEASE NOTE: There is no limit to the number of individuals that can subscribe to eDelivery under the same provider type and specialty**.** The Secure Web account local administrator/master user may also assign permissions to specific individual clerk accounts to be responsible for retrieval of eDelivery letters. For more information on creating clerk accounts and/or assigning permissions to clerk accounts please refer to the **Provider Manual chapter 10 – Section 9 – Web Security Administration.**

Providers may also refer to their original training presentation located on the www.ctdssmap.com Web site. From the Web site Home page > Provider Training > under Materials Heading > Mental Health Waiver Provider Workshops > under Training Materials Heading > Mental Health Waiver Service Billing and Web Claim Submission Workshop.

Providers who are unsure as to their re-enrollment due date should refer to their Secure Web Account Home Page. The re-enrollment due date is clearly stated below their Provider ID. As the re-enrollment due date is the very last date the provider will be enrolled, it is important that providers take action soon after receiving their re-enrollment due letters to ensure they are credentialed with Advanced Behavioral Health for the next two year period and their re-enrollment application is in a "finalized" status before their re-enrollment due date.

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Attention: Pharmacy Durable Medical Equipment Providers

Claim Submission Requirements for Continuous Glucose Monitors

Continuous Glucose Monitors (CGMs) continue to be covered under the Durable Medical Equipment (DME) benefit for Connecticut Medical Assistance Program patients. Due to high rates of pharmacy Point of Sale (POS) claim denials, we would like to take this opportunity to remind pharmacies that CGM systems such as Dexcom and Freestyle Libre must be billed as DME and the National Drug Codes (NDCs) must be cross-walked to an appropriate HCPCS code on the ASC X12N 837P transaction. Pharmacies must submit these claims using their DME Medicaid AVRS ID or DME taxonomy assigned to the National Provider ID (NPI).

Failure to submit CGM claims under the DME benefit will result in denials such as the one shown below:

Detail Number	Code	Description
0	9997	REFER TO DETAIL EOB
1	1016	MANUFACTURER IS NOT PARTICIPATING IN DRUG REBATE ON DATE OF SERVICE DISPENSED.

Further clarification of CGM coverage, policies and procedures can be found in the provider bulletins linked below. Providers should note that Prior Authorization is required for the coverage of CGM systems and should be obtained from Community Health Network of Connecticut, Inc.® (CHNCT).

Search Results

Bulletin Number	Title	Published Date
PB20-22	Clarifying Guidance of MEDS Policy Pertaining to Procedure Codes K0553 and K0554...	04/13/2020
PB20-03	Addition of Codes K0553 and K0554 for Therapeutic Continuous Glucose Monitors (C...	02/19/2020

Provider Bulletin 2020-22
Provider Bulletin 2020-03

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Attention: Mental Health Waiver Service Providers

Mental Health Waiver in Electronic Visit Verification (EVV)

Effective May 3, 2021, EVV was implemented for the Mental Health Waiver Program. As a result, providers who service Mental Health Waiver clients can now see their clients in the Santrax system and must begin to use Santrax for EVV mandated services provided to those clients. The mandated service codes outlined in the section below were made available for use in the EVV system as of May 3, 2021. Providers with clients on the Mental Health Waiver are encouraged to begin servicing those clients using EVV as soon as they see their clients in Santrax.

Beginning May 3, 2021, the following services codes are mandated for use through EVV:

- 1206Z Chore Service, Agency per 15 min.
- 1213M Recovery Assistant, Agency, per 15 min.
- 1217M Recovery Assistant, Overnight, per 15 min.
- 1229Z Brief Episode Stabilization, per 15 min.
- G9012 Other Specified Case Management, Service not Elsewhere Qualified
- H0038 Self Help Peer Service, per 15 min.
- H2015 Comprehensive Community Support Services, per 15 min.
- H2023 Supported Employment, per 15 min.

If your agency does not currently use the Santrax system, but you provide one or more of the EVV mandated service codes, your agency is required to complete the mandatory Santrax system training in order to gain access to, and/or use, the Santrax system. Training on the Santrax system will be offered to both new and current users of the Santrax system. The EVV trainings educate providers on using the different methods of time capture, activating clients in their Santrax system, creating service schedules, and resolving exceptions in the Visit Maintenance panel of Santrax, among other topics. Providers will need to have completed all necessary training in a timely manner to begin using EVV for the above selected services as of May 3, 2021. The Mental Health Waiver EVV training can be accessed by contacting Ann Marie Luongo, Program Manager for ABH/Mental Health Waiver, at Advanced Behavioral Health via email at aluongo@abhct.com or by phone at (860) 704-6211. Providers must be credentialed by ABH and be an enrolled Mental Health Waiver provider to gain access to the EVV training.

EVV related materials, updates, and additional information regarding the program are available on the CMAP Web site www.ctdssmap.com. From the Home page, please select the "Electronic Visit Verification" menu. Among the resources provided are At Your Fingertips tip sheets, provider bulletins, training videos in the use of the different methods of visit time capture and a Frequently Asked Questions (FAQs) document. Providers are encouraged to review the information available to them on the Electronic Visit Verification page of the www.ctdssmap.com Web site so they are familiar with the EVV program and the Santrax system. Questions about the Mental Health Waiver benefit plan implementation in EVV should be submitted to the EVV mailbox at ctevv@dxc.com.

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Attention: Acquired Brain Injury (ABI), Autism, Connecticut Home Care (CHC), Mental Health Waiver and Personal Care Assistance (PCA) Waiver Service Providers and Home Health Agencies

Timely Filing Claim Submission Reminders

ABI, Autism, CHC, Mental Health and PCA Waiver Service providers and Home Health Agencies are reminded that:

- It is the provider's responsibility to ensure that all claims for services provided to a client are submitted within one (1) year from the actual date of service.
- Providers must research and resolve all claim issues by reviewing the Connecticut Medical Assistance Program Remittance Advice (RA) each time it is sent to the provider. Claims that are not resolved within one year of the last submission should be resubmitted to ensure timely filing status.
- Claims sent to Gainwell Technologies beyond the timely filing limit that have invalid documentation to override the timely filing limit, will appear on the provider's RA with the Explanation of Benefits (EOB) message "Claim exceeds timely filing limit."
- Providers are no longer required to submit claims on paper that exceed timely filing when documentation exists that waive the timely filing limit.
- DSS does not accept claims submitted on paper with exception to special handled claims.
- A paper PCAR is no longer required to return funds via a claim adjustment. Providers may submit an electronic adjustment or Web claim adjustment to return funds without the claim denying in full for timely filing.

Exceptions that Waive the Timely Filing limit

DSS has directed Gainwell Technologies to Waive the timely filing limit if the following conditions exist. **PLEASE NOTE: Claims do not need to be submitted on paper to override the timely filing rule.**

- Providers have **one (1) year** from the paid date (claim cycle date) indicating a denial to resubmit the claim, provided the denial was not for timely filing.
- The date of service on the claim must fall within **one (1) year** of the issue date on the other insurance denial, if applicable, providing the denial was not for timely filing.
- The provider has one (1) year from the date the client's eligibility was added to the Connecticut interchange Medicaid Management Information System (MMIS).
- Providers may contact Gainwell Technologies Provider Assistance Center to obtain add dates for retroactive client eligibility.

For all other exceptions, Gainwell Technologies will validate that the condition exists to override timely filing via the data submitted on the claim and the provider's past claim submission history.

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Attention: All Providers

Providers Interested in Participating in the Connecticut Housing Engagement and Support Services (CHESS) Program

Program Enrollment Requirements

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS), recently announced the upcoming implementation of the Connecticut Housing Engagement and Support Services (CHESS) Program. The purpose of this program is to provide support services to Medicaid members experiencing homelessness and specified clinical conditions, especially help with finding and staying in affordable housing and connecting to medical and behavioral health services. Providers enrolling as CT Housing Engagement and Support Service providers are regarded as atypical, providing non-medical services and do not require the provider bill with an NPI and taxonomy. There will be no follow-on document (FOD) requirement; however, you must be on the DMHAS Approved list of providers.

Providers who are interested in participating with the CHESS program can begin enrolling as billing providers beginning May 26, 2021. To enroll, providers must go to the www.ctdssmap.com Web site and select ”Provider” and then “Provider Enrollment” from the Home page to access the enrollment Wizard. Providers are encouraged to read all instructions prior to proceeding with the online enrollment process. Providers should gather all data required prior to beginning the enrollment process, as an incomplete application cannot be saved. In addition, an application remaining idle for more than 20 minutes will disconnect the provider from the enrollment Wizard.

For additional details on enrollment to the CHESS Program including prior authorization requirements, eligibility requirements, and training opportunities, please see Provider Bulletin 2021-31 “Important Enrollment and Claim Submission Information for the Connecticut Housing Engagement and Support Services (CHESS) Program”.

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Attention: Dental Providers

Administration of the COVID-19 Vaccinations

Dental providers were notified via an Important Message that effective for dates of service May 1, 2021 and forward, eligible Connecticut Medical Assistance Program enrolled dentists, dental hygienists and eligible dental staff of Dental FQHCs can bill for the administration of the COVID-19 vaccinations.

A claim submitted for the administration of a COVID-19 vaccine must include both the procedure code for the vaccine product administered as well as the vaccine administration code; otherwise, the detail for the administration will deny. Since the federal government is distributing COVID-19 vaccines to states free of charge, the vaccine procedure codes will be set to $0.00.

COVID-19 vaccine procedure codes are:

91300	Sarscov2 vac 30MCG/0.3ML IM
91301	Sarscov2 vac 100mcg/0.5ml IM
91303	Sarscov2 vac ad26 .5ML IM

Vaccine Administration Codes are:

0001A	Adm sarscov2 30mcg/0.3ml 1st Pfizer-Biontech Covid-19 vaccine admin 1st dose
0002A	Adm sarscov2 30mcg/0.3ml 2nd Pfizer-Biontech Covid-19 Vacccine Admin--2nd Dose
0011A	Adm sarscov2 100mcg/0.5ml 1st Moderna Covid-19 Vaccine Admistration--1st Dose
0012A	Adm sarscov2 100mcg/0.5ml 1st Moderna Covid-19 Vaccine Administration--2nd Dose
0031A	Adm sarscov2 vac ad 26 .5ml

The dental fee schedules have been updated to include the above codes.

A list of eligible provider types, who can administer the COVID-19 vaccination can be found on the State of Connecticut Department of Public Health's Web page: https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/PLIS/Approved-COVID-19-Vaccination-Training-Programs.

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Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
7/5/2021	Independence Day	Closed	Closed
9/6/2021	Labor Day	Closed	Closed
10/11/2021	Columbus Day	Open	Closed
11/11/2021	Veterans Day, observed	Closed	Closed
11/26/2021	Thanksgiving Day	Closed	Closed
11/27/2021	Day after Thanksgiving	Closed	Open

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Appendix

Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to www.ctdssmap.com. To see the complete messages, please visit the Web site. All Provider Bulletins can be found by going to the Information -> Publications tab.

PB21-39 Private Non-Medical (PNMI) Rates for Adult Mental Health Rehabilitation Services
PB21-37 Limitation Changes to Medical Surigical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices
PB21-36 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
PB21-35 Rate Reduction of Diabetic Supplies—Test Strips And Lancets
PB21-34 CMAP COVID-19 Response—Bulletin 54: ADDITIONAL Services Covered under the "COVID-19 Testing Group"
PB21-33 Reinstating Standard Requirements for Medical Equipment, Devices and Supplies (MEDS): Prescriptions For Repairs of Durable Medical Equipment (DME), Completion/Filing Deadline for Customized Wheelchairs And 30-Day Supplies
PB21-32 Reinstatement of Copayments for Medical Services Rendered to HUSKY B Members
PB21-31 Important Enrollment and Claim Submission Information For the Connecticut Housing Engagement and Support Services (CHESS) Program
PB21-30 Reinstating Standard Requirements for Minimum Service Hours and Time Study Requirements for Adult Mental Health Private Non-Medical Institutions (PNMIs)
PB21-29 Intermediate Care Facilities for Individuals with Intellectual Disabilities Leave Day Changes (REVISED)
PB21-28 New Prior Authorization Requirementn for Evrysdi
PB21-27 Policy Updates and Changes to Clinical Review Criteria: Breyanzi, Cyanoacrylate Adhesive, Kymriah, Yescarta, Autologous Chondrocyte Implantation, Botulinum Toxin for Chronic Migraine, Rehabilitation Services, Treatment of Fecal Incontinence, Tecartus, Gene-based Therapy for Treatment of Duchene Muscular Dystrophy
PB21-26 REVISED Reinstating Prior Authorization Requirements That were Suspended During the Public Health Emergency
PB21-25 CMAP COVID-19 Response Bulletin 52: Updated Guidance—COVID-19 Vaccine Administration—Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians
PB21-24 CMAP COVID-19 Response Bulletin 53: Reinstating Pharmacy Requirements—Quantity Limits and Days' Supply, and Refill Criteria
PB21-23 CMAP COVID-19 Response Bulletin 51: Updated Guidance COVID-19 Vaccine Administration—Medical Practitioners
PB21-22 Mental Health Waiver Program Implementation of Electronic Visit Verification
PB21-18 Electronic Visit Verification (EVV)—End Date for Mobile Visit Verification (MVV)
PB21-17 April 2021 Quarterly HIPAA Compliant Update–Physician Office and Outpatient Fee Schedule
PB21-16 An act concerning Diabetes and High Deductible Plans
PB21-15 Clarifying Guidance for Procedure Code 99417
PB21-13 Correcting Reimbursement Rates for Select CMAP Fee Schedules
PB21-12 CMAP COVID-19 Response—Bulletin 50: Telemedicine Guidance for Respiratory Care Services
PB21-11 2021 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
PB21-10 Increasing the Reimbursement for Select Long-Acting Reversible Contraceptive Devices
PB21-09 Additional Guidance Regarding Shared/Split Medical Visits
PB21-08 Alternative Preferred Drug Pharmacy Claim Messaging
PB21-06 CMAP COVID-19 Response Bulletin 49: COVID-19 Vaccine Administration—Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians

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