

Welcome to the New Provider Workshop Presentation

March 2025

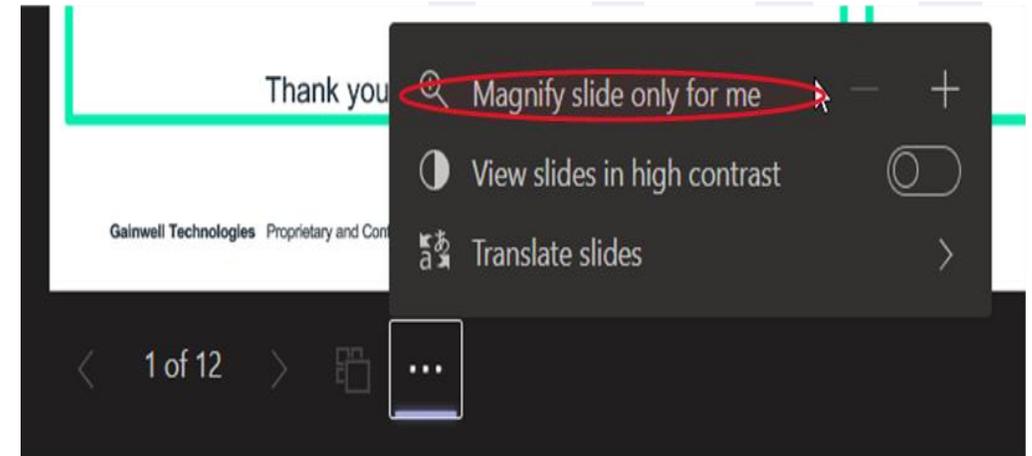
Once you have joined the Microsoft Teams meeting, please follow these communication rules:

- Please ensure your camera is off.
- Use the mute button when you are not speaking.
- Be sure to select “Chat” as documents or links used during the meeting will be posted here.
- You may also use the “Chat” or the “Raise Hand” feature to ask the speaker a question.
- The “Raise Hand” icon or (Ctrl+Shift+K) may also be used to ask the speaker a question.

Thank you for your participation!

Troubleshooting Tips:

While content is being shared, in the lower left-hand side of the screen, click the (...) and an option to ‘Magnify slide only for me’ appears allowing you to zoom in or out.



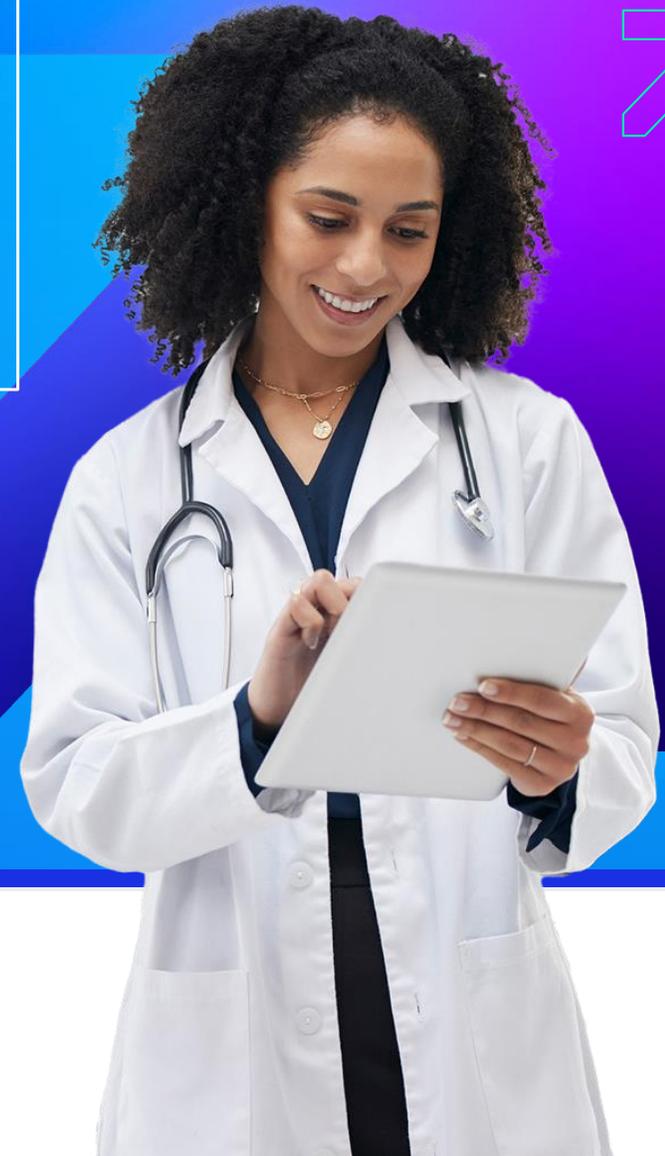
Or it may appear with this option next to the speaker's name, allowing you to Zoom In or Out:



Connecticut Medical Assistance Program New Provider Workshop

Presented by the Department of Social
Services & Gainwell Technologies for Billing
Providers

Nick Michaels and Tywan Williams
March 2025



Training Topics

Web Account - Set Up/Capabilities

Demographic Maintenance - Maintain Addresses/EFT Account

Clerk Maintenance - Adding/Deleting Clerks, Assigning Roles

Eligibility Verification - Eligibility Searches - Interpreting Results

Prior Authorization - Pharmacy Prior Authorization

Claim Processing/Submission Information

Web Claim Inquiry - Claim Inquiry/Search Results

Web Claim Submission-Submission / Resubmission / Void /
Adjustment / Copy

Remittance Advice

Re-enrollment

Ordering, Prescribing & Referring (OPR) Edits

Documentation and Information

Contacts

Questions & Comments

Web Account Overview

www.ctdssmap.com



Public Web Welcome Page

Information

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

Provider

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- [Provider Search](#)
- [Provider Enrollment](#)
- [OOS Instructions/Information](#)
- [Fingerprint Criminal Background Check Info](#)
- [Provider Training](#)
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Trading Partner

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- [Provider Electronic Solutions Billing Instructions](#)

Pharmacy

- [Pharmacy Information](#)

Email Subscription

- [Register/Update Email Subscription](#)

Electronic Visit Verification

- [EVV Implementation Overview](#)

Site Details

- Site: D
- Updated: 4/26/2022
- Release: CTM-1557

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 Behavioral Health Clinicians: Mental Health Access Improvement Act \(Posted 12/5/23\)](#)

[Attention Home Health Agencies, Occupational Therapist Groups, and Individual Occupational Therapists: Opportunity for Home Health Agencies \(HHAs\) to take part in new services: COPE and CAPABLE \(Posted 11/30/23\)](#)

[Attention All Providers: CMAP Telehealth Services \(Posted 11/27/23\)](#)

[Attention Acquired Brain Injury, Connecticut Home Care Program, and Personal Care Services/Assistant \(PCA\) Providers: Prior Authorization Issue \(Posted 11/22/23\)](#)

[Hospital Monthly Important Message \(Posted 11/20/23\)](#)

[ATTENTION Obstetrics & Gynecology and Family Practice Physicians and APRNs, Women's Health APRNs and Certified Nurse Midwives: Register for the HUSKY Maternity Bundle Provider Forum \(Posted 11/6/23\)](#)

[Attention Home Health Providers: Sandata Agency Management System Update to Medication Administration Visits less than Eight \(8\) Minutes \(Posted 11/1/23\)](#)

[Attention Hospitals: CMAP Addendum B Updated and New DRG Codes Added to Calculator \(October 1, 2023\) \(Posted 10/31/23\)](#)

[Attention All Providers: COVID-19 Vaccine Procedure Code Updates \(Posted 10/25/23\)](#)

[Revised CT Medical Assistance Program \(CMAP\) Telehealth Table - Addition of procedure code S0199 - Effective October 16, 2023 \(Posted 10/11/23\)](#)

[Attention Home Health Providers: Electronic Visit Verification \(EVV\) Updates - 1\) Sandata Agency Management Auto-Confirm Issue 2\) COMING SOON: Sandata Agency Management Group Visit Feature and Visits Less than Eight \(8\) Minutes Update 3\) New Sandata Customer Support Web Forms 4\) Additional Resources \(Posted 10/6/23\)](#)

Provider 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.

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

Provider Trading Partner Pharmacy In

Provider Enrollment

Provider Re-Enrollment

Provider Enrollment Tracking

Provider Matrix

Provider Services

Provider Search

Drug Search

Provider Fee Schedule Download

Promoting Interoperability Program

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



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

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

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: Information Required for Account Set Up

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

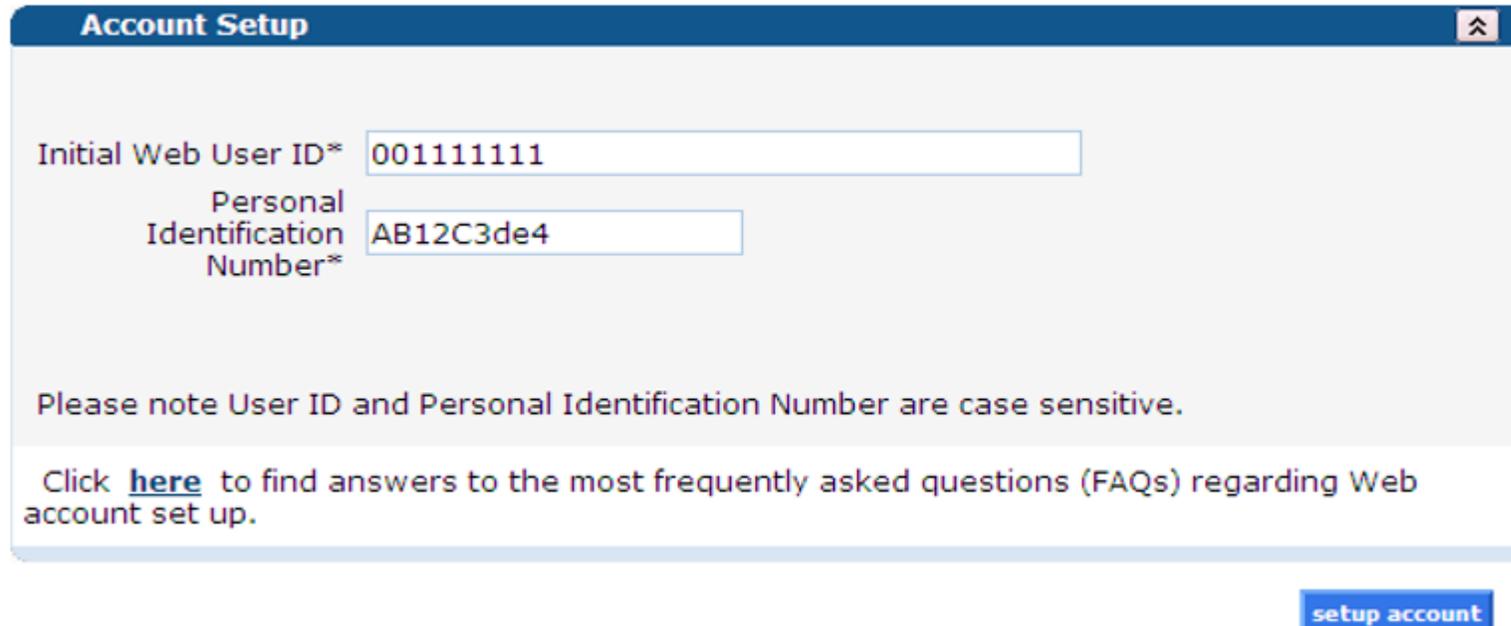
- Welcome Letter providing the AVRS ID / Initial Web User ID
- The PIN Letter providing the AVRS PIN / Web PIN

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.

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.



The screenshot shows a web form titled "Account Setup" with a blue header bar. The form contains two input fields: "Initial Web User ID*" with the value "001111111" and "Personal Identification Number*" with the value "AB12C3de4". Below the fields is a note: "Please note User ID and Personal Identification Number are case sensitive." At the bottom of the form is a link: "Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up." Below the form is a blue button labeled "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 write down the chosen User ID, Password, and secret question Answer(s) and keep them in a secure location.

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

Passwords expire after 60 days and will need to be reset if it becomes inactive and/or expires

The screenshot shows the account setup form with the following fields and annotations:

- FAQs:** A link labeled "here" is highlighted with a red box. A red arrow points to it with the text "Click 'here' for help to Web account set-up questions."
- Required fields:** Indicated by an asterisk (*).
- Fields:** User ID*, Contact Last Name*, Contact First Name*, Phone Number*, 1st Secret Question*, 1st Answer*, 2nd Secret Question*, 2nd Answer*, Password*, Confirm Password*, Email*, and Confirm Email*.
- Security Agreement:** A scrollable text area containing the agreement terms. Below it, the checkbox "I Agree" is highlighted with a red box.
- Buttons:** "submit" and "cancel" buttons are located at the bottom right, with the "submit" button highlighted by a red box.
- Instructions:** A red text box at the bottom right says "Complete the fields, read the security agreement and click the 'I agree' box prior to hitting the submit button."

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: **05/01/2024**
Zip Code: 06226 - 3606

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

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](#)

Please Note: Please keep an eye on your re-enrollment due date. Re-Enrollment due date is very important because if you do not get your re-enrollment in by the due date you will be disenrolled and you will not be able to submit claims for payment for dates of service beyond that date.

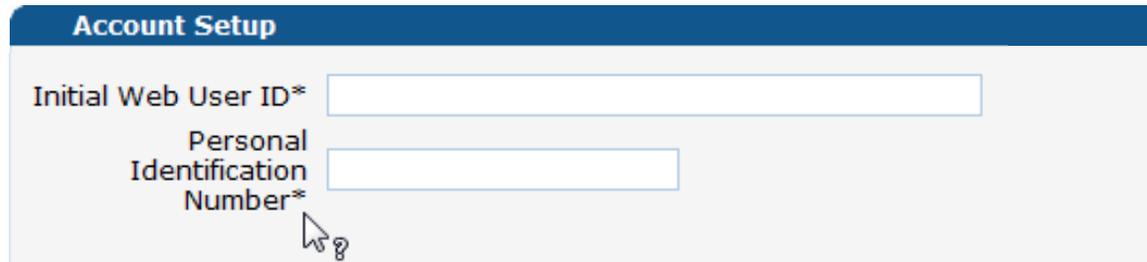
Provider Secure Web Portal Capabilities

Accessing your Secure Site provider account allows you to:

- Set up clerk accounts to allow multiple users access to specified roles
- Check client eligibility via the Web
- Use the Switch functionality when Primary Acct holder and/or staff work across accounts
- Perform claim and prior authorizations (PA) inquiries
- Create, submit, resubmit, adjust, void, and copy claims
- Review claims submitted electronically:
 - Professional
 - Dental
 - Institutional
- Obtain your Remittance Advice (RA)
- Update your demographic information (addresses/phone numbers/bank accounts/organization members)
- Verify re-enrollment due date(s)
- Access electronically delivered letters
- Ability to access 1099s

Web Account Set Up

The www.ctdssmap.com Web site features Online Field Help to assist providers with accessing and submitting information.

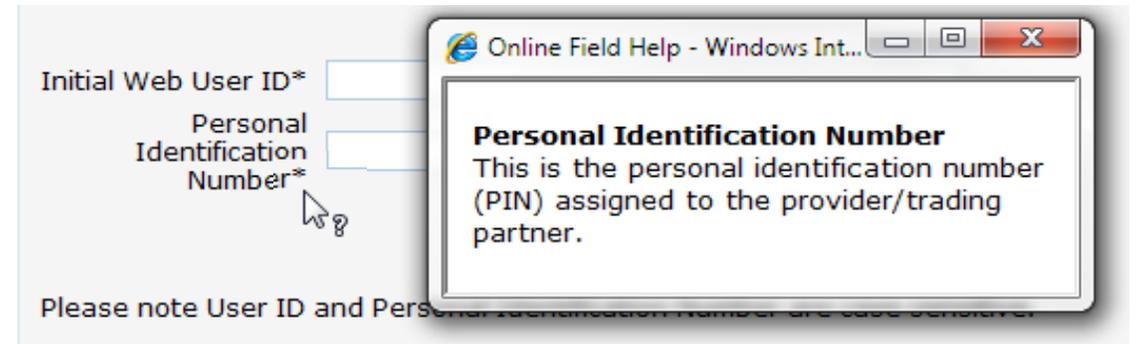


Account Setup

Initial Web User ID*

Personal Identification Number*

A mouse cursor is positioned over the question mark icon next to the Personal Identification Number field.



Initial Web User ID*

Personal Identification Number*

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

Online Field Help - Windows Int...

Personal Identification Number
This is the personal identification number (PIN) assigned to the provider/trading partner.

Placing your mouse over a data field name will create a small question mark beside the cursor.

Click the left mouse button when the question mark is displayed to open the Online Field Help window relevant to the selected field.

Demographic Maintenance Web Portal Overview

www.ctdssmap.com



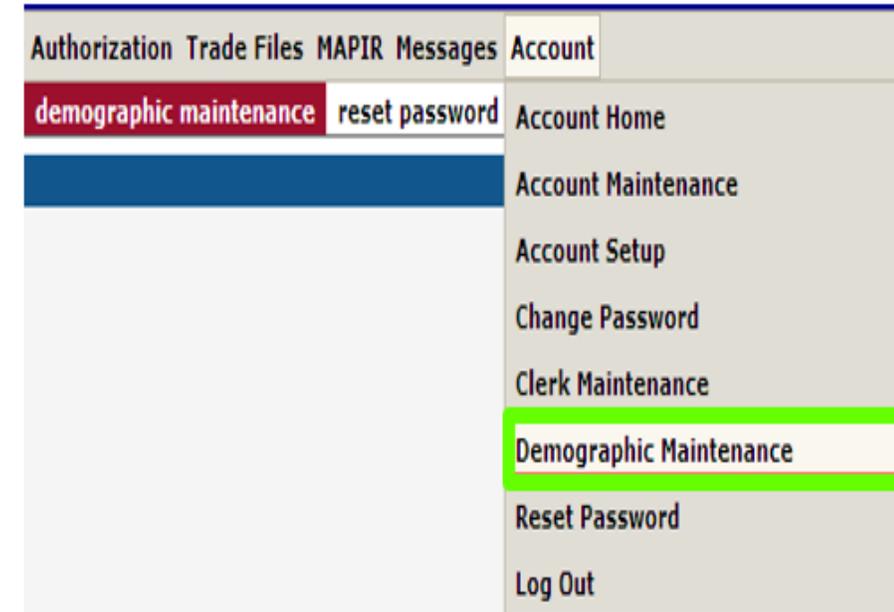
Demographic Maintenance

The **Demographic Maintenance** section of the **Secure Site** allows the account administrator to alter and maintain demographic information:

- Home, Mail to, Pay to, Service Location, Alternate Service Locations and Enrollment addresses
- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)
- Maintain Organization Members
- Add/Update Vehicle Registration Information (Ambulance Providers)

Access this section by selecting **Demographic Maintenance** from either the Account submenu or the Account drop-down menu.

Please remember: It is the responsibility of a provider to update any demographics changes in a timely manner. Failure to do so might result in denied claims or delayed reimbursement.



Demographic Maintenance

The Demographic Maintenance page displays the provider information panel as well as a submenu.

- Clicking the submenu options will open a panel with related information:
 - Base Information Service Location
 - Location Name Address
 - EFT Account
 - Service Language
 - Maintain Organization Members
 - Add/Update Vehicle Registration Information



Provider Information			
Provider ID	1234567890	Address	15 Main Street
Organization	Sole Proprietor		Suite 2A
Usage	Service Location	City	Willimantic
Provider Type	27 - Dentist	County	Fairfield
Ownership	Yes	State/Zip	CT 06614-4008
Phone	203-555-5555		

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

Demographic Maintenance – Location Name Address

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

Usage	Name	Address 1	City	State	Zip	Zip + 4	Contact Phone	Contact Ext	Handicap Access	Address Indicator
Enrollment Address	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Home Office	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Mail to	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Pay to	AUTISM FISCAL INTERMEDIARY	201 SOUTH PARK DR	BRIDGEPORT	CT	06047	4154	(860)746-5765		N	V
Service Location	AUTISM FISCAL INTERMEDIARY	191 NORTH WEST ST	SALEM	CT	06065	6065	(860)746-5765		N	V

Select row above to update.

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Home Office
- Enrollment

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1

Address 2

City

State

Zip

Contact Name

Contact Phone

Fax

Patient Use Phone

TDD\TTY

E-Mail

Confirm E-Mail

Mobile Number

Pager Number

Address Indicator

Handicap Accessible?

Demographic Maintenance – Location Name Address cont.

To update address information, simply select the applicable row from the provided list (Alternate Service Location, Enrollment Address, Home Office, Mail to, Pay to, or Service Location); then click ‘maintain address’

Provider Location Name Address											
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		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

Select/fill in the appropriate information (address, phone number, etc.); click ‘save’

[maintain address](#)

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

Please Note: It is extremely important to make sure that all contact information (names, address, phone and email, etc.) is always updated. If there are any discrepancies in your enrollment/re-enrollment information, please be sure that the information in the demographic maintenance panel reflects such updates/changes. If your demographic information is not accurate, this can delay you from getting important information from DSS and Gainwell Technologies.

Alternate Service Location cannot be changed on the Web portal, contact the Provider Assistance Center and they can assist with this change.

Web Account Capabilities

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

** If you change bank accounts, your EFT Account information should be updated to prevent deposit discrepancies.**

Click here to open Provider EFT Enrollment instructions.

Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
TD BANK NA	011100111	4242042420		Checking		Active

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

Required fields are indicated with an asterisk (*)

Provider Identifiers*

Provider Name*

Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN)

OR

National Provider Identifier (NPI)

Other Identifiers

Assigning Authority

Trading Partner ID

Financial Institution Information

Financial Institution Name

Financial Institution Address

Street

City

State/Province

ZIP Code/Postal Code

Financial Institution Routing Number

Financial Institution Routing Number(rekey)*

Type of Account at Financial Institution

Provider's Account Number with Financial Institution

Provider's Account Number with Financial Institution(rekey)*

Account Number Linkage to Provider Identifier*

Provider Tax Identification Number (TIN)

OR

National Provider Identifier (NPI)

Reason for Submission New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature

save cancel

Click 'add'; enter the appropriate information, and click 'save'

When EFT information is updated, you will receive a confirmation letter in the mail notifying your office of the change.

Demographic Maintenance – Maintain Organization Members

The Maintain Organization Members panel allows the local administrator to:

- Search current or historical members using the search button
- Add new members by entering their Organization Member ID (NPI) as well as Effective Date
- Terminate member affiliation 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

Clerk Maintenance Web Portal Overview

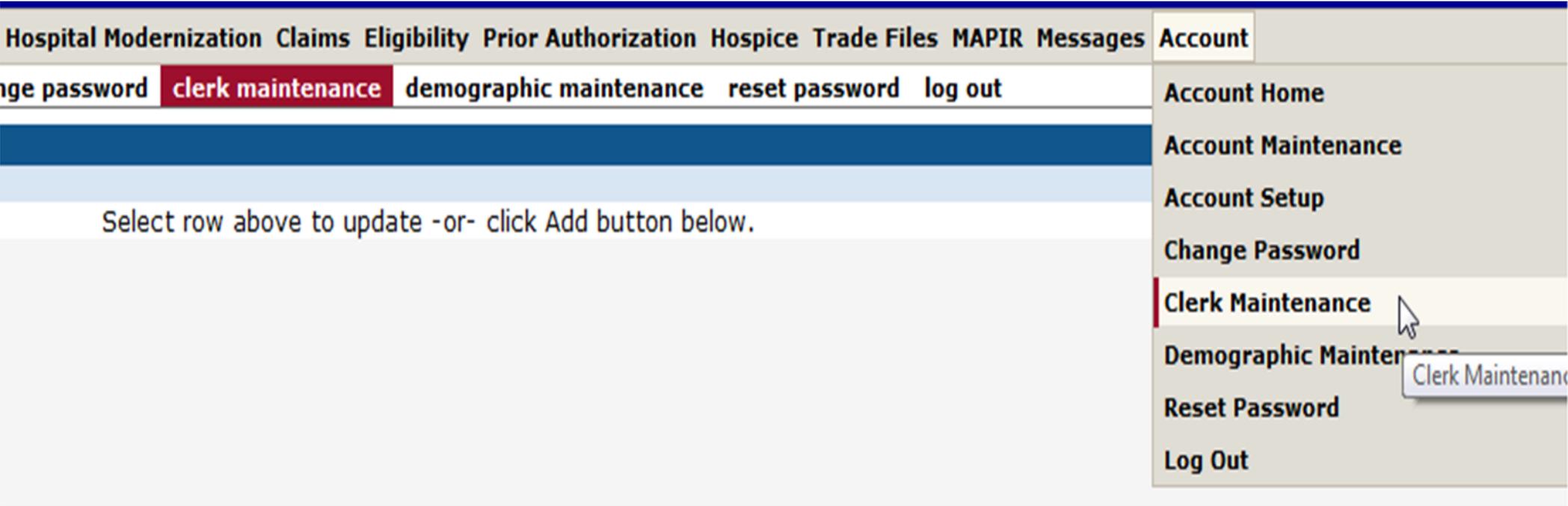
www.ctdssmap.com



Clerk Maintenance

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

- Access the Clerk Maintenance section of the Secure Site by selecting clerk maintenance from either the Account submenu or the Account drop-down menu



Clerk Maintenance

- To create a new clerk account
- Click 'add clerk'
- Fill in the required fields, click 'submit'

The clerk roles that can be assigned are:

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

The screenshot shows the 'Clerk Maintenance' web application. At the top, there is a header with the title 'Clerk Maintenance' and a search bar. Below the header, there is a table with columns for 'User ID', 'Contact First Name', and 'Contact Last Name'. The first row contains the text 'A CLERK32'. Below the table, there are two buttons: 'remove clerk' and 'add clerk'. The 'add clerk' button is circled in red. Below the buttons, there are several input fields: 'User ID' (containing 'CLERK32'), 'Contact First Name*' (containing 'Test'), 'Contact Last Name*' (containing 'Clerk'), 'Phone Number*' (containing '(111)222-3333'), 'Password*' (containing eight asterisks), and 'Confirm Password*' (containing eight asterisks). At the bottom right, there are 'submit' and 'reset password' buttons.

The screenshot shows the 'Clerk Roles (Internet Only)' dialog box. It has two main sections: 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section contains a list of roles: 'Claim Inquiry/Submission/Adjustment', 'Client Eligibility Verification', 'PA Inquiry/Submission', and 'Trade Files Includes E-Delivery'. The 'Available Roles' section contains a list of roles: 'Submit Applications' and 'Trade Files E-Delivery Only'. Between the two sections are four buttons: '<', '<<', '>', and '>>'. The 'Trade Files Includes E-Delivery' role is highlighted in blue in the 'Assigned Roles' list. At the bottom right, there are 'submit' and 'cancel' buttons.

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

Clerk Maintenance

Return to the Clerk Maintenance menu to add additional clerks, reset an existing clerk's password, or to alter clerks' Assigned Roles.

The following messages were generated:

Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

Clerk Maintenance

User ID Contact First Name Contact Last Name

A CLERK32 Test Clerk

Type data below for new records.

remove clerk add clerk submit reset password

User ID* CLERK32

Contact First Name* Test

Contact Last Name* Clerk

Phone Number* (111)222-3333

Password* *****

Confirm Password* *****

AVR ID

AVR Pin

Confirm AVR Pin

Clerk Roles (Internet Only)

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

submit cancel

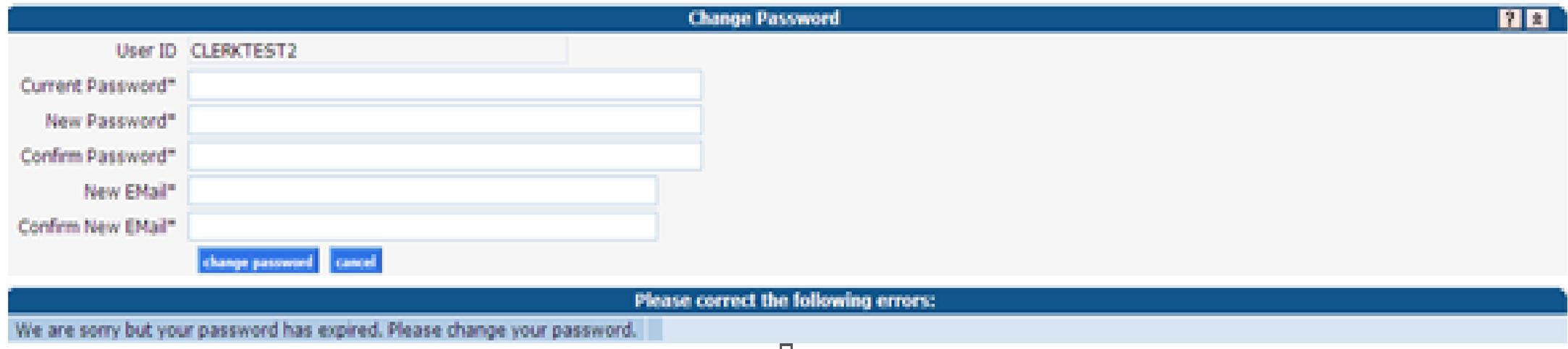
Clerk Maintenance

When a new clerk logs into the Secure Site for the first time, they will be required to change their password from the one created by the account administrator.

Fill in the fields with the appropriate information; click change password

The clerk is now ready to perform the job duties allowed under the Assigned Roles chosen by the account administrator.

Once a clerk is signed in, they can update their information by selecting Account Maintenance from either the Account submenu or the Account drop-down menu.



The screenshot shows a web application window titled "Change Password". The form contains the following fields and buttons:

- User ID: CLERKTEST2
- Current Password*
- New Password*
- Confirm Password*
- New EMail*
- Confirm New EMail*
- change password button
- cancel button

Below the form, a blue error message bar displays the text: "Please correct the following errors: We are sorry but your password has expired. Please change your password."

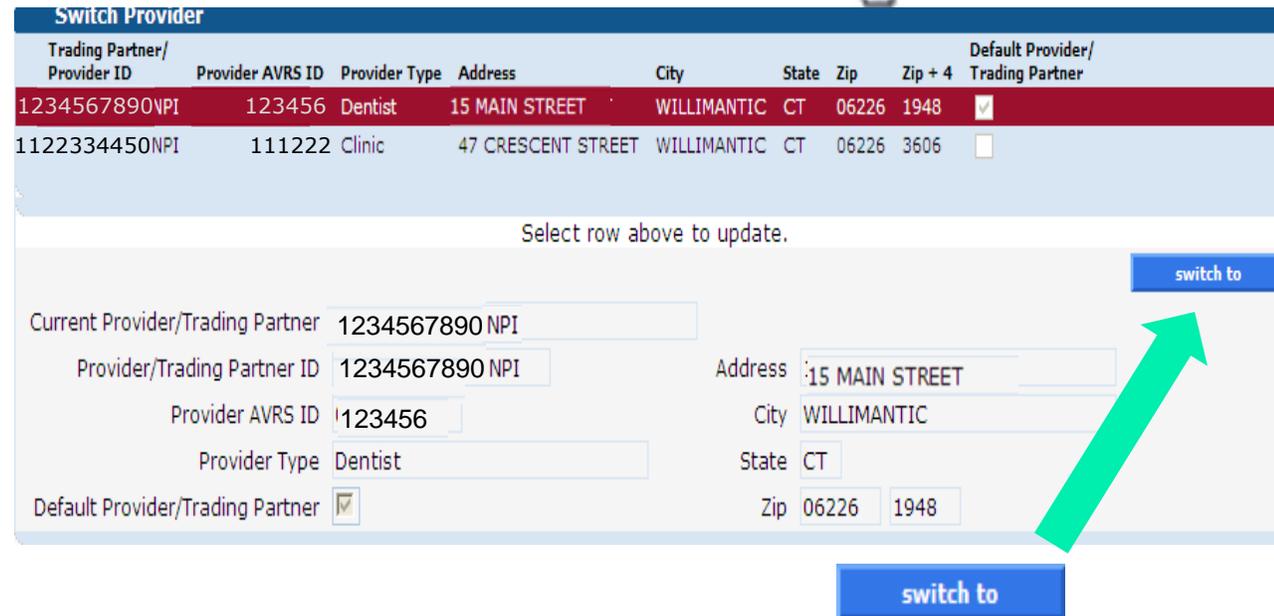
Clerk Maintenance

For larger organizations with multiple AVRS IDs we have switch provider capability. Once a clerk ID is created by the local administrator, that same clerk ID can be used to setup clerk access to additional AVRS IDs, this will allow the clerk the ability to switch back and forth between submitting online transactions for each of those provider's AVRS ID accounts.

- Select switch provider from either the Account submenu or the Account drop-down menu



- Select the appropriate provider; click switch to. A window will appear asking you to verify the switch; click OK
- The clerk will be able to move between accounts by selecting Switch Provider.



The 'Switch Provider' dialog box contains a table of providers and a form for selecting a provider to switch to. A green arrow points to the 'switch to' button in the bottom right corner of the form.

Trading Partner/ Provider ID	Provider AVRS ID	Provider Type	Address	City	State	Zip	Zip + 4	Default Provider/ Trading Partner
1234567890NPI	123456	Dentist	15 MAIN STREET	WILLIMANTIC	CT	06226	1948	<input checked="" type="checkbox"/>
1122334450NPI	111222	Clinic	47 CRESCENT STREET	WILLIMANTIC	CT	06226	3606	<input type="checkbox"/>

Select row above to update.

Current Provider/Trading Partner: 1234567890 NPI
Provider/Trading Partner ID: 1234567890 NPI
Provider AVRS ID: 123456
Provider Type: Dentist
Default Provider/Trading Partner:

Address: 15 MAIN STREET
City: WILLIMANTIC
State: CT
Zip: 06226 1948

switch to

Clerk Maintenance: Enhanced Secure Web Site 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”.

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	Clerk

Type data below for new record.

User ID*

Contact First Name*

Contact Last Name*

Phone Number*

Password*

Confirm Password*

AVR ID

AVR Pin

Confirm AVR Pin

Clerk Roles (Internet Only)

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**

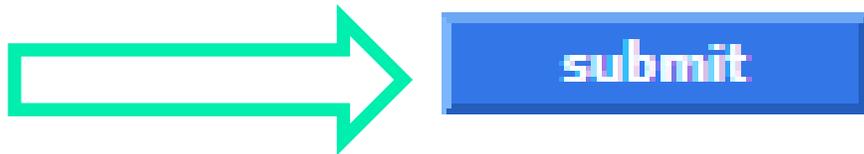
Clerk Maintenance

To delete a clerk account – select that account from the list of existing clerks and click on remove clerk.

A window will appear asking you to verify that you want to mark that clerk account for deletion; click OK.

The D indicates that the clerk has been marked for deletion.

Click Submit to finalize the clerk account removal.



Clerk Maintenance		
User ID	Contact First Name	Contact Last Name
D JANESMITH	Jane	Smith
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

The following messages were generated:			
Message Description	Panel	Field	Row
Clerk Maintenance - Save was Successful	Clerk Maintenance		

Clerk Maintenance		
User ID	Contact First Name	Contact Last Name
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

Eligibility Verification Web Portal Overview

www.ctdssmap.com



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

Verifying a client's eligibility:

- Secure Web portal account at www.ctdssmap.com
- Automated Voice Response System (AVRS)
- Provider Electronic Solutions (PES) software
- Point of Sale (POS) Device
 - Providers interested in using a POS device must contact a third-party vendor to obtain the device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction
- Via e-Prescribing using SureScripts and the ASC X12N 270/271 transaction

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	<input type="text"/>	last name	<input type="text" value="Doe"/>	From DOS*	<input type="text" value="06/01/2021"/>
SSN	<input type="text"/>	First Name, MI	<input type="text" value="John"/> <input type="text"/>	To DOS*	<input type="text" value="06/01/2021"/>
Birth Date	<input type="text" value="02/05/1995"/>				
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"/>				

Eligibility Verification Service Codes

1 – Medical	54 – Long Term Care	AD – Occupational Therapy
4 – Diagnostic X-Ray	56 – Medical Related Transportation	AF – Speech Therapy
5 – Diagnostic Lab	75 – Prosthetic Device	AL – Vision (Optometry)
33 – Chiropractic	82 – Family Planning	DM – Durable Medical Equipment
35 – Dental	86 – Emergency Services	MH – Mental Health
42 – Home Health Care	88 – Pharmacy	PT – Physical Therapy
45 – Hospice	93 – Podiatry	RT – Residential Physical Treatment
47 – Hospital	98 – Professional (Physician) Office Visit	UC – Urgent Care

Eligibility Verification cont.

The Eligibility Verification Response window provides the search results

- In this example – the client’s eligibility cannot be verified for the requested dates (May 1 – May 31, 2021) **eligibility verification can only look back one year.**
- Changing the dates of the eligibility request to within the allowable one-year window creates a different result.

The screenshot displays two windows from a software application. The top window, titled "Eligibility Verification Request", contains several input fields: Client ID (empty), SSN (989-44-5555), Birth Date (empty), last name (DOE), First Name, MI (JOHN), From DOS* (05/01/21), and To DOS* (05/31/21). There are five Service Type Code dropdown menus, with the first one set to "54 - Long Term Care". A "search" button and a "clear" button are located at the bottom right of this window. The bottom window, titled "Eligibility Verification Response", shows a "Verification Number" of 2006602T27 and a "Response Text" area containing the message "Cannot validate eligibility for dates older than 1 year".

Eligibility Verification Request	
Client ID	
SSN	989-44-5555
Birth Date	
last name	DOE
First Name, MI	JOHN
From DOS*	05/01/21
To DOS*	05/31/21
Service Type Code 1	54 - Long Term Care
Service Type Code 2	
Service Type Code 3	
Service Type Code 4	
Service Type Code 5	

Eligibility Verification Response	
Verification Number	2006602T27
Response Text	Cannot validate eligibility for dates older than 1 year

Eligibility Verification

Eligibility searches cannot span multiple months

- 02/01/24 - 03/05/24 is **not** valid.
- Doing a search for 02/01/24 - 02/29/24 and then another search for 03/01/24 - 03/05/24 are valid
- Submitting a request that spans multiple months will result in an error message.

Eligibility Verification Request

Client ID	<input type="text"/>	Last Name	<input type="text"/>	From DOS*	<input type="text" value="02/01/2024"/>
SSN	<input type="text" value="999-44-5555"/>	First Name, MI	<input type="text"/> <input type="text"/>	To DOS*	<input type="text" value="03/05/2024"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="54 - Long Term Care"/>	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"/>				

From DOS*

To DOS*



Please correct the following errors:
Eligibility verification requests must not span multiple months.

Eligibility Verification

Positive eligibility responses provide detailed information.

Eligibility Verification Response	
Verification Number	1120900015
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

Eligibility Verification Response

- Provides a verification number that should be kept on record in case the client's coverage is retroactively changed at a later date
- Reports client's eligibility status for the requested date(s) of service

Client Information			
Client ID	009999999	Last Name	TOM
SSN	111-99-9999	First Name, MI	TOM
Birth Date	01/20/1997	Street	1 MAIN ST
Gender	M	City, State, Zip	TORRINGTON, CT 06790

Eligibility Verification

Eligibility Verification Response

Verification Number 191720000P

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

Client Information

Client ID 009999999 Last Name CAREY
 SSN ###-##-#### First Name, MI BABYC
 Birth Date 01/ [REDACTED] Street 1 MAIN ST
 Gender M City, State, Zip TORRINGTON, CT 06790

Service Information

Husky D. For Behavioral Health Services, call BHP at 877-552-8247.

Benefit Month

Effective Date	Effective Date	End Date	Message 1
03/01/2025	03/21/2025	03/21/2025	Next Re-enrollment date is 01/31/2026

Benefit Plan

Service Information	Benefit Month Effective Date	Effective Date	End Date	Message 1	Message 2	Message 3	Message 4
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
Husky D			\$0.00	\$0.00

Out of Pocket Information - Includes Deductible and Copay

*** 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

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%
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%
50	Hospital - Outpatient	\$0.00	0%

1 2 3 Next >

Service Type Codes - MCO Services	
*** No rows found ***	

Service Type Codes - Not Covered	
*** No rows found ***	

Limit Information	
*** No rows found ***	

TPL	
Carrier Code ▲	Carrier Name
788	CONNECTICARE INC
A12	EXPRESS SCRIPT

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

Managed Care Provider	
*** No rows found ***	

Lockin	
*** No rows found ***	

Medicare	
Coverage ▲	
Medicare A	
Medicare B	

Eligibility Verification

Benefit Plan

- The benefit plan(s) in which the client was an active member on the date(s) of service requested—see slides 43 and 44 for more details.

Benefit Plan					
Service Information	Benefit Month			Message 1	Message 2
	Effective Date	Effective Date	End Date		
Husky D. For Behavioral Health Services, call BHP at 877-552-8247.	03/01/2023	03/15/2023	03/15/2023		

Service Type Codes – Gainwell Technologies

- A list of services for which the client was eligible that would be submitted for payment to Gainwell Technologies
- The Service type code field will also provide copay amounts for HUSKY B clients

Service Type Codes - HP 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%
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%
50	Hospital - Outpatient	\$0.00	0%

1 2 3 Next >

Eligibility Verification

Lockin

- Some clients are locked into receiving certain health care services only from specific providers or pharmacies; those providers or pharmacies will be listed here

Lockin					
Lockin Type	Effective Date	End Date	Provider Name	Provider Phone	Message
Hospice	03/15/2023	03/15/2023	BEACON HOSPICE, L.L.C.	(860)282-0527	

Medicare

- Types of Medicare coverage active for the client on the date(s) of service requested

Medicare Coverage
Medicare A
Medicare B
Medicare D

TPL (Third Party Liability)

- Commercial / private insurance coverage other than Medicare or Medicaid under which the client may be covered

TPL	
Carrier Code	Carrier Name
813	AARP HEALTH CARE OPTIONS

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.

Spend-Down

For clients who have a spend-down, the eligibility date in a spend-down must be determined as well as meeting the spend-down amount before claims can be submitted to and paid by Medicaid.

A spend-down *may* be indicated on the eligibility verification response. To verify if a client has a spend-down or to verify the status of the receipt of medical bills applied toward a spend-down, please call the HUSKY Spend-down unit at 1-877-858-7012.

Eligibility Verification Benefit Plans

HUSKY A

- Coverage group for eligible children, parents, relative caregivers; pregnant women

HUSKY B

- Non-Medicaid 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 aged, 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 Benefit Plans

Tuberculosis

- Individuals not eligible for full Medicaid coverage who have active or latent TB; covers medical and pharmacy services relevant to the treatment of TB

Family Planning

- Individuals of childbearing age (including minors) who are not otherwise eligible for full Medicaid coverage; provides coverage for family planning and family planning-related medical and pharmacy services

Limited Behavioral Health Services

- Intensive in-home child and adolescent psychiatric services only

CHC Waiver Benefit Plans

- Connecticut Home Care (CHC) Benefit Plans
- Medical and Non-Medical services for elder and disabled clients under the CHC program

Please Note: There are other waivers that provide non-medical services to HUSKY clients at risk of institutionalization, thereby enabling them to continue to live in a home and community-based setting at a cost less than that of an institution, such as Acquired Brain Injury (ABI), Autism, Mental Health Waiver (MHW) and Personal Care Assistant (PCA) Waivers.

Providers will be able to find additional information about eligibility responses on our Web site, www.ctdssmap.com > Information > Publications, then scrolling down to the second to last panel, "Claims Processing Information" then clicking on Eligibility Response Quick Reference Guide.

Prior Authorization Web Portal Overview

www.ctdssmap.com



Prior Authorization

Information regarding prior authorization (PA) specific to your provider type can be found in previous provider workshops on the www.ctdssmap.com Web site. The materials are categorized by provider type. The workshops provide instruction on accessing PA, reading a PA and how/where to follow-up with PA inquiries.

To access the provider workshops, select Provider Training in the Provider quick links box.

NOTE: More information can be found in Chapter 9 Prior Authorization

Information

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

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Promoting Interoperability Program](#)
- [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](#)

Prior Authorization

Gainwell Technologies <https://www.ctdssmap.com> accepts prior authorization (PA) requests for:

- CT Home Care Program for Elders (CHC), Acquired Brain Injury (ABI) and Personal Care Services Waiver (PCA) Benefit Plans – completed by Access Agencies through the Care Plan Portal
- Autism Waiver Benefit Plan – completed by DSS Case Managers through the Care Plan Portal
- Home Health – Money Follows the Person
- Pharmacy
- Mental Health Waiver - Advanced Behavioral Health for non-medical services
- Go to Information > Publications > Authorization/Certification Forms to access all Prior Authorization Request Forms
- The Gainwell Technologies fax number for PA submission depends upon the type of authorization being requested; refer to the form for the correct fax number

CTDHP accepts prior authorization requests for :

- Connecticut Dental Health Partnership www.ctdhp.org – completed by BeneCare Dental Plans
- Phone: 1-855-CT-DENTAL or 1-855-283-3682

Prior Authorization

CT HUSKY Health www.ct.gov/husky accepts prior authorizations for:

Medical/Surgical Services, DME, Hearing Aids, Vision Care Services and Oxygen Services

- Click For Providers > PA Forms and Manuals > Forms > Outpatient Prior Authorization Request Form
- Authorization requests may be submitted to CHNCT via either:
 - Clear Coverage online portal
 - www.ct.gov/husky click on For Providers > Prior Authorization Main Page
 - Phone: 1-800-440-5071 (Monday through Friday, 8 a.m. to 7 p.m.)
 - Fax: 203-265-3994

MTM www.mtm-inc.net/connecticut/facilities accepts prior authorization requests for :

- Livery, Wheelchair van, Non-Emergency Ambulance, Non-Emergency Air Ambulance
- Phone: 1-855-478-7350

Prior Authorization

Prior authorization forms are located online:

Carelon Behavioral accepts prior authorization requests for :

CTBHP (Connecticut Behavioral Health Partnership) www.ctbhp.com

Click for Providers > Provider Menu > Covered Services > Select your provider type under Authorization Schedule

Phone: 1-877-552-8247

Evicore Health accepts prior authorizations for Radiology Services:

www.evicore.com

Resources > Providers > Online Forms and Resources. From the Health Plan drop-down menu, select HUSKY Health > Radiology (from the Select Solution drop-down menu) and click on Show Results

Fax: 1-888-693-3210

Prior Authorization

Pharmacy Prior Authorizations

Using the Pharmacy Prior Authorization (PA) portal found at www.ctdssmap.com optimizes the PA response time, reduces denials due to clerical errors and eliminates the need for follow up calls regarding the decision status of individual authorizations.

The Web tool standardizes PA requests and data entry and allows prescribing providers to do the following:

- Submit Pharmacy PA requests including Brand Medically Necessary, Early Refill, Preferred Drug List, Step Therapy and Optimal Dosage.
- Upload additional supporting clinical documentation for PA requests, by means of .tif, .jpg, .pdf, .txt, .rtf, .doc and .docx file types.
- Receive PA number and decision status in real time.
- Search and view previously submitted PA requests and their decision statuses.



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

home prior authorization search care plan **pharmacy prior authorization**

Base Information

Base Information

Required fields are indicated with an asterisk (*)

Provider ID	<input type="text" value="1598837957 NPI"/>		
Client ID*	<input type="text"/>	[Search]	Last Name <input type="text"/>
PA Assignment*	<input type="text" value="v"/>		First Name, MI <input type="text"/>
Drug Requested*	<input type="text"/>	[Search]	Date of Birth <input type="text"/>

**Claim
Processing/Submission
Information
Web Portal Overview**

www.ctdssmap.com



Claims Processing/Submission Information

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

- Internet Web site at www.ctdssmap.com
- Software utilizing the following HIPAA ASC X12N transactions:
 - 837D – Health Care Claim Dental
 - 837I – Health Care Claim Institutional
 - 837P – Health Care Claim Professional
- Provider Electronic Solutions (PES):
 - Long Term Care claims only
- Point of Sale (POS)
 - Most frequently used by Pharmacy providers
- Santrax:
 - Electronic Visit Verification (EVV) claims only
 - Waiver Service Providers
 - Home Health Agencies servicing Waiver and Non-Waiver clients

Paper Claims are not accepted.

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)?

Claims Processing/Submission Information

Third Party Liability (TPL) Information

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:

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. Providers may refer to the [Important Message](#) published on May 31, 2023.

Claims Processing/Submission Information

Third Party Liability (TPL) Information

TPL claims submitted to Gainwell Technologies with other insurance payment or denial must include:

- Carrier's unique three-digit carrier code
 - Available through eligibility verification (Web, phone, X12N 270/271 Eligibility Benefit Inquiry / Response Transaction), Remittance Advice when claim is denied “for bill primary insurance” and in Chapter 5 of the CMAP Provider Manual
- The Amount Paid (on a paid claim) or “0.00” for a TPL denial
- The date of payment or denial from the TPL Explanation of Benefits (EOB) as well as the adjustment reason code
 - The physical TPL EOB should not be submitted to Gainwell; the provider must retain this for audit purposes

The Subrogation Process – Available to providers who do not receive timely responses from insurance carriers to get their claim paid.

- For more information on this please see Chapter 5 of the Provider Manual on www.ctdssmap.com Web site

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

Timely Filing Limit

It is the provider's responsibility to ensure that all claims for services provider 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

Claims Processing/Submission Information

Conditions that Waive the Timely Filing Limit

Situations that allow the timely filing limit to be bypassed

- Prior claim history:
 - When a claim in history with the same Client, Provider, Billed Amount, detail From and Through dates of service, and Revenue Center Code or Procedure Code where the claim submission date is within 365-day range of the previous claim's Remittance Advice date and the previous claim did not deny for timely filing



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)(23)(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 (**23** = 2023)

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**)

Intermission



Web Claim Inquiry Web Portal Overview -

www.ctdssmap.com

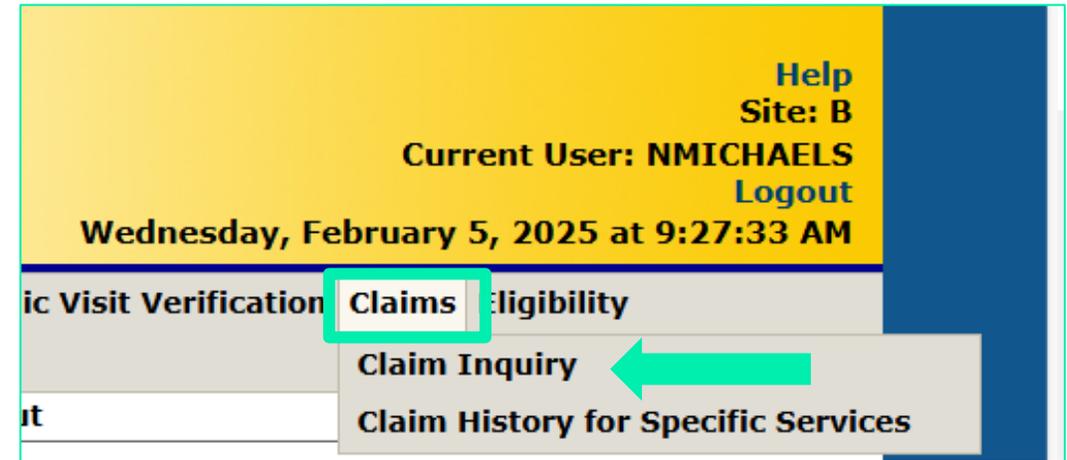


Web Claim Inquiry

To search for claims submitted to Gainwell Technologies using the 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)
 - Prescription No. (Pharmacy Only)
 - Select the Pending Claims box



Claim Search 008123972 MCD

ICN	<input type="text"/>	Claim Type	<input type="text" value="v"/>
Client ID	<input type="text"/>	Status	<input type="text" value="v"/>
TCN	<input type="text"/>	FDate Paid	<input type="text"/>
FDOS	<input type="text"/>	TDate Paid	<input type="text"/>
TDOS	<input type="text"/>	Pending Claims	<input type="checkbox"/>
Prescription No (Pharmacy Only)	<input type="text"/>	Exclude Adjusted Claims	<input type="checkbox"/>
Provider Medicaid ID	<input type="text"/>	Records	<input type="text" value="v"/>

Web Claim Inquiry - Search Results

- When more than one claim matches the claim inquiry search criteria, a list of claims will appear in the Search Results panel
- Search results may be sorted by clicking on the column headings
- Click anywhere on a given row to select the claim to view

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid ▼	Amount Billed	Amount Paid
5923				11/28/2022	12/02/2022	Home Health Claims	Paid	01/24/2023	\$258.00	\$188.29
2223				12/18/2022	12/18/2022	Home Health Claims	Paid	01/24/2023	\$300.00	\$192.70
2223				11/19/2022	11/20/2022	Home Health Claims	Denied	01/24/2023	\$480.00	\$0.00
2223				09/21/2022	09/21/2022	Home Health Claims	Paid	01/24/2023	\$150.00	\$98.53
2223				12/27/2022	12/27/2022	Home Health Claims	Paid	01/24/2023	\$150.00	\$98.52
2223				05/02/2022	07/20/2022	Home Health Claims	Paid	01/24/2023	\$1,629.26	\$1,333.90
2223				07/11/2022	07/15/2022	Home Health Claims	Denied	01/24/2023	\$230.00	\$0.00
2023				11/11/2022	11/29/2022	Home Health Claims	Paid	01/24/2023	\$300.00	\$197.06
2023				01/04/2023	01/04/2023	Home Health Claims	Paid	01/24/2023	\$150.00	\$98.53
2023				01/02/2023	01/02/2023	Home Health Claims	Paid	01/24/2023	\$150.00	\$98.53
2023				12/02/2022	01/06/2023	Home Health Claims	Paid	01/24/2023	\$900.00	\$591.18

Web Claim Inquiry - Exclude Adjusted Claims

- Removes claims that have been altered since their initial submission
- Results in a more accurate representation of your total reimbursement

Claim Search 1265490940 NPI

ICN	<input type="text"/>	Claim Type	<input type="text" value="v"/>
Client ID	<input type="text"/>	Status	<input type="text" value="v"/>
TCN	<input type="text"/>	FDate Paid	<input type="text"/>
FDOS	<input type="text"/>	TDate Paid	<input type="text"/>
TDOS	<input type="text"/>	Pending Claims	<input type="checkbox"/>
Prescription No (Pharmacy Only)	<input type="text"/>	Exclude Adjusted Claims	<input type="checkbox"/>
		Records	20 <input type="text" value="v"/>

Web Claim Inquiry - Pending Claims

- Claims submitted since the last Remittance Advice (RA) was issued
- Convenient way to see all claims that will impact your reimbursement for the current cycle
- Click any line in the Search Results panel to view the corresponding claim
- To search a specific claim submitted via the web or batch enter the 7 digits of the ICN in the ICN field

NOTE: Pending claims with status of denied is an opportunity to correct/ take action prior to cycle

Claim Search 1265490940 NPI

ICN	<input type="text"/>				
Client ID	<input type="text"/>	Claim Type	<input type="text" value="v"/>		
TCN	<input type="text"/>	Status	<input type="text" value="v"/>		
FDOS	<input type="text"/>	FDate Paid	<input type="text"/>		
TDOS	<input type="text"/>	TDate Paid	<input type="text"/>		
Prescription No (Pharmacy Only)	<input type="text"/>	Pending Claims	<input checked="" type="checkbox"/>		
		Exclude Adjusted Claims	<input type="checkbox"/>		
		Records	<input type="text" value="20"/> <input type="text" value="v"/>		

Search Results										
ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2023				03/02/2023	03/02/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				03/01/2023	03/01/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				02/19/2023	02/25/2023	Home Health Claims	Paid		\$1,680.00	\$752.92
2023				02/27/2023	02/27/2023	Home Health Claims	Paid		\$150.00	\$96.35
2023				02/27/2023	02/27/2023	Home Health Claims	Paid		\$150.00	\$96.35
2023				03/01/2023	03/01/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				02/23/2023	02/23/2023	Home Health Claims	Paid		\$600.00	\$98.52
2023				02/24/2023	03/03/2023	Home Health Claims	Paid		\$300.00	\$197.06
2023				03/02/2023	03/02/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				02/19/2023	02/25/2023	Home Health Claims	Paid		\$840.00	\$376.46
2023				02/26/2023	03/04/2023	Home Health Claims	Paid		\$1,680.00	\$752.92
2023				02/27/2023	02/27/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				02/28/2023	02/28/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				03/03/2023	03/03/2023	Home Health Claims	Paid		\$150.00	\$98.53
2023				02/28/2023	02/28/2023	Home Health Claims	Paid		\$150.00	\$98.53

Web Claim Inquiry - Detail

- Provides a detailed account of the billed services / procedures
- Available / required fields are subject to change based on claim type
- Clicking on a detail line will populate the relevant information into the fields below

Detail								
Item	From DOS	To DOS	Revenue Code	HCPCS/Rates	Units	Charges	Status	Allowed Amount
1	02/13/2023	02/13/2023	580	G0162	4.00	\$600.00	PAID	\$98.52
2	02/15/2023	02/15/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
3	02/16/2023	02/16/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
4	02/17/2023	02/17/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
5	02/18/2023	02/18/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
6	02/19/2023	02/19/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
7	02/20/2023	02/20/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
8	02/21/2023	02/21/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
9	02/22/2023	02/22/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
10	02/23/2023	02/23/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
11	02/24/2023	02/24/2023	580	T1502	2.00	\$240.00	PAID	\$107.56
12	02/25/2023	02/25/2023	580	T1502	2.00	\$240.00	PAID	\$107.56

Type changes below.

Item	<input type="text" value="1"/>	Revenue Code*	<input type="text" value="580"/> [Search]
From DOS*	<input type="text" value="02/13/2023"/>	HCPCS/Rates	<input type="text" value="G0162"/> [Search]
To DOS*	<input type="text" value="02/13/2023"/>	Modifiers	<input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/>
Units*	<input type="text" value="4.00"/>	Units Of Measurement	<input type="text" value="Unit"/> ▾
Charges*	<input type="text" value="\$600.00"/>	Status	<input type="text" value="PAID"/> //
		Allowed Amount	<input type="text" value="\$98.52"/>
		CoPay Amount	<input type="text" value="\$0.00"/>
		TPL Amount	<input type="text" value="\$0.00"/>
		Referring Provider	<input type="text"/> [Search]

Web Claim Inquiry - TPL

- Provides a detailed account of the Third-Party Liability (TPL) information submitted on the claim
- Clicking on a detail line will populate the relevant information into the fields below

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	\$0.00	03/24/2019	Self		PAUL		03/24/1981	

Type data below for new record.

Client Carriers	Other ▾									
Carrier Code*	060 [Search]				Relationship	Self ▾				
Plan Name	BC/BS OF CONNECTICUT				Last Name					
Policy Number					First Name, MI	PAUL				
Paid Amount*	\$0.00				Date of Birth	03/				
Paid Date*	03/24/2019									
Adjustment Reason Code	96 [Search]									
Adjustment Amount	\$0.00	\$0.00	\$0.00							

[delete](#) [add](#)

Web Claim Inquiry - Claim Status Information

Provides important claim status and reimbursement information

Explanation of Benefits code (EOB)

Codes are posted to each claim, to provide a brief description of why the claim paid as it did (ie: paid, denied, suspended or cut back). They are also used to explain the discrepancy between billed amounts and paid amounts.

Claim Status Information	
Claim Status	PAID
Claim ICN	██████████89
Paid Date	05/14/2024
Paid Amount	\$3,027.41
Patient Liability	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Claim Status Information	
Claim Status	PAID
Claim ICN	2424██████████
Paid Date	
Paid Amount	\$165.64
Patient Liability	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

EOB Information		
Detail Number	Code	Description
0	1802	TYPE OF BILL IS INVALID FOR THE PROVIDER.
0	0619	ZIP CODE IS NOT A VALID 9 DIGIT ZIP CODE
0	1912	BILLING PROVIDER'S TAXONOMY IS MISSING
0	0621	BILLING PROV ENTITY TYPE QUALIFIER TO PROV TYPE/SPECIALTY MISMATCH
1	9996	REFER TO HEADER EOB

Web Claim Inquiry

What can I do with these claims?

Paid claims allow you to:

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

Denied claims allow you to:

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

Suspended claims allow you to:

new claim	Create a brand-new claim
------------------	--------------------------

Web Claim Submission Web Portal Overview -

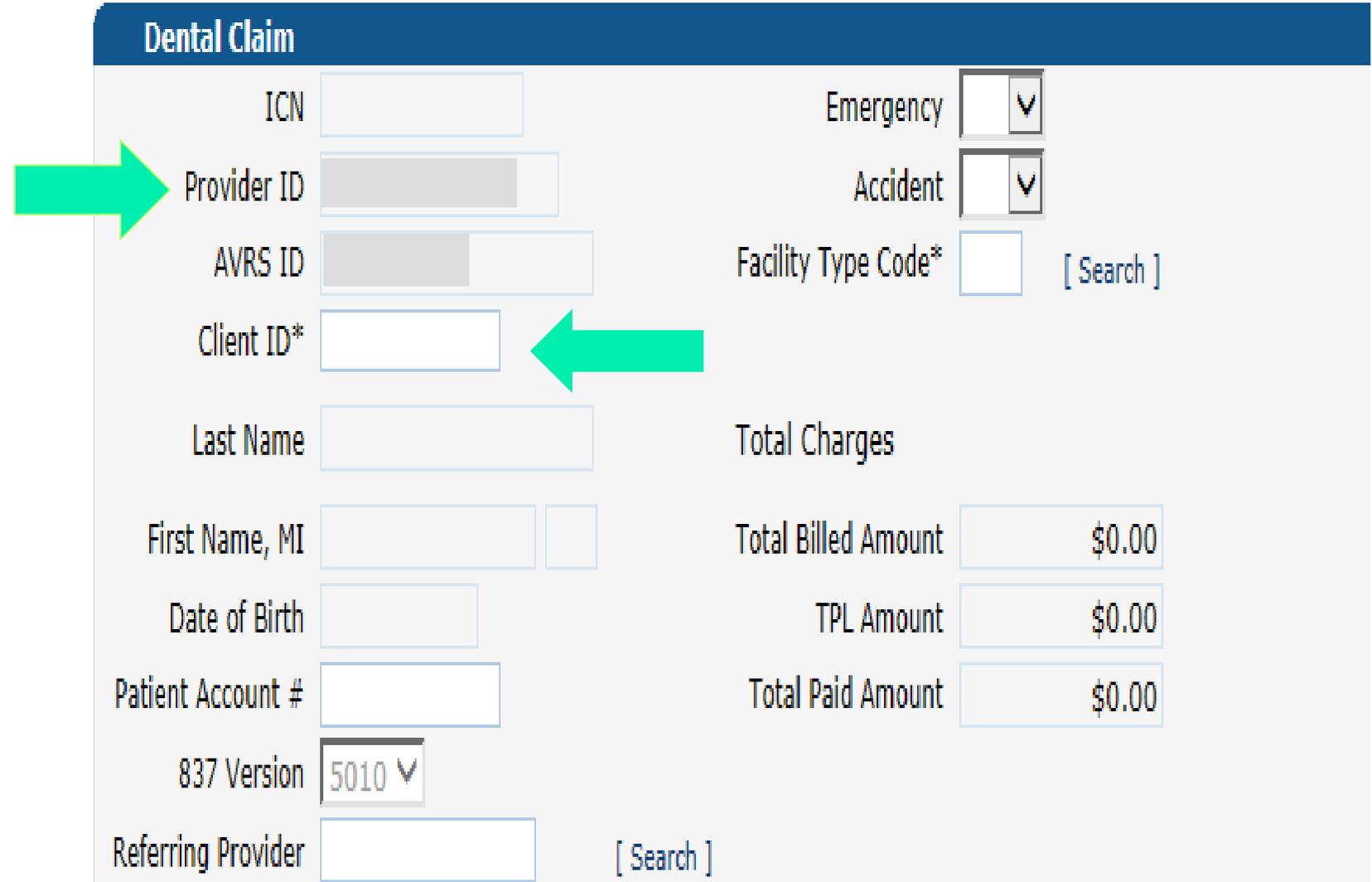
www.ctdssmap.com



Web Claim Submission

Perform the following steps to easily submit a new claim:

- Select the appropriate claim type (Professional, Institutional, Dental)
- A blank claim will appear
- Provider ID and AVRS ID auto populate based on secure web account provider is logged into
- Client name and DOB will also populate based on the client ID entered



Dental Claim

ICN	<input type="text"/>	Emergency	<input type="text"/> <input type="button" value="v"/>
Provider ID	<input type="text"/>	Accident	<input type="text"/> <input type="button" value="v"/>
AVRS ID	<input type="text"/>	Facility Type Code*	<input type="text"/> [Search]
Client ID*	<input type="text"/>	Total Charges	
Last Name	<input type="text"/>	Total Billed Amount	<input type="text" value="\$0.00"/>
First Name, MI	<input type="text"/>	TPL Amount	<input type="text" value="\$0.00"/>
Date of Birth	<input type="text"/>	Total Paid Amount	<input type="text" value="\$0.00"/>
Patient Account #	<input type="text"/>		
837 Version	<input type="text" value="5010"/> <input type="button" value="v"/>		
Referring Provider	<input type="text"/> [Search]		

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	
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]	Family Planning	No ▾
	<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	<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"/>
		National Drug Code	<input type="text"/>
		NDC Quantity	0
		NDC Unit of Measurement	<input type="text"/>

delete add

- At a minimum, enter data into all required fields (identified by an asterisk after the field name)
- To enter additional diagnosis codes, claim details, additional NDC's, or a TPL record, click the add button within the panel
- 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
- Refer to your provider fee schedule for a list of HCPCS/CPT codes that each provider type can perform
- The Provider Fee Schedule can be found by going to the CMAP website, www.ctdssmap.com
- , Provider > Provider Fee Schedule Download

Web Claim Submission – Submitting a 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



<input type="button" value="submit"/>	<input type="button" value="cancel"/>
---------------------------------------	---------------------------------------

Claim Status Information	
Claim Status	PAID
Claim ICN	[REDACTED]
Paid Date	
Paid Amount	\$850.47
Patient Liability	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Web Claim Submission – Voiding a claim

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



Web Claim Submission – Adjusting a paid claim

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	<input type="text"/>
Paid Date	01/15/2025
Paid Amount	\$85.60
Patient Liability	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Web Claim Submission – Copy Claim

Paid claims may be copied and submitted as a new claim

- This feature is helpful for reoccurring services



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 **Web Claim Submission Copy**
- 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

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

Web Claim Submission – Claim re-submission

Resubmission - Perform the following steps to easily resubmit 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

PLEASE NOTE: Claims that previously denied due to a missing PA can be resubmitted without having to make any alterations to the claim, a partially paid claim can be resubmitted when the cut back was due to a PA not having enough units and the PA is now updated. If submission was done via Santrax, the claim may need to be voided and rolled back to correct the number of units that appears in your Santrax system.



re-submit

Web Claim Submission – Web Claim Adjustment Limitations

Timely Filing

Claims that are over the Timely Filing guidelines cannot be adjusted, unless the adjustment is submitted 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 www.ctdssmap.com Web site.

*****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.*****

Remittance Advice Web Portal Overview -

www.ctdssmap.com



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
Jan	10-b	9	14	15	15
	24	23	28	29	29
Feb	7	6	11	12	12
	21	20	25	26	26
Mar	7	6	11	12	12
	21	20	25	26	26
Apr	11-b	10	15	16	16
	25	24	29	30	30
May	9	8	13	14	14
	23	22	28*	29*	29*
Jun	6	5	10	11	11
	20	19	24	25	25

b - Denotes 3 week cycle

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

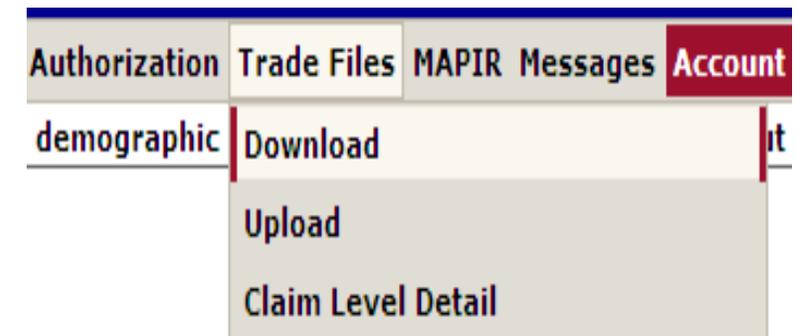
Accessing the Remittance Advice (RA)

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

Billing/Reversal
 CSV
 Claim Payment/Advice
 Claim Status Response
 Drug Rebate File Transfer
 E-Delivery
 Eligibility Response
 Enrollment/Maintenance
 Functional Ack
 Interchange Ack
 PA Revers/Inq/Req Only
 PCCM Reports
 PDP/MAPD Reports
 Premium Payments
 Prior Authorization
 Remit. Advice (RA) - PDF
 Transportation PA Files

REMINDER: DOI Web file retention - type of file being downloaded.

■ Remittance Interchange Enrollment be retained available.
 ■ Historical will no longer be available.
 ■ E-Delivery 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

Banner Page

REPORT: CRA-BANN-R
RA#: 7766400

interChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
PROVIDER BANNER MESSAGES

Date: 08/24/2021
PAGE: 1

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, Long Term Care):

RA#: 7766400		interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS PAID				Date: 08/24/2021 PAGE: 2			
123 Home Care This Rd EAST HARTFORD, CT 06118-4001				PAYEE ID	NPI 1234567890				
				ISSUE DATE	08/24/2021				
				TAXONOMY					
				P. AVRS ID	123456789				
FP	--ICN--	ATTEND PROV.	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PATIENT	PAID
	--PATIENT NUMBER--		FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	LIABILTY	AMOUNT
CLIENT NAME:			CLIENT NO.:	123456789					
00010569			080121 081421	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) – 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 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-- --PATIENT NUMBER--	ATTEND PROV. SERVICE DATES FROM THRU	BILLED AMOUNT
	TPL AMOUNT	PATIENT LIABILITY
CLIENT NAME:	CLIENT NO.:	
00010497	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
		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
123 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) – There are 7 Sections of an RA

Financial Transaction

```

REPORT: CRA-TRAN-R                               TITLE: Change MMIS
RA#: 1234567                                     MEDICAID MANAGEMENT INFORMATION SYSTEM
                                                PROVIDER REMITTANCE ADVICE
                                                FINANCIAL TRANSACTIONS
Date: 08/24/2021                                PAGE: 39
NPI: 08/24/2021
P. AVRS ID
PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

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

-----NON-CLAIM SPECIFIC PAYOUTS-----
TRANSACTION NUMBER  --CCN--  PAYOUT  REASON  APPLICANT/  APPLICANT/
                          --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/  LIA
NUMBER/ICN  DATE  THIS CYCLE  AMOUNT  -RECOUPED-  CODE  CLIENT NO.  CLIENT NAME  PGM
592  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		MONTH-TO-DATE		YEAR-TO-DATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	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

Remittance Advice – Monthly Claims Reprocessing

The Access or Case Management Agencies can make **retroactive** changes to Care Plans when claims are paid against the Prior Authorization (PA) for a Connecticut Home Care Program (CHC), Personal Care Assistant (PCA) , Autism, Mental Health Wavier (MHW) or Acquired Brain Injury (ABI) Waiver client.

Access Agencies, Case Management Agencies and Autism Case Managers can make changes to individual care plans **without** requesting the provider recoup/void claims paid for dates of service on or after the effective date of the change.

A Systematic Monthly Claims Reprocessing for all ABI, Autism, CHC, MHW and PCA Waiver claims occurs in the **first financial cycle of each month** to sync paid claims to the appropriate PA/PA line detail once care plan changes have been made by the Access or Case Management Agencies.

Remittance Advice – Monthly Claims Reprocessing cont.

Systematic Monthly Reprocessing, what does this mean?

- In the **first cycle of each month**, Gainwell Technologies will recoup (void) all paid claims impacted by the Access or Case Management Agency PA changes made **two months prior**.
(A claim that starts with Region code 52 is a voided claim).
- In the same cycle Gainwell Technologies will reprocess to deny and/or pay claims based on the PA information in the modified PA or PA line detail.
(A claim that starts with Region code 24 is a new day claim).
- There is a **two-month** delay between the PA change and reprocessing of the claim impacted by the change.
 - For example: In the first cycle of June, claims impacted by changes made in April will be reprocessed.

Note: *Region = the first two digits of the claim Internal Control Number (ICN). Keep in mind that claims may only partially pay when reprocessed.*

Remittance Advice – Monthly Claims Reprocessing cont.

How does Claims Reprocessing impact your RA?

If there is a **financial impact** (such as an increase or a decrease in the reimbursement amount) between the voided claim (**Region 52**) and the reprocessed claim (**region 24**):

You will see this in the adjustment section of your RA.

- The previously paid claim ICN (**Region 20, 22, 59, 10** etc.) will be in the adjusted section of the RA with a negative amount indicating it has been voided
- The Recouped/Voided claim ICN (**Region 52**) with a zero paid amount
 - **EOB Code 8236** – Claim was recouped due to PA change

A new claim will be systematically created. You will see the **new day claim on your RA.**

- The new day claim ICN (**Region 24**) will be in the paid/denied section of the RA.
 - **EOB Code 8238** – Claim Systematically Reprocessed Due to a PA/Service Order Change.

Remittance Advice – Monthly Claims Reprocessing

REPORT: CRA-HHAD-R
RA#: 7818585

InterChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE

Date: 11/09/2021
PAGE: 52

HOME HEALTH CLAIM ADJUSTMENTS

Health Service Provider
1243 Main Street
Hartford, CT 06106

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID
NPI 1538160247
11/09/2021
001234567

FP	--ICN--	ATTEND PROV.	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PATIENT	PAID
	--PATIENT NUMBER--		FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	LIABILTY	AMOUNT
CLIENT NAME: AMY			CLIENT NO.:	001234567					
1	22		111720 111720	(140.00)	(95.20)	(0.00)	(0.00)	(0.00)	(95.20)
	00010315								
1	52		111720 111720	140.00	0.00	0.00	0.00	0.00	0.00
	00010315								
	HEADER EOB: 8236								

REV CD	HCPCS/RATE	SRV DATE	MODIFIERS	UNITS	BILLED AMT	ALLOWED AMT	DETAIL EOB
580	59123	111720		1.00	140.00	0.00	9918

Monthly Claims Reprocessing

Claim Reprocessed and appears on RA (paid amount region 24 claim greater than amount recouped – region 52 claim)

REPORT: CRA-HHPD-R
RA#:

interChange MNIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
HOME HEALTH CLAIMS PAID

Date:
PAGE: 2

Home Health Agency
555 Any ST
Somewhere, CT 00000-0000

PAYEE ID
ISSUE DATE
TAXONOMY
P. AVRS ID

NPI

251E00000X

FP	--ICN--	ATTEND PROV.	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PATIENT	PAID
	--PATIENT NUMBER--		FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	LIABILTY	AMOUNT

CLIENT NAME: Sally Client
24000000000000000000 NPI
7067572702433375866

CLIENT NO.: 000000000
071517 072217 600.00 396.94 0.00 0.00 0.00 396.94

REV CD	HCPCS/RATE	SRV DATE	MODIFIERS	UNITS	BILLED AMT	ALLOWED AMT	DETAIL	EOBS
580	89124	071517		1.00	175.00	114.74	8238	
570	T1004	071517		6.00	75.00	48.54	8238	
580	89123	071817		1.00	175.00	116.83	8238	
580	89123	072217		1.00	175.00	116.83	8238	

Monthly Claims Reprocessing

Impact to Claim Inquiry

As a Reminder:

Region **24 claims** identify a change made to the care plan/PA.

Region **24 claims** with **EOB Code 8238** – “Claim Systematically Reprocessed Due to a PA/Service Order Change” confirms there has been a change which has:

Positively or **negatively** impacted you financially.

May **continue to impact** you financially in the future.

Providers should investigate reprocessed claims with a **negative** impact to determine if:

Providing appropriate level of service currently authorized.

Current service order matches the PA on their secure web account.

Report discrepancies to the Access or Case Management Agency.

Monthly Claims Reprocessing

Impact to Claim Inquiry

Region 24 claims with no financial impact (i.e., region 24 claims that pay the same as voided region 52 claims) **will appear on the web only** with **EOB code 8237** – Claim Systematically Reprocessed Due to Retro Change-Information Only.

Regardless of the financial impact (more, less or no \$ change) all **region 52** and **region 24** claims **will appear on the provider's secure web account** when performing a claim inquiry.

Please Note: Claims with NO financial impact will not appear on the provider's RA.

Monthly Claims Reprocessing

Impact to Your Web Portal

A PA may show negative units available, if the changes made by the Access Agency reduce the frequency number or date span to less than the total units paid on claims currently associated to the PA.

For example:

- PA authorized for **4 units per week for 4 weeks = 16 units authorized** and available.
- **Claims are paid** against the PA = **16 units used**
- Access Agency/ Autism CM changes the PA to **4 units a week for 3 weeks = 12 units authorized** and available, due to hospitalization after the third week

Until claims are recouped and reprocessed, the PA will show **12 units authorized – 16 used = (4) negative (available) units**.

NOTE: HHA PAs are not required to be ended due to hospitalization; however non-medical PAs are REQUIRED to be end dated for client hospitalization.

Re-enrollment Web Portal Overview

www.ctdssmap.com



Re-Enrollment

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: **08/12/2024** 
Zip Code: 06226 - 3606

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

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

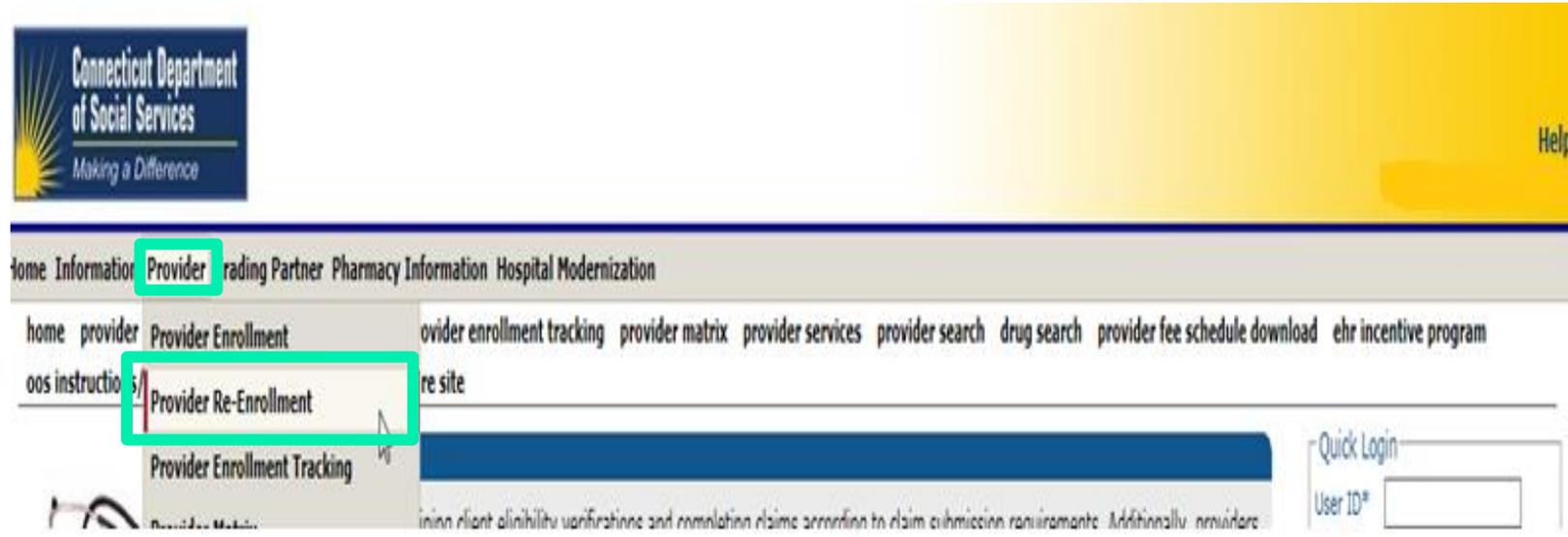
Please Note: Failure to submit a timely Medicaid provider re-enrollment application will result in provider disenrollment from the Medicaid program. Each re-enrollment application must be finalized by DSS before the re-enrollment process is completed. If disenrolled the provider will not receive Medicaid reimbursement for dates of service beyond the re-enrollment due date, will be unable to request new Prior Authorizations (PAs), and will not be able to add client information to the Sandata System (Autism, ABI, CHC, CFC, Mental Health, PCA Waiver Services and Home Health Services).

Re-enrollments on average take 4 to 8 weeks so please start your re-enrollment early enough to make sure it is completed by the due date.

Re-enrollment

The Department of Social Services requires providers to re-enroll online

- A majority of the required information is automatically populated based on the information currently stored in the CMAP for the provider
- Online re-enrollment cannot be initialized until an Application Tracking Number (ATN) is received from the Gainwell Technologies Provider Enrollment Unit
- Select Provider Re-Enrollment from the Provider drop-down menu



Re-enrollment – Understanding the Re-enrollment Period

- While most provider types who complete their re-enrollment are required to re-enroll every five years, the provider re-enrollment period varies by type/specialty. To find the re-enrollment period specific to your type/specialty, from the www.ctdssmap.com Home page, select Provider > Provider Matrix and open the link titled Follow-on Document Requirement by Provider Type and Specialty.
- ABI, Autism, Clinics, Connecticut Home Care Providers, Dentists/Dentist Group, DME/MEDS, Drug and Alcohol Abuse Center, Home Health Agencies, MHW, PCA, Pharmacies, Radiology (Portable and Non-Portable), State Institutions, Transportation (Critical Care Helicopter, Air Ambulance, and Travel Agent), and are required to re-enroll every two years.
- Most providers will receive a reminder letter when they are due for re-enrollment six (6) months prior to their re-enrollment due date, nursing home providers will receive a reminder letter when they are due to re-enroll eight (8) months prior to their re-enrollment due date.
- Re-enrollment is required in order to continue to participate in CMAP.

Providers with Secure Web portal access can view their re-enrollment due date on the Home page of their Secure Web portal once logged in! This enhancement allows providers to better track their re-enrollment due dates prior to receiving their notice to re-enroll.

Re-enrollment – Understanding the Re-enrollment Period

It is imperative that providers successfully complete the re-enrollment application as quickly as possible upon receipt of their notice.

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 CMAP.

Providers who are dis-enrolled will not be able to do the following until re-enrollment is completed:

- Get new referrals to services
- Receive Prior Authorization
- Bill or receive payment for services rendered.

Reinstatement of contracts w/out a finalized application violates ACA policies

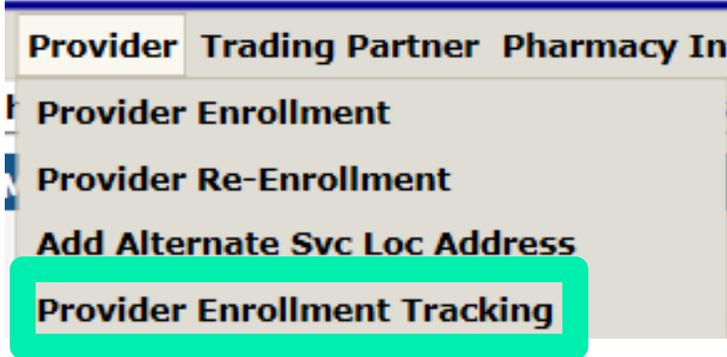
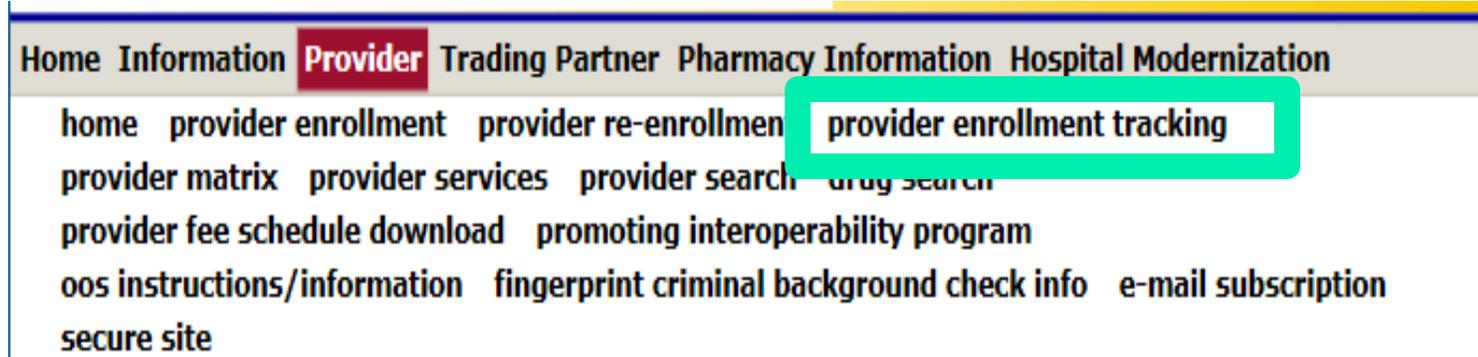
Providers with Secure Web portal access can view their re-enrollment due date on the Home page of their Secure Web portal once logged in, as well as access the actual letter with the re-enrollment ATN#. This enhancement allows providers to better track their re-enrollment due dates prior to receiving their notice to re-enroll.

Re-enrollment Tracking

To check the status of an enrollment / re-enrollment application from www.ctdssmap.com, select Provider Enrollment Tracking from either the Provider submenu or the Provider drop-down menu

Enter your ATN and Business or Last Name and click search

In this example DSS has reviewed and approved the application effective 02/25/2023.



Enrollment Tracking Search

ATN*

Business OR Last Name*

Status	ReEnrollment Completed
Last Status Date	02/25/2023
Application Type	Re-Enrollment
Date Received	11/28/2022
Finalized	02/25/2023

Re-enrollment

Performing Providers:

- If a performing provider did not associate themselves to a group at enrollment, then the billing group will need to associate their performing providers to the group since performing providers enroll / re-enroll independent of the groups they belong to
- The performer would re-enroll according to their re-enrollment due date which may be different from the group
- The re-enrollment letter will only be sent to one address if the performing provider belongs to more than one group
- Organizations/Groups can view the re-enrollment due dates of their members by accessing the “Maintain Organization Members” from the “Demographic Maintenance” panel
- This functionality allows organizations/groups to better track their re-enrollment due dates prior to receiving their notice to re-enroll

Re-enrollment

Effective **March 30, 2017**, DSS implemented a **mandatory** fingerprint-based background check (FCBC), for specific providers, as part of the CMAP provider enrollment/re-enrollment process.

FCBC is applied to individuals who have a 5% or greater direct or indirect ownership in a provider or supplier identified as "high" risk. "High" risk providers include:

- newly enrolling home health agencies
- newly enrolling durable medical equipment, prosthetics, orthotics, and supplies providers (including hearing aid dealers)
- providers and suppliers who have been elevated to the high-risk category in accordance with enhanced screening requirements

Fingerprint-based background checks are also required for any provider that has been elevated to the high-risk category for any of the following reasons:

- CT Medicaid has imposed a payment suspension within the last 10 years.
- The provider has been excluded from Medicaid by the Office of Inspector General (OIG).
- The provider has been subject to any final adverse action in the previous 10 years.
- The provider has been terminated or is otherwise precluded from billing Medicaid.

Providers will be notified by DSS if they have been selected for FCBC.

For more information, please see provider bulletin 16-59 "Fingerprint-based Background Checks for Newly and Re-Enrolling "High Risk" Medicaid Providers, DME Suppliers and HHA"

**Order, Prescribing &
Referring (OPR)
Requirements & Edits
Web Portal Overview**

www.ctdssmap.com



Ordering, Prescribing and Referring (OPR) Claim Edits

Sections 6401 and 6501 of the Affordable Care Act (ACA) mandate that ordering and referring providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP)

Please refer to the Important Message located under Information > Messages Archive titled:

- The Implementation of the Ordering, Prescribing, and Referring (OPR) Affordable Care Act (ACA) Mandates Related to Provider Enrollment and Claim Editing

The screenshot shows the Connecticut Department of Social Services website. The header includes the department logo and navigation links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. A secondary navigation bar includes home, publications, links, hipaa, and messages archive. The main content area displays search results for 'Implementation of Ordering, Prescribing, and Referring (OPR) Pharmacy Claim Edits' published on 10/17/2013.

Search Results		
Bulletin Number ▾	Title	Published Date
PB13-64	Implementation of Ordering, Prescribing, and Referring (OPR) Pharmacy Claim Edi...	10/17/2013

OPR (Ordering, Prescribing, and Referring)

- DSS strongly recommends that billing providers encourage their ordering, prescribing, and referring providers to enroll in CMAP in order to avoid claim denials
- Any claims submitted with an ordering, prescribing, or referring provider ID that is not on file with the CMAP will be denied. An abbreviated version of the enrollment application is available for providers who wish to participate as an ordering, prescribing, or referring provider only

Participation Type

Required fields are indicated with an asterisk (*).

Please indicate how you wish to participate in the Connecticut Medical Assistance Program:*

Individual practitioner

Employed/Contracted by an organization (to include **residents**)

Ordering/Prescribing/Referring provider only

OPR (Ordering, Prescribing, and Referring)

- A list of enrolled providers who are eligible to order services on behalf of CMAP clients, or who may make referrals for such clients, is available to providers.
- This list is available by utilizing the “Quick Link” box once logged into the Secure Site and clicking the link to “ACA Ordering/Prescribing/Referring Provider List”. Included in this list are providers who are currently in the process of enrolling in CMAP. The list is available to assist billing providers with verifying providers’ CMAP enrollment status relative to the OPR requirement. This list is refreshed each week.

The screenshot displays a web application interface with the following elements:

- Navigation Menu:** Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, **Account**.
- Secondary Navigation:** home, **account home**, account maintenance, account setup, change password, document upload, reset password, log out.
- User Greeting:** Welcome, NMICHAELS
- Status:** Reenrollment Due Date: Not Currently Applicable
- Global Messages:** *** No rows found ***
- Secure Mailbox:** *** No rows found ***
- Quick Link:** A box containing several links, with a red arrow pointing to "ACA Ordering/Prescribing/Referring Provider List".
- Email Subscription:** A box containing a link to "Register/Update Email Subscription".

**Information
Web Portal Overview**

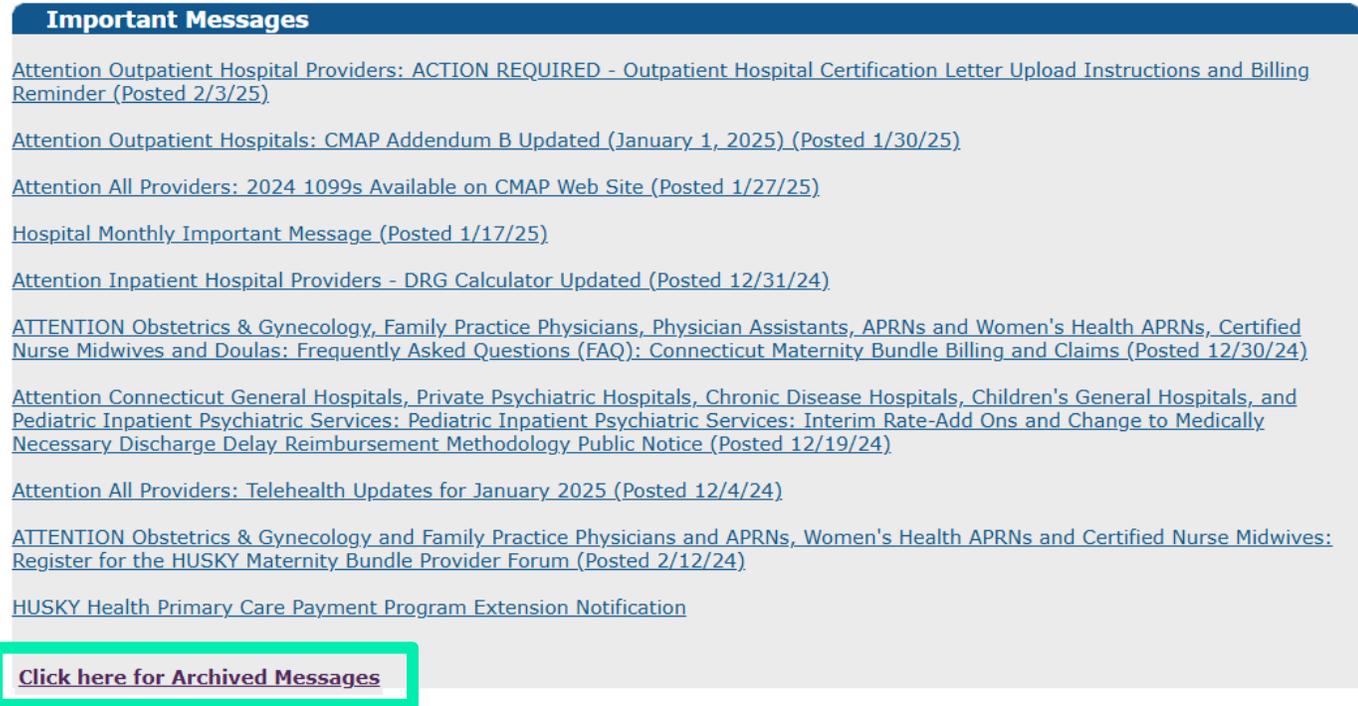
www.ctdssmap.com



Information – 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 Outpatient Hospital Providers: ACTION REQUIRED - Outpatient Hospital Certification Letter Upload Instructions and Billing Reminder \(Posted 2/3/25\)](#)

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

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

[Hospital Monthly Important Message \(Posted 1/17/25\)](#)

[Attention Inpatient Hospital Providers - DRG Calculator Updated \(Posted 12/31/24\)](#)

[ATTENTION Obstetrics & Gynecology, Family Practice Physicians, Physician Assistants, APRNs and Women's Health APRNs, Certified Nurse Midwives and Doulas: Frequently Asked Questions \(FAQ\): Connecticut Maternity Bundle Billing and Claims \(Posted 12/30/24\)](#)

[Attention Connecticut General Hospitals, Private Psychiatric Hospitals, Chronic Disease Hospitals, Children's General Hospitals, and Pediatric Inpatient Psychiatric Services: Pediatric Inpatient Psychiatric Services: Interim Rate-Add Ons and Change to Medically Necessary Discharge Delay Reimbursement Methodology Public Notice \(Posted 12/19/24\)](#)

[Attention All Providers: Telehealth Updates for January 2025 \(Posted 12/4/24\)](#)

[ATTENTION Obstetrics & Gynecology and Family Practice Physicians and APRNs, Women's Health APRNs and Certified Nurse Midwives: Register for the HUSKY Maternity Bundle Provider Forum \(Posted 2/12/24\)](#)

[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.

Information – Archive Important Messages and Banner Announcements

- Only the most current messages will be posted in the main areas on the Web for a limited time; thereafter, providers will have to retrieve previously published Important Messages and Banner Announcements from messages archive. To access the messages archive page, select messages archive from the Information drop-down menu on the home page.
- RA Banner Announcements and Important Messages dated January 1, 2014 and forward are saved on the Web site and are available for review.

home publications links hipaa **messages archive**



Information

Archived Search

Type: Important Messages

Keywords: Important Messages

PI (formerly EHR) Important Messages

Telehealth Important Messages

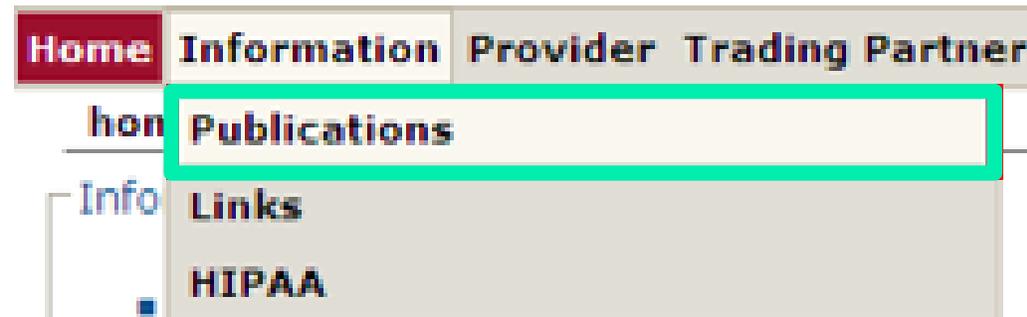
RA Banner Announcements

2024

Message Effective Date	Title
12/16/2024-01/16/2025	Hospital Monthly Important Message (Posted 12/16/24)
12/02/2024-12/02/2024	Call Center Service Interruption (Posted 12/3/24)
11/18/2024-12/15/2024	Hospital Monthly Important Message (Posted 11/18/24)
11/08/2024-12/31/2024	Attention Outpatient Hospitals and Outpatient Chronic Disease Hospitals: Prior Authorization Required for Specific J-codes (Posted 11/8/24)
11/07/2024-12/31/2024	Attention Substance Use Disorder (SUD) Ambulatory Providers: SUD Ambulatory Certification Letter Upload Instructions and Billing Reminder - Updated November 7, 2024 (Posted 11/7/24)
11/07/2024-12/31/2024	Attention Home Health Care Agencies (HHA) and Access Agencies (AA) providing in home services and supports to Medicaid members: Announcing Round 2 In- Home Safety Enhancement Applications (Posted 11/7/24)
11/07/2024-12/31/2024	Attention Home Health, Connecticut Home Care (CHC), Personal Care Assistant (PCA), Acquired Brain Injury (ABI), Autism and Mental Health (MH) Waiver Service Providers: 1. UPDATE Regarding Claim Denials for Electronic Visit Verification (EVV) Mandated Services for Dates of Service July 1, 2024 and forward (Posted 11/7/24)

Information – Publications

- Much of the information available on the www.ctdssmap.com Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left-hand side of the home page or from the Information drop-down menu



Information – Provider Bulletins

Provider Bulletins

- Publications posted to relevant provider types / specialties documenting changes or updates to the CT Medical Assistance Program
- 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. The online database of bulletins goes back to the year 2000

Bulletin Search

Year

Provider Type

Number

Title

Search Results

Bulletin Number	Title	Published Date
PB25-08	Update to the Place of Service for Calcium Edetate (J0600)	02/04/2025
PB25-07	January 2025 - Revision of Rates for Certain Clinical Diagnostic Laboratory Test...	01/17/2025
PB25-06	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2025
PB25-05	DPH Doula Certification and Enrollment Criteria	01/23/2025
PB25-04	Wegovy Coverage for Risk Reduction of Major Adverse Cardiac Event (MACE) in Adul...	01/16/2025
PB25-03	New Services added to select Home and Community Based Services Medicaid Waiver P...	01/10/2025
PB25-02	New Services added to select Home and Community Based Services Medicaid Waiver P...	01/10/2025
PB25-01	Policy Updates and Changes to Clinical Review Criteria	01/06/2025
PB24-84	New Fiscal Intermediary - GT Independence Update Reminder to Medicaid Provider E...	12/24/2024
PB24-83	Changes to Billing Modifiers for Long-Acting Reversible Contraceptive Devices in...	12/20/2024
PB24-82	Updates to the Reimbursement Rate for Select Long-Acting Reversible Contraceptiv...	12/27/2024
PB24-81	Adding Select Procedure Codes for Electronic Consultations	12/27/2024
PB24-80	Obstetrics Pay for Performance Program for Non-Participating Maternity Bundle Pr...	12/23/2024
PB24-78	Updates to Telehealth - January 2025 Updates	12/24/2024
PB24-77	Out-of-State and Border Hospital Reimbursement - Effective January 1, 2025	12/27/2024
PB24-76	Annual Update to the Inpatient Hospital Adjustment Factors and Update to the APR...	12/27/2024
PB24-75	Updating Physician Administered Drugs on the Dialysis Clinic Fee Schedule	12/27/2024
PB24-75	January 2025 Quarterly HIPAA Compliant Update - Dialysis Clinic Fee Schedule	12/27/2024
PB24-74	Updating Physician Administered Drugs on the Family Planning Clinic, Medical Cli...	12/27/2024
PB24-74	January 2025 Quarterly HIPAA Compliant Updates - Family Planning Clinic, Medical...	12/27/2024
PB24-73	January 2025 Quarterly HIPAA Compliant Update - Independent Radiology and Physic...	12/27/2024
PB24-72	January 2025 Quarterly HIPAA Updates-Physician-Office and Outpatient, and Physic...	12/27/2024
PB24-72	Physician Administered Drug Reimbursement Updates	12/27/2024
PB24-71	January 2025 Quarterly HIPAA Compliant Update - Laboratory Fee Schedule	12/27/2024
PB24-70	January 2025 Quarterly HIPAA Compliant Update - Medical Equipment Devices and Su...	12/27/2024
PB24-69	Pediatric Inpatient Psychiatric Services: Interim Voluntary Value-Based Payment ...	12/27/2024
PB24-68	January 2025 Quarterly HIPAA Compliant Update - Clinic - Ambulatory Surgical Cen...	12/27/2024

Information – Training Invitations & Previous Workshops

Training Workshop Invitations and Previous Workshops Presentations

- The PowerPoint presentations of previous workshops can be used to train new staff and as a refresher for current staff in how to effectively use the www.ctdssmap.com website and secure site features.
- Invitations to upcoming workshops can be used to register and secure a seat in the training room/environment.
- To access the invitations and workshops select Provider Training from the Provider box on the Home Page.

Provider

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

[Workshop Invitations](#)

- [New Provider Workshop Invitation](#)
- [Waiver Service Provider Workshop Invitation](#)

[Materials](#)

- [ABI Service Provider Workshops](#)
- [Acupuncture Enrollment Workshop](#)
- [Autism Waiver Service Provider Workshops](#)
- [Behavioral Health Clinicians Workshops](#)
- [Birth to Three Workshops](#)
- [CHC Workshops](#)
- [Community First Choice \(CFC\) S&P Coach Providers Billing and Web Claim Submission Workshops](#)
- [Community First Choice \(CFC\) Support and Planning Coach - Enrollment Workshops](#)
- [Connecticut Housing Engagement and Support Services \(CHESS\) – Enrollment Workshops](#)
- [Connecticut Housing Engagement and Support Services \(CHESS\) – Billing and Web Claims Workshops](#)
- [DDS Specialized Services Provider Workshops](#)
- [DDS Performing Provider Re-Enrollment Workshops](#)
- [Dental Workshops](#)
- [DMHAS Performing Provider Re-Enrollment Workshops](#)
- [Durable Medical Equipment Workshops](#)
- [Home Health Workshops](#)
- [Hospice Workshops](#)
- [Hospital Workshops](#)
- [Integrated Care for Kids \(InCK\) Provider Billing and Web Claim Submission Workshop](#)
- [Integrated Care for Kids \(InCK\) Provider Enrollment Workshop](#)
- [Long Term Care Workshops](#)

Information – E-mail Subscriptions

Register for E-mail Subscriptions

- Providers MUST register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com
- For complete E-mail subscription information, please see provider bulletin PB15-23 on the CMAP Web site

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

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provic promoting interoperability program oos instructions/information fingerprint criminal background check info **e-mail subscription** secure site

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 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

[Register](#)

Available Subscriptions

- **Provider**
- ALL Provider Types
- Acquired Brain Injury
- 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
- Certified Nurse Midwife
- Chiropractor
- Clinic
- Community First Choice
- Community Services
- DDS Employment and Day Supports
- DDS Specialized Services
- DME/Medical Supply Dealer
- Dental
- Drug and Alcohol Abuse Center
- Extended Care Facility/Long Term Care
- FQHC - Behavioral Health
- FQHC - Dental
- FQHC - Medical & Tribal Svs Medical
- Home Health Agency
- Hospice Agency
- Hospital
- Laboratory

Information – Provider Manual

Provider Manual

- The Provider Manual is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission
- It is the primary source of information for submitting CMAP claims, prior authorizations, and other related transactions. This manual contains detailed instructions regarding the Program, and should be your first source of information pertaining to policy and procedural questions
- The Provider Manual is divided into twelve (12) chapters
 - Click on the chapter title to open the document (disable pop-up blockers)
 - Chapters 7 and 8 are provider specific – select your provider type from the drop-down menu and click View Chapter to access the chapter
 - Chapter 11 is claim-type specific

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	Introduction
2	Provider Partic
3	Provider Enroll

Provider Manuals	
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="text" value="Select a provider type"/> View Chapter 7

- From your Home Page, select Information and then Publications from the drop down.
- Provider Manuals are in the second panel.

Provider Manuals

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

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), Connecticut Behavioral Health Partnership (CT BHP), Connecticut Dental Health Partnership (CTDHP), and the Connecticut AIDS Drug Assistance Program (CADAP).

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 portal interface. At the top, there is a navigation bar with the URL 'ap.com/CTPortal/Information/Publications'. Below this is a table titled 'Provider Manuals' with columns for 'Chapter' and 'Content'. The table lists chapters 1 through 12. A dropdown menu is open over the table, showing a list of provider types. A red arrow points from the text 'See drop down menu for your provider type' to the dropdown menu. The dropdown menu includes options like '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', and 'Hospital Inpatient: NEW Requirements Eff. 1-1-15'. Below the dropdown menu, there are buttons for 'View Chapter 7', 'View Chapter 8', and 'View Chapter 11'. At the bottom of the page, there is a section titled 'Forms' with a link to '17-Alpha Hydroxyprogesterone Caproate Pharmacy Referral Form'.

Chapter	Content
1	
2	
3	
4	
5	
6	
7	
8	
9	Prior Authorization
10	Web Portal / AVRS
11	
12	Claim Resolution Guide

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](#)

Select a provider type

[View Chapter 8](#)

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
- Hospice
- Provider Enrollment/Maintenance
- Provider Workshop Invitation
- Third Party Liability
- Other

Forms

Authorization/Certification Forms

- [17-Alpha Hydroxyprogesterone Caproate Pharmacy Referral Form](#)
- [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](#)
- [Eteplirsén PA Form](#)
- [Hepatitis C PA Form](#)
- [Hysterectomy Information Form, W-613 and Physician Hysterectomy Certification Form Retroactive Eligibility, W-613A](#)
- [Kymriah 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 Prior Authorization Form](#)
- [Physician's Certification for Abortion \(Title XIX\), W-484](#)
- [Prior Authorization Request Form](#)
- [Salzmann Handicapping Malocclusion Index](#)
- [Step Therapy PA Form](#)
- [Synagis PA Form](#)
- [Synagis PA Form \(Outpatient\)](#)

Claim and Adjustment Forms

- [ADA Dental Claim Form Information](#)
- [Attachment Control Number \(ACN\) Electronic Claim Cover Sheet](#)
- [Institutional UB-04 Claim Information](#)
- [NCPDP Universal Pharmacy and Compound Claim Form Information](#)
- [Paid Claim Adjustment Request \(PCAR\) Form](#)
- [Professional CMS 1500 \(v02/12\) Claim Information](#)

Hospice Forms

- [Cambio de Solicitud entre Proveedores de Hospicio, W-403S](#)
- [Change Request between Hospice Providers Form, W-403](#)
- [Elección de Hospicio, W-406S](#)
- [Election Form, W-406](#)
- [Medicaid Hospice Discharge Form, W-404](#)
- [Medicaid Hospice Revocation Form, W-405](#)
- [Town/Metropolitan Statistical Area Regions Codes Crosswalk](#)

Information – Other

Provider Newsletters

- Quarterly publications to providers on a wide range of topics
- Newsletters dating back to 2007 are housed in the Provider Newsletter Archives link

Claims Processing Information

- Guides and FAQs to assist with billing/claims processing

Drug Rebate

Provider Newsletters

- [December 2022 interChange Newsletter](#)
- [September 2022 interChange Newsletter](#)
- [June 2022 interChange Newsletter](#)
- [March 2022 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

Claims Processing Information

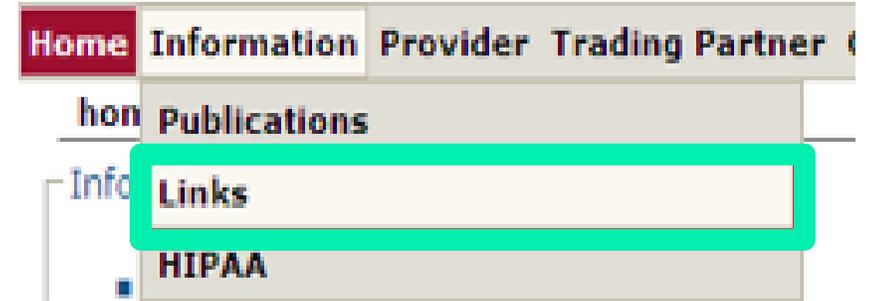
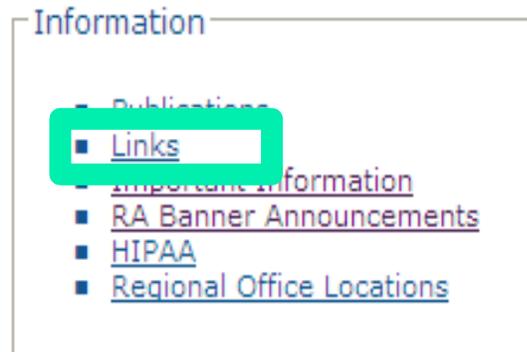
- [Eligibility Response Quick Reference Guide](#)
- [Internet Claims Submission FAQ](#)
- [Hospice Procedure Code Exception List](#)
- [ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis](#)
- [ICN Region Code List](#)
- [CT Medical Assistance Program EOB Crosswalk - Pharmacy and Non-Pharmacy](#)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

Drug Rebate

- [J-Codes on Professional Claims](#)

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



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

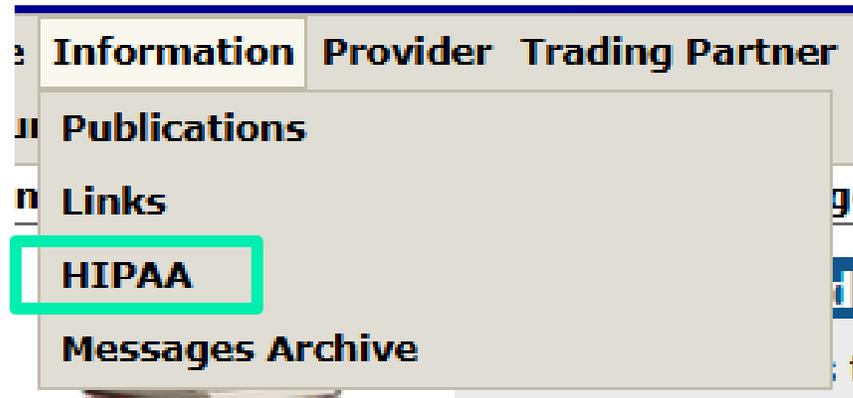
- [Centers for Medicare and Medicaid Services](#)
- [Department of Health and Human Services](#)
- [National Institutes of Health](#)
- [National Library of Medicine](#)
- [Centers for Disease Control and Prevention](#)
- [Social Security Administration](#)
- [Agency for Healthcare Research and Quality](#)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

Information – HIPAA

The HIPAA information page is accessible by selecting HIPAA from either the Information box on the left-hand side of the home page or from the Information drop-down menu.

The HIPAA page provides information regarding:

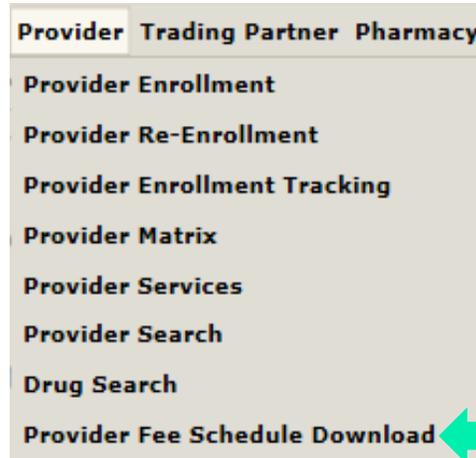
- HIPAA Mandated Transactions
- Frequently Asked Questions
 - Gainwell Technologies and DSS have compiled a list of common HIPAA-related questions and answers
- Glossary of Terms
 - General definitions and explanations of HIPAA-related terms and acronyms



Information – Fee Schedules

CMAP fee schedules are available for download from the 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 Fee Schedules are listed by provider type and specialty
- Click the corresponding link to download the appropriate fee schedule
- “Fee Schedule instructions” can be accessed at the top of the page after clicking I Accept



A screenshot showing two buttons: 'I Accept' and 'I Do Not Accept'. A red arrow points to the 'I Accept' button.

***** 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](#)
- Ambulatory Detoxification [CSV](#)
- Autism Spectrum Disorder [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](#)
- CT Home Care [CSV](#)
- Dental Adult [CSV](#)
- Dental DOS Prior to 09/01/2016 [CSV](#)
- Dental Pediatric [CSV](#)
- Home Health [PDF](#)
- Hospice [CSV](#)
- Hospital DRG Organ Acquisition [PDF](#)
- Hospital Outpatient [CSV](#)
- Independent Audiology and Speech and Language Pathology [CSV](#)
- Independent Physical Therapy and Occupational Therapy [CSV](#)
- Independent Radiology [CSV](#)
- Lab [CSV](#)
- MEDS - DME [CSV](#)
- MEDS-Hearing Aid/Prosthetic Eye [CSV](#)
- MEDS-Medical/Surgical Supplies [CSV](#)
- MEDS-MISC [CSV](#)
- MEDS-Parenteral-Enteral [CSV](#)
- MEDS-Prosthetic/Orthotic [CSV](#)
- Mental Health Waiver [CSV](#)
- Natureopath [PDF](#)
- Optician/Eyeglasses [CSV](#)
- Personal Care Assistant [CSV](#)
- Physician Anesthesia [CSV](#)
- Physician Office and Outpt Services [CSV](#)
- Physician Radiology [CSV](#)
- Physician Surgical [CSV](#)
- Psychologist [CSV](#)
- Special Services [CSV](#)
- Target Case Management Non-Contracted [CSV](#)
- Transportation - Air Ambulance [CSV](#)
- Transportation - Basic/Advanced [CSV](#)
- Transportation - Critical Helicopter [CSV](#)
- Transportation - Non-emergency Medical [CSV](#)
- Transportation - Travel Agent [CSV](#)

Information – Fee Schedules cont.

Example of the Physician Office and Outpatient Services fee schedule:

	A	B	C	D	E	F	G	H
1		Physician Office and Outpatient Services January 2025						
2		-----						
3		Rate Type = to PED; pediatric services; or OBS; obstetrical services; or Lab; Lab						
4		____services billed by a Physician indicates a unique rate for services for						
5		____qualified clients and claim data. You may disregard any other rate type.						
6		-----						
7		See Clarifications on PA requirements for Behavioral Health Services on the last						
8		____page of the fee Schedule						
9		-----						
10	Procedure Cod	Description	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA
11	0373T	Adaptive behavior t		BHC	24.16	11/17/2021	12/31/2299	Y
12	0373T	Adaptive behavior t		DEF	33.18	2/1/2019	12/31/2299	Y
13	0373T	Adaptive behavior t		PY	29.33	11/17/2021	12/31/2299	Y
14	80503	Pathology clinical c		DEF	10.67	1/1/2022	12/31/2299	
15	80503	Pathology clinical c		FTL	13.28	1/1/2022	12/31/2299	
16	80503	Pathology clinical c		LAB	15.86	1/1/2022	12/31/2299	

Information – Fee Schedules cont.

Example of the fee schedule footer:

The footer can be a great source of additional information such as:

- Specific provider type/specialty billing instructions
- Policy restrictions

MP in Max Fee column designates Manually Priced
Psychiatry Specialty Physician/Groups or Advance Practice Nurse/Groups (Type/____ Specialty 09/106; 09/339; 31/339; 31/639; 70/106; 70/339; 72/339; 72/639) for____ coverage groups BHP A; BHP B; CHOAK; and FFS the following codes always require____ PA: 90791; 90792; 90832; 90834; 90837; 90846; 90847; 90849; 90853; 90865;____ 90876; 90870; 90875; 90880; 90887; 96101; 96118; 99201-99215; 99241- 99245;____ 99304; 99305; 99306; 99307; 99308; 99309; 99310; 99315; 99316; 99318; 99324;____ 99325; 99326; 99327; 99328; 99334; 99335; 99336; 99337; 99339; 99340; and____ M0064. To obtain PA contact CT BHP at 1-877-552-8247
To obtain PA for ICD-9-CM Diagnosis Codes 291-316 or for ICD-10-CM Diagnosis Codes____ in the Fee Schedule Instructions Table 11 please contact CT BHP at____ 1-877-552-8247
PA required for ALL rehabilitation services beyond initial evaluation - HUSKY B and____ Charter Oak (97010-97039; 97110-97150; 97530-97537; 97542-97546;____ and 92507-92508)
87800; 88302; 88304; 88305; 88307; 90649; 90650; 90651; 96372; 99070; 99144; 99145;____ 99201-99205; 99211-99215; 99384-99386; 99394-99396; A4261; A4264;____ A4266; J0696; J1050; J7297; J7298; J7300; J7301; J7302 (for dates of service____ through 12/31/2015); J7303; J7304; J7306; and J7307____ S4993; S5000; S5001 only codes covered for Family Planning Service Only clients
Charter Oak does not cover the following codes: 90880; 90901; 90911; 93784____ 93786; 93788; 93790; 97810-97814; 99450; 99455; 99456
HUSKY B does not cover the following codes: 90880; 90901; 90911; 93784____ 93786; 93788; 93790; 97810-97814; 99450; 99455; 99456; A4264
Please see the table labeled Family Planning Service Diagnosis Codes in the____ fee schedule instructions 3a ICD-9 or 3b ICD-10

**Contacts
Web Portal Overview**

www.ctdssmap.com



Contacts

Gainwell Technologies Provider Assistance Center (PAC)

- 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
- www.ctdssmap.com

***This should be your first call resource to answer all **enrollment, eligibility** and **billing** related questions. Should your issue require a higher level of research, it will be escalated to your provider representative. Please be sure to ask the PAC representative for your call tracking number (CTN) for future call reference.

Gainwell Technologies Pharmacy Prior Authorization Assistance Center (PPAAC)

- 1-866-409-8386 – Available 24/7

Gainwell Technologies Electronic Data Interchange (EDI) Help Desk

- 1-800-688-0503 – Monday through Friday, 8:00 AM – 5:00 PM (EST), excluding holidays

HMS (a Gainwell Technologies Company): Third Party Liability Issues and Audits

- 1-866-252-0671
- CTinsurance@gainwelltechnologies.com

Contacts

CHNCT (Medical ASO and Prior Authorizations)

- 1-800-440-5071 – Monday through Friday, 9:00 AM to 7:00 PM (EST)
- www.ct.gov/husky

Carelon Behavioral Health (Behavioral Health ASO and Prior Authorizations)

- 1-877-552-8247
- www.ctbhp.com

BeneCare (Dental ASO and Prior Authorizations)

- 1-888-445-6665 or 1-855-CT-DENTAL (1-855-283-3682)
- www.ctdhp.org

MTM Transportation (used to be VEYO)

- 1-855-478-7350
- <https://www.mtm-inc.net/connecticut/facilities/>

Sandata Customer Care – Electronic Visit Verification (EVV)

- 1-855-399-8050 – Monday through Friday, 8:00 AM to 6:00 PM (EST)
- ctcustomer@sandata.com

Contacts – Access Agencies

- **Connecticut Community Care (CCCI) - ServiceAuthIssues@ctcommunitycare.org**

Providers must include the following information when submitting service authorization issues to CCCI: provider name, client name, client Medicaid ID number, CCCI number, EOB code on rejecting claim at Gainwell Technologies, from and to dates of service, the type of service (SNV, Med Admin, etc.), the frequency of service (Spanned dates, monthly or weekly), the number of units needed, CCCI service order number, if available and any comments the provider wishes to communicate to CCCI.

- **Southwestern Connecticut Area on Aging (SWCAA) - SWCAABillings@swcaa.org**

Please have the following information available when contacting SWCAA:

- Client name, the client Medicaid ID number, the type of service (SNV, Med Admin, etc.),
- The dates of service, the frequency of service and the number of units or hours per visit.

- **Agency on Aging of South-Central CT (AOASCC) - chcbilling@aoascc.org**

Companies without secure e-mail, please fax service order inquiries to (203) 528-0455. All other provider information may be faxed to (203)752-3064. Due to the high volume of inquiries AOASCC requests your primary source of communication to them be by e-mail or fax. Service Order inquiries must include, on an Excel spreadsheet, the applicable following information when contacting AOASCC: client name, EMS#, type of service (procedure code), dates of service (from/to), frequency of service and the number of units or hours per visit.

Contacts – Access Agencies

- **Western Connecticut Area on Aging (WCAA)**- contact WCAA directly at (203)465-1000
Please have the following information available when contacting WCAA: client name, the client Medicaid ID number, the type of service (SNV, Med admin, etc.), the dates of service, the frequency of service and the number of units or hours per visit.
- **Department of Social Services (DSS)** – For Self Directed clients on the Connecticut Home Care Program for Elders (CHCPE) Program, please contact Melva Cooper, RN directly via e-mail at melva.cooper@ct.gov or by phone at (860)424-5863.
- **Community Option Unit at DSS**- For assistance in correcting a waiver client's eligibility file, please send an email to Waiver.DSS@ct.gov
- **Advanced Behavioral Health (ABH) – Mental Health Waiver Providers only**
For Client Eligibility and Prior Authorization Issues:
(860) 638-5309

Thank you.

All questions and comments regarding this training are welcome.

**Please fill out the provided workshop survey.
Your feedback helps us to improve future workshops.**

