TO: All Providers Except Pharmacy Providers

RE: Implementation of Affordable Care Act Claim Edits

Sections 6401 and 6501 of the Affordable Care Act mandate that ordering and referring providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP). To support this mandate, beginning with claim dates of service May 1, 2013, the Department of Social Services (DSS) implemented the following new claim edits to validate that attending, referring, ordering and rendering providers submitted on Institutional, Professional and Dental claims are enrolled in the CMAP. These edits will be initially implemented in a post and pay status which means if the provider is not enrolled, the applicable edit will be posted to the claim but the claim will not be denied for that reason. This post and pay period will allow DSS to assess the impact of setting these edits to deny and enable billing providers to identify those providers who still need to enroll in CMAP.

DSS will communicate via a future provider bulletin the date when these edits will begin to deny claims. **DSS strongly recommends that providers encourage their attending, referring, ordering and rendering providers to enroll in the CMAP in order to avoid future claim denials.**

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

A provider enrollment Wizard is available via the www.ctdssmap.com Web site by clicking on Provider, then Provider Enrollment. The enrollment application allows for providers to participate as an ordering, prescribing, or referring provider only which presents an abbreviated version of the enrollment application.

Explanation of Benefit Code	Claim Type	Paper claim location	Web claim location	PES claim location	ASC X12 837 Loop	ID Qual
1033 Informational Only - Attending physician not enrolled on date of service	Institutional	Field 76	Institutional claim panel	Header 2	Header: 2310A	71
1034 Informational Only - Rendering provider not enrolled on date of service	Institutional	Fields 78 or 79	Institutional claim panel	Field not present	Header: 2310D Detail: 2420C	82
1035 Informational Only - Referring provider not enrolled on date of service	Institutional	Fields 78 or 79	Institutional claim panel	Field not present	Header: 2310F Detail: 2420D	DN
	Professional	Field 17b	Professional claim panel	Header 2	Header: 2310A Detail: 2420F	DN
	Dental	Field not present	Field not present	Header 2	Header: 2310A	DN
1036 Informational Only - Ordering provider not enrolled on date of service	Professional	Field 17b	Field not present	Field not present	Detail: 2420E	DK

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