Resident Enrollment
Step by Step Instruction Guide

Overview

The following presents a step by step guide on completing an application for enrollment as a resident in the Connecticut Medical Assistance Program (CMAP). Completion of this application is a very easy and quick process. Prior to beginning the application, please ensure that you have the following information readily available:

- Your National Provider Identifier (NPI) as issued by the National Provider Plan and Enumeration System (NPPES). The taxonomy you registered with on NPPES must be the student taxonomy (390200000X – Student in an Organized Health Care Education/Training Program).
- Your Social Security Number (SSN)
- Your Sponsoring Organization's Address or Program's Address, to include a full nine digit zip code, as well as your residency advisor's name, phone number and email address
- Your Permit Number, effective date, and end date as issued by the Department of Public Health (DPH). If you need to obtain the resident's permit number, please visit the DPH website and do a license/permit search. https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx

You will not be able to submit your application without the above information.

Re-enrollments:

The following steps will also apply when a resident must submit a re-enrollment application. The resident will receive a re-enrollment due letter six (6) months prior to the resident's re-enrollment due date. This letter will contain the re-enrollment application tracking number (ATN) and provider ID needed to initiate the Web re-enrollment application. If your residency ends prior to the re-enrollment date included on the letter, you do not need to re-enroll. You may disregard this letter.

If your residency period is continuing after the re-enrollment due date indicated on the letter, it is imperative you successfully complete the re-enrollment application as quickly as possible upon receipt of the letter. Residents with re-enrollment applications that are not fully completed by the residents' re-enrollment due date will receive a notice advising they have been dis-enrolled from CMAP. Please ensure you submit your re-enrollment application at least 30 days before re-enrollment due date to allow for proper processing time.

Please note that the vast majority of the information in the re-enrollment application will be auto-populated based on the information that is currently in the database. It is imperative that the resident, or his/her representative, review every panel to ensure that the information there is the most current.

Instructions

1. Access the Web site for the Connecticut Medical Assistance Program at www.ctdssmap.com. Please note that the Web portal Enrollment Wizard is unavailable at certain times during the day due to regular/scheduled system downtime. To access the system availability schedule on the www.ctdssmap.com Web site, click on Provider, then Provider Services, and scroll down to the POS/AEVS System Availability link under the Schedules section of the Provider Services page. In the unlikely event of any unplanned downtime, an Important Message is posted to the Home page of the www.ctdssmap.com Web site.

2. Once on the Web site, select Provider.
   a. If you are newly enrolling, select Provider Enrollment, as shown below.

   b. If you are re-enrolling, select Provider Re-enrollment, as shown below. Once this panel is displayed, enter the ATN listed on your re-enrollment due letter as well as your NPI or AVRS ID and select Next.

2

Review the instructions on the Instructions Panel and select Next.

3. On the Application Type panel, select Individual and click Next as shown below. **NOTE:** for re-enrollments, the radio button will be pre-populated and no changes are required.

4. On the Participation Type panel, select Employed/Contracted by an Organization (to include **residents**) and click Next as shown below. **NOTE:** for re-enrollments, the radio button will be pre-populated and no changes are required.

5. For a newly enrolling provider, Initial Enrollment should already be selected on the Application For panel. Select Next as shown below to continue your application. For a re-enrolling provider, Re-enrollment should already be selected. Select Next to continue.

6. On the Provider Type/Specialty panel, use the drop down arrow on the Provider Type field to display the list of provider types. From that list, select Resident. For a re-enrolling resident, this information will be auto-populated.

7. Click on any space in the Provider Type/Specialty panel again (or select Next) to display the Provider Specialty field as shown below. Use the drop down arrow on the Provider Specialty field to display the list of provider specialties. From that list, select either Medical Resident, Dental Resident or Podiatry Resident and then select Next. For a re-enrolling resident, this information will be auto-populated.

8. The Before You Continue panel is then displayed. Please review the section indicated below for Residents, ensure you have all necessary information, and select Next to continue with your application. This includes the permit number (a. k. a "License Number"), the permit number's effective and end date, as issued by the Department of Public Health (DPH).

9. On the National Provider Identifier Information panel, enter your NPI in the National Provider Identifier field. Please note that the Primary Taxonomy field defaults to the Student Taxonomy. No additional updates are required to this field or any of the other Taxonomy fields. Click Next after entering your NPI to continue your application. For a re-enrolling resident, this information will be auto-populated.

10. On the Identifying Information panel, enter the following fields as shown below and select Next:

- Last Name
- First Name
- Middle Initial (optional)
- Date of Birth
- Gender
- Social Security Number (SSN)

Please note that (after entry) the date of birth and SSN fields appear masked with "X"s to protect Personally Identifiable Information (PII).

Please note that the Name and SSN entered on this panel must match exactly to the Name and SSN submitted on the Summary panel at the end of this enrollment Wizard.

For a re-enrolling resident, this information will be auto-populated.

11. On the Identifying Information panel, whether the provider is initially enrolling or re-enrolling, enter the following fields and then select Next.

- Provider Effective Date (Please note that this cannot be any earlier than June 1 of the current residency year.)
- Resident End Date (Please note that this should reflect the length of your residency. For visiting residents, this should indicate the date your rotation in CT is scheduled to end.)
- Sponsoring Organization (Please note this should reflect the Organization that is sponsoring your residency.)
- College Graduated From (Please note this field will only be displayed for Podiatry residents, and should reflect the college from which you graduated.)
- Languages (optional)

12. On the Addresses panel, enter your sponsoring organization's or program's address. Enter your residency advisor as the contact name, with their associated telephone number and email address. Once those fields have been completed, select Next as shown below.

- Street Address Line 1
- Street Address Line 2 (Please note that this address line may include specific information to ensure any letters mailed reach the appropriate staff/department at your sponsoring organization/program.)
- City
- State/Zip Code with +4 Zip Code Extension
- Contact Person
- Telephone Number – Contact Person
- Telephone Number – Patient Use (A telephone number for patient use is helpful when a client needs to contact a provider. This allows the provider to store both their business and patient use telephone numbers.)
- Handicap Accessible (optional)
- Contact Email
- Fax (optional)
- TDD/TTY (optional)

13. If applicable, please enter the facility's information on this panel. Then select NEXT.

14. If known, if the hospital is enrolled/participating in the Health Information Technology (HIT)/Health Information Exchange (HIE), please complete the information on the next panel. This panel may be left blank. Click NEXT to continue.

15. On the next panel, Additional Information, please enter the permit number issued by DPH along with the permit's effective and end date. Please identify which State issued the permit number. Click NEXT to continue. If an error message appears advising of no matching permit number, please check to ensure it was correctly entered. If it was, please click IGNORE, then CONTINUE, then click NEXT.

16. On the Attestation panel, respond to the question about whether health records are stored electronically. Yes must be selected if any of the sites at which you currently perform services store their health records electronically. If Yes is selected, additional text as shown below under "Electronic Signature Attestation:" is presented for review. Respond accordingly to the statements at the bottom of the panel and then select Next as shown below.

17. On the Survey panel, respond Yes or No to each of the four questions and select Next as shown below. Please note that a response to each question is required at both initial enrollment and re-enrollment. If you select Yes to any of the questions, another text box may be displayed prompting you for more detailed information, as shown after the first question below.

18. On the Summary panel, you must select "Click here to open Provider Enrollment Agreement" and fully review the document that is displayed both at initial enrollment and re-enrollment. Once reviewed, you are required to acknowledge that you have read and accept the terms of that agreement. You must again supply your SSN and a signature, review the additional language on the panel, and select Submit as shown below.

Please note that the Name and SSN entered on this panel must match exactly to the Name and SSN submitted on the Individual Name panel completed earlier in this enrollment Wizard application.

19. Once your application has been submitted, you will see an Application Tracking Number (ATN) on the Application Submitted panel, shown below. From this panel, you have the option to save a hard copy of the information saved via the Web application. You may now select Exit.
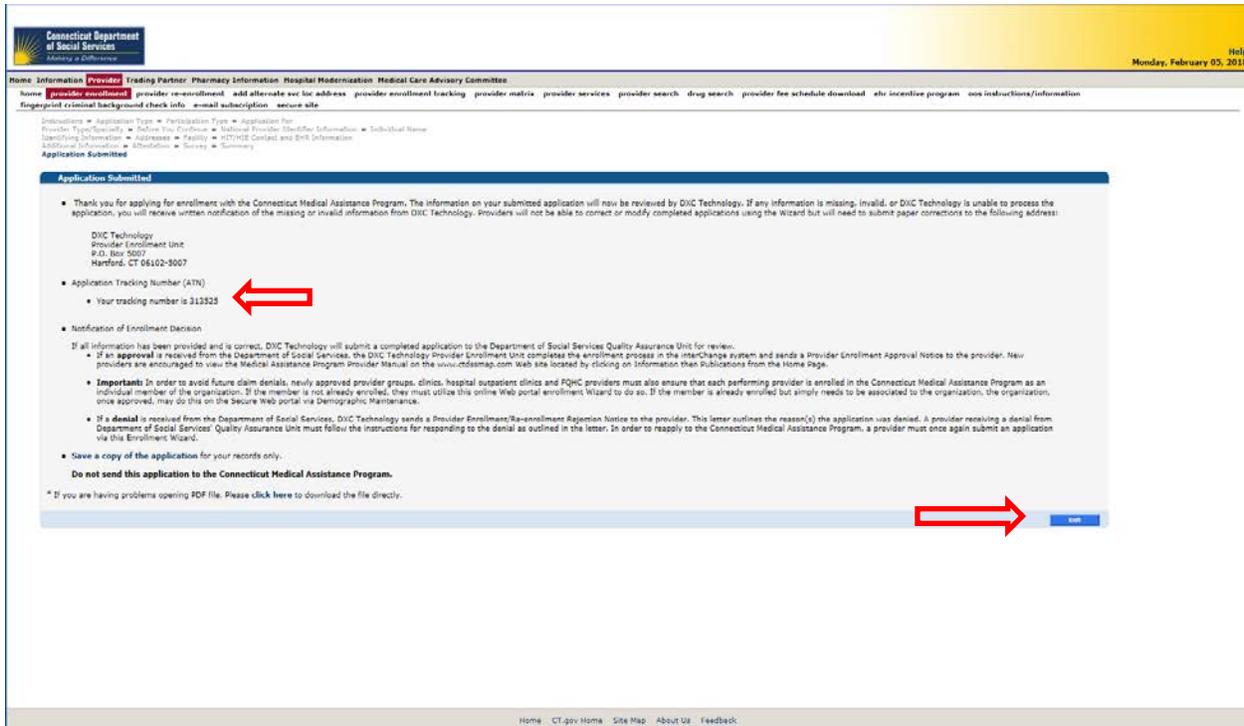
Please do not send a hard copy of this application to DXC Technology once you have submitted it via the Web. Once your application has been submitted, no additional action is needed by the resident or the hospital for enrollment in the Connecticut Medical Assistance Program. Hospitals **are not required** to associate residents under the hospital's AVRS ID.

Once submitted, the application will be reviewed by DSS' Quality Assurance Unit and you will be notified via a letter of your approval or denial for participation in CMAP. The reasons for denial are minimal, but may include the following:

- Resident not registered on NPPES as a student. You must supply a valid NPI that exists on NPPES with a student taxonomy.
- Resident found to not be in compliance with any federal regulations (For example, DSS' Quality Assurance Unit will validate any provider that appears on the Office of Inspector General's sanction list. Any providers found to be on this list are denied enrollment in CMAP.)

Please note that, while not a reason for an application to be denied, in order for a resident to participate in CMAP, they must be issued a permit through the Department of Public Health. Your sponsoring organization/program, the hospital, is responsible for submitting to DPH their list of residents in order for that permit number to be issued.

19

Tracking the Status of an Application

You may track the status of your application at www.ctdssmap.com by selecting Provider > Provider Enrollment Tracking.

On the Provider Enrollment Tracking panel, enter your ATN and name to obtain a status of your application. Possible statuses include:

- **DXC Reviewing Submitted Application** – Your application has been received by DXC and is currently being reviewed to determine what required information is missing.
- **DSS Init Rvw/OIG or Survey Flag** – Your application has passed the DXC Technology review process and is currently with DSS' Quality Assurance Unit for review of OIG and/or Survey Responses. (The OIG file is a file that the Office of the Inspector General maintains and lists providers that should be excluded from participating in the Medicaid program. This list is accessed at the time of initial and re-enrollment into the CMAP program. Providers, once enrolled, are also validated against this list on a monthly basis. If a provider is found on this list, DSS may elect to terminate the provider's participation in the CMAP program; or, deny the application.)
- **DSS Review of Resident Application** – Your application has passed the DXC Technology review process and is currently with DSS' Quality Assurance Unit for review.
- **Waiting Application or Information from Provider** – A request has been sent requesting additional information necessary to finalize your application.

20

- **DSS Approved/Letter to be Sent** – Your application has been approved by DSS. You will soon be receiving a letter indicating that approval.
- **Denied/Letter Needed** – Your application has been denied by DSS. You will soon receive a letter indicating the reason for denial.
- **DXC Denied** – DXC Technology has denied your application for reasons such as: The sponsoring organization/program is located outside of Connecticut.
- **DSS Denied** – DSS has denied your application and a denial letter has been mailed.
- **Enrollment Completed** – You have successfully enrolled in CMAP.
- **Re-enrollment Completed** – You have successfully re-enrolled in CMAP.
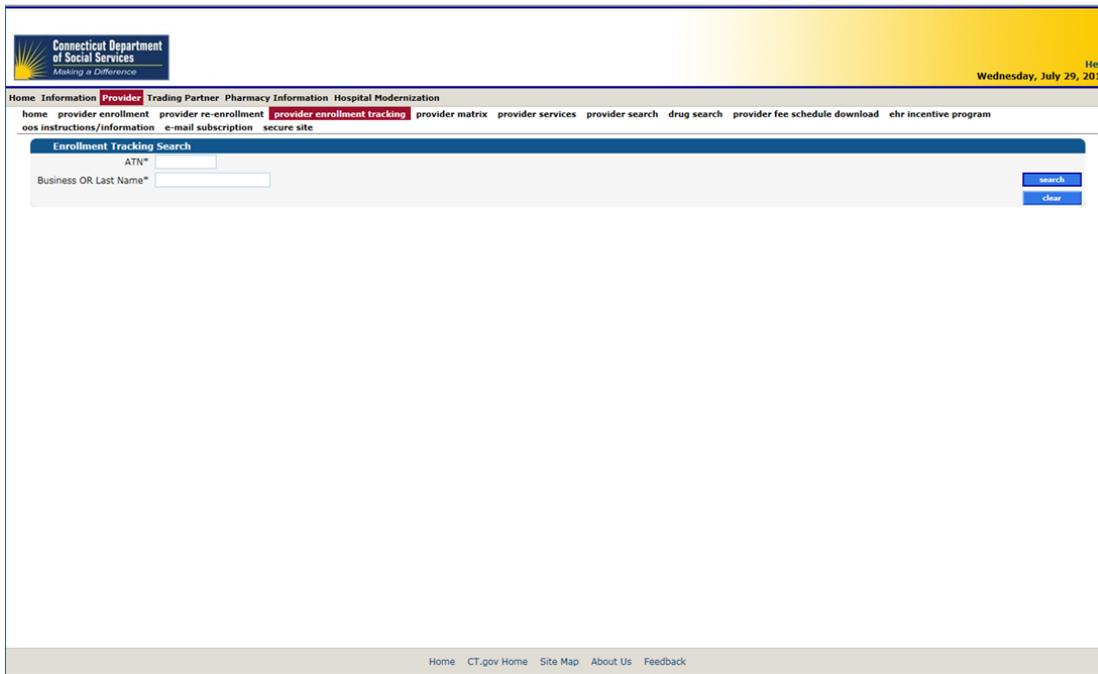
Please note that it may take up to 14 days for your application to be finalized.

Annual Resident Lists to DPH

DPH will issue permits for the length of time the hospitals requests. For most hospitals this is for the entire timeframe of the residency program; however, some hospitals will send DPH information annually. This means the permit end date for the impacted resident will need to be updated each year. If the hospital sends an annual list to DPH, it is imperative DPH receives and processes this file prior to the previous year's permit end date. Otherwise, the CMAP enrollment will be end dated. If this occurs, a re-enrollment application will need to be completed. Please call the Provider Assistance Center (PAC) at 1-800-842-8440 to obtain a re-enrollment ATN.

For Hospitals: Resident Permit Lists

Hospitals may obtain a list of their residents' permit data from the DPH website. For instructions, please contact your DPH resource.

Obtaining Full Licensure

If you are a currently enrolled resident and become fully licensed through the Department of Public Health prior to the time you are due to re-enroll, you must enroll in CMAP as a fully-licensed provider with the new license number that DPH assigns to you (not your resident permit number). To enroll, please select Provider Enrollment via the www.ctdssmap.com Web site. At this time, you will select the appropriate provider type (such as "Physician" or "Dentist") and the appropriate specialty. You will then be asked to supply all relevant provider information, including your DPH license number. Upon enrollment under your newly licensed specialty, you will receive a new AVRS ID.

For Hospitals: List of Ordering/Prescribing/Referring Providers

To verify if the resident is going through enrollment or is already enrolled, hospitals can view the list of ordering/prescribing/referring providers on the Home page of the provider's secure Web site at www.ctdssmap.com. Once logged on to the secure site, the link to the list is in the upper right corner under Quick Links.