



June 2026
Connecticut Medical Assistance Program
<https://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

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- **All Providers Using EVV That Require Prior Authorizations:**
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Attention: All Providers, Trading Partners, and Drug Labelers

CMAP Web Portal Security Enhancements Implemented

Over the past three months, the Connecticut Medical Assistance Program (CMAP) has implemented enhanced security measures for the **Secure Web Portal** to strengthen protection of provider and partner information. These changes apply to **providers, trading partners, drug labelers, master users/local administrators, and clerks** who access the portal.

Key Updates by Phase

Phase 1:

Stronger Password Standards

Effective April 21, 2026 CMAP Web Portal users are required to comply with updated password structure standards when prompted to reset their credentials. Password changes will be required **every 60 days**, and users will no longer be able to reuse any of their **previous six passwords**.

New passwords must:

- Be **15–30 characters** in length
- Include at least **three of the following four-character types**:
 - ◇ Uppercase letters
 - ◇ Lowercase letters
 - ◇ Numbers
 - ◇ Special characters (such as #, \$, %, ^, @, *)

When updating or resetting a password, the Password and Confirm Password field must be identical; if the entries do not match, an error message will appear and the password will not be saved. Once confirmed, the new password will be saved.

Account Lockout Security Enhancement

Users are allowed **four attempts** to log in with a User ID and

password, or **two attempts** to correctly answer security questions before their account is locked.

Account Lockout and Recovery

If an account becomes locked due to failed login attempts, users will receive on-screen instructions to reset their password and unlock the account.

Support guidance included:

- **Master Users** should try the **Reset Password** button on the login screen which uses security questions. If that does not work, a **Master User** must contact the Provider Assistance Center at 1-800-842-8440, Monday-Friday 8:00am to 5:00pm.
- **Clerks** should try the **Reset Password** button on the login screen, which uses security questions. If it doesn't work, contact the organization's **Master User** for assistance to reset password.
- **Providers and Trading Partners** needing additional help may contact the Provider Assistance Center at 1-800-842-8440.
- **Drug Manufacturers and Labelers** should email CTDrugRebate@gainwelltechnologies.com for assistance.

Inactive Accounts

User accounts that remain unused for **90 days** will be automatically **disabled**. Local administrators and clerks can reactivate their accounts using the **self-service options** available on the Secure Web Portal login page. Support should only be contacted if self-service reactivation is no longer available. If this happens you will see the following error message and prompt to reset your password.

Please correct the following errors:

We are sorry but your account has been disabled because it has been inactive for at least 90 days. Please select the reset password button to answer security questions and enable your account, then select the reset password button again to reset your password if necessary. If you are a Master User that is unable to use the reset password service, please contact the Provider Assistance Center at 1-800-842-8440 to have your account enabled. If you are a Drug Manufacturer, please email CTDrugRebate@gainwelltechnologies.com to have your account enabled. If you are a Clerk, please contact the Master User for your organization to have your account enabled.

The screenshot shows a login form with two input fields: 'User ID*' containing 'SAMPLE' and 'Password*'. Below the fields is a blue 'login' button. Below the login button is a message: 'If you have forgotten your password or need to reactivate your account, please click the reset password button.' A blue 'reset password' button is located below this message and is highlighted with a red rectangular box.

Phase 2:

Security Questions/Answers and Password Updates

Effective **May 13, 2026**, the structure for security questions and account notifications were updated to better protect your information:

- **New Drop-Down Format:** When resetting a password,

you will now select two security questions from a structured drop-down list rather than using free-form questions.

- **Self-Service Updates:** Users can update their own questions and answers using the new structure by navigating to **Account Maintenance** in the Web Portal.

Example of Account Maintenance Screen:

The screenshot displays the 'Account Maintenance' interface. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth, and Information. Below this is another bar with links: Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Trade Files, Messages, Behavioral Health, Attestation, and Account (highlighted in red). A secondary navigation bar includes: home, account home, account maintenance (highlighted in red), account setup, change password, document upload, reset password, and switch provider. A 'log out' link is also present. The main content area is titled 'Account Maintenance' and contains a 'User Profile' section with fields for: User ID (CLERKTEST30), Contact First Name* (Joe), Contact Last Name* (Test), Phone Number* (two input boxes), EMail* (one input box), Confirm EMail* (one input box), and AVR ID (one input box). Below this is a 'Security Questions' section with two rows: '1st Secret Question*' (dropdown menu showing '-- Select a Question --'), '1st Answer*' (input box), '2nd Secret Question*' (dropdown menu showing '-- Select a Question --'), and '2nd Answer*' (input box). At the bottom right of the form are four buttons: 'save', 'cancel', 'change password', and 'reset AVR Pin'.

- **Security Alerts:** You and/or your Master User will automatically receive an email notification anytime a password, contact information, or security question is updated.
- **Password & Security Answer Rules:** Passwords must be 15 to 30 characters long and contain at least 3 of the following 4 types: uppercase, lowercase, number, and special character. However, **answers to security questions must NOT contain special characters**—only letters, numbers, and spaces are permitted.
- **Special Characters include:** # \$ % ^ @ *
- **Lockout Policy:** Accounts will lock after 4 incorrect ID/password attempts or 2 incorrect security question attempts. Additionally, accounts are automatically disabled after 90 days of inactivity.

Please correct the following errors:
We are sorry but the user name or password is incorrect. Your account will be locked after 4 invalid attempts. Please try again.

Phase 3:
Multi-Factor Authentication (MFA) Rollout
Effective Date: June 2, 2026

To add an extra layer of protection, CMAP is introducing Multi-Factor Authentication (MFA). **While MFA setup is initially optional starting June 2, it will become a mandatory requirement on August 1, 2026.**

Multi-Factor Authentication Enrollment

Protect your account with an extra layer of security by enrolling in Multi-Factor Authentication (MFA). MFA adds an additional verification step to confirm your identity, helping prevent unauthorized access even if your password is compromised.

Once enrolled, you will be required to verify your identity when performing the following actions:

- Logging in to your account
- Changing your password
- Resetting your password
- Updating Electronic Funds Transfer (EFT) information

Enrolling in MFA is a simple and effective way to protect your personal and financial information and keep your account secure.

Verification Method	Status	Action
Authenticator App (TOTP) Microsoft Authenticator, Google Authenticator, or any compatible app. Multiple devices supported.	Not Enrolled	Set Up
Email Verification (OTP) One-time code sent to your registered email. One registration per account.	Not Enrolled	Set Up


[Skip for Now](#) You can enroll at any time from your account settings. You will be reminded at each login.

You can choose one of the following verification methods :

1. Authenticator App: Use a free app such as Microsoft Authenticator, Google Authenticator, or Authy on your mobile device.

Multi-Factor Authentication Enrollment

Set Up Authenticator App

- Install an authenticator app on your mobile device**
Recommended: Microsoft Authenticator, Google Authenticator, Authy, or any RFC 6238 compatible app.
- Scan the QR code or enter the key manually**

Manual entry key:
- Name this device and select your app**
Device Name *
Required — helps identify this device later.
Authenticator App
- Enter the 6-digit code shown in your app to confirm**
Verification Code

[Verify & Enroll Device](#) [Cancel](#)

2. Email Verification: Receive a 6-digit one-time code sent to your registered email address. Please note that email codes expire after 10 minutes. Once you are enrolled in MFA, you will be required to verify your identity to perform critical actions, including:

- Logging into the portal.
- Changing or resetting passwords.
- Updating Electronic Funds Transfer (EFT) information.

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Enrolling in MFA is a simple and effective way to protect your personal and financial information and keep your account secure.

Verification Method	Status	Action
Authenticator App (TOTP) <small>Microsoft Authenticator, Google Authenticator, or any compatible app. Multiple devices supported.</small>	✓ Enrolled	Add Another Device Remove All
Email Verification (OTP) <small>One-time code sent to your registered email. One registration per account.</small>	Not Enrolled	Set Up

Enrolled Devices

Device Name	App	Enrolled Date	Status	Action
AGP0 [redacted]	Google Authenticator	05/19/2026	Active	Remove

Last 10 Activities

Activity	Method	Operation	Date	Details / Device
TOTP_DEVICE_ENROLLED	TOTP	ENROLLMENT	05/19/2026 12:10	Device: AGP0 [redacted] (App: Google Authenticator)

Security Reminders and Resources

CMAP reminds all users that **User IDs and passwords must be safeguarded and never shared**. Maintaining secure access helps prevent unauthorized use and protects sensitive program information.

Additional guidance on Web Portal setup, security administration, and account maintenance can be found at www.ctdssmap.com, under: *Information > Publications > Chapter 10 Web Portal/AVRS > Web Security Administration*

Support & Account Unlocking

- **Clerks:** If your account is locked and self-service does not work, **Master Users have the ability to unlock clerk IDs through the portal**. Please contact the Master User for your organization first.
- **Master Users:** For assistance with locked accounts where self-service is no longer available, please contact the **Provider Assistance Center at 1-800-842-8440** (Monday–Friday, 8:00 a.m. to 5:00 p.m.).
- **Drug Manufacturers:** Please email ctdrugrebate@gainwelltechnologies.com for assistance

For questions or assistance, contact the **Provider Assistance Center at 1-800-842-8440**, Monday through Friday from **8:00 a.m. to 5:00 p.m.**

Attention: All Providers Using EVV that Require Prior Authorization

Managing Multiple AVRS IDs in Santrax: What Providers Need to Know

When a provider is initially credentialed and enrolled with Connecticut Medicaid through Gainwell Technologies, and after the required trainings are completed, a corresponding Santrax (Sandata) account is established to support Electronic Visit Verification (EVV) requirements. However, it is important for providers to understand that this initial setup does not always include every service identifier (AVRS ID) tied to their organization. In cases where a provider operates under multiple AVRS IDs, each of those IDs must be properly associated with the provider's Santrax account.

This step is critical because EVV systems rely on accurate linkage between the provider, the client, and the specific service authorization. If an AVRS ID tied to a prior authorization (PA) is not connected to the provider's Santrax account, the EVV system will not recognize that relationship. As a result, the client's record will not flow into Sandata.

Providers delivering services that require Electronic Visit Verification (EVV) in Connecticut may occasionally encounter a situation where a client, who appears active in the Medicaid portal and has a prior authorization, does not show up in their Sandata (Santrax) account. This is typically a result of how client data is connected between the state system and the EVV platform through a provider's AVRS ID.

Example: PCA Client Not Flowing into Santrax Account

A provider may see that the client is active on the PCA waiver in the Medicaid portal and has a prior authorization but cannot find the client and PA in Sandata. In most cases, this happens because the provider's PCA AVRS ID is not associated with the provider's Santrax account. In this scenario, the provider must then contact Sandata and request that the PCA AVRS ID be linked to their account. Once Sandata completes that update, the client and prior authorization will flow into the system. (Allow at least 24 hours.)

Providers should periodically review their enrolled AVRS IDs and confirm that any AVRS IDs associated with EVV-mandated services are properly linked to their Santrax account.

Contact information for SAM system users:

Sandata Support by phone: 1-855-399-8050

Sandata Support by email: ctcustomercare@sandata.com

Log into your new HHAExchange Account to create a ticket: [HHAExchange Login](#)

Alt EVV Users: ctaltevv@sandata.com

Attention: Doulas and Doula Groups

Reminder: Referring Provider Requirements for Doula Services

DSS and Gainwell Technologies would like to remind providers of the referral requirements associated with doula services under Connecticut Medicaid (HUSKY Health).

Consistent with federal Medicaid requirements, doula services must be recommended, referred to, or ordered by a licensed and enrolled Connecticut Medical Assistance Program (CMAP/HUSKY Health) practitioner acting within their scope of practice. Practitioners authorized to provide referrals include Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), and Certified Nurse-Midwives overseeing the pregnancy.

A valid referral may be documented in either handwritten or electronic form; however, providers must maintain this doc-

umentation and ensure that the referring provider is included on all claims submitted for doula services.

Gainwell Technologies has implemented a system update to ensure alignment with these requirements. As a result, claims submitted without a referring provider will no longer adjudicate for payment.

Providers who may have previously submitted claims without a referring provider should review their billing practices and ensure that all future claims meet Medicaid requirements.

Attention: Dental Providers, Dental Groups, and Dental Clinics

Obtaining Automated Authorization for 2 Dental Cleanings per Year For Adult HUSKY Members with Certain Medical Conditions

Reminder: Dental providers in the HUSKY Health network no longer need to request prior authorizations for a 2nd annual periodic examination and cleaning for ADULT HUSKY members who have designated medical conditions. The CTDHP has automated the authorization of additional services for your patients with chronic disease conditions.

Instructions:

At the patient's first cleaning, if you determine that a second cleaning is needed due to a qualifying medical condition, you have two options:

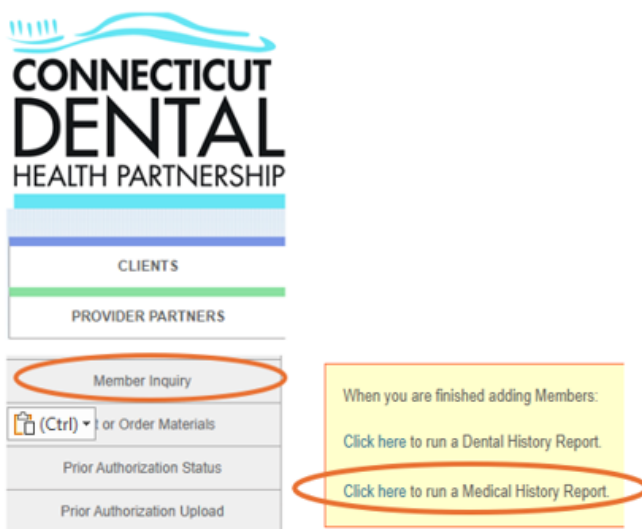
1. Submit a **prior authorization (PA)** for the second cleaning and include the patient's Medical History Report.
2. Perform the second cleaning and submit a **post-review (PR)** noting the date the service was completed, along with the attached Medical History Report.

To print the Medical History Report, you will need to log in to CTDHP.org on the homepage, go to *Member Inquiry* and select *Medical History Report*.

Remember: If a patient **does not remain consistent** with two cleanings per year (for example, if they only attended one cleaning the prior year), the system will not recognize them as eligible for the automatic 2nd cleaning authorization. In these cases, you will need to revert to the initial process by submitting either a **PA or PR** with the required Medical History Report attached.

Below is the full list of qualifying medical conditions:

- Alzheimer's Disease
- Cardiovascular Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes Type 1
- Diabetes Type 2
- Disease of the Intestine Unspecified
- Diseases of oral cavity and salivary glands
- Ear Nose and Throat Cancers
- End Stage Renal Disease
- Hemophilia
- HIV/AIDS
- Hypertension
- Kidney Disease
- Liver Disease
- Lung Cancer
- Lupus
- Osteoporosis
- Pancreatic Cancer
- Sickle Cell Disease



Attention: Non-Emergency Medical Transportation Providers

Introduction to Non-Emergency Medical Transportation (NEMT) Enrollment

This article serves as a refresher for NEMT providers. To be reimbursed for services provided to clients, **providers must be enrolled in the Connecticut Medical Assistance Program (CMAP) network.**

The Department of Social Services (DSS) provides a streamlined online tool called the Enrollment Wizard to process your applications. You can access this wizard from the Web Portal at www.ctdssmap.com without needing to log in.

Gainwell Technologies hosted a training walking through providers the enrollment/re-enrollment process on September 3, 2025. The video recording as well as the power point presentation are archived on www.ctdssmap.com in the [Provider Training](#) link. You can access this link on the left-hand side of the homepage. After clicking the link the Enrollment workshop is located on page 12.

Non-Emergency Medical Transportation (NEMT) Enrollment Workshop
Training Materials
Audience: Non-Emergency Medical Transportation (NEMT) Providers
Non-Emergency Medical Transportation Enrollment Workshop Presentation Slides
Recording of Non-Emergency Medical Transportation Enrollment Workshop September 3, 2025

[Recording of Non-Emergency Medical Transportation Enrollment Workshop](#)

[Non-Emergency Medical Transportation Enrollment Workshop Presentation Slides](#)

Important Timing Note: The online portion of the application takes approximately 20 minutes to complete. **Partially completed applications cannot be saved**, so please ensure you have all your documentation ready before you begin, as data is not saved if exiting early or the application remains idle for 20 minutes requiring the user to begin the application process again.

Step-by-Step: Initial Enrollment Highlights

When completing your initial enrollment via the Wizard, please pay close attention to these mandatory selections:

- **Application Type:** Select "Organization/Group".
- **Participation Type:** Choose "Organization that is Employed/Contracted by Another Organization".
- **Application For:** Select "Initial Enrollment".
- **Provider Type & Specialty:** Select "Transportation Pro-

vider". For your specialty, choose from *Non-emergency Livery/Taxi, Transportation Network Company, or Wheel Chair Van.*

- **Member of Organization:** You must link your application to Medical Transportation Management (MTM). Enter MTM's NPI: **1134260078.**

- **Enter Organization Membership Effective Date (can only go back 6 months)**

Crucial Application Details

- **Addresses:** You must enter specific address types, including Service Location, Mailing, Home Office, and Enrollment. **P.O. Boxes are not allowed for Service Locations and a full 9-digit zip code is required.**
- **National Provider Identifier (NPI):** An NPI is not strictly required, but you should enter it if you have one. The system will automatically assign the appropriate taxonomy code based on your specialty.
- **Controlling Interest:** If your organization's ownership is less than 100%, or if you have managing administrators, you are required to complete the detailed Controlling Interest section.

Exceptions: Backdating and Tax ID Number (TIN) Issues
Sometimes, your operational effective date or TIN requires special handling outside the standard Wizard process:

- **Modifying Effective Dates:** The Wizard only allows you to backdate your Provider Effective Date by up to 6 months. If you have been working with MTM for longer and need to go further back, **you must email CTBHPProviderRelations@gainwelltechnologies.com.** You must include your Application Tracking Number (ATN) in the subject line and provide justification for the backdated request.
- **TIN Correction:** Enter your TIN exactly as it appears on your W-9. If your TIN begins with **92, 93, or 97**, you may experience an issue entering it. If this happens, follow Gainwell's instructions to temporarily change it to

get through the application, and then immediately email the address above with your ATN and a copy of your W-9 or IRS letter to have it corrected.

Submission and Application Tracking

Once you submit your application and agree to the provider enrollment agreement, **you will receive an Application Tracking Number (ATN) – save this number for your records!** Enrollment review typically takes **6 to 8 weeks** from submission. You can check your status anytime by visiting www.ctdssmap.com, navigating to the **Provider** tab, and clicking **Provider Enrollment Tracking**. You will need your ATN and your business/last name to search. If any information is missing or invalid, Gainwell Technologies will mail you a letter detailing the required paper corrections.

Re-Enrollment Reminders

NEMT providers are required to **re-enroll in the program every 5 years**.

- You will receive a reminder letter six months prior to the end of your contract.
- You cannot start the online re-enrollment process with-

out an ATN.

- **Data Cleanup:** Most of your data will auto-populate from your previous contract. **It is important that you review all pre-populated data.** Specifically, if "VEYO" is reflected in your "Member of Organization" or address data, **you must update all of it to reflect your organization and MTM, Inc.**

Need Assistance?

If you have questions, do not have your re-enrollment ATN, or need support during the process, please contact the **Provider Assistance Center at 1-800-842-8440** (Monday–Friday, 8am–5pm EST) and select **Option 2** for Enrollment Assistance. You can also reach out via email at CTBHProviderRelations@gainwelltechnologies.com.

Appendix

2026 Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
1/1/2026	New Year's Day, observed	Closed	Closed
1/19/2026	Martin Luther King Jr. Day	Closed	Closed
2/12/2026	Lincoln's Birthday, observed	Open	Closed
2/16/2026	Presidents' Day	Closed	Closed
4/3/2026	Good Friday	Closed	Closed
5/25/2026	Memorial Day	Closed	Closed
6/19/2026	Juneteenth Day	Open	Closed
7/3/2026	Independence Day, observed	Closed	Closed
9/7/2026	Labor Day	Closed	Closed
10/12/2026	Columbus Day	Closed	Closed
11/11/2026	Veterans' Day, observed	Closed	Closed
11/26/2026	Thanksgiving Day	Closed	Closed
11/27/2026	Day after Thanksgiving	Closed	Open
12/25/2026	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.

- PB26-28 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
- PB26-27 Private Non-Medical Institution (PNMI) Rate for Adult Mental Health Rehabilitation Services
- PB26-26 1) July 1, 2026 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
- PB26-25 Claim Submission Changes for the Identification of Children With an Individualized Education Plan (IEP)
- PB26-21 Increases to the Reimbursement Rates for Select Dental Services for Adults
- PB26-20 Update on Enhanced Care Clinic Access to Services Monitoring
- PB26-19 Update on Enhanced Care Clinic Access to Services Monitoring
- PB26-18 Updates to the Reimbursement Rates for Select Long-acting Reversible Contraceptive Devices
- PB26-17 1. April 2026 Quarterly HIPAA Compliant Update—Physician Office and Outpatient Fee Schedule
2. Adding New Moderna COVID-19 Vaccine
- PB26-16 Updates to the Obstetric (OBS) and Facility Obstetric (FTO) Rate Types
- PB26-15 Updates to Physician Fee Schedules
- PB26-14 Updates to the HUSKY Health Primary Care Increased Payments
- PB26-13 Addition of COVID Vaccine Code to Select Clinic Fee Schedules
- PB26-12 Policy Updates and Changes to Clinical Review Criteria
- PB26-11 April 2026 Quarterly HIPAA Compliant Update—Medical Equipment Devices and Supplies (MEDS) Fee Schedules
- PB26-10 Activating Attending Provider Requirements
- PB26-09 UPDATED Pharmacy Clinical Prior Authorization Criteria And Prior Authorization Forms for Non-Preferred Drugs In 11 Targeted Classes
- PB26-08 Dupixent Coverage
- PB26-07 January 2026—Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
- PB26-06 Updates to Fee Schedules and Rate Increases for Select Behavioral Health Services
- PB26-05 Independent Therapy Fee Schedule Updates
- PB26-04 Guidance on Place of Service Codes at School Based and Community Locations
- PB26-03 Reimbursement Update for Procedure Code A7048 Vacuum Drain Bottle/Tube Kit
- PB26-02 Connecticut Medical Assistance Program Provider Satisfaction Survey
- PB26-01 Changes to the Prior Authorization of Radiology Services For HUSKY Health Members with Limited Benefit Coverage
- PB25-88 Obstetrics Pay for Performance Program for Non-Participating Maternity Bundle Providers
- PB25-87 January 2026 Updates to the CMAP Telehealth Table—Subsequent Hospital Care and Nursing Facility Care
- PB25-86 Changes to Prior Authorization of Physical, Occupational, And Speech Therapies for Individuals Whose Primary Diagnosis is Intellectual Disability, Developmental Delay, Autism or Other Development Disorder
- PB25-85 Update on Enhanced Care Clinic Access to Services Monitoring
- PB25-84 Policy Updates and Changes to Clinical Review Criteria
- PB25-83 January 2026 quarterly HIPAA Compliant Update—Dental Fee Schedules for Adults and Children
- PB25-82 Updating Physician Administered Drugs on Select Fee Schedules
- PB25-81 Rate Increase for PRTFs
- PB25-80 Update to the Implementation of Children’s Mental Health Urgent Crisis Centers Services for Children 18 Years Old and Younger
- PB25-79 1. New J Code for Billing Spravato® 2. Spravato® Coverage Guidelines
- PB25-78 REVISED: Out-of-State and Border Hospital Reimbursement-Effective January 1, 2026



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