

CT Medical Assistance Program: Certified Dietitian-Nutritionists Billing Workshop

Our event will begin shortly...

Please review
the following
MS Teams
points of
etiquette as a
participant in
today's event:



01

Your microphone and video are disabled during this event as a courtesy to the presenters and other participants to minimize distractions and enhance the MS Teams experience for everyone.

02

If you cannot hear audio, click "More..." then Settings, then Device Settings in the top navigation menu to adjust your audio and video settings.

03

Use the Chat feature to submit your text questions during the event. Questions submitted here are being monitored.

04

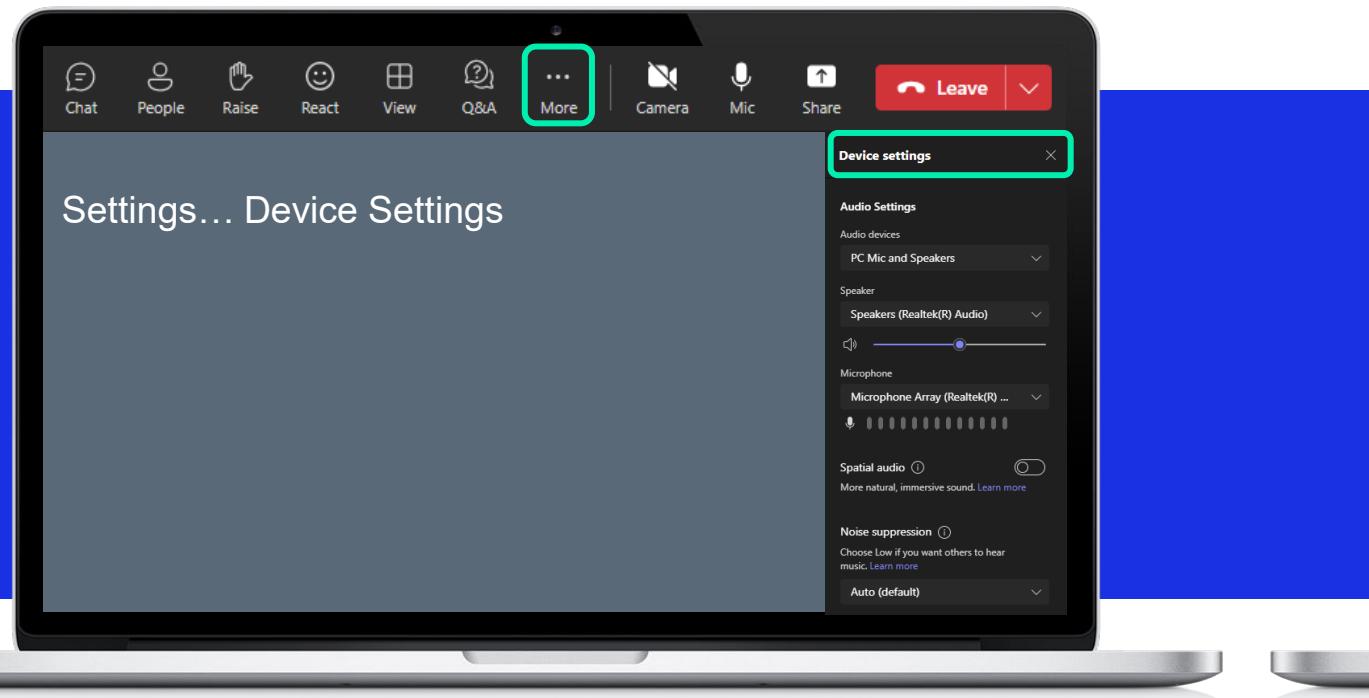
A Q&A session is included at the end of this event to answer your questions.



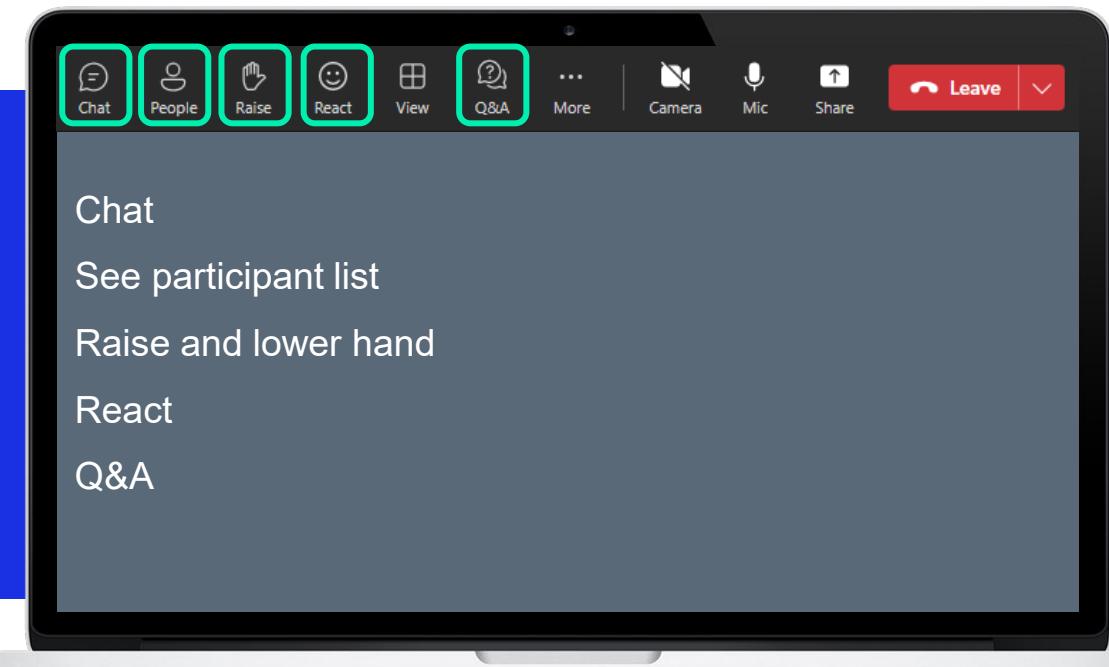
You can download the slides used in today's event from the email sent out after the event.

MS Teams Features and Functions

Manage audio and video settings



Engage with others



Connecticut Medical Assistance Program: Certified Dietitian-Nutritionists Billing Workshop

Presented by: Caitlin Mazur - Gainwell Technologies
July 31, 2025

gainwell®

Agenda

- Introduction
- Access and Setup of Secure Web Account
- Demographic and Clerk Maintenance
- Re-enrollment
- Eligibility Verification
- Claims Processing and Web Claim Submission
- Fee Schedule
- Telehealth
- E-delivery
- Remittance Advice/Trade File Access
- Resources
- Contacts
- Questions

Introduction



Introduction

Effective for dates of service, April 1, 2025, and forward, the Department of Social Services (DSS) began to enroll certified dietitian-nutritionists in Connecticut's Medicaid program, commonly referred to as Connecticut Medical Assistance Program (CMAP) and HUSKY Health.

To be eligible for reimbursement under CMAP, the dietitian-nutritionist must first be certified by the State of Connecticut Department of Public Health (DPH).

Certified dietitian-nutritionists may begin enrolling in CMAP as of April 1, 2025, however reimbursement for services will not begin until dates of service July 1, 2025, and forward.

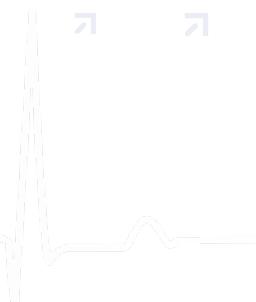
Certified dietitian-nutritionists and groups will need to re-enroll every two (2) years.

Introduction

Effective for dates of service July 1, 2025, and forward, coverage and reimbursement for medical nutrition therapy (MNT) services for **specific** diagnosis codes when rendered by certified and enrolled dietitian-nutritionists will be added under CMAP under HUSKY Health.

Services rendered by certified dietitian - nutritionists must be recommended/referred/ordered by a licensed and enrolled Medicaid practitioner operating within their scope of practice which include:

- Physicians
- Advanced Practice Registered Nurses
- Physician Assistants
- Certified Nurse-Midwives



Access and Setup of Secure Web Account



Public Web Welcome Page ctdssmap.com



Help
Site: B
Login

Thursday, July 3, 2025 at 11:08:27 AM

[Home](#) [Information](#) [Provider](#) [Trading Partner](#) [Pharmacy Information](#) [Hospital Modernization](#) [Telehealth Information](#) [Electronic Visit Verification](#)

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [OOS Instructions/Information](#)
- [Fingerprint Criminal Background Check Info](#)
- [Provider Training](#)
- [Secure Site](#)

Trading Partner

- [Trading Partner Enrollment](#)
- [Trading Partner Documents](#)
- [Provider Electronic Solutions Billing Instructions](#)

Pharmacy

- [Pharmacy Information](#)

Email Subscription

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.



Information



Provider



Trading Partner



Pharmacy

Important Messages

[Attention Home Health Agencies: 10% Rate Add-On Extended for COPE, Confident Caregiver, and CAPABLE Services through September 30, 2025 \(Posted 6/26/25\)](#)

[Attention Ophthalmologists, Optometrists, Opticians, Outpatient Hospitals, and Hearing Aid Providers: Children's Health Insurance Program/HUSKY B Services - Elimination of Allowances for Eyeglasses and Hearing Aids - DSS Payment in Full \(Posted 6/25/25\)](#)

[Attention Nursing Facility Provider: Nursing Facility Reimbursement Public Notice \(Posted 6/24/25\)](#)

[Attention Federally Qualified Health Center: Federally Qualified Health Center Change in Scope Revisions and Alternative Payment Methodology Public Notice \(Posted 6/24/25\)](#)

Provider Secure Web Portal Account Set Up: Information Required for Account Set Up

As a new provider, you will receive two separate letters.

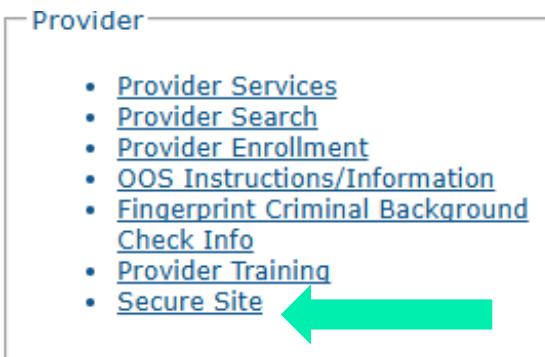
- Welcome Letter providing the AVRS ID / Initial Web User ID
- The PIN Letter providing the AVRS PIN / Web PIN

You will need to have both the Initial Web User ID and Web PIN on hand when you first access the Secure Site.

Welcome Letter is generated the day after your provider enrollment is completed and mailed by USPS. The PIN letter is mailed 1 to 2 days after the Welcome Letter by USPS.

Secure Web Portal Account Set Up: Setting Up Your Secure Site Account

Select **Secure Site** from either the Provider panel on the left or from the Provider drop-down menu. Click **setup account**.



Login

The Connecticut Department of Social Services Medical Assistance Program secure Web site is intended for providers, trading partners/billing agents, labelers/drug manufacturers and clerks designated by those entities.

If you have received your Personal Identification Number letter, click on the setup account button.

setup account 

User ID*

Password*

login

If you have forgotten your password or need to reactivate your account, please click the reset password button.

reset password

Provider Secure Web Portal Account Set Up: Setting Up Your Secure Site Account

Alternately, click on the Provider icon from the main page then click 'Logging in for the first time?' from the Quick Login panel on the right side of the screen.

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

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 **Information**

 **Provider**

 **Trading Partner**

 **Pharmacy**

Quick Login

User ID*

Password*

Logging in for the first time?

Quick Links

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Eligibility Response Quick Reference Guide](#)
- [Provider Training](#)

Provider Assistance Center

- [toll free at 1-800-842-8440](#)
- [1-866-604-3470 \(alternate TTY/TDD line\)](#)

Email Subscription

- [Register/Update Email Subscription](#)

Provider Secure Web Portal Account Set Up

Enter the provided AVRS ID/Initial Web User ID and PIN in the appropriate fields; click **setup account**. This will allow you to create a unique user ID and password once initial set up is completed.

Account Setup

Initial Web User ID*	<input type="text" value="001111111"/>
Personal Identification Number*	<input type="text" value="AB12C3de4"/>

Please note User ID and Personal Identification Number are case sensitive.

Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.

setup account

Provider Secure Web Portal Account Set Up

On the Account Setup screen, fill in the fields with the appropriate information.

Before clicking **submit**, be sure to secure your chosen User ID, Password, and secret question and answer(s).

Your User ID can NEVER be changed. It is suggested you choose a generic username related to your practice/agency.

The screenshot shows a web-based account setup form. At the top, there are two informational links: 'Click here to find answers to the most frequently asked questions (FAQs) regarding Web account set up.' and 'Click "here" for help to Web account set-up questions.' Both links are highlighted with red boxes and arrows pointing to them. Below these, a note states 'Required fields are indicated with an asterisk (*).'. The form contains several input fields: 'User ID*', 'Contact Last Name*', 'Contact First Name*', 'Phone Number*', '1st Secret Question*', '1st Answer*', '2nd Secret Question*', and '2nd Answer*'. To the right of these fields are 'Password*', 'Confirm Password*', 'EMail*', and 'Confirm EMail*'. A large block of text in the center right instructs: 'Complete the fields, read the security agreement and click the "I agree" box prior to hitting the submit button.' At the bottom, there is a 'Security Agreement' section with a detailed paragraph and a checkbox labeled 'I Agree'. The 'I Agree' checkbox is highlighted with a red box. At the very bottom right, there are 'submit' and 'cancel' buttons, with the 'submit' button also highlighted with a red box.

Provider Secure Web Portal Account Set Up

You have successfully set up your ctdssmap.com Secure Site account!

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages

Account

[home](#) [account home](#) [account maintenance](#) [account setup](#) [change password](#) [clerk maintenance](#) [demographic maintenance](#) [reset password](#) [log out](#)

Your password expires in 60 day(s) on 00/00/0000 at 00:00 [Change Password](#)

Welcome, Provider Account User ID
Provider ID Enrollment NPI or AVRS

Reenrollment Due Date: **04/30/2027**
Zip Code: 06226 - 3606

Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.

Please keep an eye on your re-enrollment due date.

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)
- [ACA Ordering/Prescribing/Referring Provider List](#)

Email Subscription

- [Register/Update Email Subscription](#)

Provider Secure Web Portal Account Capabilities

- Set up clerk accounts to allow multiple users access to specified roles
- Update your demographic information (primary acct holder only) includes addresses, phone numbers, Electronic Funds Transfer (EFT) account information
- Check client eligibility
- Use the Switch functionality when Primary Acct holder and/or staff work across accounts
- Perform claim and prior authorization (PA) inquiries
- Create, submit, resubmit, adjust, void, and copy claims
- Review claims submitted electronically
- Obtain your Remittance Advice (RA)
- Verify re-enrollment due date(s)
- Access electronically delivered letters
- Access 1099s

Secure Web Account Features

Self-service functionality for master users (providers and trading partners) and their clerks has been enhanced to allow users to:

- **Reset** their password by responding to the updated questions and answers supplied through the one-time set up process
- **Unlock** their account in instances where their account has been locked due to entering an incorrect password more than six (6) times, by responding to their updated security questions and answers supplied through the one-time process

- **Reactivate** their account in the instance where they have not accessed their account within the last ninety (90) days by responding to the updated security questions and answers supplied through the one-time process

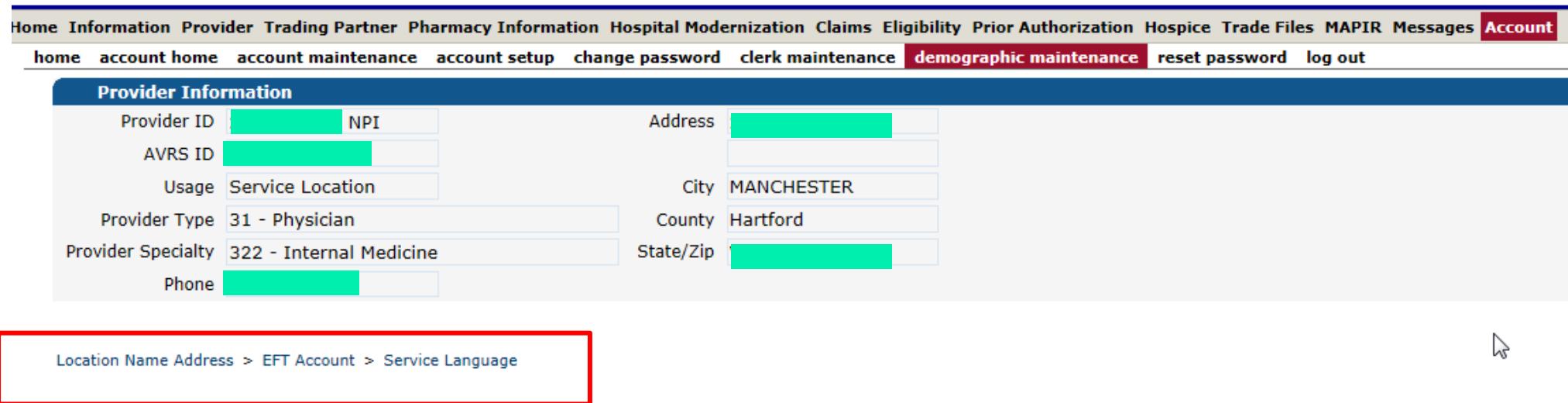
For more information, please see Provider Bulletin [2018-34](#) “ Enhanced Secure Web Site Features for Password Resets, Locked Accounts, and Disabled Accounts”.

Demographic & Clerk Maintenance



Demographic Maintenance

DSS requires providers to update and maintain their demographic information via their secure Web account. Demographic information includes **provider addresses**, **Electronic Funds Transfer (EFT)** and **member(s) of organization** maintenance. The master user must log in to their account and click on the “*Demographic Maintenance*” tab. See [Chapter 10](#) of the Provider Manual for more information.



The screenshot shows a web-based provider account management system. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. The Account link is highlighted in red. Below the navigation is a sub-menu with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance (which is also highlighted in red), reset password, and log out. The main content area is titled "Provider Information" and contains fields for Provider ID (NPI), AVRS ID, Usage (Service Location), Provider Type (31 - Physician), Provider Specialty (322 - Internal Medicine), Phone, Address, City (MANCHESTER), County (Hartford), and State/Zip. A red box highlights the breadcrumb navigation at the bottom left, which reads: Location Name Address > EFT Account > Service Language. A cursor icon is visible on the right side of the page.

Demographic Maintenance – Location Name Address

Specify different mailing, payment, service location, home office, and enrollment addresses.

Location Name Address										
Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access	
Mail to	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y	
Pay to	DOE, JOHN	250 OAK AVENUE	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y	
Service Location	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y	
Enrollment	DOE, JOHN	123 STEELE STR	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y	

Type changes below.

Name Type Business Name Personal Name [select from list](#)

Name **Usage** **Country**

Title **Address 1*** **Address 2** **City** **State** **Zip***

Phone* **Fax**

Handicap Accessible? **Email**

Apply Changes To: Svc Loc Pay To Mail To Enrollment

[save](#) [cancel](#)

Demographic Maintenance – EFT Account

The **EFT Account** panel allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited.

Click “**add**”; enter the appropriate information; and click “**save**”

Location Name Address > **EFT Account** > Service Language > Maintain Organization Members

EFT Account					
Click here to open Provider EFT Enrollment instructions.					
Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
BANK OF AMERICA, N.A.	011900571		Checking		Active
Select row above to update -or- click Add button below.					
Required fields are indicated with an asterisk (*)					
Provider Identifiers*			Account Number Linkage to Provider Identifier*		
Provider Name*		<input type="text"/>	Provider Tax Identification Number (TIN)		<input type="text"/>
			OR		
			National Provider Identifier (NPI)		<input type="text"/>
Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN)			<input type="text"/>		

Schedules

- [2025 Cycle/Claim Submission Schedule Jul-Dec](#)
- [2025 Claim Cycle Payment Schedule Jul-Dec](#)
- [2025 Cycle/Claim Submission Schedule Jan-Jun](#)
- [2025 Claim Cycle Payment Schedule Jan-Jun](#)
- [2024 Cycle/Claim Submission Schedule Jul-Dec](#)
- [2024 Claim Cycle Payment Schedule Jul-Dec](#)
- [Holiday Schedule](#)
- [POS / AEVS System Availability Schedule](#)

****EFT updates will place the provider in a *pre-notification* status****

Demographic Maintenance – Maintain Organization Members

Re-Enrollment due dates are visible on the “Maintain Organization Members” panel.

Location Name Address > EFT Account > Service Language > **Maintain Organization Members**

Maintain Organization Members X

- This Maintain Organization Members panel allows providers to view, add or separate members of their organization. Members must first enroll in the Connecticut Medical Assistance Program in order to join your organization. Members will receive a letter from Gainwell Technologies when any additions or separations are made to their association to your organization. Note: 12/31/2299 represents an open ended association with the organization.
- **Warning - PCMH and Glide Path Providers ONLY**
If you are a PCMH or Glide Path provider and you are adding a member to your group via the Web, and your intent is for that provider to be PCP under your PCMH/Glide Path practice, you must first use this Web portal to associate the member to your group and then use CHN's Change Request Form in order to add that practitioner as a PCP. Conversely, if you are dis-associating a member from your group and that member is no longer a PCP under your PCMH/Glide Path practice, you must first use this Web portal to dis-associate the member from your group and then use CHN's Change Request Form in order to remove that provider as a PCP under the PCMH/Glide Path practice. CHN's Change Request Form is located at www.huskyhealthct.org, by selecting the Providers tab, clicking on the Person-Centered Medical Home link, and locating the PCMH and Glide Path Change Request Form.
- Scroll down to add or separate a member.

Refer to section 10.15 within Chapter 10 of the Provider Manual to view instructions for maintaining your organization members. Click here to view Chapter 10.

Refer to section 3.1 within Chapter 3 of the Provider Manual to view which provider types and specialties may join your organization. Click here to view Chapter 3.

All Current Historical Organization Member ID Member Business/Last Name Member First Name

Organization Member ID	ID Type	Organization Member Name	Effective Date	End Date	Reenrollment Due Date
[REDACTED]	MCD	[REDACTED]	06/05/2000	01/31/2003	12/31/2299
	MCD	[REDACTED]	07/09/1999	09/24/2001	12/31/2299
	MCD	[REDACTED]	06/29/1999	06/01/2002	12/31/2299
	MCD	[REDACTED]	07/01/2001	02/11/2018	12/31/2299
	MCD	[REDACTED]	04/30/2000	09/24/2001	12/31/2299
	MCD	[REDACTED]	01/01/1999	09/24/2001	12/31/2299
	MCD	[REDACTED]	06/23/2000	08/31/2004	12/31/2299
	MCD	[REDACTED]	07/14/1999	09/24/2001	12/31/2299
	MCD	[REDACTED]	07/09/1999	09/24/2001	12/31/2299

Demographic Maintenance – Maintain Organization Members

The **Maintain Organization Members** panel allows the master user to:

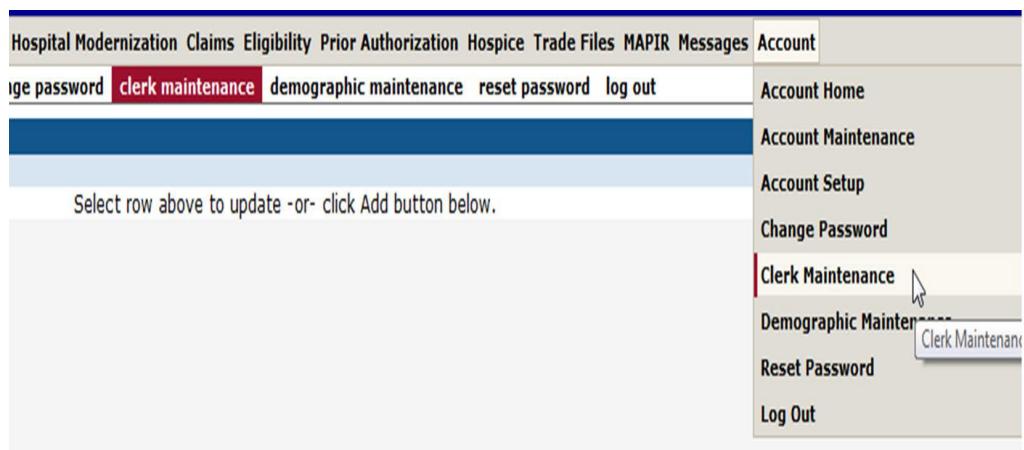
- Search current or historical members
- Add new members by entering their Organization Member ID (NPI) as well as Effective Date
- Separate members by selecting their line and entering an End Date
- View re-enrollment due dates of members

The screenshot shows a web-based application for managing organization members. At the top, there are search filters: 'All' (radio button), 'Current' (radio button, selected), 'Historical' (radio button), 'Organization Member ID' (text input), 'Member Business/Last Name' (text input), 'Member First Name' (text input), and buttons for 'search' and 'clear'. Below the filters is a table with columns: Organization Member ID, ID Type, Organization Member Name, Effective Date, End Date, and Reenrollment Due Date. The table shows one historical member (BOYLE, DR. DAWN) and two current members. Below the table, it says 'Total Count: 3', 'Current Count: 2', and 'Historical Count: 1'. A message says 'Select row above to update -or- click Add button below.' Below this are instructions: 'To add a new member, click the add button.' and 'To separate a member from your organization, click on the existing member row, then enter the end date of their affiliation with your organization. This date cannot be in the past.' At the bottom, there is an 'add' button, fields for 'Organization Member ID' (with a 'Search' button), 'Effective Date', 'End Date', and 'Reenrollment Due Date', and buttons for 'save' and 'cancel'.

Clerk Maintenance

Clerk accounts grant Web access to staff members allowing them to perform functions based on their job responsibilities.

The master user/main account administrator is responsible for maintaining clerk accounts within their organization. This includes adding clerks, changing the role(s) for clerks, and removing clerks.



To manage clerk roles, start by selecting **Clerk Maintenance** from either the Account submenu or the Account drop-down menu.

Clerk Maintenance

Clerk roles can perform the following functions:

- **Claim Inquiry/ Submission/ Adjustment** – Allows clerks to inquire on claims, submit claims, and adjust claims through the Secure Web site. *This role cannot be limited to only claims inquiry or only claims submission*
- **PA Inquiry/ Submission** - Allows clerks to inquire on PAs through the Secure Web site
- **Client Eligibility Verification** – Allows clerks to verify a client's eligibility
- **Submit Applications** – Allows clerks to submit applications to add an alternate service location address(es)
- **Trade Files Includes E-Delivery** – Allows clerks to Upload claims and retrieve claim file responses (999's), X12N transactions, retrieve electronically delivered letters, 1099s and to download Remittance Advices (RAs)
- **Trade Files E-Delivery Only** - Allows a clerk to access electronically delivered letters only, and does not provide access to trade file functions such as downloading Remittance Advices (RAs)

***A clerk **cannot** be assigned both the “Trade Files Includes E-Delivery” and the “Trade Files E-Delivery Only” roles ***

Available Roles
Claim Inquiry/Submission/Adjustment
PA Inquiry/Submission
Client Eligibility Verification
Trade Files Includes E-Delivery
Submit Applications
Trade Files E-Delivery Only

Re-enrollment



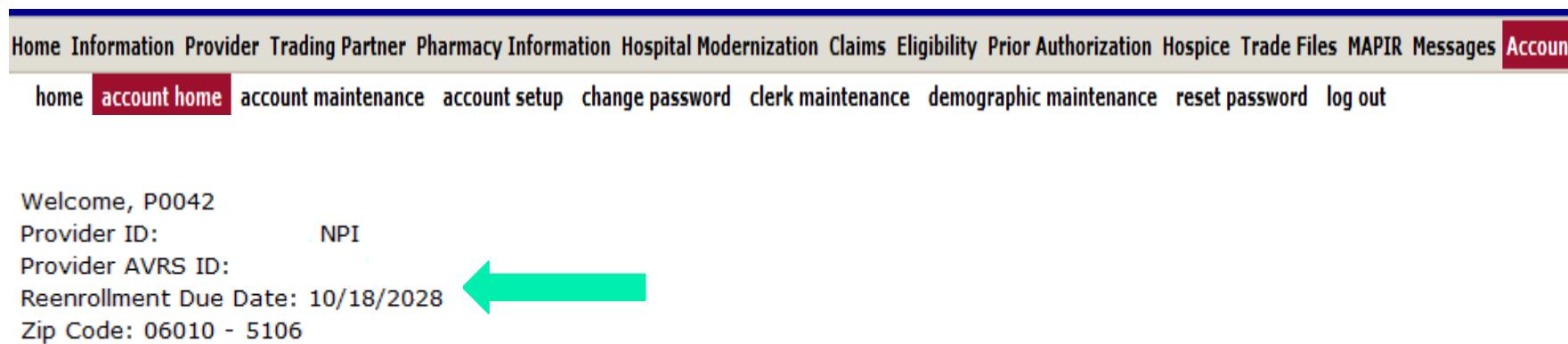
Re-enrollment

- Dietitian-nutritionists will need to re-enroll every **two (2) years**
- Providers will receive a letter via e-delivery when they are due for re-enrollment six (6) months prior to the end of their current contract
- If the provider has not successfully re-enrolled three (3) months prior to the end of their current contract, another letter will be sent
- Providers with re-enrollment applications that are not fully completed by the provider's re-enrollment due date will receive a notice advising they have been dis-enrolled from the Connecticut Medical Assistance Program (CMAP)
- Re-enrollment via the Enrollment/Re-enrollment Wizard on the CMAP Web site, www.ctdssmap.com, is required

Re-enrollment

Providers with Secure Web portal access can view their re-enrollment due date once logged in.

- Individual providers can view their re-enrollment due date on the home page
- Group/organization providers can view their re-enrollment due date, as well as the re-enrollment due date of their members by accessing the “Maintain Organization Members” panel

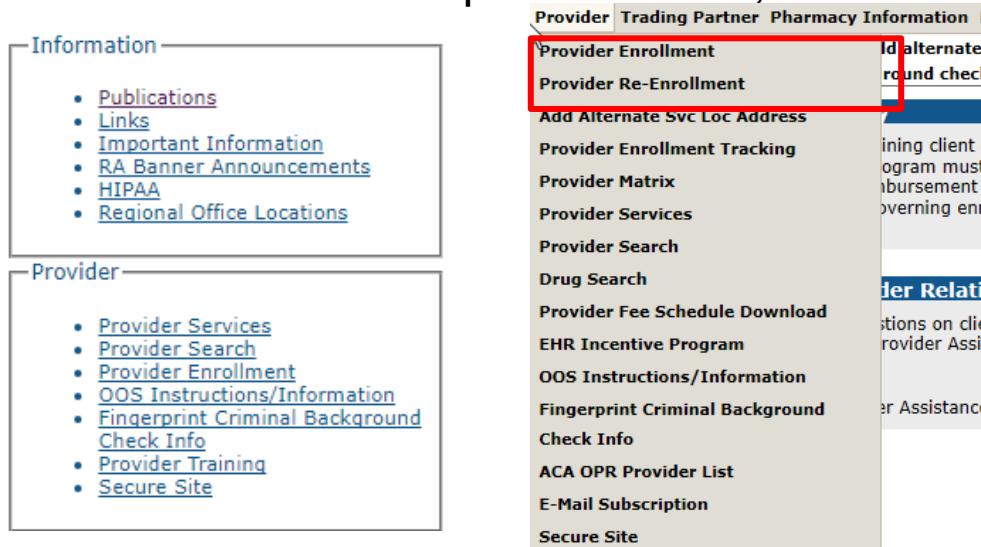


The screenshot shows the HealthCare.gov provider account home page. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. The 'Account' link is highlighted in red. Below the navigation bar, there is a sub-navigation menu with links: home, account home (which is highlighted in red), account maintenance, account setup, change password, clerk maintenance, demographic maintenance, reset password, and log out. The main content area displays a welcome message 'Welcome, P0042' and provider details: 'Provider ID: NPI', 'Provider AVRS ID: [redacted]', 'Reenrollment Due Date: 10/18/2028', and 'Zip Code: 06010 - 5106'. A large green arrow points to the 'Reenrollment Due Date' field.

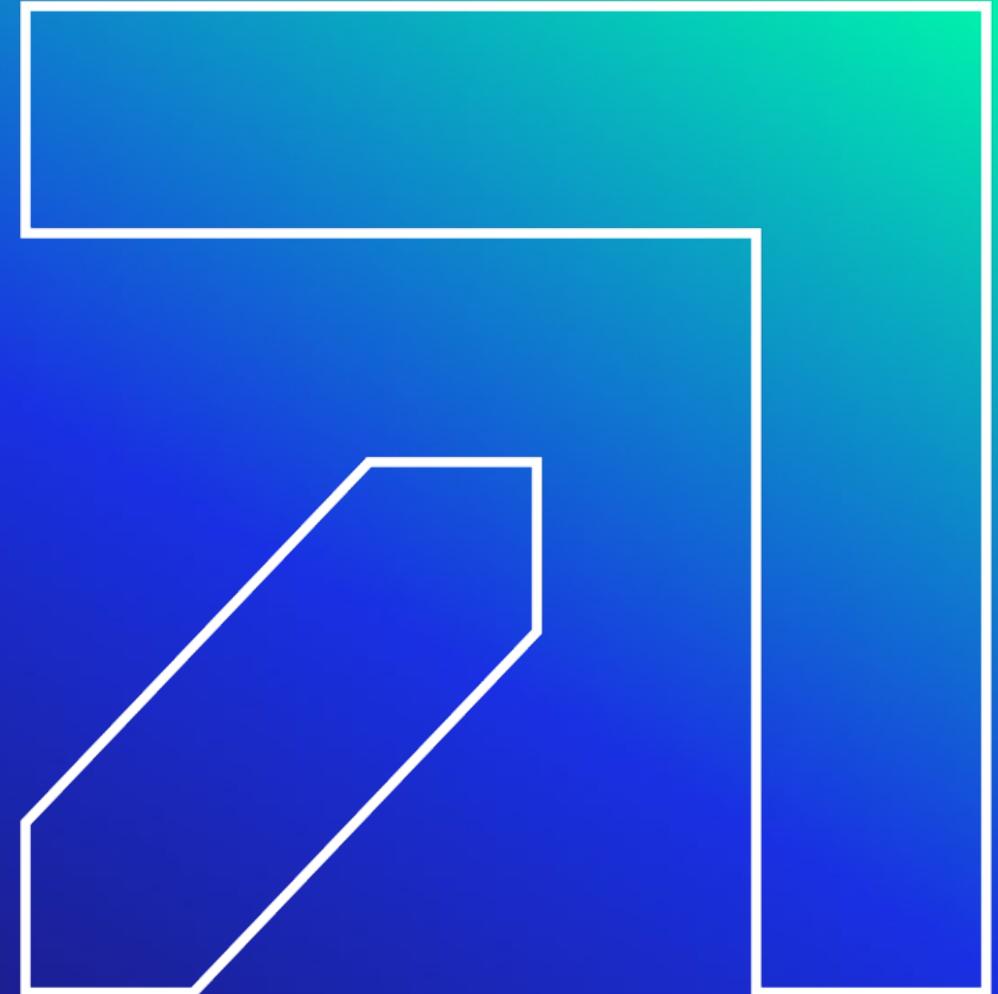
Re-enrollment

- All the required information is automatically populated based on the provider's previous application
- Online re-enrollment cannot be initialized until an *Application Tracking Number* (ATN) is received from the Gainwell Technologies Provider Enrollment Unit via an e-delivered letter
- If you do not receive this notice, you may call the Provider Assistance Center (PAC), and they will be able to retrieve that information

Select “*Provider Enrollment*” from either the *Provider* box on the left-hand side of the home page or from the *Provider* drop-down menu; select *Provider Re-Enrollment*



Eligibility Verification



Eligibility Verification

DSS recommends that providers verify a client's eligibility on the date of service **PRIOR** to performing said service because eligibility can change at any time.

Eligibility verification can be performed in the following ways:

- Internet Web site at www.ctdssmap.com
- Automated Voice Response System (AVRS)
- Point of Sale (POS) Device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction

IMPORTANT: Please be sure to verify that you do in fact take a client's insurance plan before rendering services

Eligibility Verification

To verify a CMAP client's eligibility through the Secure Site – click on the **Eligibility** tab on the main menu.

You must satisfy one of the search combinations prior to selecting submit.

Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date



submit

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims **Eligibility** Prior Authorization Hospice MAPIR Account ConnPACE

Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date

Enter data to satisfy at least one of the valid search combinations; click search.

When entering a full name as part of your search criteria, a middle initial is required if present in the client's "CMAP profile."

Eligibility Response Quick Reference Guide

Eligibility Verification Request

Client ID	last name	Doe	From DOS*	06/01/2021
SSN	First Name, MI	John	To DOS*	06/01/2021
Birth Date	02/05/1995			
Service Type Code 1	30 - Health Benefit Plan Coverage	Service Type Code 2		
Service Type Code 3		Service Type Code 4		
Service Type Code 5				

search

clear

Eligibility Verification

Eligibility Verification Response

Verification Number 191720000P

Response Text Client is eligible. Refer to Benefit Plan for specific program coverage.

Client Information						Service Information				Benefit Month			
Last Name		First Name, MI		Street		Husky D. For Behavioral Health Services, call BHP at 877-552-8247.		Effective Date	Effective Date	End Date	Message 1		
CAREY		BABYC		1 MAIN ST				03/01/2025	03/21/2025	03/21/2025	Next Re-enrollment date is 01/31/2026		
Client ID 009999999		SSN ####-####		City, State, Zip TORRINGTON, CT 06790									
Benefit Plan													
Service Information		Benefit Month		Effective Date		End Date		Message 1		Message 2			
Husky D. For Behavioral Health Services, call BHP at 877-552-8247.		03/01/2025		03/21/2025		03/21/2025		Next Re-enrollment date is 01/31/2026					
Deductible Information													
Service Information		Effective Date		End Date		Base Deductible Amount		Remaining Amount		Message 3			
Husky D						\$0.00				Message 4			
Out of Pocket Information - Includes Deductible and Co-Pay													
*** No rows found ***													
Service Type Codes - Medicaid Services													
Service Type Code	Service Type Information	Copay	Coinsurance										
1	Medical Care												
33	Chiropractic	\$0.00	0%										
35	Dental Care												
4	Diagnostic X-Ray	\$0.00	0%										
40	Oral Surgery	\$0.00	0%										
42	Home Health Care	\$0.00	0%										
45	Hospice	\$0.00	0%										
47	Hospital	\$0.00	0%										
48	Hospital - Inpatient	\$0.00	0%										
5	Diagnostic Lab	\$0.00	0%										
1 2 3 Next >													
Service Type Codes - MCO Services													
*** No rows found ***													
Service Type Codes - Not Covered													
*** No rows found ***													
Additional Benefit Information													
*** No rows found ***													
Limit Information													
Description	Service Type Codes	Effective Date	End Date	Annual Maximum	Remaining Balance	Message							
Dental Annual Benefit Maximum	35	01/01/2025	12/31/2025	\$1,000.00	\$1,000.00	Claims not yet received or not yet processed may reduce available benefits. Eligibility verification and confirmation of coverage or remaining benefits is not a guarantee of payment.							

Patient's Next Re-enrollment Date:

Please notify your patient when they are nearing their re-enrollment date or if they are no longer enrolled.

Example: Patient's re-enrollment is due by 1/31/2026

Eligibility Verification Benefit Plans

HUSKY A

- Coverage group for eligible children, their parents or a relative caregiver; pregnant women

HUSKY B

- Children's Health Insurance Program (CHIP)
- Free or low-cost health insurance for children and youth up to age 19 & for families who are not income eligible for HUSKY A with income between 201% and 323% of the federal poverty level qualify under either band 1 or band 2

HUSKY C

- Previously referred to as fee-for-service Medicaid, or Adult Medicaid
- Individuals that are age 65+, blind, or disabled

HUSKY D

- Previously referred to as Medicaid for Low-Income Adults (MLIA) or State Administered General Assistance (SAGA)
- Individuals aged 19 through 64 who do not receive federal Supplemental Security Income or Medicare and who are not eligible for another coverage group

Eligibility Verification

Medicare Covered Services

If **Medicare Covered Services** or **Qualified Medicare Beneficiary (QMB)** is present on the benefit plan and are the *only* coverage(s) on the benefit plan, the client *does not* have active Medicaid for the eligibility period being researched.

Benefits are limited to the payment of Medicare coinsurance and deductible amounts assuming the Medicare paid amount is less than the Medicaid allowed amount. Charges that are denied or are not covered by Medicare will not be considered for payment under the QMB program.

***IMPORTANT:** Providers must enroll in the Medicare Program to get paid for providing covered services to Medicare clients.

Claims Processing and Web Claim Submission Information



Claims Processing/Submission Information

Claims submitted to Gainwell Technologies are each assigned a unique 13-digit Internal Control Number (ICN) that is used for tracking and research.

(20)(25)(005)(123)(456)

1 2 3 4 5

1 ***Claim Region*** – Identifies the manner in which the claim was submitted (**20** = *Electronic Claims with No Attachments. The ICN Region Code List can be found on our Web site under Information> Publications> Claims Processing Information.*)

2 ***Year of Receipt*** – Indicates the year in which the claim was received by Gainwell Technologies (**25** = 2025)

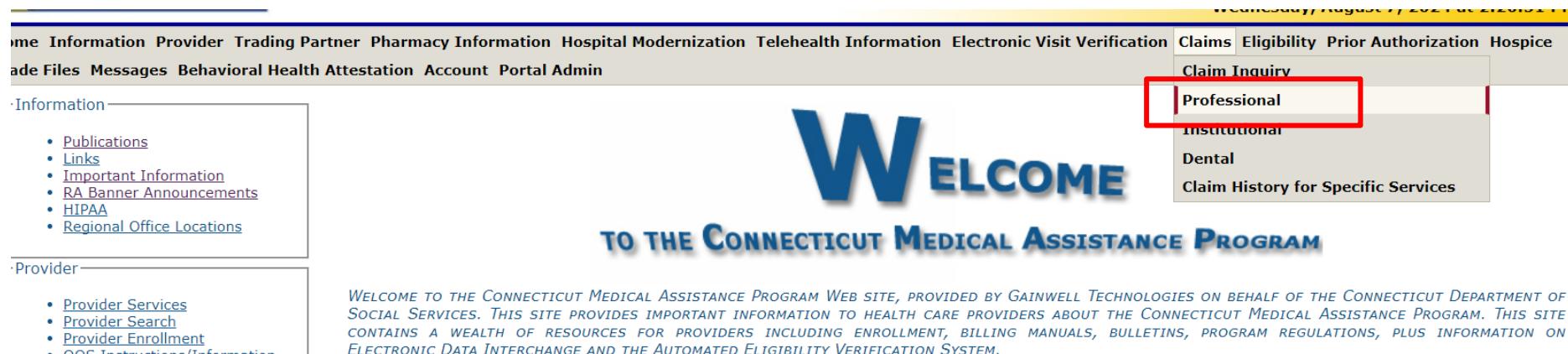
3 ***Julian Date of Receipt*** – The Julian calendar date of receipt (**005** = *the fifth day of the year; January 5*)

4 ***Batch Number*** – An internal number assigned by Gainwell Technologies to uniquely identify a batch (**123**)

5 ***Claim Number*** – A sequential number assigned to uniquely identify claims within a batch (**456**)

Professional Web Claim Submission

Once on the secure site, select “Professional” from the claims drop-down menu.



The screenshot shows the homepage of the Connecticut Medical Assistance Program. At the top, there is a navigation bar with links for Home Information, Provider Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, Case Files, Messages, Behavioral Health Attestation, Account Portal Admin, and a sign-in link. The 'Claims' menu is expanded, showing 'Claim Inquiry' as the first option, which is then expanded to show 'Professional' (highlighted with a red box), 'Institutional', 'Dental', and 'Claim History for Specific Services'. Below the navigation bar, there is a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' logo. A welcome message is displayed: 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.'

- Primary and Secondary/Third Party Liability (TPL) claims
- Re-submission and adjustments for non-crossover claims, if they are within timely filing
- Recoup/Void a claim at any time regardless of timely filing

Professional Web Claim Submission



Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Claims** Eligibility Prior Authorization Hospice

home claim inquiry **professional** institutional dental claim history for specific services

Quick Links

- Internet Claims Submission FAQ
- Instructions for submitting Professional claims
- Claim Resolution Guide

Professional Claim

ICN		From Date	
Provider ID		To Date	
AVRS ID		Admission Date	
Client ID*		EPSDT Referral	<input type="checkbox"/>
Last Name		Total Charges \$0.00	
First Name, MI		Total Paid \$0.00	
Date of Birth		TPL Amount \$0.00	
Patient Account #		CoPay Amount \$0.00	
Medical Record Number		Medicare Crossover	<input type="checkbox"/> No
Referring Physician		837 Version	<input type="checkbox"/> 5010
SSN			
Accident Related	<input type="checkbox"/> No		
Accident Date			

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diagnosis

Diag-Sequence	Diagnosis	Description	Diagnosis
Code Set	ICD 10	<input type="checkbox"/>	
Principal	<input type="checkbox"/>	[Search]	Other 1 <input type="checkbox"/> [Search] Other 2 <input type="checkbox"/> [Search]
Other 3	<input type="checkbox"/>	[Search]	Other 4 <input type="checkbox"/> [Search] Other 5 <input type="checkbox"/> [Search]
Other 6	<input type="checkbox"/>	[Search]	Other 7 <input type="checkbox"/> [Search] Other 8 <input type="checkbox"/> [Search]
add more			

The Internet Claims Submission FAQ

document contains relevant information that will guide you through the process of submitting a claim.

The Claim Resolution Guide contains a list of common denial codes (EOBs) and resolution methods.

Professional Web Claim Submission

Perform the following steps to easily submit a new claim:

Select “**Professional**” claim type from the Claims drop down box

A blank claim will appear.

At a minimum, enter data into Client ID field.

Professional Claim

ICN	From Date
Provider ID	To Date
AVRS ID	Admission Date
Client ID*	EPSDT Referral
Last Name	Total Charges \$0.00
First Name, MI	Total Paid \$0.00
Date of Birth	TPL Amount \$0.00
Patient Account #	CoPay Amount \$0.00
Medical Record Number	Medicare Crossover No
Referring Physician	837 Version 5010
SSN	
Accident Related	
Accident Date	

[Search]



Professional Web Claim Submission - Diagnosis

You may enter up to twelve (12) diagnosis codes on a Professional claim.

Click the “add more” button to enter more than nine codes.

Diagnosis		
Diag-Sequence	Diagnosis	Description
Code Set	ICD 10	
Principal	<input type="text"/>	[Search]
Other 1	<input type="text"/>	[Search]
Other 2	<input type="text"/>	[Search]
Other 3	<input type="text"/>	[Search]
Other 4	<input type="text"/>	[Search]
Other 5	<input type="text"/>	[Search]
Other 6	<input type="text"/>	[Search]
Other 7	<input type="text"/>	[Search]
Other 8	<input type="text"/>	[Search]
add more		

FYI: Do not enter any punctuation.

Professional Web Claim Submission - Detail

Perform the following steps to submit a New claim:

At a minimum, enter data into all required fields (identified by an asterisk after the field name)

- From DOS
- To DOS
- Procedure Codes
- Units
- Charges

Detail		Type data below for new record.					
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A	1			1.00	\$0.00		\$0.00
Item 1							
From DOS*		Status <input type="button" value="▼"/>					
To DOS*		Emergency Indicator <input type="button" value="No"/>					
Procedure*		Pregnancy <input type="button" value="Not pregnancy Related"/>					
Modifiers		[Search]		[Search]		EPSDT Referral <input type="button" value="None"/>	
		[Search]		[Search]		Family Planning <input type="button" value="No"/>	
Units*		1.00		Allowed Amount <input type="button" value="\$0.00"/>		CoPay Amount <input type="button" value="\$0.00"/>	
Facility Type Code*		[Search]		Medicare Paid Date		Medicare Paid Amt <input type="button" value="\$0.00"/>	
Charges*		\$0.00		Medicare Calc Allowed Amt <input type="button" value="\$0.00"/>		Medicare Paid Amount <input type="button" value="\$0.00"/>	
Rendering Physician		[Search]		Medicare Deductible Amount <input type="button" value="\$0.00"/>		Medicare Coinsurance Amount <input type="button" value="\$0.00"/>	
SSN		[Search]		Diagnosis Code Pointer <input type="button" value=""/>		National Drug Code <input type="button" value=""/>	
Referring Provider		[Search]		NDC Quantity <input type="button" value="0"/>		NDC Unit of Measurement <input type="button" value=""/>	
Ordering Provider		[Search]					
<input type="button" value="delete"/> <input type="button" value="add"/>							

Professional Web Claim Submission - Detail

Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A	1			1.00	\$0.00		\$0.00

Type data below for new record.

Item	1	Status	<input type="button" value="▲"/>
From DOS*	<input type="text"/>	Emergency Indicator	<input type="button" value="No"/>
To DOS*	<input type="text"/>	Pregnancy	<input type="button" value="Not pregnancy Related"/>
Procedure*	<input type="text"/> [Search]	EPSDT Referral	<input type="button" value="None"/>
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Family Planning	<input type="button" value="No"/>
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	<input type="text" value="\$0.00"/>
Units*	1.00	CoPay Amount	<input type="text" value="\$0.00"/>
Facility Type Code*	<input type="text"/> [Search]	Medicare Paid Date	<input type="text"/>
Charges*	\$0.00	Medicare Calc Allowed Amt	<input type="text" value="\$0.00"/>
Rendering Physician	<input type="text"/> [Search]	Medicare Paid Amount	<input type="text" value="\$0.00"/>
SSN		Medicare Deductible Amount	<input type="text" value="\$0.00"/>
Referring Provider	<input type="text"/> [Search]	Medicare Coinsurance Amount	<input type="text" value="\$0.00"/>
Ordering Provider	<input type="text"/> [Search]	Diagnosis Code Pointer	<input type="button" value=""/>
		National Drug Code	<input type="text"/>
		NDC Quantity	<input type="text" value="0"/>
		NDC Unit of Measurement	<input type="text"/>

Rendering Physician & Diagnosis Code Pointer/Indicator

*This is a required field for all Dietitian-Nutritionists

Professional Web Claim Submission - Detail

To enter additional Detail lines, click the “add” button within the panel

Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A 1				1.00	\$0.00		\$0.00

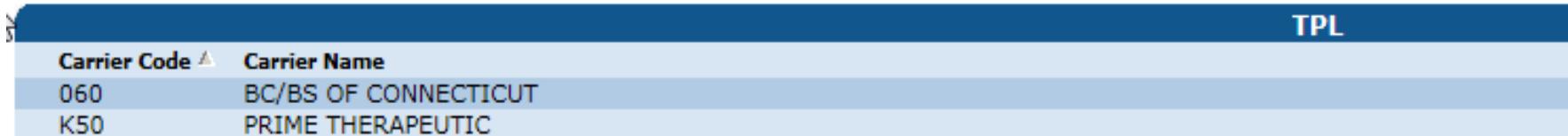
Type data below for new record.

Item	1	Status	<input type="text"/>
From DOS*	<input type="text"/>	Emergency Indicator	<input type="text"/>
To DOS*	<input type="text"/>	Pregnancy	<input type="text"/>
Procedure*	<input type="text"/>	EPSDT Referral	<input type="text"/>
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Family Planning	<input type="text"/>
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	\$0.00
Units*	1.00	CoPay Amount	\$0.00
Facility Type Code*	<input type="text"/> [Search]	Medicare Paid Date	<input type="text"/>
Charges*	\$0.00	Medicare Calc Allowed Amt	\$0.00
Rendering Physician	<input type="text"/> [Search]	Medicare Paid Amount	\$0.00
SSN		Medicare Deductible Amount	\$0.00
Referring Provider	<input type="text"/> [Search]	Medicare Coinsurance Amount	\$0.00
Ordering Provider	<input type="text"/> [Search]	Diagnosis Code Pointer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		National Drug Code	<input type="text"/>
		NDC Quantity	0
		NDC Unit of Measurement	<input type="text"/>

Professional Web Claim Submission - TPL

Medicaid is the payor of last resort. The three-digit carrier code of the TPL is required to be submitted on the claim when other insurance is primary.

- The three-digit carrier code can be found on the client eligibility verification screen under TPL (Third Party Liability) Information and the claims submission screen.



TPL	
Carrier Code	Carrier Name
060	BC/BS OF CONNECTICUT
K50	PRIME THERAPEUTIC

Provider should initiate a separate request to the other payer or plan to determine level of coverage

If you find that there is a discrepancy in client TPL information, please refer to the following procedure:

Effective May 31, 2023, New HMS Phone number: 1-866-252-0671

A TPL referral should be made directly to HMS to report new client health insurance, or to have a correction made to a client's existing health insurance policy. Here are the methods in which a TPL referral should be made:

CTDSS Eligibility Staff should send to HMS the W-1685 Medicaid Insurance Information form by fax: 1-469-320-5117, or by scanning the form into a PDF file and sending it by secure email to CTinsurance@gainwelltechnologies.com.

Professional Web Claim Submission - TPL

TPL									
Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
A 060	BC/BS OF CONNECTICUT	UPX8289514	\$0.00						

Type data below for new record.

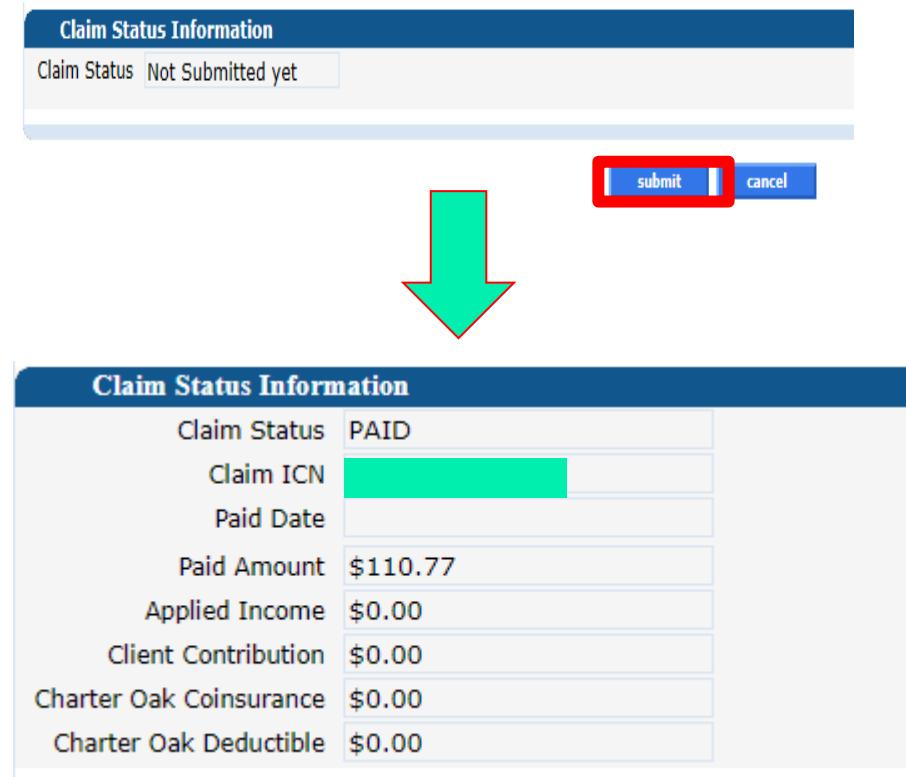
Client Carriers	060 - BC/BS OF CONNECTICUT					
Carrier Code	060	[Search]				
Plan Name	BC/BS OF CONNECTICUT					
Policy Number						
Paid Amount*						
Paid Date*						
Adjustment Reason Code		[Search]		[Search]		[Search]
Adjustment Amount	\$0.00		\$0.00		\$0.00	
delete	add					

Professional Web Claim Submission – New Claim

Perform the following steps to easily submit a new claim:

- Click the “submit” button at the bottom of the claim page

The claim will process immediately and return a status of Paid, Denied or Suspended.



Claim Status Information

Claim Status Not Submitted yet

submit cancel

Claim Status Information

Claim Status	PAID
Claim ICN	██████████
Paid Date	
Paid Amount	\$110.77
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Professional Web Claim Submission - Void

Perform the following steps to void or completely recoup a paid claim:

- Select Claim Inquiry
- Enter the paid claim ICN (found on your RA or via Claim Inquiry) in the ICN field
- Click the “Search” button
- Once the claim is retrieved, click the “void” button at the bottom of the claim page

The void will process immediately and return a message that the claim has been successfully adjusted / voided with a new ICN.

void

Professional Web Claim Submission - Adjust

Perform the following steps to adjust a paid claim:

- Select Claim Inquiry
- Enter the paid claim ICN (found on your RA or via Claim Inquiry) in the ICN field
- Click the “search” button
- Once the claim is retrieved, make any necessary changes to the claim
- Click the “adjust” button at the bottom of the claim page

The adjustment will process immediately and return a status of Paid, Denied, or Suspended.

Claim Status Information	
Claim Status	Adjusted / Voided
Claim ICN	
Paid Date	
Paid Amount	\$110.77
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Professional Web Claim Submission - Copy

Perform the following steps to easily copy a paid claim for submission as a new claim:

- Select Claim Inquiry
- Enter the paid claim ICN (found on your RA or via Claim Inquiry) in the ICN field
- Click the “search” button
- Once the claim is retrieved, click the “copy” button at the bottom of the claim page
- Make the necessary changes to the claim
- Click the “submit” button at the bottom of the claim page

copy claim

Helpful for reoccurring services!

The new claim will process immediately and return a status of Paid, Denied or Suspended.

Professional Web Claim Submission - Resubmit

Perform the following steps to easily re-submit a denied claim:

- Select Claim Inquiry
- Enter the denied claim ICN (found on your RA or via Claim Inquiry) in the ICN field
- Click the “search” button
- Once the claim is retrieved, make any necessary changes to the claim
- Click the “re-submit” button at the bottom of the claim page

The new claim will process immediately and return a status of Paid, Denied or Suspended.



re-submit

Professional Web Claim Inquiry: What Can I Do With These Claims?

Paid claims allow you to:

- Cancel any alterations you have made
- Adjust the claim
- Void the claim
- Copy the claim and use it as a template to create a new claim
- Create a brand-new claim

Denied claims allow you to:

- Resubmit the claim (with or without making changes)
- Cancel any alterations you have made
- Create a brand-new claim

Suspended claims allow you to:

- Create a brand-new claim

cancel

adjust

void

copy claim

new claim

re-submit

cancel

new claim

Professional Web Claim Submission

Web Claim Adjustment Limitations

Timely Filing

Claims that are over the Timely Filing guidelines cannot be adjusted, unless the adjustment is expected to pay the same or less than the original claim. Otherwise, claim adjustments outside of the timely filing limit will be fully recouped.

Medicare Crossovers

Crossover claims cannot be adjusted. They must be voided, copied and then submitted as new claims.

Special Handled Claims

Claims with an ICN that begins with either “12” or “13” indicate that they have been special handled by Gainwell Technologies and are therefore, not able to be adjusted via the web.

NOTE: Provider claims that are submitted to Gainwell Technologies for special handling such as timely filing overrides are excluded from the Elimination of Paper Claims mandate

Claims Processing/Submission Information

Medicare Coinsurance and / or Deductible Claim Submission:

- Claims for clients covered under Medicare must first be billed to Medicare
- Crossover claims are claims that Medicare has considered and made payment on
- Crossover claims from Medicare will be denied if TPL information is on the client's eligibility file
- Only claims paid by Medicare will be electronically submitted to Medicaid
- Claims that do not cross over from Medicare or are denied by Medicare can be submitted by the provider to Gainwell Technologies
- Claims submitted do not need the Explanation of Medicare Benefits (EOMB) attached if Medicare denied the service. Enter Medicare N/A or Medicare HMO N/A and the date of Medicare's denial, TPL or Medicare Coinsurance and / or Deductible Reimbursement
- Medicaid **will pay** up to the Medicaid Allowed Amount minus any Medicare payment up to Medicare's co-insurance and/or deductible due and/or minus TPL payment
- Medicaid **will not pay** if the Medicare or TPL payment is equal to or exceeds the Medicaid Allowed Amount

A provider may not balance-bill the client, financially responsible relative, or representative of the client.

Claims Processing/Submission Information

When a claim processes through the Connecticut Medical Assistance Program, it is subject to a series of edits that check the validity of claim data such as:

- The submitted provider must be actively enrolled on the date of service
- Client must be eligible on date of service
- Procedure Code submitted must be valid for the Provider Type

Each claim then passes through a series of audits

- The claim is compared to previously paid claims
 - Is the current claim a duplicate of a paid claim?
 - Is the current claim for an inpatient hospital stay with the same date of service as a paid long term care room and board claim?
- Does the billed procedure code require prior authorization (PA)?

Intermission



Fee Schedule



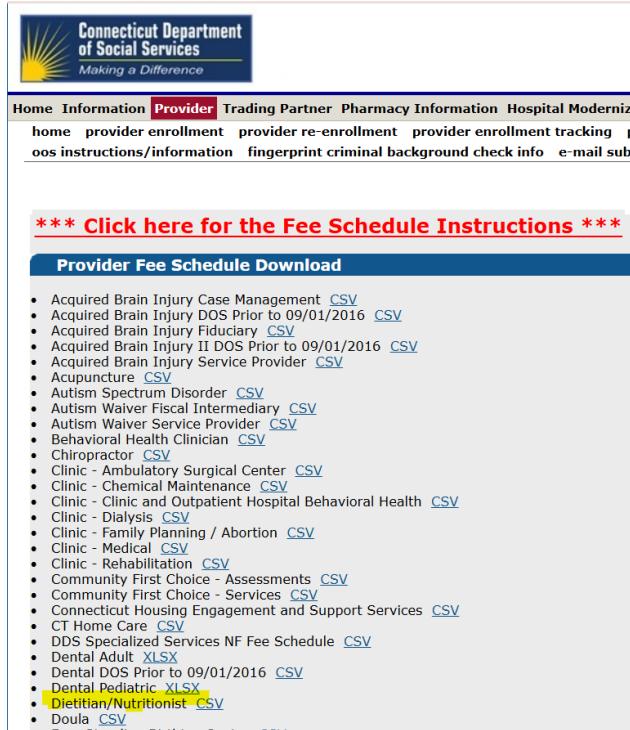
Fee Schedule

Fee Schedules are available for download from the CMAP Web Site

- Select “Provider Fee Schedule Download” from the Provider drop-down menu
- You must read and accept the *End User License Agreement* prior to downloading the fee schedule; click I Accept

Provider	Trading Partner	Pharmacy Info
Provider Enrollment		
Provider Re-Enrollment		
Provider Enrollment Tracking		
Provider Matrix		
Provider Services		
Provider Search		
Drug Search		
Provider Fee Schedule Download		
EHR Incentive Program		
OOS Instructions/Information		
Secure Site		

Fee Schedule



The screenshot shows the Connecticut Department of Social Services website. The header includes the logo for the Connecticut Department of Social Services, "Making a Difference", and a navigation bar with links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, home provider enrollment, provider re-enrollment, provider enrollment tracking, provider instructions/information, fingerprint criminal background check info, and e-mail sub:

***** Click here for the Fee Schedule Instructions *****

Provider Fee Schedule Download

- Acquired Brain Injury Case Management [CSV](#)
- Acquired Brain Injury DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Fiduciary [CSV](#)
- Acquired Brain Injury II DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Service Provider [CSV](#)
- Acupuncture [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Autism Waiver Fiscal Intermediary [CSV](#)
- Autism Waiver Service Provider [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Clinic and Outpatient Hospital Behavioral Health [CSV](#)
- Clinic - Dialysis [CSV](#)
- Clinic - Family Planning / Abortion [CSV](#)
- Clinic - Medical [CSV](#)
- Clinic - Rehabilitation [CSV](#)
- Community First Choice - Assessments [CSV](#)
- Community First Choice - Services [CSV](#)
- Connecticut Housing Engagement and Support Services [CSV](#)
- CT Home Care [CSV](#)
- DDS Specialized Services NF Fee Schedule [CSV](#)
- Dental Adult [XLSX](#)
- Dental DOS Prior to 09/01/2016 [CSV](#)
- Dental Pediatric [XLSX](#)
- Dietitian/Nutritionist [CSV](#)
- Doula [CSV](#)

- Listed by provider type and specialty
- Click the corresponding link to download the appropriate fee schedule
- The **Fee Schedule Instructions** link can be found above the Provider Fee Schedule Download panel

Fee Schedule Instructions

Table 17: List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017).

Table 18: List of Gender Reassignment Procedure and Surgery Pricing List.

Table 19: List of the Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.

Table 20: List of codes that are to be used for Chiropractor services.

Table 21: List of codes used in non-pharmacy rule configuration and in pharmacy edit 2828 EMDS Diagnosis Edit.

Table 22: List of diagnosis codes to be used for Emergency Medicaid Dialysis Coverage (EMDS).

Table 23: All other Substance Use (SUD) Diagnoses.

Table 24: Opioid Use Disorder (OUD) Diagnoses for OUT Medication for Addiction Treatment (MAT).

Table 25: List of SUD J-Codes.

Table 25 Part 1: contains description of SUD J-Codes that are payable with NDCs.

Table 25 Part 2: contains list of payable SUD J-Codes and NDCs combination.

Table 26: Diagnosis Codes for MNT Services

Table 26: Diagnosis Codes for MNT Services

ICD-10-CM codes	Diagnosis Codes for MNT Services		
	ICD-10-CM descriptions	Effective Date	End Date
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	7/1/2025	12/31/2299
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	7/1/2025	12/31/2299
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	7/1/2025	12/31/2299

Dietitian-Nutritionist Fee Schedule

Example of the Dietitian-nutritionist fee schedule:

Telehealth



Telehealth



Help
Site: B
Login

Monday, July 24, 2023 at 10:40:53 AM

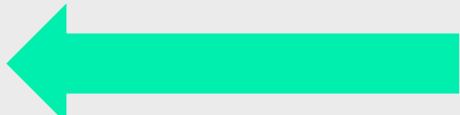
Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Telehealth Information** Electronic Visit Verification

Telehealth Overview

In accordance with sections 17b-245e and 17b-245g of the Connecticut General Statutes, the Department of Social Services (DSS) provides reimbursement for select services when performed via telehealth under the Connecticut Medical Assistance Program (CMAP). Telehealth services include synchronized audio-visual (telemedicine) two-way communication services and, where specified by DSS, audio-only two-way synchronized communication services delivered via telephone. In developing the CMAP Telehealth policy, DSS consulted with practicing clinicians to determine clinically appropriate policy, limitations and criteria. DSS' telehealth policy was developed to support the HUSKY Health member's ability to access clinically appropriate, clinical effective services while maintaining the highest quality of care. The health, safety, and experience of the HUSKY Health member are central drivers of CMAP's policy. Notwithstanding federal or state statutes, the Department reserves the right to update and/or amend the telehealth policy going forward based on relevant research on this topic and/or based on feedback the Departments solicits from HUSKY members and providers.

This web page has been developed for providers to refer to for the latest telehealth updates including, Important Messages (IMs), Frequently Asked Questions (FAQs), and the CMAP Telehealth table, which provides a complete list of procedure codes approved to be rendered via telehealth. Providers are encouraged to monitor this Web page for updates. DSS will publish IMs to notify providers if updates are made to the Telehealth Table. Providers must also refer to PB 2023-38: Revised Guidance for Services Rendered via Telehealth for additional telehealth guidance. All provider bulletins, fee schedules and FAQs can be found on the CMAP Web site, www.ctdssmap.com. Providers should carefully review CMAP's Telehealth Table for the full list of approved procedure codes and, when applicable, the Revenue Center Codes (RCCs), that are eligible via telehealth. Only the codes listed on the table are allowed to be provided via telehealth. Therefore, if a code is NOT listed on table, the code is NOT eligible for payment when rendered via telehealth. Providers must refer to the Effective Date/End Date and Policy Guidelines columns detailing any specific policy criteria and/or limitations for each procedure code. Please see the bottom of Telehealth Table for proper use of modifiers for telehealth services. Providers should refer to this table periodically to ensure use of the most recent version. Providers must continue to refer to their applicable reimbursement methodology and/or fee schedule to ensure that the service identified as being eligible to be rendered as a telehealth service is payable for their specific provider type and for the reimbursement rate.

[CMAP Telehealth Table](#)



[Telehealth FAQ](#)

Quick Login

User ID*
Password*
Login

[Logging in for the first time?](#)

[Forgot your password?](#)

Helpful Information & Publications

- [Provider Bulletins and Policy Transmittals](#)
- [Provider Training](#)
- [Provider Manuals](#)
- [CT Provider Fee Schedule](#)

Contact Us

- toll free at 1-800-842-8440
- 1-877-413-4241 (fax)

Email Subscription

- [Register/Update Email Subscription](#)

Important Messages - Telehealth

No articles have been uploaded in this section.

Telehealth

Perform a Bulletin Search by entering: **Telehealth**

Bulletin Search

Year <input type="button" value="▼"/>	Provider Type <input type="button" value="▼"/>
Number <input type="text"/>	Title <input type="text" value="telehealth"/>

Search Results

Bulletin Number <input type="button" value="▼"/>	Title	Published Date
PB24-78	Updates to Telehealth - January 2025 Updates	12/24/2024
PB23-38	REVISED Guidance for Services Rendered via Telehealth	05/11/2023
PB23-23	Guidance for School-Based Child Health Services Rendered via Telehealth under the ...	03/27/2023
PB23-18	New Guidance for Services Rendered via Telehealth under the Connecticut Medical ...	03/27/2023
PB20-21	CMAP COVID-19 Response - Bulletin 14: Emergency Temporary Telehealth Coverage fo...	12/15/2020

Telehealth

Telemedicine Visit Requirements for Dietitian-Nutritionists:

- Synchronized telemedicine (real time audio/visual technology) can be used to render MNT visits. Certified dietitian-nutritionists must be able to render services in-person especially when at the request of the HUSKY Health member.
- Telemedicine services must be billed with one of the following telehealth modifiers:
 - Modifier 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.
 - Modifier GT: Telehealth service rendered via interactive audio and video telecommunication systems.
- Must be billed with the place of service (POS) code that best reflects the location where the service would have been provided if rendered in-person

E-delivery

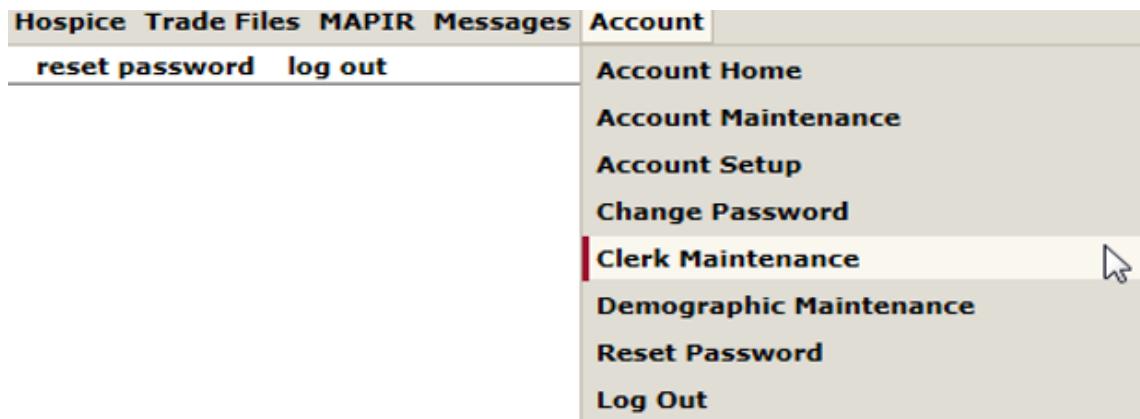


E-Delivery

A clerk can access e-delivered letters if assigned that permission by their primary account holder. This can be done through two roles:

- the existing role of Trade Files (has been re-named Trade Files Includes E-Delivery)
 - allows access to download all files
- a new role of Trade Files E-Delivery Only – allow access to e-Delivery letters only

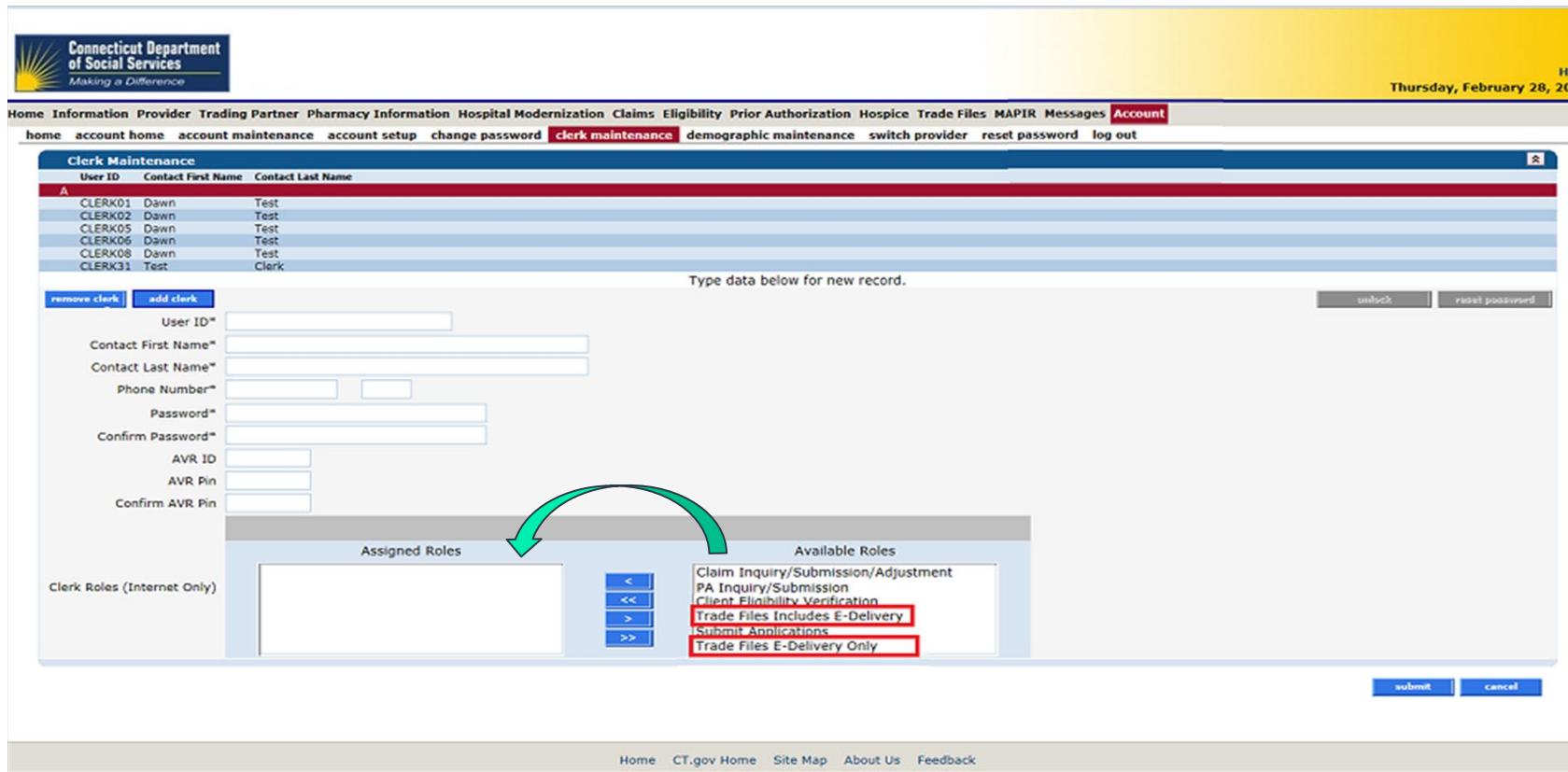
Access the Clerk Maintenance section of the Secure Site by selecting “Clerk Maintenance” from either the Account submenu or the Account drop-down menu.



E-Delivery

The following screenshot displays the two roles that can be assigned to a clerk that include eDelivery: (Clerks can be assigned either role, but not both)

- Trade files includes E-Delivery
- Trade files E-Delivery Only



The screenshot shows the 'Clerk Maintenance' page of the Connecticut Department of Social Services website. The page includes a navigation bar with links like Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. The 'Account' menu is currently selected. The main content area displays a table of existing clerks and a form for adding a new clerk. A green arrow points from the 'Available Roles' section to the 'Assigned Roles' section, highlighting the 'Trade Files Includes E-Delivery' and 'Trade Files E-Delivery Only' options, which are both enclosed in red boxes.

Connecticut Department of Social Services
Making a Difference

Thursday, February 28, 2019

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home account home account maintenance account setup change password **clerk maintenance** demographic maintenance switch provider reset password log out

Clerk Maintenance

User ID	Contact First Name	Contact Last Name
CLERK01	Dawn	Test
CLERK02	Dawn	Test
CLERK05	Dawn	Test
CLERK06	Dawn	Test
CLERK08	Dawn	Test
CLERK31	Test	Clark

Type data below for new record.

remove clerk **add clerk**

User ID*

Contact First Name*

Contact Last Name*

Phone Number*

Password*

Confirm Password*

AVR ID

AVR Pin

Confirm AVR Pin

Assigned Roles

Available Roles

- Claim Inquiry/Submission/Adjustment
- PA Inquiry/Submission
- Client Eligibility Verification
- Trade Files Includes E-Delivery**
- Submit Applications**
- Trade Files E-Delivery Only**

submit cancel

Home CT.gov Home Site Map About Us Feedback

E-Delivery

- A user can download their letters by selecting **Trade Files** and then Download from the menu items.
- Select **E-Delivery** from the Transaction Type field.
- A user can also sort their letters by title, date available and date downloaded.

 Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization Hospice **Trade Files** MAPIR Messages Account

home download upload claim level detail

File Download Search

Transaction Type **E-Delivery**

REMINDER: DOWNLOAD WEB FILE RETENTION
Web file retention periods vary based on the type of file being downloaded.

- Remittance Advices (RA) in PDF format, the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Claim Status Response (277), Prior Authorization Response (278), Benefit Enrollment (834), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained on the www.ctdssmap.com web site for a period of five (5) months, at which time they will be removed and will no longer be available.
- Historical Drug Rebate files will be available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available.
- E-Delivery letter retention will be approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available.
- 1099 file retention will be approximately three (3) years, at which time they will be removed and will no longer be available.

It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

All file retention schedules are subject to change. Changes to file retention schedules will be noted on this page.

Files are listed in order of the date they become available.

Current Files Available for Download

File Name	Title	Date Available	Date Downloaded
000322230_PRV-9137-R_1179846_379798_20190220.pdf	OOS License Verification Request Letter	02/20/2019	02/21/2019

E-Delivery

Notification

- Email notification will be sent to the email address associated with the primary account holder and clerk's Secure Web portal account
- Email sent daily for letters posted the day prior
- Only one email generated, even if multiple letters posted the previous day
- If a clerk is associated to multiple master users, the email will indicate the master user(s) to which the posted letters apply

Sample Email text:

From: ctdssmap-provideremail@gainwelltechnologies.com

Subject: CMAP E-Delivery Alert – Letter(s) Available

REMINDER: It is important that all users keep their data updated, including their contact email information, as well as clerk data.

E-Delivery

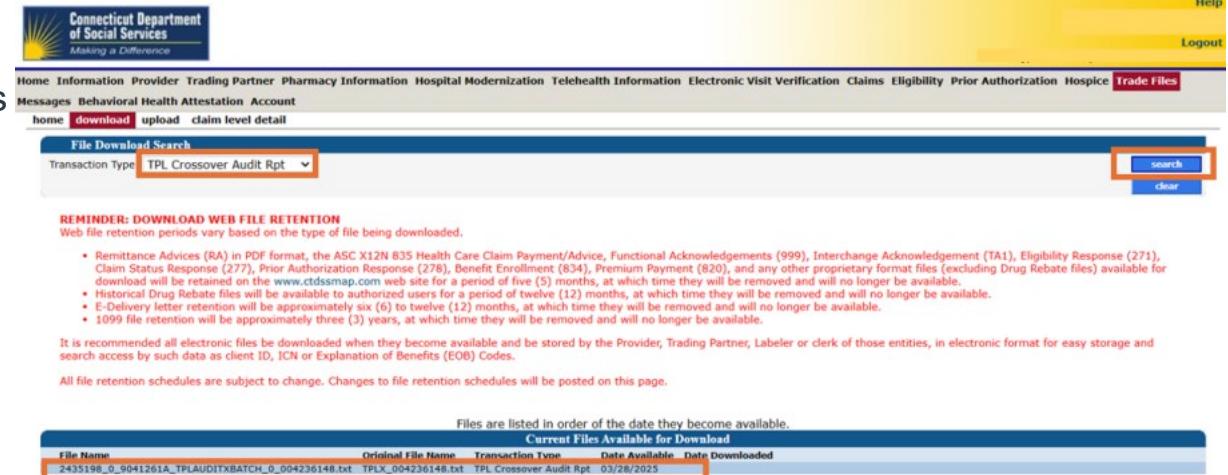
PB 2025-21

As of June 1, 2025, Third Party Liability (TPL) Audit Letters and Reports will be e-delivered to providers who have established secure web portal accounts. Any providers who have not yet established a secure web portal account or for which a unique secure web portal account cannot be determined, will continue to receive these letters via USPS.

Each month DSS randomly selects providers to participate in the Third-Party Liability audit and providers are sent a letter and a report that identify the claims for which an Other Insurance Explanation of Benefits (EOB) must be submitted. **Failure to respond to the audit results in recoupment of the claims listed on the audit report.**

Providers will need to log into their secure web portal account and follow the following instructions to download their TPL Audit letter(s):

1. Select E-Delivery from the Transaction Type drop-down box, and then select search.
2. Select the TPL letter from the Current Files Available for Download panel to open the letter.
3. Depending on the letter received, the audit will either be a TPL Crossover Audit or a standard TPL audit.



REMINDER: DOWNLOAD WEB FILE RETENTION
Web file retention periods vary based on the type of file being downloaded.

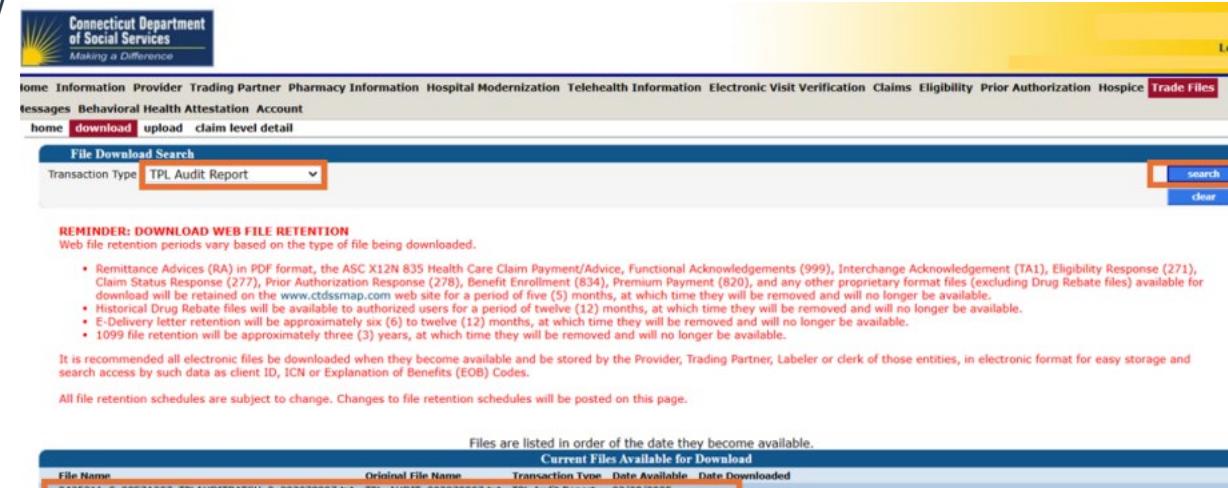
- Remittance Advices (RA) in PDF format, the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Claim Status Response (277), Prior Authorization Response (278), Benefit Enrollment (834), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained on the www.ctdssmap.com web site for a period of five (5) months, at which time they will be removed and will no longer be available.
- Historical Drug Rebate files will be available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available.
- E-Delivery letter retention will be approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available.
- 1099 file retention will be approximately three (3) years, at which time they will be removed and will no longer be available.

It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

All file retention schedules are subject to change. Changes to file retention schedules will be posted on this page.

Files are listed in order of the date they become available.

File Name	Original File Name	Transaction Type	Date Available	Date Downloaded
2435198_0_9041201A_TPLAUDITXBATCH_0_004236148.txt	TPLX_004236148.txt	TPL Crossover Audit Rpt	03/28/2025	



REMINDER: DOWNLOAD WEB FILE RETENTION
Web file retention periods vary based on the type of file being downloaded.

- Remittance Advices (RA) in PDF format, the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Claim Status Response (277), Prior Authorization Response (278), Benefit Enrollment (834), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained on the www.ctdssmap.com web site for a period of five (5) months, at which time they will be removed and will no longer be available.
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- E-Delivery letter retention will be approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available.
- 1099 file retention will be approximately three (3) years, at which time they will be removed and will no longer be available.

It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

All file retention schedules are subject to change. Changes to file retention schedules will be posted on this page.

Files are listed in order of the date they become available.

File Name	Original File Name	Transaction Type	Date Available	Date Downloaded
2435211_0_28E7A327_TPLAUDITXBATCH_0_002078807.txt	TPL_AUDIT_002078807.txt	TPL Audit Report	03/28/2025	

Remittance Advice / Trade File Access



Remittance Advice (RA)

Claim Cycle Schedule

The Claim Cycle Schedule is published twice per year to tell providers when their Medicaid claims must be submitted to Medicaid for processing and when they can expect payment and the ability to download the Remittance Advice.

To download the Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule navigate to www.ctdssmap.com, select Information > Publications > in the title field enter “Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule”.

The Claim Cycle Schedule can also be located by navigating to www.ctdssmap.com > Provider > Provider Services > Schedules.

2025 Month	Claim Cycle Date	Electronic Claims Received By	Web RA Availability	Check Mail Dates	835/EFT Dates
Jul	11-b	10	15	16	16
	25	24	29	30	30
Aug	8	7	12	13	13
	22	21	26	27	27
Sep	5	4	9	10	10
	19	18	23	24	24
Oct	3	2	7	8	8
	24-b	23	28	29	29
Nov	7	6	12*	13*	13*
	21	20	25	26	26
Dec	5	4	9	10	10
	19	18	23	24	24

b - Denotes 3 week cycle

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

THIS SCHEDULE IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

Changes to the schedule will be published on the www.ctdssmap.com Web site.

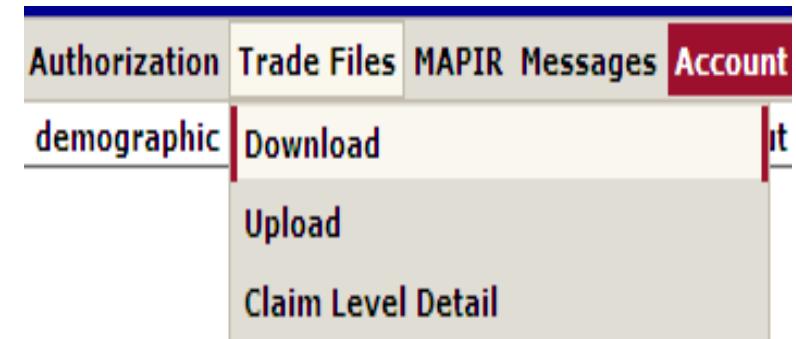
Accessing the Remittance Advice (RA)

All claims activity is reported to providers twice a month on a Remittance Advice

- RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted, and are produced based on a provider's claim activity
- Providers receive RAs electronically via the secure Provider Web site at www.ctdssmap.com
- Available in either the ASC X12N 835 Payment/Advice standard transaction format or in the Portable Document Format (PDF) which provides the paper version of the RA
- Only the last 10 RAs are maintained on the Gainwell Technologies' Web site. It is recommended that providers save a copy of their RAs to their local computer system for future access
- Click Download Remittance Advice from the Quick Link box on the account home screen or select Download from the Trade Files drop-down menu

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)



Downloading the Remittance Advice (RA)

Select Remit. Advice (RA) – PDF from the Transaction Type menu; click Search

NOTE: 1099s are available to download as well.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility

Prior Authorization Hospice **Trade Files** MAPIR Messages Account

home download upload claim level detail

File Download Search

Transaction Type

REMINDER: DOI **Drug Rebate File Transfer**

Web file retention

E-Delivery

Eligibility Response

Enrollment/Maintenance

Functional Ack

Interchange Ack

PA Revers/Inq/Req Only

PCCM Reports

PDP/MAPD Reports

Premium Payments

Prior Authorization

Remittance

Historical

will no longer be available.

E-Delivery

1099 file retention will be approximately three (3) years, at which time they will be removed and will no longer be available.

It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or carrier of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

All file retention schedules are subject to change. Changes to file retention schedules will be posted on this page.



Remit. Advice (RA) - PDF

Remittance Advice (RA) – The 7 Sections of an RA

Banner Page

- Important messages from DSS or Gainwell Technologies

Claims Information (Paid, Denied, and Adjustments)

- Sorted by claim type and status; reports up to 20 EOB codes per claim

TPL Information

- The primary insurance that is on file for clients whose services appear on the RA

Financial Transactions Processed

- Payouts, Refunds, Account Receivables

RA Summary

- Month-to-day and year-to-day summaries of financial activities, account receivables

EOB Code Descriptions

- Descriptions of the EOB codes that posted to claims on the RA

Claims in Process

- Lists claims that were in suspense when the financial cycle was run

Remittance Advice (RA) – The 7 Sections of an RA

REPORT: CRA-BANN-R
RA#: 7766400

InterChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
[PROVIDER BANNER MESSAGES]

Date: 08/24/2021
PAGE: 1

Banner Page

123 Home Care
This Rd
EAST HARTFORD, CT 06118-4001

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

NPI



Attention All Providers.

HOLIDAY CLOSURE: Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will be closed on Monday, September 6, 2021 in observance of the Labor Day holiday. Both the DSS and Gainwell Technologies offices will re-open on Tuesday, September 7, 2021.

Claim Information (Paid Claims):

RA#: 7766400		MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS PAID							PAGE: 2	
123 Home Care This Rd EAST HARTFORD, CT 06118-4001								PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID	NPI 1234567890 08/24/2021 123456789	
FP	--ICN-- --PATIENT NUMBER--	ATTEND PROV.	SERVICE DATES FROM	THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PATIENT LIABILITY	PAID AMOUNT
		CLIENT NAME: 1 00010569		CLIENT NO.: 080121 081421	123456789 2,880.00	519.60	0.00	0.00	0.00	519.60
REV	CD	HCPCS/RATE	SRV DATE	MODIFIERS	UNITS	BILLED AMT	ALLOWED AMT	DETAIL EOBS		
580	T1502	080121			2.00	240.00	103.92	9918		
580	T1502	080221			2.00	240.00	103.92	9918		
580	T1502	080321			2.00	240.00	103.92	9918		
580	T1502	080421			2.00	240.00	103.92	9918		

Remittance Advice (RA) – The 7 Sections of an RA

Claim Information (Denied Claims):

REPORT: CRA-HHDN-R RA#: 7766400	InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS DENIED	Date: 08/24/2021 PAGE: 29		
123 Home Care This Rd EAST HARTFORD, CT 06118-4001	PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID	NPI 08/24/2021 251E00000X		
--ICN-- ATTEND PROV. --PATIENT NUMBER--	SERVICE DATES FROM THRU	BILLED AMOUNT	TPL AMOUNT	PATIENT LIABILITY
CLIENT NAME: 00010497	CLIENT NO.: 080121 081421	2,845.00	0.00	0.00
REV CD HCPGS/RATE SRV DATE MODIFIERS	UNITS	BILLED AMT	DETAIL EOBs	
580 T1502 080121	2.00	240.00	3003 3016 4021 4227 4980	
580 T1502 080221	2.00	240.00	3003 3016 4021 4227 4980	
580 T1502 080321	2.00	240.00	3003 3016 4021 4227 4980	

REPORT: CRA-EOBM-R RA#: 7766400	InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE EOB CODE DESCRIPTIONS	Date: 08/24/2021 PAGE: 41
23 Home Care This Rd EAST HARTFORD, CT 06118-4001	PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID	NPI 08/24/2021 251E00000X
EOB CODE	EOB CODE DESCRIPTION	
0047	CONFIRMED VISIT UNITS ARE EXCEEDED	
1042	RESIDENT NOT ALLOWED AS ATTENDING PROVIDER	
2504	BILL PRIVATE CARRIER FIRST OR INVALID ADJUSTMENT REASON CODE BILLED.	
2522	BILL MEDICARE FIRST OR PROVIDE APPROPRIATE ADJUSTMENT REASON CODE AND DATE OF ABN OR NOMNC	
3003	Prior authorization is required for payment of this service.	
3016	SERVICE NOT COVERED UNDER CARE PLAN	
3327	CONFIRMED VISIT NOT FOUND	
4021	The procedure billed is not a covered service under the client's benefit plan.	
4227	The RCC billed is not a covered service under the client's benefit plan.	
4980	The procedure billed is restricted under the client's benefit plan.	
6230	PLAN OF CARE EXCEEDED OR PA REQUIRED > 2 NURSE VISITS PER WEEK	
6237	PLAN OF CARE EXCEEDED OR PA REQUIRED > 5 NURSE VISITS PER WEEK	
6420	PLAN OF CARE EXCEEDED OR PA REQUIRED > 2 NURSE VISITS PER WEEK	
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	
9977	PRICING ADJUSTMENT - PROVIDER RCC CUSTOMARY CHARGE PRICING APPLIED	

EOB Code Description:

Remittance Advice (RA) – The 7 Sections of an RA

Financial Transactions

REPORT: CRA-TRAN-R RA#: 1234567	Interchange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE FINANCIAL TRANSACTIONS	Date: 08/24/2021 PAGE: 39
Some Home Health 123 This Street East Hartford CT 06118-4001		PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID
-----NON-CLAIM SPECIFIC PAYOUTS-----		
TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT-- REASON CODE APPLICANT/ CLIENT NO. APPLICANT/ CLIENT NAME LIAB DATE
NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDER		
-----REFUNDS/CASH RECEIPTS FROM PROVIDER-----		
--CCN--	REFUNDS/CASH RECEIPTS --AMOUNT--	REASON CODE
NO REFUNDS FROM PROVIDER		
-----ACCOUNTS RECEIVABLE-----		
A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE ORIGINAL AMOUNT TOTAL --RECOUPED-- --BALANCE-- REASON CODE APPLICANT/ CLIENT NO. APPLICANT/ CLIENT NAME
591	08/20/2021	155.88 155.88 155.88 0.00 8400 1099 ADJUSTMENTS
TRANSACTION NUMBER	SETUP DATE	ADJUSTMENT AMOUNT REASON CODE
NO 1099 ADJUSTMENTS		

Financial Transactions Reason Codes

FINANCIAL TRANSACTIONS REASON CODES	
ACCOUNT RECEIVABLES REASON CODES	
RSN CODE	REASON CODE DESCRIPTION
8400	Result of claim adjustment

Remittance Advice – Summary

Medicaid
HUSKY B-3
HUSKY B 1 and 2
CADAP
ConnPACE
SAGA
Charter Oak
MLIA

---NEW DAY CLAIMS---		---CURRENT CYCLE TOTALS BY FUND PAYER---		---TOTAL ALL CLAIMS---	
NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
2,022	294,967.21	1	14.01	2,023	294,981.22
3	379.63	0	0.00	3	379.63
41	5,577.61	0	0.00	41	5,577.61
0	0.00	0	0.00	0	0.00
0	0.00	0	0.00	0	0.00
0	0.00	0	0.00	0	0.00
0	0.00	0	0.00	0	0.00
310	45,263.10	0	0.00	310	45,263.10

CLAIMS PAID
POS. CLAIMS ADJUSTMENTS
TOTAL CLAIMS PAYMENTS
CLAIMS DENIED
CLAIMS IN PROCESS

PAYMENTS:	---CLAIMS PAYMENTS---			---EARNINGS DATA---		
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAYMENTS	2,376	346,187.55	5,557	809,655.63	29,311	4,268,250.86
POS. CLAIMS ADJUSTMENTS	1	14.01	13	118.02	142	222.03
TOTAL CLAIMS PAYMENTS	2,377	346,201.56	5,570	809,773.65	29,453	4,268,472.89
CLAIMS DENIED	301		750		6,745	
CLAIMS IN PROCESS	0		0		0	
REFUNDS:	---REFUNDS---			---REFUNDS---		
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(730.05)		(730.05)		(730.05)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(876.06)		(7,880.14)
NET PAYMENT		(0.00)		(0.00)		(0.00)
REFUNDS:	---REFUNDS---			---REFUNDS---		
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
OTHER FINANCIAL:	---OTHER FINANCIAL---			---OTHER FINANCIAL---		
MANUAL PAYOUTS		0.00		0.00		0.00
CHECK VOIDS		(0.00)		(0.00)		(0.00)
NET EARNINGS	345,471.51		808,167.54		4,259,862.70	

Pertinent Information for Dietitian- Nutritionists in the CT Medicaid Program



Pertinent Information for Dietitian-Nutritionists

Who is eligible for MNT services performed by certified dietitian-nutritionists?

Any HUSKY Health member that has:

- Been referred by a CMAP-enrolled licensed health care practitioner, operating within their scope of practice

AND

- Been identified to have **at least one** of the diagnosis codes listed on “Table 26: List of Diagnosis Codes for MNT Services”, which can be found on the www.ctdssmap.com Web site

Pertinent Information for Dietitian-Nutritionists

All MNT services rendered by certified dietitian-nutritionists must be billed with the following procedure codes:

Code	Description	Rate
97802	MNT, initial assessment and intervention, individual 15 minutes	\$25.61
97803	MNT, reassessment and intervention, 15 minutes	\$22.34
97804	MNT, group two or more individuals, 30 minutes	\$11.73

All MNT services will be limited to 3 hours per calendar year per HUSKY Health member

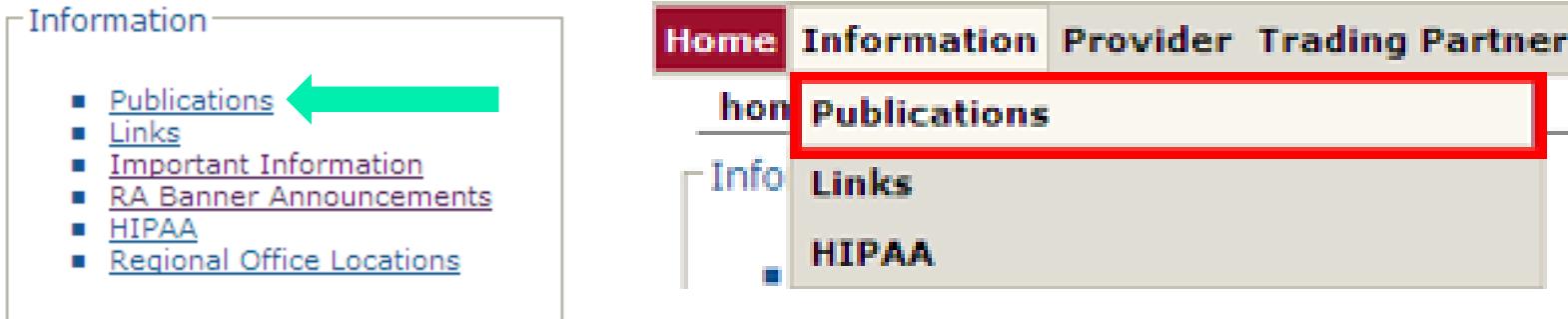
- All MNT services must be billed with one of the primary diagnosis codes listed on “[Table 26: List of Diagnosis Codes for MNT Services](#)”
- All services must be clearly documented and signed by the certified dietitian-nutritionist rendering the service and must maintain all required documentation for at least five years
- DSS may disallow and recover any amounts reimbursed for certified dietitian-nutritionist services for which the required documentation is not maintained and not provided to DSS upon request

Provider Resources



Provider Bulletins

Access the Publications page by selecting “Publications” from either the Information box on the left-hand side of the Home page (www.ctdssmap.com) or from the Information drop-down menu.



Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type.

- When searching by bulletin title, you can search by any word as long as that word is in the title of the bulletin.

Provider Bulletins

Search by Provider Type: Dietitian/Nutritionist or All Providers

Bulletin Search

Year	25 <input type="button" value="▼"/>	Provider Type	Dietitian/Nutritionist <input type="button" value="▼"/>
Number	<input type="text"/>	Title	<input type="text"/>

Search Results

Bulletin Number <input type="button" value="▼"/>	Title	Published Date
PB25-28	Changes to Prior Authorization Process for Medical Goods and Services: Provider ...	06/06/2025
PB25-21	Third Party Liability (TPL) Audit Letter and Report Distribution Changes: Electr...	05/27/2025
PB25-19	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/20/2025
PB25-18	New Coverage of Medical Nutrition Therapy (MNT)	06/11/2025
PB25-09	IMPORTANT REMINDER Concerning Ownership Changes	04/16/2025
PB25-06	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2025

Bulletin Search

Year	<input type="button" value="▼"/>	Provider Type	ALL PROVIDER TYPES <input type="button" value="▼"/>
Number	<input type="text"/>	Title	<input type="text"/>

Search Results

Bulletin Number <input type="button" value="▼"/>	Title	Published Date
PB25-28	Changes to Prior Authorization Process for Medical Goods and Services: Provider ...	06/06/2025
PB25-21	Third Party Liability (TPL) Audit Letter and Report Distribution Changes: Electr...	05/27/2025
PB25-19	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/20/2025
PB25-09	IMPORTANT REMINDER Concerning Ownership Changes	04/16/2025
PB25-06	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2025
PB24-78	Updates to Telehealth - January 2025 Updates	12/24/2024
PB24-65	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	11/20/2024
PB24-33	Coverage of Over-the-Counter Formula and Nutritional Supplements for clients Enr...	05/28/2024
PB24-30	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/06/2024

Important Messages

www.ctdssmap.com contains a wealth of information for providers:

- Important Messages
 - Available on the Home page. Also available on the Information page
 - Contains urgent messages that require immediate communication to the provider community as well as links to important information regarding recent/upcoming system changes

Important Messages

[Attention Federally Qualified Health Center \(FQHC\) Providers: FQHC Certification Letter Upload Instructions and Billing Reminder \(Posted 5/30/25\)](#)

[Attention Physicians, Physician Assistants, APRNs, Certified Nurse Midwives and Doulas: Frequently Asked Questions \(FAQ\): Connecticut Maternity Bundle Billing and Claims \(Posted 5/29/25\)](#)

[Attention ICF/IID Providers: Supplemental Public Notice \(Posted 5/20/25\)](#)

[Hospital Monthly Important Message \(Posted 5/19/25\)](#)

[Attention Acquired Brain Injury \(ABI\), Autism, CT Home Care \(CHC\), Personal Care Assistance \(PCA\) Waiver Service Providers and Community First Choice \(CFC\) Support and Planning \(S&P\) Coach Service Providers: IMPORTANT Information on the Medicaid Provider Re-enrollment Process \(Posted 5/8/25\)](#)

[Attention Behavioral Health and Enhanced Care Clinic \(ECCs\) Providers: Prior Authorization Reminder \(Posted 5/5/25\)](#)

[Attention All Inpatient Hospital Providers: Diagnosis Related Grouper \(DRG\) Update \(Posted 4/30/25\)](#)

[Attention Outpatient Hospitals: CMAP Addendum B Updated \(April 1, 2025\) \(Posted 4/30/25\)](#)

[Attention Safe Harbor Trading Partners: Action Required: Safe Harbor Real-Time Connectivity for 270/271 Eligibility and 276/277 Claim Status \(Posted 4/28/25\)](#)

[Attention Chronic Disease Hospitals: Chronic Disease Hospital Reimbursement Public Notice \(Posted 2/24/25\)](#)

[Attention Home Health Agencies: REMINDER OF UPCOMING COPE/CONFIDENT CAREGIVER AND CAPABLE PROVIDER FORUMS \(Posted 2/21/25\)](#)

[ATTENTION ELECTRONIC BILLERS AND TRADING PARTNERS: Change to Electronic Data Interchange Requirements \(Posted 2/11/25\)](#)

[Attention Home Health Agencies: UPCOMING COPE/CONFIDENT CAREGIVER AND CAPABLE PROVIDER FORUMS \(Posted 2/10/25\)](#)

[Attention All Providers: 2024 1099s Available on CMAP Web Site \(Posted 1/27/25\)](#)

[HUSKY Health Primary Care Payment Program Extension Notification](#)

[Click here for Archived Messages](#)

Information – RA Banner Announcements

RA Banner Announcements

- Available by selecting the Information tab or clicking on RA Banner Announcements in the Information box on the left-hand side of the home page
- Messages originally published for providers on the first page of their remittance advice. Some banner announcements are provider specific and therefore are only sent to the relevant provider types/specialties
- Often published in regard to reprocessed claims; explaining the reasons behind the reprocessing as well as the claim types affected

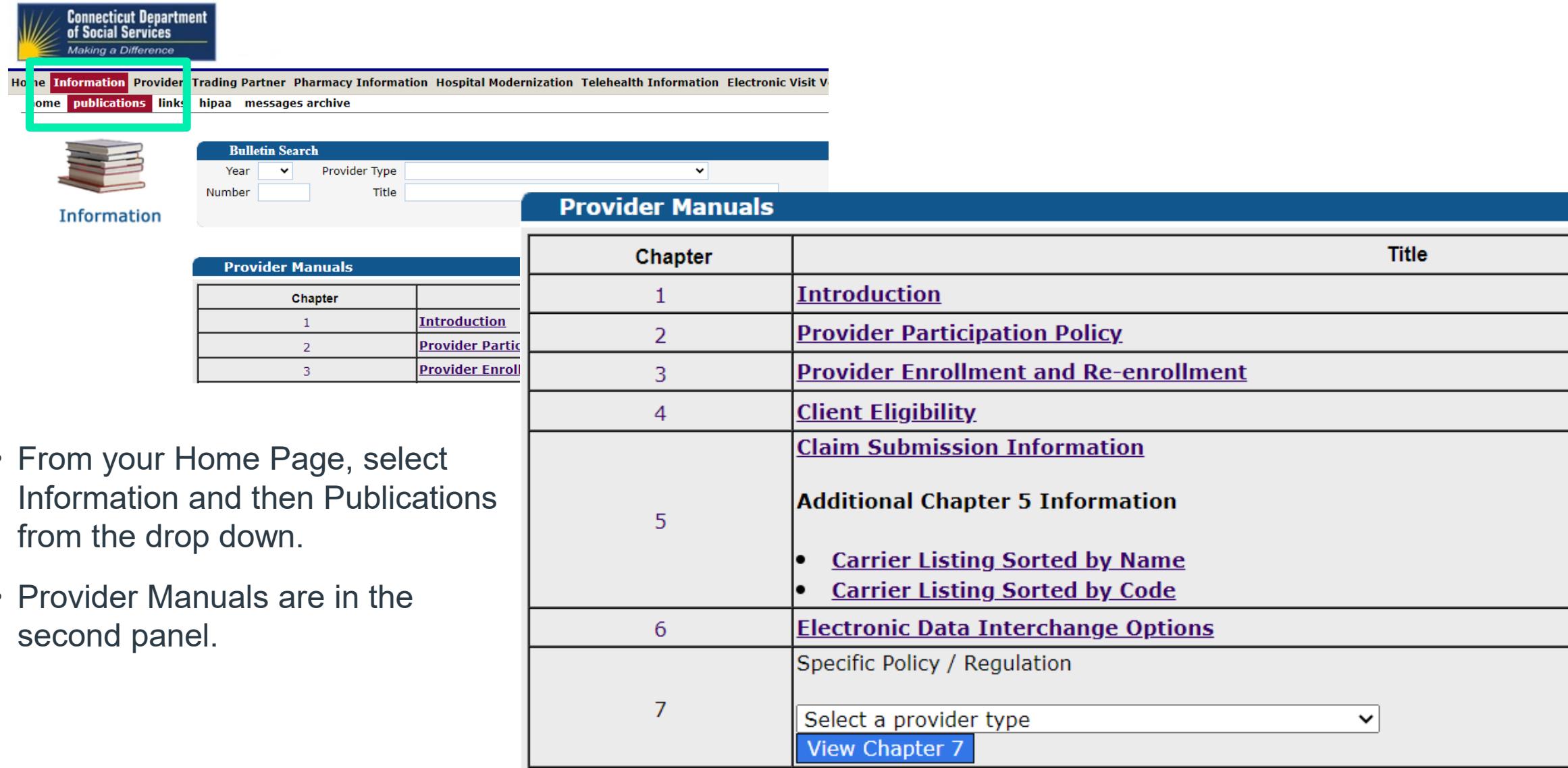
Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)



- 2025 RA Banner Announcements Archived		
Banner Effective Date	Providers	Banner Page Announcement
01/24/2025-01/31/2025	Attention All Providers	Attention All Providers. PROVIDER FILE MAINTENANCE: In order to maintain the accuracy and completeness of the Connecticut Medical Assistance Program (CMAP) network, we are requesting all providers update their provider file on a regular basis. The information that you provide is presented in the on-line provider directory at www.ct.gov/husky . Thousands of members statewide rely on the accuracy of this source of information to find a suitable health care provider. Inaccurate addresses, phone numbers, and names may affect a member's ability to contact you. To update your provider profile, the main account administrator can log into their secure Web account from the www.ctdssmap.com Web site and click on the "Demographic Maintenance" tab. Once on the Demographic Maintenance page, the provider can select from options listed as links below the Demographic Maintenance header panel. For instance, you can update your address* if you happen to move to a new location; all you have to do is click on the "Location Name Address" link, select the address to be updated, click on the "Maintain Address" button to type in the new address and then save your changes. You can also add or remove performing providers to your group practice as applicable by clicking on "Maintain Organization Members". For detailed instructions, please refer to Section 10.18 "Provider Demographic Maintenance" in Chapter 10 of the Provider Manual. The chapter is available from the Web site www.ctdssmap.com by clicking on "Publications" under Information, scrolling down to Provider Manuals and then clicking on "Web Portal/AVRS". Providers may contact the Provider Assistance Center at 1-800-842-8440 between the hours of 8:00 AM to 5:00 PM Monday through Friday if further assistance is needed in updating the information from their secure Web portal account. *There are special instructions for PCMH providers and licensed facilities such as hospitals, pharmacies, and clinic providers for updating their service location or alternate service location addresses. Please refer to the warning messages on the Web pages, as well as Chapter 10 for additional information.
01/24/2025-01/31/2025	Attention Select Providers	Attention Select Providers. PCMH REPROCESS: Providers enrolled in the Person-Centered Medical Home Initiative (PCMH) were enrolled with retroactive effective dates or were approved for changes in PCMH level or site address with retroactive effective dates. Claims which processed prior to the completion of the provider's PCMH enrollment or level/site address change were not paid with the PCMH differential payment rate and have now been reprocessed to include that amount. For any providers with retroactive site terminations, claims which processed with the PCMH differential payment rate have now been reprocessed without that amount. The impacted claims have been identified and reprocessed and will appear on your January 29, 2025 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 55.
01/10/2025-01/17/2025	Attention SELECT PROVIDERS	Attention SELECT PROVIDERS. Rate Mass Adjustments: FQHC providers that have had rate changes dating back to July 1, 2024 will have their Part B and C FQHC crossover claims reprocessed to reflect any recent rate changes during this period. These claims will pay allowed greater than billed. Going forward, any rate mass adjustments will include crossover claims. The impacted claims have been identified and reprocessed and will appear on your January 15, 2025 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 55.

Provider Manuals



• From your Home Page, select Information and then Publications from the drop down.

• Provider Manuals are in the second panel.

Chapter	Title
1	Introduction
2	Provider Participation Policy
3	Provider Enrollment and Re-enrollment
4	Client Eligibility
5	Claim Submission Information Additional Chapter 5 Information <ul style="list-style-type: none">• Carrier Listing Sorted by Name• Carrier Listing Sorted by Code
6	Electronic Data Interchange Options
7	Specific Policy / Regulation <input type="button" value="Select a provider type"/> <input type="button" value="View Chapter 7"/>

Provider Manuals

	Provider Specific Claims Submission Instructions
8	<input type="button" value="Select a provider type"/> <input type="button" value="View Chapter 8"/>
9	<u>Prior Authorization</u>
10	<u>Web Portal / AVRS</u>
	Other Insurance and Medicare Billing Guides
11	<input type="button" value="Select a claim type"/> <input type="button" value="View Chapter 11"/>
12	<u>Claim Resolution Guide</u>

Chapters 1 - 4

Chapter 1 – Introduction

Provides information on the Connecticut Medical Assistance Program, DSS and Gainwell Technologies responsibilities/resources and the Provider Manual organization.

Chapter 2 – Provider Participation Policy

Provides Connecticut Medical Assistance Program Regulations for provider participation.

Chapter 3 – Provider Enrollment/Re-Enrollment

Provides information on provider eligibility in regard to provider enrollment and re-enrollment, and specific program enrollment information for the HUSKY Health Program (HUSKY A, HUSKY B, HUSKY C, HUSKY D).

Chapter 4 – Client Eligibility

Provides information regarding client eligibility in the Medical Assistance Program, client eligibility verification, and client third party liability.

Chapters 5 - 8

Chapter 5 – Claim Submission Information

Provides information on general claim processing and billing requirements.

Chapter 6 – Electronic Data Interchange Options

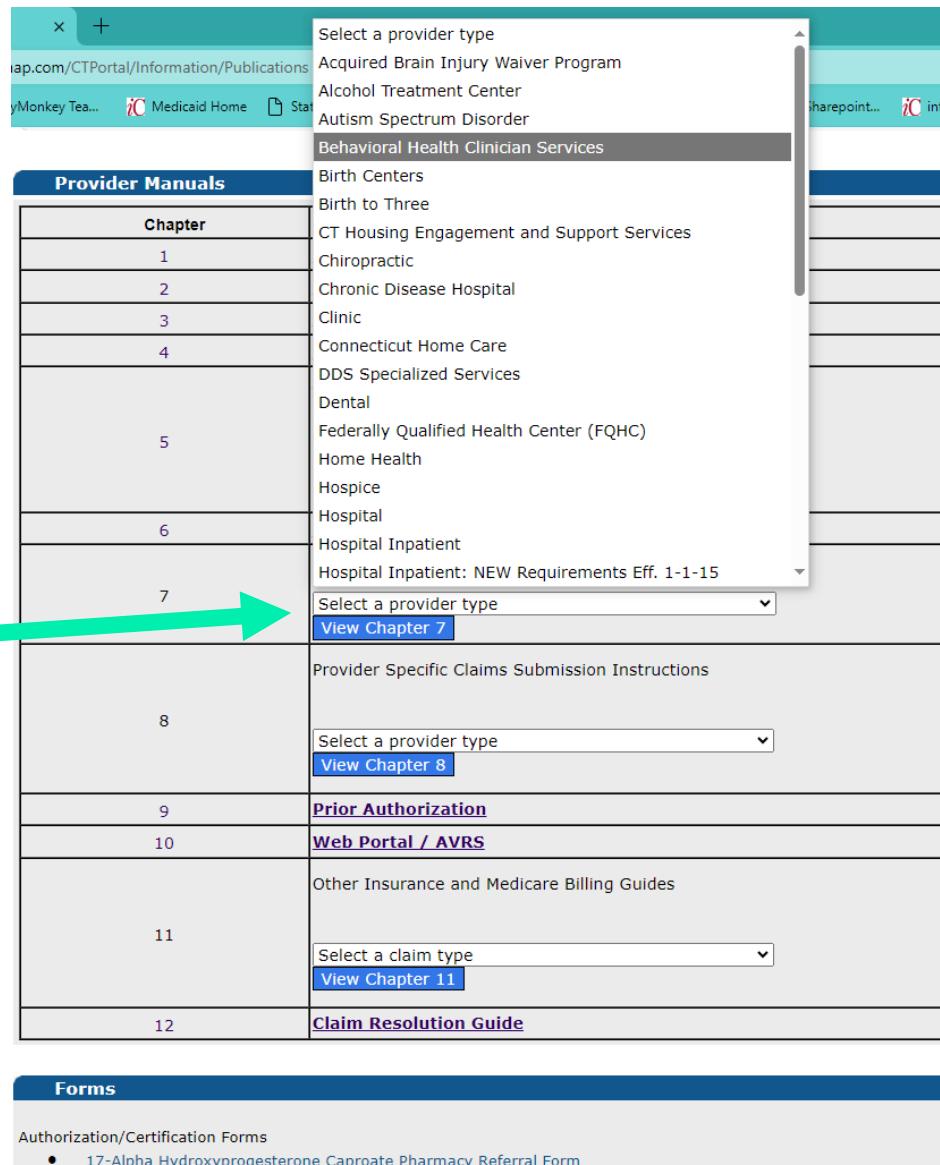
Provides information on electronic claim submission and electronic remittance advices.

Chapter 7 – Specific Policy/Regulation

Provides the Connecticut State Regulations or Program regulatory policy for specific providers.
See drop down menu for your provider type.

Chapter 8 – Provider Specific Claims Submission Instructions

Provides information on provider specific billing requirements and instructions. See drop down menu for your provider type



The screenshot shows a web page titled 'Provider Manuals' with a sidebar for selecting a provider type. A green arrow points to the 'View Chapter 7' button. The sidebar lists various provider types, and the main content area shows chapters 7 through 12 with their respective submission instructions and claim type dropdowns.

Provider Manuals

Chapter	Content
1	
2	
3	
4	
5	
6	
7	Provider Specific Claims Submission Instructions View Chapter 7
8	
9	
10	
11	
12	

Select a provider type

- Acquired Brain Injury Waiver Program
- Alcohol Treatment Center
- Autism Spectrum Disorder
- Behavioral Health Clinician Services**
- Birth Centers
- Birth to Three
- CT Housing Engagement and Support Services
- Chiropractic
- Chronic Disease Hospital
- Clinic
- Connecticut Home Care
- DDS Specialized Services
- Dental
- Federally Qualified Health Center (FQHC)
- Home Health
- Hospice
- Hospital
- Hospital Inpatient
- Hospital Inpatient: NEW Requirements Eff. 1-1-15

Select a provider type

[View Chapter 7](#)

Provider Specific Claims Submission Instructions

Select a provider type

[View Chapter 8](#)

[Prior Authorization](#)

[Web Portal / AVRS](#)

Other Insurance and Medicare Billing Guides

Select a claim type

[View Chapter 11](#)

[Claim Resolution Guide](#)

Forms

Authorization/Certification Forms

- [17-Alpha Hydroxyprogesterone Caproate Pharmacy Referral Form](#)

Chapters 9-12

Chapter 9 –Prior Authorization

Provides information on how to obtain Prior Authorization for designated services

Chapter 10 – Web Portal / Automated Voice Response (AVRS)

Provides information on the self-service features for the provider for both the Automated Voice Response System (AVRS) and the Web Portal functions with interChange. This will serve as a standalone self-service manual that will provide the comprehensive features available to the provider such as: claims inquiry/submission, PA inquiry/submission, Web enrollment and re-enrollment, etc.

Chapter 11 – Other Insurance/Medicare Billing Guides

Provides information on other insurance and Medicare billing.

Chapter 12- Claim Resolution Guide

Provides descriptions of the most common claim errors and, if applicable, information to resolve the error conditions.

Information – Forms

Accessing Forms

Home **Information** Provider Trading

home publications links hipaa

Forms

- Authorization / Certification
- Claim and Adjustment
- Provider Enrollment/Maintenance
- Provider Workshop Invitation
- Third Party Liability
- Other

Forms

Authorization/Certification Forms

- [17-Alpha Hydroxyprogesterone Caproate Pharmacy Referral Form](#)
- [Adbry PA Form](#)
- [Attestation Form for Clinical Trials](#)
- [Consent to Sterilization, Federal Form OMB No. 0937-0166 \(formerly DSS form W-612\)](#)
- [Consentimiento Para La Esterilización, Forma Aprobada OMB No. 0937-0166 \(anteriormente DSS forma W-612S\)](#)
- [Customized Wheelchair Prescription for Patients in a Nursing Facility or ICF/MR, W-628](#)
- [Cystic Fibrosis PA Form](#)
- [Dupixent PA Form](#)
- [Eteplirsen PA Form](#)
- [Evrysdi PA Form](#)
- [Fasenra PA Form](#)
- [Hepatitis C PA Form](#)
- [Hysterectomy Information Form, W-613 and Physician Hysterectomy Certification Form Retroactive Eligibility, W-613A](#)
- [Insulin Pump PA Form](#)
- [Luxturna PA Form](#)
- [MedWatch Form](#)
- [Medicaid Prescription Voucher/Authorization for Payment, Form W-1069](#)
- [Notification of Newborn Form, W-416](#)
- [Nursing Home and Long Term Care Pharmacy PA Form](#)
- [Nusinersen PA Form](#)
- [Opioid PA Form \(Long Acting and Short Acting\)](#)
- [PCSK9i PA Form](#)
- [Pharmacy Continuous Glucose Monitoring PA Form](#)
- [Pharmacy Prior Authorization Form](#)
- [Physician's Certification for Abortion \(Title XIX\), W-484](#)
- [Prior Authorization Request Form](#)
- [Salzmann Handicapping Malocclusion Index](#)
- [Spravato PA Form \(Pharmacy\)](#)
- [Spravato PA Form \(Professional\)](#)
- [Step Therapy PA Form](#)
- [Synagis PA Form](#)
- [Synagis PA Form \(Outpatient\)](#)
- [Weqovy for MACE Risk Reduction Prior Authorization Form](#)

Information – Other

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

Provider Newsletters

- [June 2025 interChange Newsletter](#)
- [March 2025 interChange Newsletter](#)
- [December 2024 interChange Newsletter](#)
- [September 2024 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

Claims Processing Information

- Guides and FAQs to assist with billing/claims processing

Claims Processing Information

- [Eligibility Response Quick Reference Guide](#)
- [Internet Claims Submission FAQ](#)
- [Hospice Procedure Code Exception List](#)
- [ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis](#)
- [ICN Region Code List](#)
- [CT Medical Assistance Program EOB Crosswalk - Pharmacy and Non-Pharmacy](#)
- [Medically Unlikely Edit \(MUE\) Updates](#)
- [OPR Enrollment FAQ](#)

Information – Links

The Links page (accessible by selecting Links from either the Information box on the left-hand side of the home page or from the Information drop-down menu) provides Web links to various relevant sites and resources

The screenshot shows the 'Information - Links' page. At the top, there is a navigation bar with links to Home, Information, Provider, Trading Partner, and Contact. Below the navigation bar, there is a sidebar with a 'Information' section containing a 'Publications' dropdown menu. The 'Links' option in this menu is highlighted with a red box. The main content area is divided into two sections: 'State Government Sites' and 'Federal Government Sites', each containing a list of links to various government agencies.

Information

- Publications
 - Links
 - Important Information
 - RA Banner Announcements
 - HIPAA
 - Regional Office Locations

State Government Sites

- [State of Connecticut Department of Social Services](#)
- [HUSKY Health - Healthcare for Uninsured Kids and Youth](#)
- [Connecticut Behavioral Health Partnership \(CT BHP\)](#)
- [State of Connecticut Department of Children and Families](#)
- [State of Connecticut Department of Mental Health and Addiction Services](#)
- [State of Connecticut Department of Developmental Services](#)
- [State of Connecticut Department Public Health](#)
- [State of Connecticut Birth to Three Services](#)
- [State of Connecticut Web Site](#)

Federal Government Sites

- [Centers for Medicare and Medicaid Services](#)
- [Department of Health and Human Services](#)
- [National Institutes of Health](#)
- [National Library of Medicine](#)
- [Centers for Disease Control and Prevention](#)
- [Social Security Administration](#)
- [Agency for Healthcare Research and Quality](#)
- [healthfinder - a US government consumer health gateway site](#)
- [U.S. Government Publishing Office](#)
- [National Plan & Provider Enumeration System](#)

Resources

CTDSSMAP Web Site/Secure Web Portal:

www.ctdssmap.com

Provider Manual:

Chapter 8: Provider Specific Claim Submission Instructions

Chapter 10: Web Portal/AVRS

Chapter 11: Other Insurance and Medicare Billing Guides

Chapter 12: Claim Resolution Guide

[CT DSS Web Site](#)

[CHN](#)

[Internet Claims FAQ](#)

[DSS Audit Protocols](#)

[Eligibility Response Quick Reference Guide](#)

Contacts



Contacts

Gainwell Technologies Provider Assistance Center (PAC)

Phone: 1-800-842-8440 - Monday through Friday, 8:00 AM - 5:00 PM, excluding holidays

E-Mail: ctdssmap-provideremail@gainwelltechnologies.com

Gainwell Technologies Electronic Data Interchange (EDI) Assistance Center

Phone: 1-800-688-0503 - Monday through Friday, 8:00 AM - 5:00 PM, excluding holidays

CHNCT Provider Relations (medical prior authorizations)

Phone: 1-800-440-5071 - Monday through Friday, 8:00 AM - 6:00 PM

HMS (client insurance issues)

Phone: 1-866-252-0671 - Monday through Friday, 8:30 AM – 5:30 PM

E-Mail: CTinsuranceescalation@gainwelltechnologies.com

Thank you!

