



Birth to Three Provider

Enrollment and Secure Web Account Workshop

Presented by:
The Department of Social Services & DXC Technology
for Billing Providers

Birth to Three Enrollment and Secure Web Account Workshop

Training Topics

- **Workshop Introduction**
- **Birth to Three Enrollment Benefits**
- **www.CTDSSMAP.com Enrollment Wizard**
 - ✓ Connecticut Medical Assistance Program (CMAP) Enrollment Process
 - ✓ Enrollment Wizard Navigation
 - ✓ Enrollment Wizard Walkthrough
 - ✓ Enrollment Tracking
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 - ✓ Notification of Enrollment Decision
 - ✓ Upon Approval
- **Access and Set-up of Secure Web Account**
- **Web Account Capabilities**
 - ✓ Demographic Maintenance
- **Resources**
- **Questions**

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Introduction to Birth to Three Program Enrollment Changes

➤ **Effective for dates of service, November 1, 2017**

- Organizations providing Birth to Three services must enroll as “**Birth to Three Billing**” providers to be reimbursed directly by the Department of Social Services (DSS) for Birth to Three program services.

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Benefits of Enrollment and Secure Account Set-up

➤ **Providers enrolling as Birth to Three Billing providers will receive payment directly from DXC Technology.**

- 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.

➤ **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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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.



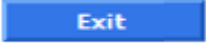
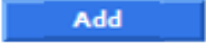
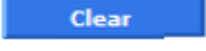
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Enrollment Process cont.

- 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 the Provider Enrollment Unit.

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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

- Go to the www.ctdssmap.com Home Page to access the Enrollment Wizard and begin the application process.

The screenshot displays the Connecticut Department of Social Services website. The header includes the department's logo and the tagline "Making a Difference". The date "Tuesday, December 29, 2015" and a "Help" link are visible in the top right. A navigation menu at the top lists "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", and "Hospital Modernization". The "Provider" menu is expanded, showing 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", "E-Mail Subscription", and "Secure Site". The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner. Below the banner, there is a paragraph of text: "CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HEWLETT PACKARD ENTERPRISE 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 INFORMATION FOR HEALTH CARE PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE QUALITY VERIFICATION SYSTEM." Below this text are four icons representing "Information" (a stack of books), "Provider" (a stethoscope), "Trading Partner" (a key), and "Pharmacy" (a pill bottle). At the bottom, there is a blue bar labeled "Important Messages".

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Enrollment Instructions

- The Provider Enrollment > 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:

- 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 Hewlett Packard Enterprise Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to Hewlett Packard Enterprise 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**

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

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Application Type

- Applicants enrolling as Birth to Three Billing Providers will select **Organization/Group** for their “Type of Application, 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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Organization Participation Type

➤ Birth to Three 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

➤ Birth to Three 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 **Special Services** as their “Provider Type”, click **Next**, select **Birth to Three Billing Provider** as their “Provider Specialty” and click **Next**.

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

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type*

Provider Specialty*

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Before You Continue

Instructions » Application Type » Organization 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 Hewlett Packard Enterprise. 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 Hewlett Packard Enterprise
- 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 Organization Application.

- Applicants may be presented with a Follow On Document which lists additional documentation that must be mailed to the Hewlett Packard Enterprise Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to Hewlett Packard Enterprise 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 a Birth to Three Billing Provider. An NPI may be provided, if applicable, however, as Birth to Three Services are considered non-medical services, the taxonomy submitted, should remain “Taxonomy Not Applicable”. **Please Note: More than one provider ID with the same taxonomy cannot be associated to the same NPI.** Click **Next** to continue.

[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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Identifying Information

- **Organization Name** must match IRS and be consistent throughout the CT Medical Assistance Program.
- Applicants of Birth to Three Services may enroll with a **Provider Effective Date** of **November 1, 2017**. Applications cannot be back-dated greater than six months from the enrollment date.
- Enter all **languages** spoken by members of your organization. Click **Next** to continue.

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* **Enter 7/1/2017 when enrolling prior to or within six months after the 7/1/2017 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.

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.

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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

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

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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.

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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
Street Address Line 1*	<input type="text"/>	City*	State/ZIP*	Contact Person*	Telephone Number - Contact Person*
Street Address Line 2	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> Ext. <input type="text"/>
Handicap Accessible?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirm EMail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TDD/TTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type changes below.

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

Enter additional service location information then click "add."

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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

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

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



Do not enter dashes.

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EFT (Electronic Fund Transfer)

- Organizations 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)

Reason for Submission New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature*

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)*

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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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Attestation

- Organizations must complete the **Deficit Reduction Act** and **Electronic Signature** Questions.
 - Answering **yes** will open the Attestation.

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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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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

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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*

Effective Date*

add

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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

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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

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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**

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

Birth to Three Enrollment and Secure Web Account Workshop

Controlling Interest

- 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"/>
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.



add

cancel

Birth to Three Enrollment and Secure Web Account 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.

Birth to Three Enrollment and Secure Web Account 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.

The screenshot shows a web-based survey interface. At the top, a blue header bar contains the word "Survey". Below the header, a note states "Required fields are indicated with an asterisk (*)".

Question 1: "1. Is, or was, applicant a Medicaid provider in any other state? *". To the right of the question are two radio buttons: "Yes" (which is selected and highlighted with a red box) and "No".

Below Question 1 is a data entry section. It starts with a light blue box containing the text "*** No rows found ***" and "- Enter data below and dick on add button -". Below this is a sub-header "Survey" with a question mark icon and an up arrow icon. The form contains three input fields: "State*" (a dropdown menu), "National Provider Identifier Number*" (a text box), and "Date*" (a text box). A blue "add" button is located at the bottom right of this section.

Question 2: "2. Is applicant a provider for any other federal program, e.g., MEDICARE? *". To the right are two radio buttons: "Yes" and "No", both unselected.

Question 3: "3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? *". To the right are two radio buttons: "Yes" and "No", both unselected.

Question 4: "4. Does applicant contract with any private health insurance providers? *". To the right are two radio buttons: "Yes" (which is selected and highlighted with a red box) and "No".

Below Question 4 is another data entry section, identical in structure to the one above Question 1. It contains a light blue box with "*** No rows found ***" and "- Enter data below and dick on add button -", followed by a sub-header "Survey" with icons, and two input fields: "Insurance Name*" and "Contract Number*". A blue "add" button is at the bottom right.

Birth to Three Enrollment and Secure Web Account 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: 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 text box on the right side of the page reads: "Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed once the application has been submitted." Below the navigation menu, a blue header bar contains the word "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 "I agree that I have read and accept the terms of the Provider Enrollment Agreement." There are two input fields: "SSN of Person Signing the Application*" and "Signature of Provider or Authorized Representative*". A list of bullet points follows, including an "IMPORTANT NOTICE" section. A large paragraph of text certifies the provider's agreement to terms. Below this, another certification statement is provided. At the bottom, there are three buttons: "Previous", "Submit", and "Exit". The "Submit" button is highlighted with a red box, 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."

Birth to Three Enrollment and Secure Web Account 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 Hewlett Packard Enterprise. If any information is missing, invalid, or Hewlett Packard Enterprise is unable to process the application, you will receive written notification of the missing or invalid information from Hewlett Packard Enterprise. 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:

Hewlett Packard Enterprise
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102
- Application Tracking Number (ATN)
 - Your tracking number is 312629
- Notification of Enrollment Decision
If all information has been provided and is correct, Hewlett Packard Enterprise 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 Hewlett Packard Enterprise 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, Hewlett Packard Enterprise 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.

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.

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

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

Exit

Birth to Three Enrollment and Secure Web Account 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 Connecticut Department of Social Services website. The header includes the logo and tagline "Making a Difference" on the left, and the date "Tuesday, April 04, 2017" and a "Help" link on the right. A navigation menu is visible, with "Provider Enrollment Tracking" highlighted and marked with a red "1". Below the navigation, a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner is present. In the foreground, an "Enrollment Tracking Search" form is shown, featuring two input fields: "ATN*" (marked with a red "2") and "Business OR Last Name*" (marked with a red "3"). To the right of these fields are "search" and "clear" buttons, with the "search" button highlighted by a red box and marked with a red "4".

Birth to Three Enrollment and Secure Web Account 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
 - **All additional information sent to DXC Technology will need the ATN entered on the upper right hand corner.**

Birth to Three Enrollment and Secure Web Account 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**.

Birth to Three Enrollment and Secure Web Account 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 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 another 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 and to check the status of a claim.

Birth to Three Enrollment and Secure Web Account 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.

Birth to Three Enrollment and Secure Web Account 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 **5 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**)

Birth to Three Enrollment and Secure Web Account Workshop

Re-enrollment – Provider Specific Requirements

Birth to Three Providers:

- Birth to Three providers must be eligible to provide Birth to Three services by the Office of Early Childhood (OEC)
- The OEC will provide DXC Technology with an ongoing file to confirm provider Birth to Three program eligibility with the OEC.

Birth to Three Enrollment and Secure Web Account 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.

Secure Web Account Set-up

www.ctdssmap.com
Secure Web Account

Birth to Three Enrollment and Secure Web Account Workshop

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

- Providers who have successfully enrolled as Birth to Three 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**.

Birth to Three Enrollment and Secure Web Account 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.

Home Information Provider Trading Partner Pharmacy

home site map about us

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [OOS Instructions/Information](#)
- [Secure Site](#)

Provider Trading Partner Pharmacy

- [Provider Enrollment](#)
- [Provider Re-Enrollment](#)
- [Provider Enrollment Tracking](#)
- [Provider Matrix](#)
- [Provider Services](#)
- [Provider Search](#)
- [Drug Search](#)
- [Provider Fee Schedule Download](#)
- [EHR Incentive Program](#)
- [OOS Instructions/Information](#)
- [E-Mail Subscription](#)
- [Secure Site](#)

WELCOME
TO THE **CONNECTICUT MEDICAL ASSISTANCE PROGRAM**

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.


Provider

Quick Login

User ID*

Password*

[Logging in for the first time?](#)

[Forgot your password?](#)

Birth to Three Enrollment and Secure Web Account Workshop

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

- To ensure your 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.


Birth to Three Enrollment and Secure Web Account 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

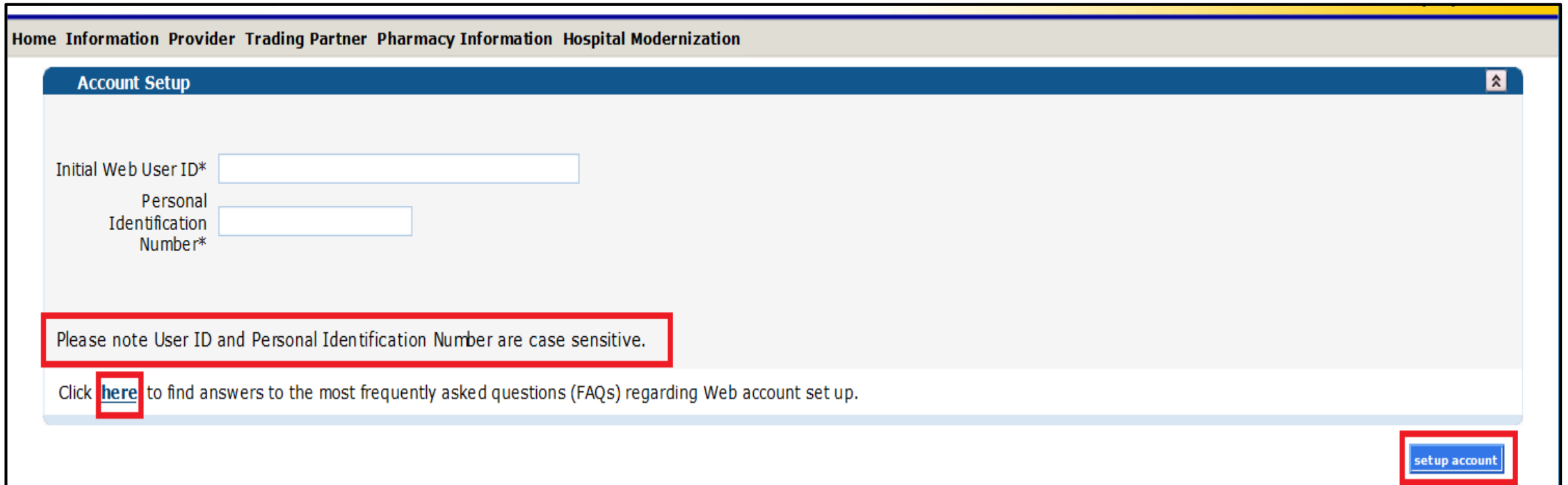
If you have forgotten your password please click the reset password button.

reset password

Birth to Three Enrollment and Secure Web Account Workshop

Secure Web Account Setup

- Account Setup- 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 **setup account**.

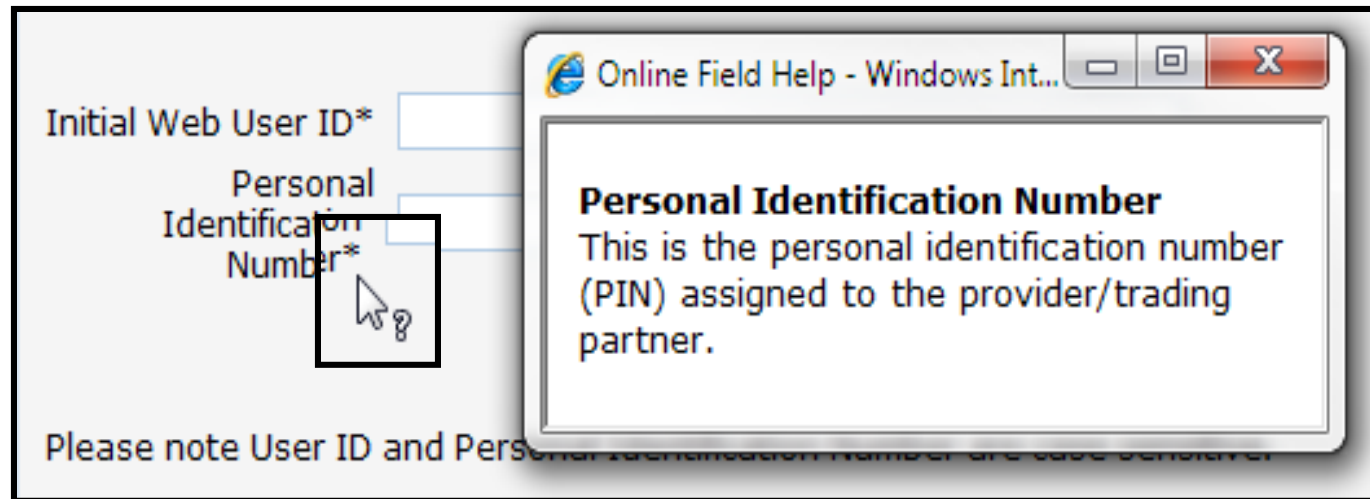


The screenshot shows a web application interface for account setup. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this is a blue header for the 'Account Setup' section. The main content area contains 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 labeled 'here' with a red border, followed by the text 'to find answers to the most frequently asked questions (FAQs) regarding Web account set up.' In the bottom right corner, there is a blue button labeled 'setup account' with a red border.

Birth to Three Enrollment and Secure Web Account 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.



Birth to Three Enrollment and Secure Web Account Workshop

Secure Web Account Setup

- Once on the **Account Setup** screen, fill in the fields with the appropriate information.

Required fields are indicated with an asterisk (*).

User ID*	<input type="text" value="JOHN_DOE_DENTAL"/>	Password*	<input type="password" value="....."/>
Contact Last Name*	<input type="text" value="Doe"/>	Confirm Password*	<input type="password" value="....."/>
Contact First Name*	<input type="text" value="Jonathan"/>	EEmail*	<input type="text" value="john_doe_dd@doedental.com"/>
Phone Number*	<input type="text" value="(800)555-5555"/> <input type="text" value="5555"/>	Confirm EMail*	<input type="text" value="john_doe_dd@doedental.com"/>
1st Secret Question*	<input type="text" value="Mothers maiden name"/>		
1st Answer*	<input type="text" value="Smith"/>		
2nd Secret Question	<input type="text" value="Name of first pet"/>		
2nd Answer	<input type="text" value="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.****

Birth to Three Enrollment and Secure Web Account Workshop

Secure Web Account Setup

➤ You have successfully set up your ctdssmap.com *Secure Site* account

The screenshot shows the user interface of the ctdssmap.com Secure Site account. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Trade Files, HAPIR, Messages, and Account (highlighted). Below this is a secondary navigation bar with links: home, account home (highlighted), account maintenance, account setup, change password, clerk maintenance, demographic maintenance, reset password, and log out.

A prominent red message states: "Your password expires in 61 days on 8/31/17 at 12:00 A.M. Change Password".

Welcome: **Provider Account User ID**
Provider ID: **Enrollment NPI or AVRS ID**
Reenrollment Due Date: **05/01/2022**
Zip Code: 06106 - 5501

Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.

On the right side, there is a "Quick Link" box containing a list of links:

- Check E-messages
- Claim Status Inquiry
- Client Eligibility Verification
- Prior Authorization Inquiry
- Download Remittance Advices

Below the main content area, 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 the message: "*** No rows found ***".

Web Account Capabilities

www.ctdssmap.com

Birth to Three Enrollment and Secure Web Account Workshop

Web Account Capabilities

Accessing your Secure Site provider account allows you to:

- Update your demographic information (addresses/phone numbers/bank accounts/organization members)
- Verify re-enrollment due date(s)

Demographic Maintenance

ctdssmap.com

Web Account Capabilities

Birth to Three Enrollment and Secure Web Account Workshop

Web Account Capabilities - Demographic Maintenance

The screenshot shows the 'Account' dropdown menu of the Secure Site. The menu items are: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, **Demographic Maintenance** (highlighted with a red box), Reset Password, and Log Out. The main page content includes a password expiration notice: 'Your password expires in 61 days on 8/31/17 at 12:00 A.M. Change Passw'. Below this is a welcome message: 'Welcome: . Provider Account User ID', 'Provider ID: Enrollment NPI or AVRS ID', 'Reenrollment Due Date: 05/01/2022', and 'Zip Code: 06106 - 5501'. There is also a note: 'Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option.' At the bottom, there are sections for 'Global Messages' and 'Secure Mailbox' with the message '*** No rows found ***'.

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

Birth to Three Enrollment and Secure Web Account 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

Birth to Three Enrollment and Secure Web Account Workshop

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

Birth to Three Enrollment and Secure Web Account Workshop

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		

Birth to Three Enrollment and Secure Web Account Workshop

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 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 Address

Financial Institution Name

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

save cancel

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

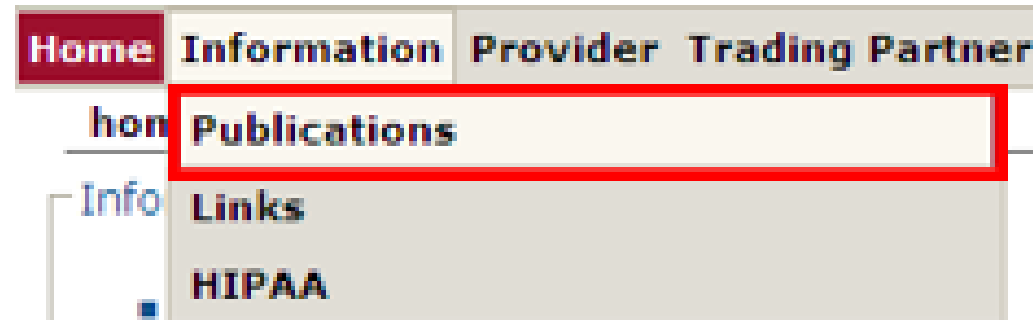
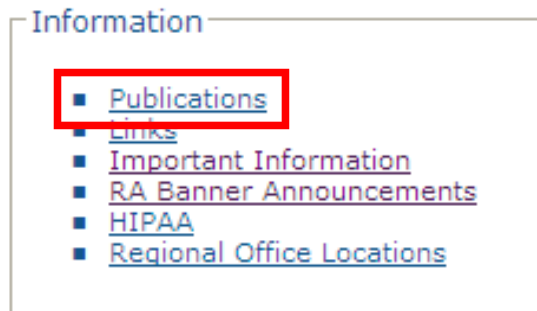
Information-Resources

www.ctdssmap.com
Information

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

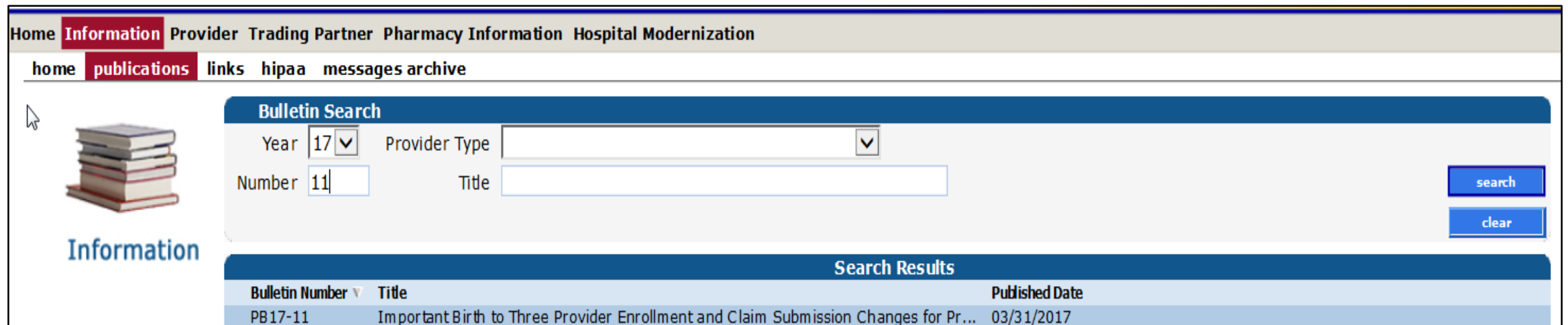


Information – Resources

Provider Bulletins

– 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 shows a web application interface for Bulletin Search. At the top, there is a navigation bar with links: Home, Information (highlighted), Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this is a secondary navigation bar with links: home, publications (highlighted), links, hipaa, messages, and archive. On the left side, there is a stack of books icon and the word "Information". The main content area is titled "Bulletin Search" and contains the following fields:

- Year: 17 (dropdown menu)
- Provider Type: (dropdown menu)
- Number: 11 (text input)
- Title: (text input)

There are two buttons on the right: "search" and "clear". Below the search fields is a "Search Results" section with a table:

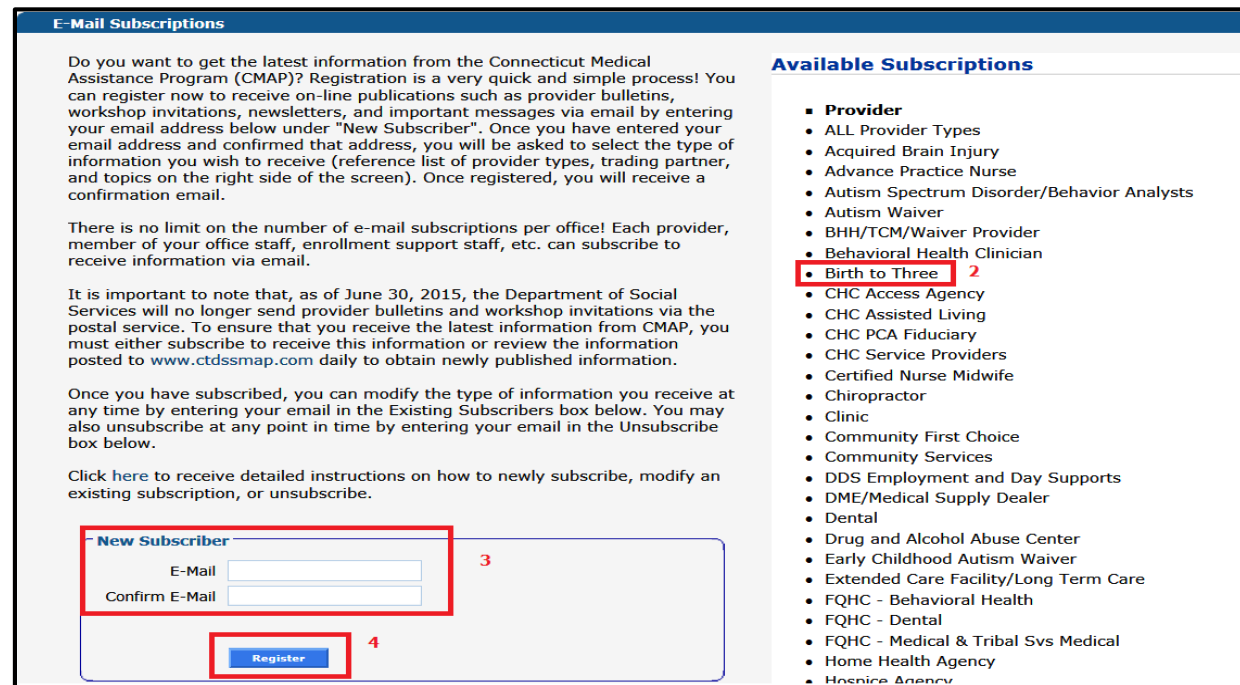
Bulletin Number	Title	Published Date
PB17-11	Important Birth to Three Provider Enrollment and Claim Submission Changes for Pr...	03/31/2017

Information- Resources

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**



Information – Resources

Other

- 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](#)

Contacts

www.ctdssmap.com
Contacts

Birth to Three Enrollment and Secure Web Account Workshop

Provider Enrollment/Re-enrollment Resources

➤ Where to go for help:

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

Birth to Three Enrollment and Secure Web Account Workshop

Provider Enrollment/Re-enrollment Resources cont.

– **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

Birth to Three Enrollment and Secure Web Account Workshop

Provider Enrollment/Re-enrollment Resources cont.

➤ Public Consulting Group, Inc (PCG)

- Office of Early Childhood (OEC) Birth to Three contractor
- Providers who have enrollment or secure account set-up questions can direct their questions to PCG at the following e-mail address: connecticutei@pcgus.com.

Questions/Comments

www.ctdssmap.com
Question and Comments

Thank You For Attending

The Connecticut Medical Assistance Program

Birth to Three 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