

interChange Provider Important Message

To: Behavioral Health Clinics

Performing Providers Required for Behavioral Health Clinic Claim Submission

The Department of Social Services (DSS) is delaying the effective date to require all performing providers employed by or contracting with a Behavioral Health and Enhanced Care Clinic 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. **DSS will notify providers in the next few months of the new implementation date.** Until then, claims will continue to pay and the edits below will continue to post to your claims.

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 questions please refer to the provider bulletin [2023-44](#).

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: Claims will continue to post and pay with the following edits below until a new implementation date. At that time this important message will be updated.



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- 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."