



TO: Behavioral Health and Enhanced Care Clinic Providers

RE: Revised Deadline: Performing Providers Required for Behavioral Health Clinic Providers

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 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 originally notified providers of this requirement in provider bulletin [2023-44](#) published on June 5, 2023. The deadline was extended to allow providers sufficient time to enroll their performing providers. Multiple outreach attempts have been made to specific providers that have no rendering providers enrolled to date. Those providers have received banner messages on their remittance advice (RA) reminding them of this requirement.

On **June 1, 2024**, 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 Clinic claims.

Claims with dates of service **August 1, 2023 through May 31, 2024**, 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

In preparation for upcoming denials, providers should 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 required additional documentation 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 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.

Step by step instructions can be found on the Web site www.ctdssmap.com. From the Home page, go to “Information”, then “Publications”, and scroll down to “Provider Manual”. Select the link to Chapter 10 and review pages 189-192 for additional information.

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.

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

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.”

Claim Submission Requirements:

Once your rendering providers are enrolled, please carefully review the claim submission guidance below and ensure your organization appropriately adds the required rendering provider information to your claims.

As a reminder, effective with dates of service **June 1, 2024**, and forward, claims will no longer post and pay; instead, they will deny if a valid performing/rendering provider’s NPI is not entered in the rendering provider field. Clinic claims that do not include a valid performing/rendering provider’s NPI number, or the performing/rendering provider’s 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/rendering 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/rendering 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	

Item	1
From DOS*	<input type="text"/>
To DOS*	<input type="text"/>
Procedure*	<input type="text"/> [Search]
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]
Units*	1.00 [Search]
Facility Type Code*	<input type="text"/> [Search]
Charges*	\$0.00
Rendering Physician	<input type="text"/> [Search]
Referring Provider	<input type="text"/> [Search]
Ordering Provider	<input type="text"/> [Search]

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.



Questions? Need assistance? Call the Provider Assistance Center Mon. – Fri. 8:00 a.m. – 5:00 p.m. Toll free 1-800-842-8440 or write to Gainwell Technologies, PO Box 2991, Hartford, CT 06104 Program information is available at www.ctdssmap.com