Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2013-68**
www.ctdssmap.com **October 2013**

To: Ambulatory Surgical Centers, Audiologists, Chiropractors, Clinic Providers, Home Health Agencies, Hospices, Independent Laboratories, Independent Radiology Facilities, Inpatient and Outpatient Hospitals, Medical Equipment, Device and Supplies (MEDS) Providers, Naturopaths, Occupational Therapists, Physical Therapists.

Subject: Implementation of Affordable Care Act Mandate: Prior Authorization of Inpatient, Outpatient and Professional Services – OPR Requirement

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The purpose of this provider bulletin is to inform providers of new requirements for the prior authorization of inpatient, outpatient and professional services.

Section 6401 of the Affordable Care Act mandates that providers who order, prescribe or refer services to HUSKY clients, must be enrolled in the Connecticut Medical Assistance Program (CMAP).

Beginning November 1, 2013:
Authorization requests where the ordering/prescribing/referring provider is not enrolled in CMAP will no longer be accepted. This applies to *all* ordering, referring and admitting providers. These requests will NOT be processed and will be re-directed to the requesting site. This mandate applies to all of the following:

- All outpatient goods and services other than home health;
- Elective inpatient admissions; and
- Requests received from enrolled providers for goods or services being ordered, prescribed or referred by a non-enrolled provider.

Any of the above goods or services provided on or after November 1, 2013, ordered or requested by a provider not enrolled in CMAP, will result in a claim denial for the rendering provider. This includes services that were authorized prior to November 1.

Example:
On October 3, 2013 a non-CMAP provider requests authorization for an MRI.

Authorization is given and issued with a date span of October 3, 2013 through November 3, 2013.

If the study is performed prior to November 1, 2013 the claim *will not* deny based on the non-CMAP status of the ordering provider.

If the study is performed on or after November 1, 2013, the claim *will* deny based on the non-CMAP status of the ordering provider.

Beginning December 1, 2013:
Authorization requests *for home health services*, where the ordering/prescribing/referring provider is not enrolled in CMAP will no longer be accepted. This applies to *all* ordering and referring providers. These requests will NOT be processed and will be re-directed to the requesting site. This includes the following:

- Requests received from enrolled providers for services being ordered, prescribed or referred by a non-enrolled provider.

Any home health services performed on or after December 1, 2013, where the ordering/prescribing/referring provider is not enrolled in CMAP, will result in a claim denial for the rendering agency. This includes services that were authorized prior to December 1.

Example:
On November 10, 2013 a non CMAP provider orders home health services for 30 days. Authorization is given and issued with a date span of November 11, 2013 through December 12, 2013.

Claims submitted for visits occurring prior to December 1, 2013 *will not* deny based on the non-CMAP status of the provider.

Claims submitted for visits occurring on or after December 1, 2013 *will* deny based on the non-CMAP status of the provider.

Prior Authorization Forms:
The Prior Authorization Forms have been updated and now include mandatory fields for the CMAP ID numbers of BOTH the rendering and ordering providers. Forms submitted without these fields completed will be re-directed to the requesting site.

To print copies of these forms, go to **http://www.huskyhealthct.org** select 'For Providers' then 'Provider Bulletins, Updates and Forms'.

Confirming Enrollment Status
To determine whether a provider is fully enrolled, go to http://www.huskyhealthct.org/provider_lookup.html.

To determine whether a provider is enrolled for ordering, prescribing or referring purposes only, go to: http://www.huskyhealthct.org, select 'Provider' and then 'View the List of OPR Providers'.

Enrollment
A provider enrollment wizard is available via the www.ctdssmap.com Web site by selecting 'Provider' followed by 'Provider Enrollment'. Providers will be given the option to:

- Enroll as an individual or performing provider with the applicable provider type and specialty. This type of enrollment allows providers (or the provider's employer or other affiliated provider entity, such as a group, clinic, or hospital) to receive payment for services rendered; or

- Enroll as an Ordering, Prescribing, or Referring (OPR) provider. This type of enrollment presents an abbreviated version of the enrollment process. A provider in this capacity **cannot bill or perform Medicaid services** and would not be added to the provider directory.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 a.m. and 7:00 p.m.
For questions regarding provider enrollment, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.