

# Affordable Care Act (ACA) Requirements Frequently Asked Questions

---

## Contents

Q: What are the Ordering/Prescribing/Referring Medicaid provider enrollment requirements as a result of the Affordable Care Act (ACA)? .....	2
Q: How do I determine whether or not I am currently enrolled in the Medicaid program?.....	2
Q: How do I determine if a provider who has submitted an order or referred a client to my office, or who has prescribed a medication is currently enrolled in the Medicaid program? .....	2
Q: I occasionally volunteer my services in a clinic or hospital; do I need to enroll in the Medicaid program? .....	3
Q: I recently enrolled with the Department of Consumer Protection; does this satisfy the OPR requirement of the Medicaid program? .....	3
Q: I do not want to become a provider in the Medicaid program, but I am willing to order, prescribe or refer Medicaid clients on an occasional basis. What do I have to do? .....	3
Q: I do not want to enroll as a billing, performing, or an ordering/prescribing/referring (OPR) provider. What other options are available for me or my clients? .....	3
Q: What are my options for enrolling as an individual provider? .....	4
Q: What provider specialties can enroll as an ordering/prescribing/referring (OPR) provider? .....	4
Q: I am contracted by an organization, such as a hospital or clinic, which pays me directly for my services. Can I enroll as an Ordering/Prescribing/Referring provider? .....	4
Q: I wish to be enrolled as an Ordering/Prescribing/Referring (OPR) provider; where do I go to enroll in the Medicaid program? .....	4
Q: I would consider enrolling in the Medicaid program so that I can order, prescribe, or refer services, but am concerned about being obligated to serve additional Medicaid clients, and also don't want to be listed as a provider with the Medicaid program. How can these concerns be addressed? .....	5
Q: If I want to change my status in the future from an ordering/prescribing/referring (OPR) provider to a billing or performing provider, what do I need to do?.....	5
Q: I am currently enrolled as an Ordering/Prescribing/Referring (OPR) provider; can I join a group/organization or become an individual billing provider? .....	5
Q: Where can I find more information on the enrollment process? .....	6

## Affordable Care Act (ACA) Requirements Frequently Asked Questions

---

**Q: What are the Ordering/Prescribing/Referring Medicaid provider enrollment requirements as a result of the Affordable Care Act (ACA)?**

**A:** Sections 6401 and 6501 of the Affordable Care Act mandate that ordering/prescribing/referring (OPR) providers who render services to clients enrolled in the Connecticut Medical Assistance Program (CMAP) be enrolled in the CMAP program. This mandate ensures that each provider who orders or prescribes or refers services for a Medicaid client is properly screened. Screening includes validating that the provider has not been sanctioned by the Office of Inspector General. To enforce this mandate, claims submitted that contain an ordering or prescribing or referring provider who has not enrolled in the State's Medicaid program must be denied.

**Q: How do I determine whether or not I am currently enrolled in the Medicaid program?**

**A:** If you are unsure of your enrollment status with the CT Medicaid program, please contact the Provider Assistance Center at 1-800-842-8440 and a call center representative will be able to assist you. You will need to provide your NPI; enrollment status cannot be determined with a tax ID or Social Security Number.

**Q: How do I determine if a provider who has submitted an order or referred a client to my office, or who has prescribed a medication is currently enrolled in the Medicaid program?**

**A:** The Department of Social Services (DSS) has made a list available of enrolled providers who are eligible to order services on behalf of CMAP clients, or who may make referrals for such clients. Included in this list are providers who are currently in the process of enrolling in CMAP. The list is being made available to assist billing providers with verifying providers' CMAP enrollment status relative to the OPR requirement. This list will be refreshed each week and it is located on the Home page of the provider's secure Web site at [www.ctdssmap.com](http://www.ctdssmap.com). Once logged on to the secure site, the link to the list is in the upper right corner under Quick Links.

Providers on this list with an **enrollment status of Application in process-not yet enrolled** have submitted an enrollment application to CMAP but are not yet approved to order or refer services for HUSKY clients. Once the provider has been approved, their contract status will change and their contract effective dates will be posted. Please note that contract effective dates are often approved dating back six months or more. If the application is denied, the provider will be removed from this list. As a reminder, OPR claim edits are bypassed on *pharmacy* claims for prescribers with pending applications; claims for other services require the ordering/referring provider to be actively enrolled. Pending enrollment status for other services indicates that it is *likely* (not guaranteed) that the provider will be approved for enrollment. Thus, claims for the services where the provider is pending approval

## Affordable Care Act (ACA) Requirements Frequently Asked Questions

---

should not deny based on OPR edits provided they are submitted *after* the provider is approved and the enrollment effective date is prior or equal to the date of service.

**Q: I occasionally volunteer my services in a clinic or hospital; do I need to enroll in the Medicaid program?**

**A:** Yes. If you order, prescribe, and/or refer services for a Medicaid client, you must be enrolled in the Connecticut Medical Assistance Program (CMAP). If you are not enrolled, any claims in which you are listed as the ordering, prescribing or referring provider will be denied. If medication was prescribed, the pharmacy claim will be denied and the client will be unable to obtain his/her medication. To submit an enrollment application, please go to [www.ctdssmap.com](http://www.ctdssmap.com), select Provider from the menu bar and click on Provider Enrollment. You will then select *Ordering/Prescribing/Referring provider only* in the Participation Type panel. You will need to provide information such as provider type, specialty and taxonomy, NPI, etc. The application process typically takes no more than 10 minutes to complete. For more information, please refer to Chapter 3 of the Provider Manual located under the Information, then Publications option on the main bar at [www.ctdssmap.com](http://www.ctdssmap.com). Please note: enrollment in the Medicaid program for this purpose in no way obligates providers to serve Medicaid clients in other settings.

**Q: I recently enrolled with the Department of Consumer Protection; does this satisfy the OPR requirement of the Medicaid program?**

**A:** No. You must complete and submit a CT Medicaid enrollment application in order to receive payment for services, or to order/prescribe/refer services.

**Q: I do not want to become a provider in the Medicaid program, but I am willing to order, prescribe or refer Medicaid clients on an occasional basis. What do I have to do?**

**A:** A provider must be enrolled as an Ordering/Prescribing/Referring (OPR) provider in order to order, prescribe or refer services for a Medicaid client. If you choose to enroll as an OPR provider, you will not be listed on the Medicaid program provider directory. In addition, enrolling as an OPR provider does not obligate providers to serve a specified or additional number of Medicaid clients.

**Q: I do not want to enroll as a billing, performing, or an ordering/prescribing/referring (OPR) provider. What other options are available for me or my clients?**

**A:** If you do not wish to participate in the Connecticut Medical Assistance Program (CMAP), then you are not eligible to receive payment for services rendered to Medicaid clients. In addition, any claims in which you are listed as the ordering, prescribing or referring provider will be denied and may prevent Medicaid clients from receiving services and/or medications. You must advise your clients they need to contact Community Health Network at 1-800-859-9889 or visit [http://www.huskyhealthct.org/provider\\_lookup.html](http://www.huskyhealthct.org/provider_lookup.html) for assistance in finding a provider that is currently accepting new Medicaid clients.

## Affordable Care Act (ACA) Requirements Frequently Asked Questions

---

### **Q: What are my options for enrolling as an individual provider?**

**A:** The three (3) types, or participation types, from which an individual provider may select are as follows:

- **Individual practitioner:** An individual practitioner provider is a single individual who is considered the biller and performer of service. An example would include a single physician office practice. Reimbursement will be made directly to the individual practitioner.
- **Employed/Contracted by an organization:** A member of an organization such as a provider group, clinic, hospital outpatient clinic or FQHC would be a performing provider. The organization would bill for the services provided by the member/performer of the organization. Reimbursement will be made directly to the organization. Important: The organization and each member of the organization must enroll/re-enroll.
- **Ordering/Prescribing/Referring provider only:** An individual provider who wishes to participate solely as an ordering or prescribing or referring provider who does not intend to bill or receive payment directly from the Connecticut Medical Assistance Program.

### **Q: What provider specialties can enroll as an ordering/prescribing/referring (OPR) provider?**

**A:** All provider types and specialties that are licensed and that are currently eligible to enroll in the Connecticut Medical Assistance Program may enroll as an OPR provider. For a complete list of provider types/specialties and taxonomies that are eligible to enroll/re-enroll please refer to the Type/Specialty/Taxonomy Crosswalk located at [www.ctdssmap.com](http://www.ctdssmap.com). Click on the Information tab and then select Publications from the drop down menu. You can locate this document by scrolling down to the "Provider Enrollment/Maintenance Forms" section.

### **Q: I am contracted by an organization, such as a hospital or clinic, which pays me directly for my services. Can I enroll as an Ordering/Prescribing/Referring provider?**

**A:** No. Providers that receive payment for services rendered to Medicaid clients (either directly or through their employer) cannot be enrolled as an OPR. The OPR participation type is strictly for providers who do not wish to receive payment for services rendered. You may, however, enroll as an Employed/Contracted by Organization provider. As an enrolled provider, you may also order, prescribe, or refer for Medicaid clients.

### **Q: I wish to be enrolled as an Ordering/Prescribing/Referring (OPR) provider; where do I go to enroll in the Medicaid program?**

**A:** To enroll in the Medicaid program please go to the Web Wizard located at [www.ctdssmap.com](http://www.ctdssmap.com). Once at the Web site, click on the menu bar's Provider tab and then click on Provider Enrollment. The Web Wizard will walk you through a step-by-step enrollment process for completing the application.

## Affordable Care Act (ACA) Requirements Frequently Asked Questions

---

For more information, please refer to Chapter 3 of the Provider Manual located under the Information, then Publications option on the main menu bar at [www.ctdssmap.com](http://www.ctdssmap.com).

**Q: I would consider enrolling in the Medicaid program so that I can order, prescribe, or refer services, but am concerned about being obligated to serve additional Medicaid clients, and also don't want to be listed as a provider with the Medicaid program. How can these concerns be addressed?**

**A:** OPR enrollment is limited; there is no obligation to serve additional clients. In addition, if you are enrolled as an OPR provider you will not be listed on the Medicaid program provider directory.

**Q: If I want to change my status in the future from an ordering/prescribing/referring (OPR) provider to a billing or performing provider, what do I need to do?**

**A:** To change your participation type from an ordering/prescribing/referring (OPR) provider to another participation type, you must re-enroll in the CMAP program. To re-enroll, you will need to obtain a re-enrollment Application Tracking Number (ATN) from the Provider Assistance Call Center via phone at 1-800-842-8440. An ATN will be mailed to you within 7-10 business days. Once the ATN is received, you can then go on-line to complete a re-enrollment application using the Re-enrollment Wizard. To submit a re-enrollment application, please go to [www.ctdssmap.com](http://www.ctdssmap.com), select Provider from the menu bar and click on Provider Reenrollment. You will enter your ATN and NPI in the appropriate fields and then select either *Individual Practitioner* or *Employed/Contracted by an Organization* in the Participation Type panel. The application process typically takes no more than 15 minutes to complete. Please refer to Chapter 3 of the Provider Manual located under the Information, then Publications option on the main bar at [www.ctdssmap.com](http://www.ctdssmap.com) for more information.

**Q: I am currently enrolled as an Ordering/Prescribing/Referring (OPR) provider; can I join a group/organization or become an individual billing provider?**

**A:** If you enrolled as an OPR provider prior to May 15, 2013, and you are joining a group/organization, the organization can log on to the secure Web portal at [www.ctdssmap.com](http://www.ctdssmap.com) and add you by accessing the Maintain Organization Members panel under Demographic Maintenance.

If you enrolled as an OPR provider after May 15, 2013, and you are joining a group/organization, you will need to complete a re-enrollment application. This is necessary because the original OPR application included a certification statement and not the provider agreement that is necessary to enroll as a performing member of an organization. Please contact the Provider Assistance Center at 1-800-842-8440 to be assigned a re-enrollment ATN. You will receive a letter within 7-10 business days containing the ATN. Once you receive the ATN please go to [www.ctdssmap.com](http://www.ctdssmap.com) and select *Provider* from the menu bar. Then click on the *Provider Re-enrollment* tab from the drop down menu to access the web re-

## Affordable Care Act (ACA) Requirements Frequently Asked Questions

---

enrollment application. In the Participation panel you can update your participation type from Ordering/Prescribing/Referring provider to *Employed/Contract by an Organization*.

If you enrolled as an OPR provider (regardless of when you enrolled) and you would like to become an individual billing provider, you will need to complete a re-enrollment application. Please contact the Provider Assistance Center at 1-800-842-8440 to be assigned a re-enrollment Application Tracking Number (ATN). You will receive a letter within 7-10 business days containing the ATN. Once you receive the ATN, you can log on to [www.ctdssmap.com](http://www.ctdssmap.com) and select *Provider* from the menu bar. Then click on the *Provider Re-enrollment* tab from the drop down menu to complete a re-enrollment application to change your provider participation from an "Order/Prescribing/Referring provider" type to an "Individual (billing) Provider."

**Q: Where can I find more information on the enrollment process?**

**A:** Additional information regarding enrolling in CMAP is located at [www.ctdssmap.com](http://www.ctdssmap.com). Click on the Information tab and then select Publications from the drop down menu. Select Chapter 3 of the Provider Manual or go to the Home page and select the Provider FAQ for Provider Enrollment and/or Re-Enrollment Important Message.