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

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- **Providers Using Electronic Visit Verification (EVV) Who Support Services Requiring Prior Authorization:**
Locating Prior Authorizations in Sandata Agency Management (SAM)
- **All Pharmacy Providers:**
Documentation Required for ProDUR Overrides
- **Primary Care Providers:**
Waiting for an Attestation Decision Letter? Check the Provider's Mailing Address
- **Acquired Brain Injury (ABI), Autism, CT Home Care (CHC), Mental Health (MH), Personal Care Assistance (PCA), Waiver Service and Community First Choice Support and Planning Coach (S&P Coach) Providers**
Important Credentialing and Enrollment Reminders for Successful Claim Submission and Timely Maximum Reimbursement for Services Provided

Table of Contents

Providers Using Electronic Visit Verification (EVV) Who Support Services Requiring Prior Authorization:

Locating Prior Authorizations in Sandata Agency Management (SAM)Page 1

All Pharmacy Providers:

Documentation Required for ProDUR OverridesPage 2

Primary Care Providers:

Waiting for an Attestation Decision Letter? Check the Provider's Mailing AddressPage 2

All Providers:

Billing Influenza Vaccines for the 2026-2027 Influenza Season.....Page 3

All Providers:

Are You Checking Eligibility?.....Page 4

Acquired Brain Injury (ABI), Autism, CT Home Care (CHC), Mental Health (MH), Personal Care Assistance (PCA), Waiver Service and Community First Choice Support and Planning Coach (S&P Coach) Providers:

Important Credentialing and Enrollment Reminders for Successful Claim Submission and
Timely Maximum Reimbursement for Services Provided.....Page 5

Appendix

2026 Holiday Schedule.....Page 7

Provider Bulletins.....Page 8

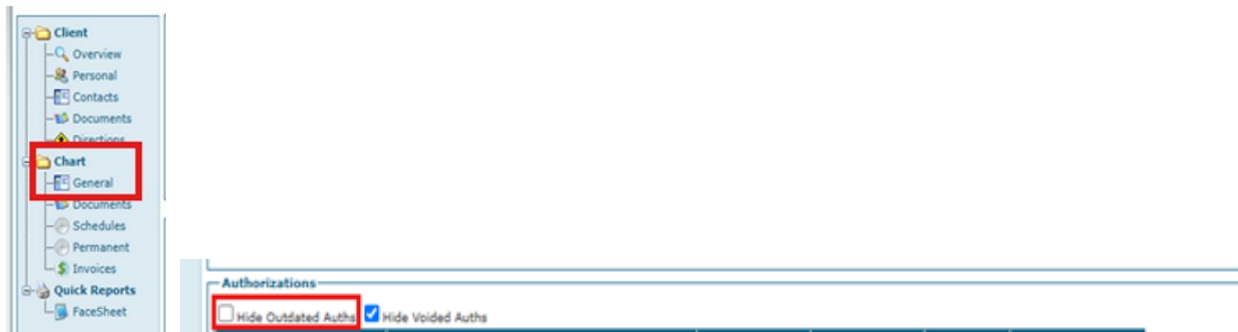
Attention: Providers Using Electronic Visit Verification (EVV) Who Support Services Requiring Prior Authorization

Locating Prior Authorizations in Sandata Agency Management (SAM)

When a provider reports that there is no Prior Authorization (PA) in their Sandata Agency Management (SAM) account, it is important to verify the authorization before assuming it is missing. In Sandata Agency Management (SAM), prior authorizations can be viewed within the client's admission record. To locate the PA, open the client's file and navigate to Chart in the left-hand menu, then select General. The client's authorizations will be displayed in the Authorizations section.

In some cases, providers may not see a prior authorization because the dates are no longer current and therefore the PA is hidden by system settings. If the authorization date has passed, the provider should check whether the "Hide Outdated Auths" option is enabled. When this box is checked, only current authorizations will appear in the list. Unchecking "Hide Outdated Auths" will allow the provider to view both current and outdated prior authorizations.

Before escalating a missing PA issue, take a moment to review the client's file under the General Tab in the Authorizations section and verify that the "Hide Outdated Auths" setting is unchecked. For example, if today's date is 9/15/2026 and the PA ends on 9/14/2026, it will be hidden. To view the hidden PA, uncheck the "Hide Outdated Auths" box. This simple step can often resolve the issue quickly and help providers access the information they need without unnecessary delays.



Attention: All Pharmacy Providers

Documentation Required for ProDUR Overrides

Reminder: Help Prevent Audit Findings

Recent audits continue to identify major ProDUR overrides that lack sufficient supporting documentation. To ensure compliance with Connecticut Medical Assistance Program (CMAP) requirements and avoid audit findings, pharmacy providers should confirm that documentation includes:

- Clinical justification for the override
- Description of the intervention performed
- Support for the Professional Service Code used (M0, P0, or R0)
- The pharmacist's legible name or initials

For M0, P0, and R0 overrides, documentation must clearly identify who was consulted and the outcome of that consultation. Entries such as "OK per MD," a "Verified" stamp, or override codes alone do **not** meet documentation requirements.

Acceptable Documentation Methods: Documentation may be maintained in written or electronic form, provided records are readily retrievable and meet audit trail and record-retention requirements.

Record Retention Requirement: Under the CMAP Provider Enrollment Agreement, records must be retained for at least five years, or longer if required by law or while an audit, appeal, investigation, or other dispute remains unresolved.

Compliance Tip: If the clinical decision was made, make sure the documentation clearly explains what occurred, who was consulted, and why the override was appropriate. Inadequate documentation may result in the recoupment of Medicaid funds during an audit.

For more detailed information, please refer to [Provider Bulletin 26-40](#), "Documentation Required for Override of Claims Rejected for ProDUR."

Attention: Primary Care Providers

Waiting for an Attestation Decision Letter? Check the Provider's Mailing Address

Office staff may assist an individual practitioner with completing the HUSKY Health Primary Care Increased Payments Policy attestation. However, the resulting approval or denial letter is mailed to the **individual provider's mailing address currently on file with the Connecticut Medical Assistance Program (CMAP)**.

The notification is not automatically sent to the staff member who completed the attestation or to the group practice's administrative office. Therefore, providers should make sure their CMAP enrollment information is accurate and promptly share the determination letter with the appropriate billing or administrative staff.

Before submitting an attestation, take a moment to verify that the individual provider's mailing address on file with CMAP is current. An outdated address could prevent the provider and office staff from receiving the determination in a timely manner.

Quick Reminder

- The approval or denial letter is addressed and mailed to the individual provider.
- The letter is sent to the provider's mailing address on file with CMAP.
- Providers should keep their enrollment information current and notify their administrative staff when the letter is received.

For additional information, review the [HUSKY Health Primary Care Increased Payments Policy Important Message](#). The policy applies to eligible primary care practitioners who complete the required attestation process.

Attention: All Providers

Billing Influenza Vaccines for the 2026-2027 Influenza Season

Gainwell Technologies would like to remind providers of the importance of reporting the correct Healthcare Common Procedure Coding System (HCPCS) code and corresponding 11-digit National Drug Code (NDC) when billing influenza vaccine products to the Connecticut Medical Assistance Program (CMAP).

If the NDC reported on the claim does not correspond to the vaccine procedure code reported on the same claim detail, the vaccine may be denied.

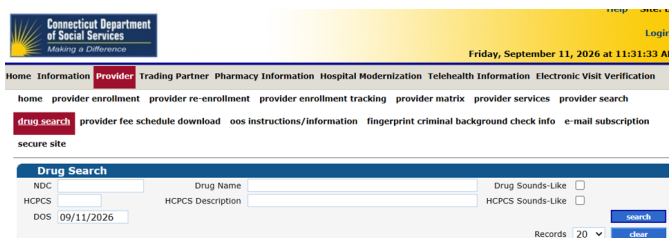
Providers should report the **outer carton NDC** for the vaccine product administered. Because influenza vaccine products, NDCs, and billing codes may change each season, providers must verify that the NDC is crosswalked to the appropriate procedure code before submitting the claim.

Influenza Vaccine Coding Resources

The following resources are available to assist providers with identifying the appropriate vaccine product code:

- [Influenza Vaccine Products for the 2026–2027 Influenza Season](#)
- [Influenza Immunization Resources for Healthcare Providers](#)

Providers should also use the **Drug Search** tool available on the [Connecticut Medical Assistance Program website](#), via the Provider tab, and clicking on **Drug Search**, to crosswalk the administered NDC to the corresponding HCPCS code. The tool can also be used to verify whether the NDC is valid, rebateable, and payable for the date the vaccine was administered.

The screenshot shows the 'Drug Search' tool on the Connecticut Department of Social Services website. The header includes the state logo and navigation links like 'Home', 'Provider', 'Trading Partner', etc. The 'Drug Search' section has input fields for 'NDC', 'Drug Name', 'HCPCS', and 'HCPCS Description'. There are checkboxes for 'Drug Sounds-Like' and 'HCPCS Sounds-Like'. A date field shows '09/11/2026'. A 'search' button and a 'Records' dropdown (set to 20) are also visible.

The Drug Search tool allows providers to search by NDC, drug name, HCPCS code, or HCPCS description. Because the date of service defaults to the current date, providers should change it to the actual date the vaccine was administered before completing the search.

Providers should also confirm that the applicable vaccine product and administration codes are available on their CMAP provider fee schedule.

Vaccines Supplied Through the Connecticut Vaccine Program

Providers enrolled in the Connecticut Department of Public Health's (DPH) Connecticut Vaccine Program (CVP) should continue to follow communications distributed by the DPH Vaccine Coordinator regarding vaccine availability, ordering, and the NDCs associated with vaccines supplied through the program.

The current CVP document identifies the following influenza vaccine products:

- Flucelvax
- FluLaval
- FluMist
- Fluzone

Providers can review product names, packaging, NDCs, manufacturers, CVX codes, and CT WiZ selections in the current CVP reference:

[View Vaccines Supplied by the Pediatric Connecticut Vaccine Program](#)

Consistent with CMAP reimbursement policy, vaccines obtained at no cost through the CVP are not eligible for reimbursement of the vaccine product. However, providers may bill the appropriate vaccine administration service in accordance with CMAP billing requirements and their applicable provider fee schedule.

Before Submitting a Claim

Providers should confirm that:

- The correct HCPCS code is reported for the vaccine product administered.
- The corresponding 11-digit outer carton NDC is reported on the same claim detail.
- The NDC is valid and payable for the date of service.
- The HCPCS code is available on the provider's applicable CMAP fee schedule.
- For vaccines obtained at no cost through the CVP, report the appropriate vaccine product code and corresponding NDC on the claim with a billed amount of \$[0.00/0.01]. CMAP will not reimburse the vaccine product.
- The appropriate vaccine administration code is reported when applicable.

Attention: Acquired Brain Injury (ABI), Autism, CT Home Care (CHC), Mental Health (MH), Personal Care Assistance (PCA) Waiver Service and Community First Choice Support and Planning Coach (S&P Coach) Providers

Important Credentialing and Enrollment Reminders for Successful Claim Submission and Timely Maximum Reimbursement for Services Provided

To obtain reimbursement for services provided:

A Provider must be credentialed by the designated program entity to provide the service(s) within the program(s) to be enrolled. The credentialing letter (aka follow-on document) must be issued to the provider acknowledging the services they are qualified to provide and must be submitted to Gainwell Technologies upon submission of the online enrollment application.

A Provider must be enrolled and credentialed to provide the service under the client's waiver at the time of service.

The client must be active on the waiver benefit plan covering the service at the time of service.

Prior Authorization for the service and frequency of service provided must be on the client's care plan and associated to the servicing provider type.

Services requiring electronic visit verification must have a confirmed visit.

Providers must set up a secure Web account for each Waiver Provider Type

- Providers must maintain critical data elements on their provider enrollment file including current email, phone and physical, mail to and enrollment address.
- Providers must set up and maintain clerk accounts for access to client eligibility verification, service authorization, claim inquiry/submission and Trade Files access of e-delivery letters and/or Remittance Advice when other than the primary account holder will need access to the secure web account.

- Providers have ongoing access to their Enrollment Due Date found on the Home Page of the Provider's Secure Web Account for each Waiver type enrolled.

Know your Enrollment Due Date - This is the last date the provider will be enrolled and reimbursed for services under the waiver associated with the AVRS secure web account. The Enrollment Due Date is located on the Home Page of the provider's secure web account. This may differ for each program enrolled, depending on the last enrollment due date.

Retrieve e-delivery letters when notified. Approximately six (6) months prior to a provider's re-enrollment due date, an e-delivery message sent to the primary account holder, and clerks with e-delivery access, notifies that an e-delivery letter is pending pick-up. Providers should access the e-delivery selection under the Trade Files menu of the account holder's secure web account Home Page.

Enrollment/Re-Enrollment Requirements

- **Updated Credentialing Letter** covering the next re-enrollment period. Upon receipt of the re-enrollment e-delivery letter providers should contact their credentialing entity to begin the re-credentialing process.
- A credentialing letter will be issued to the provider by the credentialing entity upon completion of all credentialing requirements.
- **Know your Credentialing Entity**

◇ [Autism Waiver \(Sole Practitioners\)](#) Contact Carelon:

Email: ctbhp@carelon.com Toll Free: 1-877-552-8247

- ◇ *ABI, Autism, CHC and PCA Waiver Service Agency Providers* contact GT Independence: provider-credentialing@gtindependence.com

Include Agency name, Provider AVRS ID, if re-credentialing, contact information and brief statement of reason for contact

For questions contact GTI at 1-877-659-4500

- ◇ *MHW Waiver Service Providers* contact Advanced Behavioral Health (ABH):

Sarah Rasile, Program Specialist

860-704-6157 Email: SRasile@abhct.com

Maureen Quinn, interim Program Manager

860-335-7234 Email: mquinn@abhct.com

Online Re-Enrollment Application.

Providers will re-enroll on the www.ctdssmap.com Web site. From the Home Page Provider menu, select Provider Re-Enrollment. To access you will need the Application Tracking Number (ATN) given in the e-delivery letter found under the Trade Files Menu of your secure Web account. You will also need the AVRS ID of the Waiver Program you are re-enrolling.

- Review all data on the application and make any applicable changes. Upon submission of your online application, make note of the ATN for future reference.
- Place the ATN in the upper right corner of the Credentialing letter received from GTI. Send a copy with ATN to Gainwell Technologies to complete the

re-enrollment application. The ATN will ensure the letter is appropriately associated with the application.

- Once received by Gainwell Technologies, a completed online application and credentialing letter are forwarded to the Department of Social Services for review and approval.
- Upon approval Gainwell Technologies will send the provider an enrollment approval letter.

Resources

For more information on the credentialing and enrollment/re-enrollment process please refer to Provider Bulletins:

PB 24-84 - New Fiscal Intermediary - GT Independence Update Reminder to Medicaid Provider Enrollment and Re-enrollment Process. [Provider Bulletin 24-84](#)

PB 24-58 - (Autism Solo Practitioners) – Addendum to Medicaid Provider Enrollment and Re-enrollment Process. [Provider Bulletin 24-58](#)

For further information on Credentialing and information on obtaining service referrals please refer to the first quarter 2026 Newsletter. [Provider Newsletter](#)

For more information on Secure Web Account set-up, features and functionality refer to Provider Manual Chapter 10. [Provider Manual-Chapter 10](#)

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

[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.

- PB26-49 Updates to the Diabetic Supply Preferred Product List for Pharmacy Claims
- PB26-48 Addition of the HIV/AIDS Class to the Preferred Drug List (PDL)
- PB26-47 Familial Chylomicronemia Syndrome (FCS) Agents Redempto and Tryngolza
- PB26-46 Updates to Dental Fee Schedules for Adults and Children
- PB26-45 Requirements for Payment of Dental Services
- PB26-44 Maternity Care Service Billing Guidance: Antepartum Care
- PB26-42 HUSKY Limited Benefit (LB)-Family Planning Limited Coverage
- PB26-41 Important Update: Enhanced Security for Electronic Funds Transfer (ET) Changes
- PB26-40 Documentation Required for Override of Claims Rejected For ProDUR
- PB26-38 Policy Updates and Changes to Clinical Review Criteria
- PB26-37 Update on Enhanced Care Clinic Access to Services Monitoring
- PB26-36 Behavioral Health Integration—Psychiatric Collaborative Care Model (CoCM)
- PB26-35 Updates to the Reimbursement Rates of Select Services On Family Planning Fee Schedule
- PB26-34 Rate Increases to Select Procedure Codes for Optometry Services
- PB26-33 Reimbursement Update for Early Intervention Services Under the Special Services—Birth to Three Years Fee Schedule
- PB26-32 1. July 2026 Quarterly HIPAA Compliant Update-Physician Office and Outpatient Fee Schedule 2. Update to Skin Substitutes Listed on the Physician Office & Outpatient Fee Schedule
- PB26-31 Updates to the Chiropractor Fee Schedule
- PB26-30 Updates to the Independent Radiology and Physician-Radiology Fee Schedule
- 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

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

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[Back to Table of Contents](#)