



**TO: Medical & Tribal Services Medical Federally Qualified Health Centers (FQHCs)**

**RE: Performing Providers Required for Select Federally Qualified Health Centers (FQHCs)**

Effective for dates of service **July 1, 2019** and forward, the Department of Social Services (DSS) is implementing system changes that will require all performing providers employed by or contracted with Medical & Tribal Services Medical Federally Qualified Health Centers (FQHCs) who render services to HUSKY Health members to (1) be enrolled in the Connecticut Medical Assistance Program (CMAP) and (2) to be associated to that FQHC for the claim date of service. This includes the following types of providers who may render services in the FQHC: advanced practice registered nurses (APRNs), nurse midwives, physicians, physician assistants, podiatrists, optometrists, physical, occupational, speech and audiologist therapists.

**For claims with dates of service July 1, 2019 and forward, DSS will require all claims to be submitted with a performing provider's National Provider Identifier (NPI). This is a new requirement. Currently, claims do not deny for the omission of the performing provider's NPI on Medical FQHC's claims. In addition, claims will deny if the performing provider is not associated to the billing FQHC.**

There will be a post and pay period for claims submitted with dates of service on or after **May 1, 2019 through June 30, 2019** 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 encouraged to use the post and pay timeframe to ensure that all their performing providers are enrolled with CMAP and that they have been associated to the FQHC'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
- 1011 – Performing Provider Number Not a Valid Format
- 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, providers may begin using the DXC Technology Provider Enrollment Wizard located at [www.ctdssmap.com](http://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 FQHC(s) for which they are a member.



**(2) Enrolled Performing Providers:**

Providers who have previously been enrolled in CMAP but **are not currently active** must contact the Provider Assistance Center 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 “Provider”, then “Provider Re-enrollment” from the [www.ctdssmap.com](http://www.ctdssmap.com) Home page.

Providers who are currently enrolled as an ordering /prescribing/referring (OPR) provider only must also contact the Provider Assistance Center to request a re-enrollment 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 “Provider”, then “Provider Re-enrollment” from the [www.ctdssmap.com](http://www.ctdssmap.com) Home page. To verify if the provider is enrolled as an OPR provider only, the FQHC can sign onto the secure site and click on the ACA Ordering / Prescribing / Referring Provider List under Quick Links on their account home page.

Providers who **are currently actively enrolled** in CMAP do not need to enroll/re-enroll but do need to associate to the FQHC as directed in (3) Associating Performing Providers to FQHC Organization 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.
- 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](http://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 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](http://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 FQHC Organization:**

For organization members who are already actively enrolled, FQHCs with the aforementioned specialties will be required to review the members of their organization and associate them with the FQHC’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 to 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.

**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](http://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 program.

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

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 July 1, 2019 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 to the FQHC. FQHC 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 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 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](http://www.ctdssmap.com)*

The screenshot shows a web form for claim submission. At the top, there is a table with columns: Item, From DOS, To DOS, Procedure, Units, Charges, Status, Allowed Amount. Below the table, there are various input fields for claim details. The 'Rendering Physician' field is highlighted with a red box. Other fields include 'From DOS', 'To DOS', 'Procedure', 'Modifiers', 'Units', 'Facility Type Code', 'Chargemaster', 'Emergency Indicator', 'Prepregnancy', 'EPSTD Referral', 'Family Planning', 'Allowed Amount', 'CoPay Amount', 'Medicare Paid Date', 'Medicare Calc Allowed Amt', 'Medicare Paid Amount', 'Medicare Deductible Amount', 'Medicare Coinsurance Amount', 'Diagnosis Code Pointer', 'National Drug Code', 'NDC Quantity', and 'NDC Unit of Measurement'. There are also search buttons for several fields.

**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.

**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](http://www.ctdssmap.com)