June 2025
Connecticut Medical Assistance Program
https://www.ctdssmap.com

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- **All Providers:**
  Understanding Connecticut's 1115 Substance Use Disorder (SUD) Demonstration Waiver
- **Certified Dietitian-Nutritionists, Physicians, Physician Assistants, Certified Nurse-Midwives, Advanced Practice Registered Nurses, Rehabilitation Clinics, Federally Qualified Health Clinics, Outpatient Hospitals:**
  New Enrollment Opportunity for Certified Dietitian-Nutritionists
- **Pharmacy, Physicians, Nurse Practitioners, Physician Assistants, Long Term Care Providers, Clinics and Hospitals:**
  Use of the New Drug/Product Prior Authorization Form
- **Physicians, Physician Assistants, Advanced Practice Registered Nurses, Doulas and Certified Midwives:**
  Doula Coverage
- **Hospice Providers:**
  Hospice Reimbursement Rates: Key Timelines Providers Should Know

Table of Contents

Attention: All Providers

Understanding Connecticut's 1115 Substance Use Disorder (SUD) Demonstration Waiver

We are excited to share information regarding a significant initiative approved by the Centers for Medicare & Medicaid Services (CMS) aimed at transforming substance use disorder treatment within our state's Medicaid program. This is known as the **Connecticut Substance Use Disorder (SUD) 1115 Demonstration waiver.**

What are the Key Objectives for Providers? This waiver grants Connecticut Medicaid Providers flexibility to test new approaches to improve health outcomes and efficiency in SUD care. The goal is to foster a comprehensive and coordinated system of evidence-based SUD services. For providers, this means a focused effort to:

- **Increase engagement** of Medicaid beneficiaries with SUD.
- **Reduce overdose deaths**, particularly those linked to opioids.
- **Decrease inappropriate or preventable utilization of emergency departments (EDs) and inpatient hospital settings** by expanding access to a full continuum of care services.
- **Reduce readmissions** to the same or higher levels of care.
- **Improve access to care** for both physical and behavioral health conditions.

Key Operational Information and Requirements for Providers:

1. **Focusing on Continuum of Care:** The waiver supports a comprehensive continuum of SUD treatment services. This means encouraging care in settings most appropriate to the patient's needs, beyond traditional emergency or inpatient care for non-crisis situations.

2. **Following ASAM Criteria:** A cornerstone of this demonstration is the requirement for **medically appropriate SUD treatment based on the ASAM (American Society of Addiction Medicine) clinical guidelines.**

   - Providers must ensure that treatment plans are consistent with ASAM criteria and supported by a multidimensional psychosocial assessment.
   - The state is committed to maintaining a comprehensive continuum of SUD treatment services throughout the demonstration period.

3. **Certification and Enrollment:**

   - All existing and licensed **free-standing SUD residential treatment providers** are eligible to enroll in the Connecticut Medical Assistance Program (CMAP) under a provisional certification.
   - Provisional certification is granted by the Department of Mental Health and Addiction Services (DMHAS) or the Department of Children and Families (DCF), or their designated agents, depending on the population served.
   - Providers must progress towards **full certification within 24 months** of their enrollment effective date, or risk disenrollment.
   - Residential providers will enroll in CMAP as a **63/001 (Drug and Alcohol Abuse Center; Inpatient) Provider Type and Specialty** using taxonomy 324500000X (Substance Use Rehabilitation Facility).

   1115 providers receiving certification will need to upload their certification letter through their secure web portal at www.ctdssmap.com. Further instructions can be found on the web portal under information, message archive and then important messages and typing in keyword "SUD" or "Certifications".

4. **Authorization and Billing Procedures:** For new admissions of CMAP eligible members, providers must **seek authorization from Carelon Behavioral Health** (the Department's Behavioral Health Administrative Services Organization) and document that admission to the ASAM Level of Care (LOC) is supported by a multidimensional psychosocial assessment.

5. **Monitoring and Training:** DMHAS and DCF, directly or through designated agents, will continuously monitor providers during the provisional certification period and throughout the demonstration to ensure compliance with ASAM requirements and state standards. The state is also committed to providing initial and ongoing training for providers on CMAP enrollment, provisional certification, authorization, billing procedures, and ASAM Criteria.

Back to Table of Contents

Continued on Next Page

Continued from Previous Page

Provider Resources: For comprehensive information, including updated fee schedules, telehealth policies, provider bulletins, and contact details for responsible units, please refer to the **Connecticut Medical Assistance Program (CMAP) website: www.ctdssmap.com.** The Provider Assistance Center is available Monday through Friday from 8:00 a.m. to 5:00 p.m. at **1-800-842-8440** for billing questions or assistance.

We encourage all providers to familiarize themselves with these guidelines to ensure seamless integration into this transformative program aimed at enhancing SUD care in Connecticut.

Attention: Certified Dietitian-Nutritionists, Physicians, Physician Assistants, Certified Nurse-Midwives, Advanced Practice Registered Nurses, Rehabilitation Clinics, Federally Qualified Health Clinics, Outpatient Hospitals:

New Enrollment Opportunity for Certified Dietitian-Nutritionists

Beginning in April 2025, the Connecticut Department of Social Services (DSS) opened enrollment for certified dietitian-nutritionists (CDNs) into the Connecticut Medical Assistance Program (CMAP), also known as HUSKY Health. While enrollment is currently open, reimbursement for services provided will commence for dates of service on or after July 1, 2025. Please refer to PB 2025-11 Certified Dietitian-Nutritionist Enrollment Criteria and PB 2025-18 New Coverage of Medical Nutrition Therapy (MNT) for more details.

Key Enrollment Requirements:

- CDNs must obtain certification from the Connecticut Department of Public Health (DPH) prior to enrollment
- Enrollment is to be completed online via the CMAP Provider Enrollment Wizard at www.ctdssmap.com
- Applicants must secure a National Provider Identifier (NPI) with an appropriate taxonomy code, such as 133N00000X (Nutritionist) or 133V00000X (Dietitian, Registered)

Re-enrollment for CDNs and their groups is required every two years.

Important Notes:

- Services rendered to Medicaid/HUSKY Health members before July 1, 2025, will not be eligible for reimbursement.

Specific guidance for CDNs employed by Federally Qualified Health Centers (FQHCs) and outpatient hospitals will be provided separately.

For detailed information and to begin the enrollment process, please visit the CMAP website at www.ctdssmap.com. For assistance, contact the Provider Assistance Center at 1-800-842-8440, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Back to Table of Contents

Attention: Pharmacy, Physicians, Nurse Practitioners, Physician Assistants, Long Term Care Providers, Clinics and Hospitals:

Use of the New Drug/Product Prior Authorization Form

As of April 1, 2025, providers should be reminded that all drug and product prior authorization (PA) requests such as an Early Refill Request, Brand Medically Necessary Request, Non-Preferred Drug/Product Request, or an Optimal Dose Request, must be submitted using the updated New Drug/ Product Prior Authorization Form available at www.ctdssmap.com. This revised form was introduced to ensure consistency, accuracy, and completeness in PA submissions, ultimately supporting more efficient processing and timely determinations.

By submitting authorizations on the new form it will reduce administrative delays by ensuring that all required clinical information is captured up front. The updated format is designed to be more intuitive and easier to complete, helping to minimize follow-up requests for missing or unclear details. Taking this action will support faster turnaround times and help avoid potential delays in access to care for CMAP clients.

We appreciate the provider community's commitment to following updated procedures and supporting the best practices in care delivery. Please take a moment to review and familiarize yourself with the updated form which can be found on the following link: Pharmacy Prior Authorization Form or at www.ctdssmap.com under the Pharmacy Information tab.

Back to Table of Contents

Attention: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Doulas and Certified Nurse-Midwives

Doula Coverage

The following describes the two ways that doula services can be provided to a HUSKY Health member:

Doula integration as part of Maternity Bundle

Enhancing Maternity Care for Connecticut's Medicaid Population: The Connecticut Department of Social Services (DSS) is introducing doula services as part of the HUSKY Health Maternity Bundle Payment Program. This initiative aims to improve maternal health outcomes, reduce maternal mortality, and promote equity by expanding access to support for historically marginalized communities, including those with substance use disorders.

Implementation under the Maternity Bundle: To aid the transition, DSS and Community Health Network of Connecticut Inc.® (CHNCT) selected Primary Maternity Care (PMC) to lead planning and integration, collaborating with Health Equity Solutions (HES) to develop a toolkit for providers, doulas, and hospitals. Please visit the DSS website for further information.

Preparing Your Practice: The new maternity bundle program offers a valuable opportunity for Connecticut Medicaid providers to strengthen maternal care and address equity gaps. Providers participating in the bundle are encouraged to review the toolkit and prepare internal workflows to effectively integrate doula support for the benefit of Connecticut's Medicaid population. Information on the toolkit can be found by clicking on this link CT Doula Integration — Primary Maternity Care.

Payment: Under the maternity bundle, doula's have an arrangement directly with the participating maternity bundle provider. The participating maternity bundle provider is paid a maternity bundle case rate. The physician/group pays the doula directly. Doula services are reported on the maternity encounter form to CHN.

Doula Fee For Service (FFS) Coverage

Certification and Enrollment: The Connecticut Department of Public Health (DPH) has established a doula certification process, which enables direct Medicaid reimbursement once enrolled with CT Medicaid. Doula's must be certified before enrolling in CMAP. For more information, providers can visit this link for certification information. Doulas interested in enrolling in CMAP are encouraged to review previously posted Provider Bulletins: PB 25-05 and PB 25-14.

Payment: Enrolled doula/groups bill CMAP directly for services and are paid via an FFS payment.

Back to Table of Contents

Attention: Acquired Brain Injury (ABI), Autism, CT Home Care (CHC), Personal Care Assistant (PCA) Waiver Service and Support and Planning (S&P) Coach Providers

Important Credentialing and Enrollment and Re-Enrollment Reminders and Resources

Provider Credentialing (Initial Enrollment)

Provider credentialing is the first step in the enrollment process for agencies or sole proprietors wishing to provide Home and Community Based services to Connecticut Medical Assistance Program (CMAP) recipients under the Connecticut Home Care Program (CHCP) or to CMAP recipients with an ABI, Autism, CHC or PCA Waiver and covered under the optional State Plan service Community First Choice (CFC) for Support and Planning (S&P) Coach services. Credentialing ensures that sole proprietors and agency staff have the required training, skills, and credentials to provide the stated services to recipients under the program(s) they wish to enroll.

Covered services that can be provided with the appropriate credentials can be found on the www.ctdssmap.com Web site. From the Home Page, select Fee Schedule Download from the Provider menu, read and accept the license agreement and click the CSV link to the right of the program fee schedule you wish to view.

To begin the credentialing process those wishing to become CHCP and/or ABI, Autism (agency providers only), CHC, PCA Waiver or Community First Choice (CFC) Support and Planning (S&P) Coach service providers must contact GT Independence (GTI), the Department of Social Services Fiscal Intermediary and credentialing agent at **1-877-659-4500.** Providers should wait to speak with an operator to request to be transferred to the Connecticut account for agency credentialing. In addition to the call, an email should be sent to providercredentialing@gtindependence.com. Please be sure to include the contact information (phone, e-mail, mailing address) of the person who will be responsible for credentialing should GTI need to reach out to you. Please also include a brief summary of why you are contacting them.

Once the credentialing documentation is received, providers should complete the process as soon as possible with GTI, as a credentialing letter is required to complete each enrollment application submitted to Gainwell Technologies before an application can be sent to the Department of Social Services Quality Assurance for further review and approval. When approved, GTI will send a credentialing letter to the provider for each Program (ABI, Autism, CHC, PCA or CFC for S & P services only), for which services have been credentialed. The letter(s) will be the follow-on document(s) required to complete the enrollment application process for each program the provider has been credentialed.

Please note: The credentialing process for Autism Waiver Solo Practitioners remains unchanged. Individuals should contact Carelon directly for a credentialing application at 1-877-552-8247 or ctbhp@carelon.com.

Provider Enrollment

Upon receipt of their credentialing letter(s) providers should access the www.ctdssmap.com Web site to begin the Enrollment Application Process.

- ABI, Autism, CHC and PC Waiver Service provider initial enrollment and re-enrollment are for a two - year period.
- Support and Planning Coach provider initial enrollment and re-enrollment are for a five-year period.

An online Enrollment application must be completed for each program the provider has been credentialed to provide service. From the Web site Home page select Provider Enrollment under the Provider menu. Please take note of the following enrollment panels:

Instructions - Providers should carefully read the Instructions panel before continuing.

Provider Type/Specialty – If Provider Type is:

- Acquired Brain Injury – Select Specialty ABI Service Provider
- Autism Waiver – Select Specialty Autism Service Provider
- CT Home Care Program – Select Specialty CHC Service Provider

Back to Table of Contents

Continued on Next Page

Continued from Previous Page

Personal Care Services – Select Specialty PCA Service Provider
Community First Choice – Select Specialty CFC Support and Planning Coach

Before You Continue Panel - Read this panel carefully
Please note: NPI and Taxonomy are not required for Waiver Service or CFC S & P Coach Service providers

Use one of the following Sample applications as a guide to applicable documents that should be gathered before moving to the next panel to avoid being kicked out if the application remains idle for more than 20 minutes.

Individual Practitioner Enrollment Application Sample if a Sole Proprietor

Organization Enrollment Application Sample if an Agency Provider

Prior to the online application being submitted, newly enrolling providers will receive an Application Tracking Number (ATN) at the end of the application process. Providers should take note of the ATN which should be placed in the upper right-hand corner of a copy of the credentialing letter that must be submitted to Gainwell Technologies to ensure it is associated to the appropriate application. The application tracking number should also be retained to track the status of their online application.

The credentialing letter and any other documentation that may be requested can be submitted to Gainwell Technologies via:

US Postal Service: Gainwell Technologies, P. O. Box 5007, Hartford, CT 06102-5007
FAX: 1.877.899.5401
Email: ctproviderenrollment@gainwelltechnologies.com

Receipt of a request for additional information or documentation from Gainwell Technologies or the Department of Social Services should be addressed as soon as possible to avoid application denial.

Upon application approval newly enrolled providers will receive an approval letter with an AVRS ID and a PIN letter, under separate cover, to set up a secure web account. For more information on secure web account set up please refer to chapter 10 of the Provider Manual on the www.ctdssmap.com Web site. From the Home Page >Information > Publications > Provider Manual > Chapter 10.

Maintaining an Active Enrollment Status through timely Provider Re-credentialing and Re-enrollment.

To maintain an active enrollment status, providers should take note of their re-enrollment due date on the Home Page of their secure Web account for each Waiver Program enrolled on the www.ctdssmap.com website.

Approximately six months prior to the re-enrollment due date, providers should receive an e-delivery message that an e-delivery letter is waiting for pick-up in the Trade File section of their secure Web account. Receipt of the letter notifies the provider it is time to re-enroll and provide them with the ATN to access their prior enrollment data.

Providers should begin the recredentialing process with GT Independence soon after receipt of their re-enrollment due letter.

Providers should retain the re-enrollment notification letter in a safe place for future access to their prior enrollment application once they have received their re-credentialing letter from GT Independence.

Timely follow-up and completion of the re-credentialing process with GT Independence and the re-enrollment process with Gainwell Technologies and DSS Quality Assurance will ensure continuity of active enrollment from one enrollment period to another thereby preventing claim denial and the inability to receive ongoing and future Prior Authorizations (PA) for service to existing and future clients.

For more information regarding Waiver Service Provider Credentialing and Enrollment/Re-Enrollment please refer to the following:

PB 24-58 Addendum to Medicaid Provider Enrollment and Re-enrollment Process (Autism Waiver Agency and Solo Providers).

PB 24-84 New Fiscal Intermediary-GT Independence Update Reminder to Medicaid Provider Enrollment and Re-Enrollment Process.

Provider Manual Chapter 10 – Access to setting up secure Web Account and downloading e-delivery Re-enrollment Notification letters.

Back to Table of Contents

Attention: Hospice Providers

Hospice Reimbursement Rates: Key Timelines Providers Should Know

As of January 1, 2016, understanding how reimbursement rates apply under the Medicare/Medicaid hospice benefit for routine care (a client who is not in a crisis) is essential in determining whether the provider will receive the high or low rate.

1. **Initial Election for Hospice Services**
   When a client begins hospice care for the first time, the **high reimbursement** rate applies for the first **60 days** of service. Starting on **day 61**, the **low rate** automatically goes into effect.

2. **New Elections - Same or Different Provider**
   If a hospice client **discontinues services** and later elects to resume hospice care, whether with the same provider or a different one, the timing between service periods determines the applicable rate:

If 61 days or more have passed between the prior hospice discharge and the new effective date, the **high rate** will apply. This is considered a new election.

If fewer than 60 days have passed between the prior hospice discharge and the new effective date, the **low rate** will apply, regardless of whether the provider is the same or different.

When restarting care with the previous provider or transferring to a new one, it's essential to track the timing between hospice elections to ensure proper rate assignment and reimbursement. **If you are unaware of a client's previous hospice election with another provider, this can impact what you might expect for your rate.**

Information regarding hospice care can be found in Chapter 8 of the Provider Manual.

Home > Publications > Provider Manual Chapter 8 > choose Hospice for provider type > page 3 and 4.

As a reminder, a Hospice Notice of Election must be submitted to Gainwell as an online transaction via the provider's secure Web Account within seven (7) business days from the effective date of the client's hospice election as noted on the Hospice Election form. The hospice provider will only be allowed to enter an election transaction retroactively up to seven (7) business days. Please refer to Provider Manual Chapter 10 page beginning on page 160 for instructions on submitting Hospice transactions.

Back to Table of Contents

Appendix

2025 Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
1/1/2025	New Year's Day, observed	Closed	Closed
1/20/2025	Martin Luther King Jr. Day	Closed	Closed
2/12/2025	Lincoln's Birthday, observed	Open	Closed
2/17/2025	Presidents' Day	Closed	Closed
4/18/2025	Good Friday	Closed	Closed
5/26/2025	Memorial Day	Closed	Closed
6/19/2025	Juneteenth Day	Open	Closed
7/4/2025	Independence Day	Closed	Closed
9/1/2025	Labor Day	Closed	Closed
10/13/2025	Columbus Day	Closed	Closed
11/11/2025	Veterans' Day, observed	Closed	Closed
11/27/2025	Thanksgiving Day	Closed	Closed
11/28/2025	Day after Thanksgiving	Closed	Open
12/25/2025	Christmas	Closed	Closed

Back to Table of Contents

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.

PB25-32 Zepbound for Treatment of Obstructive Sleep Apnea
PB25-31 Updated Diagnosis Requirement for GLP-1 Agonist Medications And New Coverage of FDA Approved Weight Loss Drug Phentermine and Orlistat
PB25-28 Changes to Prior Authorization Process for Medical Goods And Services: Provider Notification of Determinations and Requests for Additional Information
PB25-27 1) July 1, 2025 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
PB25-26 Private Non-Medical Institution (PNMI) Rate for Adult Mental Health Rehabilitation
PB25-25 Prior Authorization of Medical Home Health Services
PB25-24 Prior Authorization of Genetic Testing
PB25-21 Third Party Liability (TPL) Audit Letter and Report Distribution Changes: Electronic Delivery via the Web Portal
PB25-20 Inability to Fill Prescription Notice
PB25-19 Electronic Claims Submissions, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
PB25-18 New Coverage of Medical Nutrition Therapy (MNT)
PB25-17 New Fasenra (benralizumab) and Xolair (omalizumab) Prior Authorization Clinical Criteria Requirements
PB25-16 Pharmacists Prescribing and Dispensing Emergency or Hormonal Contraceptives
PB25-15 Policy Updates and Changes to Clinical Review Criteria
PB25-14 New Coverage of Certified Doulas
PB25-13 April 2025 Quarterly HIPAA Compliant Update—Physician Office and Outpatient Fee Schedule
PB25-12 April 2025 Quarterly HIPAA Compliant Update—Medical Equipment Devices and Supplies Fee Schedules
PB25-11 REVISED-Certified Dietitian-Nutritionist Enrollment Criteria
PB25-10 NEW Drug/Product Prior Authorization Form
PB25-09 IMPORTANT REMINDER Concerning Ownership Changes
PB25-08 Update to the Place of Service for Calcium Edetate (J0600)
PB25-07 January 2025-Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
PB25-06 Connecticut Medical Assistance Program Provider Satisfaction Survey
PB25-05 DPH Doula Certification and Enrollment Criteria
PB25-04 Wegovy Coverage for Risk Reduction of Major Adverse Cardiac Event (MACE) in Adults with Established Cardiovascular Disease and either Obesity or Overweight
PB25-03 New Services added to select Home and Community Based Services Medicaid Waiver Programs—Community Aging in Place-Advancing Better Living for Elders (CAPABLE)
PB25-02 New Services added to select Home and Community Based Services Medicaid Waiver Programs—Care of Older People in their Environment (COPE)/Confident Caregiver
PB25-01 Policy Updates and Changes to Clinical Review Criteria
PB24-84 New Fiscal Intermediary-GT Independence Update Reminder To Medical Provider Enrollment and Re-enrollment Process
PB24-83 Changes to Billing Modifiers for Long-Acting Reversible Contraceptive Devices in the Medical Federally Qualified Health Center (FQHC) Setting
PB24-82 Updates to the Reimbursement Rate for Select Long-Acting Reversible Contraceptive Device
PB24-81 Adding Select Procedure Codes for Electronic Consultations
PB24-80 Obstetrics Pay for Performance Program for Non-Participating Maternity Bundle Providers
PB24-78 Updates to Telehealth—January 2025 Updates
PB24-77 Out-of-State and Border Hospital Reimbursement-Effective January 1, 2025
PB24-76 Annual Update to the Inpatient Hospital Adjustment Factors and Update to the APR-DRG Weights
PB24-75 (1) January 2025 Quarterly HIPAA Compliant Update-Dialysis Fee Schedule (2) Updating Physician Administered Drugs on the Dialysis Clinic Fee Schedule
PB24-74 (1) January 2025 Quarterly HIPAA Compliant Updates-Family Planning Clinic, Medical Clinic & Behavioral Health Clinic Fee Schedules (2) Updating Physician Administered Drugs on the Family Planning Clinic, Medical Clinic & Behavioral Health Clinic Fee Schedules

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

Back to Table of Contents