

CT Medical Assistance Program: Professional Refresher

Our event will begin shortly...

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



01

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

02

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

03

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

04

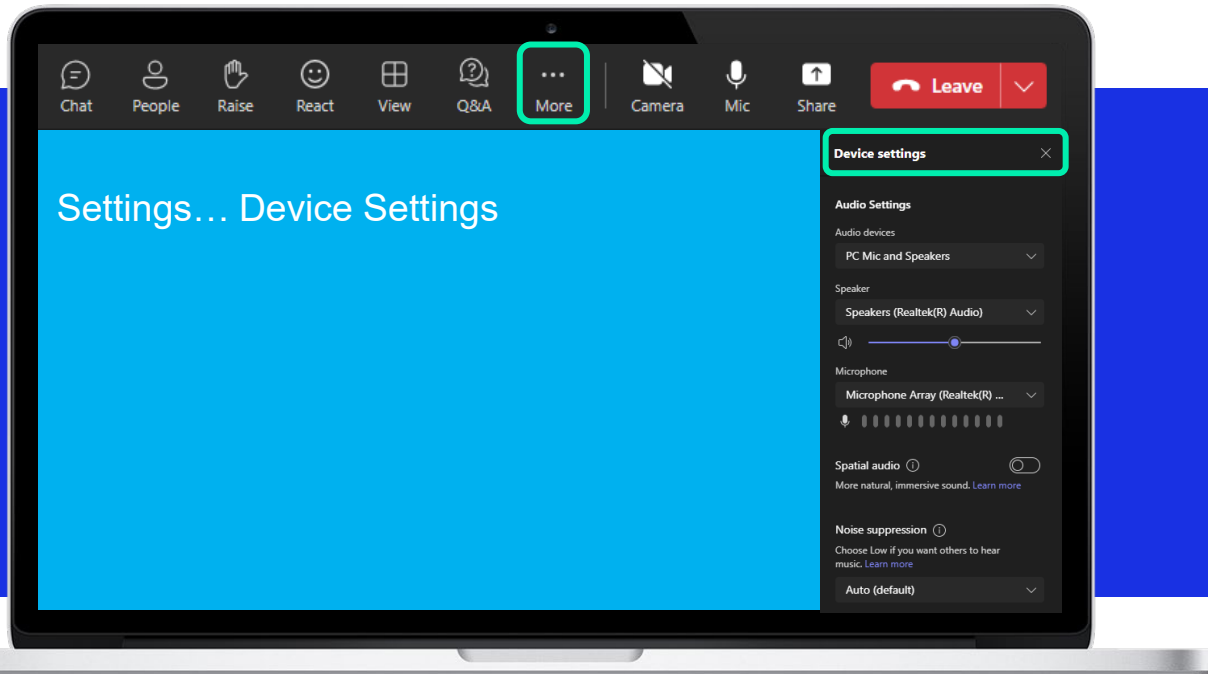
A Q&A session is included at the end of this event to answer your questions.



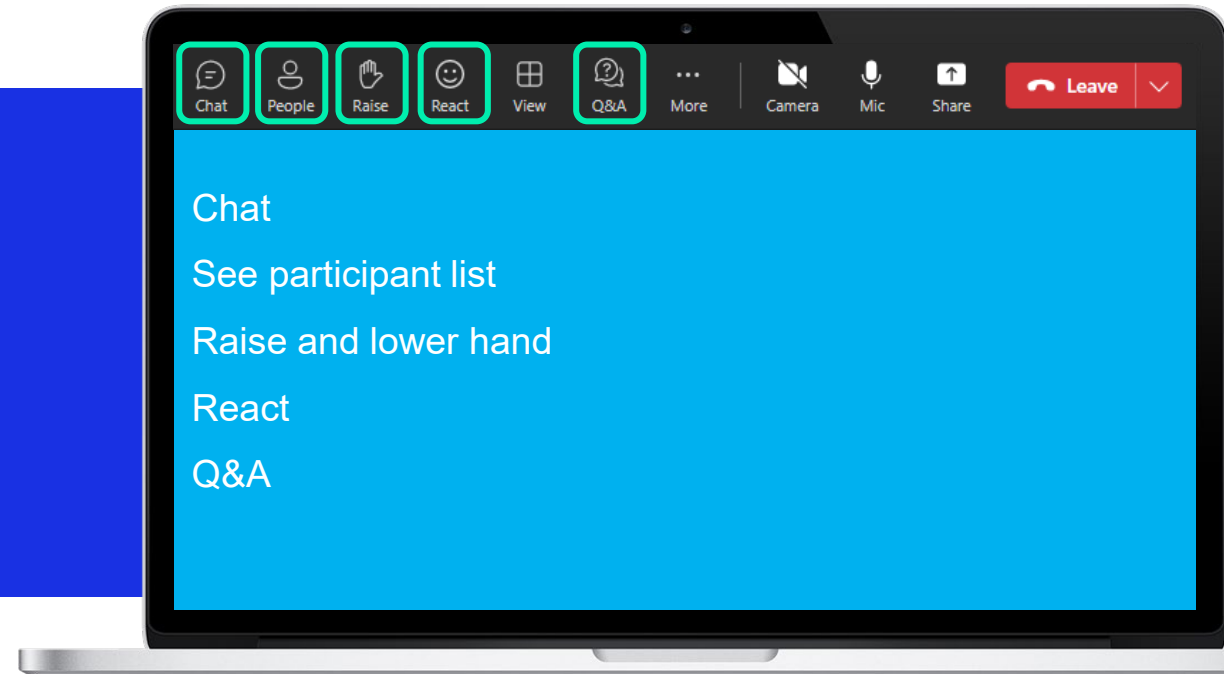
You can download the slides used in today's event from the email sent out after the event.

MS Teams Features and Functions

Manage audio and video settings



Engage with others



CT Medical Assistance Program: Professional Refresher

Caitlin Mazur & Nick Michaels
September 25, 2025



Future Workshops 2025

- **October 8, 2025** – Behavioral Health Refresher Workshop
- **October 14, 2025** – Behavioral Health Refresher Workshop
- **October 30, 2025** – Home Health Refresher Workshop
- **Last Quarter of 2025** – Hospital, Home Health, Long Term Care Refreshers, & New Provider Workshop

Agenda

- 1 Re-enrollment
- 2 Demographic & Clerk Maintenance
- 3 Eligibility Verification
- 4 Prior Authorizations
- 5 NCCI
- 6 Provider Audits
- 7 Fee Schedules
- 8 Enhanced Rates
- 9 What's New in 2025?
- 10 Information & Publications
- 11 References & Contacts
- 12 Q&A



Re-Enrollment



Re-enrollment

- Most provider types are required to re-enroll every five (5) years
- Providers will receive a letter via secure web portal when they are due for re-enrollment six (6) months prior to the end of their current contract
- If the provider has not successfully re-enrolled three (3) months prior to the end of their current contract, another letter will be sent
- Providers with re-enrollment applications that are not fully completed by the provider's re-enrollment due date will receive a notice advising they have been disenrolled from the Connecticut Medical Assistance Program (CMAP)
- Examples of the provider types that are required to re-enroll every two (2) years: **Behavioral Health Clinic & Dietitian-Nutritionists**
- The complete list of enrollment periods can be found by using the following link:
[CT Enrollment Criteria Matrix](#)
- Re-enrollment via the Enrollment/Re-enrollment Wizard on the CMAP Web site, www.ctdssmap.com, is required
- Process can take up to 4-9 weeks


Re-enrollment

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

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

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

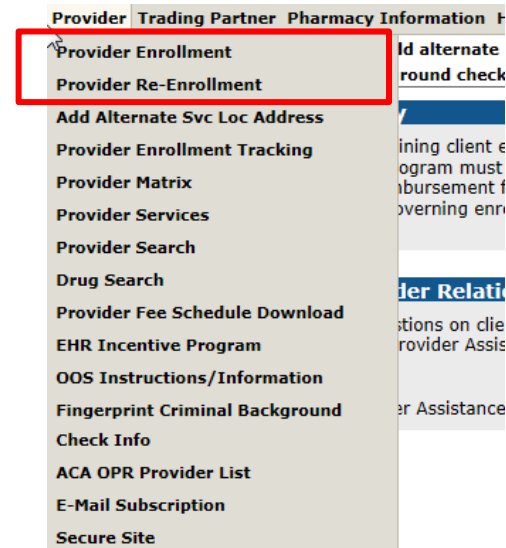
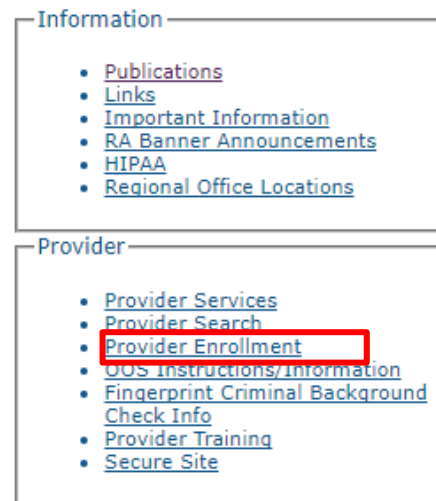
Welcome, P0042
Provider ID: NPI
Provider AVRS ID:
Reenrollment Due Date: 10/18/2028
Zip Code: 06010 - 5106



Re-enrollment

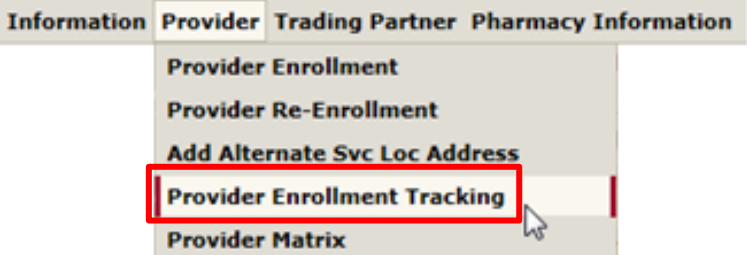
- All the required information is automatically populated based on the provider's previous application
- Online re-enrollment cannot be initialized until an *Application Tracking Number* (ATN) is received from the Gainwell Technologies Provider Enrollment Unit

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



Re-enrollment

To check the status of an application, select “*Provider Enrollment Tracking*” from the *Provider* drop down menu



Enter your *ATN* and *Business OR Last Name* and click *search*

Enrollment Tracking Search

ATN*

Business OR Last Name*

Example: DSS is conducting their final review of the application that was submitted by Dr. Smith

Search Results			
ATN	Name	Date Received	Status
[REDACTED]	[REDACTED]	07/31/2025	DSS Conducting Final Review

Re-enrollment

Performing Providers:

- If a performing provider did not associate themselves to a group during enrollment, then the billing group will need to associate their performing providers to the group since performing providers enroll / re-enroll independently of the groups they belong to
- The performing provider 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: Provider Matrix

Provider Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit Verification
enrollment provider re-enrollment provider enrollment tracking **provider matrix** provider services provider search drug search
schedule download oos instructions/information fingerprint criminal background check info e-mail subscription secure site

Instructions Upon Completion Of The Enrollment Wizard

Upon completion of the on-line Web portal enrollment/re-enrollment application, providers are issued an Application Tracking Number (ATN) that may be used to track the status of their application. **Please do not submit a paper copy of the completed Web application to Gainwell Technologies, or complete a paper application after a Web application has been submitted to Gainwell Technologies.** If a correction is required to the Web application after it has been submitted, that correction should be submitted on the provider's letterhead to the address below.

You may have been notified upon completion of your application that you must submit some follow on documents. Those documents only, and not the application itself, must be sent to Gainwell Technologies at the following address in order for your application to be finalized. The ATN must be included on the top of each of these documents. Failure to submit the follow on documents may result in the denial of your application.

Gainwell Technologies
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102-5007

To review the list of follow on documents that are required for your provider type/specialty, click on the link below and locate your type/specialty.

[Follow on Document Requirement by Provider Type and Specialty.](#)

Demographic & Clerk Maintenance



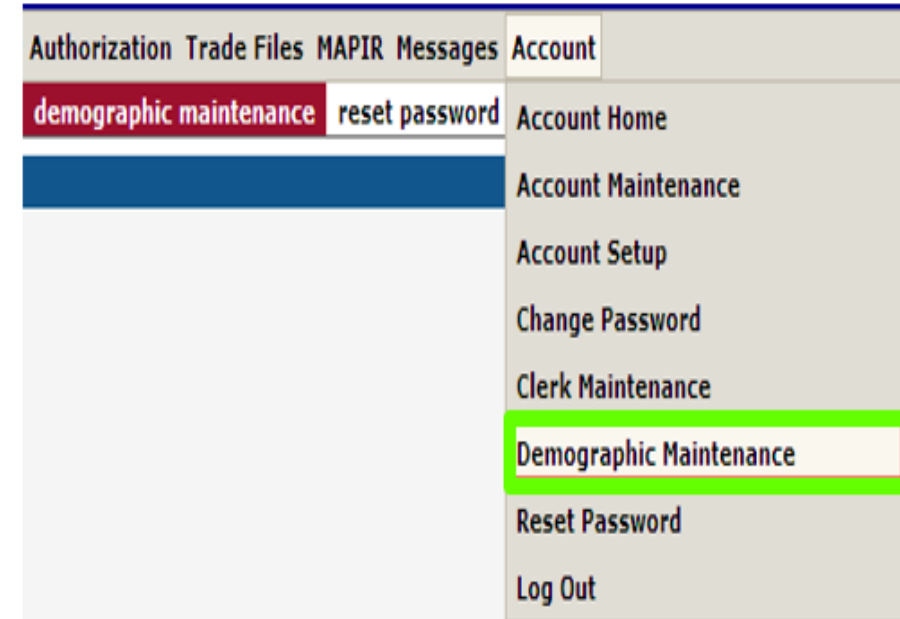
Demographic Maintenance

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, once logged in.

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



Demographic Maintenance – Provider 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

Simply select the applicable row from the provided list (Service Location, Enrollment, Mail to, or Pay to); then click **'maintain address'** make changes and click **'save'**.

Location Name Address ✕

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

Type changes below.

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1*

Address 2

City

State

Zip*

Phone*

Fax

Handicap Accessible?

EMail

Apply Changes To:

Svc Loc

Pay To

Mail To

Enrollment

Demographic Maintenance – EFT Account

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

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

EFT Account

Click here to open Provider EFT Enrollment instructions.

Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
BANK OF AMERICA, N.A.	011900571		Checking		Active

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

Required fields are indicated with an asterisk (*)

Account Number Linkage to Provider Identifier*

Provider Name*

Provider Tax Identification Number (TIN)

OR

National Provider Identifier (NPI)

Provider Identifiers*

Provider Federal Tax Identification Number (TIN)

OR Employer Identification Number (EIN)

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

Demographic Maintenance – Maintain Organization Members

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

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

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

Organization Member ID ^	ID Type	Organization Member Name	Effective Date	End Date	Reenrollment Due Date
1414141414	NPI	BOYLE, DR. DAWN	06/01/2012	10/08/2012	06/05/2014

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

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

- To add a new member, click the add button.
- To separate a member from your organization, click on the existing member row, then enter the end date of their affiliation with your organization. This date cannot be in the past.

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

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

Maintain Organization Members

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

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

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

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

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

Clerk Maintenance

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

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

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

Type data below for new record.

remove clerk add clerk

User ID*

Contact First Name*

Contact Last Name*

Phone Number*

Password*

Confirm Password*

AVR ID

AVR Pin

Confirm AVR Pin

Assigned Roles

Available Roles

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

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

change password clerk maintenance demographic maintenance reset password log out

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

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

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

Clerk Maintenance

- **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)

Available Roles

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

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

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.

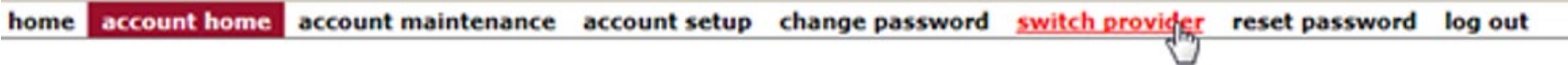
Once a clerk is signed in, they can update their information by selecting Account Maintenance from either the Account submenu or the Account drop-down menu.

Change Password	
User ID	EDSADMIN
Current Password*	<input type="password"/>
New Password*	<input type="password"/>
Confirm New Password*	<input type="password"/>

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

Clerk Maintenance

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



- Select **Switch Provider** from 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.

Switch Provider

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.

switch to

Current Provider/Trading Partner: 1234567890NPI

Provider/Trading Partner ID: 1234567890 NPI Address: 15 MAIN STREET

Provider AVRS ID: 123456 City: WILLIMANTIC

Provider Type: Dentist State: CT

Default Provider/Trading Partner: Zip: 06226 1948

Eligibility Verification



Eligibility Verification

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

Eligibility verification can be performed in the following ways:

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

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

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

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

[Eligibility Response Quick Reference Guide](#)

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

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

Eligibility Verification

Eligibility Verification Response						
Verification Number 191720000P						
Response Text Client is eligible. Refer to Benefit Plan for specific program coverage.						
Client Information				Benefit Plan		
Client ID 009999999	Last Name CAREY		Service Information		Benefit Month Effective Date	Effective Date
SSN ###-##-####	First Name, MI BABYC		Husky D. For Behavioral Health Services, call BHP at 877-552-8247.		03/01/2025	03/21/2025
Birth Date 01/ [REDACTED]	Street 1 MAIN ST				03/21/2025	03/21/2025
Gender M	City, State, Zip TORRINGTON, CT 06790					01/31/2026
Benefit Plan						
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message 1	Message 2	Message 3
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		
Out of Pocket Information - Includes Deductible and Co-insurance						
*** 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

Medicare Covered Services / QMB

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

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

Prior Authorizations



Prior Authorizations

Type of PA:	Contact:	How to Reach:	Notes:
Medical	CHNCT (Community Health Network of CT)	Phone: 1-800-440-5071 Provider Portal	Hours: Mon-Fri, 8am-6pm Use secure provider portal for fastest processing
Behavioral	CT Behavioral Health Partnership (administered by Carelon Behavioral Health)	Phone: 1-877-552-8247 Provider Online Services	Applies to Husky A, C, and D members. HUSKY B handled by CHNCT
Radiology	eviCore (via CHNCT)	Phone: 1-800-440-5071 (follow prompts for Radiology) Provider Portal	Required for high-tech imaging (CT, MRI, PET, Ultrasound, Nuclear Med)
Pharmacy	Gainwell Technologies (Pharmacy PA Assistance Center)	Phone: 1-866-409-8386 Fax: 1-866-759-4110 Web PA via CTDSSMAP portal	For non-preferred drugs, brand medically necessary requests or drugs outside PDL)
Non-Emergency Medical Transportation	MTM (Medical Transportation Management)	Phone: 1-855-478-7350 Member portal/app: MTM Link	Schedule at least 2 business days in advance (unless urgent). Hours: Mon-Fri, 7am-6pm

Prior Authorizations

Information regarding prior authorization (PA) specific to your provider type can be found on the [HuskyHealthCT](#) site and also in previous provider workshops on the [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.

Information <ul style="list-style-type: none">■ Publications■ Links■ Important Information■ RA Banner Announcements■ HIPAA■ Regional Office Locations
Provider <ul style="list-style-type: none">■ Provider Services■ Provider Search■ Provider Enrollment■ Promoting Interoperability Program■ OOS Instructions/Information■ Fingerprint Criminal Background Check Info■ Provider Training■ Secure Site
Trading Partner <ul style="list-style-type: none">■ Trading Partner Enrollment■ Trading Partner Documents■ Provider Electronic Solutions Billing Instructions
Pharmacy <ul style="list-style-type: none">■ Pharmacy Information

Pharmacy Web 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.

The screenshot shows the top navigation bar of the Pharmacy Information portal. The 'Pharmacy Information' link is highlighted in red. Below the navigation bar, there is a 'Pharmacy' icon and a text box explaining the page's purpose. To the right, a dropdown menu is open, showing 'Pharmacy Prior Authorization' as the selected option, also highlighted in red. Other options in the menu include 'Care Plan' and 'Pharmacy Assistance'.

The screenshot shows the 'Base Information' section of the Pharmacy Web PA form. It includes a header 'Base Information' and a note: 'Required fields are indicated with an asterisk (*)'. The form contains several input fields: 'Provider ID' (with a green highlight), 'Client ID*' (with a search button), 'PA Assignment*' (with a dropdown menu), 'Drug Requested*' (with a search button), 'Last Name', 'First Name, MI', and 'Date of Birth'. Below the form, there is a 'Please Note' section with red text explaining that PA approval is not a guarantee of payment and listing the types of PA that are covered. A link to the 'Provider Manual' is provided for more information.

Professional Web Claims



Claims Processing/Submission Information

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

- Secure Web Account at www.ctdssmap.com
- Software utilizing ASC X12N transactions
- Provider Electronic Solutions (PES)
- Point of Sale (POS)
- Santrax:
 - Electronic Visit Verification (EVV) claims only
 - Waiver Service Providers
 - Home Health Agencies servicing Waiver and Non-Waiver clients

Paper Claims are not accepted.

Professional Web Claim Submission

Professional claims can be submitted through a Secure web Account by logging into ctdssmap.com. Select “**Professional**” from the claims drop-down menu.

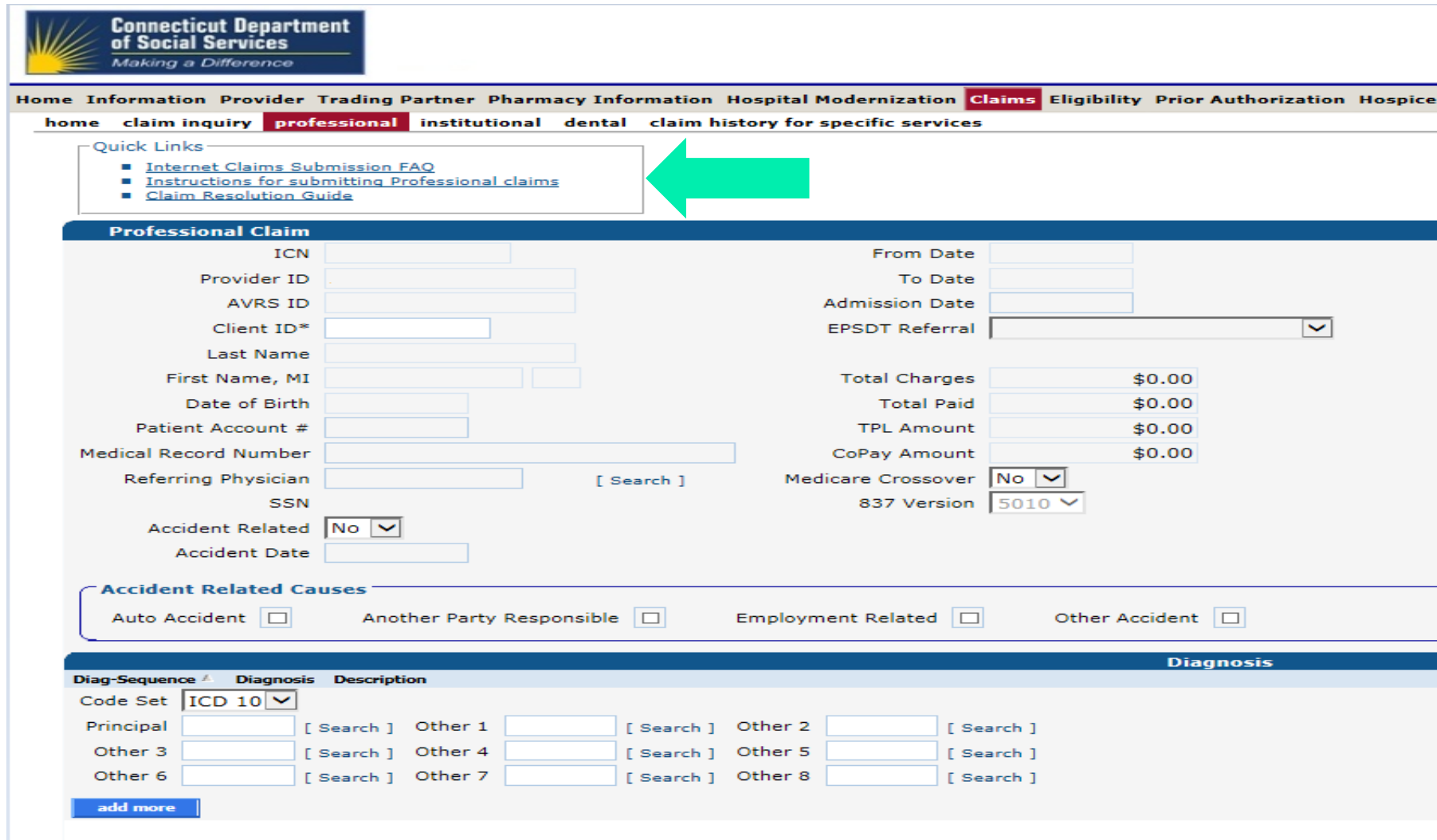


The screenshot shows the top navigation bar of the Connecticut Medical Assistance Program website. The navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, and Hospice. Below the navigation bar, there is a dropdown menu for the 'Claims' link, with 'Professional' selected and highlighted by a red box. Other options in the dropdown include Claim Inquiry, Institutional, Dental, and Claim History for Specific Services. The main content area features a large 'WELCOME' banner and a navigation menu on the left with links for Information and Provider. A disclaimer is visible at the bottom of the page.

Claim types that can be submitted through the secure Web site:

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

Professional Web Claim Submission



Connecticut Department of Social Services
Making a Difference

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

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

Quick Links

- [Internet Claims Submission FAQ](#)
- [Instructions for submitting Professional claims](#)
- [Claim Resolution Guide](#)

Professional Claim

ICN From Date
Provider ID To Date
AVRS ID Admission Date
Client ID* EPSDT Referral
Last Name
First Name, MI
Date of Birth Total Charges \$0.00
Patient Account # Total Paid \$0.00
Medical Record Number TPL Amount \$0.00
Referring Physician [Search] CoPay Amount \$0.00
SSN Medicare Crossover
Accident Related 837 Version
Accident Date

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diagnosis

Diag-Sequence # Diagnosis Description

Code Set

Principal [Search] Other 1 [Search] Other 2 [Search]
Other 3 [Search] Other 4 [Search] Other 5 [Search]
Other 6 [Search] Other 7 [Search] Other 8 [Search]

[add more](#)

The Internet Claims Submission FAQ

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

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

Professional Web Claim Submission

Perform the following steps to easily submit a new claim:

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

A blank claim will appear.

At a minimum, enter data into Client ID field.

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

Professional Web Claim Submission - Diagnosis

You may enter up to twelve (12) diagnosis codes on a Professional claim.
Click the “*add more*” button to enter more than nine codes.

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

Note: Do not enter punctuation in code.

Professional Web Claim Submission - Detail

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

- From DOS
- To DOS
- Procedure Codes
- Units
- Charges
- Diagnosis Indicator/Code Pointer

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

Type data below for new record.

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

delete add

Professional Web Claim Submission - Detail

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

Type data below for new record.

Item	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] <input type="text"/> [Search]	Family Planning	No
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	\$0.00
Units*	1.00	CoPay Amount	\$0.00
Facility Type Code*	<input type="text"/> [Search]	Medicare Paid Date	<input type="text"/>
Charges*	\$0.00	Medicare Calc Allowed Amt	\$0.00
Rendering Physician	<input type="text"/> [Search]	Medicare Paid Amount	\$0.00
SSN	<input type="text"/>	Medicare Deductible Amount	\$0.00
Referring Provider	<input type="text"/> [Search]	Medicare Coinsurance Amount	\$0.00
Ordering Provider	<input type="text"/> [Search]	Diagnosis Code Pointer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		National Drug Code	<input type="text"/>
		NDC Quantity	<input type="text"/> 0
		NDC Unit of Measurement	<input type="text"/>

delete add

Rendering Physician
Referring Provider
Ordering Provider

*These fields may be required depending on the service provided and the billing provider type.

Professional Web Claim Submission - Detail

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

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

Type data below for new record.

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

Professional Web Claim Submission – NDC

To enter additional National Drug Codes (NDCs), click the “add” button within the panel.

A Drug Search tool is available on the www.ctdssmap.com Web site to assist providers to crosswalk the administered NDC to the corresponding HCPCS code. This tool also helps to validate whether the NDC is valid, rebateable and payable on the date of administration. To access the Drug Search tool from the Web site Home page, go to Provider, then Drug Search and enter at least one of the following: **NDC, Drug Name, HCPCS code, or HCPCS Description** in the appropriate field and click the “search” button.

Professional Web Claim Submission – NDC

Determine the correct NDC
Quantity and Unit of Measurement

Example:

- NDC 10599-0003-01
- Unit of Measurement-refer to Dose Strength for reference
- Quantity-refer to Package Size for reference

Additional NDCs (Detail Item 1)
 *** No rows found ***
 Select row above to update -or- click Add button below.

National Drug Code Quantity Unit of Measurement

HCPSC Code for Mometasone furoate sinus implant, (sinuva), 10 micrograms J7402

- 1 HCPSC unit = 10 mcg
- NDC unit = 1350 mcg (dose strength equal to one package size)



Search Results											
NDC	Brand Name	Generic Name		Dose Strength	Dose Form	Package Size	HCPSC	End Date	HUSKY A, C, D, TB and Fam Plan Rebateable	HUSKY B Rebateable	OTC Indicator
10599000301	SINUVA	mometasone furoate NASAL 1350 MCG IMPLAN		1,350 mcg	IMPLANT	1	-	12/31/2299	Y	N	N
10599000301	SINUVA	mometasone furoate NASAL 1350 MCG IMPLAN		1,350 mcg	IMPLANT	1	J7402 - Mometasone sinus sinuva	12/31/2299	Y	N	N

Professional Web Claim Submission - TPL

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

Type data below for new record.

Client Carriers: 060 - BC/BS OF CONNECTICUT

Carrier Code: 060 [Search] Relationship: [Select]

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

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

Date of Birth: [Input]

Paid Amount*: [Input]

Paid Date*: [Input]

Adjustment Reason Code: [Input] [Search] [Input] [Search] [Input] [Search]

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

[delete] [add]

Required fields:
Paid Amount
Paid Date
Adjustment
Reason Code

Professional Web Claim Submission - TPL

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

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

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

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

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

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

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

Routine TPL referrals, which are not urgent or TPL Good Cause-related, may be made to HMS by calling: 1-866-252-0671 , or by secure email to: CTinsurance@gainwelltechnologies.com

Professional Web Claim Submission - TPL

Medicare/Other Insurances 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.

Professional Web Claim Submission – New Claim

Once you hit submit, the claim will process immediately and return with a status of Paid, Denied or Suspended.

*The paid date field will populate when the financial cycle has been completed

The image shows a two-part screenshot of a web form. The top part shows the initial state where the 'Claim Status' is 'Not Submitted yet'. A red box highlights the 'submit' button, and a large green arrow points downwards to the second screenshot. The second screenshot shows the claim after submission, with the 'Claim Status' updated to 'PAID'. The 'Claim ICN' field is highlighted in green. The 'Paid Amount' is \$110.77, and other fields like 'Applied Income', 'Client Contribution', 'Charter Oak Coinsurance', and 'Charter Oak Deductible' are all \$0.00.

Claim Status Information	
Claim Status	Not Submitted yet

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

Professional Web Claim Submission - Adjust

Perform the following steps to adjust a paid claim:

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

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

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

Professional Web Claim Submission - Copy

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



copy claim

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

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

Professional Web Claim Submission - Resubmit

Perform the following steps to easily 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.



re-submit

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.*

Professional Web Claim Submission - Void

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

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

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



Professional Web Claim Submission - Web Claim Adjustment Limitations

Timely Filing

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

Medicare Crossovers

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

Special Handled Claims

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

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

Professional Web Claim Inquiry

What Can I Do With These Claims?

Paid claims allow you to:

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

Denied claims allow you to:

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

Suspended claims allow you to:

- Create a brand-new claim

cancel

adjust

void

copy claim

new claim

re-submit

cancel

new claim

Professional Web Claim Submission - References for Electronic Claim Submission

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

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



EDI Documents

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

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

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

Intermission



National Correct Coding Initiative (NCCI)



National Correct Coding Initiative (NCCI)

Purpose: Ensures correct coding and reduces improper payments

Developed by: CMS (Centers for Medicare & Medicaid Services)

How it works:

- Applies bundling edits to CPT/HCPCS codes
- Prevents duplicate billing or billing for services not typically reported together

Two types of edits:

- **Procedure-to-Procedure (PTP) edits** – prevent incorrect combinations of services
- **Medically Unlikely Edits (MUEs)** – set limits on how many times a service can be reported per patient, per day

Impact: Providers and billers must follow NCCI edits to avoid claim denials or overpayments

National Correct Coding Initiative (NCCI)

Procedure code to procedure code (PTP) edits define pairs of HCPCS/CPT codes that should NOT be reported together on the same date of service for a variety of reasons and prevent reimbursement for both procedures.

Medicaid NCCI PTP edits have a single column 1/column 2 correct coding edit (CCE) file.

A	B	C	D	E	F
Column1/Column 2 Edits					
1	2	3	4	5	6
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date	Modifier 0=not allowed 1=allowed 9=not applicable
1	2	prior to 1996	Date	*=no data	9=not applicable
99215	G0101		19980401	19980401	9

National Correct Coding Initiative (NCCI)

DSS will mirror Medicare’s adoption of MUE edits where services exceeding the medically unlikely units will deny and post Explanation of Benefits (EOB) code 0770 “MUE Units Exceeded.”

Quarterly MUE updates are NOT published on the www.ctdssmap.com Web Site and providers are asked to refer to the CMS MUE tables by clicking on the link below to obtain published quarterly additions, deletions, and revisions.

[The Medicaid National Correct Coding Initiative](#)

The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo is on the left, and navigation links for 'About CMS', 'Newsroom', and 'Data & Research' are on the right. A search icon is also present. Below the header, there is a main navigation menu with categories: Medicare, Medicaid/CHIP, Marketplace & Private Insurance, Priorities, and Training & Education. A breadcrumb trail indicates the current path: Medicare > Coding & billing > NCCI for Medicaid > Medicaid NCCI Edit Files. The main content area features a sidebar on the left with a list of links: 'NCCI for Medicaid', 'Medicaid NCCI Correspondence Language Manual', 'Medicaid NCCI Edit Files' (which is highlighted), 'Medicaid NCCI FAQ Library', 'Medicaid NCCI MUE Archive', and 'Medicaid NCCI Methodologies'. The main content area has a header with an icon of a family and the title 'Medicaid NCCI Edit Files'. Below the title, there is a paragraph explaining that CMS posts updated Medicaid NCCI edit files quarterly. A second paragraph notes that the presence of an HCPCS/CPT code in a PTP edit or a Medically Unlikely Edit (MUE) value does not necessarily indicate coverage. A final 'Note' states that states cannot use these files for processing and paying Medicaid claims and must use the Regional Information Sharing System (RISSNET) portal.

Audits



Audits

An introduction to audit protocols and an overview of the audit process can be found at: portal.ct.gov/dss/quality-assurance/.

Links to audit protocols organized by provider type are located on the lower section of this Web page.

[Alcohol and drug abuse centers audit protocols](#)

[Behavioral Health Clinicians Audit Protocols](#)

[Birth to Three Audit Protocol](#)

[Dental audit protocols](#)

[Department of Developmental Services Waiver audit protocols](#)

[Homecare audit protocols](#)

[Home health audit protocols](#)

[Medical equipment audit protocols](#)

[Outpatient hospital audit protocols](#)

[Pharmacy audit protocols](#)

[Physicians audit protocols](#)

[Transportation audit protocols](#)

[Long Term Care Audit Process](#)

Audits

PB 2025-21

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

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

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

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

The screenshot shows the Connecticut Department of Social Services web portal. At the top, there is a navigation bar with links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, and Trade Files. Below the navigation bar, there is a search bar with a dropdown menu for Transaction Type set to "TPL Crossover Audit Rpt". A search button is highlighted with a red box. Below the search bar, there is a reminder section titled "REMINDER: DOWNLOAD WEB FILE RETENTION" with a list of file types and their retention periods. The reminder text is as follows:

Web file retention periods vary based on the type of file being downloaded.

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

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

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

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

File Name	Original File Name	Transaction Type	Date Available	Date Downloaded
2435198_0_5041261A_TPLAUDITBATCH_0_004236148.txt	TPLX_004236148.txt	TPL Crossover Audit Rpt	03/28/2025	

The screenshot shows the Connecticut Department of Social Services web portal. At the top, there is a navigation bar with links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, and Trade Files. Below the navigation bar, there is a search bar with a dropdown menu for Transaction Type set to "TPL Audit Report". A search button is highlighted with a red box. Below the search bar, there is a reminder section titled "REMINDER: DOWNLOAD WEB FILE RETENTION" with a list of file types and their retention periods. The reminder text is as follows:

Web file retention periods vary based on the type of file being downloaded.

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

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

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

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

File Name	Original File Name	Transaction Type	Date Available	Date Downloaded
2435211_0_28E7A327_TPLAUDITBATCH_0_002078807.txt	TPL_AUDIT_002078807.txt	TPL Audit Report	03/28/2025	

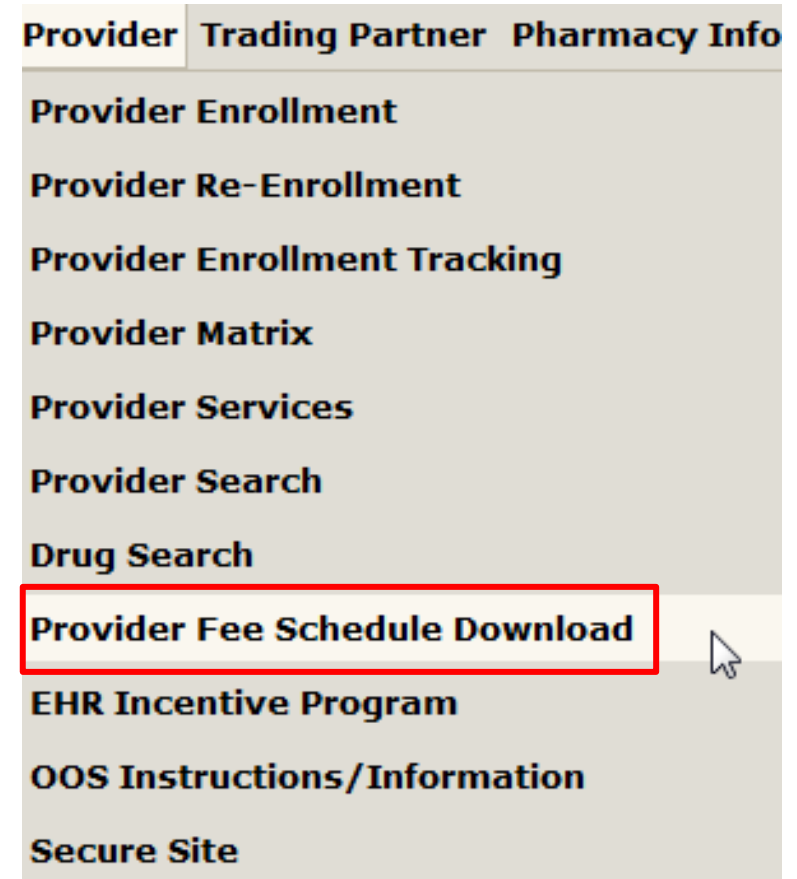
Fee Schedules



Fee Schedules

Fee Schedules are available for download from the CMAP Web Site and are based on the provider type you are enrolled as.

- 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



Fee Schedules

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modern
home provider enrollment provider re-enrollment provider enrollment tracking
provider fee schedule download oos instructions/information fingerprint criminal

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

Provider Fee Schedule Download

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

- Listed by provider type and specialty
- Click the corresponding link to download the appropriate fee schedule
- The **Fee Schedule Instructions** link can be found above the list of fee schedules, providing additional information on fee schedules, rate types, and diagnosis code requirements.

Fee Schedules

Example of the Physician Surgical fee schedule:

Procedure Code	Proc description	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA	Surgery
37192	Redo endovas vena cava filtr		FTS	228.37	10/1/2014	12/31/2299		
37192	Redo endovas vena cava filtr		SUR	1134.5	1/1/2012	12/31/2299		
37193	Rem endovas vena cava filter		FTS	228.15	10/1/2014	12/31/2299		
37193	Rem endovas vena cava filter		SUR	1082.36	1/1/2012	12/31/2299		
37195	Thrombolytic therapy stroke		SUR	195.86	1/1/2008	12/31/2299		#
37197	Remove intrvas foreign body		FTS	186.68	10/1/2014	12/31/2299		
37197	Remove intrvas foreign body		SUR	788.05	1/1/2013	12/31/2299		

Rate Types:

- **SUR** – Surgical Rate
- **FTS** – Facility Surgical Rate (For POS 19, 21-25, 31 or 32)

Fee Schedules

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; 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 (for dates of service through 12/31/2018); 99202-99215; 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 (97010-97039; 97110-97150; 97530-97537; 97542-97546; and 92507-92508)			
87800; 88302; 88304; 88305; 88307; 90649; 90650; 90651; 96372; 99070; 99144; 99145; 99202-99205; 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			
HUSKY B does not cover the following codes: 90880; 90901; 90911; 93784 93786; 93788; 93790; 97810-97814; 99450; 99455; 99456; A4264			

Enhanced Rates



Person-Centered Medical Home (PCMH)

The Department of Social Services introduced an initiative in 2012 for practices and clinics that demonstrate an innovative model of care focusing on the person rather than the medical condition.

- **Program Participation** - To be eligible to apply and qualify for PCMH status, a practice must be enrolled in the CMAP under one of the following designations, Independent physician group, or solo practice; Hospital outpatient clinic.
- **Program Payment** – Physician practices and Hospital outpatient clinics are eligible for higher level reimbursement for primary care services and performance-based payments.

Please visit [CT DSS Person-Centered Medical Home](#) for additional information.

HUSKY Health Primary Care Increased Payments Policy

Certain primary care providers are eligible to receive increased Medicaid payments for primary care services provided to Medicaid-eligible individuals.

To qualify, the primary care physician must attest either that: He or she is board certified in a designated specialty or subspecialty; or he or she practices primary care and 60% of billed Medicaid codes are comprised of qualifying Evaluation and Management (E&M) and vaccine administration codes.

Please visit [HUSKY Health Primary Care Increased Payments](#) for additional information.

Person-Centered Medical Home (PCMH)

For more resources on the Person-Centered Medical Home (PCMH) program, please visit the links below or by visiting www.ctdssmap.com , clicking the **Information** tab, clicking **Publications** and scroll down until you see the panel below:

Person-Centered Medical Home (PCMH)

- PCMH Billing Instructions
 - [Physician, Nurse Practitioner and Physician Assistants PCMH Billing Instructions](#)
 - [Outpatient PCMH Billing Instructions](#)
 - [FQHC PCMH Billing Instructions](#)
 - [Primary Care Clinics PCMH Billing Instructions](#)
- [PCMH Quality Performance Measures 2015](#)
- [PCMH Quality Performance Measures 2016](#)
- [PCMH Performance-Based Payment Program](#)

For additional information on the PCMH program, select the link below.

- [Additional PCMH Program Information](#)

Husky Health CT and CHNCT also have their own dedicated page to all things related to the PCMH program, please visit www.huskyhealthct.org for more information.



The screenshot shows the Husky Health Provider Website. At the top, there are navigation links for "Provider Home" and "Member Home". The main header includes the "HUSKY HEALTH CONNECTICUT" logo, a search bar, a "PROVIDER LOGIN" button, and the "Community Health Network of Connecticut, Inc." logo. A secondary navigation bar contains links for "Find a Doctor", "Condition Management Resources", "Prior Authorization", "Medical Management", "Person-Centered Medical Home", and "Reports & Resources". Below this is a large image of a diverse group of healthcare professionals smiling.

The Connecticut Department of Social Services (DSS) Person-Centered Medical Home (PCMH)

The Connecticut Department of Social Services (DSS) Person-Centered Medical Home (PCMH) program is based on the National Committee for

What makes Connecticut's Person-Centered Medical Home Program Unique?

What's New in 2025?



What's New?

[New Coverage of Certified Doulas](#)

Beginning 1/1/2025, DSS added fee-for-service (FFS) coverage for services performed by doulas that are not considered part of the DSS' Maternity Bundle.

[PB 25-14](#)

[Maternity Bundle FAQ](#)

We have since created a constantly updated billing and claims FAQ for Maternity Bundle providers.

[FAQ](#)

[Medical Nutrition Therapy Services](#)

Beginning 7/1/2025, DSS added coverage and reimbursement for MNT services for specific diagnosis codes, when rendered by a certified and enrolled dietitian-nutritionist under the CMAP program.

[PB 25-18](#)

What's New?

Changes to PA process for Medical Goods and Therapy Services

Effective 7/1/2025, CHN implemented changes for all PA requests submitted via the HUSKY Health Medical Authorization Portal.

[PB 25-28](#)

[PB 25-38](#)

Autism Spectrum Disorder Services Updates

Effective 7/1/2025, the Department has updated some guidelines for Autism Spectrum Disorder providers.

[PB 25-30](#)

HUSKY B Allowance Updates

Effective 7/1/2025, DSS has discontinued the \$100 allowance for eyeglasses and \$1,000 allowance for hearing aids. The reimbursement received by DSS will be considered payment in full.

[PB 25-36](#)

What's New?

Updated Diagnosis Requirement for GLP-1 Agonist Medications/2 New Covered Weight Loss Drugs

Effective 7/1/2025, DSS will cover 2 FDA-approved oral medications for weight loss through the pharmacy benefit for HUSKY A, B, C, and D.

DSS also extended the coverage for members who were prescribed GLP-1 medications for indications other than Type 2 diabetes.

[PB 25-31](#)

Zepbound for Treatment of Obstructive Sleep Apnea

Effective 7/1/2025, DSS will reimburse for new Zepbound prescriptions for the treatment of obstructive sleep apnea in adults 18 and older.

[PB 25-32](#)

Revised Billing Guidelines for Non-Adjunctive CGMs and Adjunctive Non-Implanted CGMs

Effective 9/1/2025, DSS is updating the MEDS Pricing Policy for Continuous Glucose Monitoring (CGM) systems by adding a third pricing tier for 100% of the Medicare fee schedule.

[PB 25-39](#)

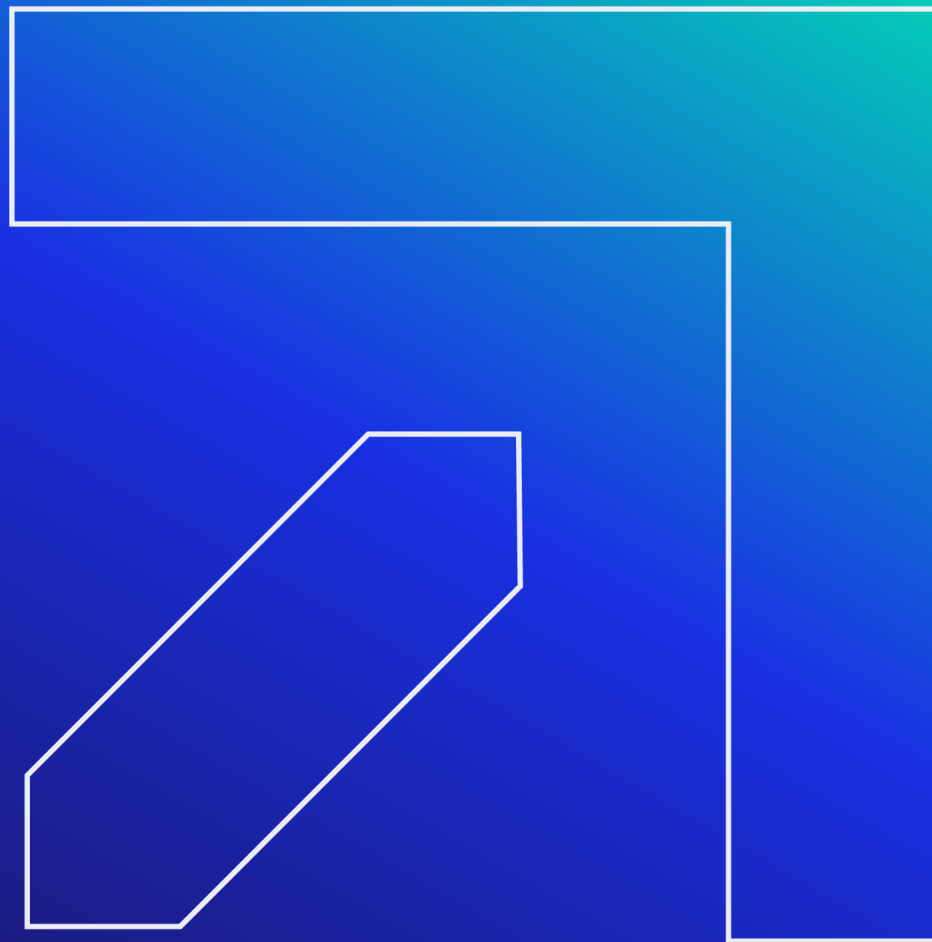
What's New?

New Service for ASD providers

Beginning 7/1/2025, DSS added Procedure codes 97156, 97156 (U2), and T1016. These codes cover case management and parent training services.

[PB 25-30](#)

Information & Publications



Information – 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 – 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 BH Clinics and ECCs - Children's Mental Health Urgent Crisis Centers: ACTION REQUIRED - Children's Mental Health Urgent Crisis Centers Certification Letter Upload Instructions and Billing Reminder \(Posted 7/31/25\)](#)

[Attention Outpatient Hospitals: CMAP Addendum B Updated \(July 1, 2025\) \(Posted 7/31/25\)](#)

[Attention Home Health Agencies and Access Agencies providing In-Home Services and Supports to Medicaid Members: Important Reminder for Recipients of the In-Home Safety Enhancements Awards \(Posted 7/22/25\)](#)

[Attention Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse-Midwives, Medical Clinics and Federally Qualified Health Centers: REMINDER: Connecticut Medical Assistance Program \(CMAP\) Coverage of Behavioral Health Screenings in Primary Care \(Posted 7/21/25\)](#)

[Attention Select Providers: Important Update Regarding Eligibility for Value Based Outcome Payments \(Posted 7/18/25\)](#)

[Hospital Monthly Important Message \(Posted 7/17/25\)](#)

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

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

Information – 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 – Training Invitations & Previous Workshops

- 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

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

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.

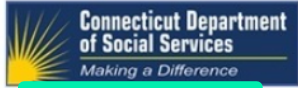
New Subscriber

E-Mail
Confirm E-Mail

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 Manuals



Home **Information** Provider Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit V
 ome **publications** link 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, under Bulletin Search.

Information - 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

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 - E-Delivery

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

Connecticut Department of Social Services
Making a Difference

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

home **download** upload claim level detail

File Download Search

Transaction Type

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

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

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

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

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

Current Files Available for Download

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

Information - Telehealth



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



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

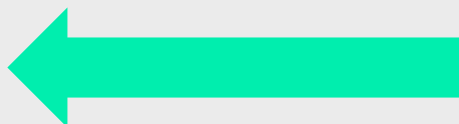
Telehealth Overview

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

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

[CMAP Telehealth Table](#)

[Telehealth FAQ](#)



Important Messages - Telehealth

No articles have been uploaded in this section.

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Helpful Information & Publications

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

Contact Us

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

Email Subscription

- [Register/Update Email Subscription](#)

References & Contacts



References

CTDSSMAP Web Site/Secure Web Portal:

www.ctdssmap.com

Provider Manual:

Chapter 8: Provider Specific Claim Submission Instructions

Chapter 10: Web Portal/AVRS

Chapter 11: Other Insurance and Medicare Billing Guides

Chapter 12: Claim Resolution Guide

[CT DSS Web Site](#)

[CHN](#)

[Internet Claims FAQ](#)

[Eligibility Response Quick Reference Guide](#)

[Enrollment FAQ](#)

[Provider Matrix](#)

[NCCI for Medicaid](#)

[TPL Audit Letter&Report Information](#)

Contacts

Gainwell Technologies Provider Assistance Center (PAC)

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

Thank you



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