



June 2022
Connecticut Medical Assistance Program
<https://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- **Provider Access Agencies, Connecticut Home Care Service Providers and Other Provider Agencies Interested in Delivering Support and Planning Coach Services:**
Are You Interested in Expanding Your Community Based Services?
- **Acquired Brain Injury (ABI), Autism, Connecticut Home Care (CHC), Personal Care Assistance (PCA), Mental Health Waiver (MHW) Service Providers and Home Health Agencies:**
Missing Prior Authorizations in the EVV System
- **All Providers:**
Quick Tips and Short Reminders that Can Impact Your Reimbursement

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Attention: Provider Access Agencies, Connecticut Home Care Service Providers and Other Provider Agencies Interested in Delivery Support and Planning Coach Services:

Are You Interested in Expanding Your Community Based Services?

The Department of Social Services (DSS) announced in January 2022 via Provider Bulletin [PB 2022-01](#) they would be enrolling a new provider specialty, Support and Planning Coach, under the Community First Choice (CFC) Program. Enrolled providers will bill services directly to Gainwell Technologies and will receive reimbursement directly from DSS.

Billable Services

H2014 - EVV support training in the managing and scheduling of CFC service providers. Training and skills development in the navigation of the on-line (EVV) time tracking. Modifying, adding, and approving visits in EVV. Rate: \$11.31 per 15 minutes = \$45.24 per hour

2043Z - Assist the participant with developing and managing any and/or all aspects of their individual budget as well as providing support in interviewing and managing staff. Rate: \$11.31 per 15 minutes = \$45.24 per hour.

Provider Credentialing

Credentialing guidelines have been established and the required training to meet the credentialing requirements is well under way. Interested providers who meet the credentialing requirements noted below will be issued a credentialing letter from Allied Community Resources. Once Providers have their credentialing letter, they may enroll on the www.ctdssmap.com Web site.

Individual staff who will be providing Support and Planning (S&P) Coach services must complete the following two training requirements and supporting documentation:

A. EVV training and webinar: Staff identified as providing S&P Coach services must attest to meeting the EVV training requirements, which includes previous training and experience, or completing the online training series. Staff that are new to EVV (no prior experience/training) must complete the online video series and webinars by following this link. [Connecticut Consumer Direct Video Library \(wistia.net\)](#).

Once completed, Individual staff must complete the [EVV Training Self-Attestation form](#).

B. Person-Centered Planning Training: DSS is hosting monthly trainings through August, 2022. Staff must attend a Person-Centered training and will receive a Certificate of Completion. **Note:** If your staff already have a certificate of completion for person-centered planning, or certification as an Aging and Disability Specialist, which meet annual recertification requirements, their existing certification may be substituted for attending an upcoming training.

Once completed, individual staff will receive a Certificate of Completion from DSS.

Provider Assurances: The Community First Choice Support and Planning Coach Provider Assurances Form outlines the specific details in which the provider agency agrees to meet all the requirements

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of the program, including how individual staff providing S&P Coach services have met both requirements A and B listed above. An agency point person must complete the [Provider Assurances form](#). A copy of the Provider Assurances form must be sent to Allied Community Resources to receive a credentialing letter.

A credentialing letter is required to complete the CFC S&P Coach enrollment with Gainwell Technologies.

Training Schedule

Staff identified as providing S&P Coach services are only required to attend one of each training topic noted below:

Providers should email the names of staff who will be attending one of the following Person-Centered Trainings to Karri Filek at karri.filek@ct.gov.

Month	Person-Centered Training	Payroll & Processing	CFC Overview
July	Thursday, July 7, 2022	Thursday, July 21, 2022	TBD
August	Thursday, August 4, 2022	Thursday, August 18, 2022	TBD
September	TBD	TBD	TBD

Providers also interested in setting up a separate meeting to discuss the anticipated need of S&P Coach services, should also email Karri Filek at karri.filek@ct.gov.

Provider Enrollment

Once the Credentialing letter is received, providers must go to the www.ctdssmap.com Web site Home page and select "Provider Enrollment" from

the drop-down "Provider" menu to access the Enrollment Wizard.

Prior to enrolling providers are encouraged to review the [CFC S&P Coach Enrollment Workshop PowerPoint Presentation](#) on the Provider Training Page for important navigational tips, and next steps in the enrollment process, including tracking their submitted application. Providers with enrollment questions should contact the Provider Assistance Center (PAC) at 1-800-842-8440. PAC is available Monday-Friday 8:00 a.m. to 5:00 p.m. excluding holidays.

Post Enrollment

Once enrolled and in receipt of your Provider Enrollment Approval letter and PIN letter, each received under separate cover, providers should set-up their Primary Account Holder Secure Web Account and applicable clerk accounts.

Refer to the [CFC S&P Coach Enrollment Workshop PowerPoint Presentation](#) for information on setting up Primary and clerk secure Web accounts.

Review the CFC S&P Coach Billing and Web Claim Submission PowerPoint Presentation on the www.ctdssmap.com Provider Training Page. To access the Billing Workshop Presentation, from the Home page >Provider> **Provider Training** > Under Materials > **Community First Choice Support and Planning Coach Billing and Web Claims Submission Workshops Presentation** or click the link to access: [Presentation](#)

Note: Gainwell Technologies will be offering a Billing and Web Claims Submission Workshop presentation on Wednesday, July 13, 2022 from 9:00 a.m. - 12:00 p.m. for enrolled CFC S&P Coach providers.

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

Missing Prior Authorization in EVV System

A prior authorization (PA) in an approved status is one of the two requirements that need to be met for a client to appear in your electronic visit verification (EVV) system. Once an active waiver benefit plan and an approved PA are present in the CMAP provider portal for a client then they will appear in your EVV system (Santrax).

If you are missing a client in the Santrax system and the client has the proper waiver eligibility, the next step is to research the client's prior PAs. Log into the secure site at www.ctdssmap.com, from the "Prior Authorization" menu, select "Prior Authorization Search", then enter the client ID and click Search. The PA must be present in an "Approved" status in order to be present in Santrax. If the status is "In Process", the PA is currently under review at DSS. This may take a few days to resolve. For assistance with an "In Process" PA please contact the access agency, Advanced Behavioral Health (ABH) or Autism care manager responsible for the client's care plan.

Please remember it takes approximately 48 hours to see a PA in Santrax based on the "Determination Date" on the PA as viewed via the secure Web account. Also, please make sure that the PA you are reviewing is an EVV mandated service. To determine if a service is EVV mandated, please navigate to the New Provider Information page on the Electronic Visit Verification Web page found at www.ctdssmap.com and access the EVV Service Code Listing.

You can also review the Procedure Code Crosswalk associated with the client's waiver on the www.ctdssmap.com Web site by navigating to

"Provider", then "Provider Services", then scrolling to the bottom of the page and clicking "here" under "Provider Training". This will open the Connecticut Medical Assistance Program (CMAP) Training Information page which is where you will find the most up-to-date Procedure Code Crosswalks.

After you have verified that the client is enrolled in the correct waiver benefit plan with an approved PA on the DSS portal, and the PA is still not visible in Santrax, make sure you remove the check mark beside "Hide Outdated Auths" and "Hide Voided Auths" in the Santrax system. This will reveal all authorizations uploaded to the Santrax system.

If you have performed all the troubleshooting tips detailed above and still cannot see the client or PA in Santrax, please send an email to the EVV mailbox at ctevv@gainwelltechnologies.com for further assistance. Please indicate if you are missing the client or PA from the Santrax system and provide the client's PA number as displayed on the CMAP secure site with the eligibility verification number. Please note: If you have a service order number but do not have a PA number, please contact the access agency, DSS Autism Case Manager, or ABH representative responsible for the client's care plan for assistance. A service order does not mean that a PA has been transferred to the CMAP secure site.

PLEASE NOTE: Neither Gainwell Technologies nor Sandata can enter a PA into the CMAP portal on behalf of an access agency, DSS Case Manager, or ABH.

Attention: All Providers

Quick Tips and Short Reminders that Can Impact Your Reimbursement

Re-Enrollment

Re-Enrollment reminders are sent via e-delivery notification approximately six (6) months and three (3) months prior to the Re-enrollment Due Date on the Provider's Secure Web Account Home page. The Re-enrollment Due Date is the last date the provider will be enrolled, if the re-enrollment application is not in a finalized status by the Re-Enrollment Due Date, a letter will be sent out informing the provider that they have been disenrolled from the Connecticut Medical Assistance Program (CMAP). A Provider Enrollment contract will not be reinstated until the application is finalized, as reinstatement of contracts without a finalized application violates Affordable Care Act (ACA) policies.

An application in a "Finalized" status is one that has been submitted with all supporting documentation to Gainwell Technologies, forwarded to the Department of Social Services, (DSS) and approved.

If a provider is disenrolled, it may take several weeks for the provider to be reinstated to an active status depending on how far along in the re-enrollment process they may be on their re-enrollment due date.

Impact of being Disenrolled

Once disenrolled providers will not be able to:

- Check client eligibility for dates of service on or after the date of disenrollment

- Check Prior Authorization for services performed on or after the date of disenrollment
- Obtain reimbursement for services provided after the date of disenrollment.

How to Prevent being Disenrolled

- Acting prior to or immediately upon receiving your Re-Enrollment e-delivery notification:
- Ensure all licensing and credentialing requirements are up to date for the next Re-enrollment period.
- Contact your credentialing entity, if applicable, to determine requirement changes and documents you must submit or training that may be required to obtain a new credentialing document, as this could take several weeks.
- Retrieve your Re-Enrollment Reminder letter on your secure Web account via Trade Files. The Application Tracking Number (ATN) will be your key to accessing prior enrollment data, when re-enrolling on the www.ctdssmap.com Web site.
- Re-enroll as soon as possible. Make note of the ATN on all documents to be sent to Gainwell Technologies Provider Enrollment Unit. The ATN should be placed in the upper right-hand corner of each document, to ensure that the documents, when received, will be associated to the online application you have submitted.

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- Respond to requests for information or documents immediately as missing information, missing documents or those that cannot be associated to your application will cause a delay in determining the application's completion status and forwarding to DSS for review. Information or documents not sent in a timely manner will result in your application being denied. A denied application may require online resubmission of your application.
- Respond to the Department of Social Services (DSS) Quality Assurance Unit request for additional information immediately. Failure to respond in a timely manner will cause your application to be denied.

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Attention: All Providers

Importance of Secure Web Account Access

Your secure Web Account provides timely access to many features which can have an impact on your reimbursement. The Primary Account Holder access to a secure web account is key to timely reimbursement. Responsible for maintaining the Provider file, the Primary Account Holder is responsible for updating changes to Electronic Funds Transfer (EFT) information. It is especially important, when transitions occur in primary account holder, to communicate updates to Gainwell Technology upon or shortly after the transition occurs.

Provider Maintenance

Maintaining Electronic Funds Transfer (EFT) information on your Provider file can have a substantial impact when receiving reimbursement for services provided. Failure to update your provider file when changes have been made to your financial institution and/or account information will cause a delay in payment as the EFT transaction sent to your financial institution will fail. Once the provider updates their provider file with their new financial information, it will take at least one financial cycle to ensure a successful pre-note transaction has processed using the new financial information before the provider again will receive funds via EFT. In the interim all funds will be sent via paper check.

Claims Processing

Failure to set up a Primary Account Holder or Transition Primary Account Holder responsibility in a timely manner can have a direct impact on service reimbursement, especially when the Primary Account Holder has responsibility for clerical functions or needs to transfer clerk responsibilities to another. As a result, the core elements of successful claim submission such as timely confirmation of service authorization and claim submission may be at risk causing claim denial and delayed reimbursement.

Information

For more information on **Primary Account Holder set-up, Provider Maintenance and Clerk Account set-up**, providers should refer to chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > Secure Web Site Enrollment and Maintenance Instructions link > Section 10.3.5 Demographic Maintenance and Section 10.2 Creating Clerk Accounts.

[Secure Web Site Enrollment and Maintenance Instructions.pdf \(ctdssmap.com\)](https://ctdssmap.com/SecureWebSiteEnrollmentandMaintenanceInstructions.pdf)

Appendix

Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
7/4/2022	Independence Day	Closed	Closed
9/5/2022	Labor Day	Closed	Closed
10/10/2022	Columbus Day	Closed	Closed
11/11/2022	Veterans Day, observed	Closed	Closed
11/24/2022	Thanksgiving Day	Closed	Closed
11/25/2022	Day after Thanksgiving	Closed	Open
12/23/2022	Christmas Eve, observed	Closed	Open
12/26/2022	Christmas Day, observed	Closed	Closed

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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.

- PB22-43 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
- PB22-42 Prior Authorization of Chimeric Antigen Receptor (CAR) - T Cell Therapy
- PB22-41 1) July 1, 2022 Changes to the Connecticut Medicaid Preferred Drug List (PDL)
2) Reminder About the 5-day Emergency Supply
3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL)
4) Pharmacy Web PA Tool
- PB22-40 Updating the Reimbursement Rate for Nursing Services for Home Health Pediatric Complex/High Tech Level of Care, Effective July 1, 2021-July 31, 2021
- PB22-39 Implementation of Medicaid and Children's Health Insurance Program (CHIP) Reimbursement for SUD Treatment at Free-Standing Residential Treatment Facilities
- PB22-38 Documentation Requirements: Prior Authorization of Medical Equipment, Devices, and Supplies (MEDS)
- PB22-37 Reminder: Use of "C" Codes for Certain Advanced Imaging Procedures When Performed in the Outpatient Hospital Setting
- PB22-36 Separate Reimbursement for Long-Acting Reversible Contraceptives in the Medical Federally Qualified Health Center (FQHC) Setting
- PB22-35 Updated Guidance Regarding Shared/Split Medical Visits
- PB22-34 New Eligibility Group HUSKY B Prenatal Care
- PB22-33 Extension of Postpartum Care
- PB22-32 HUSKY Plus Coverage Merging into HUSKY B
- PB22-31 Policy Updates and Changes to Clinical Review Criteria
- PB22-30 April 2022 Quarterly HIPAA Update—Changes to the Durable Medical Equipment (DME) Fee Schedule and Medical Surgical Supply (MSS) Fee Schedules
- PB22-29 Billing Guidance for Adjunctive (Non-Therapeutic) Continuous Glucose Monitor (CGM) Systems
- PB22-28 New Dupixent Prior Authorization Clinical Criteria Requirements
- PB22-27 Addition of Audiology Services to the Independent Audiology/Speech and Language Pathology Fee Schedule
- PB22-26 Addition of Audiology Services to the Rehabilitation Clinic Fee Schedule
- PB22-25 New Medical Authorization Portal
- PB22-24 CMAP COVID-19 Response Bulletin 60: Administration of The Pfizer-BioNTech COVID-19 Pre-Diluted Vaccine
- PB22-23 April 2022 Quarterly Dialysis Clinic HIPAA Compliant Update
- PB22-22 April 2022 Quarterly Optician/Eyeglasses Fee Schedule HIPAA Compliant Update
- PB22-21 Implementation of Medicaid Reimbursement for SUD Treatment at State Operated and Private Psychiatric Hospitals Pursuant to Section 1115 Demonstration Waiver for Services Previously Excluded from Coverage by Federal Law
- PB22-20 Changes to Provider Application Requirements
- PB22-19 Reinstatement of Multi-Loading for NEMT Transportation
- PB22-18 Increased Reimbursement Rates for Select Home Health Services Effective July 1, 2021 through July 31, 2021
- PB22-17 1. April 2022 Quarterly HIPAA Compliant Update—Physician And Outpatient Fee Schedule 2. Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices
- PB22-16 Continuous Glucose Monitors 1. Billing Guidelines for Therapeutic Continuous Glucose Monitor (CGM) Systems; 2. Reimbursement Methodology Update for Procedure Code K0553 Used for FreeStyle Libre System; 3. Billing Guidance for Non-Therapeutic Continuous Glucose Monitor (CGM) Systems.
- PB22-15 CMAP COVID-19 Response—Bulletin 59: Coverage of At Home COVID-19 Over-the-Counter (OTC) Test Kits
- PB22-14 2022 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
- PB22-13 Add-on Rate for Ventilation Bed Stays for Chronic Disease Hospitals
- PB22-12 CMAP COVID-19 Response Bulletin 58: COVID-19 Vaccine Counseling-Only for Pediatric Members
- PB22-11 Submission of Prior Authorization (PA) Requests for Medical Goods and Services
- PB22-10 The Addition of COVID-19 Proprietary Laboratory Analyses Codes to the Independent Laboratory Fee Schedule
- PB22-09 Coverage of Outpatient Dialysis Services under Emergency Medicaid for Non-Citizens
- PB22-08 Upcoming Changes to Pharmacy Claims for Omnipod and VGO Insulin Delivery Products
- PB22-07 Policy Updates and Changes to Clinical Review Criteria
- PB22-06 Out-of-State and Border Hospital Reimbursement—Effective January 1, 2022
- PB22-05 Annual Update to the Inpatient Hospital Adjustment and Update to the APR-DRG Weights
- PB22-04 Increased Rates for Select Home Health Services
- PB22-03 Increased Rates for All Home Health Aide Services
- PB22-02 Updating the Reimbursement Rate for Nursing Services for Home Health Pediatric Complex/High Tech Level of Care
- PB22-01 Community First Choice Enrollment and Reimbursement Changes

What regular feature articles would you like to see in the newsletter? We would like to hear from you!!

ctdssmap-provideremail@gainwelltechnologies.com

Gainwell Technologies

PO Box 2991

Hartford, CT 06104

www.ctdssmap.com