

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.

Connecticut Department of Social Services
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Monday, February 05, 2018

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

Information
• Publications
• Links
• Important Inf
• R.A. Banner Ar
• HIPAA
• Regional Offi

Provider
• Provider Serv
• Provider Seat
• Provider Fee
• EHR Incentiv
• OOS Instruct
• Fingerprint C
• Check Info
• E-Mail Subscri
• Secure Site

Trading Partner
• Trading Partner Enrollment
• Trading Partner Documents
• Provider Electronic Solutions
• Billing Instructions

Pharmacy
• Pharmacy Information

Email Subscription
• Register/Update Email Subscription

Server:
VM A

Daily Downtime:
12:00 AM - 12:10 AM EST

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, H REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.

Information Provider Trading Partner Pharmacy

Important Messages
Revised Provider Manual Chapters (Updated 2/1/18)
Attention Methadone Clinic Providers: DSS Behavioral Health Clinic Regulations Posted (Posted 1/31/18)
Electronic Visit Verification Implementation Important Message (Posted 1/24/18)
Attention: Methadone Maintenance Clinic Providers (Posted 1/19/18)
Attention Dental Providers: Annual Dental Benefit Maximum (Posted 1/12/18)
National Correct Coding Initiative (NCCI) - Meritxcel Unlikely Falls (MUE) Review Process (Posted 1/12/18)
Hospital Monthly Important Message (Updated 1/10/18)
Attention Providers: Fee Schedule Update Notification (Posted 1/2/18)
Coding Changes for Enoxipren and Nusinersen (Posted 12/21/17)
Autism Waiver Enrollment Reminder (Posted 12/19/17)
Electronic Visit Verification Implementation Update (Posted 12/11/17)
Revised Provider Manual Chapters (Updated 12/6/17)
HUSKY Health Primary Care Payment Program Extension Notification (Posted 11/30/17)

- 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.

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Help
Tuesday, January 03, 2017

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home provider enrollment **provider re-enrollment** provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
oos instructions/information aca ordering/prescribing/referring provider list e-mail subscription secure site

Log In to Your Re-Enrollment Application

Log In to Your Re-Enrollment Application

- Please enter your Application Tracking Number (ATN) found on your re-enrollment notification letter or contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN.

Required fields are indicated with an asterisk (*)

ATN*

NPI/Non medical provider identifier (AVRS ID)*

[Next](#) [Exit](#)

Review the instructions on the Instructions Panel and select Next.

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Help
Monday, February 05, 2018

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
oos instructions/information fingerprint criminal background check info e-mail subscription secure site

Instructions

Instructions

Welcome to the Connecticut Medical Assistance Program Provider Enrollment/Re-enrollment Wizard. This Wizard is available to providers newly enrolling in the program and those providers who are notified that it is time for re-enrollment into the program. This Wizard offers a simplified, expedited method of enrollment/re-enrollment.

Please note the following:

- As defined in 42 CFR 455.434, fingerprint-based background checks will be applied to providers and suppliers placed into the high level risk category during the enrollment or re-enrollment process.
- Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. A full list of taxonomies/provider types/provider specialties can be found at www.ctdssmap.com by clicking on Information, then Publications.
- The Wizard will not allow you to submit an incomplete application. If required fields are omitted, you will be prompted during the application process to correct those fields.
- If you have a popup blocker, you must add "www.ctdssmap.com" as Allowed Web Site.
- Once you have started an application, you cannot save an application in process and return to complete it later. Rather, you will be required to start a new application.
- Applicants may be presented with a Follow On Document which lists additional documentation that must be mailed to the DXC Technology Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to DXC Technology any of the required documents will result in a delay in processing your application.
- Once an application has been submitted, you cannot return to it to modify the application. Any changes to the application after it has been submitted must be mailed to:

DXC Technology
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102-5007

Exceptions to Web Enrollments:

The Wizard is available to all provider groups and provider taxonomy/type/specialties, with the exception of the following:

- Private Non-Medical Institution Billing and Performing Providers
- Personal Care Services
- Employment and Day Support Waiver Billing and Performing Providers
- Connecticut Home Care (CHC) Personal Care Assistant (PCA) Fiduciary
- Mental Health Waiver Performing Providers

Note to Out-of-State Providers:

Out-of-State providers that provide services to children who are enrolled in programs equivalent to a Department of Children & Family or a department such as a Department of Developmental Services, currently seeking enrollment in the Connecticut Medical Assistance Program, may do so using the Enrollment/Re-enrollment Wizard.

All other out-of-state providers may use the Enrollment/Re-enrollment Wizard if they have received approval from the Department of Social Services. Out-of-state providers may obtain approval by first submitting the claims for which they seek reimbursement to DXC Technology at the following address:

DXC Technology
Written Correspondence
OOS Claims
P. O. Box 2991
Hartford, CT 06104

Please click the "next" button to start the enrollment application.

[Next](#) [Exit](#)

Home CT.gov Home Site Map About Us Feedback

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.

The screenshot shows the 'Application Type' form within the Connecticut Department of Social Services portal. The page header includes the department logo and the date 'Wednesday, July 29, 2015'. A navigation menu at the top lists various services such as 'Provider', 'Trading Partner', and 'Pharmacy Information'. The main content area is titled 'Application Type' and contains a section for 'Type of Application' with two radio button options: 'Individual' (which is selected) and 'Organization/Group'. Below the radio buttons are three buttons: 'Previous', 'Next', and 'Exit'. Red arrows point to the 'Individual' radio button and the 'Next' button. The footer of the page contains links for 'Home', 'CT.gov Home', 'Site Map', 'About Us', and 'Feedback'.

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.

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Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
oos instructions/information e-mail subscription secure site

Instructions » Application Type » Participation Type

Participation Type

Required fields are indicated with an asterisk (*).

Please indicate how you wish to participate in the Connecticut Medical Assistance Program:*

Individual practitioner

Employed/Contracted by an organization (to include residents)

Ordering/Prescribing/Referring provider only

Individual practitioner - An individual practitioner provider would be a single individual who is considered the biller and performer of service. An example would include a single physician office practice. Reimbursement will be made directly to the individual practitioner.

Employed/Contracted by an organization - A member of an organization such as a provider group, clinic, hospital outpatient clinic or FQHC would be a performing provider. **Residents** are also considered employed/contracted by an organization participation type and should select this radio button. The organization would bill for the services provided by the member/performer of the organization. Reimbursement will be made directly to the organization. Important: The organization and each member of the organization must enroll/re-enroll.

Ordering/Prescribing/Referring provider only - An individual provider who wishes to participate solely as an ordering or prescribing or referring provider who does not intend to bill or receive payment directly from the Connecticut Medical Assistance Program.

Previous Next Exit

Home CT.gov Home Site Map About Us Feedback

- 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.

The screenshot shows the 'Application For' section of a web form. At the top left is the logo for the Connecticut Department of Social Services with the tagline 'Making a Difference'. At the top right, the date 'Wednesday, July 29, 2015' is displayed. Below the header is a navigation menu with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization. Under the 'Provider' link, there are sub-links: provider enrollment, provider re-enrollment, provider enrollment tracking, provider matrix, provider services, provider search, drug search, provider fee schedule download, and ehr incentive program. Below this is another set of links: oos instructions/information, e-mail subscription, and secure site. A breadcrumb trail reads: Instructions > Application Type > Participation Type > Application For.

The main content area is titled 'Application For' and includes the instruction: 'Required fields are indicated with an asterisk (*)'. Below this is a section 'This Application is for *' with two radio button options: 'Initial Enrollment' (which is selected) and 'Re-enrollment'. A red arrow points to the 'Initial Enrollment' radio button. Below the options are two paragraphs of explanatory text. The first paragraph states that Initial Enrollment is for new providers, while Re-enrollment is for providers who have previously been enrolled. The second paragraph explains that re-enrollment requires an Application Tracking Number (ATN) and NPI or AVRS ID. At the bottom of the form are three buttons: 'Previous', 'Next', and 'Exit'. A red arrow points to the 'Next' button.

At the bottom of the page is a footer with links: Home, CT.gov Home, Site Map, About Us, and Feedback.

- 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.

This screenshot shows the 'Provider Type/Specialty' section of the application form. It includes the same header and navigation as the previous screenshot. The breadcrumb trail is: Instructions > Application Type > Participation Type > Application For > Provider Type/Specialty.

The main content area is titled 'Provider Type/Specialty' and includes the instruction: 'Required fields are indicated with an asterisk (*)'. Below this is a label 'Provider Type*' followed by a dropdown menu. The dropdown menu is open, showing a list of provider types: Advance Practice Nurse, Autism Specialist, Behavioral Health Clinician, Chiropractor, CT Home Care Program, Dentist, Naturopath, Nurse Midwife, Optician, Optometrist, Physician, Physician Assistant, Podiatrist, Resident, TCM/ODS/DMHAS Performing Provider, and Therapist. A red arrow points to the 'Resident' option in the list.

Below the dropdown menu are three buttons: 'Previous', 'Next', and 'Exit'. A red arrow points to the 'Next' button.

At the bottom of the page is a footer with links: Home, CT.gov Home, Site Map, About Us, and Feedback.

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.

Connecticut Department of Social Services
Making a Difference

Friday, July 24, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
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Instructions » Application Type » Participation Type » Application For
Provider Type/Specialty

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type* Resident

Provider Specialty*
Dental Resident
Medical Resident
Podiatry Resident

Previous Next Exit

Home CT.gov Home Site Map About Us Feedback

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).

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Medical Care Advisory Committee

home **provider enrollment** provider re-enrollment add alternate svc loc address provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download
ehr incentive program oos instructions/information fingerprint criminal background check info e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For
Provider Type/Specialty » **Before You Continue**

Before You Continue

Prior to continuing, it may be helpful to gather the following information which may be required on subsequent panels. Click on the links below to open a sample of a completed enrollment application.

- Full 9 digit zip codes for all addresses
- License Number**
- Out of state provider must submit a copy of their license to DXC Technology. This documentation must contain the Application Tracking Number (ATN) assigned at the end of this enrollment.
- Tax Identification (including SSN and date of birth for all stakeholders, including owners, partners)
- National Provider Identifier (NPI)
- Taxonomy Code
- Direct Deposit Bank information (for providers seeking direct reimbursement)
- CLIA Number(s) (if applicable)
- Medicare Number (if applicable)
- Physician Assistant's Supervising Physician's Name, NPI, License
- Out of state provider wishing to enroll must first submit a claim to DXC Technology
- The data you are required to enter may vary based on your provider type. The examples below demonstrate the maximum information that will be required from providers. A link to a sample application is provided below.

Click here to open the Individual Practitioner Enrollment Application Sample
Click here to open the Employed by Organization Enrollment Application Sample
Click here to open the Organization Enrollment Application Sample
Click here to open the Organization Employed/Contracted by Org Enrollment Application Sample

- Applicants may be presented with a Follow On Document which lists additional documentation that must be mailed to the DXC Technology Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to DXC Technology any of the required documents will result in a delay in processing your application.

Residents Only: Please note that many of the bulleted items above do not apply to residents. However, it may be helpful to gather the following before continuing: National Provider Identifier (NPI), sponsoring institution's address to include the full 9 digit zip code, license/permit number, effective date and end date as issued by the Department of Public Health (DPH), and your Social Security Number.

Previous **Next** Exit

Home CT.gov Home Site Map About Us Feedback

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.

Connecticut Department of Social Services
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Help
Wednesday, July 29, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program

oos instructions/information e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For
Provider Type/Specialty » Before You Continue » **National Provider Identifier Information**

National Provider Identifier Information

Required fields are indicated with an asterisk (*)

National Provider Identifier 1122334455

Primary Taxonomy* 390200000X - Student in an Organized Health Care Education/Training Program

Taxonomy 2

Taxonomy 3

Taxonomy 4

Taxonomy 5

Previous Next Exit

Home CT.gov Home Site Map About Us Feedback

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.

The screenshot shows the 'Individual Name' step of an enrollment wizard. The header includes the Connecticut Department of Social Services logo and the date 'Wednesday, July 29, 2015'. A navigation bar contains links for 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. Below this is a secondary navigation bar with links for 'home', 'provider enrollment', 'provider re-enrollment', 'provider enrollment tracking', 'provider matrix', 'provider services', 'provider search', 'drug search', 'provider fee schedule download', and 'ehr incentive program'. A breadcrumb trail shows the current path: 'Instructions > Application Type > Participation Type > Application For Provider Type/Specialty > Before You Continue > National Provider Identifier Information > Individual Name'. The main content area is titled 'Individual Name' and contains a note: 'The name entered on this line must match exactly the provider name submitted to the Internal Revenue Service and what is submitted on all other information supplied to the Connecticut Medical Assistance Program.' Below this, a note states 'Required fields are indicated with an asterisk (*)'. The form fields are: 'Last Name*' with the value 'Application', 'First Name*' with the value 'Resident', 'Middle Initial' (empty), 'Date of Birth*' with the value 'XX/XX/1980', 'Gender*' with radio buttons for 'Female' (selected) and 'Male', and 'Social Security Number*' with the value 'XXX-XX-3333'. A note below the SSN field says 'Do not enter dashes.' At the bottom of the form are three buttons: 'Previous', 'Next', and 'Exit'. A red arrow points to the 'Next' button.

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)

Connecticut Department of Social Services
Making a Difference

Friday, July 24, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program oos instructions/information
aca ordering/prescribing/referring provider list e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For
Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name
Identifying Information

Identifying Information

- Indicate the date the provider wishes to become effective. This date cannot be further back than six months.
- Indicate the language(s) spoken by organization staff that is available to interpret for clients.

Required fields are indicated with an asterisk (*)

Provider Effective Date* 07/01/2015

Please specify your scheduled residency end date in the following field. For visiting residents, the following field should indicate the date your rotation in CT is scheduled to end.

Resident End Date 06/30/2017

Please specify the organization which is currently sponsoring your residency
Hartford Hospital

Please specify the college from which you graduated
UConn

Languages
 English
 Spanish
 Portuguese
 Russian
 Polish
 Other

Previous Next Exit

Home CT.gov Home Site Map About Us Feedback

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)

Connecticut Department of Social Services
Making a Difference

Help
Wednesday, July 29, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

Home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
 oos instructions/information e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For
 Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name
 Identifying Information » **Addresses**

Addresses

Required fields are indicated with an asterisk (*).

Service Location Address

- Medicaid Contact Person and Telephone Number for Contact Person will be used for Medicaid administrative purposes only.
- Service location is the street address where a provider office is physically located and where the records are normally kept.
- Residents are required to provide the address of their sponsoring institution. Please note that street address line 2 may include specific information to ensure any letters mailed reach the appropriate staff/department at the resident's sponsoring organization.

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Telephone Number - For Patient Use* Ext.

Handicap Accessible?

Contact Email

Fax

TDD/TTY

Previous **Next**  Exit

Home CT.gov Home Site Map About Us Feedback

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

Connecticut Department of Social Services
Making a Difference

Monday, February 05, 2018

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Medical Care Advisory Committee

home **provider enrollment** provider re-enrollment add alternate svc loc address provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program oos instructions/information fingerprint criminal background check info e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For
Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name
Identifying Information » Addresses » **Facility** » HIT/HIE Contact and EHR Information
Additional Information

Facility

Facility NPI	Facility Name	Street Address Line 1	Street Address Line 2	City	State
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Type changes below.

The fields below should be used to indicate the facility's National Provider Identifier (NPI), as well as name and address that a postal service uses to identify a provider's facility.

Required fields are indicated with an asterisk (*)

Facility National Provider Identifier

Facility Name*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Home CT.gov Home Site Map About Us Feedback

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.

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the date "Monday, February 05, 2018". The main navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Medical Care Advisory Committee. A secondary navigation bar lists various services like provider enrollment, provider re-enrollment, add alternate svc loc address, provider enrollment tracking, provider matrix, provider services, provider search, drug search, provider fee schedule download, ehr incentive program, oos instructions/information, fingerprint criminal background check info, e-mail subscription, and secure site. Below this is a breadcrumb trail: Instructions > Application Type > Participation Type > Application For Provider Type/Specialty > Before You Continue > National Provider Identifier Information > Individual Name Identifying Information > Addresses > Facility > HIT/HIE Contact and EHR Information > Additional Information. The main content area is titled "HIT/HIE Contact and EHR Information" and contains two bullet points: "Your Health Information Technology (HIT)/Health Information Exchange (HIE) contact information should be supplied in the contact fields below." and "Information on your current Electronic Health Record (EHR) system is also required in the fields below." The form is divided into two sections: "Contact Information" and "EHR Information". The "Contact Information" section has fields for Contact First Name, Contact Last Name, Contact Phone, Contact Email, and an Ext. field. The "EHR Information" section has a question "Do you use an Electronic Health Record (EHR) system?" with radio buttons for No and Yes. At the bottom of the form are three buttons: Previous, Next, and Exit. A red arrow points to the Next button. The footer contains links for Home, CT.gov Home, Site Map, About Us, and Feedback.

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.

The screenshot displays the 'Additional Information' section of a web application. At the top left is the Connecticut Department of Social Services logo with the tagline 'Making a Difference'. The top right shows the date 'Monday, February 05, 2018' and a 'Help' link. A navigation menu includes 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', 'Hospital Modernization', and 'Medical Care Advisory Committee'. Below this is a secondary menu with links like 'provider enrollment', 'provider re-enrollment', 'add alternate svc loc address', 'provider enrollment tracking', 'provider matrix', 'provider services', 'provider search', 'drug search', and 'provider fee schedule download'. A breadcrumb trail reads: 'Instructions » Application Type » Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name Identifying Information » Addresses » Facility » HIT/HIE Contact and EHR Information'. The 'Additional Information' section contains instructions: 'Residents - Enter your DPH permit number and permit effective and end date.' and 'Non-Residents - Enter your license number and license effective and end date.' Below these are four required fields: 'License/Permit Number*', 'License/Permit Effective Date*', 'License/Permit Expiration Date*', and 'State of License/Permit*' (a dropdown menu). At the bottom of the form are three buttons: 'Previous', 'Next', and 'Exit'. A red arrow points to the 'Next' button.

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.

Connecticut Department of Social Services
Making a Difference

Help
Wednesday, July 29, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program

oos instructions/information e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For
Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name
Identifying Information » Addresses » **Attestation**

Attestation

Required fields are indicated with an asterisk (*)

Electronic Signatures

Do you store your health records electronically? * Yes No

Electronic Signature Attestation:
Conditions for DSS Acceptance of Electronic Signatures

In order for DSS to accept electronic signatures on the Provider's medical records, the Provider shall, at a minimum, meet the requirements that are listed below. In addition, the Provider shall have written policies governing the assignment and use of electronic signatures on medical records that reflect these requirements. The requirements are as follows:

In order to authenticate and safeguard confidentiality of electronic signatures, the Provider shall assign each User of an electronic signature ("User") at least two (2) distinct identification components, such as an identification code and a password, which, together, shall constitute a "unique code." For the purposes of this Addendum, the User's name will not suffice as a password.

Before assigning the unique code, the Provider shall verify the identity of the User.

The unique code assigned by the Provider to a User shall not be assigned to anyone else.

The Provider shall certify, in writing, that the User is the only person authorized by the Provider to use the unique code that was assigned to him or her.

Each User shall certify, in writing, that the User will not release his/her User identification code or password to anyone, or allow anyone to access or alter information under his/her identity.

Each Provider and each User shall certify, in writing, that the electronic signature is intended to be the legally binding equivalent of the User's traditional handwritten signature.

Yes. I certify that the Provider has policies that meet the Provider Enrollment Agreement concerning the Acceptable Use of Electronic Signature requirements for acceptance of electronic signatures by DSS, and that the Provider meets all of the requirements for the issuance and use of electronic signatures.

No. I do not certify that I meet the requirements for acceptance of electronic signatures by DSS.

Previous **Next** Exit

Home CT.gov Home Site Map About Us Feedback

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.

Connecticut Department of Social Services
Making a Difference

Help
Wednesday, July 29, 2015

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
oos instructions/information e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name Identifying Information » Addresses » Attestation » **Survey**

Survey

Required fields are indicated with an asterisk (*)

1. Is, or was, applicant a Medicaid provider in any other state? * Yes No

*** No rows found ***
- Enter data below and click on add button -
State* National Provider Identifier Number* Date*

2. Is applicant a provider for any other federal program, e.g., MEDICARE? * Yes No

3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? * Yes No

4. Has there been any disciplinary, administrative, civil, or criminal actions taken against applicant, a family member, partner, member, director, officer or managing employee in any way related to the provision of health care goods or services, including but not limited to those goods or services covered by Medicare or Medicaid? * Yes No

Home CT.gov Home Site Map About Us Feedback

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.

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Making a Difference

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
oos instructions/information e-mail subscription secure site

Instructions » Application Type » Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name Identifying Information » Addresses » Attestation » Survey
Summary

Summary

Click here to open Provider Enrollment Agreement

I agree that I have read and accept the terms of the Provider Enrollment Agreement.

SSN of Person Signing the Application* XXX-XX-3333

Signature of Provider or Authorized Representative* Resident App

- The Application has been completed and is ready to submit. If any changes need to be made, please make them now by using this Web site's navigation links and command buttons (not the browsers navigation buttons).
- **IMPORTANT NOTICE:** In receiving this application from and granting Medicaid enrollment to the individual or other entity named as "Provider Applicant," the Connecticut Medical Assistance Program relies on the truth of all the following statements:

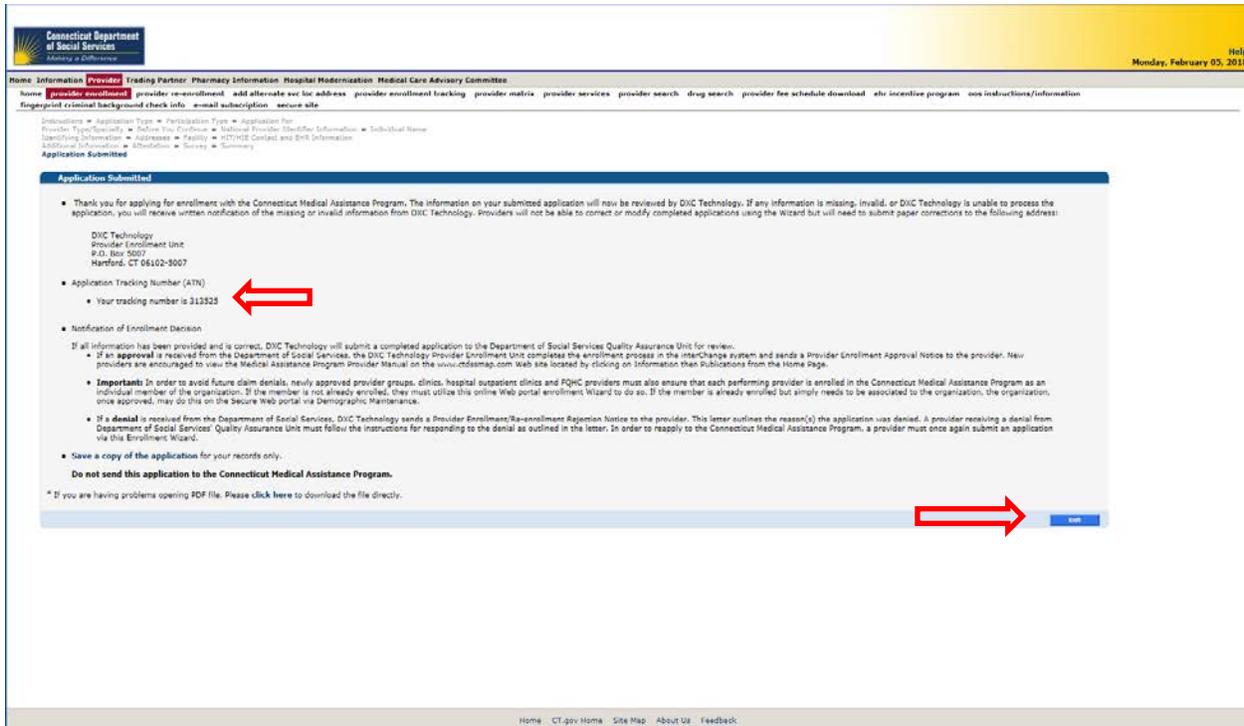
I certify that, if I am granted status as a provider for Connecticut Medical Assistance programs, I expressly agree to the following: to abide by all applicable federal and state statutes, regulations, policy transmittals, and provider bulletins; to keep accurate and current records regarding the nature, scope and extent of services furnished to Medical Assistance recipients; and to furnish information pertaining to any claim for Medicaid payment, whether made by me or on my behalf, to the Connecticut Department of Social Services, the Secretary of Health and Human Services, and the offices of the Connecticut Chief State's Attorney and the Connecticut Attorney General, or their agents, upon request. I will make such information available for inspection and/or copying, and/or will provide copies of such information, upon request.

I certify that I have legal authority to enter into contracts and agreements on behalf of the provider.
- After you submit the application, you will be able to print and/or save the application as a PDF.
- Select "Submit" to submit the application.

Previous Submit Exit

Home CT.gov Home Site Map About Us Feedback

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.

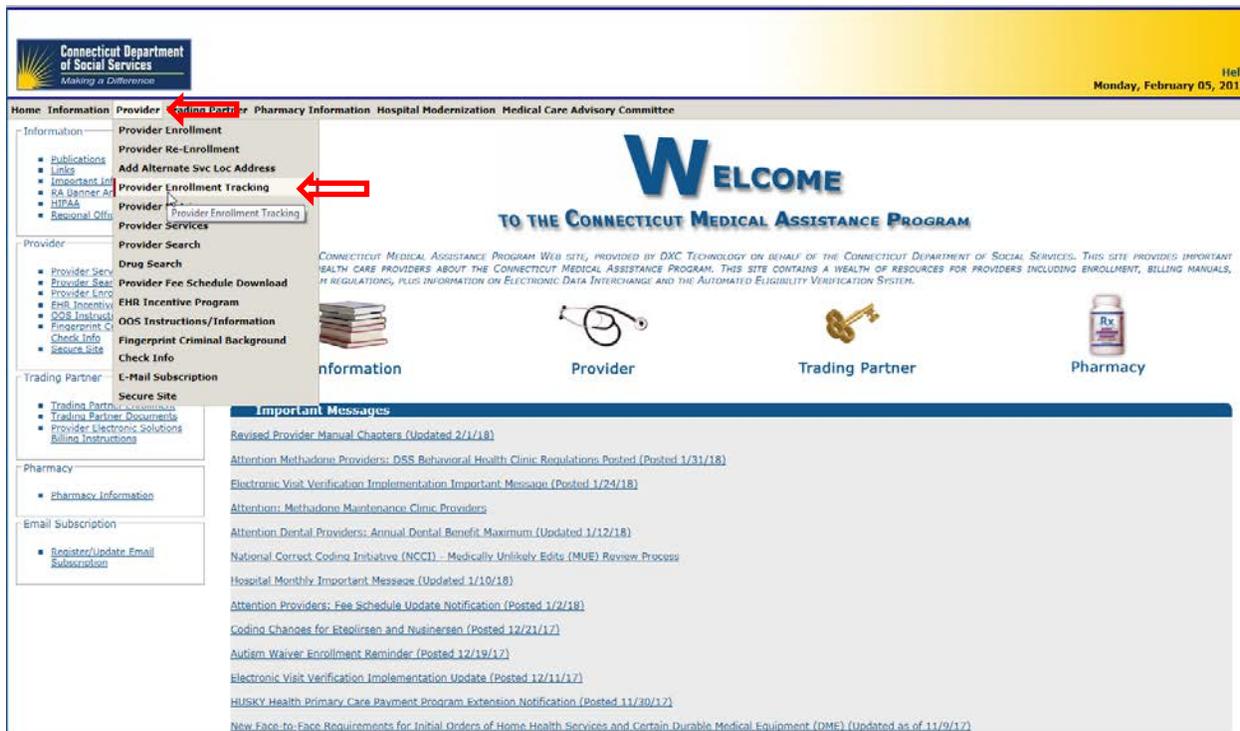
Once submitted, the application will be reviewed by DSS' Quality Assurance Unit and you will be notified via a letter of your approval or denial for participation in CMAP. The reasons for denial are minimal, but may include the following:

- 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.

Tracking the Status of an Application

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

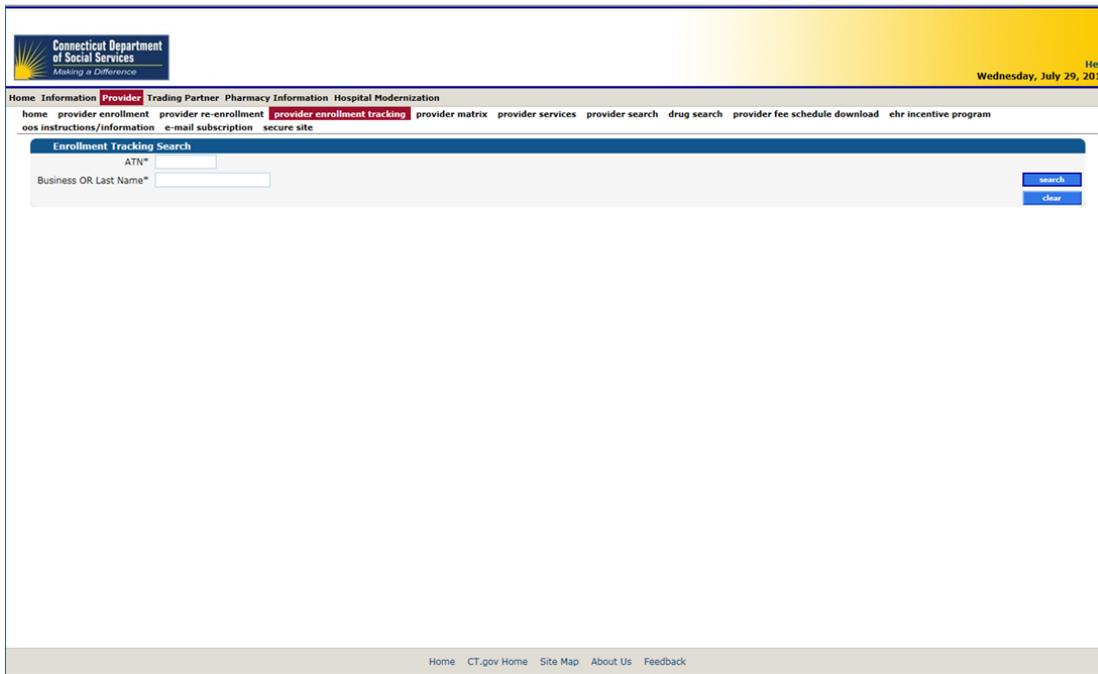


The screenshot shows the website for the Connecticut Department of Social Services. The top navigation bar includes links for Home, Information, Provider, Provider Search, Pharmacy Information, Hospital Modernization, and Medical Care Advisory Committee. The 'Provider' menu is expanded, showing options like Provider Enrollment, Provider Re-Enrollment, Add Alternate Svc Loc Address, and Provider Enrollment Tracking, which is highlighted with a red arrow. The main content area features a 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner and a 'Provider Enrollment Tracking' link. Below the banner, there are icons for Information, Provider, Trading Partner, and Pharmacy. An 'Important Messages' section is visible at the bottom, listing various updates and notices.

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.

- **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.