



Autism Waiver Service Provider Enrollment and Secure Web Account Workshop

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Autism Waiver Service Provider Enrollment and Secure Web Account Workshop Training Topics

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Connecticut Medical Assistance Program

(CMAP) Enrollment Process

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Autism Waiver Service Provider Enrollment Workshop

Introduction to Autism Waiver Enrollment Changes

Effective for dates of service, January 1, 2018, organization and individual providers of Autism Waiver services must enroll as “Autism Waiver Service” providers to be reimbursed directly by the Department of Social Services (DSS) for Autism Waiver program services.

This workshop will provide guidance for the successful completion of an online Web Enrollment Application and set-up of a secure Web account for providers enrolling as Autism Waiver Service providers.

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Benefits of Enrollment and Secure Account Set-up

Providers enrolling as “Autism Waiver Service” billing providers will receive payment directly from the Department of Social Services (DSS).

Payment will be received via Electronic Fund Transfer, (EFT) after a successful pre-note transaction, directly into the provider’s designated account.

- Until a successful pre-note transaction is received, providers will receive a paper check

Potential to receive payment twice per month based on twice monthly financial cycles.

- Providers should refer to the latest financial cycle schedule - **PB 17-23**
- Schedule published twice per year for the periods of January - June and July - December

Set-up of a Secure Web Account enables providers to make changes to their provider file:

- Address changes
- EFT Account changes
- Language updates

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CMAP Enrollment Process

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Enrollment Process

Providers must be enrolled in the Connecticut Medical Assistance Program (CMAP) network in order to be reimbursed for services provided to clients.

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.

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

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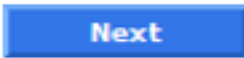



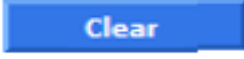

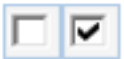
Enrollment Process cont.

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 must be mailed to:
 - DXC Technology
 - Provider Enrollment Unit
 - P. O. Box 5007
 - Hartford, DT 06102-5002

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Enrollment Wizard Navigation

- 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

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Enrollment – Where to begin

The screenshot displays the website for the Connecticut Department of Social Services. The header includes the department's logo and name, the date "Monday, October 09, 2017", and a "Help" link. A navigation bar contains "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", and "Hospital Modernization". The "Provider" menu is open, listing options such as "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", and "Secure Site". The main content area features a large "WELCOME" message and a link to "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this, there is a paragraph of text and four icons representing "Information", "Provider", "Trading Partner", and "Pharmacy".

Connecticut Department of Social Services
Making a Difference

Help
Monday, October 09, 2017

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

home site map **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

Information
Publications
Links
Important Info
RA Banner An
HIPAA
Regional Office

Provider
Provider Serv
Provider Sear
Provider Enro
EHR Incentive
OOS Instructi
Fingerprint Cr
Background C
Secure Site

Trading Partner

Information
Provider
Trading Partner
Pharmacy

WELCOME
TO THE **CONNECTICUT MEDICAL ASSISTANCE PROGRAM**

CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF HEALTH. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS WEBSITE IS A HEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.

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Enrollment Instructions

The Instructions panel provides an introduction to the online enrollment/reenrollment process.

- You are strongly encouraged to read through this page prior to beginning the enrollment process.
- Provides important information regarding application submission instructions as well as provider types excluded from online enrollment.

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

Once you have read the instructions, click **Next** to proceed.

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Application Type

Applicants enrolling as Autism Waiver Service Billing Providers will select “Individual,” if self employed or Organization/Group, if an agency for their “Application Type”, then click Next.

Instructions » Application Type

Application Type

Required fields are indicated with an asterisk (*)

Type of Application *

Individual

Organization/Group

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Participation Type (Individual)

If “Individual” is selected for the Autism Waiver “Application Type,” then “Individual practitioner” should be selected for the “Participation Type.” Click Next.

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.

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Organization Participation Type

Autism Waiver Service Providers will select Organization as their “Participation Type”. Click Next.

Instructions » Application Type » 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

DEFINITIONS:

Organization - An organization provider would be an entity who is considered the biller and performer of service. An example would be a hospital provider or an agency that bills on behalf of other providers. Reimbursement is made to the organization.

Organization that is Employed/Contracted by Another Organization - An organization that is associated to another entity that is responsible for billing the services provided. An example would be a group home for which services are billed through a State agency. Reimbursement is made to the billing entity.

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Application For

Autism Waiver Service provider applicants will select Initial Enrollment, then click Next.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For](#)

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 as their “Provider Type”, Autism Waiver, click Next, select Autism Service Provider as their “Provider Specialty” and click Next.

[Instructions](#) » [Application Type](#) » [Participation Type](#) » [Application For Provider Type/Specialty](#) » Before You Continue

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type*

Provider Specialty*

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Autism Waiver Service Enrollment Workshop

Before You Continue

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 providers 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](#)

Click here to view sample Individual Practitioner Application.

Click here to view sample Organization 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.

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, and your Social Security Number.

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National Provider Identifier Information

Applicants are not required to obtain an NPI when enrolling as Autism Waiver Service billing provider.

- An NPI may be provided, if applicable, however, as Autism Waiver Services are considered non-medical services an NPI is not required.

The taxonomy submitted, should remain “Taxonomy Not Applicable”.

- More than one provider ID with the same taxonomy cannot be associated to the same NPI. Click Next to

[Instructions](#) » [Application Type](#) » [Organization 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	<input type="text"/>
Primary Taxonomy*	----- - Taxonomy Not Applicable (non-medical services) ▼
Taxonomy 2	▼
Taxonomy 3	▼
Taxonomy 4	▼
Taxonomy 5	▼

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Individual Name (Enrolling as an Individual Practitioner)

An Individual Practitioner Name must match IRS and be consistent throughout the CT Medical Assistance Program.

Complete all required fields noted with an (*). Click Next to continue.

[Instructions](#) » [Application Type](#) » [Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » **Individual Name**

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

Organization Name must match IRS and be consistent throughout the CT Medical Assistance Program.

Applicants of Autism Waiver Services may enroll with a Provider Effective Date of October 1, 2017 and forward, however, they cannot bill dates of service earlier than 1/1/2018 directly to DXC Technology.

Enter all languages spoken by members of your organization. Click Next to continue.

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

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* **Providers may enter an enrollment effective date of 10/1/2017 or later. Providers may not, however, bill dates of service direct to DXC Technology earlier than 1/1/2018.**

Languages

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

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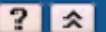
Addresses

Enter information for the required address types: Service Location; Mailing; Home Office; Enrollment; check and Remittance Advice and 1099 Mailing Addresses. Please Note: Individual practitioners enrolling as Autism Waiver Service providers will also see mobile and pager number fields in the Service Location Address enrollment panel.

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

Note: - Required fields are indicated with an asterisk (*).

- P. O. Boxes are not allowed in a service location.

- Information entered in the Service Location Address panel may be copied to other address panels by clicking the "Copy Svc Loc Addr" button within the panel.

Enrollment Workshop

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 the same as mailing address, click here to copy to mailing.

↓

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 Service Location Address the same as Home Office address, click here to copy to Home Office.

↓

Clear Copy Svc Loc Addr

Autism Waiver Service Provider Enrollment Workshop

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.

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.

Enrollment Workshop

Addresses cont.

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.

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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*	<input type="text"/>				
Street Address Line 2	<input type="text"/>				
City*	<input type="text"/>				
State/ZIP*	<input type="text" value="CT"/> <input type="text"/>				
Contact Person*	<input type="text"/>				
Telephone Number - Contact Person*	<input type="text"/>	Ext.	<input type="text"/>		
Handicap Accessible?	<input type="text" value="No"/> <input type="text"/>				
Contact Email	<input type="text"/>				
Confirm Email	<input type="text"/>				
Fax	<input type="text"/>				
TDD/TTY	<input type="text"/>				

If non-applicable or all locations have been added, click next.

Enter additional service location information then click "add."

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Facility

Individual Practitioners enrolling as an Autism Waiver Service provider will be presented with this Facility enrollment panel. Enter applicable information to the facility where services are provided.

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

Facility

Facility NPI	Facility Name	Street Address Line 1	Street Address Line 2	City	State
--------------	---------------	-----------------------	-----------------------	------	-------

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* -

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HIT/HTE Contact and HER 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 » Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name Identifying Information » Addresses » Additional Service Location Address » Facility
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

Does that system meet the most current CMS/ONC federal certification standards? No Yes

If you use an EHR, which system are you using? ▼

Is your EHR able to generate Continuity of Care Documents (CCD)? No Yes

Is your EHR able to generate Consolidated-Clinical Document Architecture (C-CDA)? No Yes

Is your EHR able to generate Quality Reporting Document Architecture (QRDA)? No Yes

Direct Mailbox Email Address

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Member of Organization (Individual Practitioner)

Responding “Yes” to Member of an Organization opens another panel for Organization ID. Click add to expand the panel to enter Organization Name and Membership Effective Date.

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

Member of Organization

Required fields are indicated with an asterisk (*).

Are you a member of an organization? * Yes No

■ If the applicant is a member of an organization, such as a group, clinic or hospital, indicate the organization to which they are a member.

Organization ID	Organization Name	Organization Membership Effective Date
000000000		

Type changes below.

Member of Organization

Organization ID *

Organization Name *

Organization Membership Effective Date *

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Financial

[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**

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)*

Name*

Doing Business As

TIN Type* EIN SSN

State Tax ID

Do not enter dashes.

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



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

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EFT (Electronic Fund Transfer)

Enrolling Autism Waiver Service 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*

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Additional Information

If applicable to your provider type, complete the Clinical Laboratory Improvement Amendment (CLIA) certificate(s) information as it pertains to the laboratory services provided. 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](#) » [Financial Information](#) » [EFT Information](#)

Additional Information

Additional Information

Required fields are indicated with an asterisk (*)

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

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Autism Waiver Service Provider Enrollment Workshop

Attestation

Organizations 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 (*)

Deficit Reduction Act

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

Electronic Signatures

Do you store your health records electronically? * Yes No

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Autism Waiver Service Provider Enrollment Workshop

Attestation cont.

Once the Attestation is open, read and signify whether or not your Organization complies with the stated requirements.

Attestation

Required fields are indicated with an asterisk (*)

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

Autism Waiver Service Provider Enrollment Workshop

Medicare Information

If answering yes to enrolled as a participating provider with Medicare Part B you will need to provide your Medicare Number and the date that it became effective. 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 » 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

Are you enrolling solely for the purpose of payment consideration of Medicare crossover only claims? Yes No

*** No rows found ***
- Select row above to Update -or- Enter data below and click on add button -

Medical Information

Medicare Number*	<input type="text"/>	Effective Date*	<input type="text"/>
------------------	----------------------	-----------------	----------------------

Autism Waiver Service Provider Enrollment Workshop

Board Members, Partners or Managing Administrators Information

Enter responses to each of the questions.

- 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

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

Autism Waiver Service Provider Enrollment Workshop

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

Autism Waiver Service Provider Enrollment Workshop

Controlling Interest

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

[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

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 ***

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

Autism Waiver Service Provider Enrollment Workshop

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.



Birth to Three Enrollment Workshop

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.

Autism Waiver Service Enrollment Workshop

Enrollment 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.

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 -

Survey ? ↕

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. Does applicant contract with any private health insurance providers? *

Yes No

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

Survey ? ↕

Insurance Name* Contract Number*

Autism Waiver Service Provider Enrollment Workshop 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**.

The screenshot shows a web application interface for a provider enrollment agreement. At the top, a navigation menu is highlighted with a red box, containing links such as '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', and 'Summary'. A red box highlights the 'Summary' link. To the right of the navigation menu, a red text box states: 'Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed once the application has been submitted.'

The main content area is titled 'Summary'. A red box highlights a link that says 'Click here to open Provider Enrollment Agreement'. Below this link is a checkbox with the text 'agree that I have read and accept the terms of the Provider Enrollment Agreement.' To the right of the checkbox, a red arrow points to the text: '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.' Below the checkbox are two input fields: 'SSN of Person Signing the Application*' and 'Signature of Provider or Authorized Representative*'. Below the input fields is a list of instructions and an important notice. The important notice states: '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.' Below the important notice is another list of instructions: 'After you submit the application, you will be able to print and/or save the application as a PDF.' and 'Select "Submit" to submit the application.' At the bottom of the page, there are three buttons: 'Previous', 'Submit', and 'Exit'. A red box highlights the 'Submit' button, and a red arrow points down to it from the text: 'After clicking submit, be sure to print and/or save the application as a PDF document for your records.'

Autism Waiver Service Provider Enrollment Workshop

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 DXC Technology. If any information is missing, invalid, or DXC Technology is unable to process the application, you will receive written notification of the missing or invalid information from DXC Technology. 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:

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

Application Tracking Number (ATN)

- Your tracking number is 312957

Take note of the Application Tracking Number (ATN). The ATN must be put on all documents or modifications sent to DXC Technology once your application has been submitted.

- Notification of Enrollment Decision

If all information has been provided and is correct, DXC Technology 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 DXC Technology 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 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, DXC Technology 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

Autism Waiver Service Enrollment Workshop

Checking the Status of Your Application Online

From the www.ctdssmap.com Web site click Provider > Provider Enrollment Tracking.

Enter the ATN and your business name as enrolled.

The screenshot displays the website for the Connecticut Department of Social Services. The header includes the department's logo and the date "Tuesday, April 04, 2017". A navigation menu at the top lists "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", and "Hospital Modernization". The "Provider" menu is expanded, showing options like "Provider Enrollment", "Provider Re-Enrollment", and "Provider Enrollment Tracking", which is highlighted with a red "1". Below the navigation, a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner is visible. In the foreground, a search box titled "Enrollment Tracking Search" contains two input fields: "ATN*" (labeled with a red "2") and "Business OR Last Name*" (labeled with a red "3"). To the right of these fields are "search" and "clear" buttons, with the "search" button highlighted by a red "4".

Autism Waiver Service Provider Enrollment Workshop

What's Next

The information on your submitted application will now be reviewed by DXC Technology

- If any information is missing, invalid, or if DXC Technology 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:
 - DXC Technology
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102

PLEASE NOTE: All additional information sent to DXC Technology will need the ATN entered on the upper right hand corner.

Autism Waiver Service Provider Enrollment Workshop

Notification of Enrollment Decision - Approval

If all information has been provided and is correct, DXC Technology will submit your completed application to the Department of Social Services (DSS) Quality Assurance Unit for review.

If an approval is received from the DSS, the Provider Enrollment Unit completes the enrollment process and sends a Provider Enrollment Approval Notice to the provider.

Autism Waiver Service Enrollment Workshop

Upon Application Approval

If the enrollment application is approved, the date submitted in the Provider Effective Date field of the Identifying Information panel will become the provider's enrollment effective date.

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, if required
- check the status of a claim

Autism Waiver Service Provider Enrollment Workshop

Notification of Enrollment Decision - Denial

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

- DXC Technology 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 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 DXC Technology if their decision of denial has been reversed.
- DXC Technology 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.

Autism Waiver Service Provider Enrollment Workshop

Re-enrollment – Notification and Process

Providers will receive a reminder letter when they are due for re-enrollment 6 months prior to the end of their previous 2 year contract.

The reminder letter will include an **Application Tracking Number**.

To re-enroll providers should:

- Access the 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 **NPI** or Non medical provider identifier (**AVRS ID**)

Autism Waiver Service Provider Enrollment Workshop

Re-enrollment – Provider Specific Requirements

Prior to Re-enrolling, Autism Waiver Service Providers:

Must be credentialed/re-credentialed by Beacon Health Options, the Department of Social Services, (DSS) or the Department of Developmental Services (DSS).

- The **credentialing entity will issue a letter to the provider** confirming their credentials to continue to provide Autism Waiver services.
- **Providers must submit the credentialing letter as a follow on document (FOD) to DXC Technology. The Application tracking number should be pre-printed in the upper right hand corner of the (FOD)** to ensure the association of the FOD to the provider's re-enrollment application.

Autism Waiver Service Provider Enrollment Workshop

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.

- Reinstatement of contracts w/out a finalized application violates Affordable Care Act (ACA) policies.

Autism Waiver Service Provider Enrollment Workshop

Secure Web Account - Access and Set-up

Autism Waiver Service Provider Enrollment Workshop

Secure Web Account Set-up – Access to Secure Web Portal

Providers who have successfully enrolled as Autism Waiver Service billing Providers 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.

Autism Waiver Service Provider Enrollment Workshop

Secure Web Account Set-up – Access to Secure Web Portal

Users have multiple access to logging on to their secure Web account from the www.ctdssmap.com Home page.

This screenshot shows the top navigation bar with links for Home, Information, Provider, and Trading Partner. Below this is a secondary menu with links for home, site map, and about us. The main content area is divided into two sections: 'Information' and 'Provider'. The 'Information' section contains a list of links: Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. The 'Provider' section contains a list of links: Provider Services, Provider Search, Provider Enrollment, EHR Incentive Program, OOS Instructions/Information, and Secure Site. The 'Secure Site' link is highlighted with a red box.

This screenshot shows a vertical menu of provider services. The 'Provider' link at the top is highlighted with a red box. The menu items include: 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, and Secure Site. The 'Secure Site' link at the bottom is highlighted with a red box.

This screenshot shows the 'Welcome to the Connecticut Medical Assistance Program' page. The page features a large 'WELCOME' heading and a sub-heading 'TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM'. Below this is a paragraph of text: 'MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HEWLETT PACKARD ENTERPRISE ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC BILLING SYSTEM.' A stethoscope icon is shown with the word 'Provider' below it. To the right is a 'Quick Login' form with fields for 'User ID*' and 'Password*', a 'Login' button, and links for 'Logging in for the first time?' and 'Forgot your password?'. The 'Logging in for the first time?' link is highlighted with a red box.

Autism Waiver Service Provider Enrollment Workshop

Secure Web Account Set-up – Access to Secure Web Portal

To ensure access to the www.ctdssmap.com Web portal to utilize the self-service features of interchange:

- If your office/company 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.


Autism Waiver Service Provider Enrollment Workshop

Secure Web Account Set-up – Access to Secure Web Portal

Login

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

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](#)

If you have forgotten your password please click the reset password button.

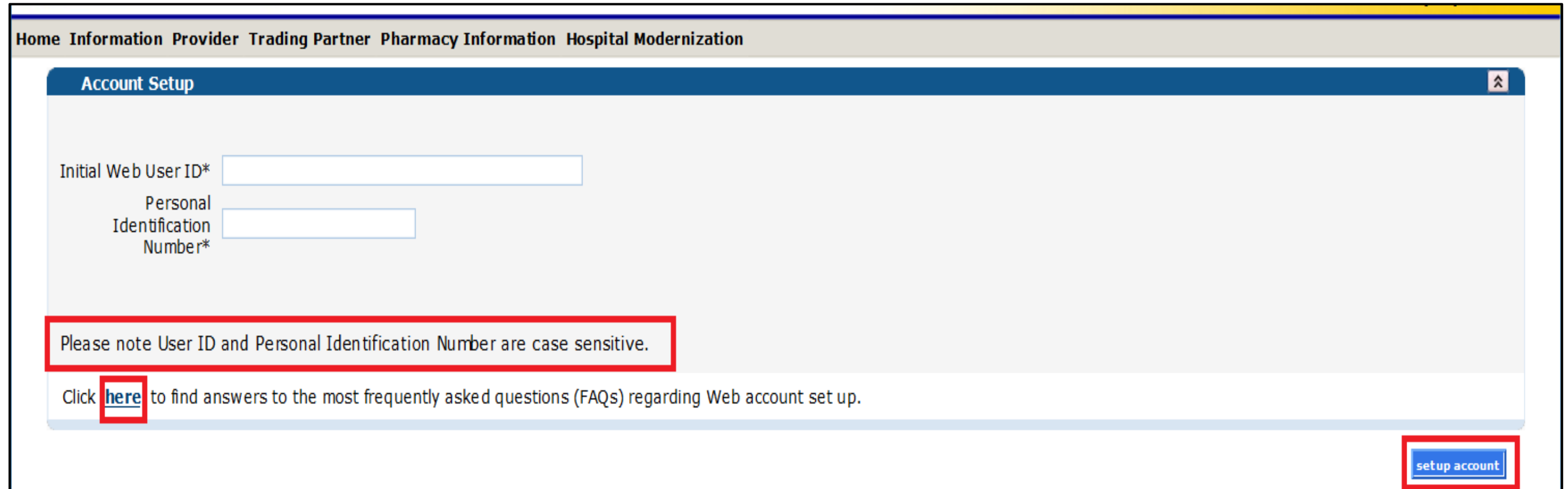
[reset password](#)

Autism Waiver Service Provider Enrollment Workshop

Secure Web Account Setup

The “Web Account Setup” functionality allows providers to set up a local administrator 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](#).



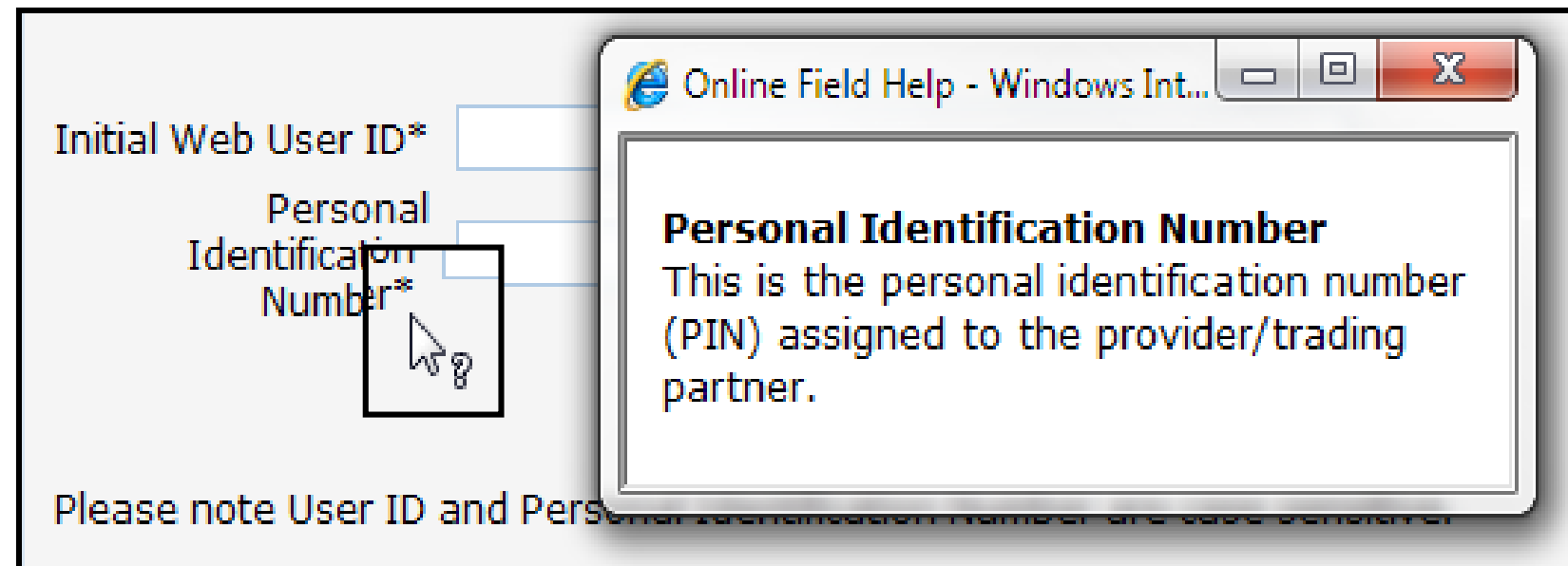
The screenshot shows a web application interface for account setup. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this is a blue header for the 'Account Setup' section. The main content area contains two input fields: 'Initial Web User ID*' and 'Personal Identification Number*'. A red-bordered box highlights a note: 'Please note User ID and Personal Identification Number are case sensitive.' Below the note, there is a link: 'Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.' At the bottom right, there is a blue button labeled 'setup account' with a red border.

Autism Waiver Service Provider Enrollment Workshop

Secure Web Account - Online Field Help

The ctdssmap.com Web site features an Online Field Help Window to assist providers with accessing and submitting information.

Placing your mouse over a data field name will create a small question mark beside the cursor. Click the left mouse button when the question mark is displayed to open the Online Field Help window relevant to the selected field.



Autism Waiver Service Provider Enrollment Workshop

Secure Web Account Set-up

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

Required fields are indicated with an asterisk (*).

User ID*	JOHN_DOE_DENTAL	Password*	*****
Contact Last Name*	Doe	Confirm Password*	*****
Contact First Name*	Jonathan	EMail*	john_doe_dds@doedental.com
Phone Number*	(800)555-5555 5555	Confirm EMail*	john_doe_dds@doedental.com
1st Secret Question*	Mothers maiden name		
1st Answer*	Smith		
2nd Secret Question	Name of first pet		
2nd Answer	Buster		

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 this agreement is an

I Agree

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

Autism Waiver Service Provider Enrollment Workshop

Web Account Capabilities

Autism Waiver Service Provider Enrollment Workshop

Web Account Capabilities

Accessing your Secure Site provider account allows you to:

Update your demographic information (primary account holder only)

- addresses/phone numbers
- bank accounts
- organization members
- Reference - Chapter 10-Web Portal/AVRS-Section Provider Demographic Maintenance

- Verify re-enrollment due date(s)

Autism Waiver Service Provider Enrollment Workshop

Web Account Capabilities

Set Up clerk accounts:

Allows Primary Account Holder to assign permission to access areas of the secure web portal to perform job tasks.

- Reference Chapter 10-Web Portal/AVRS-Section 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 - Chapter 10-Web Portal/AVRS-Section Ongoing Clerk Maintenance

Check client eligibility via the Web:

- Reference - Chapter 4-Client Eligibility-Section Internet Web Site Portal Eligibility

Autism Waiver Service Provider Enrollment Workshop

Web Account Capabilities cont.

Access Care Plan Services via

- Prior Authorization Inquiry

Create and Submit claims for dates of service 1/1/2018:

- For services noted on the “Autism Procedure Code Crosswalk” as “Billed by Autism Service Providers”
- That do not utilize Electronic Visit Verification (EVV)

NOTE: Web claim format is Professional HIPAA 5010 compliant

Perform claim inquiries:

- Paid, Denied or Suspended claims

Obtain Remittance Advice (RA)

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

Autism Waiver Service Provider Enrollment Workshop

Web Account Capabilities – Demographic Maintenance

Autism Waiver Service Enrollment Workshop

Web Account Capabilities - Demographic Maintenance

The screenshot shows a web account interface. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Trade Files, MAPIR, Messages, and Account. Below this, a secondary navigation bar includes: home, account home, account maintenance, account setup, change password, clerk maintenance, and demographic maint. A red banner at the top left states: "Your password expires in 61 days on 12/26/17 at 12:00 A.M." Below this, there is a "Change Password" link. The main content area displays: "Welcome: Provider Account User ID", "Provider ID: Enrollment NPI or AVRS ID", "Reenrollment Due Date: 10/25/2019", and "Zip Code: 06106 - 5501". Below this, it says: "Your R.A.s, or 835 transactions, are being sent to:" and "Your download page in the Trade Files menu option." At the bottom, there are two sections: "Global Messages" and "Secure Mailbox". The "Global Messages" section has a table with columns: Category, Subject, Message, Sent Date, Effective Date, and End Date. The "Secure Mailbox" section displays "*** No rows found ***". A dropdown menu is open over the "Account" link, showing options: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, Demographic Maintenance (highlighted with a red box), Reset Password, and Log Out.

The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:

Mail to, Pay to, 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

Autism Waiver Service Provider Enrollment Workshop

Web Account Capabilities Demographic Maintenance cont.

Provider Information			
Provider ID	00##### MCD	Address	1000 Any Highway
AVRS ID	00#####		
Usage	Service Location	City	FARMINGTON
Provider Type	12- Special Services	County	Hartford
Provider Specialty	583- Birth to Three	State/Zip	CT 06032-1234
Phone	860-555-5555		

[Base Information](#) > [Service Location](#) > [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

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Web Account Capabilities - Demographic Maintenance cont.

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

Location Name Address
✕

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Alt Service Location	ABI SERV PROV	633 DOWELL DRIVE	HARTFORD	CT	06044	5221	(860)555-1212		N
Enrollment Address	ABI SERV PROV	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	ABI SERV PROV	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Pay to	ABI SERV PROV	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Service Location	ABI SERV PROV	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N

Type changes below.

select from list

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

Confirm Email

save
cancel

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Web Account Capabilities-Demographic Maintenance cont.

To alter address information, simply select the applicable row from the provided list (Enrollment Address, Mail to, Pay to, or Service Location); then click maintain address

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Alt Service Location	ABI SERV PROV	633 DOWELL DRIVE	HARTFORD	CT	06044	5221	(860)555-1212		N
Enrollment Address	ABI SERV PROV	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	ABI SERV PROV	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Pay to	ABI SERV PROV	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Service Location	ABI SERV PROV	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N

Type changes below.

[maintain address](#)

Select/fill in the appropriate information (address, phone number, etc.); click save

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

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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.

The screenshot shows a web application window titled "EFT Account". At the top, there is a link: "Click here to open Provider EFT Enrollment instructions." Below this is a table with the following data:

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

Below the table, it says "Select row above to update -or- click Add button below." The main form area contains several sections:

- Required fields are indicated with an asterisk (*)**
- Provider Name*** (text input)
- Account Number Linkage to Provider Identifier*** section with:
 - Provider Tax Identification Number (TIN) (text input)
 - OR
 - National Provider Identifier (NPI) (text input)
- Provider Identifiers*** section with:
 - Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN) (text input)
 - OR
 - National Provider Identifier (NPI) (text input)
- Other Identifiers** section with:
 - Assigning Authority (text input)
 - Trading Partner ID (text input)
- Financial Institution Information** section with:
 - Financial Institution Name (text input)
- Financial Institution Address** section with:
 - Street (text input)
 - City (text input)
 - State/Province (text input)
 - ZIP Code/Postal Code (text input)
 - Financial Institution Routing Number (text input)
 - Financial Institution Routing Number(rekey)* (text input)
 - Type of Account at Financial Institution (dropdown menu)
 - Provider's Account Number with Financial Institution (text input)
 - Provider's Account Number with Financial Institution(rekey)* (text input)
- Reason for Submission** section with radio buttons for:
 - New Enrollment
 - Change Enrollment
 - Cancel Enrollment
- Authorized Signature** (text input)

At the bottom right of the form, there are "save" and "cancel" buttons. A large text overlay on the right side of the form reads: "**This action will place the provider in a pre-notification status, while in this status, providers will receive a paper check.**"

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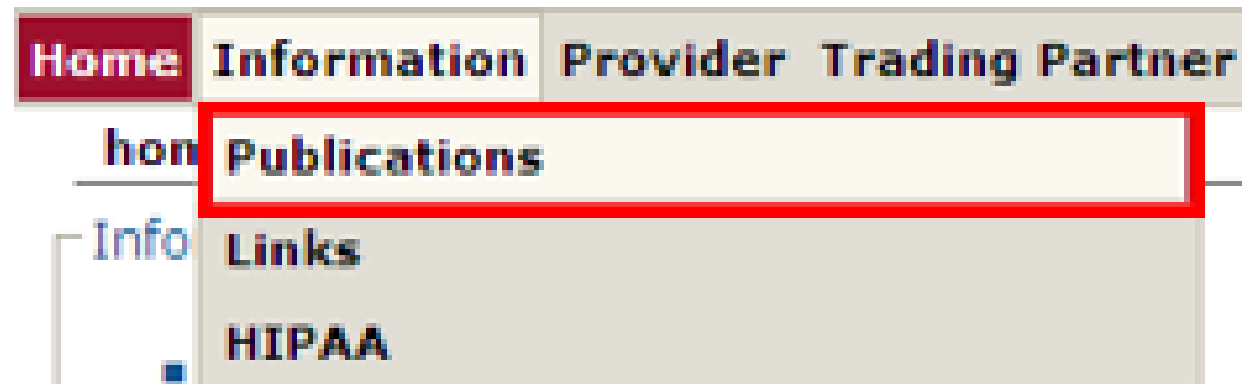
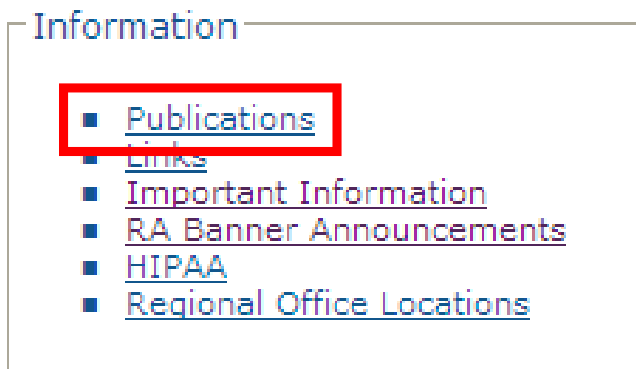
Information-Resources

Autism Waiver Service Provider Enrollment Workshop

Information - Resources

Publications

- A majority of the information available on the www.ctdssmap.com Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left hand side of the home page or from the Information drop-down menu

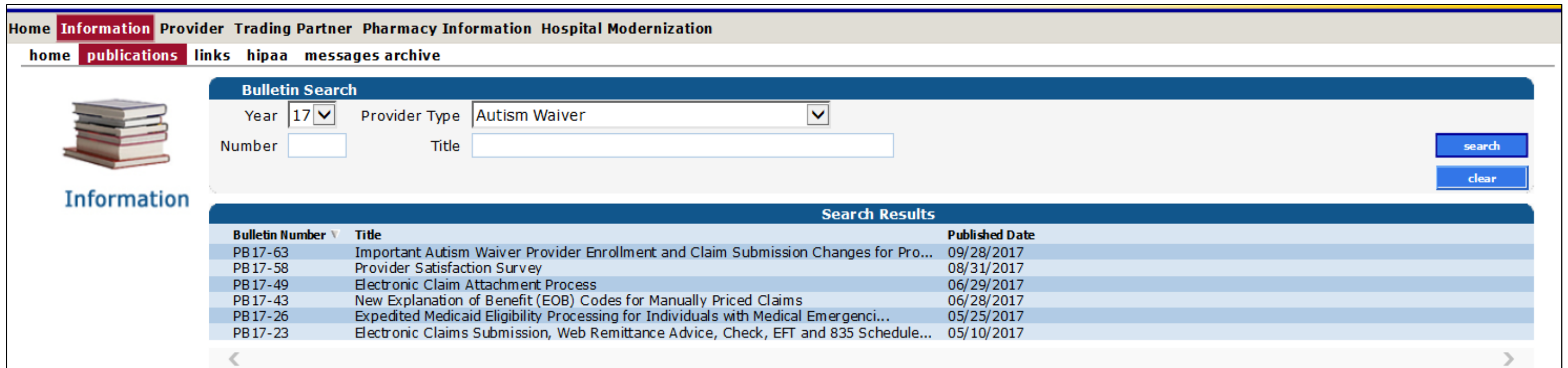


Autism Waiver Service Provider Enrollment Workshop

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 a web application interface for searching provider bulletins. At the top, there is a navigation menu with links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this, a secondary menu includes home, publications, links, hipaa, messages, and archive. The main content area features a 'Bulletin Search' section with a search form. The form includes a 'Year' dropdown menu set to '17', a 'Provider Type' dropdown menu set to 'Autism Waiver', and input fields for 'Number' and 'Title'. There are 'search' and 'clear' buttons to the right of the form. Below the search form is a 'Search Results' table with columns for 'Bulletin Number', 'Title', and 'Published Date'. The table lists several bulletins, including PB 17-63, PB 17-58, PB 17-49, PB 17-43, PB 17-26, and PB 17-23. On the left side of the interface, there is an icon of a stack of books and the word 'Information'.

Bulletin Number	Title	Published Date
PB 17-63	Important Autism Waiver Provider Enrollment and Claim Submission Changes for Pro...	09/28/2017
PB 17-58	Provider Satisfaction Survey	08/31/2017
PB 17-49	Electronic Claim Attachment Process	06/29/2017
PB 17-43	New Explanation of Benefit (EOB) Codes for Manually Priced Claims	06/28/2017
PB 17-26	Expedited Medicaid Eligibility Processing for Individuals with Medical Emergenci...	05/25/2017
PB 17-23	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/10/2017

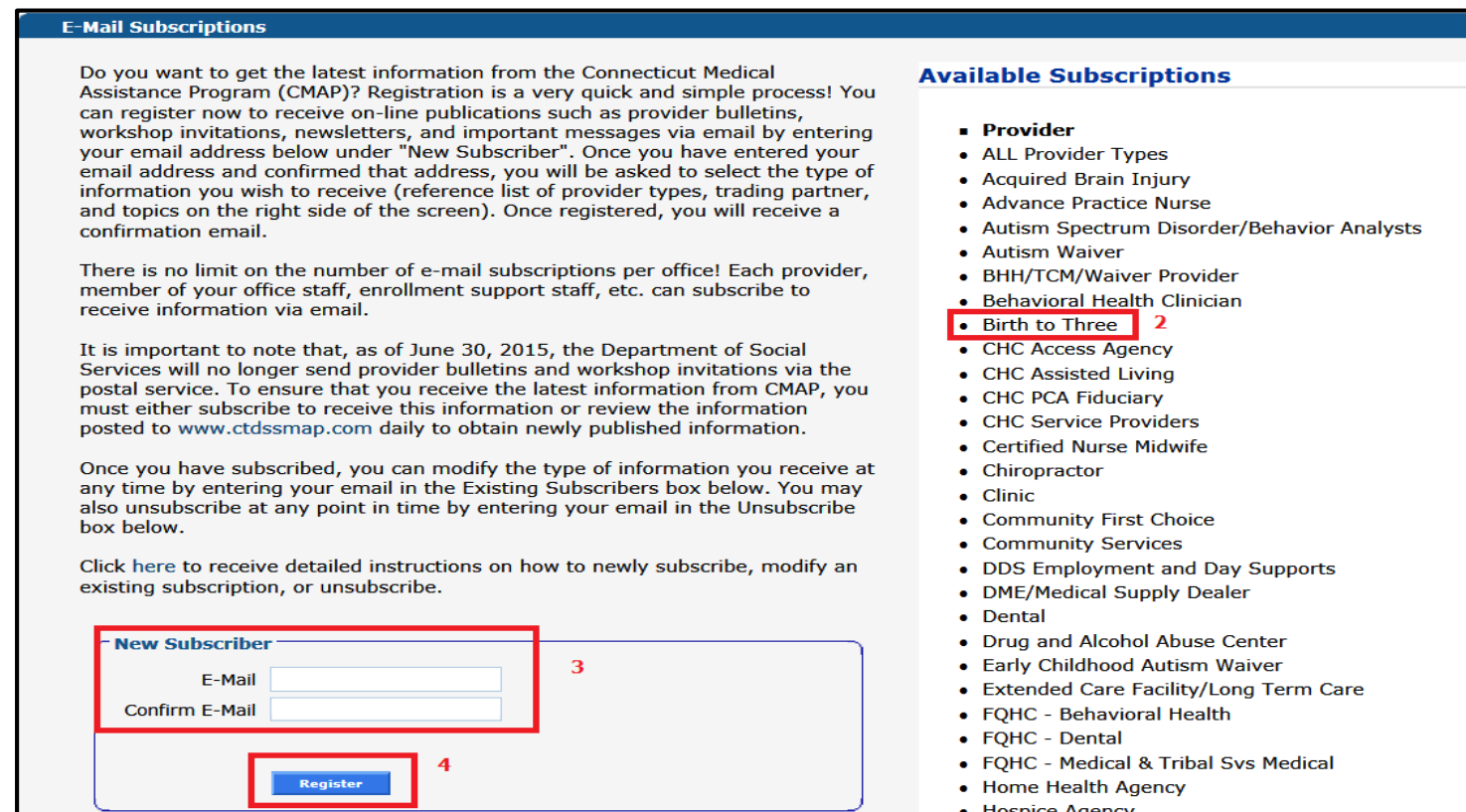
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Information- Resources cont.

E-mail Subscriptions

Register for E-mail Subscriptions - Providers **MUST** register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com

- For complete E-mail subscription information, please see provider bulletin PB 15-23 on the CMAP Web site



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Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

Provider Newsletters

- [December 2015 interChange Newsletter](#)
- [September 2015 interChange Newsletter](#)
- [June 2015 interChange Newsletter](#)
- [March 2015 interChange Newsletter](#)

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Information - Provider Resources cont.

Provider Manual

www.ctdssmap.com – From the Home page navigate to Information > Publications > Provider Manuals

- Chapter 3 – Provider Enrollment and Re-enrollment
- Chapter 10 - Web Portal/AVRS (information for setting up secure Web account.)



Contacts

www.ctdssmap.com

Contacts

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Contacts

Where to go for help:

<https://nppes.cms.hhs.gov> – National Plan & Provider Enumeration System – for providers interested in obtaining more information about obtaining a National Provider Indicator (NPI).

- **Autism Waiver Service Providers are not required to obtain an NPI.** Those that wish to do so or wish to enumerate with their existing NPI, should indicate a **taxonomy** of “**Atypical-Not Required,**” when submitting their enrollment application or sending in a separate document after submitting their application. Please note that **only one “Atypical” taxonomy** can be used **per NPI.**

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Contacts

Provider Assistance Center:

Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays

1-800-842-8440 (toll free)

Provider Enrollment Unit:

DXC Technology

Provider Enrollment Unit

P.O. Box 5007

Hartford, CT 06102



Questions/Comments

www.ctdssmap.com

Question and Comments

Thank You For Attending

The Connecticut Medical Assistance Program

Autism Waiver Service Provider Enrollment and Secure Account Set-up Training.

All questions and comments regarding this training are welcome.

Please fill out the provided workshop survey:

Your feedback helps us to improve future workshops