



**TO: General Acute Care Hospitals, Chronic Disease Hospitals, and Children's Hospitals**  
**RE: Hospital Based Practitioners – Outpatient Services**

The purpose of this bulletin is to inform hospitals that they will need to create and enroll as a practitioner group(s) in the Connecticut Medical Assistance Program (CMAP) in order to bill for outpatient professional services. If the hospital **has already enrolled** a practitioner group as directed by Provider Bulletin 2014-68 “Hospital Based Practitioners – Inpatient Services”, they are not required to enroll as a separate group. The hospital can bill inpatient and outpatient professional services under the same group.

This policy is an integral component of the Department of Social Services overall hospital modernization and healthcare payment reform initiative, mandated by Section 17b-239 of the Connecticut General Statutes, as amended in 2013. This will ensure that hospitals will be reimbursed outside of the Outpatient Prospective Payment System (OPPS) for their outpatient professional fees for dates of service July 1, 2016 and forward. Hospitals will also need to ensure their performing providers are enrolled in CMAP under a participation type of individual provider or as Employed/Contracted by an organization.

### **Enrolling a Practitioner Group**

Hospitals will be required to enroll at least one practitioner group in CMAP if they have not done so already. Hospitals must enroll using the Hewlett Packard Enterprise Provider

Enrollment Wizard located on the Web site [www.ctdssmap.com](http://www.ctdssmap.com). Please submit your practitioner group enrollments no later than May 31, 2016 to be enrolled for July 1, 2016. Hospitals should enroll their practitioner groups prior to enrolling their performing providers. To enroll a practitioner group, from the Home page, click on the “Provider” tab, then click on “Provider Enrollment” to begin the enrollment process.

When enrolling the practitioner group(s), hospitals will need to select the application type of “Organization/Group”, and then select the provider type “Physician Group”, then select the provider specialty “Hospitalist”. If the hospital’s practitioner group is already enrolled as a practitioner group with a different provider specialty, such as “Emergency Medicine” or “General Practice”, they do not have to enroll as a new group with a hospitalist specialty.

The hospital will be required to enroll multiple professional groups if they have hospital based practitioners with the following specialties. Each group will need to be submitted as a separate application via the Web portal.

Hospitals must complete the entire enrollment application in order to enroll their practitioner group in CMAP.

| Provider Discipline   | Can enroll in the following Provider Group | With this Provider Specialty   |
|---|--|--|
| General Practice, Emergency Medicine, Hospitalist, and all other provider disciplines not listed separately below * | Physician Group                            | <b>Select one:</b><br>Hospitalist, Internal Medicine or Emergency Medicine |
| Family Medicine   | Physician Group                            | Family Medicine  |
| Pediatrics  | Physician Group                            | General Pediatrics or Pediatric Emergency Medicine                         |
| OB/GYN  | Physician Group                            | Obstetrics and Gynecology  |
| Advanced Practice Registered Nurses (APRNs)   | Advance Practice Nurse Group               | Adult Health Nurse Practitioner  |
| APRN - Pediatric  | Advance Practice Nurse Group               | Pediatric Nurse Practitioner   |
| APRN – OB/GYN   | Advance Practice Nurse Group               | Obstetric Nurse Practitioner   |
| APRN – Family Medicine  | Advance Practice Nurse Group               | Family Nurse Practitioner  |
| Behavioral Health Clinicians and Psychologist   | Behavioral Health Clinician Group          | LCSW, LADC, LMFT, LPC and Psychology                                       |
| Nurse Midwives  | Nurse Midwives Group                       | Certified Nurse Midwife  |
| Pathologist   | Physician Group                            | Pathology  |
| Psychiatry  | Physician Group                            | Psychiatry   |

\*General Practice, Internal Medicine, Hospitalist Practitioners, Emergency Medicine physician assistants, surgeons, or dermatologists and other disciplines not listed separately in the table can all be enrolled under one group with practitioners of any of those specialties under that one group.

**Please note:** Hospitals will need to contact the National Provider Plan and Enumeration System (NPPES) to add the taxonomy(s) being used for their group(s) under the hospital’s NPI. Taxonomies selected must be

valid for the enrolling specialties per the type/specialty/taxonomy crosswalk found on the Web page [www.ctdssmap.com](http://www.ctdssmap.com) by clicking on “Information”, then “Publications”, and scrolling down to the “Type/Specialty/Taxonomy Crosswalk” link.

**Enrolling Hospital Based Providers and Associating those Providers to the Group**

**Important:** The hospital must complete their practitioner group(s) enrollment process prior to enrolling their performing providers.

Hospitals can refer to the List of Ordering/Prescribing/Referring providers on the Home page of the provider’s secure Web site at [www.ctdssmap.com](http://www.ctdssmap.com) in order to identify their hospital based practitioners who are not yet enrolled. Once logged on to the secure Web site, the link to the list is in the upper right corner under Quick Links.

If a hospital based provider is not enrolled, the provider needs to be enrolled as a performing provider using the Provider Enrollment Wizard located on the Web site [www.ctdssmap.com](http://www.ctdssmap.com).

To enroll, from the Web site Home page, click on the “Provider” tab, and then click on “Provider Enrollment” to begin the enrollment process. Please make sure you select the participation type as “Employed/Contracted by an organization.”

Newly enrolling performing providers must be associated to their respective groups as part of the application process. In the “Maintain Organization” section of the application, the group’s NPI must be entered. If there are multiple groups tied to the NPI, the hospital would select the group they want the provider to be tied to. Failure to include this information on the application may delay the processing of the application.



Questions? Need assistance? Call the Provider Assistance Center Mon. – Fri. 8:00 a.m. – 5:00 p.m. Toll free 1-800-842-8440 or write to Hewlett Packard Enterprise, PO Box 2991, Hartford, CT 06104 Program information is available at [www.ctdssmap.com](http://www.ctdssmap.com)

## Upon Completion of the Enrollment Application

Upon completion of the enrollment application, whomever is enrolling the provider will receive an Application Tracking Number (ATN) and a link to a PDF version of the application. Please do not send the hard copy to Hewlett Packard Enterprise (HPE). This is to be retained as record of successful application submission.

If the submitted Web application contains no errors and no additional action is needed by the provider, the application will be sent to DSS' Quality Assurance Unit for review. In the event that information is missing, HPE will mail a letter identifying the documentation needed. The requested information must be submitted to HPE before the application can be forwarded to DSS' Quality Assurance Unit for review. Once DSS' Quality Assurance Unit has concluded its review, HPE will notify the provider via a letter of the application approval or denial for participation in CMAP.

Once enrolled, providers will be required to re-enroll every five years via the on-line Re-enrollment Web Wizard. A notification will be sent six (6) months in advance of a provider's re-enrollment due date notifying you that it is time to re-enroll.

## Associating Hospital Based Providers Already Enrolled in CMAP to the Group

Actively enrolled individual providers are not required to complete an enrollment or re-enrollment application in order to be added to the new group(s). Those providers that are already actively enrolled in CMAP can be added to the correct hospital based practitioner group via the group's secure Web portal account. Instructions for adding members to the new group(s) AVRS ID can

be found in Chapter 10, Section 10.18 of the Provider Manual. The provider manuals can be accessed from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by clicking on "Information", then "Publications", and scrolling down to Provider Manuals.

## Hospital Based Providers Currently Enrolled as OPR Only Provider

A provider who is enrolled as an OPR only provider and wishes to remain as an OPR only provider needs to take no action. A provider who is enrolled as an OPR provider who wishes to begin billing for services must re-enroll with the participant type as "Employed/ Contracted by an Organization."

To assist the hospitals in determining which OPR providers will need to re-enroll with a participation type of Employed/Contracted by an Organization, a list of all individual providers was emailed to the hospitals on February 24, 2016. This list displays which providers are enrolled in CMAP and their provider enrollment status. If the status states OPR only "Yes" and they will be billing for services, the hospital will be required to re-enroll these practitioners as "Employed/Contracted by an organization". If they will remain as OPR only, then no action is required.

To assist hospitals with re-enrolling these practitioners as Employed/Contracted by an organization, each hospital should submit to HPE an Excel spreadsheet listing these providers containing the following information: the practitioner's name, NPI, AVRS ID, address and the hospital's Group AVRS ID and NPI to which the hospital wants the provider to be associated. The spreadsheet should be sent to [ctxixhosppay@hpe.com](mailto:ctxixhosppay@hpe.com). HPE will create re-enrollment ATNs and return the spreadsheet with the ATN for each provider.

Spreadsheets may be sent to HPE once the hospital's practitioner groups have been enrolled.

Once an ATN has been obtained, the practitioner may proceed with the re-enrollment process via the Provider Re-enrollment Wizard, by going to [www.ctdssmap.com](http://www.ctdssmap.com). From the Home page, click on the "Provider" tab, and click on "Provider Re-enrollment". The provider's NPI and assigned ATN will need to be entered into the designated fields. The application will be auto-populated with information currently on file for the provider. Information that is no longer valid should be updated as part of the application process.

### **Billing for Hospital Based Practitioners Outpatient Services**

Effective July 1, 2016, hospital outpatient services furnished by all physicians (MD or DO), advanced practice registered nurses (APRNs), physician assistants (PAs), certified nurse-midwives (CNMs) and podiatrists must be billed via professional claim forms and will be reimbursed outside of OPPS. All professional services should be billed as a professional claim (CMS-1500 form, ASC X12N 837P Health Care Claim and professional claim on Web) and will be reimbursed based on the appropriate physician fee schedule. Billing instructions are located on the CMAP Web site, [www.ctdssmap.com](http://www.ctdssmap.com), by selecting "Information", then "Publications", and scrolling to the Provider Manual section. From the Chapter 8 drop down box, choose the appropriate provider type.

### **Behavioral Health Services**

The Department is modernizing its reimbursement methodology for hospital outpatient behavioral health services. Due to

the differences between the Department's policy and Medicare policy, outpatient behavioral health services will be modernized under CT OPPS, but will not be reimbursed via APC payments.

Most outpatient behavioral health services are considered an all-inclusive service; therefore, they must be billed on the UB-04 and the professional fees should not be submitted separately. The only time that behavioral health professionals can be reimbursed separately for their hospital based services are: a) for Emergency Department services provided by licensed behavioral health clinicians, psychologists, psychiatrists or psychiatric APRNs or b) for the professional component of electroshock treatment billed by psychiatrists or psychiatric APRNs. In these circumstances, two claims should be submitted. The hospital will submit the UB-04 for the facility fee and the provider will submit a CMS-1500 claim for the professional services. The professional services will be paid based on the applicable provider fee schedule.

### **Accessing the Fee Schedule:**

The current physician fee schedules can be accessed and downloaded from the Web site, [www.ctdssmap.com](http://www.ctdssmap.com). From the Home page, go to "Provider", then to "Provider Fee Schedule Download", click on "I Accept" then scroll down to the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open". All payment rules will apply.

### **Outpatient Billing Changes**

For dates of service July 1, 2016 and forward, hospitals **should no longer bill** RCC 96X, 97X, and 98X on their outpatient hospital claims. Outpatient claim details that contain RCC 96X, 97X and 98X will be denied.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center at 1-800-842-8440.