



TO: Federally Qualified Health Centers (FQHCs)
 RE: Performing Provider Enrollment for FQHCs -Provider Type Clarification and Documentation Requirement

The Department of Social Services (DSS) requires performing providers employed by or contracted with Federally Qualified Health Centers (FQHCs) (provider type 08/specialties 520, 521, 522) to enroll in the Medicaid program. This requirement was announced in provider bulletin PB11-11, February 2011.

The Department worked with the Community Health Center Association of Connecticut (CHCACT) and the Community Health Center, Inc. (CHC) to load initial performing provider information into the Medicaid Management Information System (MMIS). Going forward, the existing enrollment process must be followed in order to enroll new providers into your FQHC. This new bulletin 1) clarifies which performing providers are required to enroll; 2) announces that Physician Assistants (PAs) will now be required to enroll; and 3) provides a reminder that the Department is requiring the submission of enrollment agreements for all of the providers that were originally loaded into the MMIS in February 2011.

Enrollment Requirements by Provider and the addition of Physician Assistants (PAs) to enrollment:

In an effort to clarify which providers must be enrolled in the Connecticut Medical Assistance Program, DSS is issuing the following list of required provider types.

Practitioner	Provider Type*
Physician Assistant (PA)	97
Advanced Practice Registered Nurse (APRN)	09
Certified Nurse Midwife (CNM)	32
Psychologist	33
Licensed Clinical Social Worker (LCSW)	33
Licensed Marriage and Family Therapist (LMFT)	33
Licensed Professional Counselor (LPC)	33
Licensed Alcohol and Drug Counselor (LADC)	33
Dentist**	27**
Physician	31
Chiropractor	15
Podiatrist	14
Audiologist	17

* For a complete listing of the provider types and specialties, please access the Web portal at www.ctdssmap.com, click on "Information", then "Publications" and scroll down to "Forms". Under the

"Provider Enrollment/Maintenance Forms", click on "Type/Specialty/Taxonomy Crosswalk".

** Excludes specialty 278 (hygienists)

Please make a special note that Physician Assistants (PAs) have been added to this requirement. If your organization's PAs were not systematically loaded into the MMIS in February, you will be required to enroll them at this time.

FQHC providers should refer to the original bulletin PB11-11 for online enrollment instructions.

Documentation Requirements:

As an audit requirement, all FQHCs will be asked to submit Provider Agreements for the initial providers that were systematically loaded into the MMIS in February 2011. The list of initial providers will be distributed to each FQHC via email, and in preparation for this project, each FQHC may start obtaining signatures from their performing providers. DSS is in the process of creating an Application Tracking Number (ATN) which will be assigned to each provider on the spreadsheet. This ATN must be noted in the upper right hand corner of each Provider Agreement for tracking purposes. FQHCs are being asked to please wait to mail this paperwork until the ATNs are distributed. If a provider was enrolled this year using the Web or by mail, then a Provider Agreement has already been submitted and is not required.

A copy of the provider agreement can be found on the Web site at www.ctdssmap.com, under "Information", "Publications", scroll to "Forms", under "Provider Enrollment/Maintenance Forms", select "[Provider Agreement](#)."

Claim Submission Requirements:

The Department requires **all** FQHC claims to be submitted with a performing provider's NPI. Medical claims without the performing provider's NPI are currently posting and paying the following Explanation of Benefits (EOB) code 231 - Performing provider is missing, 1007 - Performing provider is not on file, or 1008 - Performing provider must have an individual number. FQHCs should review all paid claims on their Remittance Advices (RAs) to make sure they are not receiving these EOBs. Claims will soon deny for these error conditions.



Questions:

If further assistance is required with enrollment, please contact HP Enterprise Services' Provider Assistance

Center toll free at: 1-800-842-8440, select option 2 for claim and enrollment assistance and then option 2 again for provider enrollment.

