TO: Autism Specialty Groups

RE: Performing Providers Required for Autism Specialist Groups

Effective for dates of service **June 1, 2020** and forward, the Department of Social Services (DSS) is implementing system changes that will require all Board Certified Behavioral Analysts (BCBA) employed by or contracted with an Autism Specialist Group who render services to HUSKY Health members to be (1) enrolled in the Connecticut Medical Assistance Program (CMAP); and (2) associated to that group 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 **June 1, 2020 and forward**. This is a new requirement. Currently, claims do not deny for omission of the performing provider's NPI on professional claims.

There will be a post and pay period for claims submitted with dates of service on or after **March 9, 2020 through May 31, 2020** 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

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 also encouraged to check claims on the Web portal to use the post and pay timeframe to ensure that all their BCBA providers are enrolled with the Connecticut Medical Assistance Program (CMAP) and that they have been associated to the Autism Specialist Group's NPI.

This post and pay period will allow claims to bypass system edits that would normally cause claims to deny for the following EOB code(s):

0231 – Performing Provider is Missing

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

(1) Non-enrolled Performing Providers:

If the performing provider is not already actively enrolled in CMAP, effective immediately, BCBA providers may use 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" and select the provider type "Autism Specialist." "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 Autism Specialist group(s) for which they are a member.

(2) Enrolled Performing Providers:

Providers who are enrolled in CMAP but **are not currently active** must contact the Provider Assistance Center (PAC) to request a re-enrollment Application Tracking Number (ATN) in order to initiate the application process. Enrolled providers must then follow the same steps as noted above for non-enrolled performing providers but must select

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

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"Provider", then "Provider Re-enrollment" from the www.ctdssmap.com Home page.

Providers who are currently actively enrolled in CMAP do not need to enroll/re-enroll but <u>do</u> need to be associated to an Autism Specialist group by the group as directed in (3) Associating Performing Providers (BCBAs) to an Autism Specialist group below.

After Completing the Online Enrollment/Re-enrollment Wizard:
- An ATN is provided when the application has been completed. This number should be noted for tracking the application.
- BCBA providers are 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 documents for Autism Specialist.
- 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 Autism Specialist Groups:

For organization members who are already actively enrolled, Autism Specialist groups will be required to review the members of their organization and associate them with their Autism Specialist group. 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 organization's local administrator (also commonly referred to as a master user). It is the organization's responsibility to maintain proper member associations within their organization.

Technicians:

"Technician" means an individual who provides direct Autism Spectrum Disorder (ASD) treatment services under the supervision of a licensed practitioner or BCBA in accordance with section 17b-262-1058 of the Regulations of Connecticut State Agencies. Technicians cannot enroll in Medicaid; in this instance, the supervising licensed practitioner or BCBA should be enrolled in Medicaid and the Autism Specialist group is required to bill with the BCBA provider as the performing provider.

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 respond by date" on the re-enrollment due notice to avoid dis-enrollment as a CMAP provider.

Individual providers can view their re-enrollment due date on the home page on the www.ctdssmap.com secure site, if they have created a Secure Web portal account.

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Organization providers can view their re-enrollment due date, as well as the re-enrollment due date of their members, by accessing the "Maintain Organization Members" panel.

Claim Submission Requirements:

As a reminder, effective with dates of service **June 1, 2020** 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 and/or the performing provider is not associated as a member of the billing provider group. These claims will deny with the following EOB code(s).

0231 – Performing Provider is Missing

1007 – The Performing Provider is Not on File

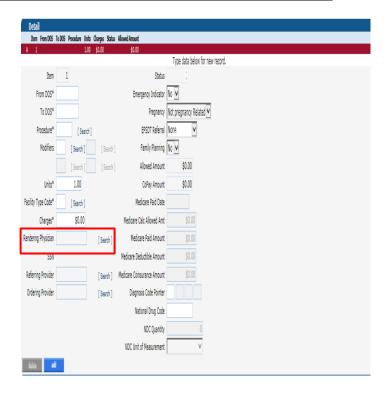1008 – Performing Provider Must Have an Individual Number

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

Providers may enter the Performing Provider's NPI in the following sections for electronic claims:

837P – Health Care Claim Professional
- NPI Segment ID = NM109
- NPI Loop ID = 2420A

Web claim submission www.ctdssmap.com

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.

Providers may refer to Chapter 7 – Specific Policy / Regulation and select "Autism Spectrum Disorder" in the drop-down box for specific policies and regulations pertaining to Autism Spectrum Disorder services.

Questions:

If further assistance is required with an enrollment, re-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.