



TO: Family Planning Clinics, School Based Health Clinics and Medical Clinics

RE: Updated Performing Provider Requirements for Select Clinic Providers

This provider bulletin supersedes PB 18-56 “Performing Provider Requirements for Select Clinic Providers.” The purpose of this communication is to: 1) clarify submission requirements for services provided by a non-licensed non-certified provider under the supervision of a licensed and actively enrolled physician in the Connecticut Medical Assistance Program (CMAP), and 2) add additional information in the “Claims Submission Requirements” section.

Effective for date of service November 1, 2018 and forward, the Department of Social Services (DSS) is implementing system changes that will require all performing providers employed by or contracted with Family Planning Clinics, School Based Health Center Clinics and Medical Clinic providers who render services to HUSKY Health clients to (1) be enrolled in the Connecticut Medical Assistance Program (CMAP) and (2) to be associated to that Clinic for the claim date of service.

DSS will require **all** claims to be submitted with a performing provider’s National Provider Identifier (NPI). This change will be effective for claims with dates of service **November 1, 2018 and forward**. This is a new requirement. Currently, claims do not deny for the omission of the performing provider’s NPI on Clinic claims.

There will be a post and pay period for claims submitted with dates of service on or after **August 13, 2018 through October 31, 2018** for the following Explanation of Benefits (EOB) code(s):

1007 – The Performing Provider is Not on File

1008 – Performing Provider Must Have an Individual Number

This post and pay period will allow claims to bypass edits that would normally cause claims to deny if the performer’s NPI is missing or invalid or not associated to the clinic’s NPI. Providers may refer to their Remittance Advice (RA) to reference claims that may have been impacted by one of the post and pay EOB codes. Providers are encouraged to use the post and pay timeframe to ensure that all your performing providers are enrolled with the CMAP and that they have been associated to the Clinic’s NPI.

(1) Non-enrolled Performing Providers:

If the performing provider is not already actively enrolled in CMAP, effective immediately, providers may begin using the DXC Technology Provider Enrollment Wizard located at www.ctdssmap.com to enroll. From the Home page, go to “Provider”, then “Provider Enrollment”. Using the Enrollment Wizard, each provider not currently enrolled must choose to be enrolled as an “Individual practitioner” or “Employed/Contracted by an organization”. “Individual practitioners”, as well as all “Employed/Contracted by an organization” providers will need to complete the “Members of Organization Panel” during the enrollment process in order to associate themselves with the Clinic(s) that they are a member of.

(2) Enrolled Performing Providers:

Providers that are enrolled in CMAP but **are not currently active** must contact the Provider Assistance Center to request a re-enrollment

Application Tracking Number (ATN) to initiate the application process. Enrolled providers must then follow the same steps as noted above for non-enrolled performing providers but must select “Provider”, then “Provider Re-enrollment”.

After Completing the Online Enrollment/Re-enrollment Wizard:

- An Application Tracking Number (ATN) is provided when the application has been completed. This number should be noted for tracking the application.
- Some providers may be required to provide additional documentation after submission of their application. A list of any required additional documentation can be found on the Web site www.ctdssmap.com. From the Home page, go to “Provider” then “Provider Matrix” and scroll down to “Follow on Document Requirement by Provider Type and Specialty”. Select this link to review required follow on document requirements for your provider type/specialty.
- The ATN should be written in the upper right hand corner on EACH document sent to DXC Technology.

Online Enrollment/Re-enrollment Status:

Providers may review the status of their ATN via the www.ctdssmap.com Web site. From the Home page, go to “Provider” then “Provider Enrollment Tracking”, enter the ATN and last name of the provider. A provider’s application is complete when their status displays “Enrollment Completed” or “Re-enrollment Completed”.

(3) Associating Performing Providers to Clinic Organization:

For organization members that are already enrolled, Clinics with the aforementioned specialties will be required to review the members of their organization and associate

them with the Clinic’s organization. The organization provider can use the “Maintain Organization Members” panel to view, separate or add members to their organization once logged in to their secure Web portal; these functions are only allowed and can be performed by the organizations local administrator (also commonly referred to as a master user). It is the organizations responsibility to maintain proper member associations within their organization.

Provider Re-enrollment Period:

Once a provider is successfully enrolled, providers will periodically be required to re-enroll. Providers will receive a notification from DXC Technology six (6) months in advance of their re-enrollment due date. It is imperative that providers successfully complete their re-enrollment application via the DXC Technology Provider Re-enrollment Wizard located at www.ctdssmap.com to re-enroll prior to the provider’s “re-enrollment due date” on the re-enrollment due notice to avoid disenrollment from the Medicaid program.

Claim Submission Requirements:

As a reminder, effective with dates of service November 1, 2018 and forward, claims will no longer post and pay; instead, they will deny if a valid performing provider’s NPI is not present on the claim. Clinic claims that do not include a valid performing provider’s NPI number will begin to receive claim denials. These claims may begin to deny with the following Explanation of Benefit (EOB) code(s).

0231 – Performing Provider is Missing

1007 – The Performing Provider is Not on File

1008 – Performing Provider Must Have an Individual Number

1010 – Performing Provider is Not a Member of the Billing Provider Group

1011 – Performing Provider Number Not a Valid Format

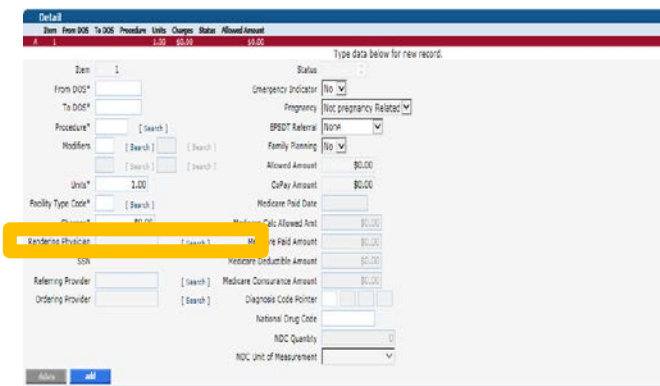
Providers may enter the NPI in the following sections for electronic claims:

837P – Health Care Claim Professional

- NPI Segment ID = NM109
- NPI Loop ID = 2420
- Qualifier = 82

Internet Web site at www.ctdssmap.com

clinical notes needs to match the NPI on the claim. If the supervisor is on vacation, then whoever is assigned to oversee the student/non-licensed practitioner will need to have their NPI submitted on the claim for services rendered by the student/non-licensed practitioner while the supervisor is on vacation. In the absence of the supervisor, the person overseeing the non-licensed provider will also need to be an enrolled CMAP provider that is associated to the clinic.



Additional Resources:

Providers may refer to Chapter 10 – Web/Portal AVRS of the Provider Manual for step-by-step instructions on Web portal enrollment and/or instructions on associating performing providers to an organization.

Non-Licensed Non-Certified Providers Rendering Services in a School Based Health Clinic or Medical Clinic:

For organization members that are not licensed/certified but are under the personal supervision of a licensed and enrolled CMAP behavioral health clinician or physician operating within their scope of practice, DSS will require the claims to be submitted with a supervising provider’s National Provider Identifier (NPI) as the performing provider as directed in the claims submission requirements section listed above. “Under the Supervision” means the physician or behavioral health clinician operating within their scope of practice shall assume professional responsibility for the service performed by the non-licensed provider performing the actual services. The Supervisor’s co-signature on the

Questions:

If further assistance is required with an enrollment or ATN status on the Web site, please contact the Provider Assistance Center at: 1-800-842-8440, select option 2 for claim and enrollment assistance and then option 2 again for provider enrollment.



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