



TO: General Hospitals
RE: Hospital Based Practitioners – Inpatient Services

The purpose of this bulletin is to inform hospitals that they will need to create at least one physician group to be able to bill for inpatient professional services. This policy is an integral component of the Department of Social Service’s 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 the hospitals will be reimbursed outside of the APR-DRG classification system for their inpatient professional fees for dates of service January 1, 2015 and forward. Hospitals will also need to ensure their hospital based practitioners (performing providers) are enrolled in the Connecticut Medical Assistance Program (CMAP) under a participation type of Employed/Contracted by an organization.

Enrolling a Professional Billing Group

Hospitals will be required to enroll at least one physician group in CMAP, if they have not done so already. Hospitals must enroll using the HP Provider Enrollment Wizard located on the Web site www.ctdssmap.com. Hospitals must submit their group enrollments no later than October 31, 2014. Groups must be enrolled before the performing providers submit their applications. To enroll a group, from the Home page click on the Provider tab, and then click on Provider Enrollment to begin the enrollment process.

When enrolling the physician group(s), hospitals will need to select the application type of “Organization/Group”, and then select the provider type “Physician Group”, and select the provider specialty “Hospitalist.” If

the hospital is already enrolled as a physician group with a different provider specialty, such as “Internal 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.

Practitioner Discipline	Provider Type	Provider Specialty
General Practice, Internal Medicine, Hospitalist, and all other practitioner disciplines not listed separately below *	Physician Group	Select one: Hospitalist, Internal Medicine or General Practice Medicine
Family Medicine	Physician Group	Family Medicine
Pediatrics	Physician Group	General Pediatrics
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
Nurse Midwives	Nurse Midwives Group	Certified Nurse Midwife

* General Practice, Internal Medicine, Hospitalist Practitioners, 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.

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

Once enrolled, the new hospital group(s) will be required to re-enroll every five years via the on-line Re-enrollment Web Wizard. A notification will be sent to the group six (6) months in advance of a provider's re-enrollment due date.

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 by clicking on "Information", then "Publications", and scrolling down to "Type/Specialty/Taxonomy Crosswalk" link.

Enrolling Hospital Based Practitioners not Currently Enrolled in CMAP and Associating those Practitioners to the Group

Important: The hospital must complete their group(s) enrollment process prior to enrolling their individual practitioners.

If a hospital based practitioner is not enrolled, the individual practitioner must enroll using the HP Provider Enrollment Wizard located on the Web site www.ctdssmap.com.

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 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.

To enroll, from the Home page, click on the Provider tab, and then click on Provider Enrollment to begin the enrollment process, making sure you select the participation type as "Employed/Contracted by an organization".

Newly enrolling individual practitioners are to be associated to their respective groups as part of the application process. In the Member of Organization section of the application, the group's NPI is to be entered. Failure to include this information on the application may delay the processing of the application.

Upon completion of the Wizard enrollment application, providers will receive an Application Tracking Number (ATN) and be presented with a link to a PDF version of the application. Please do not send the hard copy to HP. This is to be retained as record of successful application submission.

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

Associating Hospital Based Practitioners Already Enrolled in CMAP to the Group

Actively enrolled individual practitioners are not required to complete any type of enrollment or re-enrollment application in order to be added to the new group(s). Rather, CMAP individual practitioners already actively enrolled can be added to a group via that 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 are located on the Web page www.ctdssmap.com by clicking on "Information", then "Publications", and scrolling down to Provider Manuals.

Re-Enrolling Hospital Based Practitioners Currently Enrolled in CMAP as OPR Only Provider

Practitioners that are currently enrolled as ordering/prescribing/referring (OPR) providers **only** will need to re-enroll with a participation type of "Employed/Contracted by an Organization" in order to be eligible for payment for services rendered.

To assist the hospitals in determining which hospital based practitioners will need to re-enroll with a participation type of Employed/Contracted by an organization, a list of all individual providers is being developed and will be emailed to the hospitals by October 1, 2014. This list will display which providers are enrolled in CMAP and their provider enrollment status. If the status states OPR only "Yes", the hospital will be required to re-enroll these practitioners as "Employed/Contracted by an Organization".

To assist hospitals with re-enrolling these practitioners as Employed/Contracted by an organization, each hospital should submit to HP an Excel spreadsheet listing these practitioners 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 practitioner to be associated. The spreadsheet should be sent to ctxixhosppay@hp.com.

HP will create reenrollment ATNs and return the spreadsheet with the ATN number for each provider. Spreadsheets may begin to be sent to HP as soon as the hospital's groups have been enrolled.

Once an ATN has been obtained, the practitioner may proceed with the re-enrollment process via the HP Provider Reenrollment Wizard, which is located on www.ctdssmap.com. From the Home page click on the Provider tab, and click on Provider Reenrollment. The provider's NPI and assigned ATN number will need to be entered into the designated fields.

Re-enrollment applications that are not fully completed will result in the practitioner being dis-enrolled from the Connecticut Medical Assistance Program (CMAP). A notice of disenrollment will be sent to the practitioner. Claims submitted for reimbursement for these practitioners will be denied for services rendered after the deactivation date. Once they are deactivated, claims with these providers as ordering, prescribing or referring will also deny, including inpatient and outpatient hospital claims.

Once enrolled, hospital based practitioners will be required to re-enroll every five years via the on-line Re-enrollment Web Wizard. A notification will be sent to the practitioner six (6) months in advance of a provider's re-enrollment due date.

Billing for Hospital Based Practitioners Inpatient Services

Effective January 1, 2015, professional services delivered by a hospital based practitioner during the inpatient stay should be billed as a professional claim and will be reimbursed outside of the APR-DRG classification system. All professional services should be billed on the CMS-1500 and will be reimbursed based on the physician fee schedule. Billing instructions are located on the Web site, 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.

Accessing the Fee Schedule:

The current physician fee schedules can be accessed and downloaded from Connecticut Medical Assistance Web site, www.ctdssmap.com. From the Home page, go to “Provider”, then to “Provider Fee Schedule Download”, then to the appropriate “Physician” fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Services rendered by an Advanced Practice Registered Nurses (APRN), Certified Nurse Midwife (CNM) or Physician Assistant (PA) will be reimbursed at 90% of the established physician facility fee; or 90% of the obstetrical or pediatric fee when all of the applicable criteria are met.

Inpatient Billing Changes

For dates of service January 1, 2015 and forward, hospitals **should no longer bill** RCC 96X, 97X, and 98X on their inpatient hospital claims.

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

