TO: Skilled Nursing Facilities

RE: **UPDATE: Addendum to the Provider Enrollment Agreement for Nursing Facilities**

UPDATE: <u>Out of State Providers</u> are excluded from all requirements in bulletin below:

Effective January 1, 2024, the Department of Social Services (DSS) is amending the Addendum to the Provider Enrollment Agreement for Nursing Facilities.

Nursing facilities are required to sign and upload the updated Addendum to the Provider Enrollment Agreement within 60-days of receipt of this bulletin. To access the updated Addendum, please go to www.ctdssmap.com, Information> Publications> Provider Enrollment/Maintenance Forms> *Provider Addendum for SNF Providers* or click on the link below:

Provider Addendum for SNF Providers

All skilled nursing facilities will be required to submit an accounts payable aging schedule twice each calendar year to the Office of Reimbursement & Certificate of Need. Reports will be due to DSS by March 31st and September 30th of each year.

The accounts payable aging schedule should be generated directly from the nursing facility's accounting system. Reports should reflect the most recent accounts payable schedule for the first of the month in which the report is submitted. For example, reports submitted by March 31st should reflect accounts payable as of March 1st and reports submitted for September 30th should reflect accounts payable as of September 1st.

Accounts payable aging schedules must be submitted in Microsoft Excel. PDF documents will not be accepted. Reports must be submitted via email directly to: con-ratesetting.dss@ct.gov. <u>The subject line of the email must contain the name of the nursing facility and the date of the accounts payable aging schedule.</u>

<u>Signed Addendum Upload Instructions</u>

The purpose of this section is to provide instructions as to where and how to upload the required signed addendum.

NOTE: A signed addendum must be completed for EACH AVRS/MCD ID!

You will need to login to the secure Web portal using the Master User ID (not a clerk ID) to complete these activities. If you do not have a secure Web portal set up, or if you are unable to unlock/change your password, please call the Provider Assistance Call Center (PAC) at 1-800-842-8440.

Step 1: Go to www.ctdssmap.com and under the provider section on the left, click the link called, Secure Site.

Step 2: Login to your secure account.

Step 3: From the main menu bar to the right of Demographic Maintenance, select Document Upload.

Step 4: In the top half of the panel that opens, enter all the following information:

1. AVRS ID: The ID that was used for login should appear here.

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

2. Contact Name: The name of the person uploading the document(s).
3. Contact Phone: The phone number of the person uploading the document(s).
4. Contact Email: The email address of the person uploading the document(s).
5. User Comments: Enter notes as to what is being uploaded, what you are trying to accomplish, etc.

NOTE: Please read the panel instructions CAREFULLY! There is a size limit on a document's size to be uploaded, formats are restricted, etc.

Step 5: In the bottom half of the panel that appeared as noted in Step 2 above, click the add button. From the Transaction Type dropdown box, select the Transaction type "SKILLED NURSING FACILITY ADDENDUM" and click on the Choose File button, one at a time, to identify the document that you are uploading.

Step 6: Click Upload ALL Files once document is added to the Files list.

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