



**TO: Acquired Brain Injury (ABI) Waiver Providers and ABI Waiver Fiduciary**

**RE: Important ABI Waiver Provider Enrollment and Claim Submission Changes for Providers of ABI Waiver Services under the ABI Waiver Program**

The Department of Social Services (DSS) will be making changes to the administration of the Acquired Brain Injury, ABI I and ABI II Waiver programs. **These changes are targeted for claims with dates of service September 1, 2016 and forward.** Current billing practices will remain in effect until that time.

**Effective for dates of service September 1, 2016 forward,** *ABI Waiver* providers will submit claims for ABI Waiver services directly to Hewlett Packard Enterprise, who will make payment directly to the service provider. ABI Waiver providers will no longer submit claims for ABI Waiver services to Allied Community Resources.

To facilitate this change, all *ABI Waiver* providers must enroll in the Connecticut Medical Assistance Program (CMAP) with a provider type of “Acquired Brain Injury” and specialty of “ABI Service Provider” **in order to receive reimbursement for services rendered on or after September 1, 2016.**

### **Provider Enrollment**

ABI Waiver providers who have been credentialed by Allied Community Resources to provide services may begin enrolling as “*ABI Service Providers*” effective **May 1, 2016.** To enroll, providers must go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and select “Provider Enrollment” from the Home page to access the enrollment Wizard.

**PLEASE NOTE:** Providers should read all instructions prior to proceeding with the online enrollment process. “ABI Service Providers”

are not required to enroll with an NPI and taxonomy. Providers credentialed by Allied Community Resources will not need to submit the required follow-on documentation, their credentialing letter from Allied Community Resources, upon initial application. **Paper applications will not be accepted.**

Once the online application is submitted, providers should take note of the Application Tracking Number (ATN). The ATN will allow providers to track the status of their enrollment application, by selecting “Provider Enrollment Tracking” from the provider main menu on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home page.

**Providers are encouraged to begin enrolling on May 1, 2016 or as soon as possible thereafter, as the enrollment process may take up to four (4) weeks or more to finalize.**

Providers who enroll within a six month period after September 1, 2016, however, will still be able to backdate the effective date of their application to September 1, 2016, if applicable to the services provided to an ABI Waiver client.

Successfully enrolled providers will receive a Provider Enrollment Approval Notice, AVRS ID, and initial password under separate cover in order to set up a secure provider Web account. Setup of a secure Web account is necessary to access a number of Web based tools such as client eligibility verification, claim submission, claim inquiry, and access to the Remittance Advice. Providers will also have access to care plans for the approved services they are to provide to ABI clients. This will allow providers to monitor the number and frequency

of services approved and care plan changes against units of service performed, to avoid over service and claim denials.

### **Provider Re-enrollment**

Re-enrollment for “ABI Service Providers” will occur every two (2) years. Six months prior to their re-enrollment due date, providers will receive notification from Hewlett Packard Enterprise that it is time to re-enroll along with an Application Tracking Number (ATN).

**Prior to re-enrolling, providers must successfully re-credential with the DSS ABI Fiduciary, Allied Community Resources, for the services they are providing to ABI Waiver clients. Providers should re-enroll as soon as possible after successfully re-credentialing with Allied Community Resources.**

To re-enroll, providers will go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and select “Provider Re-enrollment” from the drop down “Provider” menu. Providers will enter the ATN provided and their AVRS ID. The ATN expedites the re-enrollment process by allowing the provider access to prior enrollment data. Providers should carefully review the data for accuracy, making changes as applicable before submitting their re-enrollment application. **PLEASE NOTE:** Changes cannot be made via the Web portal once the application is submitted. Additional changes must be submitted on paper to the Hewlett Packard Enterprise Provider Enrollment Unit. The ATN of the online application should be indicated on all additional documentation submitted to expedite the enrollment process.

**Once the online re-enrollment application has been submitted, the re-credentialing approval letter from Allied Community Resources must be sent to the Hewlett Packard Enterprise Provider Enrollment**

**Unit before the provider can be re-enrolled. Providers should also indicate the ATN on the letter to expedite the enrollment process.**

### **Provider Training**

**In late April 2016,** Hewlett Packard Enterprise will offer online enrollment and secure Web account training to those providing ABI waiver services who will be enrolling as an “ABI Service Provider”.

**Additional training** will be provided prior to the **claim submission effective date of September 2016.** Providers should look for an invitation to training on such topics as Care Plan Access (Prior Authorization (PA) inquiry) and claim submission via your secure Web account, in addition to available resources **beginning in June 2016.**

Providers should look for invitations regarding enrollment training **beginning in April 2016.** Workshop invitations may be obtained via electronic messaging. Providers of ABI services interested in obtaining these workshop invitations via electronic messaging should perform the following steps to subscribe:

1. Access the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.
2. Select Provider > E-mail Subscription from the drop-down menu.
3. Once on the E-mail Subscription page, enter the e-mail address you wish to subscribe.
4. Re-enter the e-mail address for verification.
5. From the right hand side of the page, use the checkboxes to select “**Acquired Brain Injury**” and any other available subscriptions you would like to receive.
6. Once complete, select Save.

**PLEASE NOTE:** E-mail messaging has been set up systematically for a number of currently

credentialed ABI providers. If you are already subscribed, you will receive a message that states “The e-mail address already exists”. If you receive this message, you may proceed to modify your existing subscription to include Acquired Brain Injury, if not already selected.

A detailed user guide is available on the E-mail Subscription panel by selecting the link that states “Click here”. Once you have successfully subscribed or modified your existing subscription, you will receive a confirmation email that includes the provider type(s) and/or topic(s) you selected from the checkboxes.

**Workshop invitations will also be posted on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.** From the Home page, select Provider Services then scroll down to Provider Training and click “here”. Scroll to the workshop schedule where providers can register online and get directions to workshop locations, when available.