

# CT Medical Assistance Program: Doula 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

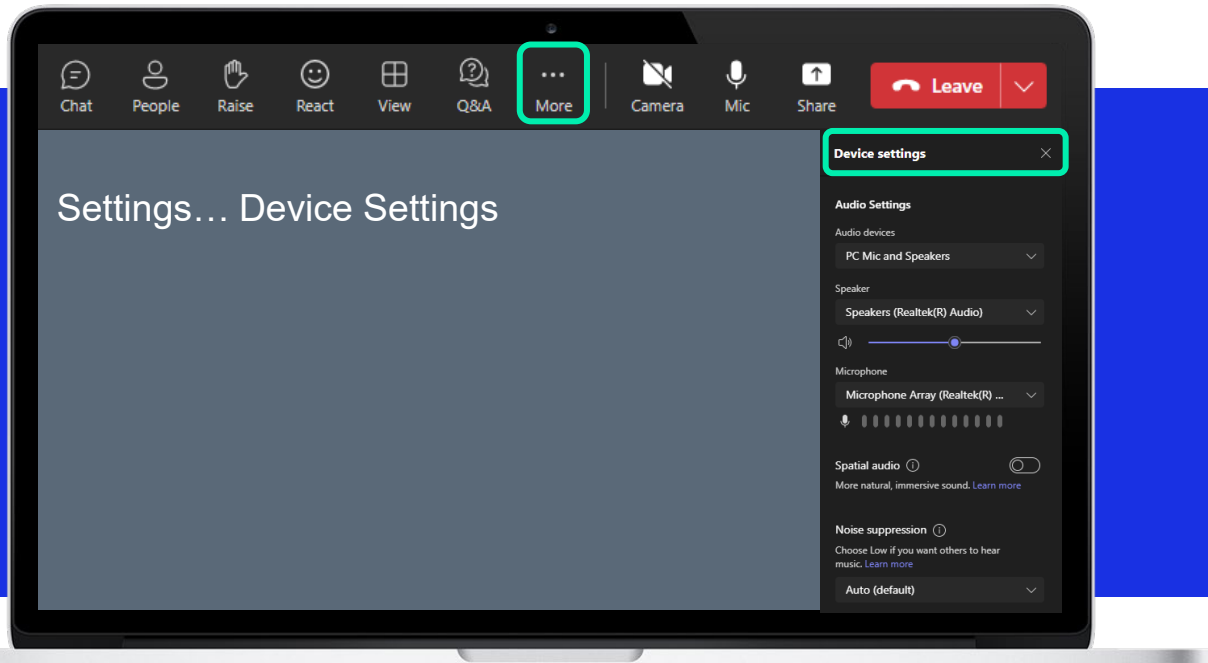
**A Q&A session** is included at the end of this event to answer your questions.



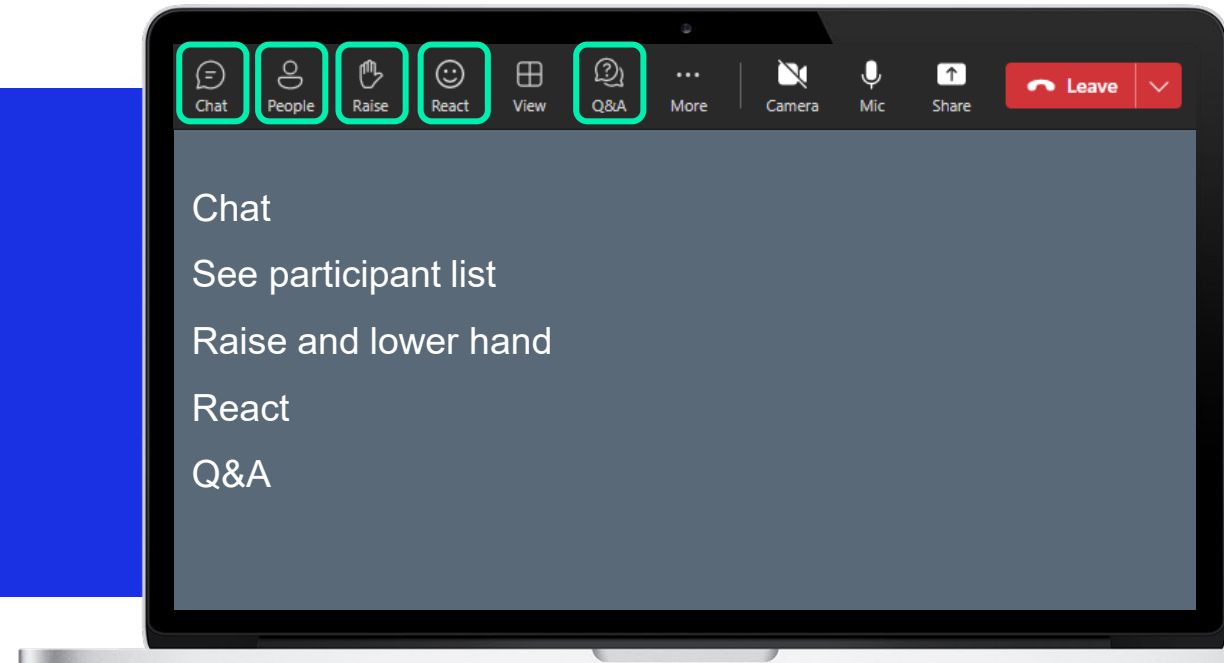
**You can download the slides used in today's event** from the email sent out after the event.

# MS Teams Features and Functions

## Manage audio and video settings



## Engage with others



# CT Medical Assistance Program: Doula Billing Workshop

Presented by: Caitlin Mazur  
May 13, 2026



gainwell.

# Agenda

- 01 Enrollment/Re-Enrollment
- 02 Secure Web Portal Set Up
- 03 Demographic & Clerk Maintenance
- 04 Referral & Ordering Provider Requirements
- 05 Covered Services & Visit Limits
- 06 Perinatal Visits
- 07 Labor & Delivery Attendance
- 08 Prior Authorization
- 09 Telehealth Information
- 10 Hospital & FQHC Billing
- 11 Eligibility Verification
- 12 Professional Web Claim Submission

# Enrollment & Re-Enrollment



# Enrollment and Re-Enrollment

- Doulas must re-enroll every **five (5)** years to maintain active Medicaid provider status in Connecticut
- Providers receive a notification with an Application Tracking Number (ATN) six months before re-enrollment is due
- Providers are required to use the Connecticut Medical Assistance Program [website](#) and enter the ATN along with NPI or AVRS ID to re-enroll
- Successful enrollment and re-enrollment grants access to a secure web portal for managing claims and communications
- Upon login to secure portal account, all providers will be able to see their re-enrollment due date

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit Verification Claims Eligibility  
Prior Authorization Hospice Trade Files PT Committee Messages Behavioral Health Attestation **Account** Portal Admin Security

home **account home** account maintenance account setup change password clerk maintenance demographic maintenance document upload reset password  
log out

Welcome, P0042  
Provider ID: NPI  
Provider AVRS ID:  
Reenrollment Due Date: 10/18/2028  
Zip Code: 06010 - 5106



Provider Trading Partner Pharmacy Information F  
Provider Enrollment  
Provider Re-Enrollment  
Add Alternate Svc Loc Address  
Provider Enrollment Tracking  
Provider Matrix  
Provider Services  
Provider Search  
Drug Search  
Provider Fee Schedule Download  
EHR Incentive Program  
OOS Instructions/Information  
Fingerprint Criminal Background  
Check Info  
ACA OPR Provider List  
E-Mail Subscription  
Secure Site

# Enrollment and Re-Enrollment

- Re-enrollments on average take 4-8 weeks to process; please be sure to complete by due-date
- Failure to submit a timely Medicaid provider re-enrollment application will result in provider disenrollment from the Medicaid program
- Providers can check the status of their application by selecting **Provider Enrollment Tracking** from the Provider menu on [ctdssmap.com](http://ctdssmap.com)

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and tagline "Making a Difference" on the left, and "Help Site: A Login" and the date "Monday, March 30, 2026 at 9:34:44 AM" on the right. A navigation bar contains links for Home, Information, **Provider**, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this, there are links for Telehealth Information and Electronic Visit Verification. A secondary menu lists: home, provider enrollment, provider re-enrollment, **provider enrollment tracking**, provider matrix, provider services, provider search, drug search, provider fee schedule download, oos instructions/information, fingerprint criminal background check info, e-mail subscription, and secure site. The "Enrollment Tracking Search" section features two input fields: "ATN\*" and "Business OR Last Name\*", with "search" and "clear" buttons to the right.

# Secure Web Portal Set Up / Access



# Information Required for Secure Account Set Up/Access

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**.

Enrollment Welcome Letters and Pin Letters are mailed to the Enrollment address you provided on your application.

**Can't locate your letter(s)?** Contact the Provider Assistance Center to have it re-mailed.

# Public Web Welcome Page [ctdssmap.com](http://ctdssmap.com)



Help  
Site: A  
[Login](#)

Monday, April 13, 2026 at 9:13:10 AM

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

[home](#) [site map](#) [about us](#)

- 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
- [Register/Update 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 Hospitals: Public Inpatient Psychiatric Hospitals Public Notice \(Posted 4/9/26\)](#)
- [Attention All Providers: AI/Bot/Automated Calls \(Posted 4/2/26\)](#)
- [Attention Physicians, Physician Assistants, Advanced Practice Registered Nurses, and Certified Nurse Midwives: Updates to Table 4-HUSKY Health Primary Care Increased Payments \(Posted 4/1/26\)](#)
- [Attention Private Intermediate Care Facilities for Individuals with Intellectual Disabilities \(ICF/IID\): Medicaid State Plan Amendment: Reimbursement Update \(Posted 3/27/26\)](#)
- [Attention Physicians and Physician Assistants \(PA\): Prior Authorization Requirements for Assistant Surgeons Reminder \(Posted 3/23/26\)](#)
- [Hospital Monthly Important Message \(Posted 3/16/26\)](#)

# Setting Up Your Secure Web Account

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

**Provider** Trading Partner Pharmacy I

Prov **Provider** llment

**Provider Re-Enrollment**

**Provider Enrollment Tracking**

**Provider Matrix**

**Provider Services**

**Provider Search**

**Drug Search**

**Provider Fee Schedule Download**

**OOS Instructions/Information**

**Fingerprint Criminal Background**

**Check Info**

**E-mail Subscription**

**Secure Site**

**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](#)

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

# Secure Web Account Capabilities

Set up clerk accounts to allow multiple users access to specified roles

Update your demographic information (master user only) includes addresses, phone numbers, Electronic Funds Transfer (EFT) account information

Check client eligibility

Use the Switch functionality when Master User and/or clerks/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

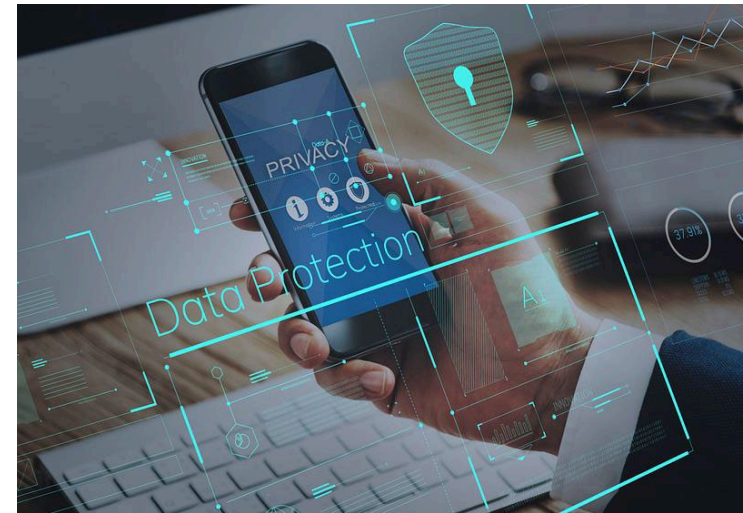
# Demographic and Clerk Maintenance



# Master Users

A **Master User ID** carries significant authority within an organization. It enables the holder to grant access to protected health information (PHI) through assigning Clerks, modify contact and claims information, and manage electronic funds transfer (EFT) banking details.

Because of the breadth of these privileges and the sensitive data involved, the Master User ID and its password must be safeguarded at all times and **should never be shared**.



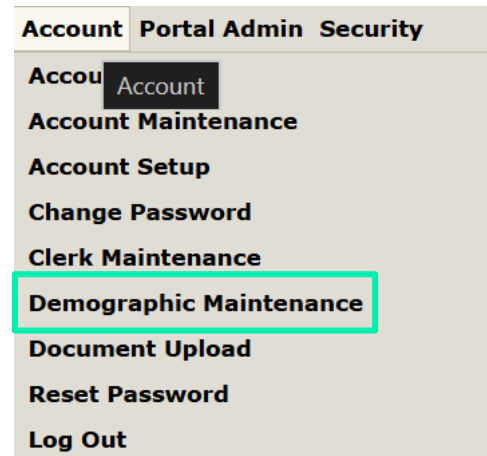
# Demographic Maintenance

The Demographic Maintenance section of the Secure Site allows the **Master User** to alter and maintain the following demographic information:

- **Home, Mail to, Pay to, Service Location, Alternate Service Locations and Enrollment addresses**
- **EFT (Electronic Funds Transfer) Account (account that receives all reimbursements)**
- **Maintain Organization Members (providers who may work for your group)**
- **Add/Update Vehicle Registration Information (Ambulance Providers)**

**Failure to update this information may result in claim denials or delayed reimbursement.**

To keep information current, once the master user is logged in, go to: **Account>Demographic Maintenance**



[Base Information](#) > [Service Location](#) > [Location Name Address](#) > [EFT Account](#) > [Service Language](#) > [Maintain Organization Members](#)

Usage	Name	Street	City	State	Country	Zip	Zip + 4	Contact Phone	Contact Ext	Handicap Access	Address Indicator
Alt Service Location	HARPER, KATHLEEN	1275 POST ROAD	FAIRFIELD	CT	US	06824	6015			N	V
Alt Service Location	HARPER, KATHLEEN	1020 MEMORY LN	HARTFORD	CT	US	06066	6066	(860)741-2333		N	V
Alt Service Location	HARPER, KATHLEEN	1020 MEMORY LN	HARTFORD	CT	US	06066	6066	(860)741-2333		N	V
Enrollment Address	HARPER, KATHLEEN	134 ROUND HILL ROAD	FAIRFIELD	CT	US	06824	5166	(203)254-2452		N	V
Home Office	HARPER, KATHLEEN	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N	V
Mail to	HARPER, KATHLEEN	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N	V
Pay to	HARPER, KATHLEEN	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N	V
Service Location	HARPER, KATHLEEN	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N	V

# 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

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
1414141414	NPI	BOYLE, DR. DAWN	06/01/2012	10/08/2012	06/05/2014

Total Count: 3      Current Count: 2      Historical Count: 1

Select row above to update -or- click Add button below.

- To add a new member, click the add button.
- 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.

Organization Member ID  [ Search ]      Effective Date   
 Organization Member Name       End Date   
 Reenrollment Due Date

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

**Maintain Organization Members**

- 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](http://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
	MCD		06/05/2000	01/31/2003	12/31/2299
	MCD		07/09/1999	09/24/2001	12/31/2299
	MCD		06/29/1999	06/01/2002	12/31/2299
	MCD		07/01/2001	02/11/2018	12/31/2299
	MCD		04/30/2000	09/24/2001	12/31/2299
	MCD		01/01/1999	09/24/2001	12/31/2299
	MCD		06/23/2000	08/31/2004	12/31/2299
	MCD		07/14/1999	09/24/2001	12/31/2299
	MCD		07/09/1999	09/24/2001	12/31/2299

# Clerk Accounts

Clerk User IDs must be uniquely formatted to ensure accurate identification and prevent account conflicts. When attempting to add a User ID that already exists, carefully review the clerk information displayed in the system. If the listed clerk is not associated with your organization, you must create a different User ID for your clerk.

The Master User/local administrator is responsible for ensuring all clerk accounts comply with HIPAA privacy and security requirements. **IDs and passwords must never be shared.** Do not add an existing Clerk User ID unless you have verified that the clerk is part of your organization.

Additionally, when a clerk is no longer affiliated with your organization, their Clerk User ID must be promptly removed to maintain system security and compliance.

# 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, removing clerks and resetting passwords.

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	Clerk

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

Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

reset password clerk maintenance demographic maintenance reset password log out

- Account Home
- Account Maintenance
- Account Setup
- Change Password
- Clerk Maintenance**
- Demographic Maintenance
- Reset Password
- Log Out

Select row above to update -or- click Add button below.

To manage clerk roles, start by selecting **Clerk Maintenance** from the Account submenu.

# Clerk Maintenance

Clerk roles the master user can assign:

- **Claim Inquiry/Submission/Adjustment** - Allows clerks to inquire on claims, submit claims, and adjust claims through the secure Web Portal.
- **PA Inquiry/Submission** - Allows clerks to inquire on PAs through the secure Web Portal
- **Client Eligibility Verification** - Allows clerks to verify a client's eligibility
- **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 download Remittance Advices (RAs)
- **Submit Applications** - Allows clerks to submit applications to add an alternate service location address
- **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)

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

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

# Doula Requirements and Limitations



# Referral & Ordering Provider Requirements

## Requirements for Doulas

- Doula services require referral from a Medicaid-enrolled and licensed practitioner overseeing the pregnancy (physicians, APRN, physician assistant or certified nurse mid-wife)
- Referrals may be handwritten or electronic and must clearly specify the medical need for doula services
- Strong communication with the referring licensed practitioner supports care coordination, medical necessity and authorization requests
- Doulas must keep copies of referrals in records to comply with audits and ensure claim approvals

# Covered Services & Visit Limits

## Requirements for Doulas

Medicaid covers:

- Up to **four (4)** total antepartum or postpartum visits, and
- **One (1)** visit specific to the doula's attendance at the labor and delivery total for the entire pregnancy episode

Providers must track visits carefully and maintain documentation to ensure compliance and reduce risk of denied claims.

# Perinatal Visit: Billing & Documentation

## Requirements for Doulas

Procedure Code	Description	Rate
T1033	Services performed by a doula birth worker, per diem	\$100.00

- Perinatal doula visits are billed using procedure code **T1033** and reimbursed at \$100 per visit
- Medically necessary doula visits could occur up to nine (9) months prior to the birth and through twelve (12) months after the birth
- Doulas must document the date, duration, type of support, and how services met member's needs during each visit
- Visits where services are not rendered, such as member's absence or declined support, *cannot* be billed to Medicaid
- Accurate documentation ensures Medicaid compliance, timely reimbursement, and reduces claim denials or recoupments

# Labor and Delivery Attendance Billing

## Requirements for Doulas

Procedure Code/Modifier	Description	Rate
T1033-HD*	Services performed by a doula birth worker, per diem (specific to attendance at birth)	\$800.00

*\*Modifier HD: parenting/pregnant women's program*

- Procedure code **T1033 with HD modifier** is required for labor and delivery doula services billing
- Labor and delivery doula services reimburse at a flat rate of \$800
- Only 1 visit total for attendance at the labor and delivery will be eligible for payment
- Doula must be physically present throughout labor and delivery with proper documentation for reimbursement
- Claims for delivery without HD modifier are denied or underpaid at perinatal visit rate of \$100; providers must recoup and resubmit correctly
- Claims submitted for more than 1 visit (dates of service) for attendance at labor and delivery will be recouped

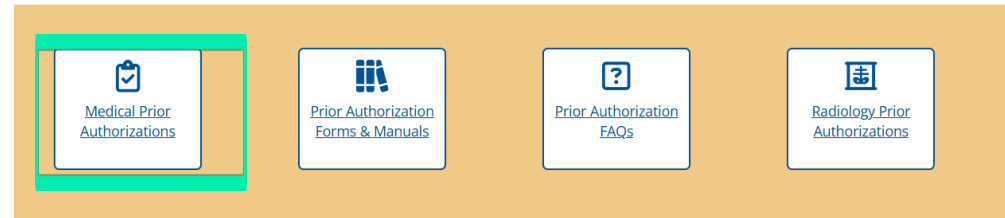
# Prior Authorization for Additional Visits

## Requirements for Doulas

- Prior Authorization (PA) is **only** required for doulas to get reimbursed for medically necessary prenatal and postpartum visits *beyond* the standard four (4) covered visits
- Doulas and licensed providers collaborate to determine additional visit needs and provide medical justification
- Complete PA submission includes authorization request, prior authorization form, and clinical notes signed by the responsible provider
- PA approval must be obtained before additional services
- PA for more than one visit (date of service) for attendance at the labor and delivery will not be authorized

Providers can access the medical authorization portal on the HUSKY website at:

[portal.ct.gov](https://portal.ct.gov) HUSKY → *Information for Providers* → *Prior Authorization* → *Medical Prior Authorization*.



[PB 25-28 Changes to Prior Authorization Process for Medical Goods and Services](#)

# Outpatient Hospital and FQHC Billing Considerations

## Requirements for Doulas

- Doula services are considered a professional service
- Outpatient hospitals cannot bill directly for doula services in the outpatient hospital; the doula must be enrolled with CMAP and bill for their services directly
- Doula services do not qualify as a service that can be billed by FQHC's as an encounter
- FQHCs can enroll a separate doula practice to bill independently with certified doulas as rendering providers

# Telehealth Information

## Requirements for Doulas

- Doula services can be delivered via synchronized telemedicine and must be requested by the HUSKY Health member and agreed on by both the member and the doula
- No more than half of perinatal visits may be telemedicine, ensuring the same quality as in-person care
- Telehealth is not permitted for labor and delivery attendance; delivery services via telemedicine are not reimbursed
- Providers must use correct telehealth modifiers and place of service codes to ensure compliance and avoid denials

- **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 communication systems

*CMAP does not differentiate the use of modifier 95 and GT on telemedicine claims and providers may append either modifier to the claim*

**CMAP does not recognize Place of Service (POS) 10 (Telehealth Provided in Patient's Home) or 02 (Telehealth), therefore providers must bill the POS code that best reflects the location the service would have been provided if rendered in-person (i.e. office – POS 11)**

# Telehealth Information



## 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](http://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

# Eligibility Verification



# Eligibility Verification

**DSS recommends that providers verify a client's eligibility on the date of service *prior* to performing the said service and at regular intervals**

- Eligibility can change at any time

## **Ways of Verifying a Client's Eligibility:**

- Secure Web portal account at [www.ctdssmap.com](http://www.ctdssmap.com)
- Automated Voice Response System (AVRS)
- Provider Electronic Solutions (PES) software
- Point of Sale (POS) Device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction

# Eligibility Verification

To verify a CMAP client's eligibility through the Secure Site, click on the '**Eligibility**' tab on the Home page.

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

Enter enough data to satisfy at least one of the valid search combinations below; click '**search**'

- Valid Search Combinations
- Client ID + SSN
  - Client ID + Birth Date
  - Birth Date + SSN
  - Full Name + SSN
  - Full Name + Birth Date

[Eligibility Response Quick Reference Guide](#)

Eligibility Verification Request					
Client ID	<input type="text"/>	Last Name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="08/22/2022"/>
SSN	<input type="text" value="666-55-4444"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>	To DOS*	<input type="text" value="08/22/2022"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="30 - Health Benefit Plan Coverage"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				
					<input type="button" value="search"/>
					<input type="button" value="clear"/>

**\*\*When entering a full name as part of your search, a middle initial is required if present on their CMAP profile or insurance card.\*\***

# Eligibility Verification

Eligibility Verification Response								
Verification Number 191720000P								
Response Text Client is eligible. Refer to Benefit Plan for specific program coverage.								
Client Information				Benefit Plan				
Client ID 009999999	Last Name CAREY		<b>Service Information</b>		<b>Benefit Month Effective Date</b>	<b>Effective Date</b>	<b>End Date</b>	<b>Message 1</b>
SSN ###-##-####	First Name, MI BABYC		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
Birth Date 01/	Street 1 MAIN ST							
Gender M	City, State, Zip TORRINGTON, CT 06790							
Benefit Plan								
<b>Service Information</b>		<b>Benefit Month Effective Date</b>	<b>Effective Date</b>	<b>End Date</b>	<b>Message 1</b>	<b>Message 2</b>	<b>Message 3</b>	<b>Message 4</b>
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								
<b>Service Information</b>	<b>Effective Date</b>	<b>End Date</b>	<b>Base Deductible Amount</b>	<b>Remaining Amount</b>				
Husky D			\$0.00					
*** No rows found ***								
Out of Pocket Information - Includes Deductible and Co-pay								
*** No rows found ***								
Service Type Codes - Medicaid Services								
<b>Service Type Code</b>	<b>Service Type Information</b>	<b>Copay</b>	<b>Coinsurance</b>					
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								
<b>Description</b>	<b>Service Type Codes</b>	<b>Effective Date</b>	<b>End Date</b>	<b>Annual Maximum</b>	<b>Remaining Balance</b>	<b>Message</b>		
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

## Medicare Covered Services / QMB

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.

# Intermission



# Claims Processing Information



# Claims Processing 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?
- Does the billed procedure code require prior authorization (PA)?

# Claims Processing Information

## Third Party Liability (TPL)

**What is TPL?** Commercial/private insurance coverage other than Medicare or Medicaid under which the client may be covered

Connecticut Medical Assistance Program (CMAP) is the payer of last resort

- Because of this, providers must investigate the possibility of clients having other insurance coverage and pursue payment prior to submitting their claim to Gainwell Technologies

Claims can potentially deny when a discrepancy in TPL data exists on the client's state profile

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

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. Providers may refer to the [Important Message](#).

Please call HMS, **1-866-252-0671**.

# Claims Processing Information

## Medicare Coinsurance and/or Deductible Claim Submission:

- If a client has Medicare, Medicare must be billed first
- 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 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) (26) (005) (123) (456)

1 2 3 4 5

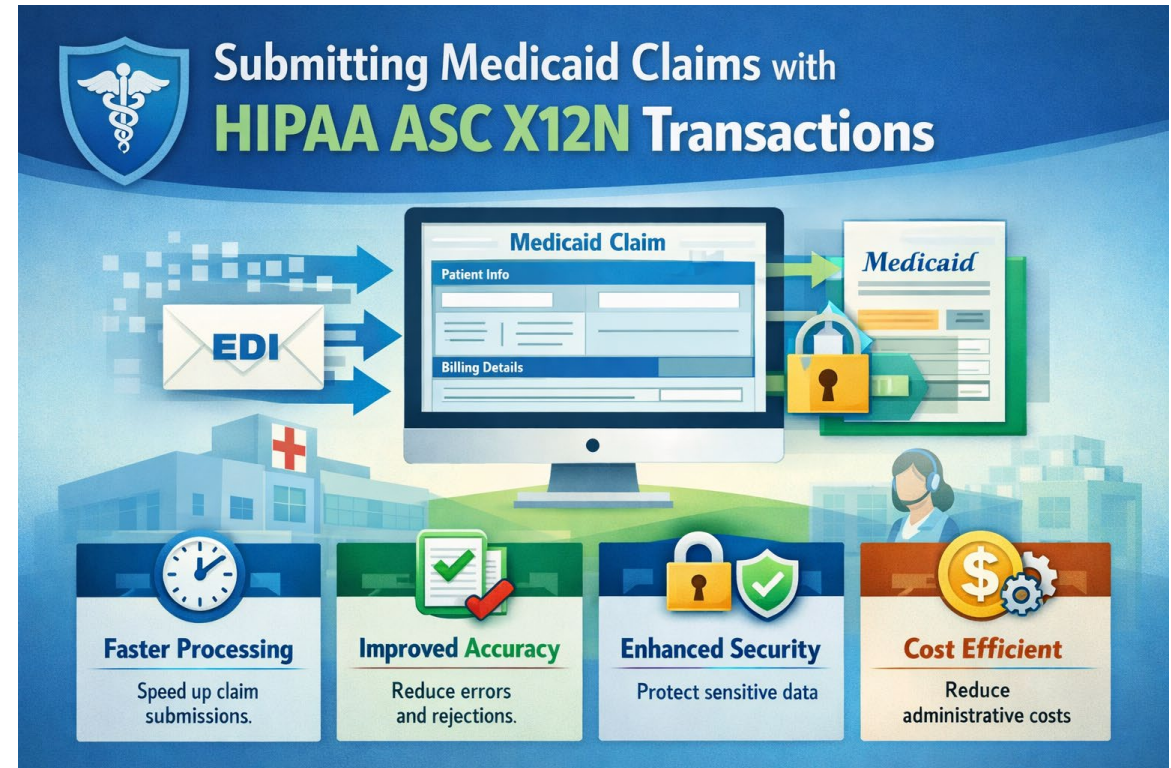
- 1 Claim Region** – Identifies *how* the claim was submitted (**20** = *Electronic Claims with No Attachments*. The ICN Region Code List can be found on our Web site under Information> Publications> Claims Processing Information.)
- 2 Year of Receipt** – Indicates the *year* in which the claim was received by Gainwell Technologies (**26** = 2026)
- 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**)

# Claims Processing Information

Claims for services rendered to CMAP clients may be submitted via:

- Secure Web Portal Account at [www.ctdssmap.com](http://www.ctdssmap.com)
- Software utilizing the following HIPAA ASC X12N transactions:

837P – Health Care Claim Professional



# Professional Web Claim Submission



# Professional Web Claim Submission

Professional claims can be submitted through a Secure Web Account by logging into [ctdssmap.com](http://ctdssmap.com).

Select **Professional** from the Claims menu



The screenshot shows the top navigation bar of the Connecticut Medical Assistance Program website. The navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, and Hospice. Below the navigation bar, there is a large blue 'WELCOME' text followed by 'TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM'. To the right of the main content, a dropdown menu is open under the 'Claims' link, showing options for Claim Inquiry, Professional (highlighted with a green box), Institutional, Dental, and Claim History for Specific Services. On the left side of the page, there are two sections: 'Information' with links for Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations; and 'Provider' with links for Provider Services, Provider Search, Provider Enrollment, and CDS Instructions/Information. At the bottom of the page, there is a welcome message: '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.'

## Web Claim Capabilities:

- 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 Telehealth Information Electronic Visit Verification **Claims**

Behavioral Health Attestation Account Portal Admin

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

## Accident Related Causes

Auto Accident  Another Party Responsible  Employment Related  Other Accident

## Diagnosis

Diag-Sequence ▲ Diagnosis Description

Code Set	<input type="text" value="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

## 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 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

The screenshot shows a web form titled "Professional Claim". The form is divided into several sections. On the left, there are input fields for: ICN, Provider ID (with "0" and "MCD" visible), AVRS ID (with "0" visible), Client ID\* (highlighted with a red box and a green arrow pointing to it), Last Name, First Name, MI, Date of Birth, Patient Account #, Medical Record Number, Referring Physician (with a "[ Search ]" button), SSN, Accident Related (with a "No" dropdown), and Accident Date. On the right, there are input fields for: From Date, To Date, Admission Date, EPSDT Referral (with a dropdown arrow), Total Charges (\$0.00), Total Paid (\$0.00), TPL Amount (\$0.00), CoPay Amount (\$0.00), Medicare Crossover (with a "No" dropdown and a green arrow pointing to it), and 837 Version (with a "5010" dropdown). At the bottom, there is a section titled "Accident Related Causes" with four checkboxes: Auto Accident, Another Party Responsible, Employment Related, and Other Accident.

# 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](#)

**Please note:** Do not enter decimal point when entering diagnosis codes.  
Example: For Dx code, E11.9, enter **E119**.

# Professional Web Claim Submission - Detail

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
- Diagnosis Indicator/Code Pointer

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

delete add

# Professional Web Claim Submission - Detail

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

delete add

Rendering Physician  
Referring Provider  
Ordering Provider

# 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 ] Relationship: [ Select ]

Plan Name: BC/BS OF CONNECTICUT Last Name: [ Text ]

Policy Number: [ Text ] First Name, MI: [ Text ] [ Text ]

Paid Amount\*: [ Text ] Date of Birth: [ Text ]

Paid Date\*: [ Text ]

Adjustment Reason Code: [ Text ] [ Search ] [ Text ] [ Search ] [ Text ] [ Search ]

Adjustment Amount: [ Text ] \$0.00 [ Text ] \$0.00 [ Text ] \$0.00

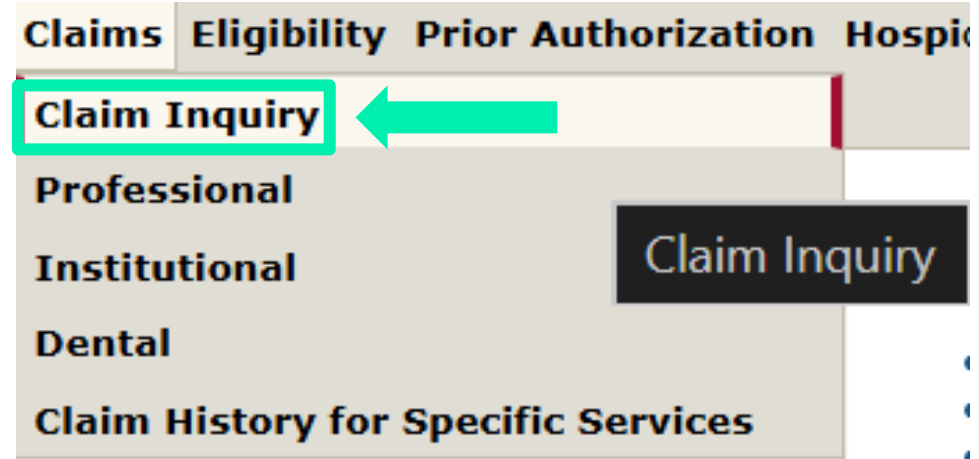
[ delete ] [ add ]

Paid Amount  
Paid Date  
Adjustment  
Reason Code

# Professional Web Claim Inquiry

To search for claims submitted to Gainwell Technologies using the [www.ctdssmap.com](http://www.ctdssmap.com) secure site, click on **Claims > Claims Inquiry**

- Enter enough information to satisfy at least one of the following criteria:
  - ICN
  - From and Through Dates of Service (FDOS, TDOS) *\*search range cannot exceed 93 days\**
  - From and Through Dates of Payment (FDate Paid, TDate Paid)
  - Select the **Pending Claims** or **Exclude Adjusted Claims** box when applicable



The image shows a screenshot of the 'Claim Search' form on the website. The form is titled 'Claim Search 008110449.MCD'. It contains several input fields and checkboxes. The fields are: ICN, Client ID, TCN, FDOS, TDOS, Prescription No (Pharmacy Only), Claim Type (dropdown), Status (dropdown), FDate Paid, TDate Paid, Pending Claims (checkbox), Exclude Adjusted Claims (checkbox), and Records (dropdown set to 20). There are 'search' and 'clear' buttons at the bottom right. The top of the page shows the Connecticut Department of Social Services logo and the current user information: 'Current User: CMAZURWEB', 'Logout', and the date 'Monday, March 30, 2026 at 4:17:14 PM'. The navigation menu is also visible at the top.

# 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.

# Professional Web Claim Submission Information

## Timely Filing Limit

**It is the provider's responsibility to ensure that all claims for services provided to a clients are submitted within 365 days from the actual date of service.**

### **Situations that allow the timely filing limit (1 year) to be bypassed:**

- Client eligibility has been added or updated where the claim date of service is within the effective dates of the update and the claim submission date is within range of the update
  - Also applies to the addition of a nursing home Pay Start for Long Term Care claims
- Medicare and/or Other Insurance Payment:
  - TPL or Medicare paid amount is greater than \$0.00 and the paid date is within 366 days of the claim submission date
  - If multiple carriers exist and if any one does not meet the above criteria, the claim will deny

# Professional Web Claim Submission Information

## Timely Filing Limit

### Situations that allow the timely filing limit to be bypassed

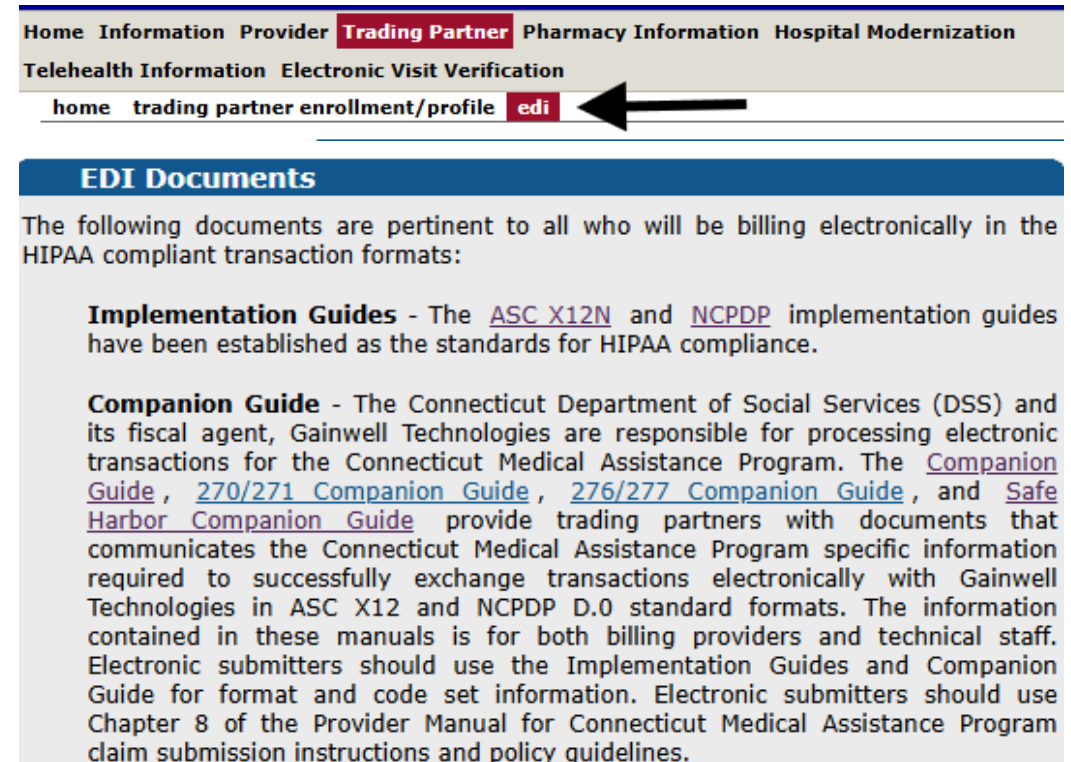
- Prior claim history:
  - The claim's submission date is within 365-day range of a previous claim's Remittance Advice date and the previous claim did not deny for timely filing.
  - DOS can still be over 1 year old as long as the claim was billed within the last year. This gives providers chances to fix or adjust claims.



# Professional Web Claim Submission - References for Electronic Claim Submission

Providers should use the following resources for electronic claim submission information:

- Chapter 6, Electronic Data Interchange Options
- Chapter 7, Specific Policy / Regulations (based on your provider type)
- Chapter 8, Provider Specific Claims Submission Instructions
- Chapter 10, Web Portal/AVRS
- Chapter 11, Other Insurance and Medicare Billing Guides, select Professional
- Implementation Guide, found at [wpc-edi.com](http://wpc-edi.com)
- Companion Guide for formatting and coding set information, located on [ctssmap.com](http://ctssmap.com) by selecting the Trading Partner tab, then EDI



The screenshot shows a website navigation menu with the following items: Home, Information, Provider, Trading Partner (highlighted in red), Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. Below the menu, there is a breadcrumb trail: home, trading partner, enrollment/profile, and edi (highlighted in red). A black arrow points to the 'edi' link. Below the breadcrumb trail is a section titled 'EDI Documents' with a blue header. The text in this section reads: 'The following documents are pertinent to all who will be billing electronically in the HIPAA compliant transaction formats:'. There are two paragraphs of text. The first paragraph is titled 'Implementation Guides' and states that the ASC X12N and NCPDP implementation guides have been established as the standards for HIPAA compliance. The second paragraph is titled 'Companion Guide' and states that the Connecticut Department of Social Services (DSS) and its fiscal agent, Gainwell Technologies are responsible for processing electronic transactions for the Connecticut Medical Assistance Program. It lists several companion guides: Companion Guide, 270/271 Companion Guide, 276/277 Companion Guide, and Safe Harbor Companion Guide. It explains that these guides provide trading partners with documents that communicate the Connecticut Medical Assistance Program specific information required to successfully exchange transactions electronically with Gainwell Technologies in ASC X12 and NCPDP D.0 standard formats. It notes that the information contained in these manuals is for both billing providers and technical staff. It concludes by stating that electronic submitters should use the Implementation Guides and Companion Guide for format and code set information, and Chapter 8 of the Provider Manual for Connecticut Medical Assistance Program claim submission instructions and policy guidelines.

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

home trading partner enrollment/profile **edi**

### EDI Documents

The following documents are pertinent to all who will be billing electronically in the HIPAA compliant transaction formats:

**Implementation Guides** - The [ASC X12N](#) and [NCPDP](#) implementation guides have been established as the standards for HIPAA compliance.

**Companion Guide** - The Connecticut Department of Social Services (DSS) and its fiscal agent, Gainwell Technologies are responsible for processing electronic transactions for the Connecticut Medical Assistance Program. The [Companion Guide](#), [270/271 Companion Guide](#), [276/277 Companion Guide](#), and [Safe Harbor Companion Guide](#) provide trading partners with documents that communicates the Connecticut Medical Assistance Program specific information required to successfully exchange transactions electronically with Gainwell Technologies in ASC X12 and NCPDP D.0 standard formats. The information contained in these manuals is for both billing providers and technical staff. Electronic submitters should use the Implementation Guides and Companion Guide for format and code set information. Electronic submitters should use Chapter 8 of the Provider Manual for Connecticut Medical Assistance Program claim submission instructions and policy guidelines.

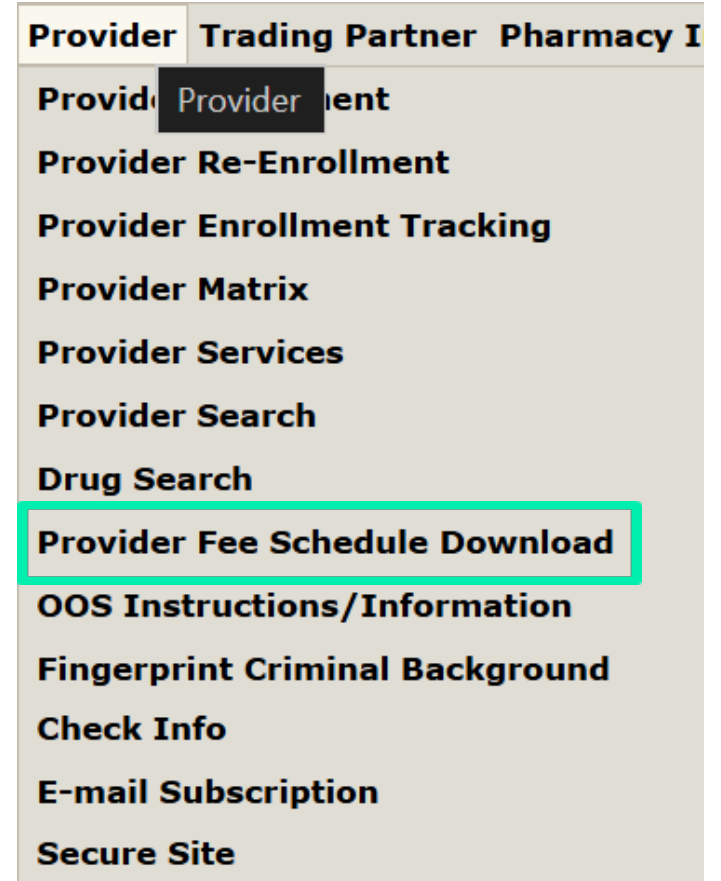
# CMAP Billing Provider Resources



# Fee Schedule

Fee Schedules are available for download from [ctdssmap.com](http://ctdssmap.com)

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



# Fee Schedule



[Home](#)
[Information](#)
[Provider](#)
[Trading Partner](#)
[Pharmacy Inform](#)  
[home](#)
[provider enrollment](#)
[provider re-enrollment](#)
[provid](#)  
[fingerprint criminal background check info](#)
[e-mail subscrip](#)

**\*\*\* Click here for the Fee Schedule In**

## Provider Fee Schedule Download

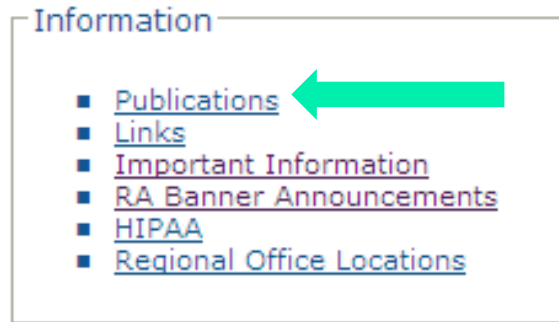
- Acquired Brain Injury Case Management [CSV](#)
- Acquired Brain Injury DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Fiduciary [CSV](#)
- Acquired Brain Injury II DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Service Provider [CSV](#)
- Acupuncture [CSV](#)
- Autism Spectrum Disorder [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](#)

A	B	C	D	E	F	G	H	I
	Doula - 1/1/2025							
Procedure Code	Proc description	Mod1	Mod1 desc	Rate Type	Max Fee	Effective Date	End Date	PA
T1033	Services performed by a doula birth			DEF	100	1/1/2025	12/31/2299	
T1033	Services performed by a doula birth	HD	PREGNANT/PARENTING PROGRAM	DEF	800	1/1/2025	12/31/2299	

- Listed by provider type and specialty
- Click the CSV link to download the Doula fee schedule
- Rate Type descriptions can be found under Tables 1 and 2 within the **Fee Schedule Instructions** document

# 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](http://www.ctdssmap.com)) or from the Information 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.

# Provider Bulletins

## Search by Provider Type: Doula, Doula Groups or All Providers

Bulletin Search			
Year	<input type="text" value="▼"/>	Provider Type	<input type="text" value="Doula"/>
Number	<input type="text"/>	Title	<input type="text"/>

Search Results		
Bulletin Number ▼	Title	Published Date
PB26-02	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2026
PB25-87	January 2026 Updates to the CMAP Telehealth Table-Subsequent Hospital Care and N...	12/29/2025
PB25-58	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	11/06/2025
PB25-52	Policy Updates and Changes to Clinical Review Criteria	10/01/2025
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
PB25-14	New Coverage of Certified Doulas	05/23/2025

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

Search Results		
Bulletin Number ▼	Title	Published Date
PB26-02	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2026
PB25-87	January 2026 Updates to the CMAP Telehealth Table-Subsequent Hospital Care and N...	12/29/2025
PB25-58	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	11/06/2025
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

# Important Messages

## 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 Physicians and Physician Assistants \(PA\): Prior Authorization Requirements for Assistant Surgeons Reminder \(Posted 3/23/26\)](#)

[Hospital Monthly Important Message \(Posted 3/16/26\)](#)

[Attention Chronic Disease Hospitals: Chronic Disease Hospital Reimbursement Public Notice \(Posted 3/9/26\)](#)


[Attention Outpatient Hospitals: CMAP Addendum B Updated \(Posted 2/25/26\)](#)

[Attention Pharmacy and Prescribing Providers: CANCELLED Pharmacy Prior Authorization Workshop \(Posted 2/19/26\)](#)

- Contains urgent messages that require immediate communication to the provider community as well as links to important information regarding recent/upcoming system changes
- Can be found on Home Page or Information menu for archive

# RA Banner Announcements

## Information

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

## RA Banner Announcements

Banner Effective Date	Providers	Banner Page Announcement
03/20/2026-03/27/2026	Attention Primary Care Providers	Attention Primary Care Providers. REPROCESSED THIS CYCLE: Gainwell Technologies has identified and reprocessed claims for providers who were retroactively approved for the HUSKY Health Primary Care Increased Payments policy. The reprocessed claims will appear on your March 25, 2026 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 27 or 52.
03/20/2026-03/27/2026	Attention All Providers	Attention All Providers. HOLIDAY CLOSURE: Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will be closed on Friday, April 3, 2026 in observance of the Good Friday holiday. Both the DSS and Gainwell Technologies offices will re-open on Monday, April 6, 2026.
03/20/2026-03/27/2026	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 <a href="http://www.ct.gov/husky">www.ct.gov/husky</a> . 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 <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> 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 <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> 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.

- Available by selecting the Information menu 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

# 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.

The Claim Cycle Schedule can also be located by navigating to [www.ctdssmap.com](http://www.ctdssmap.com) > Provider > Provider Services > Schedules.

### Schedules

- [2026 Cycle/Claim Submission Schedule Jan-Jun](#)
- [2026 Claim Cycle Payment Schedule Jan-Jun](#)
- [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](#)
- [Holiday Schedule](#)
- [POS / AEVS System Availability Schedule](#)

2026 Month	Claim Cycle Date	Electronic Claims Received By	Web RA Availability	Check Mail Dates	835/EFT Dates
<b>Jan</b>	9-b	8	13	14	14
	23	22	27	28	28
<b>Feb</b>	6	5	10	11	11
	20	19	24	25	25
<b>Mar</b>	6	5	10	11	11
	20	19	24	25	25
<b>Apr</b>	10-b	9	14	15	15
	24	23	28	29	29
<b>May</b>	8	7	12	13	13
	22	21	27*	28*	28*
<b>Jun</b>	5	4	9	10	10
	19	18	23	24	24

**b - Denotes 3 week cycle**

\* Denotes a 1 day delay in availability

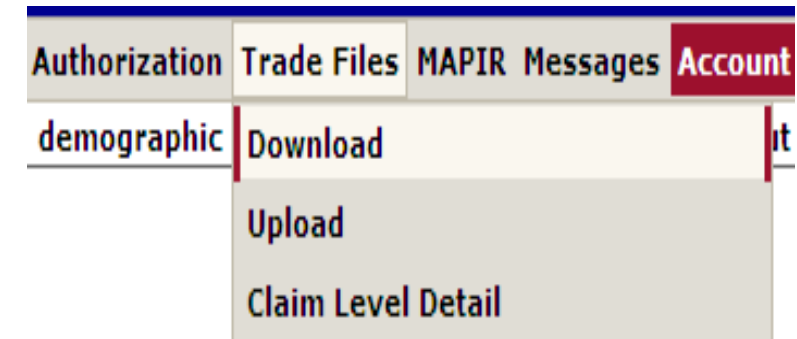
# Remittance Advice (RA)

## 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 Portal site at [www.ctdssmap.com](http://www.ctdssmap.com)
- Available in either the ASC X12N 835 Payment/Advice standard transaction format or in PDF format which provides the paper version of the RA
- Only the last 10 RAs are maintained on the Web Portal site. It is recommended that providers download and save a copy of their RAs to their computer drives for future access
- Click Download Remittance Advice from the Quick Link box on the account home screen or select Download from the Trade Files 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

**File Download Search**

Transaction Type

- Remittance Advice (RA) - PDF; the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Eligibility Response (271), Claim Status Response (277), Prior Authorization Response (278), Benefit Acknowledgement (320), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained on this web site for a period of five (5) months, at which time they will be removed and will no longer be available.
- Historical Remittance Advice (RA) - PDF; 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 Remittance Advice (RA) - PDF; available for 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.

# **Remittance Advice (RA) – There are 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) – There are 7 Sections of an RA

**Claim Information (Denied, Long Term Care):**

REPORT: CRA-HHDM-R RA#: 7766400	interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS <b>DENIED</b>	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-- --PATIENT NUMBER--	ATTEND PROV. 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 HCPCS/RATE	SRV DATE MODIFIERS	UNITS BILLED AMT
580 T1502	080121	2.00 240.00
580 T1502	080221	2.00 240.00
580 T1502	080321	2.00 240.00

**EOB Code Description:**

REPORT: CRA-EOBM-R RA#: 7766400	interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE <b>EOB CODE DESCRIPTIONS</b>	Date: 08/24/2021 PAGE: 41
123 Home Care This Rd EAST HARTFORD, CT 06118-4001		PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID
		NPI 08/24/2021 251E00000X
<b>EOB CODE</b>	<b>EOB CODE DESCRIPTION</b>	
U047	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	

# Remittance Advice (RA) – There are 7 Sections of an RA

## Financial Transaction

```

REPORT: CRA-TRAN-R          TITLE: Change MMIS          Date: 08/24/2021
RA#: 1234567                MEDICAID MANAGEMENT INFORMATION SYSTEM  PAGE: 39
                               PROVIDER REMITTANCE ADVICE
                               FINANCIAL TRANSACTIONS

Some Home Health
123 This Street
East Hartford CT 06118-4001

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

NPI 08/24/2021

-----NON-CLAIM SPECIFIC PAYOUTS-----
TRANSACTION  --CCN--      PAYOUT  REASON  APPLICANT/  APPLICANT/
NUMBER      --AMOUNT--  CODE    CLIENT NO.  CLIENT NAME  LIAB DATE

NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDER

-----REFUNDS/CASH RECEIPTS FROM PROVIDER-----
--CCN--      REFUNDS/CASH RECEIPTS  REASON
--AMOUNT--      --CODE--

NO REFUNDS FROM PROVIDER

-----ACCOUNTS RECEIVABLE-----
A/R          SETUP      RECOUPED  ORIGINAL  TOTAL      REASON  APPLICANT/  APPLICANT/
NUMBER/ICN   DATE       THIS CYCLE  AMOUNT    -RECOUPED-  CODE    CLIENT NO.  CLIENT NAME  LIA
                                                    --BALANCE--
591          08/20/2021  155.88     155.88     155.88     0.00  8400
-----1099 ADJUSTMENTS-----

TRANSACTION  SETUP      ADJUSTMENT  REASON
NUMBER       DATE       AMOUNT      CODE

NO 1099 ADJUSTMENTS
    
```

## Financial Transaction Reason Codes

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

# Remittance Advice – Summary

	---NEW DAY CLAIMS---		---POSITIVE ADJUSTMENTS---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	2,022	294,967.21	1	14.01	2,023	294,981.22
HUSKY B-3	3	379.63	0	0.00	3	379.63
HUSKY B 1 and 2	41	5,577.61	0	0.00	41	5,577.61
CADAP	0	0.00	0	0.00	0	0.00
ConnPACE	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00
MLIA	310	45,263.10	0	0.00	310	45,263.10

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	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	

	CURRENT	MONTH-TO-DATE	YEAR-TO-DATE
PAYMENTS:			
CLAIMS PAYMENTS	346,201.56	809,773.65	4,268,472.89
PAYOUTS	0.00	0.00	0.00
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(730.05)	(730.05)	(730.05)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(876.06)	(7,880.14)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
NET PAYMENT	345,471.51	808,167.54	4,259,862.70
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00)
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

# Audits

## 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.

Connecticut Department of Social Services  
Making a Difference

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

Messages Behavioral Health Attestation Account

home download upload claim level detail

File Download Search

Transaction Type: TPL Crossover Audit Rpt [search] [clear]

**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_5041261A_TPLAUDITBATCH_0_004236148.txt	TPLX_004236148.txt	TPL Crossover Audit Rpt	03/28/2025	

Connecticut Department of Social Services  
Making a Difference

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

Messages Behavioral Health Attestation Account

home download upload claim level detail

File Download Search

Transaction Type: TPL Audit Report [search] [clear]

**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.

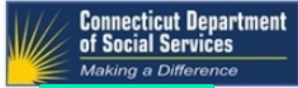
It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

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
2435211_0_28E7A327_TPLAUDITBATCH_0_002078807.txt	TPL_AUDIT_002078807.txt	TPL Audit Report	03/28/2025	

# Provider Manuals



Home **Information** Provider Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit V  
home publications links hipaa messages archive



Information

**Bulletin Search**

Year  Provider Type

Number  Title

Provider Manuals	
Chapter	
1	<a href="#">Introduction</a>
2	<a href="#">Provider Partic</a>
3	<a href="#">Provider Enroll</a>

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

Click the **Information** menu and then Publications from the drop down to see Provider Manual by Chapter.

# Provider Manuals

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

# Provider Manuals – Chapter 12 Frequent Claim Denials

**EOB Code 1010: “Performing Provider is Not a Member of the Billing Provider Group.”**

Why did my submitted claim post this EOB denial?

- The rendering provider billed on the claim is not associated to the billing group.

## **Resolution**

- The provider group needs to associate the rendering provider to their behavioral health group.
- Once the performing provider is associated to the group, re-submit the claim.

# Provider Manuals – Chapter 12 Frequent Claim Denials

**EOB Code 1035: “Referring provider not enrolled on date of service.”**

Why did my submitted claim post this EOB denial?

- The referring provider ID submitted on the claim is either no on file with the Connecticut Medical Assistance Program (CMAP) or the provider’s enrollment is not in effect on the claim’s date of service.

## Resolution

- Request that the referring physician enroll in CMAP in order to avoid future claim denials.
- A list of enrolled providers eligible to order/prescribe/refer services on behalf of HUSKY clients is available on the secure Web portal at [www.ctdssmap.com](http://www.ctdssmap.com). Once logged on to the secure site, the link to the list is in the upper right corner under Quick Links. This list includes the provider’s enrollment effective date and their re-enrollment due date. It also includes providers who are not yet enrolled, but who have submitted an enrollment application. Once the referring provider is enrolled in CMAP, and their enrollment is in effect for the claim’s date of service, the claim can be resubmitted.

# Forms

**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 Esterilizacion, 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](#)
- [Eteplirsén PA Form](#)
- [Evrysdi PA Form](#)
- [Fasentra 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](#)
- [Nusinersén 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 \(Outpatient\)](#)
- [Wegovy for MACE Risk Reduction Prior Authorization Form](#)

Home **Information** Provider Trading

home **publications** links hipaa

Click the **Information** menu and then Publications from the drop down to see Forms such as:

- Authorization / Certification
- Claim and Adjustment
- Provider Enrollment/Maintenance
- Provider Workshop Invitation
- Third Party Liability
- Many more!

# Provider Newsletters and More

## Provider Newsletters

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

## Provider Newsletters

Quarterly publications to providers on a wide range of topics

## 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](#)

## Claims Processing Information

Guides and FAQs to assist with billing/claims processing

# Information – E-mail Subscriptions

## Register to receive updates via email

- Providers must register to receive information electronically for new provider publications and notifications
- For complete E-mail subscription information, please see provider bulletin [PB15-23](#)

### E-Mail Subscriptions

Do you want to get the latest information from the Connecticut Medical Assistance Program (CMAP)? Registration is a very quick and simple process! You can register now to receive on-line publications such as provider bulletins, workshop invitations, newsletters, and important messages via email by entering your email address below under "New Subscriber". Once you have entered your email address and confirmed that address, you will be asked to select the type of information you wish to receive (reference list of provider types, trading partner, and topics on the right side of the screen). Once registered, you will receive a confirmation email.

There is no limit on the number of e-mail subscriptions per office! Each provider, member of your office staff, enrollment support staff, etc. can subscribe to receive information via email.

It is important to note that, as of June 30, 2015, the Department of Social Services will no longer send provider bulletins and workshop invitations via the postal service. To ensure that you receive the latest information from CMAP, you must either subscribe to receive this information or review the information posted to [www.ctdssmap.com](http://www.ctdssmap.com) daily to obtain newly published information.

Once you have subscribed, you can modify the type of information you receive at any time by entering your email in the Existing Subscribers box below. You may also unsubscribe at any point in time by entering your email in the Unsubscribe box below.

Click [here](#) to receive detailed instructions on how to newly subscribe, modify an existing subscription, or unsubscribe.

#### New Subscriber

E-Mail

Confirm E-Mail

### Available Subscriptions

- **Provider**
- ALL Provider Types
- Acquired Brain Injury
- Acupuncturist
- Advance Practice Nurse
- Autism Spectrum Disorder/Behavior Analysts
- Autism Waiver
- BHH/TCM/Waiver Provider
- Behavioral Health Clinician
- Birth to Three
- CHC Access Agency
- CHC Assisted Living
- CHC PCA Fiduciary
- CHC Service Providers
- CT Housing Engagement and Support Services
- Certified Nurse Midwife
- Chiropractor
- Clinic
- Community First Choice
- Community Services
- DDS Employment and Day Supports
- DDS Specialized Services
- DME/Medical Supply Dealer
- Dental
- Dietitian/Nutritionist
- Doula
- Drug and Alcohol Abuse Center
- Extended Care Facility/Long Term Care
- FQHC - Behavioral Health
- FQHC - Dental
- FQHC - Medical & Tribal Svs Medical
- Home Health Agency

# Contacts



# Contacts

## Gainwell Technologies – Provider Assistance Center (PAC)

Call 1-800-842-8440 or secure email [ctdssmap-provideremail@gainwelltechnologies.com](mailto:ctdssmap-provideremail@gainwelltechnologies.com)

- ✓ Client and Provider Eligibility
- ✓ Claim Submission and Processing
- ✓ Provider Enrollment

## Community Health Network of CT (CHN)

Call 1-800-440-5071 or secure email [provider@chnct.org](mailto:provider@chnct.org)

- ✓ Questions about reports
- ✓ Prior Authorizations
- ✓ PCMH Program

## Gainwell Technologies – EDI Help Desk Call 1-800-688-0503

- ✓ HIPAA Electronic Transactions
- ✓ PES software
- ✓ Electronic Claims submission

Thank You for Attending!

