



October 2021
Connecticut Medical Assistance Program
<http://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- **Department of Mental Health and Addiction Services Providers:** Providers Interested in Participating in the Connecticut Housing Engagement and Support Services (CHESS) Program
- **Durable Medical Equipment (DME) Providers:** Updates to Medical Surgical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices Claims Processing
- **Pharmacy Providers:** Third Dose of COVID-19 Vaccine Administration Billing Process
- **Acquired Brain Injury (ABI), Autism Waiver, Connecticut Home Care (CHC), Community First Choice (CFC), Personal Care Assistance (PCA), Mental Health Waiver (MHW) and Home Health Agencies:** Electronic Visit Verification (EVV)—Additional Languages
- **Acquired Brain Injury (ABI), Autism Waiver, Connecticut Home Care (CHC), Personal Care Assistance (PCA), Mental Health Waiver (MHW) and Home Health Agencies:** Enrollment/ Re-Enrollment Reminder
- **All Providers:** Eligibility Verification Reminder
- **All Providers:** Reminder on Requesting a Change to the Master User for the Secure Web Portal
- **All Providers:** Important Reminder on Use of Third Party Insurance Carrier Codes

Table of Contents

Department of Mental Health and Addiction Services Providers

Providers Interested in Participating in the Connecticut Housing Engagement and Support Services Program (CHESS) Implementation.....Page 1

Durable Medical Equipment (DME) Providers

Updates to Medical Surgical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices Claims Processing.....Page 3

Pharmacy Providers

Third Dose of COVID-19 Vaccine Administration Billing Process..... Page 4

Acquired Brain Injury (ABI), Autism Waiver, Connecticut Home Care (CHC), Community First Choice (CFC), Personal Care Assistance (PCA), Mental Health Waiver (MHW) and Home Health Agencies

Electronic Visit Verification (EVV)—Additional Languages Page 5

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

Enrollment/Re-Enrollment Reminder..... Page 6

All Providers

Eligibility Verification Reminder..... Page 8

All Providers

Reminder on Requesting a Change to the Master User for the Secure Web Portal..... Page 9

All Providers

Important Reminder on the Use of Third Party Insurance Carrier Codes..... Page 10

Appendix

Holiday Schedule.....Page 11

Provider Bulletins.....Page 12

Attention: Department of Mental Health and Addiction Services Providers

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

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS), is proud to announce the implementation of the Connecticut Housing Engagement and Support Services (CHESS) Program, as of August 16, 2021. The purpose of this program is to provide support services to Medicaid members experiencing homelessness and specified clinical conditions, especially help with finding and staying in affordable housing and connecting to medical and behavioral health services.

Provider Enrollment

Providers interested in participating with the CHESS program must be approved by DMHAS and must enroll as billing providers. To access the online enrollment Wizard on the www.ctdssmap.com Web site, select Provider > Provider Enrollment. Providers enrolling as CT Housing Engagement and Support Service providers are regarded as atypical, providing non-medical services and do not require the provider bill with an NPI and taxonomy. There will be no follow-on document (FOD) requirements; however, your application will be validated against DMHAS' approved provider list.

Providers are encouraged to read all instructions prior to proceeding with the online enrollment process. Providers should gather all data required prior to beginning the enrollment process, as an

incomplete application cannot be saved. In addition, an application remaining idle for more than 20 minutes will disconnect the provider from the enrollment Wizard. Once the online application is submitted, providers should take note of the Application Tracking Number (ATN). The ATN will allow providers to track the status of their enrollment application by selecting "Provider Enrollment Tracking" from the provider main menu on the www.ctdssmap.com Web site Home page. Providers are also strongly encouraged to save a copy of the submitted application.

PLEASE NOTE: Changes cannot be made via the Web portal once the application is submitted. Additional changes must be submitted on paper to the Gainwell Technologies Provider Enrollment Unit. The ATN of the online application should be indicated on all additional documentation submitted to expedite the re-enrollment process.

Post Enrollment Activities

Successfully enrolled providers will receive both a Welcome and PIN letter to set up their Secure Web Account for the CHESS program. The setup of a secure Web account allows the provider access to multiple on-line functionalities to maintain an updated enrolled provider file, in addition to multiple functionalities to support successful claim submission.

Provider Training

Gainwell Technologies offered online trainings for Enrollment and Secure Web Account as well as Billing and Web Claim Submission. If you were unable to attend either of these training sessions, the presentations are available on the www.ctdssmap.com Web site under Provider > Provider Services > Provider Training. Once on the Provider Training page, scroll down to the Materials section and select “Connecticut Housing Engagement and Support Services (CHESS) - Enrollment Workshops” and/or the “Connecticut Housing Engagement and Support Services (CHESS) - Billing and Web Claim Submission Workshop” followed by the associated “Presentation” link.

Provider Communications

Written program communications such as Workshop Invitations, Provider Bulletins and Important Messages are communicated to providers via electronic messaging. In order to receive these communications, you must subscribe to E-mail subscriptions, by following these steps:

1. Access the www.ctdssmap.com Web site.
2. Select Provider > E-mail Subscription from the drop-down menu.
3. Once on the E-mail Subscription page, enter the e-mail address you wish to subscribe or modify.
4. For a new email address, re-enter the e-mail address for verification.

5. To add a subscription for the CHESS program, from the right-hand side of the page, use the checkboxes to select “CT Housing Engagement and Support Services”; and/or select any other available subscriptions you would like to receive.

6. Once complete, select Save.

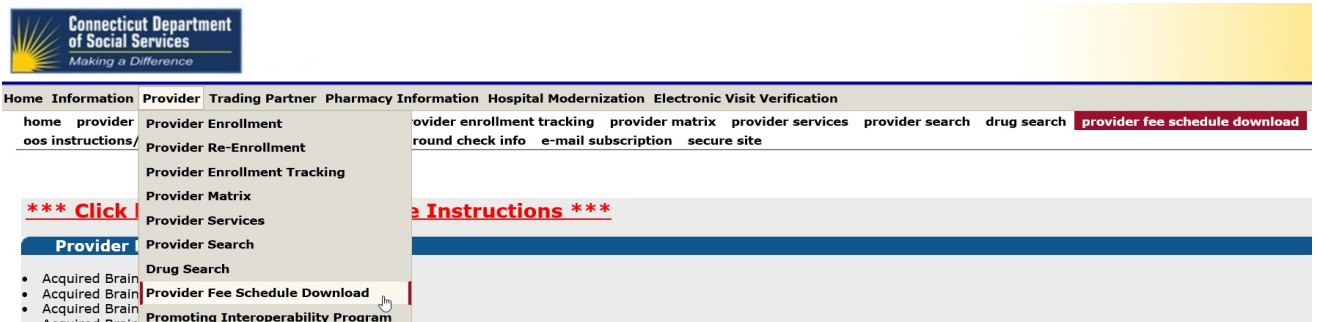
A detailed user guide is available on the E-mail Subscription panel by selecting the link that states “Click here”. Once you have successfully subscribed or modified your existing subscription, you will receive a confirmation email that includes the provider type(s) and/or topic(s) you selected from the checkboxes.

Attention: Durable Medical Equipment (DME) Providers

Updates to Medical Surgical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices Claims Processing

Effective July 1, 2021 and forward, the Department of Social Services (DSS) established quantity limits for certain procedure codes within the medical surgical supplies; durable medical equipment (DME) and orthotic and prosthetic (O&P) devices fee schedules.

The list of DME, Medical Surgical Supplies and O&P procedure codes impacted has been published on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com and can be accessed under “Provider”, then “Provider Fee Schedule Download”.



Click on “I accept”, then click on “Click here for the Fee Schedule Instructions”. The list of procedure codes will be found at the end of this section, entitled Table 19, “MEDS Procedure Codes - Quantity Limitations”.

Table 19: Contains the Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations:

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.
----------	---

The limitations published above may be exceeded with prior authorization (PA) based on medical necessity.

Attention: Pharmacy Providers

Third Dose of COVID-19 Vaccine Administration Billing Process

Effective for dates of service August 12, 2021 and forward, the Connecticut Medical Assistance Program will reimburse medical providers for the administration of a third dose of the Pfizer BioNTech and Moderna COVID-19 vaccine for individuals who are immunocompromised as follows:

- Submission Clarification Code of 6 “Starter Dose” to indicate the second dose is being administered.
- Submission Clarification Code of 7 “Medically Necessary” to indicate the third dose is being administered.

Code	Descriptor / Vaccine Name	Rate	Effective Date
0003A	ADM SARSCOV2 30MCG/0.3ML 3 RD	\$40.00	On or after 8/12/2021
0013A	ADM SARSCOV2 100MCG/0.5ML 3 RD	\$40.00	On or after 8/12/2021

For a Point of Sale (POS) administration, the pharmacy will need to submit an NCPDP Submission Clarification Code (420-DK) on the claim to distinguish between the doses. The following Submission Clarification Code values should be used to clarify the administration of a first, second or third dose:

- Submission Clarification Code of 2 “Other Override” to indicate the first dose is being administered.

Attention: Acquired Brain Injury (ABI), Autism Waiver, Connecticut Home Care (CHC), Community First Choice (CFC), Personal Care Assistance (PCA), Mental Health Waiver (MHW) and Home Health Agencies

Electronic Visit Verification — Additional Languages

Effective October 6, 2021, Sandata will be adding additional language options to the toll-free phone numbers used for calling in and out of visits and for the Sandata Mobile Connect (SMC) phone application for the Electronic Visit Verification (EVV) program. The process of calling in and out of a visit will change slightly in that there will be no need to call one line for English and one line for Spanish. Both numbers will take the employee to the same updated language line. Also beginning October 6, 2021, employees who use SMC will have the option of changing the language in which they view the app. New users will have the option to choose the language in which they view the app during the initial setup process and current users will be able to change the language they currently use via the Settings menu.

Further information on the updated additional languages can be found in bulletin PB 2021-58 Electronic Visit Verification Additional Languages and in our most recent EVV tip sheet, At Your Fingertips #40 – Additional Languages. Updated versions of the Call Reference Guide (CRG) and the SMC Guide will be translated in the additional languages and will be posted to the CMAP Web site

soon. EVV related materials, updates, and additional information regarding the program are available on the CMAP Web site www.ctdssmap.com. From the Home page, please select the “Electronic Visit Verification” menu. Providers are encouraged to review the information available to them on the Electronic Visit Verification page of the www.ctdssmap.com Web site so they are familiar with the EVV program and the Santrax system. Questions related to EVV should be submitted securely to the EVV mailbox at ctevv@dxc.com.

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

Enrollment/Re-enrollment Reminder

Acquired Brain Injury, Autism, Connecticut Home Care, Mental Health and Personal Care Assistance Waiver Service Providers and Home Health Agency Providers are reminded that they must re-enroll every two years for each provider type under which they are enrolled.

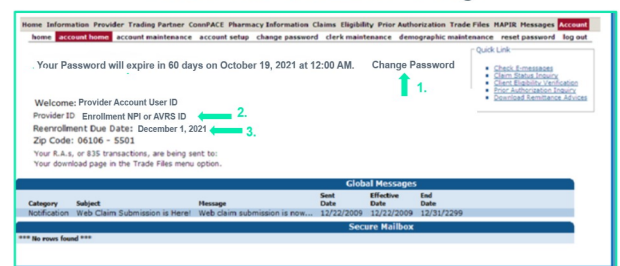
When enrolled as a **Waiver Service** provider or **Home Health Agency**, you are sent an approval letter with an AVRS ID and another letter containing a PIN. Both are used to set up a secure Web account specifically for provider maintenance and claim submission activities for that provider type.

The secure Web Account Home Page of each account provides several pieces of important information. The home page indicates:

1. The date your secure Web account password will expire. Providers can make password changes directly from the Home page of their secure Web account by clicking the “Change Password” link.
2. The Secure Web account contains the Provider ID. The Provider ID identifies the Secure Web account the provider is currently logged into. The Provider ID can be an NPI, required for Home Health Agency enrollment submission or AVRS ID assigned upon non-medical Waiver Service provider enrollment. An NPI is **not required** for non-medical Waiver Service provider enrollment. Validation of this ID is especially important when enrolled in multiple Provider Types.

3. Your re-enrollment due date. This is the date when your application for re-enrollment **must be finalized and in a completed status** to avoid being dis-enrolled from the Connecticut Medical Assistance Program.

Secure Web Account Home Page



Approximately six (6) months prior to the re-enrollment due date on the applicable secure Web Account Home Page, for each provider type enrolled, the Primary Account Holder and clerk(s) assigned permission to access Trade Files, if applicable, will receive an e-delivery notification for pick-up of e-delivery letters.

To ensure providers receive their re-enrollment notifications in a timely manner, Primary Account holders and clerks with Trade Files permission should ensure their e-mail address on their secure Web account is up to date.

Before the re-enrollment due date listed on your Secure Web Account Home page, providers must:

- Re-enroll, via the Re-Enrollment Wizard on the www.ctdssmap.com Web site, using the Application Tracking Number (ATN) provided in the enrollment notification.

- Review all credentialing requirements which must be up-to-date and/or included in the application process before your application will be considered complete by Gainwell Technologies and submitted to DSS for approval.
 - ◇ To ensure timely re-credentialing, Waiver Service providers should contact their credentialing entity soon after receipt of their re-enrollment notification.
 - ◇ To ensure credential documents are associated to the provider's on-line re-enrollment application, the ATN received at the end of the re-enrollment process should be noted in the upper right-hand corner of the credentialing letter sent to Gainwell Technologies
 - DSS Quality Assurance must review and approve the re-enrollment application and the application must be in a completed status.
- Providers with applications that are not in a completed status prior to their re-enrollment due date may be disenrolled. Disenrollment can have substantial impact to the provider, such as:
- Service Authorizations cannot be added to the claims processing system.
 - Providers cannot verify client eligibility.
 - Providers cannot submit claims for dates of service after the disenrollment date.
 - Re-enrollment may be delayed until the application is finalized, depending on where in the application process a provider may be when disenrolled, as reinstatement of contracts without a finalized application violates Affordable Care Act (ACA) policies.

Attention: All Providers

Eligibility Verification Reminder

Providers are reminded that they should check eligibility often. Even if you have been given a prior authorization (PA) or referral from an access or case management agency, the client could have a change in circumstance that results in their loss of eligibility. Providers are reminded that they should check eligibility on the date of service, prior to performing said service and at regular intervals, to ensure that the client is eligible to receive the services to be provided.

To check eligibility on the Connecticut Medical Assistance Program (CMAP) Web site, follow these steps:

1. Access the Web site at www.ctdssmap.com and select Provider > Secure Site.
2. Login to the secure site using your username and password.
3. Select Eligibility.
4. Enter enough data to satisfy one (1) of the search criteria listed below. You will see additional fields to further refine your search, if applicable. Select Search.

Valid Search Combinations
<ul style="list-style-type: none">▪ Client ID + SSN▪ Client ID + Birth Date▪ Birth Date + SSN▪ Full Name + SSN▪ Full Name + Birth Date

Note: The From Date of Service (From DOS) and To Date of Service (To DOS) fields auto populate the current date. To verify eligibility for a previous date of service within a year from the current date, the provider will enter, in a MMDDCCYY format, the applicable dates

in the From DOS and To DOS fields. The From DOS and To DOS cannot span a calendar month, be for a future date of service, or be over a year from the current date of service.

5. In the data that is returned, verify that the client has the appropriate coverage for the services you will be performing.

Benefit Plan				
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Mundy D. For Behavioral Health Services, call BHP at 877-553-8247	02/01/2018	02/21/2018	02/21/2018	

For more detailed instructions on searching and reviewing eligibility, please reference provider manual Chapter 4 – Eligibility. This chapter provides more information in researching eligibility using the CMAP Web site, Automated Voice Response System (AVRS), Point of Sale (POS) and the Provider Electronic Solutions (PES) software.

Providers verifying eligibility on the www.ctdssmap.com Web site can find additional information about the eligibility verification request responses that are received. To access this additional information, go to Information, then Publications, then scroll down to the second to last panel, “Claims Processing Information”, and click on the Eligibility Response Quick Reference Guide link.

Please note: Only actively enrolled providers can perform an eligibility verification. Also, a master user/local account administrator/primary account holder can create clerks for office staff that are authorized to submit eligibility verification requests. For additional information on creating clerk accounts, please refer to provider manual Chapter 10 – Web Portal/AVRS.

Attention: All Providers

Reminder on Requesting a Change to the Master User for the Secure Web Portal

There may be instances where the individual who had set up the secure Web portal account for a provider or trading partner on the www.ctdssmap.com Web site may leave the organization. How would a provider go about requesting a change to the master user for their secure Web portal account? Providers will be required to submit a Master User Change Request with the following information:

- The Master User Change Request must be on office letterhead.
- The letter must clearly state the reason for the Master User Change Request.
- The letter must contain the previous username and state 'is no longer the master user for XXX reason'.
- The letter must list the new user's FULL name.
- The letter must list the provider's log in User ID, and AVRS ID (Medicaid Provider Number) or NPI.
- The letter must list the new master user's email address, telephone, and fax number.
- The letter must be signed and dated by either an owner, board member or authorized representative that was listed on the last enrollment or re-enrollment application.
- The date of the letter must be within 30 days of submission to Gainwell Technologies.

The Master User Change Request should be faxed to 1-877-413-4241. Gainwell Technologies will contact the new master user within 48 hours of receiving the letter with a reset password. Please be aware that the User ID for the secure Web portal account remains the same as before, only the password is reset. Once the new master user has been granted access to the secure Web portal account, they should log in to the account, click on "Account Maintenance" and update the contact's name, phone number, email address and security questions and answers with their own information. Gainwell Technologies cannot update this information, only the master user can do so. Once the information has been updated by the new master user, it will be reflected in our system. The new master user will now be responsible for maintaining the secure Web portal account and all the clerks associated with the account.

Attention: All Providers

Important Reminder on Use of the Third Party Insurance Carrier Codes

The Connecticut Medical Assistance Program (CMAP) is the payer of last resort for all covered services. Therefore, if a client has applicable other insurance coverage or Medicare, the benefits of these policies must be fully exhausted prior to claim submission to the CMAP.

Chapter 11 of the Provider Manual contains important instructions related to claim submission to CMAP after another insurance company, including Medicare, has either made a payment or denied a claim. Chapter 11 can be accessed from the www.ctdssmap.com Web site by selecting Information > Publications, and then selecting the appropriate claim type from the drop down box

Third party insurance carriers are identified by a three-digit carrier code. It is important to note that these carrier codes are specific to the Connecticut Medical Assistance Program (CMAP). If you are experiencing claim denials due to an invalid carrier code, it is important that you work with your vendor or clearinghouse to ensure CMAP values are submitted. A valid carrier code must be indicated for each other payer submitted on a claim. To ensure a valid CMAP carrier code is submitted, providers should use the carrier code(s) returned on the client's eligibility verification response.

For further information on carrier codes, providers may refer to Chapter 5 of the Provider Manual, available on the www.ctdssmap.com Web site. Providers may also refer to PB [2021-73](#) "Other Insurance/Medicare Claim Submission Instruction Reminders" for additional information.

Appendix

Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
10/11/2021	Columbus Day	Open	Closed
11/11/2021	Veterans Day, observed	Closed	Closed
11/26/2021	Thanksgiving Day	Closed	Closed
11/27/2021	Day after Thanksgiving	Closed	Open
12/24/2021	Christmas, observed	Closed	Closed
12/31/2021	New Year's Day, observed	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.

- PB21-77 Hospice Rates for Federal Fiscal Year 2022
- PB21-75 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
- PB21-74 Outpatient Crossover Claim Pricing Changes
- PB21-73 Other Insurance/Medicare Claim Submission Instruction Reminders
- PB21-70 New Medicaid Coverage of Services Provided by Licensed Acupuncturists in Independent Practice
- PB21-65 Medicaid Coverage of Chiropractic Services
- PB21-64 Diagnostic Related Group (DRG) Review Process
- PB21-63 CMAP COVID-19 Response Bulletin 55: ADDITIONAL DOSE COVID-19 Vaccine Administration For Individuals who are Immunocompromised
- PB21-62 Emergency Medicaid Coverage of Dialysis for End Stage Renal Disease
- PB21-61 Treatment Planning and Radiographic Imaging Requirements
- PB21-60 Oral Health Assessment and Fluoride Varnish Application At Well-Child Visits—The Access to Baby Care Program (ABE Program) for Non-Dental Providers
- PB21-59 Updated—Limitation Changes to Medical Surgical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices
- PB21-58 Electronic Visit Verification Additional Languages
- PB21-57 Diabetic Supply Program Compliance
- PB21-56 Confirmation of Receipt of Prescriptions Covered Under the Connecticut Medical Assistance Program (CMAP), Including Pharmacy Provider Claims, Excluding Medical Equipment, Devices and Supplies (MEDS)
- PB21-54 Increased Rate for Nursing Services for Home Health Pediatric Complex/High Tech Level of Care
- PB21-53 Obstetrics Pay for Performance
- PB21-52 Reminder for Medical Necessity for Dental Imaging And Limitations for Occlusal Radiographs
- PB21-51 Dental Digital Models
- PB21-50 Policy Updates and Changes to Clinical Review Criteria
- PB21-49 Revising the Reimbursement Methodology for Certified Nurse Midwives and Podiatrists
- PB21-48 1. July 2021 Quarterly HIPAA Compliant Update— Medical Clinic Fee Schedule
2. Adding Vaccines to the Medical Clinic Fee Schedule
- PB21-47 Changes to the Ambulance Fee Schedule (Emergency And Non-Emergency)
- PB21-46 Mental Health Waiver Implementation of Electronic Visit Verification: Claim Edits Effective 07/01/2021
- PB21-45 Remote Early Intervention Services
- PB21-44 Adding Select Electroencephalogram Procedure Codes to the Independent Radiology Fee Schedule
- PB21-43 1. July 2021 Quarterly HIPAA Compliant Update— Physician Office and Outpatient Fee Schedule
2. Adding Vaccines to the Physician Office and Outpatient Fee Schedule
- PB21-42 1) July 1, 2021 Changes to the Connecticut Medical 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
- PB21-41 Pediatric Inpatient Psychiatric Services
- PB21-40 Revised Diagnostic Related Group (DRG) Coding Review
- PB21-39 Private Non-Medical (PNMI) Rates for Adult Mental Health Rehabilitation Services
- PB21-38 USE OF ICE-10-CM “Z” CODES FOR SOCIAL DETERMINANTS OF HEALTH
- PB21-37 Limitation Changes to Medical Surgical Supplies, Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices
- PB21-36 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
- PB21-35 Rate Reduction of Diabetic Supplies—Test Strips And Lancets
- PB21-34 CMAP COVID-19 Response—Bulletin 54: ADDITIONAL Services Covered under the “COVID-19 Testing Group”

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

ctdssmap-provideremail@dxc.com

Gainwell Technologies

PO Box 2991

Hartford, CT 06104

www.ctdssmap.com