



December 2022
Connecticut Medical Assistance Program
<https://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- **All Providers:**
Reminder to Regularly Update Contact Information on Web Portal Accounts
- **All Providers:**
Reminder of Re-enrollment Timeframes
- **Hospital Providers:**
Important Messages for Hospital Providers

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Attention: All Providers

Reminder to Regularly Update Contact Information on Web Portal Accounts

Has your office had changes? Update your information with the Connecticut Medical Assistance Program (CMAP)

Your CMAP Secure Web Portal Accounts should be regularly reviewed to ensure accurate contact information is provided as well as ensuring only authorized individuals have access to these accounts. This review should include:

- Trading Partner Name - If the Trading Partner Name has changed since the original Trading Partner Agreement was established, please update this field.
- Address - If the Trading Partner Address has changed since the original Trading Partner Agreement was established, please update these fields.
- Updates to contact names, telephone numbers and e-mail addresses for the Secure Web Account Information panel. It is critical that the contact info entered, are phone numbers and e-mail addresses that are checked on a daily basis. Too many enrollments are created with telephone numbers that are not used and e-mail addresses that are not checked. Once you create this secure web portal all communication will be done electronically.

- Review of all Clerk Accounts with deletion of non-current employee accounts to ensure only authorized users have access to Protected Health Information. It is critically important that these individuals have access to the contact email entered into the enrollment. All secure message alerts and provider information will be sent to that email. If the provider is assigning another person to manage their enrollment, they need daily access to this email.
- The update of communication data (telephone number and e-mail address) allows efficient support outreach to Trading Partners and Providers by EDI Support and Provider Services when problems with submissions are detected.

Instructions for these updates are contained in Provider Manual Chapter 10 Sections 10.8.3 and 10.9. To access, go to www.ctdssmap.com - Information - Publications - Provider Manuals – Chapter 10, then scroll down to sections 10.8.3 and 10.9.

Account Maintenance

The account owner and any assigned clerks can use Account Maintenance panels to maintain their account information, reset their AVRS PIN, change their password, or update their security questions/answers.

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Using the Account Maintenance panel, the local administrator (provider or trading partner) or clerk can:

- Change contact information for phone and e-mail
- Change security Questions and Answers
- Select a link to change their password or reset their AVRS ID PIN

Please note: You must have first set up your Secure Web account before you can use these functions.

Section 10.9 page 120 contains the link to this document. For instructions on Initial Account Set up and ongoing Account Maintenance, click on the 'Secure Web Site Enrollment and Maintenance Instructions' link in Provider Manual 10, at the end of Section 10.9.1. In this document you can find information on the following:

10.3.1 Managing Local Administrator and Clerk Accounts after Initial Account Set Up

10.3.2 Account Maintenance for Local Administrators and Clerks

If further assistance is needed to ensure your office's information is correct, you may use one of the resources below:

Provider Assistance Center

Gainwell Technologies responds to questions on provider eligibility, claim submission procedures, claims processing issues and provider enrollment. Questions on these topics should be directed to the Provider Assistance Center. The Provider As-

sistance Center is the provider's source for information not provided on the Web portal or from the Automated Voice Response System (AVRS).

Customer service representatives are available from 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays, by calling toll free at 1-800-842-8440.

EDI Help Desk

The Electronic Data Interchange (EDI) Unit answers questions regarding the HIPAA Electronic Transactions, Gainwell Technologies' Provider Electronic Solution (PES) software, and electronic claims submission. Additional EDI information is available on the Trading Partner Page of this Web site. Contact the EDI Help Desk at ctedisupport@gainwelltechnologies.com or toll free at 1-800-688-0503, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays.

Attention: All Providers

Reminder of Re-enrollment Timeframes

After initial enrollment, the Department of Social Services (DSS) requires all providers (organizations, individuals, employed/contracted by an organization provider, including residents, and ordering/referring/prescribing providers) to periodically re-enroll in the Connecticut Medical Assistance Program, based on pre-defined periods of time. Those time periods differ by taxonomy/provider type/provider specialty. Re-enrollment periods for each provider type/specialty can be found by selecting the link titled “Enrollment/Re-enrollment Criteria Matrix” in Chapter 3 of the Provider Manual, available on the www.ctdssmap.com Web site by selecting Information > Publications and scrolling down to the link to that chapter. This information is also available on the www.ctdssmap.com Web site by selecting Provider > Provider Matrix and then clicking the link “Follow on Document Requirement by Provider Type and Specialty”.

The purpose of re-enrollment is for DSS to receive updated information from the provider, including current license and Federal Employer Identification Number (FEIN) information, or changes of address. Most provider re-enrollment notices are systematically generated six (6) months prior to a provider’s re-enrollment due date. Provider re-enrollment notices for Long Term Care and ICF/IID providers will systematically be generated eight (8) months prior to a provider’s re-enrollment due date. Providers are required to go to the Web portal at www.ctdssmap.com to complete their re-enrollment. Simple step-by-step directions are available through www.ctdssmap.com, an online tool to assist providers with this process. Provid-

ers can also refer to Chapter 10 for step-by-step instructions on Web portal enrollment and re-enrollment, available on the www.ctdssmap.com Web site by selecting Information > Publications and scrolling down to the link to that chapter. Unless noted as an exception in Chapter 3, Section 3.2, any paper re-enrollment applications received will be denied, with a letter that the provider is required to re-enroll via the Web portal. All notices will be sent electronically through the secure message portal. An alert message will appear in the providers contact email notifying them of a pending message in the secure message portal.

If after three (3) months the provider has not re-enrolled or their re-enrollment application has not yet been finalized, a reminder letter is sent to the provider that they must complete the re-enrollment process prior to their re-enrollment due date. If after this three (3) month period the re-enrollment process is still not completed, the provider will receive a Provider Enrollment/Re-enrollment Rejection Notice.

For Long Term Care and ICF/IID providers, the letter notification process varies slightly in that they will receive an additional notification thirty days prior to their re-enrollment due date that provides additional instructions in accordance with statutes regarding the Long Term Care or ICF/IID provider’s responsibility to clients should the Medicaid provider agreement be terminated.

Regardless of provider type, if a provider does not re-enroll by their re-enrollment due date, the provider will be dis-enrolled on that date and will not be able to get reimbursed for the claims sub-

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mitted for payment for dates of service after that deactivation date. Additionally, prior authorizations will not be uploaded for waiver clients if the provider is not enrolled.

Providers with Secure Web portal access can view their re-enrollment due date on their home page of their Secure Web portal once logged in. Organization providers can view their re-enrollment due date, as well as the reenrollment due date of their members by accessing the “Maintain Organization Members” panel.

Please note that each application, once submitted by the provider, must be processed by Gainwell Technologies and the Department of Social Services’ (DSS) Quality Assurance Unit. The application must be submitted to allow adequate time for these processes to occur, which typically takes several weeks to complete. To check the status of a re-enrollment application, select Provider Enrollment Tracking from either the Provider submenu or the Provider drop-down menu on the www.ctdssmap.com Web site.

All Providers

Timely Claim Submission Reminders

To ensure that you receive your claim cycle payments as expected make sure to familiarize yourself and the appropriate staff with the important dates that are listed on the [Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule \(HUSKY Health Program\)](#) as well as what these dates mean. The **“Claim Cycle Date”** is the date that the cycle ends.

2023 Month	Claim Cycle Date	Electronic Claims Received by	Web RA Availability	Mail Dates	835/EFT Dates
Jan	6	5	10	11	11
	20	19	24	25	25
Feb	3	2	8*	9*	9*
	17	16	22*	23*	23*
Mar	10-b	9	14	15	15
	24	23	28	29	29
Apr	6-c	5	11	12	12
	21	20	25	26	26
May	5	4	9	10	10
	19	18	23	24	24
Jun	9-b	8	13	14	14
	23	22	27	28	28

b-Denotes 3 week cycle
c-Denotes Thursday cycle

* Denotes a 1 day delay in availability due to Monday Holiday
** Denotes a 1 day delay in availability due to Tuesday Holiday
*** Denotes a 1 day delay in availability due to Wednesday Holiday

THIS SCHEDULE IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

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The “**Electronic Claims Received by**” date is when the claim cycle ends, and all claims **MUST** be submitted to Gainwell Technologies for adjudication. To avoid a delay in getting reimbursement for services provided, Gainwell Technologies advises providers to upload claims on the Wednesday before “Electronic Claims Received by” date or as early as possible. Waiting until the last minute to submit claims may result in claims not getting into the system in time. If you are not able to upload claims until the “Electronic Claims Received by” date, be sure to do it early in the day as there are many files coming into Gainwell Technology at once on this date.

2023 Month	Claim Cycle Date	Electronic Claims Received by	Web RA Availability	Mail Dates	835/EFT Dates
Jan	6	5	10	11	11
	20	19	24	25	25
Feb	3	2	8*	9*	9*
	17	16	22*	23*	23*
Mar	10-b	9	14	15	15
	24	23	28	29	29
Apr	6-c	5	11	12	12
	21	20	25	26	26
May	5	4	9	10	10
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Once claims have been successfully uploaded to Gainwell Technologies, a Remittance Advice (RA) will be created showing claims that have paid/denied/adjusted. Providers can view the RA via their Secure Web Account on the date listed in the “**Web RA Availability**” column.

2023 Month	Claim Cycle Date	Electronic Claims Received by	Web RA Availability	Mail Dates	835/EFT Dates
Jan	6	5	10	11	11
	20	19	24	25	25
Feb	3	2	8*	9*	9*
	17	16	22*	23*	23*
Mar	10-b	9	14	15	15
	24	23	28	29	29
Apr	6-c	5	11	12	12
	21	20	25	26	26
May	5	4	9	10	10
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If you have not yet set up your secure Web Account or have recently made changes to your electronic funds transfer account (EFT) then you can expect to have your check mailed to you by the “**Check Mail Dates**”. The “**835/EFT**” Dates are when providers will have funds direct deposited into the bank accounts that each provider setup under demographic maintenance, EFT section of their Secure Web Account.

2023 Month	Claim Cycle Date	Electronic Claims Received by	Web RA Availability	Mail Dates	835/EFT Dates
Jan	6	5	10	11	11
	20	19	24	25	25
Feb	3	2	8*	9*	9*
	17	16	22*	23*	23*
Mar	10-b	9	14	15	15
	24	23	28	29	29
Apr	6-c	5	11	12	12
	21	20	25	26	26
May	5	4	9	10	10
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Hospital Providers

Important Messages 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 takes into account 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. 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.

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 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 under the "Hospital Modernization" page. On the right side column, 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 Web site under Provider > Provider Fee Schedule Download. Once on that page, select I Accept and scroll down to select the applicable pdf file.

Appendix

Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
12/23/2022	Christmas Eve, observed	Closed	Open
12/26/2022	Christmas Day, observed	Closed	Closed
1/2/2023	New Year's Day, observed	Closed	Closed
1/16/2023	Martin Luther King Jr. Day	Closed	Closed
2/13/2023	Lincoln's Birthday, observed	Open	Closed
2/20/2023	Presidents' Day	Closed	Closed
4/7/2023	Good Friday	Closed	Closed
5/29/2023	Memorial 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.

- PB22-92 Activating Attending Provider Requirements
- PB22-91 Ambulatory Withdrawal Management Billing Guidelines
- PB22-90 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
- PB22-89 1) January 1, 2023 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
- PB22-87 Outpatient Crossover Claims—New Web Claim Submission Panel
- PB22-86 Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Behavioral Health Clinics, Enhanced Care Clinics And Outpatient Drug and Alcohol Abuse Centers
- PB22-85 New Eligibility Groups State HUSKY A and HUSKY B
- PB22-84 Notifications: Maternity Admissions with Delivery
- PB22-83 Medicare Part D Co-pays for Dual Eligible HUSKY Low Income Subsidy Clients
- PB22-81 Correction to the Reimbursement Rates for Select Home Health Services Effective for July 1, 2021 through July 31, 2021
- PB22-80 Policy Updates and Changes to Clinical Review Criteria
- PB22-79 Additional Billing Guidance for Long-Acting Reversible Contraceptive Devices in the Medical Federally Qualified Health Center (FQHC) Setting
- PB22-77 Removal of Prior Authorization for Select Behavioral Health Services
- PB22-76 1. October 2022 Quarterly HIPAA Compliant Update-Physician Office and Outpatient Fee Schedule
2. Increasing the Reimbursement Rate for Select Long-Acting Reversible Contraceptive Device
3. Adding Procedure Codes for Monkeypox Vaccinations
- PB22-75 Quarterly Update: October 2022 HIPAA Compliant Changes To the Medical Clinic Fee Schedule 2. Billing Guidance for Medical Federally Qualified Health Centers—Monkeypox Testing and Vaccination
- PB22-74 Quarterly Update: October 2022 HIPAA Compliant Changes to the Family Planning Clinic Fee Schedule
- PB22-73 2022 Dental Fee Schedule Update for CDT D1354
- PB22-72 Clarification of PB 22-45
- PB22-71 1. October 2022 HIPAA Quarterly HIPAA Compliant Update Medical Equipment, Devices and Supplies Fee Schedule
2. Breast Pump Supplies 3. Reimbursement for Extended Infusion Set Supplies
- PB22-70 Quarterly Update: October 2022 HIPAA Compliant Changes To the Independent Laboratory Fee Schedule-Updated
- PB22-69 Removal of Age Restriction for Naturopath Services Performed to HUSKY Health Members, 21 Years And Older
- PB22-68 Pharmacy Prior Authorization
- PB22-67 Guidance for Services Rendered by an Associate Licensed Behavioral Health Clinician Working in Private Practice Under the Supervision of an Applicable Qualified Independent Licensed Clinician
- PB22-66 Hospice Rates for Federal Fiscal Year 2023
- PB22-65 Clarification of the Guidance for Advanced Practice Registered Nurses Authorized to Order Home Health Services
- PB22-64 Dental Claim Form Field Update Reminder
- PB22-63 Policy Updates-Gender Affirmation Surgery
- PB22-62 Paxlovid Prescribing for Pharmacists
- PB22-61 Clarification on Office-Based Care
- PB22-60 CMAP COVID-19 Response Bulletin 61: COVID-19 Vaccine Administration: Additional Adult and Pediatric Booster Codes and Vaccinations for Members 6 Months to Four Years of Age
- PB22-59 Billing Laboratory Fees for Medicaid Eligible Members In Residential Substance Use Disorder Treatment Facilities
- PB22-58 Addition of Depression Screening Procedure Codes
- PB22-57 Updated Guidance for Developmental and Behavioral Screens in Primary Care including The Addition of Procedure Codes for Depression Screening
- PB22-56 Covered CT Program
- PB22-55 Dental Fee Schedule Update for the Adult Fee Schedule
- PB22-54 Policy Updates and Changes to Clinical Review Criteria
- PB22-53 1. Update to the Reimbursement for Evaluation and Management Services on the Family Planning Clinic Fee Schedule
2. Addition of Codes Specific to Depression Screens
- PB22-52 New Coverage of Community Violence Prevention Services Under Medicaid
- PB22-51 Obstetrics Pay for Performance
- PB22-50 Addition of Dry Needling Services to the Independent Physical Therapy and Occupational Therapy Fee Schedule
- PB22-49 Rate Increases for Select Home Health Services and Waiver Services
- PB22-48 Addition of Dry Needling Services to the Rehabilitation Clinic Fee Schedule

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

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