



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

The Connecticut Medical Assistance Program

# Provider Quarterly Newsletter

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- **Primary Care Providers:**  
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## Attention: All Providers

### Billing of Influenza Vaccines for the 2024-2025 Influenza Season

Gainwell Technologies would like to remind providers of the importance of reporting the correct Healthcare Common Procedure Coding System (HCPCS) code for each vaccine product being billed to the Connecticut Medical Assistance Program (CMAP). If the 11-digit National Drug Code (NDC) reported on the claim does not correspond to the vaccine code reported on the same claim detail, the vaccine will be denied.

As a reminder, providers are asked to submit the Outer Carton NDC when billing vaccine products. Since the HCPCS codes for flu vaccines are updated every year, providers must ensure that they are cross walking the vaccine NDC to the correct HCPCS code. The following resources are available to assist providers with selecting the correct HCPCS code for each vaccine billed:

<https://www.immunize.org/catg.d/p4072.pdf>

<https://www.gskvaccinescodes.com/assets/CPT-Codes-for-GSK-Vaccines.pdf>

[Coding-and-Billing-Seasonal-Readiness-Checklist-USA-FLU360-24-0063.pdf](#)

[Afluria-Coding-and-Billing-Quick-Reference-Guide-Digital-USA-FLU360-24-0064.pdf](#)

[Coding & Reimbursement | FluMist® \(Influenza Vaccine Live, Intranasal\) | For HCPs \(flumisthcp.com\)](#)

<https://www.sanofi-flu.com/coding-and-reimbursement.html>

Providers who are enrolled with the Connecticut Department of Public Health's (DPH) Connecticut Vaccine Program (CVP) should continue to refer to communications disseminated via DPH regarding the vaccines covered through the CVP, including the NDCs used for ordering through DPH. Consistent with the current DSS CMAP reimbursement policy, vaccines obtained for free through the DPH CVP are not eligible for reimbursement; however, a separate administration fee may be billed to the CMAP.

For more information regarding the CVP, refer to the communications disseminated by the DPH Vaccine Coordinator – CVP and the DPH Immunization Web site:

<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION-PROGRAM>

## Attention: Primary Care Providers

### HUSKY Health Primary Care Increased Payment Reminders

All attestations must be completed by the attesting physician or mid-level practitioner.

If you are attesting on behalf of yourself or another provider, please be sure to fill out and submit your separate supervising attestation form first and then the supervised provider attestation form can be filled out and submitted. Please note APRNs may continue to attest under the personal supervision of a qualifying physician if they so choose.

If additional mid-level providers are to be reported, please send an email to: [hpproviderrelationsct@gainwelltechnologies.com](mailto:hpproviderrelationsct@gainwelltechnologies.com) with a subject line of "HUSKY Health Primary Care Increased Payments Policy."

FYI: The Department of Social Services annually conducts reviews and verifications of attestations. If the review determines that information provided in the attestation was incorrect or false, the enhanced payment would be subject to recoupment, recovery, and any other action authorized under the Provider Enrollment agreement, as well as federal and state requirements.

If you have received a denial letter, please carefully review the reason for the denial. New or updated attestations are processed on a weekly basis and approval, or denial letters are mailed weekly. There is a list of reasons for denial and corresponding corrective actions within our posted Important Message linked here: [HUSKY Health Primary Care Increased Payments Policy](#).

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## Attention: Pharmacy Providers

### Reminder of Pharmacy Re-Enrollment Due Dates

Pharmacy providers are required to re-enroll every two years and should check their re-enrollment due date. Pharmacies should submit their re-enrollment application at least five weeks prior to their re-enrollment due date. If the pharmacy does not re-enroll by their re-enrollment due date, the pharmacy will be dis-enrolled and will not be able to submit claims for reimbursement for dates of service after the deactivation date.

As an enrolled pharmacy provider, the organization will receive notification six (6) months prior to their re-enrollment due date. An additional reminder letter will be generated three (3) months prior to the pharmacy's re-enrollment due

date if the pharmacy has not re-enrolled or if the application has not been completed. If after the three (3) months the enrollment is not complete, the pharmacy will receive a Provider Enrollment/Re-enrollment Rejection Notice.

We urge all enrolled pharmacies to visit the secure web portal at [www.ctdssmap.com](http://www.ctdssmap.com) to verify their re-enrollment due date on their account's home page of the secure web account or select Provider Enrollment Tracking from either the Provider submenu or the Provider drop-down menu.

Provider	Trading Partner	Pharmacy I	Provider	Trading Partner	Pharmacy I
Provider Enrollment			Provider Enrollment		
Provider Re-Enrollment			Provider Re-Enrollment		
Provider Enrollment Tracking			Provider Enrollment Tracking		
Provider Matrix			Provider Matrix		
Provider Services			Provider Services		
Provider Search			Provider Search		
Drug Search			Drug Search		
Provider Fee Schedule Download			Provider Fee Schedule Download		
OOS Instructions/Information			OOS Instructions/Information		
Fingerprint Criminal Background			Fingerprint Criminal Background		
Check Info			Check Info		
E-mail Subscription			E-mail Subscription		
Secure Site			Secure Site		

# Attention: Hospital Providers

## Important Message for Hospital Providers

**APR DRG Assignment:** In general, every complete inpatient stay is assigned to a single diagnosis related group (DRG) using a computerized algorithm that considers the patient's diagnoses, age, procedures performed, and discharge status. This DRG assignment, including outlier payment, is done by 3M's Health Information Systems tool/software using the criteria submitted on the claim. If providers have questions about DRG assignment or concerns related to such things as DRG downgrades, providers should use the tool 3M has made available to hospitals. Providers will input several data elements on their claim to this tool to determine the correct APR DRG assignment that CMAP then uses to price the claim.

**APR DRG Assignment Tool:** The tool is available on the Web site [www.aprdrgassign.com](http://www.aprdrgassign.com). If the report that is generated from that once you enter all of the data shows a DRG assignment other than what has been assigned to the claim in CMAP, please submit that report to us for further review via the CMAP hospital email box [ctxixhosppay@gainwelltechnologies.com](mailto:ctxixhosppay@gainwelltechnologies.com).

**DRG Calculator:** Each DRG has a relative weight that reflects the typical hospital resources needed to care for a patient in that DRG relative to the hospital resources needed to take care of the average patient.

**Base DRG payment** is calculated by  
[Hospital Base Rate \* DRG Weight]

As an additional resource to providers, **DRG Weight, Average Length of Stay (ALOS), and Outlier Threshold** for the DRG code are located on the DRG pricing calculator spreadsheet on a tab titled DRG Table CT. This is posted to the Web site [www.ctdssmap.com](http://www.ctdssmap.com) on the Hospital Modernization page under the "DRG Calculator." The DRG weight and ALOS are national standards. The outlier thresholds were developed specifically for CT through the rate setting process. When

there are questions about DRG pricing, providers should first refer to this DRG calculator tool for support.

**Outlier Payments:** For questions related to outlier payments, please see the outpatient Outliers Issue paper located on the DSS Reimbursement Page. Providers can access this by going to [www.ctdssmap.com](http://www.ctdssmap.com) under the "Hospital Modernization" page. On the column, to the right click on "DSS Reimbursement Home Page." Once on the DSS home page, click on Related Resources and then the link for "Hospital Payment Modernization (HPM) Issue Papers." Once you click on the link, you will see a list of links. Click on the "Issue Paper - Outpatient Outliers." This will give you information on how outlier payments are calculated.

**Inpatient Hospital Fee Schedule for Organ Acquisition Cost:** Providers are reminded that the Inpatient Hospital Fee Schedule for Organ Acquisition Cost can be found on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under Provider > Provider Fee Schedule Download. Once on that page, select I Accept and scroll down to select the Hospital DRG Organ Acquisition pdf file.

# Attention: Behavioral Health Providers and Enhanced Care Clinics

## Performing Provider Affiliation Directions

As part of our ongoing commitment to accuracy and efficiency, we want to emphasize the critical importance of updating any provider affiliation records with Gainwell Technologies. Your provider profile serves as a key representation of your business or service, and ensuring its accuracy is important for various reasons.

make sure they are updating their list of affiliated providers and making sure the dates of affiliation are accurate. You can do this by logging into your group web account and navigating to the “Maintain Organization Members” link which is located in the “Demographic Maintenance” tab. Updating this information accurately is required.

**1. Importance of accurate reporting:** The Department of Social Services/Gainwell Technologies urges all providers to

The screenshot displays the Gainwell Technologies web interface. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, and a dropdown menu. Below this, a secondary navigation bar shows: home, account home, account maintenance, account setup, change password, clerk maintenance, and demographic maintenance (highlighted in red). The main content area is titled 'Provider Information' and contains a form with the following fields: Provider ID (with a dropdown menu), AVRS ID, Usage, Service Location, Provider Type (86 - Behavioral Health Clinician Groups), Provider Specialty (112 - Psychology), Phone, Address, City (HARTFORD), County (Hartford), and State/Zip. At the bottom of the page, a breadcrumb trail reads: Location Name Address > EFT Account > Service Language > Maintain Organization Members. A red box highlights the 'Maintain Organization Members' link, with a red arrow pointing to it from the right.

**2. Avoidance of Claim Denials:** Errors with the accuracy of information can lead to claim denials due to performing providers not appearing to be affiliated with the group that is trying to bill. Please remember that if a provider misses their re-enrollment, their affiliations with any groups they belong to will be end-dated.

no longer post and pay; instead, they will deny if a valid performing provider’s NPI is not included on the claim. Clinic claims that do not include a valid performing provider’s NPI number, or the performing provider NPI is not affiliated with the billing provider number, will receive claim denials.

**3. Fulfillment of Requirements for Behavioral Health and Enhanced Care Clinics:** [PB 2024-11](#). As a reminder, effective with dates of service June 1, 2024, and forward, claims will

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

## Waiver Service Provider Credentialing Update and Enrollment And Re-Enrollment Reminders

As previously communicated, the Department of Social Services (DSS) has a new Fiscal Intermediary, GT Independence (GTI), who has taken over the responsibilities and work previously provided by another company effective March 24, 2024. Among its contractual obligations, GTI is responsible for the credentialing of ABI, Autism, CHC, PCA and Community First Choice S & P Coach providers. As is the case with transitions, there have been unexpected obstacles which DSS and GTI have identified and continue to resolve.

**Enrolled Providers:** To ensure that providers needing to recredential are not disenrolled, DSS has directed Gainwell Technologies to extend the above provider contracts with re-enrollment due dates through October 31, 2024, to November 15, 2024. Providers with a re-enrollment due date on or before October 31, 2024, who have not yet been re-enrolled should go to their [www.ctdssmap.com](http://www.ctdssmap.com) secure Web account to verify that their re-enrollment due date is now 11/15/2024.

Providers who have not yet been recredentialed and have not been in contact with GTI, should send an email to [providercredentialing@gtisd.org](mailto:providercredentialing@gtisd.org) requesting credentialing documentation and providing the contact information of the individual who will be responsible for completing the credentialing document.

Once the provider has contacted GTI regarding a request for credentialing documentation via the email above or has sub-

mitted their credentialing documentation to GTI per their request, the provider should re-enroll on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site with the Application Tracking Number (ATN) provided on their re-enrollment due letter from Gainwell Technologies.

Gainwell Technologies sends a re-enrollment due letter to providers approximately 6 and 3 months prior to the provider's re-enrollment due date. The Provider's primary account holder and clerks with Trade File access will receive an e-delivery notification that an e-delivery letter is available for pick-up via Trade Files. To ensure providers receive their e-delivery 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(s) is up to date.

The provider will use the ATN on the Enrollment Due letter and provider name as previously enrolled to access their re-enrollment application on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. The provider should review the information on the re-enrollment application and update as applicable. Once complete, the provider should retain the ATN and a copy of the re-enrollment application for their records and send a copy of the credentialing letter to Gainwell Technologies with the ATN in the upper right-hand corner of the document. When received, Gainwell Technologies will associate the ATN to the providers re-enrollment application and if complete forward the providers completed application to DSS Quality Assur-

ance. If approved, DSS notifies Gainwell Technologies who sends an approval letter to the provider.

If information is missing, Gainwell Technologies will send a letter to the provider outlining the information that is needed. The provider should return the information as soon as possible within 30 days of receipt of the letter to prevent their application from being denied.

Providers can track the status of their application, via the provider menu by selecting Enrollment Tracking, entering the ATN and Provider Name as enrolled and clicking Search.

**New Providers:** Providers wishing to enroll for the first time in any of the above programs must first credential with GTI. Providers should send an email to [providercredentialing@gtsd.org](mailto:providercredentialing@gtsd.org) requesting credentialing documentation and providing the contact information of the individual responsible for completing the credentialing document. Once completed, the provider returns the credentialing document to GTI for review and approval.

When the provider receives their credentialing letter, they can access the [www.ctdssmap.com](http://www.ctdssmap.com) Web site for the online enrollment application via the provider menu by selecting Provider Enrollment. Once submitted, the Provider should take note of the online Enrollment ATN on the "Application Submitted" panel. The Provider should indicate the ATN in the upper right-hand corner of the credentialing letter and send a copy to Gainwell Technologies via the address located on the panel. Providers should also save and/or print a copy of the application for their records.

When received, Gainwell Technologies will associate the ATN to the providers re-enrollment application and if complete forward the providers completed application to DSS Quality Assurance. If approved, DSS notifies Gainwell Technologies who sends an approval letter to the provider.

If information is missing, Gainwell Technologies will send a letter to the provider outlining the information that is needed. The provider should return the information as soon as possible within 30 days of receipt of the letter to prevent their application from being denied.

Providers can track the status of their Enrollment application via the Provider menu by selecting Enrollment Tracking, entering the ATN and Provider Name as enrolled and clicking Search.

**PLEASE NOTE:** Providers should include the ATN on all documents sent to Gainwell Technologies to ensure timely association of the documents to the application and avoid unnecessary denial of the enrollment/re-enrollment application.



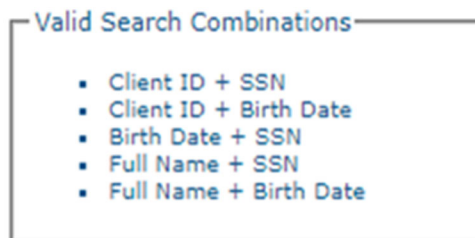
# Attention: All Providers

## Are You Checking Eligibility?

Providers are reminded to check eligibility often. Even if a provider has been given a prior authorization (PA), the client could have a change in circumstance that results in a loss of eligibility. Providers are reminded to check eligibility on the date of service, prior to performing service, to ensure the client is eligible.

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

1. Access the Web site at [www.ctdssmap.com](http://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) search criteria. Select Search.



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

For Example:

Benefit Plan				
Service Information	Benefit Month	Effective Date	Effective Date	End Date
Husky D. For Behavioral Health Services, call BHP at 877-552-8247.	02/01/2018	02/21/2018	02/21/2018	Message

Or you may see :

Benefit Plan				
Service Information	Benefit Month	Effective Date	End Date	Message 1
CT Home Care Community Based Case Managed Waiver	09/01/2024	09/17/2024	09/17/2024	
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	09/01/2024	09/17/2024	09/17/2024	Next Re-enrollment date is: 08/31/2025

For more detailed instructions on searching and reviewing eligibility, please see the most recent New Provider Workshop, found under Provider Training in the Quick links box on the CMAP Web site.

## Attention: All Providers

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### Exceptions that Waive the Timely Filing Limit

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DSS has directed Gainwell Technologies to Waive the timely filing limit if the following conditions exist:

- 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 denial, if applicable, providing the denial was not for timely filing.
- The provider has **one (1) year** from the date the client's eligibility was added to the Connecticut 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.

**PLEASE NOTE: Claims do not need to be submitted on paper to override the timely filing rule.**

## Appendix

### Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
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](http://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.

- PB24-51 Pharmacists Ordering, Prescribing, and Administering Vaccines
- PB24-45 April 2024—Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
- PB24-43 Changes to the Ambulance Fee Schedule (Emergency And Non-Emergency)
- PB24-42 (1) Removal of Prior Authorization from Wheelchair Repair Procedure Codes (2) Manual Pricing Process for Select Wheelchair Repair Codes
- PB24-41 Confirmation of Receipt of Prescriptions Covered Under the Connecticut Medical Assistance Program (CMAP), Including Pharmacy Provider Claims, Excluding Medical Equipment Devices and Supplies (MEDS)
- PB24-40 Addition of Chronic Disease Hospitals and Acute Rehabilitation Facilities Prior Authorization Requests to Medical Authorization Portal
- PB24-39 Reimbursement Rate Increases for Select Behavioral Health Services for Children
- PB24-38 Policy Updates and Changes to Clinical Review Criteria
- PB24-37 Private Non-Medical Institution (PNMI) Rate for Adult Mental Health Rehabilitation Services
- 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
- PB24-15 Open Vendor Electronic Visit Verification (EVV) Model Implementation for Personal Care Services (PCS)
- PB24-14 Addition of Modifier
- PB24-13 Claim Adjustment Reason Codes (CARC) Changes on the X12 835 Health Care Claim Payment/Advice
- PB24-11 Revised Deadline: Performing Providers Required for Behavioral Health Clinic Providers
- PB24-10 Reimbursement Change on Pharmacy Point of Sale (POS) Claims submitted for Blood Glucose Test Strips and Alcohol Prep Pads

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

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