



June 2024
Connecticut Medical Assistance Program
<https://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

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- **Home Health Agencies and Occupational Therapists:**
COPE and CAPABLE Programs
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Attention: Behavioral Health Providers Including Independent Practice and Group Practice, Psychologists, LMFTs, LCSWs, LPCs and LADCs

Attestation Completion Deadline Reminder for Behavioral Health Groups and Clinicians and Office Hours

You may have seen our recent Important Message posted on May 20, 2024 regarding the Behavioral Health Attestation Completion Deadline and the available Office Hours for attestation questions. Office Hours have been extended to assist providers in anything related to the attestation. Please see the Important Message on www.ctdssmap.com for more information. Link: [Attestation Completion Deadline for Behavioral Health Groups and Clinicians](#)

Note: This requirement does not include Behavioral Health (BH) Clinics, Federally Qualified Health Centers (FQHCs), Hospitals or their BH providers.

1. Attestation Deadline

- All BH groups and individual enrolled clinicians must complete their Behavioral Health Attestation via the Provider Secure Web Portal unless already done during enrollment/re-enrollment post-April 11, 2023.
- Non-compliance will result in denied claims starting August 1, 2024.

2. Unattested Clinician Report

- A report of clinicians who haven't completed their attestations is available. This can be accessed through the Secure Web Portal under "Unattested Behavioral Health PT 33 Provider List."

3. Attestation Status on Provider Portal

- Check your attestation status on the Behavioral Health Attestation tab in the Provider Secure Web Portal to ensure all owners in BH groups have completed their individual owner attestations.

4. Office Hours for Attestation Questions

- Join Gainwell representatives for office hours if you have questions:

07/17/2024: 12pm-1pm

07/22/2024: 9am-10am

08/07/2024: 12pm-1pm

Register for office hours through the provided links in the [Important Message](#).

For assistance with the Secure Web Portal, contact the Provider Assistance Call Center at 1-800-842-8440. For detailed instructions on completing the attestation, please refer to Provider Bulletin [2023-56](#). Stay compliant and ensure your claims are processed smoothly!

Attention: Home Health Agencies and Occupational Therapists

COPE and CAPABLE Programs

New evidenced-based service models are being added to Medicaid-funded home and community-based services (HCBS), specifically the Acquired Brain Injury (ABI) I & II, Autism, Connecticut Home Care (CHC) Program for Elders, and Personal Care Assistant (PCA) Waiver programs.

Training and Counseling Services for Unpaid Caregivers Supporting Participants, a.k.a. Care of Older People in their Environment (COPE) and Confident Caregiver.

COPE is Drexel University's evidenced-based model in which an Occupational Therapist (OT) and a Registered Nurse (RN) provide a set of supports and training to the informal caregivers of participants with cognition impairment to better understand a participant's health condition and dementia. The model also aims to improve the informal caregivers' confidence and care skills.

Confident Caregiver is designed to augment the COPE program to support family members who are providing care to participants living with serious or chronic illness without cognitive impairment.

Participant Training and Engagement to Support Goal Attainment and Independence, a.k.a. Community Aging in Place-Advancing Better Living for Elders (CAPABLE).

CAPABLE is Johns Hopkins University's evidence-based model in which a team consisting of an OT, RN, and handy worker operate together with par-

ticipants to improve both function and safety of the home environment.

The billing provider for both models will be Home Health Agencies enrolled in the CMAP, with an opportunity to employ OTs or contract with OT Groups or Individual OTs.

Training

To become a certified COPE/Confident Caregiver and/or licensed CAPABLE entity, a provider must complete self-paced online trainings offered by Drexel University and/or Johns Hopkins University. Training for COPE/Confident Caregiver certification and CAPABLE licensure is covered under American Rescue Plan (ARP) funds through June 30, 2025. Thereafter, new participants must pay for training, including certificate and/or licensure fees.

A provider bulletin will be forthcoming detailing more information. Please continue to monitor the CMAP Web site at www.ctdssmap.com for more information.

Questions concerning COPE/Confident Caregiver and/or CAPABLE can be directed to the following email address: DSSCOPECAPABLEattestation@ct.gov.

Attention: All Providers

Electronic Funds Transfer Requirement Reminder

As a reminder, the Department of Social Services (DSS) requires providers to participate in electronic funds transfer (EFT). EFT provides for the direct deposit of your payment into a financial account of your choosing and is available to Connecticut Medical Assistance Program (CMAP) providers. The information gathered as part of the EFT enrollment process is in accordance with the requirements set forth in the Affordable Care Act and the CORE 380 EFT Enrollment Data Rule.

To change or add your EFT information, visit the CMAP Web site at www.ctdssmap.com and log into your Secure Web portal account. Once logged in, click on the “Demographic Maintenance” tab. Following enrollment in EFT, providers may make changes to their EFT data at any

time. **NOTE: only the main account holder or master user is permitted to add/change EFT data.**

Please refer to the Provider Demographic Maintenance section in Chapter 10 of the Provider Manual for further instructions on how to update this information. The Provider Manual can be accessed by going to the CMAP Web site at www.ctdssmap.com, selecting Information > Publications and scrolling down to Chapter 10.

Please note, once you add or update EFT information, you will receive a paper check for at least one financial cycle so that a test transaction can be sent to your financial banking institution in order to validate the account information provided. No further action is required. You will then receive

The screenshot shows the CMAP Web portal interface. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below this is a secondary navigation bar with links: home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance (highlighted in red), reset password, and log out. The main content area is titled 'Provider Information' and contains several input fields. The 'EFT Account' field is circled in red. The 'Location Name Address' field is also visible.

Provider Information	
Provider ID	NPI
AVRS ID	
Usage	Service Location
City	MANCHESTER
County	Hartford
State/Zip	VT 02456-4556
Phone	

Location Name Address > **EFT Account** > Service Language

[Continued from Previous Page](#)

your payment via EFT in the next financial cycle in which you have claim activity. You will not be at risk for delayed claim payments during this validation process.

When a provider makes a change to their EFT information, Gainwell Technologies mails a letter to the provider confirming the change. The letter contains the new EFT information. Upon receipt of this letter, providers should confirm that the changes are valid. If a discrepancy exists, the pro-

vider should contact Gainwell Technologies' Provider Assistance Center at 1-800-842-8440 immediately.

[Location Name Address](#) > [EFT Account](#) > [Service Language](#) > [Maintain Organization Members](#)

EFT Account					
Click here to open Provider EFT Enrollment instructions.					
Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
BANK OF AMERICA, N.A.	<input type="text"/>	<input type="text"/>	Checking		Active

Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (*)

Provider Name*

Account Number Linkage to Provider Identifier*

Provider Tax Identification Number (TIN)
OR
National Provider Identifier (NPI)

Provider Identifiers*

Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN)

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Attention: All Providers

Reminder: Covered CT Program — Limited Benefit Plan

Who does it cover? What services are covered?

Covered CT is a program that covers non-emergency medical transportation (NEMT) and dental services through the CMAP for certain income-eligible individuals who purchase coverage via Access Health CT (AHCT). To be on Covered CT, qualified individuals must enroll in a silver level Qualified Health Plan (QHP) through AHCT. The QHP (plus federal subsidies and Covered CT) covers the medical benefit, premiums, and cost sharing amounts, as well as dental & NEMT services.

The majority of dental & NEMT services will be covered under the CMAP (as part of Covered CT). In some situations, the dental services may be cov-

ered under the QHP. Dental providers should check with the member's QHP to determine if the QHP covers dental before rendering services. If covered under the QHP, the provider should bill the QHP rather than the CMAP. If dental is not covered by the QHP, services should be billed to the CMAP.

Dental services are provided by the Connecticut Dental Health Partnership (CTDHP). Please visit www.ctdhp.org for more information.

NEMT services are provided by Medical Transportation Management (MTM). Please call 1-855-478-7350 for additional information.

Eligibility verification can be confirmed through the CMAP Automated Eligibility Verification System (AEVS), Automated Voice Response System (AVRS), or by visiting <https://www.ctdssmap.com/CTPortal/Home>. The AEVS will return the following response for clients eligible for this program:

Benefit Plan				
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message 1
Covered CT- Limited Benefit	06/01/2024	06/13/2024	06/13/2024	Next Re-enrollment date is: 12/31/2024

Helpful Provider Bulletins:

[Provider Bulletin 22-56](#)

[Provider Bulletin 17-81](#)

Questions about other CMAP benefit plans? Please access www.ctdssmap.com > Information tab > Publications > Claims Processing Information and click on [Eligibility Response Quick Reference Guide](#).

Attention: All Providers

Your Free Training Resources

Did you know that DSS offers a variety of **free** training resources for their providers? In addition to the New Provider Workshop, DSS also offers refresher trainings, provider manuals, provider bulletins, important messages, and a number of other publications that can be used to successfully participate in the CMAP.

New Provider Workshop: The goal of the New Provider Workshop is to provide a basic understanding of the CMAP. The training is in-person, offered four (4) times per year and is designed to



address questions and concerns that new office staff and newly enrolled providers may have regarding their use of the www.ctdssmap.com Web

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

Yearly Refresher Workshops: The goal of the yearly refresher workshops is to update providers on new information specific to their programs and/or provider type. Among the topics covered at each refresher workshop are new program rules, added service codes, proc/mod lists and their uses, verifying client eligibility, performing web claim inquiries, and resources that can assist in successful claims submittal. These workshops can be used to train new staff and as a refresher for current staff in using the www.ctdssmap.com Web site and Secure Web site features. Invitations to upcoming workshops can be found on the www.ctdssmap.com Web site. Providers are encouraged to register for their preferred workshop (s) to secure a seat in the training room/environment early as seating can be limited.

To access the invitations and previous New Provider and Yearly Refresher workshops, navigate to www.ctdssmap.com and select Provider Training from the Provider Quick links box on the left side of the home page.

Provider Training Page: The training page contains links to many recent implementation and yearly refresher workshops, including other associated program documents such as Procedure Code Crosswalks for Acquired Brain Injury, Autism, Connecticut Home Care, Mental Health, and Personal Care Assistant Waiver providers. These documents are beneficial to new staff and as a refresher for existing staff to review programmatic updates to their provider type.

Important Messages: These messages contain urgent information requiring immediate communication to the provider community as well as links to critical news regarding recent/upcoming system changes. If you have enrolled in e-messaging, a link to these messages is sent to your email address.

Important Messages
Revised Provider Manual Chapters (Updated 2/1/18)
Attention Methadone Clinic Providers: DSS Behavioral Health Clinic Regulations Posted (Posted 1/31/18)
Electronic Visit Verification Implementation Important Message (Posted 1/24/18)
Attention: Methadone Maintenance Clinic Providers (Posted 1/19/18)
Attention Dental Providers: Annual Dental Benefit Maximum (Posted 1/12/18)
National Correct Coding Initiative (NCCI) - Medically Unlikely Edits (MUE) Review Process (Posted 1/12/18)
Hospital Monthly Important Message (Updated 1/10/18)

If you have not yet enrolled in e-messaging, you can review the most recent messages on the home page of the CMAP Web site by scrolling down to the Important Messages subheading.

Provider Bulletins: The Provider Bulletins are publications posted to relevant provider types & specialties documenting changes or updates to the

CMAP. The online database of bulletins goes back to the year 2000 so that providers can research historical changes for their provider type. The bulletin search allows you to search for specific bulletins by year, number, or title. The bulletins can be found by navigating to Information > Publications on the CMAP Web site.

Provider Newsletters: The Provider Newsletters

Provider Newsletters

- [March 2024 InterChange Newsletter](#)
- [December 2023 interChange Newsletter](#)
- [September 2023 interChange Newsletter](#)
- [June 2023 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

are quarterly publications that cover a wide range of topics. Previous newsletter articles include Hospital Transfers, Pharmacy Web Prior Authorization Tool, and Expansion of Services for Acquired Brain Injury service providers.

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

Provider Manuals: The Provider Manuals offer detailed information regarding the CMAP and can be used to answer most questions regarding the program. Chapters 1-6 and 9-12 contain program information applicable to all provider types while Chapters 7 and 8 are provider type specific. Chap-




Information

Bulletin Search		
Year	24 ▾	Provider Type ▾
Number	<input type="text"/>	Title <input type="text"/>
Search Results		
Bulletin Number ▾	Title	Published Date
PB24-36	Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes	06/13/2024
PB24-36	July 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee...	06/13/2024
PB24-35	Addition of HCPCS Code V2799 to the Medical Authorization Portal	06/14/2024
PB24-34	Pharmacy Web PA Tool	05/29/2024
PB24-34	Reminder About the 5-day Emergency Supply	05/29/2024
PB24-34	July 2024 Quarterly HIPAA Compliant Update - Medical Billing & Coding (MBC)	05/29/2024


ter 12 is also where providers can research the reason for a claims denial located in the Claims Resolution Guide. Each chapter should be used in conjunction with any relevant Provider Bulletins and Important Messages. The manuals can be

found by navigating to Information > Publications > Provider Manuals on the CMAP Web site (see *below*).



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Information

Bulletin Search

Year
Provider Type

Number
Title

Provider Manuals

Chapter	Title
1	Introduction
2	Provider Participation Policy
3	Provider Enrollment and Re-enrollment
4	Client Eligibility
5	Claim Submission Information Additional Chapter 5 Information <ul style="list-style-type: none"> Carrier Listing Sorted by Name Carrier Listing Sorted by Code
6	Electronic Data Interchange Options
	Specific Policy / Regulation

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

Timely Filing Claim Submission Reminders

Timely Filing Claim Submission Reminders

- 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.
 - ◇ Claims nearing the timely filing limit pending service authorization should be submitted to avoid timely filing. The claim will deny for PA required; however, when service authorization is in place, the claim may be resubmitted without the need for timely filing override approval and special handling.
 - ◇ Claims nearing the timely filing limit pending Third Party Liability (TPL) response (payment or denial) should also be submitted to avoid timely filing. The claim may deny due to the need to bill Medicare or other Carrier first; however, if payment or denial from Medicare and/or the other Carrier is received within one year of the RA denial date, the claim may be submitted without the need for timely filing override approval and special handling.
- Providers must research and resolve all claim issues by reviewing the CMAP 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 Benefit (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 the exception of special handled claims.
 - ◇ A paper Paid Claim Adjustment Request (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.

Attention: All Providers

Exceptions that Waive the Timely 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 payment/denial, if applicable, providing the denial was not for timely filing.
 - ◇ As a reminder, Carriers who historically do not respond with either payment or denial within DSS timely filing limits should be sent a subrogated claim. Providers should refer to Chapter 5, Section 3 of the Provider Manual to review the subrogation process beginning with the Legal Notice of Subrogation (W81), in order to facilitate other Carrier response and reasonable attempts to obtain third party payment prior to submitting the claim to the CMAP with the Third-Party Billing Attempt Form (W-1417).
- The provider has **one (1) year** from the date the client's eligibility was added to the Con-

necticut 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.

Attention: Hospitals, Physicians, Nurse Practitioners, Nurse Midwives, Dental Providers, Physician Assistants, Optometrists, Podiatrists and Clinics

National Drug Code (NDC) Requirements on Professional and Professional Crossover Claims



When submitting a Medicaid claim for administering a drug, providers must submit the Health Insurance Portability and Accountability Act (HIPAA) standard 11-digit NDC without dashes or spaces. The 11-digit NDC is comprised of three segments or codes: a 5-digit labeler code, a 4-digit product code, and a 2-digit package code.

If the NDC does not contain 11-digits, it must be changed to comply with the HIPAA format. The example below shows an NDC that must be converted to the 11-digit format.

To complete the conversion, a zero should be placed at the beginning of the second segment of the NDC.

Vial NDC: 63323-237-10

11-digit format: 63323-0237-10



Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit Verification

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search **drug search** provider fee schedule download

Drug Search

NDC: Drug Name: Drug Sounds-Like: ☐

HCPCS: HCPCS Description: HCPCS Sounds-Like: ☐

DOS: Records:

Search Results

NDC	Brand Name	Generic Name	Dose Strength	Dose Form	Package Size	HCPCS	End Date	HUSKY A, C, D, TB and Fam Plan Rebateable	HUSKY B Rebateable	OTC Indicator
63323023710	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 1 G VIAL	1 gram	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	Y	Y	N

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Providers can verify that the drug they administered and are billing for is valid, rebateable, and payable by accessing the Drug Search tool located on the CMAP Web site at www.ctdssmap.com → Provider → Drug Search.

The date of service defaults to the current date and would need to be changed to the administered date on the search panel. Providers can enter either the 11-digit NDC, the drug, or the Healthcare Common Procedure Coding System (HCPCS) code followed by the date of service and then click the search icon. If the NDC submitted is not covered, the result will come back as “No Rows Found”.

The NDC, Brand Name, Generic Name, Dose Strength, Dose Form, Package Size, HCPCS (Code, Description and Drug Name), End Date, and Rebate Indicator will be displayed. Additionally, if the rebate status displays an N for the date of service indicated, the NDC would not be payable. If a drug name was used to execute the search, all NDCs matching the criteria would be displayed in the results as shown below.

Drug Search

NDC

Drug Name

CEFAZOLIN

Drug Sounds-Like

HCPCS

HCPCS Description

HCPCS Sounds-Like

DOS

06/14/2024

Records

20

Search Results

NDC	Brand Name	Generic Name	Dose Strength	Dose Form	Package Size	HCPCS	End Date	HUSKY A, C, D, TB and Fam Plan Rebateable	HUSKY B Rebateable	OTC Indicator
72572005610	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 10 G VIAL	10 gram	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	Y	N	N
72572005525	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 1 G VIAL	1 gram	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	Y	N	N
71139708701	CEFAZOLIN SODIUM-STERILE WATER	cefazolin sodium/water INTRAVEN 2 G/20 M	2 gram/20 mL	SYRINGE	20	-	12/31/2299	N	N	N
71139533002	CEFAZOLIN SODIUM-STERILE WATER	cefazolin sodium/water INTRAVEN 3 G/30 M	3 gram/30 mL	SYRINGE	30	-	12/31/2299	N	N	N
70092162303	CEFAZOLIN SODIUM-0.9% NaCl	cefazolin sodium in 0.9 % NaCl INTRAVEN	3 gram/100 mL	PIGGYBACK	100	-	12/31/2299	N	N	N
70092162203	CEFAZOLIN SODIUM-0.9% NaCl	cefazolin sodium in 0.9 % NaCl INTRAVEN	2 gram/100 mL	PLAST. BAG	100	-	12/31/2299	N	N	N
70092162115	CEFAZOLIN-DSW	cefazolin sodium/DSW INTRAVEN 2 G/100 ML	2 gram/100 mL	PLAST. BAG	100	-	12/31/2299	N	N	N
70092160447	CEFAZOLIN SODIUM-STERILE WATER	cefazolin sodium/water INTRAVEN 2 G/20 M	2 gram/20 mL	SYRINGE	20	-	12/31/2299	N	N	N
70092160346	CEFAZOLIN SODIUM-STERILE WATER	cefazolin sodium/water INTRAVEN 1 G/10 M	1 gram/10 mL	SYRINGE	10	-	12/31/2299	N	N	N
70092123903	CEFAZOLIN SODIUM-0.9% NaCl	cefazolin sodium in 0.9 % NaCl INTRAVEN	3 gram/100 mL	PIGGYBACK	100	-	12/31/2299	N	N	N
70092123847	CEFAZOLIN SODIUM-STERILE WATER	cefazolin sodium/water INTRAVEN 2 G/20 M	2 gram/20 mL	SYRINGE	20	-	12/31/2299	N	N	N
70092101915	CEFAZOLIN-DSW	cefazolin sodium/DSW INTRAVEN 2 G/100 ML	2 gram/100 mL	PLAST. BAG	100	-	12/31/2299	N	N	N
70092101803	CEFAZOLIN SODIUM-0.9% NaCl	cefazolin sodium in 0.9 % NaCl INTRAVEN	2 gram/100 mL	PLAST. BAG	100	-	12/31/2299	N	N	N
70092101746	CEFAZOLIN SODIUM-STERILE WATER	cefazolin sodium/water INTRAVEN 1 G/10 M	1 gram/10 mL	SYRINGE	10	-	12/31/2299	N	N	N
68330001525	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 1 G VIAL	1 gram	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	N	N	N
68860000302	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 10 G VIAL	10 gram	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	N	N	N
68860000203	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 1 G VIAL	1 gram	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	N	N	N
68860000103	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 500 MG VIAL	500 mg	VIAL	1	J0690 - Cefazolin sodium injection	12/31/2299	N	N	N
66288130001	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 300G BULK/BAG	300 gram	BULKBAG/INJ	1	J0690 - Cefazolin sodium injection	12/31/2299	N	N	N
66288110001	CEFAZOLIN SODIUM	cefazolin sodium INJECTION 100 G BULK/BAG	100 gram	BULKBAG/INJ	1	J0690 - Cefazolin sodium injection	12/31/2299	N	N	N

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Appendix

Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
7/4/2024	Independence Day	Closed	Closed
9/2/2024	Labor Day	Closed	Closed
10/14/2024	Columbus Day	Closed	Closed
11/11/2024	Veteran's Day, observed	Closed	Closed
11/28/2024	Thanksgiving Day	Closed	Closed
11/29/2024	Day after Thanksgiving	Closed	Open
12/25/2024	Christmas Day	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.

- PB24-36 1.) July 2024 Quarterly HIPAA Compliant Update—Physician Office and Outpatient Fee Schedule 2.) Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes
- PB24-35 Addition of HCPCS Code V2799 to the Medical Authorization Portal
- PB24-34 1) July 1, 2024 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
- PB24-33 Coverage of Over-the-Counter Formula and Nutritional Supplements for Clients Enrolled in the WIC Program and Medicaid
- PB24-32 Addition of Retrospective Requests to Medical Authorization Panel
- PB24-31 Attestation Form for Qualifying Clinical Trials
- PB24-30 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
- PB24-29 Addition of Genetic Testing to Medical Authorization Portal
- PB24-27 Update to the Automated Eligibility Verification System (AEVS) Response
- PB24-26 Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices
- PB24-25 Coverage of Outpatient Human Donor Breast Milk
- PB24-24 Interim Payment Request Process for Providers Temporarily Unable to Submit Claims Due to Cyber Attack
- PB24-23 Policy Updates and Changes to Clinical Review Criteria
- PB24-22 Open Vendor Electronics Visit Verification (EVV) Model Implementation for Personal Care Services (PCS)—Technical Specification and Town Hall Registration
- PB24-21 Updates to the Person-Centered Medical Home (PCMH) Program
- PB24-20 April 2024 HIPAA Compliant Updates for MEDS
- PB24-19 Addition of Lab Services to the Family Planning Clinic Fee Schedule
- PB24-18 April 2024 Quarterly HIPAA Compliant Update—Behavioral Health Clinics
- PB24-17 April 2024 Quarterly HIPAA Compliant Update—Physician Office and Outpatient Fee Schedule
- PB24-16 Implementation of Children’s Mental Health Urgent Crisis Centers Services for Children 18 Years Old and Younger
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What regular feature articles would you like to see in the newsletter? We would like to hear from you!!

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