



TO: Behavioral Health Federally Qualified Health Centers (FQHCs)

RE: Performing Providers Required for Behavioral Health Federally Qualified Health Centers (FQHCs)

Effective for dates of service February 1, 2026, 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 Federally Qualified Health Centers (FQHCs)** 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 require all claims to be submitted with an enrolled performing provider's National Provider Identifier (NPI). Currently, claims are not denied for the omission of the performing provider's NPI on **Behavioral Health Federally Qualified Health Centers (FQHCs)** Claims with dates of service November 1, 2025, through January 30, 2026, that are submitted without the performing provider's NPI, will pay and post one of the following Explanation of Benefits (EOB) code(s):

1007 – The Performing Provider is Not on File

1008 – Performing Provider Must Have an Individual Number

Providers may refer to their Remittance Advice (RA) to review claims that have been impacted by one of the post and pay EOB codes. Providers are encouraged to use the post and pay timeframe to ensure that all their performing providers are enrolled with CMAP and that they have been associated to the Clinic's NPI.

This post and pay period will allow claims to bypass system edits that would normally cause claims to deny for the following EOB code(s):

0231 – Performing Provider is Missing

1011 – Performing Provider Number Not a Valid Format

1010 – Performing Provider is Not a Member of the Billing Provider Group

Non-enrolled Performing Providers:

If the performing provider is not already actively enrolled in CMAP, effective immediately, providers may begin using the 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.

Enrolled Performing Providers:

Providers that were previously enrolled in CMAP but are not currently active must contact the Provider Assistance Center to request a re-enrollment Application Tracking Number (ATN) to initiate the application process. Enrolled providers must then follow the same steps as noted above for non-enrolled performing providers but must select "Provider", rather than "Provider Re-enrollment".

After Completing the Online Enrollment/Re-enrollment Wizard:

- An Application Tracking Number (ATN) is provided when the application has been completed. This number should be noted for tracking the application.
- Some providers may be required to provide additional documentation after submission of their application. A list of any additional documentation required can be found on the Web site www.ctdssmap.com. From the Home page, go to “Provider” then “Provider Matrix” and scroll down to “Follow on Document Requirement by Provider Type and Specialty”. Select this link to review required follow on document requirements for your provider type/specialty.
- The ATN should be written in the upper right-hand corner on EACH document sent to Gainwell Technologies.

Online Enrollment/Re-enrollment Status:

Providers may review the status of their ATN via the www.ctdssmap.com Web site. From the Home page, go to “Provider” then “Provider Enrollment Tracking”, enter the ATN and last name of the provider. A provider’s application is complete when their status displays “Enrollment Completed” or “Re-enrollment Completed”.

Associating Performing Providers to FQHCs:

For organization members that are already enrolled, behavioral health FQHCs will be required to review the members of their organization and associate them with the FQHC. The FQHC can use the “Maintain Organization Members” panel to view, separate or add members to their FQHC once logged in to their secure Web portal; these functions are

can only be performed by the FQHC’s local administrator (also commonly referred to as a master user). It is the FQHCs responsibility to maintain proper member associations within their FQHC.

Provider Re-enrollment Period:

Once a provider is successfully enrolled, providers will periodically be required to re-enroll. Providers will receive a notification from Gainwell Technologies six (6) months in advance of their re-enrollment due date. It is imperative that providers successfully complete their re-enrollment application via the Gainwell Technologies Provider Re-enrollment Wizard located at www.ctdssmap.com to re-enroll prior to the provider’s “re-enrollment due date” on the re-enrollment due notice to avoid disenrollment from the Medicaid program.

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

When the claim is billed, the supervising provider can be entered as the rendering provider if the services were rendered by an individual not licensed to practice independently. As a reminder the supervising provider must be tied to the Behavioral Health FQHC.

The claim can also be billed with the non-licensed provider as the rendering provider if they have a valid NPI from NPPES and a valid behavioral health taxonomy. If you are billing the non-licensed provider as the rendering provider, you will need to bill with an enrolled supervising provider that is associated to the group under the supervising provider field.

For additional information on individuals not licensed to practice independently, please refer to provider bulletin [PB 2019-18](#) “Supervision of

Individuals Not Licensed to Practice Independently When Providing Behavioral Health Services in Clinic Settings” and provider bulletin [PB 2025-49](#) “Billing Guidance of Supervision of Individuals Not Licensed to Practice Independently When Providing Behavioral Health Service in Clinic Settings.”

Non-licensed providers can apply for an NPI by visiting the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov>.

Claim Submission Requirements:

As a reminder, effective with dates of service February 1, 2026, and forward, claims will 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 associated to the billing provider number, will receive claim denials with the following Explanation of Benefit (EOB) code(s).

0231 – Performing Provider is Missing

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 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

For claims submitted via the secure web portal located on the www.ctdssmap.com Web site, the performing provider information is entered at the detail level as shown below:

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	
A	1			1.00	\$0.00		
<div> <div>Item</div> <div>1</div> </div> <div> <div>From DOS*</div> <div></div> </div> <div> <div>To DOS*</div> <div></div> </div> <div> <div>Procedure*</div> <div></div> <div>[Search]</div> </div> <div> <div>Modifiers</div> <div></div> <div>[Search]</div> </div> <div> <div></div> <div></div> <div>[Search]</div> </div> <div> <div>Units*</div> <div>1.00</div> <div>[Search]</div> </div> <div> <div>Facility Type Code*</div> <div></div> <div>[Search]</div> </div> <div> <div>Charges*</div> <div>\$0.00</div> </div> <div> <div>Rendering Physician</div> <div></div> <div>[Search]</div> </div> <div> <div>CCN</div> <div></div> </div> <div> <div>Referring Provider</div> <div></div> <div>[Search]</div> </div> <div> <div>Ordering Provider</div> <div></div> <div>[Search]</div> </div>							

Additional Resources:

Providers may refer to Chapter 10 – Web/Portal AVRS of the Provider Manual for step-by-step instructions on Web portal enrollment and/or instructions on associating performing providers to an organization.

Questions:

If further assistance is required with an enrollment or ATN status on the Web site, please contact the Provider Assistance Center at: 1-800-842-8440, select option 2 for claim and enrollment assistance and then option 2 again for provider enrollment.