

# Connecticut Medical Assistance Program – Acupuncture Enrollment

Gainwell Technologies  
2022



# Agenda

- Introduction
- Benefits of Enrollment and Secure Web Account Set-up
- Access and Set-up of Secure Web Account
- Web Account Capabilities
  - Demographic Maintenance
- Resources
- Contacts

# Introduction

Effective for dates of service October 1, 2021 and forward, the Department of Social Services (DSS) will cover services rendered by independent acupuncturists in the office setting in Connecticut's Medicaid program.

To be eligible for reimbursement under Medicaid, the acupuncturist must be licensed by the State of Connecticut Department of Public Health (DPH) and enroll as an independent acupuncturist with HUSKY Health.

Acupuncture services will be covered for all members under HUSKY A, C, and D. Services provided by acupuncturists in independent practice continue to be non-covered under HUSKY B.

Providers will need to **re-enroll every five (5) years.**

# Introduction

- ❖ **Acupuncturists** and **Acupuncturist groups** must enroll on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site via the Enrollment Wizard.
- ❖ Billing groups need to associate their performing providers to the group since performing providers are now enrolled / re-enrolled independent of the groups they belong to.
- ❖ The performer would re-enroll according to their re-enrollment due date which may be different from the group.
- ❖ Organizations/Groups can view the re-enrollment due dates of their members by accessing the “Maintain Organization Members” from the “Demographic Maintenance panel”.
- ❖ This feature allows organizations/groups to track their re-enrollment due dates prior to receiving their notice to re-enroll

# Enrollment Process

[www.ctdssmap.com](http://www.ctdssmap.com)



# Enrollment Process

Providers must be enrolled in the **Connecticut Medical Assistance Program (CMAP)** network in order to be reimbursed.

Providers will enroll via the **Enrollment Wizard**, the Department of Social Services' online enrollment application tool.

- ❖ The Wizard allows applying providers to submit their enrollment applications for CMAP on the public Web site.

Providers can access the Wizard's enrollment and enrollment-tracking self-service features from the Web Portal at [www.ctdssmap.com](http://www.ctdssmap.com).

- ❖ Access to this application does not require a log in ID or Password; any user with internet access can utilize this application.




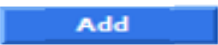
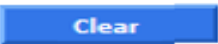

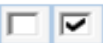
# Enrollment Process

The online portion of this application process takes approximately 20 minutes to complete.

- Applicants with **applications remaining idle for more than 20 minutes** will be booted from the enrollment wizard and required to restart the enrollment application process.
  - Applicants should gather all required data prior to beginning the application process.
- **Partially completed applications cannot be saved** for future completion (exiting the Wizard before completing the application will require you to restart your application).
- **Completed applications may not be modified through the Web site**; required alterations after an application has been submitted must be mailed to:

Gainwell Technologies  
Provider Enrollment Unit  
P. O. Box 5007  
Hartford, CT 06102-5007

# Enrollment Process

- Use the *Process Bar* at the top of the screen to navigate between related panels  
Instructions » Application Type » Employed by Group/Clinic/Hospital » Application For Provider Type/Specialty » Before You Continue » **National Provider Identifier Information**
- Click  to confirm the current panel data and move to the next panel
- Click  to go back to the previous panel
- Click  to leave the application – changes will NOT be saved
- Click  to add new entries to the relevant panel
- Click  to remove multiple entries at once
- Use *Radio Buttons*  to make selections between multiple choices
- Use *Check Boxes*  to indicate agreement or disagreement

# Enrollment – Where to begin

Go to the [www.ctdssmap.com](http://www.ctdssmap.com) Home Page to access the Enrollment Wizard and begin the application process.

The screenshot shows the website for the Connecticut Department of Social Services. The top navigation bar includes: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. The 'Provider' menu is open, listing the following options: Provider Enrollment (highlighted with a mouse cursor), Provider Re-Enrollment, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, Promoting Interoperability Program, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, E-mail Subscription, and Secure Site. A tooltip for 'Provider Enrollment' is visible. The main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner. Below the banner is a paragraph of text: 'THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY SYSTEM.' At the bottom, there are four icons with labels: a stack of books for 'Information', a stethoscope for 'Provider', a key for 'Trading Partner', and a pill bottle for 'Pharmacy'.

# Enrollment Instructions

## The Instructions panel provides an introduction to the online enrollment/re-enrollment process.

- You are strongly encouraged to read through this page prior to beginning the enrollment process.
- This page provides important information regarding application submission instructions. Once you have read the instructions, click **NEXT** to proceed.

### 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](http://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](http://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 Gainwell Technologies Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to Gainwell Technologies 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:

Gainwell Technologies  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06102-5007

### 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 Gainwell Technologies at the following address:

Gainwell Technologies  
Written Correspondence  
OOS Claims  
P. O. Box 2991  
Hartford, CT 06104

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

# Application Type

**Applicants who are enrolling as Acupuncture Providers will select Individual or Organization/Group for their “Application Type”. Organizations/Groups must affiliate enrolled individuals for billing purposes.**

Instructions » **Application Type**

**Application Type**

Required fields are indicated with an asterisk (\*)

**Type of Application \***

Individual

Organization/Group

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- Click **Next** to proceed.

# Example of Organization/Individual Participation Type

Acupuncturist groups must select the **Organization** “Participation Type”.

**Organization Participation Type**

Required fields are indicated with an asterisk (\*).

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

- Organization
- Organization that is Employed/Contracted by Another Organization

Individual acupuncturists should select the **Individual practitioner or Employed/ Contracted by an organization** “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

# Application

New applicants will select Initial Enrollment, then click **Next**.

## Application For

Required fields are indicated with an asterisk (\*)

### This Application is for \*

- Initial Enrollment
- Re-enrollment

\* Initial Enrollment should be selected when the applicant has never participated in the Connecticut Medical Assistance Program. Initial Enrollment should not be selected if the applicant is now or was ever actively enrolled. Initial Enrollment is not a means to join another organization such as a group, clinic, or outpatient hospital. If an Initial Enrollment application is received from a provider who is currently on file, regardless of their current participation status, the application will not be processed. The provider will be instructed to re-enroll in the program by contacting the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining an Application Tracking Number (ATN) needed for re-enrollment.

\* If you have been notified that it is time for re-enrollment, please select Re-enrollment. You will need your Application Tracking Number (ATN) and NPI or Non-medical provider identifier (AVRS ID) in order to re-enroll. Your ATN is found on your re-enrollment letter or you can contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN. If you have previously been enrolled in the Connecticut Medical Assistance Program and are attempting to re-join, you must first contact the Provider Assistance Center to obtain an ATN so that you may re-enroll.

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# Provider Type/ Specialty

Using the drop-down arrow, applicants should select “Provider Type”, Acupuncture Group or Acupuncturist, then click Next.



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Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification

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

Instructions » Application Type » Organization Participation Type » Application For **Provider Type/Specialty**

**Provider Type/Specialty**

Required fields are indicated with an asterisk (\*)

Provider Type\*

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**Provider Type/Specialty**

Required fields are indicated with an asterisk (\*)

Provider Type\*

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# 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 providers must submit a copy of their license to Gainwell Technologies. 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 Gainwell Technologies
- 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](#)



**Click on Sample Enrollment Application based on enrolled Application/Participation type selected**

- Applicants may be presented with a Follow On Document which lists additional documentation that must be mailed to the Gainwell Technologies Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to Gainwell Technologies 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.

# National Provider Identifier Information

- An **NPI is required** as Acupuncturist services are considered **medical services**.
- **Taxonomy is** prepopulated
- Click Next to continue.

## National Provider Identifier Information

Required fields are indicated with an asterisk (\*)

National Provider Identifier	<input type="text"/>
Primary Taxonomy*	<input type="text" value="171100000X - Acupuncturist"/>
Taxonomy 2	<input type="text"/>
Taxonomy 3	<input type="text"/>
Taxonomy 4	<input type="text"/>
Taxonomy 5	<input type="text"/>

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# Identifying Information for Groups

## Identifying Information

- 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.
- 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 (\*)

Name - Organization\*

Provider Effective Date\*

- Languages
- English
  - Spanish
  - Portuguese
  - Russian
  - Polish
  - Other

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# Identifying Information for Individuals

**Individual Name**

- 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.

Required fields are indicated with an asterisk (\*)

Last Name\*

First Name\*

Middle Initial

Date of Birth\*

Gender\*  Female  Male

Social Security Number\*  Do not enter dashes.

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**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\*

Languages  English  Spanish  Portuguese  Russian  Polish  Other

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# Addresses

**Enter information for the required address types: Service Location; Mailing; Home Office; Enrollment; Check and Remittance Advice and 1099 Mailing 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.

#### Service Location Address

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?  No

Contact Email

Confirm EMail

Fax

TDD/TTY

**PLEASE NOTE:**

**P.O. Boxes are not allowed as a service location.**

# Addresses cont.

## Mailing Address

- Indicate the address where the Connecticut Medical Assistance Program should send general information and correspondence.

### Mailing Address

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Contact Email

Confirm EMail

Fax

If Service Location Address is the same as Mailing Address, click here to copy to Mailing Address .



Clear

Copy Svc Loc Addr

## Home Office Address

- Indicate the provider's Home Office address.

### Home Office Address

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Contact Email

Confirm EMail

Fax

If Mailing Address is the same as Home Office Address, click here to copy to Home Office Address .



Clear

Copy Svc Loc Addr

# Addresses cont.

## Check and Remittance Advice Address

- Indicate the address where checks and remittance advice information should be sent. Most providers are required to receive this information electronically.

### Check and Remittance Advice Address

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Name - Financial Contact Person\*

Telephone Number - Contact Person\*  Ext.

Contact Email

Confirm Email

If Service Location address the same as Check and Remittance Advice address, click here to copy to Check and Remittance Advice.



Clear

Copy Svc Loc Addr

## 1099 Mailing Address

- This is the address where the IRS Form 1099 will be sent.

### 1099 Mailing Address

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Telephone Number  Ext.

If Service Location address the same as 1099 Mailing address, click here to copy to 1099 Mailing address.



Clear

Copy Svc Loc Addr

# Addresses cont.

Once all address information has been entered, **click Next to continue.**

**Enrollment Address**

- Enrollment address is the address to which all enrollment/re-enrollment correspondence will be mailed, including a provider's notice to re-enroll. If a provider has a central credentialing unit or office member that performs that function, this is the information that should be reflected in the address and contact fields below.

**Enrollment Address** ? ^

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Contact Email

Confirm EMail

Fax

**If Service Location address the same as the Enrollment address, click here to copy to Enrollment address.**

# Addresses cont.

Enter any additional service location addresses applicable to the services to be provided.

- All **required fields** indicated with an asterisk (\*) **must be completed**.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » **Additional Service Location Address**

### Additional Service Location Address

Required fields are indicated with an asterisk (\*).

**Street Address Line 1** **Street Address Line 2** **City** **State** **Contact Person** **Telephone Number - Contact Person**

Type changes below.

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Handicap Accessible?

Contact Email

Confirm EMail

Fax

TDD/TTY

**If non-applicable or all locations have been added, click "NEXT"**

**To enter additional service location information, click "ADD".**

# Individual Provider Affiliation

Individuals and performing providers will be given the option to **add** their facility information if applicable.

**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\*   -

# HIT/HIE Contact and EHR Information

Enter Health Information Technology (HIT)/Health Information Exchange (HIE) contact information.

Enter Information on your current Electronic Health Record (EHR) system. Clicking Yes expands the panel with additional questions regarding your EHR system.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information Addresses](#) » [Additional Service Location Address](#) » **HIT/HIE Contact and EHR Information**

## HIT/HIE Contact and EHR Information

- Your Health Information Technology (HIT)/Health Information Exchange (HIE) contact information should be supplied in the contact fields below.
- Information on your current Electronic Health Record (EHR) system is also required in the fields below.

### Contact Information

Contact First Name

Contact Last Name

Contact Phone  Ext

Contact Email

### EHR Information

Do you use an Electronic Health Record (EHR) system?  No  Yes

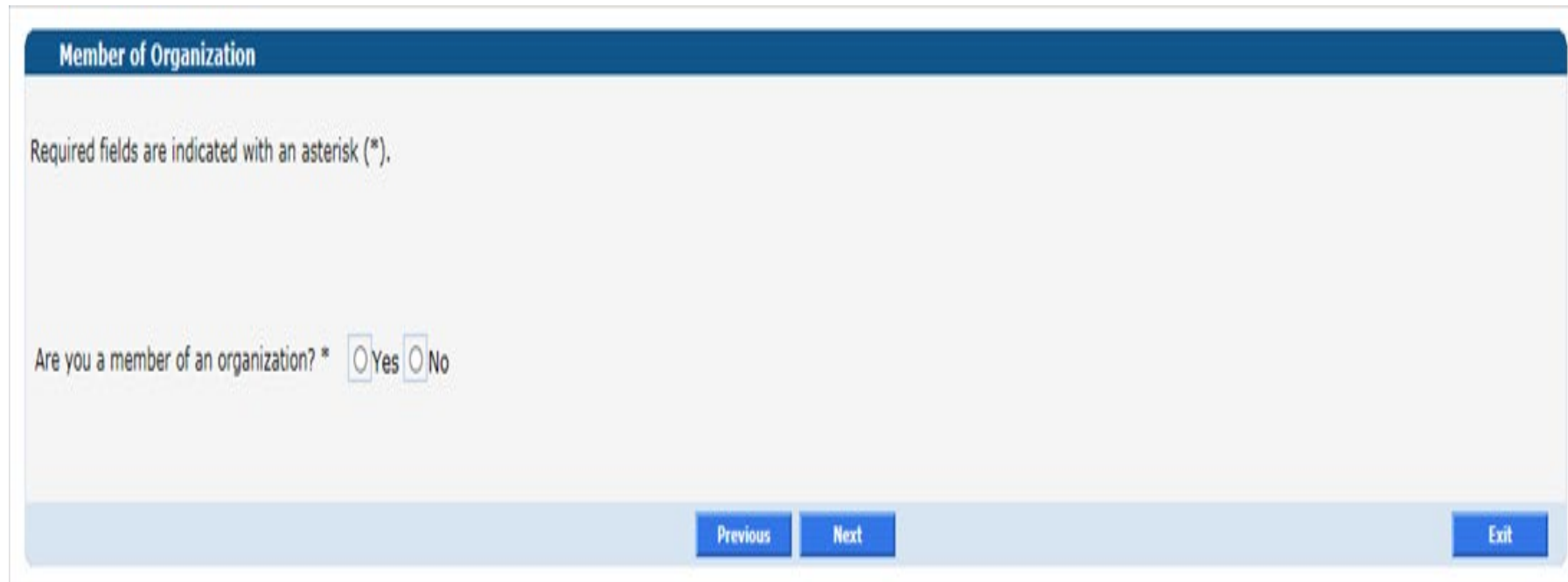
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# Organization Affiliation for Individual Providers

- Individuals and performing providers will be given the option to affiliate themselves to a group/organization.



Member of Organization

Required fields are indicated with an asterisk (\*).

Are you a member of an organization? \*  Yes  No

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# Financial Information for Organizations and Individual Billing Providers

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information Addresses » Additional Service Location Address » HIT/HIE Contact and EHR Information » **Financial Information**

## Financial Information

- The Connecticut Medical Assistance Program will generate payments to you and report income to the Internal Revenue Service (IRS) using this information. This information must be the current taxpayer information on file with the IRS. Please note: The "Name" and the "Doing Business As" fields are NOT address fields. Please enter only your name in the "Name" field. If you are conducting business and are reporting income to the IRS under a different name, please enter that name in the "Doing Business As" field.

Required fields are indicated with an asterisk (\*)

Taxpayer Identification Number (TIN)\*

Do not enter dashes.

Name\*

If State Tax ID is not provided, you must attest that no sales tax is collected or you have no employees.

Doing Business As

TIN Type\*  EIN  SSN

TIN Effective Date

State Tax ID

I attest that I do not collect sales tax or do not have employees.

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# EFT

Enrolling billing providers must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information » Addresses » Additional Service Location Address » Financial Information » **EFT Information**

### EFT Information

[Click here to open Provider EFT Enrollment instructions.](#) **Complete all required fields indicated with an (\*).**

Required fields are indicated with an asterisk (\*)

**Provider Name\***

**Account Number Linkage to Provider Identifier\***

Provider Tax Identification Number (TIN)

OR

National Provider Identifier (NPI)

**Provider Identifiers\***

Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN)

OR

National Provider Identifier (NPI)

**Other Identifiers**

Assigning Authority

Trading Partner ID

**Financial Institution Information**

Financial Institution Name

**Financial Institution Address**

Street

City

State/Province

ZIP Code/Postal Code

Financial Institution Routing Number\*

Financial Institution Routing Number(rekey)\*

Type of Account at Financial Institution\*

Provider's Account Number with Financial Institution\*

Provider's Account Number with Financial Institution(rekey)\*

Reason for Submission  New Enrollment  Change Enrollment  Cancel Enrollment

Authorized Signature\*

# Additional Information for Individual Providers

Enter your licensure information. Click **Next** to continue.

**Additional Information**

Required fields are indicated with an asterisk (\*)

License number\*

License Effective Date\*

License Expiration Date\*

State of license\*

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

- CLIA is not applicable to Acupuncture providers.

# Attestation for Organizations

Both Organization and Individual billing providers must complete the *Deficit Reduction Act* and *Electronic Signature Questions*. Answering yes will open the Attestation.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information Addresses » Additional Service Location Address » Financial Information » EFT Information Additional Information » **Attestation**

### Attestation

Required fields are indicated with an asterisk (\*)

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#### ***Deficit Reduction Act***

Have you received \$5,000,000.00 in earnings from Title XIX in the most recent federal fiscal year? \*

Yes  No

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#### ***Electronic Signatures***

Do you store your health records electronically? \*

Yes  No

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# Attestation for Performing Providers

Performing providers are required to answer the *Electronic Signature* Question. Answering yes will open the Attestation.

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### Attestation

Required fields are indicated with an asterisk (\*)

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#### 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 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.

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# Attestation cont.

Once the Attestation is open, read and select whether you comply with the stated requirements.

### Attestation

Required fields are indicated with an asterisk (\*)

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#### Deficit Reduction Act

Have you received \$5,000,000.00 in earnings from Title XIX in the most recent federal fiscal year? \*  Yes  No

**Deficit Reduction Act Affidavit:**  
**False Claims Act Attestation**

This attestation must be completed if your organization, unit, corporation, partnership, or other business arrangement, including any managed care organization, irrespective of form of business structure or arrangement by which it exists, whether for-profit or not-for-profit, which furnishes directly, or otherwise authorizes the furnishing of, the delivery of Medicaid health services where payments made with respect to those services are received, or made, under a State Plan approved under Title XIX, or any waiver of such plan totaling at least \$5,000,000 annually.

I hereby swear or attest, under the penalty for false statement, that in my capacity as representative of the entity named in this application, that I have the authority to make this attestation on behalf of that entity. This entity has complied with all applicable requirements of § 1902(a)(68) of the Social Security Act (42 U.S.C. 1396a(a)(68)) and §§ 17b-262-770 through 17b-262-773 of the Regulations of Connecticut State Agencies.

FALSE STATEMENT IS PUNISHABLE BY A FINE NOT TO EXCEED \$2,000.00, IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. CONN. GEN. STAT. § 53a-157b . This attestation must also be provided to the Department's Office of Quality Assurance by August 31st. of each year.

Yes, I comply with all applicable requirements of § 1902(a)(68) of the Social Security Act (42 U.S.C. 1396a(a)(68)) and §§ 17b-262-770 through 17b-262-773 of the Regulations of Connecticut State Agencies.

No, I do not comply.

---

#### Electronic Signatures

Do you store your health records electronically? \*  Yes  No

# Medicare Information

Medicare Information is required if you are enrolled in “Medicare”.

If you are not enrolled in Medicare, select “No” as shown below.

Click Next to proceed.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information Addresses](#) » [Additional Service Location Address](#) » [HIT/HIE Contact and EHR Information](#) » [Financial Information EFT Information](#) » [Additional Information](#) » [Attestation](#) » **Medicare Information**

## Medicare Information

Required fields are indicated with an asterisk (\*)

Are you enrolled in Medicare?  Yes  No

Previous

Next

Exit

# Board Members, Partners or Managing Administrators Information

Enter responses to each of the questions. (Application Type – Organization or Group)

- Answering **yes** to the second question regarding board members, partners or managing administrators of your organization will require detail information to be entered in the next panel
- Answering **yes** to the last question requires supply of the **Name** and **Corporate Headquarters Location**. Click **Next**.

Board Members, Partners or Managing Administrators Information

Required fields are indicated with an asterisk (\*)

Are you a nonprofit organization or an organization without an owner?\*  Yes  No

Are there board members, partners, or managing administrators of your organization?\*  Yes  No

**For both nonprofit and profit organizations:** If an organization has a board of directors (either paid or volunteer), the provider must supply the information for the administrative staff. The person(s) responsible for the day to day operations of the organization would include: President, VP, Treasurer, CEO, managing partners, etc.

Do all owners have less than 5% ownership in the organization?  Yes  No  N/A

Is your corporation a subsidiary of another company?\*  Yes  No

Name

Corporate Headquarters Location

# Board Members, Partners or Managing Administrators Information: Detail

If answering yes to the board members, partners or managing administrators of your organization, you will be required to enter details about that board member(s), partner(s), or managing administrator(s), in the panel displayed below.

**Board Members, Partners, or Managing Administrators Information-Detail**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (\*)

Position\*

Last name\*

First Name, Middle Initial\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

SSN\*

Date of Birth\*

If more than one organizational member, enter details on first then click add to clear and enter next member.

**Add**

**Next**

**Exit**

**Previous**

# Controlling Interest for Organizations and Individual Billing Providers

Controlling Interest information is not required for Non-Profit organizations or an organization without an owner. If not applicable, click Next.

## Controlling Interest

Required fields are indicated with an asterisk (\*).

- If you are a nonprofit organization or an organization without an owner, controlling interest information is not required.
- Indicate the person/persons who have a controlling interest in your organization.
- **Controlling Interest:** Controlling interest includes, but is not limited to, those enumerated; that is, all owners, creditors, controlling officers, administrators, mortgage holders, employees or stockholders with holdings of 5% or greater of outstanding stock, or holders of any other such position or relationship who may have a bearing on the operation or administration of a medical services-related business.

\*\*\* No rows found \*\*\*

Type changes below.

# Controlling Interest cont.

Organizations are required to indicate the person or persons who have controlling interest in the organization.


■ **Controlling Interest:** Controlling interest includes, but is not limited to, those enumerated; that is, all owners, creditors, controlling officers, administrators, mortgage holders, employees or stockholders with holdings of 5% or greater of outstanding stock, or holders of any other such position or relationship who may have a bearing on the operation or administration of a medical services-related business.

\*\*\* No rows found \*\*\*

Type changes below.

Last Name*	<input type="text"/>
First Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Relationship*	<input type="text" value="v"/>
Medicaid Provider Number (if applicable)	<input type="text"/>
Social Security Number*	<input type="text"/>
Date of Birth*	<input type="text"/>
Street Address Line 1*	<input type="text"/>
Street Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/ZIP*	<input type="text" value="v"/> <input type="text"/> - <input type="text"/>
Telephone Number - Business*	<input type="text"/> Ext. <input type="text"/>
Percentage of Controlling Interest*	<input type="text"/>

If more than one controlling interest entry is applicable, click add after completing the panel.



# Controlling Interest cont.

- After entering data for all parties with controlling interest, complete the remaining questions.
  - Answering **Yes** to “controlling interest in any other provider” will open the “Controlling Others” window.

The percentage of ownership does not equal 100%. The remaining owners have less than 5% ownership in the organization.  Yes  No

Does the applicant and/or owner, partner, member or officer have an ownership or controlling interest in any other provider?  Yes  No

\*\*\* No rows found \*\*\*  
- Enter data below and click on add button -

### Controlling Others

Name\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Complete panel and click add to save.  
Click add after completing each  
additional controlling interest.

Click **Next** to continue.

Previous

Next

Exit

# Survey

- Answer **Yes** or **No** to each question in the survey. Answering **yes** to any question will **require** you to submit **additional information**.
  - Click **add** after entering the required **supplemental data**. The survey questions that you are required to answer may vary based on participation type. When all questions have been answered, click **Next** to continue.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information » Addresses » Additional Service Location Address » HIT/HIE Contact and EHR Information » Financial Information » EFT Information » Additional Information » Attestation » Medicare Information » Board Members, Partners or Managing Administrators Information » Controlling Interest » **Survey**

**Survey**

Required fields are indicated with an asterisk (\*)

1. Is, or was, applicant a Medicaid provider in any other state? \*  Yes  No
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. Does applicant contract with any private health insurance providers? \*  Yes  No
5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? \*  Yes  No
6. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family, marriage, ownership, membership, control, or business relationship to any other provider that is currently, or within the last 5 years, has been, enrolled in the Connecticut Medical Assistance Program? \*  Yes  No
7. Does applicant, and/or any owner, partner, member, officer, director, shareholder, or managing employee of provider owe money to the federal government and/or any State for Medicare and/or Medicaid involvement in the past? \*  Yes  No
8. Has applicant and/or any owner, associate, partner, member, officer, director, shareholder, or managing employee ever filed bankruptcy on behalf of a business which participated in a State or Federal Medical Assistance Program? \*  Yes  No
9. Is applicant and/or owner, partner, member, or officer, currently in bankruptcy? \*  Yes  No
10. 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
11. Is applicant a salaried employee of a hospital, clinic, or institution? \*  Yes  No
12. Does applicant provide contractual services to a hospital, clinic, or institution? \*  Yes  No
13. If you are re-enrolling, has there been a change in ownership or control of 5% or greater since your last enrollment? \*  Yes  No
14. Are you a contractor for an enrolled Connecticut Medical Assistance Program Provider? \*  Yes  No
15. Are you an employee of an enrolled Connecticut Medical Assistance Program Provider? \*  Yes  No

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

# Summary

Click to open the Provider Enrollment Agreement. After Reading the Agreement, click the “I agree to reading and terms” box. Make **all changes** to the application **before clicking submit**.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information Addresses » Additional Service Location Address » Financial Information » EFT Information Additional Information » Attestation » Medicare Information » Board Members, Partners or Managing Administrators Information Controlling Interest » Survey » **Summary**

**Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed once the application has been submitted.**

**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\*

Signature of Provider or Authorized Representative\*

**← The SSN and Signature are verified against the Individual Name or Identifying Information panel as applicable. An error occurs if same name/different SSN or different name/same SSN have been entered.**

- 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.

**After clicking submit, be sure to print and/or save the application as a PDF document for your records.**

Previous **Submit** Exit

# Application Submitted

## Application Submitted

- Thank you for applying for enrollment with the Connecticut Medical Assistance Program. The information on your submitted application will now be reviewed by Gainwell Technologies. If any information is missing, invalid, or Gainwell Technologies is unable to process the application, you will receive written notification of the missing or invalid information from Gainwell Technologies. Providers will not be able to correct or modify completed applications using the Wizard but will need to submit paper corrections to the following address:

Gainwell Technologies  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06102-5007

- Application Tracking Number (ATN)
  - Your tracking number is 317455

Take note of the Application Tracking Number ( ATN). The ATN must be put on all documents or modifications sent to Gainwell Technologies once your application has been submitted. In order to track your application you will need to have the ATN as well.

- Notification of Enrollment Decision

If all information has been provided and is correct, Gainwell Technologies will submit a completed application to the Department of Social Services Quality Assurance Unit for review.

- If an **approval** is received from the Department of Social Services, the Gainwell Technologies Provider Enrollment Unit completes the enrollment process in the interChange system and sends a Provider Enrollment Approval Notice to the provider. New providers are encouraged to view the Medical Assistance Program Provider Manual on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site located by clicking on Information then Publications from the Home Page.
- **Important:** In order to avoid future claim denials, newly approved provider groups, clinics, hospital outpatient clinics and FQHC providers must also ensure that each performing provider is enrolled in the Connecticut Medical Assistance Program as an individual member of the organization. If the member is not already enrolled, they must utilize this online Web portal enrollment Wizard to do so. If the member is already enrolled but simply needs to be associated to the organization, the organization, once approved, may do this on the Secure Web portal via Demographic Maintenance.
- If a **denial** is received from the Department of Social Services, Gainwell Technologies sends a Provider Enrollment/Re-enrollment Rejection Notice to the provider. This letter outlines the reason(s) the application was denied. A provider receiving a denial from Department of Social Services' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the letter. In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via this Enrollment Wizard.

- **Save a copy of the application** for your records only.

Click on the "Save a copy of the application" link to print or save the PDF version of your application for your records.

**Do not send this application to the Connecticut Medical Assistance Program.**

\* If you are having problems opening PDF file. Please [click here](#) to download the file directly.

Exit

# Checking Application Status

From the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, click Provider > Provider Enrollment Tracking.  
–Enter the **ATN** and your **name** to obtain the current status of your application.

The screenshot shows the website for the Connecticut Department of Social Services. The logo at the top left reads "Connecticut Department of Social Services" with the tagline "Making a Difference". The navigation bar includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", and "Electronic Visit Verification". A dropdown menu is open under "Provider", listing options such as "Provider Enrollment", "Provider Re-Enrollment", "Provider Enrollment Tracking" (which is highlighted with a mouse cursor), "Provider Matrix", "Provider Services", "Provider Search", "Drug Search", "Provider Fee Schedule Download", "Promoting Interoperability Program", "OOS Instructions/Information", "Fingerprint Criminal Background", "Check Info", "E-mail Subscription", and "Secure Site". The main content area features a large "WELCOME" message and the text "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this, there is a paragraph of text: "THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS INFORMATION REGARDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE SYSTEM." At the bottom of the page, there are three icons: a stack of books labeled "Information", a stethoscope labeled "Provider", and a key labeled "Trading Partner".

# What's Next

The information on your submitted application will now be reviewed by **Gainwell Technologies**.

- If any information is missing, invalid, or if **Gainwell Technologies** is unable to process the application, you will receive a letter that informs you what is required for correction or completion of your application.
- Providers will not be able to correct or modify completed applications online, but will need to submit paper corrections to the following address:

– Gainwell Technologies  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06102-5007

**PLEASE NOTE: All additional information sent to Gainwell Technologies will need the ATN entered on the upper right-hand corner.**

# Notification of Enrollment Decision

[www.ctdssmap.com](http://www.ctdssmap.com)



# Notification of Enrollment Decision - Approval

- **If all information has been provided and is correct**, Gainwell Technologies will submit your completed application to the Department of Social Services (DSS) Quality Assurance Unit for review.
- **If an approval is received from DSS**, the Provider Enrollment Unit completes the enrollment process and sends a **Provider Enrollment Approval Notice to the provider**.

# Upon Application Approval

- **If the enrollment application is approved, the date submitted in the Provider Effective Date field of the Identifying Information panel of the enrollment application will become the provider's enrollment effective date (10/01/2021 at the earliest).**
- **If a provider submits a Web enrollment application and later wishes to back date their enrollment effective date:**
  - the provider must submit this request on the provider's letterhead
  - with the ATN in the upper right-hand corner to the Provider Enrollment Unit.
- **Newly enrolled providers will receive:**
  - A welcome letter with an Automated Voice Response System (AVRS)/Initial Web User ID and
  - A second letter containing Web Personal Identification Number (PIN) information.
- **Upon receipt of these** letters, providers should set up their secure Web account in order to:
  - make changes to their provider file
  - verify client eligibility
  - check service authorization status
  - submit and check the status of a claim
  - Sign up for eDelivery

# Notification of Enrollment Decision - Denial

## **If a denial is received from Gainwell Technologies:**

- The letter will provide a reason for the denial.

## **If a denial is received from the Department of Social Services (DSS):**

- Gainwell Technologies sends a Provider Enrollment Rejection Notice to the provider.
- This letter will instruct the provider to contact DSS Quality Assurance to obtain further information.

## **A provider receiving a denial from DSS' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the Rejection Notice. If the decision is reversed:**

- DSS will notify Gainwell Technologies if their decision of denial has been reversed.
- Gainwell Technologies will make the appropriate updates and an approval letter will be sent to the provider.

**In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via the online Enrollment Wizard.**

# Re-Enrollment

[www.ctdssmap.com](http://www.ctdssmap.com)



# Re-enrollment-Notification and Process

Providers will receive a reminder letter via e-Delivery\* when they are due for re- enrollment 6 months prior to the end of their previous:

- 5-year contract

\*Providers should refer to PB 2019-20 regarding receipt of re-enrollment notifications via e-Delivery to ensure timely re-enrollment

The reminder letter will include an **Application Tracking Number (ATN)**.

To re-enroll, providers should:

- Access the [www.ctdssmap.com](http://www.ctdssmap.com) Web site
- From the Home Page, click Provider > **Provider Re-enrollment**
- Enter the **ATN** received in the re-enrollment reminder letter
- Enter your provider identifier (**AVRS ID or NPI**)

## **Re-enrollment-Notification and Process cont.**

**Providers should successfully complete the re-enrollment application as quickly as possible upon receipt of their notice.**

**Providers with re-enrollment applications that are not fully completed by the provider's re-enrollment due date will receive a notice advising they have been dis-enrolled from the Connecticut Medical Assistance Program (CMAP).**

**A Provider Enrollment contract will not be reinstated until the application is finalized.**

**Claims with dates of service outside of the provider's active contract dates will deny.**

# Secure Web Account Access and Set-up

[www.ctdssmap.com](http://www.ctdssmap.com)

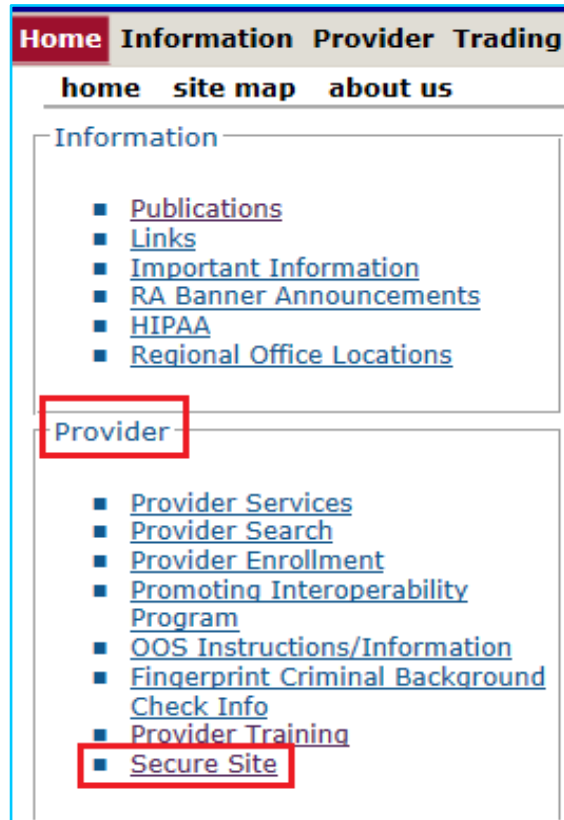


# Secure Web Account Set-up and Access to Secure Web Port

- Providers who have successfully enrolled will receive:
  - An approval letter with their new **AVRS/Medicaid ID**
  - Additional letter under separate mailing containing their **Personal Identification Number (PIN)**
- The AVRS ID and PIN allow the provider initial access to the Connecticut Medical Assistance Program Secure Web Portal for the purpose of creating a secure Web account.

# Secure Web Account Set-up and Access to Secure Web Portal cont.

Users have multiple ways to log on to their secure Web account from the [www.ctdssmap.com](http://www.ctdssmap.com) Home page.



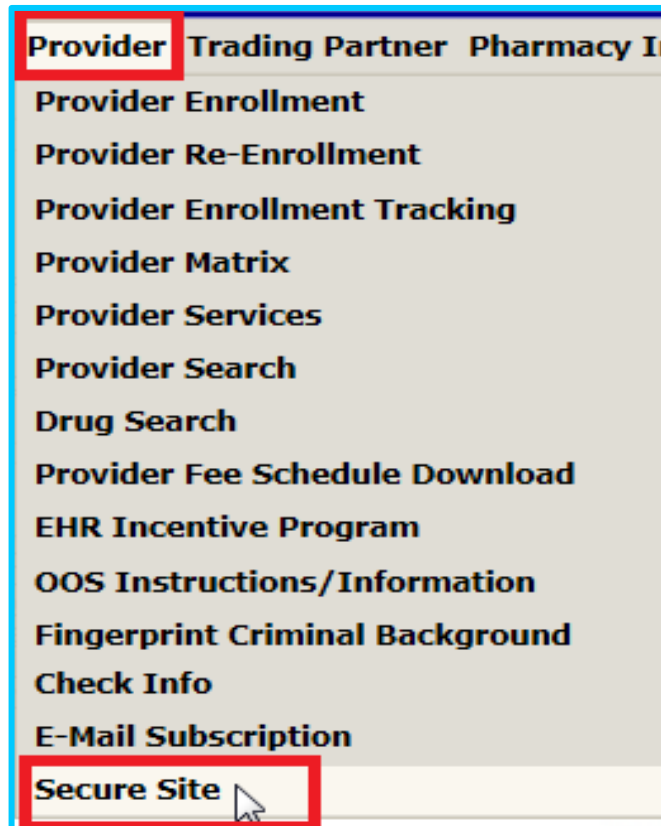
Home Information Provider Trading  
home site map about us

Information

- Publications
- Links
- Important Information
- RA Banner Announcements
- HIPAA
- Regional Office Locations

Provider

- Provider Services
- Provider Search
- Provider Enrollment
- Promoting Interoperability Program
- OOS Instructions/Information
- Fingerprint Criminal Background Check Info
- Provider Training
- Secure Site



Provider Trading Partner Pharmacy In

- 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



## WELCOME

### TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.

Information **Provider** Trading

Quick Login

User ID\*

Password\*

Login

Logging in for the first time?

Forgot your password?

# Secure Web Account Set-up and Access to Secure Web Portal cont.

**To ensure access to the [www.ctdssmap.com](http://www.ctdssmap.com) Web portal to utilize the self-service features of interchange:**

- If your practice has security measures blocking your access, you will need to contact the individual responsible for your firewall and internet permissions and request access to the Connecticut Medical Assistance Program (CMAP) Web site.

# Secure Web Account Set-up and Access to Secure Web Portal cont.

## Login

The Connecticut Department of Social Services Medical Assistance Program secure Web site is intended for providers, trading partners/billing agents, labelers/drug manufacturers and clerks designated by those entities.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)



**Click to access account set-up**

User ID\*

Password\*

[login](#)

**Providers can setup their secure Web account once they receive their enrollment approval notification with initial Web User ID and Personal Identification Number (PIN) letter with one time use PIN.**

If you have forgotten your password or need to reactivate your account, please click the reset password button.

[reset password](#)

# Secure Web Account Set-up

The “Web Account Setup” functionality allows providers to set up a local administrator/primary account holder user account.

Enter the provided Initial Web User ID and PIN (which can be found in the enrollment and PIN letters) in the appropriate fields; click set-up account.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

### Account Setup

Initial Web User ID\*

Personal Identification Number\*


Please note User ID and Personal Identification Number are case sensitive.

Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.

[set up account](#)

# Secure Web Account Set-up cont.

Once on the Account Set-up screen, fill in the fields with the appropriate information.

Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.  Click "here" for help to Web account set-up questions.

Required fields are indicated with an asterisk (\*).

User ID*	<input type="text"/>	Password*	<input type="password"/>
Contact Last Name*	<input type="text"/>	Confirm Password*	<input type="password"/>
Contact First Name*	<input type="text"/>	EMail*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/>	Confirm EMail*	<input type="text"/>
1st Secret Question*	<input type="text"/>		
1st Answer*	<input type="text"/>		
2nd Secret Question*	<input type="text"/>		
2nd Answer*	<input type="text"/>		

Security Agreement

Provider agrees to meet all applicable state and federal laws and regulations pertaining to confidentiality, privacy, and security and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of all information concerning DSS clients, including, but not limited to, personal, financial, and medical information. Provider agrees that

I Agree

\*\*\* Before clicking submit, be sure to write down the chosen User ID, Password and security question/answer(s) and keep in a secure location\*\*\*

# Web Account Capabilities

[www.ctdssmap.com](http://www.ctdssmap.com)



# Web Account Capabilities

- Accessing your Secure Site provider account allows you to:
- Update your demographic information (primary account holder only)
  - Addresses/phone numbers
  - Electronic Funds Transfer (EFT) account information
  - Verify re-enrollment due date(s)
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.3.5 Demographic Maintenance
- Note: Confirmation of specific demographic changes made, and other specific enrollment communications will be sent to the provider via e-Delivery. E-Delivery replaces certain paper letters, from the Connecticut Medical Assistance Program (CMAP) previously mailed through the United States Postal Service. Providers should refer to PB 2019 -15 & PB 2019 – 20 for further information.
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts and 10.15.3 Downloading Files (e-Delivery Letters).

# Web Account Capabilities cont.

- **Set Up clerk accounts:**

- Allows Primary Account Holder to assign permission to access areas of the secure web portal to perform job tasks
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts.

- **Switch Provider:**

- Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.3.7 Switch Provider.

- **Access to e-Delivery letters:**

- Notices regarding changes to EFT account information, provider re-enrollment/add alternate service location address notification, reminder, approval, denial letters and Prior Authorization (PA) notices of approval/modification or denial, excluding services that are auto approved, will be sent to the provider via e-Delivery. Access to these electronic notices will be controlled via permission to a “Trade Files” role assigned to a clerk(s) secure Web account. Providers should refer to PB 2019 -15, PB 2019 - 20 & PB 2019 – 30 for further information.
    - **Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts and 10.15.3 Downloading Files (e-Delivery Letters).

# Web Account Capabilities cont.

## Check client eligibility via the Web:

- **Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 - Web Portal/AVRS > Section 11- Client Eligibility Verification

## Access to services that have been Prior Authorized via the Web:

- Clerks requiring access to view Prior Authorization (PA) via their secure Web account, must be assigned a role of “PA Inquiry/Submission”.
- Clerks assigned the PA role would then select “Prior Authorization Search” from the Prior Authorization Menu.

**Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 12 Prior Authorization

**Note:** Prior Authorization (PA) notices of approval/modification or denial, excluding services that are auto approved will be sent to the provider via e-Delivery. Access to these electronic notices will be controlled via permission to a “Trade Files” role assigned to a clerk(s) secure Web account. Providers should refer to PB 2019 – 30 for further information.

**Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts and 10.15.3 Downloading Files (e-Delivery Letters).

# Web Account Capabilities cont.

## Create, Submit and Query claims

- For services noted on the “Acupuncture” Fee Schedule
- Claim Format – Professional 5010 HIPAA Compliant
- Query Paid, Denied or Suspended claims

**Reference - [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10 Claim Submission, Resubmission, Adjustments and Inquiry**

## Obtain Remittance Advice (RA)

- Reports claim activity (Paid, Denied, Adjusted, Suspended) since last financial cycle.

**Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 > Section 15 – Trade Files**

# Web Account Capabilities – Access Trade Files for Download

Once logged on to secure Web account, the user should select **Trade Files** then **Download** from the menu items, as shown.

The screenshot displays the user interface of the Connecticut Department of Social Services web account. At the top left is the logo for the Connecticut Department of Social Services, with the tagline "Making a Difference". The top right corner shows the date "Friday, November 12, 2021" and a "Help" link. The main navigation bar includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", "Electronic Visit Verification", "Claims", "Eligibility", "Prior Authorization", "Hospice", "Trade Files", "MAPIR", "Messages", and "Account". The "Trade Files" menu is expanded, showing "Download" (highlighted), "Upload", and "Claim Level Detail". The "Download" button has a dropdown menu with the following items: "Claim Status Inquiry", "Client Eligibility Verification", "Prior Authorization Inquiry", "Download Remittance Advices", "ACA Ordering/Prescribing/Referring Provider List", and "Email Subscription". The main content area displays the user's profile information: "Welcome, P008022682", "Provider ID: 1154687572 NPI", "Provider AVRS ID: 008022682", "Reenrollment Due Date: 11/24/2025", and "Zip Code: 06060 - 1234".

# Web Account Capabilities – Download of E-Delivery Transactions

Select E-Delivery from the Transaction Type drop down box and then select search.

**Connecticut Department of Social Services**  
Making a Difference

Help  
Friday, November 12, 2021

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization Hospice **Trade Files** MAPIR Messages Account

home **download** upload claim level detail

### File Download Search

Transaction Type

- 1099s
- Billing/Reversal
- CRF Payment Agreement
- CSV
- Claim Payment/Advice
- Claim Status Response
- Drug Rebate File Transfer
- E-Delivery**
- Eligibility Response
- Enrollment/Maintenance
- Functional Ack
- Interchange Ack
- PA Revers/Inq/Req Only
- PCCM Reports
- PDP/MAPD Reports
- Premium Payments
- Prior Authorization
- Remit. Advice (RA) - PDF
- Transportation PA Files

**REMINDER: D**  
Web file retention

- Remittan
- Claim Sta
- download
- Historical
- E-Deliver
- 1099 file

It is recommend  
access by such

All file retention

**NOTICE**  
type of file being downloaded.

the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Prior Authorization Response (278), Benefit Enrollment (834), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download on the [tdssmap.com](http://tdssmap.com) web site for a period of five (5) months, at which time they will be removed and will no longer be available. Files available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available. Files available for approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available. Files available for three (3) years, at which time they will be removed and will no longer be available.

loaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search and identification of Benefits (EOB) Codes.

ge. Changes to file retention schedules will be posted on this page.

Files are listed in order of the date they become available.

**Current Files Available for Download**

# Web Account Capabilities - Demographic Maintenance

[www.ctdssmap.com](http://www.ctdssmap.com)



# Web Account Capabilities – Demographic Maintenance

The screenshot displays the user interface for the Connecticut Department of Social Services. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below this is a secondary navigation bar with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, reset password, and log out. The main content area shows a welcome message for user P008022682, along with their Provider ID (1154687572 NPI), Provider AVRS ID (008022682), Reenrollment Due Date (11/24/2025), and Zip Code (06060 - 1234). A "Quick Link" box contains several hyperlinks: Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, Download Remittance Advices, ACA Ordering/Prescribing/Referring Provider List, and an Email Subscription box with a link to Register/Update Email Subscription. At the bottom, there are two sections: "Global Messages" and "Secure Mailbox", both showing "\*\*\* No rows found \*\*\*".

- The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:
- Home Office, Mail to, Pay to, Service Location, Alternate Service Location and Enrollment addresses
- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)
- Service Language
- Access this section by selecting demographic maintenance from either the Account submenu or the Account drop-down menu

# Web Account Capabilities – Demographic Maintenance cont.



Provider Information			
Provider ID	1154687572 NPI	Address	55 HARTLAND STREET
AVRS ID	008022682		FIRST FLOOR
Usage	Service Location	City	EAST HARTFORD
Provider Type	82 - Acupuncture Group	County	Hartford
Provider Specialty	402 - Acupuncturist	State/Zip	CT 06060-1234
Phone	860-555-1212		

[Location Name Address](#) > [EFT Account](#) > [Service Language](#) > [Maintain Organization Members](#)

The Demographic Maintenance page displays the provider information panel as well as a submenu

Clicking the submenu options will open a panel with related information:

Service Location

Location Name Address

Electronic Funds Transfer (EFT Account)

Service Language - Language, Effective Date, End Date

Maintain Organization Members – Affiliate and terminate individual providers, view individual re-enrollment due dates

# Web Account Capabilities – Demographic Maintenance cont.

Specify different home, mailing, payment, service location, alternate service location and enrollment addresses.

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Mail to	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Pay to	DOE, JOHN	250 OAK AVENUE	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y
Service Location	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Enrollment	DOE, JOHN	123 STEELE STR	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y

Type changes below.

Name Type  Business Name  Personal Name

Name

Title

Usage

Country

Address 1\*

Address 2

City

State

Zip\*

Apply Changes To:

Svc Loc

Pay To

Mail To

Enrollment

Phone\*

Fax

Handicap Accessible?

EMail

# Web Account Capabilities – Demographic Maintenance cont.

The EFT Account panel allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited. Click add; enter the appropriate information; and click save.

**EFT Account**  
Click here to open Provider EFT Enrollment instructions.

Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
TD BANK NA	011100111	4242042420	Checking		Active

Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (\*)

**Provider Identifiers\***

Provider Name\*

Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN)

OR  
National Provider Identifier (NPI)

**Other Identifiers**

Assigning Authority

Trading Partner ID

**Financial Institution Information**

Financial Institution Name

**Financial Institution Address**

Street

City

State/Province

ZIP Code/Postal Code

Financial Institution Routing Number

Financial Institution Routing Number(rekey)\*

Type of Account at Financial Institution

Provider's Account Number with Financial Institution

Provider's Account Number with Financial Institution(rekey)\*

**Account Number Linkage to Provider Identifier\***

Provider Tax Identification Number (TIN)

OR  
National Provider Identifier (NPI)

Reason for Submission  New Enrollment  Change Enrollment  Cancel Enrollment

Authorized Signature

**\*\*This action will place the provider in a pre-notification status, while in this status, providers will receive a paper check.\*\***

save cancel

# Information-Resources

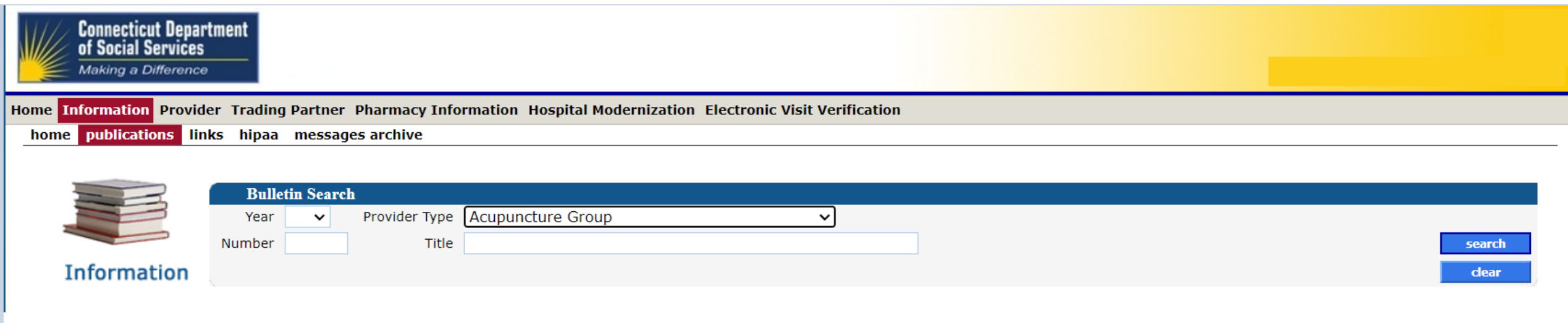
[www.ctdssmap.com](http://www.ctdssmap.com)



# Information – Resources cont.

## Provider Bulletins

- Publications posted to relevant provider types / specialties documenting changes or updates to the CT Medical Assistance Program
- Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type. The online database of bulletins goes back to the year 2000



The screenshot displays the Connecticut Department of Social Services website. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". A navigation bar contains links for "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", and "Electronic Visit Verification". Below this is a secondary navigation bar with "home", "publications", "links", "hipaa", "messages", and "archive". The main content area features a "Bulletin Search" section with a stack of books icon and the word "Information". The search form includes a "Year" dropdown menu, a "Provider Type" dropdown menu (set to "Acupuncture Group"), a "Number" text input field, and a "Title" text input field. "search" and "clear" buttons are located to the right of the form.

# Information – Resources cont.

## Provider Newsletters

- Quarterly publications to providers on a wide range of topics

You can locate the Provider Newsletters by going to the main page of the CMAP Web site, [www.ctdssmap.com](http://www.ctdssmap.com) and selecting Information > Publication, scroll down the page to the Provider Newsletters panel.

# Information – Resources cont.

- Connecticut Medical Assistance Program Web site
- [www.ctdssmap.com](http://www.ctdssmap.com)
- Information > Publications > Claims processing information
- Internet Claims Submission FAQ
- Information > Publications > Provider Manuals
- Chapter 8 Provider Specific Claim Submission Instructions
- Chapter 10 Web Portal/AVRS
- Chapter 11 Other Insurance and Medicare Billing Guides
- Chapter 12 Claim Resolution Guide

# Contacts

[www.ctdssmap.com](http://www.ctdssmap.com)



# Contacts

- **Gainwell Technologies Provider Assistance Center:**
  - 1-800-842-8440 - Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays
  - [www.ctdssmap.com](http://www.ctdssmap.com)
  - [ctdssmap-ProviderEmail@gainwelltechnologies.com](mailto:ctdssmap-ProviderEmail@gainwelltechnologies.com)
- **This should be your first call resource to answer all enrollment, eligibility and billing related questions. Should your issue require a higher level of research, it will be escalated to your provider representative. Please be sure to ask the PAC representative for your call tracking number for future call reference.**
- **Provider Enrollment Unit:**
  - Gainwell Technologies
  - Provider Enrollment Unit
  - P.O. Box 5007
  - Hartford, CT 06102-5007