



TO: All Providers, Administrative Service Organizations
RE: Important Changes to Provider Re-enrollment

This bulletin is to notify providers of enhancements to the provider re-enrollment on-line Wizard, the impact of the new Physician and Advance Practice Registered Nurse (APRN) specialties and associated taxonomy changes and changes to performing provider re-enrollment.

Enhancements to the on-line Wizard

The Department of Social Services (DSS) will soon complete the transformation of the provider enrollment Wizard by implementing enhancements to re-enrollment. As previously communicated in provider bulletin PB2012-53, the on-line enrollment Wizard has been modified to increase efficiency and reduce errors. The majority of additionally required documentation, such as the W-9, EFT form, and the Electronic Signature Attestation, has been incorporated into the new re-enrollment Wizard, eliminating the need to mail documents to HP. Existing provider data will continue to be pre-populated so that providers can simply verify that their information is current and submit the application. If the pre-populated information is not correct, changes can be made on-line and submitted to HP via the Wizard.

Important! Please **do not** mail a hard copy of the actual re-enrollment application to HP. If you are prompted to submit any follow on documents, only these documents should be submitted on paper, noting the Application Tracking Number (ATN) on the upper right corner of each page.

Accessing the new Provider Re-enrollment Wizard

Effective November 1, 2012, the enhanced re-enrollment Wizard will be accessible on the www.ctdssmap.com Web site by clicking on Provider, then **Provider Re-enrollment**. Providers will no longer need to log on to their secure site to access their re-enrollment application. Providers will continue to be notified by mail indicating that they are required to re-enroll. This letter contains the ATN for the re-enrollment application. This ATN and the provider ID are required to access the re-enrollment application.

Ongoing Provider Validation

Once a provider is enrolled, systematic monthly validation will occur that ensures that the provider

continues to be eligible to participate in the Connecticut Medical Assistance Program. This validation includes license verification against the Department of Public Health's database, taxonomy validation against the National Plan and Provider Enumeration System (NPPES), and confirmation that the provider has not been sanctioned by the Office of the Inspector General.

New Physician and Advance Practice Registered Nurse (APRN) Provider Specialties

On January 1, 2012, the Department of Social Services (DSS) implemented new Physician specialties including new Pediatric and new Advance Practice Registered Nurse (APRN) specialties for the Connecticut Medical Assistance Program. These changes will impact re-enrolling providers who are currently enrolled with either a specialty or taxonomy that is no longer a valid provider type/specialty/taxonomy combination.

For example, a Physician currently enrolled with specialty 345 "General Pediatrics" with taxonomy 2080P0205X "Physician Pediatrics Pediatric Endocrinology" will not be able to re-enroll with that same specialty/taxonomy combination in the future. The taxonomy is no longer valid for this specialty. This is due to the addition of the new specialty 622 "Pediatric Endocrinology". Under this circumstance, the re-enrolling Physician needs to change their specialty from 345 "General Pediatrics" to 622 "Pediatric Endocrinology" at the time of re-enrollment in order to retain the same taxonomy.

Besides implementing the new specialties, a number of APRN specialties have been eliminated. It is very important that Physician and APRN providers select the appropriate specialty that corresponds to their taxonomy that is on file with NPPES.

The Type/Specialty/Taxonomy Crosswalk can be accessed from the Connecticut Medical Assistance Program Web site, www.ctdssmap.com. From this Web site, go to "Information", then to "Publications", scroll down to "Provider Enrollment/Maintenance Forms", and then click on "Type/ Specialty/Taxonomy Crosswalk".



Performing Provider Re-enrollment Changes

DSS is changing the way performing providers of an organization, such as a group, clinic or outpatient hospital, are re-enrolled in the Connecticut Medical Assistance Program.

Effective November 1, 2012, performing providers will be required to re-enroll independently from the organization(s) of which they are a member. The organization is no longer required to submit signed provider agreements on their behalf. The re-enrolling performing provider will simply re-enroll on the enrollment Wizard once they receive their re-enrollment letter.

Re-enrollment Periods

DSS has extended re-enrollment periods from 2 to 5 years for most providers. Once approved, the enrollment/re-enrollment approval letter will state the new re-enrollment due date. To view published re-enrollment periods, refer to Chapter 3, Section 3.3 of the Provider Manual. The Provider Manual is located under "Information", then "Publications" from the home page of www.ctdssmap.com.

New Enrollment Address

A new enrollment address type has been incorporated into the enrollment application. This new address type allows providers to identify a specific address where they wish to receive any enrollment related mailings from HP. All providers are encouraged to update this address if their enrollment information should be mailed to an address other than their designated "Mail To" address, as indicated on the previous enrollment application.

Important! The enrollment address currently on file for performing providers is likely the service location address affiliated with the organization of which they are a member. Performing providers who wish to receive their re-enrollment letter at a different address must submit a letter to HP's Provider Enrollment unit at the address below. This can be done at any time so that your next re-enrollment letter is sent to the correct address.

HP Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06104

Billing providers who wish to change their enrollment address after their enrollment application has been completed must do so by logging onto the main

account administrator's secure account at www.ctdssmap.com and clicking on the Demographic Maintenance tab.

From the Demographic Maintenance Tab:

- Click on Location Name Address
- Click on the enrollment address
- Click Maintain Address
- Update the Address Information
- Click Save

Important considerations when updating an address:

1. Due to the Affordable Care Act (ACA), if a provider wishes to add one or more alternate service locations that are not currently enrolled in the Connecticut Medical Assistance Program (CTMAP), a new enrollment application is required. One application can be submitted to add multiple alternate service locations. An alternate service location cannot be added via the Demographic Maintenance tab. Once the new enrollment application is approved, the new alternate service location(s) will be added to the provider's existing primary service location.

2. If a provider is adding one or more alternate service locations that are already enrolled in CTMAP, the provider needs to simply mail a letter to HP, on their office letterhead requesting the existing CTMAP provider service location(s) be added to their primary service location.

3. If a provider has one NPI with two or more AVR ID's, changing the 9 digit zip code may impact claims processing. This can cause claim denials if the same address change is not made to claims submitted by that service location.

For additional information on the types of address updates that can be made, reference Chapter 10, Section 10.15 of the Provider Manual. Additional provider enrollment information can be found in Chapter 3 of the Provider Manual. The Provider Manual is located by clicking Information, then Publications from the home page of www.ctdssmap.com.

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

