



TO: Hospital, Ambulatory Surgical Centers, Rehabilitation Clinics, Rural Health Clinics, Family Planning Clinics, Methadone Clinics, Free Standing Renal Dialysis Clinics, Medical Clinics, Dental Clinics and Mental Health Clinic Providers

RE: Instructions for Mass Load of Performing Providers

Effective January 1, 2012, the Department of Social Services (DSS) requires most performing providers employed by or contracted with hospitals or clinics to enroll in the Connecticut Medical Assistance Program. This requirement is being instituted to support various program requirements and efforts, including the mandate to enroll ordering and referring providers contained in the Health Care Reform legislation, Medicaid restructuring, and the Medicaid Electronic Health Record (EHR) Incentive Payment program. The deadline for performing providers to enroll is March 31, 2012.

Performing Provider File Submission (Mass Load)

DSS is offering the option of a one-time electronic file submission that can be used by hospitals and clinics to add their performing providers. To enroll performing providers using this method, the hospital or clinic will be required to register all the AVRS IDs for which it will be loading their performing providers. Please click on the following link to register: <http://www.surveymonkey.com/s/MassLoadofProviderData>. **You will only need to sign up once but, in the field for “Hospital / Clinic AVRS IDs”, please enter all the AVRS IDs for which you will be creating files. Do not enter the performers’ provider ID in this field.** Once you have registered all your provider IDs on the link, the hospital or clinic will need to upload (via the Web portal at www.ctdssmap.com) a file containing a minimum set of data on each performing provider, such as National Provider Identifier (NPI), provider name, and provider address. A separate file must be uploaded for each hospital or clinic AVRS ID to which performers will need to be added. If the performing providers work at more than one site for the same billing provider they must be loaded under each AVRS ID.

Files must be uploaded by providers no later than March 31, 2012.

How to Submit an Electronic File Submission

First you will need to create a text (.txt) file. If you are working with Microsoft Windows you can create a .txt file using Microsoft Notepad or WordPad. You can open Notepad by clicking on the start button, selecting “All Programs”, scrolling to “Accessories” and then clicking on “Notepad”. Once you add the required data

to notepad, you must save the document. The document is automatically saved as a .txt file.

Required Data

The following data is required when uploading a file in order for HP to add performing providers to the provider database.

Action Indicator, AVRS ID of Hospital or Clinic, Performing Provider NPI, Billing/Rendering Provider Indicator, Primary Taxonomy, Provider Effective Date, Provider End Date, Provider Name, Address and Phone Number, Federal Tax ID Type, Federal Tax ID, and Organization Code.

You will also need to provide the Provider Type and Provider Specialty which must be a valid Taxonomy/Provider Type/Provider Specialty combination. Refer to the Web site www.ctdssmap.com to obtain the valid combinations. Once on the Web site, Select “Information”, then “Publications” and scroll down to Provider Enrollment/Maintenance Forms, Click on the link for “Type/Specialty/Taxonomy Crosswalk”.

For detailed information on the file layout and field lengths, please refer to Chart 1 at the end of this bulletin.

Please refer to the www.ctdssmap.com Web site to view a sample text file. Once on the Web site, select “Information”, then “Publications” and scroll down to Provider Enrollment/Maintenance Forms. Click on the link for “Performing Provider Mass Load File Sample.”

Additional File Specifications

The fields in the file must be in the order of the fields in the record layout. The file must be a .txt file and there should not be any header records in the file. Any tabs in the field should be removed. When a field is listed as optional or situational, or if it is not applicable to the provider being enrolled, you will need to enter spaces in the file to represent that you are leaving the field blank. If the data entered is less than the length specified for the field, the remaining spaces must be entered as blank spaces. There should not be any type of field delimiters, other than a character return or line break at the end of a row of data.



To Upload (submit) your .txt File to HP

To upload your file to HP, you will need to sign into the Web portal for your Hospital or Clinic as the Primary Account holder. You cannot upload the file through a clerk account. Once you are logged in as the Primary Account holder, you will need to click on “trade files,” click on “upload” and select “Perform Provider Enroll.”

Upon receipt of the file, HP will perform validity editing on the data to identify data errors. The provider will receive an e-mail indicating which performing providers were added and which could not be added due to errors in the data. Attached are the current error codes that are set when there is a transaction failure.

CB	Address line 1 missing
CC	City missing
CD	State missing/invalid
CE	Zip code missing/invalid
CF	Phone number missing/invalid
CG	Organization code missing/invalid
CH	Existing FFS provider with different specialty
CI	Existing FFS provider with different type

Error Code Error Code Description

AA	Action indicator missing/invalid
AB	Provider effective date missing/invalid
AC	Group provider ID missing/invalid
AF	Performing provider end date invalid
BA	Performing provider NPI missing
BC	Billing/rendering indicator invalid
BD	Performing provider primary taxonomy missing/invalid
BE	Additional taxonomy invalid
BF	Federal tax ID type missing/invalid
BG	Federal tax ID missing/invalid
BH	Provider type missing/invalid
BI	Provider specialty missing/invalid
BM	Provider type/specialty not allowed for Hospital/Clinic claims
CA	Provider name missing

Mass Load Acceptance

Once the file has been submitted, each performing provider must complete and sign a provider agreement and submit the paper copy to HP. Performing providers for whom a signed agreement is not received within 30 days after the file load will not be enrolled. To access the provider agreement from the Home Page, go to “Information” then to “Publications”. Scroll down to the “Forms” section to locate the provider agreement. Please send agreements to HP, Provider Enrollment Unit, P.O. Box 5007, Hartford, CT 06104.

Ongoing Enrollment and Re-enrollment

Going forward, the existing enrollment process must be followed in order to enroll and re-enroll providers. If you have any additional questions, please contact the Provider Assistance Center at: 1-800-842-8440 toll free, select option 2 for claim and enrollment assistance and then option 2 again for provider enrollment.

Chart 1 – Provider Data Requirements

Field Name	Field Description	Field Type	Field Length	Required/Situational/Optional
Action Indicator	The valid value for this field is A (Add). <i>This value must be uppercase.</i>	Character	1	R
Medicaid ID of Group	This field indicates the 9 digit AVRS ID of the hospital or clinic. Note: <u>The file can only contain one hospital or clinic AVRS ID.</u> If the hospital or clinic has multiple AVRS IDs, separate files must be uploaded for each AVRS ID.	Character	9	R
Performing Provider NPI	The field contains the National Provider Identifier (NPI) of the performing provider. NPI are 10 digits, remaining spaces must be entered as blank.	Character	15	R

Questions? Need assistance? Call the HP Provider Assistance Center Mon.-Fri. 8:00 a.m.-5:00 p.m.

Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104

Program information at www.ctdssmap.com



Field Name	Field Description	Field Type	Field Length	Required/Situational/Optional
Filler	Not Applicable – Enter as blank space	Character	1	Filler
Billing/Rendering Provider Indicator	This field indicates that the provider is a rendering provider (member of a group). The valid value for this field is R = Rendering Provider. <i>This value must be uppercase.</i>	Character	1	R
Filler	Not Applicable – Enter as blank space	Character	1	Filler
Primary Taxonomy	This field indicates the primary taxonomy for the type and specialty of the performing provider. A provider can only have 1 primary taxonomy per type and specialty. Must be a valid Taxonomy/Provider type/Provider Specialty combination.	Character	10	R
Additional Taxonomy 1	This field indicates any additional taxonomies for the type and specialty of the performing provider. This field is not required and may be left blank. Note: Send only 1 Add transaction with all applicable taxonomies.	Character	10	O
Additional Taxonomy 2	This field indicates any additional taxonomies for the type and specialty of the performing provider. This field is not required and may be left blank. Note: Send only 1 Add transaction with all applicable taxonomies.	Character	10	O
Additional Taxonomy 3	This field indicates any additional taxonomies for the type and specialty of the performing provider. This field is not required and may be left blank. Note: Send only 1 Add transaction with all applicable taxonomies.	Character	10	O
Additional Taxonomy 4	This field indicates any additional taxonomies for the type and specialty of the performing provider. This field is not required and may be left blank. Note: Send only 1 Add transaction with all applicable taxonomies.	Character	10	O
Provider Effective Date	This field indicates the performing provider contract effective date (date of hire). Format YYYYMMDD.	Number	8	R
Provider End Date	This field indicates the performing provider contract end date. Format YYYYMMDD. The default end date is 22991230.	Number	8	R
Provider Name	This field indicates the performing provider’s name. If supplying a personal name, it must be in the Last Name First Name format. It should be entered as last name, comma, a space, and then first name.	Character	50	R
Provider Address Line 1	This field indicates the first address line for the performing provider.	Character	30	R
Provider Address Line 2, if applicable	This field indicates the second address line for the performing provider.	Character	30	O
City	This field indicates the city of the performing provider. <i>This value must be uppercase.</i>	Character	30	R

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Field Name	Field Description	Field Type	Field Length	Required/Situational/Optional
State	This field indicates the state of the performing provider.	Character	2	R
Zip Code	This field indicates the zip code of the performing provider.	Character	5	R
Zip + 4	This field indicates the zip code extension of the performing provider.	Character	4	R
Phone Number	This field indicates the telephone number of the performing provider.	Character	10	R
Phone Number Extension	This field indicates the telephone number extension of the performing provider. Blank if unknown or not applicable.	Character	4	O
Federal Tax ID Type	This field indicates the federal tax ID type of the performing provider. Valid values for providers: S = Social Security Number. <i>This value must be uppercase.</i>	Character	1	R
Federal Tax ID	This field indicates the Tax ID (i.e. SSN) of the performing provider.	Character	9	R
License Number	This field indicates the license number of the performing provider.	Character	10	R
Organization Code	This field indicates the organization code for the performing provider. <i>The valid value for this field is 4 = Sole Proprietor.</i>	Character	1	R
State Tax ID	Not applicable.	Character	10	O
Provider Type	This field indicates the type of the performing provider based on the provider's primary taxonomy. Must be a valid Taxonomy/Prov type/Prov Specialty combination.	Character	2	R
Provider Specialty	This field indicates the specialty of the performing provider based on the provider's primary taxonomy. Must be a valid Provider Specialty. Must be a valid Taxonomy/Provider type/Provider Specialty combination.	Character	3	R
FFS Medicaid ID	HP will populate this field with the Medicaid ID of the performing provider on the response file. Enter as blank spaces.	Character	9	S
Update Status	This field indicates the status of the electronic transaction processed by interChange. This field does not need to be sent to HP, Enter as blank spaces. The Update Status will be sent back in the response file. Valid values are: A1 – new provider added to interChange, A3 – Add txn treated as Update for existing provider, E1 – electronic update failed.	Character	2	O
Update Error	This code indicates the error encountered while attempting to update the interChange system. The code is sent in the response file. Enter as blank spaces.	Character	2	S
Internal Provider ID	Not applicable - Enter as blank spaces.	Character	15	N/A
File Tracking Number	HP will populate this field with a submitter ID and file sequence number on the response file. Enter as blank spaces.	Character	15	O

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