

interChange Provider Important Message

Attention: Behavioral Health Clinics

Reminder: Provider Bulletin [2024-11](#) “Revised Deadline: Performing Providers Required for Behavioral Health Clinic Providers.”

One year grace period ending: EDITS WILL BE SET TO DENY FOR DATES OF SERVICE JUNE 1, 2024 FORWARD

Effective for dates of service June 1, 2024, and forward, the Department of Social Services (DSS) is implementing new system changes requiring all performing providers employed by or contracting with a Behavioral Health and/or Enhanced Care Clinic and rendering services to HUSKY Health members (HUSKY A, B, C and D) to (1) be enrolled in the Connecticut Medical Assistance Program (CMAP) and (2) to be associated to that clinic for the claim date of service.

Non-enrolled Performing Providers: If the performing provider is not already actively enrolled in CMAP, providers may use Gainwell Technologies Provider Enrollment Wizard located at www.ctdssmap.com to enroll. From the Home page, go to “Provider”, then “Provider Enrollment”. Using the Enrollment Wizard, each provider not currently enrolled must choose to be enrolled as an “Individual practitioner” or “Employed/Contracted by an organization”. “Individual practitioners”, as well as all “Employed/Contracted by an organization” providers, will need to complete the “Members of Organization Panel” during the enrollment process in order to associate themselves with the Clinic(s) for which they are a member. For additional information, please refer to provider bulletin PB [2024-11](#).

Associating Performing Providers to Clinic Organization: For organization members that are already enrolled, behavioral health and enhanced clinics will be required to review the members of their organization and associate them with the Clinic’s organization. The organization provider can use the “Maintain Organization Members” panel to view, separate or add members to their organization once logged in to their secure Web portal; these functions are only allowed and can be performed by the organization’s local administrator (also commonly referred to as a master user). It is the organization’s responsibility to maintain proper member associations within their organization.

Claim Submission Requirements: As a reminder, effective with dates of service June 1, 2024 and forward, claims will no longer post and pay; instead, they will



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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 associated to the billing provider number, will receive claim denials with the following Explanation of Benefit (EOB) code(s):

- 0231 - Performing Provider is Missing EOB code
- 1007 - The Performing Provider is Not on File
- 1008 - Performing Provider Must Have an Individual Number
- 1010 - Performing Provider is Not a Member of the Billing Provider Group
- 1011 - Performing Provider Number Not a Valid Format Performing provider

Performing provider's NPI should be entered in the following sections of an electronic claim:

837P - Health Care Claim Professional

- NPI Segment ID = NM109
- NPI Loop ID = 2420
- Qualifier = 82

Individuals Not Licensed to Practice Independently When Providing Behavioral Health Services in Clinic Settings:

These individuals cannot enroll in CMAP.

When the claim is billed, the supervising provider must be entered as the rendering provider if the services were rendered by an individual not licensed to practice independently. For additional information on individuals not licensed to practice independently, please refer to provider bulletin [2019-18](#) "Supervision of Individuals Not Licensed to Practice Independently When Providing Behavioral Health Services in Clinic Settings."

DSS originally notified providers of this requirement in provider bulletin [2023-44](#) published on June 5, 2023.