

Connecticut Housing Engagement and Support Services - CHESSE Enrollment Workshop

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Gainwell Technologies

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Agenda

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Program Introduction



Connecticut Housing Engagement Support Services- CHESS Provider Enrollment Workshop - Introduction

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS), is proud to announce the upcoming implementation of the Connecticut Housing Engagement and Support Services (CHESS) Program. The purpose of this program is to provide support services to Medicaid members experiencing homelessness and specified clinical conditions, especially help with finding and staying in affordable housing and connecting to medical and behavioral health services.

Providers who are enrolled in the Connecticut Housing Engagement and Support Services program will need to **re-enroll every two (2) years**.

Providers can begin enrolling in the Connecticut Housing Engagement and Support Services program on or after May 26, 2021.

Connecticut Housing Engagement Support Services- CHES Provider Enrollment Workshop

Introduction cont.

Providers can begin enrolling in the Connecticut Housing Engagement and Support Services program on or after **May 26, 2021**.

- ❖ Providers must enroll on the www.ctdssmap.com Web site via the Enrollment Wizard.
- ❖ Providers enrolling in the Connecticut Housing Engagement and Support Services program must be on the DMHAS list of approved providers prior to beginning the enrollment process.
- ❖ Enrolled providers **must submit claims directly to Gainwell Technologies for reimbursement of CHES services effective for dates of service on or about July 1, 2021 and forward.**

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Enrollment and Secure Web Account Set-up



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Connecticut Housing Engagement Support Services- CHESS Provider Enrollment Workshop - Benefits of Enrollment and Secure Account Set-up

Providers enrolling as “CHESS” 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.

- EFT information must be provided during the online enrollment process
- 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 20-82**. **To access: From the www.ctdssmap.com Web site Home page > Publications > Enter Year 20 and Bulletin # 82**
Schedule published twice per year for the periods of January - June and July - December

Connecticut Housing Engagement Support Services- CHESS Provider Enrollment Workshop - Benefits of Enrollment and Secure Account Set-up cont.

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

- Address changes
- EFT Account changes
- Language updates
- Alternate Service Location
- eDelivery of letters (including re-enrollment notices)

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

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Enrollment Process



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Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Enrollment Process

Providers must be enrolled in the *Connecticut Medical Assistance Program (CMAP)* network in order to be reimbursed for non-medical Services.

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.



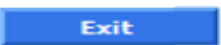
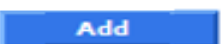
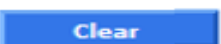
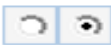
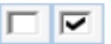
- Access to this application does not require a log in ID or Password; any user with internet access can utilize this application.

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – 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 after an application has been submitted must be mailed to:
Gainwell Technologies
Provider Enrollment Unit
P. O. Box 5007
Hartford, CT 06102-5007

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – 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

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop - Enrollment – Where to begin

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

The screenshot shows the website header with the Connecticut Department of Social Services logo and the date Thursday, May 09, 2019. The navigation menu includes Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. The Provider menu is expanded, listing options such as Provider Enrollment, Provider Re-Enrollment, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, Promoting Interoperability Program, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, E-Mail Subscription, and Secure Site. The main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner, a descriptive paragraph about the program, and four icons representing Information, Provider, Trading Partner, and Pharmacy.

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop - 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.

- This page provides important information regarding application submission instructions. Once you have read the instructions, click **NEXT** to proceed.

Instructions

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

Please note the following:

- As defined in 42 CFR 455.434, fingerprint-based background checks will be applied to providers and suppliers placed into the high level risk category during the enrollment or re-enrollment process.
- Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. A full list of taxonomies/provider types/provider specialties can be found at www.ctdssmap.com 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 Gainwell Technologies Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to Gainwell Technologies any of the required documents will result in a delay in processing your application.
- Once an application has been submitted, you cannot return to it to modify the application. Any changes to the application after it has been submitted must be mailed to:

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

Note to Out-of-State Providers:

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

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

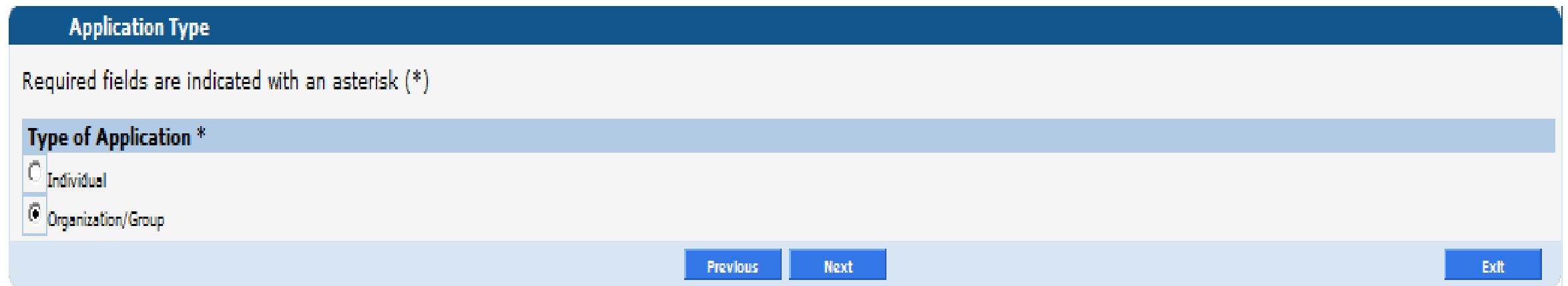
Gainwell Technologies
Written Correspondence
OOS Claims
P. O. Box 2991
Hartford, CT 06104

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop - Application Type

Applicants who are enrolling as CHES Providers will select Organization/Group for their “Application Type”.

Click Next.



The screenshot shows a web application interface for selecting an application type. At the top, there is a dark blue header with the text "Application Type". Below the header, a light gray box contains the instruction "Required fields are indicated with an asterisk (*)". The main content area has a light blue background and features a section titled "Type of Application *" in bold. Under this section, there are two radio button options: "Individual" and "Organization/Group". The "Organization/Group" option is selected, indicated by a filled radio button. At the bottom of the form, there are three blue buttons: "Previous", "Next", and "Exit".

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop - Organization Participation Type

Organizations providing CHES Services must then select the Organization “Participation Type”. Click Next.

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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Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Application For

CHES provider applicants will select Initial Enrollment, then click **Next**.

Application For

Required fields are indicated with an asterisk (*)

This Application is for *

Initial Enrollment

Re-enrollment

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

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

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Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Provider Type/ Specialty

Using the drop-down arrow, applicants should select “Provider Type”, CT Housing Engagement Support and Services, then click Next.

**** There is only 1 valid specialty for CHESS providers type that will be the default value providers will see when their application has been submitted.**

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type* ▼

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Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Before You Continue

Before You Continue

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

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

[Click here to open the Individual Practitioner Enrollment Application Sample](#)
[Click here to open the Employed by Organization Enrollment Application Sample](#)
[Click here to open the Organization Enrollment Application Sample](#)
[Click here to open the Organization Employed/Contracted by Org Enrollment Application Sample](#)



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

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

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

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Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop - National Provider Identifier Information

Applicants are not required to obtain an NPI when enrolling as a CHESS provider.

- An **NPI is not required** as CHESS services are considered **non-medical services**.
- **Taxonomy is Not Applicable** for (non-medical services)

The taxonomy submitted should remain “Taxonomy Not Applicable”.

- Click Next to continue.

National Provider Identifier Information

Required fields are indicated with an asterisk (*)

National Provider Identifier

Primary Taxonomy* ----- - Taxonomy Not Applicable (non-medical services) ▼

Taxonomy 2 ▼

Taxonomy 3 ▼

Taxonomy 4 ▼

Taxonomy 5 ▼

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Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop - Identifying Information

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*

Languages

English

Spanish

Portuguese

Russian

Polish

Other

The application date is the provider's effective date. Although providers may not bill for dates of service prior to 7/01/2021, they should enroll early (on or after 5/26/2021) for time to set up their secure Web account and clerk accounts. Providers may also begin checking for prior authorizations for services to be provided on or after 7/01/2021, although eligibility cannot be checked for a future date.

The effective date of enrollment will impact claim payment if the enrollment effective date is after 7/01/2021 and services were provided on or after 7/1/2021, but before the effective date of the provider's online application.

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Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop - Addresses

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

Addresses

Required fields are indicated with an asterisk (*).

Service Location Address

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

Service Location Address



Street Address Line 1*	<input type="text"/>
Street Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/ZIP*	<input type="text"/> <input type="text"/> - <input type="text"/>
Contact Person*	<input type="text"/>
Telephone Number - Contact Person*	<input type="text"/> Ext. <input type="text"/>
Telephone Number - For Patient Use*	<input type="text"/> Ext. <input type="text"/>
Handicap Accessible?	<input type="text"/> No <input type="text"/>
Contact Email	<input type="text"/>
Confirm EMail	<input type="text"/>
Fax	<input type="text"/>
TDD/TTY	<input type="text"/>

PLEASE NOTE:

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

Connecticut Housing Engagement and Support Services CHES Provider 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 is the same as Mailing Address, click here to copy to Mailing Address .



Clear

Copy Svc Loc Addr

Home Office Address

- Indicate the provider's Home Office address.

Home Office Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Confirm Email

Fax

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



Clear

Copy Svc Loc Addr

Connecticut Housing Engagement and Support Services CHES 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.



Clear

Copy Svc Loc Addr

1099 Mailing Address

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

1099 Mailing Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Telephone Number Ext.

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



Clear

Copy Svc Loc Addr

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Addresses cont.

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

Enrollment Address

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

Enrollment Address ? ^

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Confirm EMail

Fax

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – 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"/>				
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"

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

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – HIT/HIE Contact and EHR Information

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

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

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

HIT/HIE Contact and EHR Information

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

Contact Information

Contact First Name

Contact Last Name

Contact Phone Ext

Contact Email

EHR Information

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

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Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop - 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 » HIT/HIE Contact and EHR Information » **Financial Information**

Financial Information

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

Required fields are indicated with an asterisk (*)

Taxpayer Identification Number (TIN)*

Do not enter dashes.

Name*

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

Doing Business As

TIN Type* EIN SSN

TIN Effective Date

State Tax ID

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

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Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop - EFT

Enrolling CHESS 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*

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Additional Information

This panel is not applicable to CHESS providers. Click **Next** to continue.

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

Additional Information

- Residents - Enter your DPH permit number and permit effective and end date.
- Non-Residents - Enter your license number and license effective and end date.

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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Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop - Attestation

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

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

Attestation

Required fields are indicated with an asterisk (*)

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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Connecticut Housing Engagement and Support Services CHES 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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Medicare Information

Medicare Information is not required for non- Medical services, select NO to Are you enrolled in “Medicare”

Click Next to proceed.

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

Medicare Information

Required fields are indicated with an asterisk (*)

Are you enrolled in Medicare? Yes No

Previous

Next

Exit

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop - Board Members, Partners or Managing Administrators Information

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

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

Board Members, Partners or Managing Administrators Information

Required fields are indicated with an asterisk (*)

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

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

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

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

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

Name

Corporate Headquarters Location

Connecticut Housing Engagement and Support Services CHESS 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

Connecticut Housing Engagement and Support Services CHES 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.

Controlling Interest

Required fields are indicated with an asterisk (*).

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

*** No rows found ***

Type changes below.

Connecticut Housing Engagement and Support Services CHESS 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"/>
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.



Connecticut Housing Engagement and Support Services CHESS Provider 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*	<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"/> - <input type="text"/>
<input type="button" value="add"/>	

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

Click **Next** to continue.

Previous

Next

Exit

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Survey

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

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

Survey

Required fields are indicated with an asterisk (*)

1. Is, or was, applicant a Medicaid provider in any other state? * Yes No
2. Is applicant a provider for any other federal program, e.g., MEDICARE? * Yes No
3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? * Yes No
4. Does applicant contract with any private health insurance providers? * Yes No
5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? * Yes No
6. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family, marriage, ownership, membership, control, or business relationship to any other provider that is currently, or within the last 5 years, has been, enrolled in the Connecticut Medical Assistance Program? * Yes No
7. Does applicant, and/or any owner, partner, member, officer, director, shareholder, or managing employee of provider owe money to the federal government and/or any State for Medicare and/or Medicaid involvement in the past? * Yes No
8. Has applicant and/or any owner, associate, partner, member, officer, director, shareholder, or managing employee ever filed bankruptcy on behalf of a business which participated in a State or Federal Medical Assistance Program? * Yes No
9. Is applicant and/or owner, partner, member, or officer, currently in bankruptcy? * Yes No
10. Has there been any disciplinary, administrative, civil, or criminal actions taken against applicant, a family member, partner, member, director, officer or managing employee in any way related to the provision of health care goods or services, including but not limited to those goods or services covered by Medicare or Medicaid? * Yes No
11. Is applicant a salaried employee of a hospital, clinic, or institution? * Yes No
12. Does applicant provide contractual services to a hospital, clinic, or institution? * Yes No
13. If you are re-enrolling, has there been a change in ownership or control of 5% or greater since your last enrollment? * Yes No
14. Are you a contractor for an enrolled Connecticut Medical Assistance Program Provider? * Yes No
15. Are you an employee of an enrolled Connecticut Medical Assistance Program Provider? * Yes No

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

Connecticut Housing Engagement and Support Services CHES 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 the 'Summary' page of the CHES Provider Enrollment application. 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 box highlights the 'Summary' link. Below the navigation, a red box highlights the text 'Click here to open Provider Enrollment Agreement' with a red arrow pointing to a checkbox labeled 'I agree that I have read and accept the terms of the Provider Enrollment Agreement.' Below this, there are two input fields: 'SSN of Person Signing the Application*' and 'Signature of Provider or Authorized Representative*'. A red arrow points to the SSN field with 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 input fields, there are two bullet points: 'The Application has been completed and is ready to submit. If any changes need to be made, please make them now by using this Web site's navigation links and command buttons (not the browsers navigation buttons).' and '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:'. Below the notice, there is a paragraph of text: '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.' Below this, there is another paragraph: 'I certify that I have legal authority to enter into contracts and agreements on behalf of the provider.' Below this, there are two bullet points: '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'. The 'Submit' button is highlighted with a red box and a red arrow pointing down to it, with the text: 'After clicking submit, be sure to print and/or save the application as a PDF document for your records.'

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Application

Application Submitted

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

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

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

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

- Notification of Enrollment Decision

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

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

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

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

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

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

Exit

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Checking Application Status

- From the www.ctdssmap.com Web site, click Provider > Provider Enrollment Tracking.
–Enter the **ATN** and your **name** to obtain the current status of your application.



The screenshot shows the website for the Connecticut Department of Social Services. The header includes the department's logo and name: "Connecticut Department of Social Services" with the tagline "Making a Difference". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. A dropdown menu is open under the "Provider" link, listing various options. The "Provider Enrollment Tracking" option is highlighted with a red bar and a red number "1" next to it. Other options in the menu include Provider Re-Enrollment, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, Promoting Interoperability Program, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, E-Mail Subscription, and Secure Site. The main content area features a large "WELCOME" graphic and the text "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this, there is a paragraph of text about the program's web site, provided by DXC Technology. At the bottom, there are three icons: a stack of books labeled "Information", a stethoscope labeled "Provider", and a key labeled "Trading Partner".

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – What's Next

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

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

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

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Notification of Enrollment Decision



Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Notification of Enrollment Decision - Approval

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

Connecticut Housing Engagement and Support Services CHESS Provider 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 of the enrollment application 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 (on or about 7/1/2021 and forward)
 - submit and check the status of a claim (effective for dates of service on or about 7/1/2021 and forward)
 - Sign up for eDelivery

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop - Notification of Enrollment Decision - Denial

If a denial is received from Gainwell Technologies:

- The letter will provide a reason for the denial.

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

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

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

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

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Re-Enrollment



gainwell

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Re-enrollment- Notification and Process

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

- **2-year contract** (CHESS Provider)

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

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

To re-enroll, providers should:

- Access the www.ctdssmap.com Web site
- From the Home Page, click Provider > **Provider Re-enrollment**
- Enter the **ATN** received in the re-enrollment reminder letter
- Enter your Non medical provider identifier (**AVRS ID**)

Connecticut Housing Engagement and Support Services CHES 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.

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Secure Web Account Access and Set-up



gainwell

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Port

- Providers who have successfully enrolled as CHESS 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.

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

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

This screenshot shows the top navigation bar with links for Home, Information, Provider, and Trading. Below it is a secondary menu with home, site map, and about us. The Information section contains a list of links: Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. The Provider section, highlighted with a red box, contains a list of links: Provider Services, Provider Search, Provider Enrollment, Promoting Interoperability Program, OOS Instructions/Information, Fingerprint Criminal Background Check Info, Provider Training, and Secure Site.

This screenshot shows the Provider menu with a red box around the 'Provider' header. The menu items listed are: 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.

This screenshot shows the 'Welcome to the Connecticut Medical Assistance Program' page. It features a large 'WELCOME' heading and a stethoscope icon labeled 'Provider'. A 'Quick Login' section includes input fields for 'User ID*' and 'Password*', a 'Login' button, and links for 'Logging in for the first time?' and 'Forgot your password?'. The 'Secure Site' link from the previous screenshot is highlighted with a red box.

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

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.

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

Login

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

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

setup account  **Click to access account set-up**

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

User ID*

Password*

login

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

reset password

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Secure Web Account Set-up

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

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

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

Account Setup

Initial Web User ID*

Personal Identification Number*

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

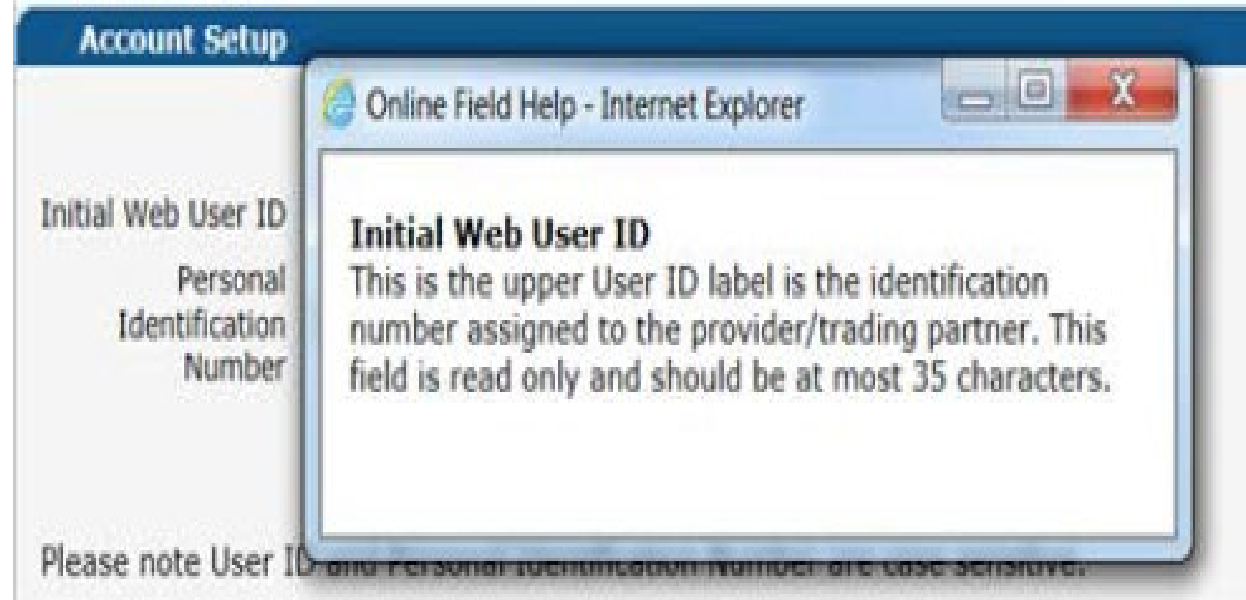
Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.

[set up account](#)

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Secure Web Account Set-up cont.


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.



Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Secure Web Account Set-up cont.

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

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

Required fields are indicated with an asterisk (*).

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

Complete the fields, read the security agreement and click the "I agree" box prior to hitting the submit button.

Security Agreement

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

I Agree

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Web Account Capabilities



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

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Web Account Capabilities cont.

- **Set Up clerk accounts:**

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

- **Switch Provider:**

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

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

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

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Web Account Capabilities cont.

Check client eligibility via the Web:

- **Reference** – www.ctdssmap.com > Publications > Manuals > Chapter 10 - Web Portal/AVRS > Section 11- Client Eligibility Verification

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

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

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 12 Prior Authorization

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

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

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Web Account Capabilities cont.

Create, Submit and Query claims for dates of service 07/01/2021 and forward

- For services noted on the “Connecticut Housing Engagement and Support Services” Fee Schedules
- Claim Format – Professional 5010 HIPAA Compliant
- Query Paid, Denied or Suspended claims

Reference - www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10 Claim Submission, Resubmission, Adjustments and Inquiry

Obtain Remittance Advice (RA)

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

Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 > Section 15 – Trade Files

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Web Account Capabilities - Assigning Clerk Roles

To Assign roles, the master user must >Log on to their Secure Web portal account >Select Clerk Maintenance > Create a new clerk by selecting the add clerk button > Assign the appropriate role.

The screenshot displays the 'Clerk Maintenance' web interface. At the top, the Connecticut Department of Social Services logo is visible, along with the date 'Friday, February 22, 2019'. The navigation menu includes 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', 'Hospital Modernization', 'Claims', 'Eligibility', 'Prior Authorization', 'Hospice', 'Trade Files', 'MAPIR', 'Messages', and 'Account'. The 'Account' menu is expanded, showing options like 'home', 'account home', 'account maintenance', 'account setup', 'change password', 'clerk maintenance', 'demographic maintenance', 'switch provider', 'reset password', and 'log out'. The 'clerk maintenance' option is selected.

The main content area is titled 'Clerk Maintenance' and features a table with columns for 'User ID', 'Contact First Name', and 'Contact Last Name'. A table row shows 'c01', 'Terry', and 'N'. Below the table, there are 'remove clerk' and 'add clerk' buttons. A text prompt says 'Type data below for new record.' followed by 'submit' and 'reset password' buttons.

The form contains the following fields:

- User ID*
- Contact First Name*
- Contact Last Name*
- Phone Number*
- Password*
- Confirm Password*
- AVR ID
- AVR Pin
- Confirm AVR Pin

Below the form is a section for 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section is currently empty. The 'Available Roles' section lists the following roles:

- Claim Inquiry/Submission/Adjustment
- PA Inquiry/Submission
- Client Eligibility Verification
- Trade Files Includes E-Delivery
- Submit Applications
- Trade Files E-Delivery Only

Navigation arrows (left, right, double left, double right) are present between the 'Assigned Roles' and 'Available Roles' sections. The 'Trade Files Includes E-Delivery' and 'Trade Files E-Delivery Only' roles are highlighted with orange boxes. At the bottom right, there are 'submit' and 'cancel' buttons.

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Web Account Capabilities – Access Trade Files for Download

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

Connecticut Department of Social Services
Making a Difference

Friday, February 22, 2019

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPER Messages Account

home account home account maintenance account setup change password clerk maintenance demographic maintenance switch

Welcome, P0080
Provider ID: 125 NPI
Provider AVRS ID: 008C
Reenrollment Due Date: 05/07/20
Zip Code: 06023 - 1234

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

Global Messages
*** No rows found ***

Secure Mailbox
*** No rows found ***

Quick Link

- Check E-messages
- Claim Status Inquiry
- Client Eligibility Verification
- Prior Authorization Inquiry
- Download Remittance Advices
- ACA Ordering/Prescribing/Referring Provider List

Email Subscription

- Register/Update Email Subscription

emap.com/PreMOCTportal/Trade%20Files/Download/tabId/83/Default.aspx

Home CT.gov Home Site Map About Us Feedback

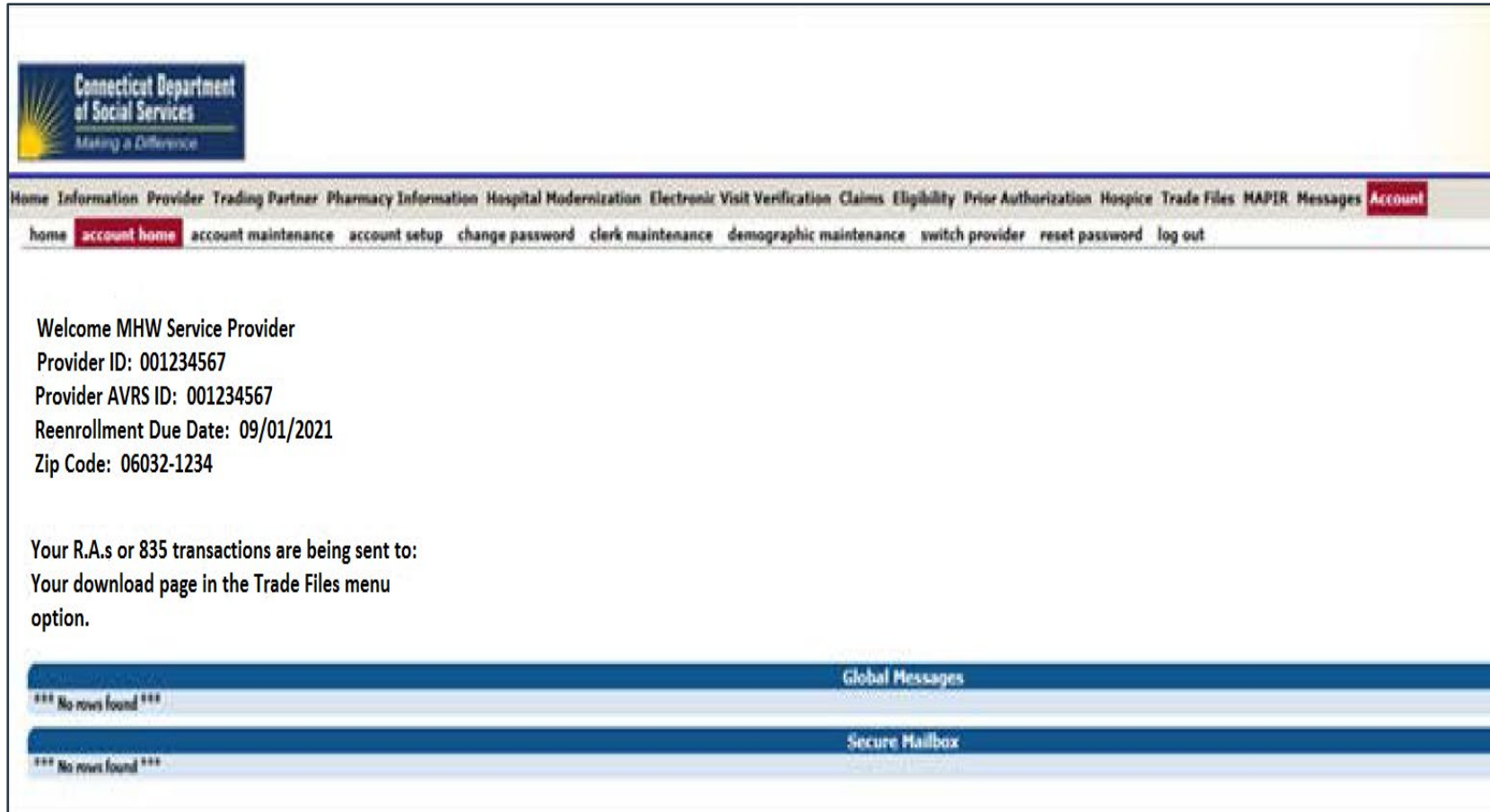
Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

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Web Account Capabilities - Demographic Maintenance



Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance



The screenshot displays the user interface for a provider's web account. At the top left is the Connecticut Department of Social Services logo with the tagline "Making a Difference". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below this is a secondary menu with options like home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, switch provider, reset password, and log out. The main content area shows a welcome message to an MHW Service Provider, including their ID (001234567), AVRS ID (001234567), reenrollment due date (09/01/2021), and zip code (06032-1234). It also states that R.A.s or 835 transactions are being sent to the provider and that download pages are available in the Trade Files menu. At the bottom, there are two sections: "Global Messages" and "Secure Mailbox", both showing "No rows found".

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

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

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

Provider Information			
Provider ID	00##### MCD	Address	1000 Any Highway
AVRS ID	00#####		
Usage	Service Location	City	FARMINGTON
Provider Type	77-MHW Services	County	Hartford
Provider Specialty	MHW Service Provider	State/Zip	CT 06032-1234
Phone	860-555-5555		

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

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

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

Phone*

Fax

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Enrollment

Handicap Accessible?

EMail

Confirm EMail

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

To alter address information, simply select the applicable row from the provided list, then click maintain address.

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Alt Service Location	MHW SRVS Provider	633 DOWELL DRIVE	HARTFORD	CT	06044	5221	(860)555-1212		N
Enrollment Address	MHW SRVS Provider	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	MHW SRVS Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Pay to	MHW SRVS Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Service Location	MHW Service Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Home Office	MHW Service Provider	195 Colt Highway	Farmington,	CT	06032	1234	(860)255-3913		N

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

Type changes below.

Name Type: Business Name Personal Name

Name: 005 Specialized Services Agency

Title:

Usage:

Country:

Address 1*:

Address 2:

City:

State:

Zip*:

Phone*:

Fax:

Handicap Accessible?:

E-Mail:

Confirm E-Mail:

Apply Changes To:
 Service Location
 Pay To
 Mail To
 Enrollment

The following messages were generated:

Message Description
Save was Successful

Panel

Field

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment 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 Identifiers*

Provider Name*

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

OR

National Provider Identifier (NPI)

Other Identifiers

Assigning Authority

Trading Partner ID

Financial Institution Information

Financial Institution Name

Financial Institution Address

Street

City

State/Province

ZIP Code/Postal Code

Financial Institution Routing Number

Financial Institution Routing Number(rekey)*

Type of Account at Financial Institution

Provider's Account Number with Financial Institution

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

Account Number Linkage to Provider Identifier*

Provider Tax Identification Number (TIN)

OR

National Provider Identifier (NPI)

Reason for Submission New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature

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

save cancel

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

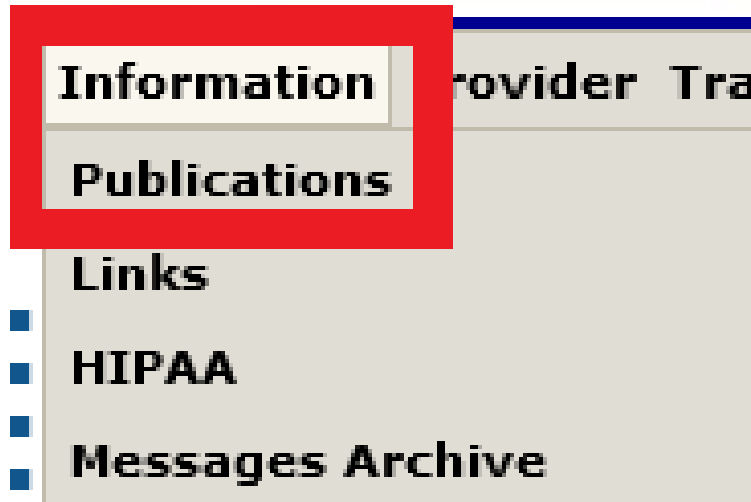
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Information-Resources



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Connecticut Housing Engagement and Support Services CHESS 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



Connecticut Housing Engagement and Support Services CHES 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



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

home **publications** links hipaa messages archive



Bulletin Search

Year	<input type="text" value="21"/>	Provider Type	<input type="text" value="CT Housing Engagement and Support Services"/>
Number	<input type="text"/>	Title	<input type="text"/>

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – 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.**

Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading

home site map about us

Information

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

Provider

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

Trading Partner

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

Pharmacy

- Pharmacy Information

Email Subscription

- Register/Update Email Subscription

E-Mail Subscriptions

Do you want to get the latest information from the Connecticut Medical Assistance Program (CMAP)? Registration is a very quick and simple process! You can register now to receive on-line publications such as provider bulletins, workshop invitations, newsletters, and important messages via email by entering your email address below under "New Subscriber". Once you have entered your email address and confirmed that address, you will be asked to select the type of information you wish to receive (reference list of provider types, trading partner, and topics on the right side of the screen). Once registered, you will receive a confirmation email.

There is no limit on the number of e-mail subscriptions per office! Each provider, member of your office staff, enrollment support staff, etc. can subscribe to receive information via email.

It is important to note that, as of June 30, 2015, the Department of Social Services will no longer send provider bulletins and workshop invitations via the postal service. To ensure that you receive the latest information from CMAP, you must either subscribe to receive this information or review the information posted to www.ctdssmap.com daily to obtain newly published information.

Once you have subscribed, you can modify the type of information you receive at any time by entering your email in the Existing Subscribers box below. You may also unsubscribe at any point in time by entering your email in the Unsubscribe box below.

Click here to receive detailed instructions on how to newly subscribe, modify an existing subscription, or unsubscribe.

New Subscriber

E-Mail

Confirm E-Mail

Register

Existing Subscribers

E-Mail

Update

Unsubscribe

E-Mail

Unsubscribe

Available Subscriptions

- **Provider**
 - ALL Provider Types
 - Acquired Brain Injury
 - Acupuncturist
 - Advance Practice Nurse
 - Autism Spectrum Disorder/Behavior Analysts
 - Autism Waiver
 - BHH/TCM/Waiver Provider
 - Behavioral Health Clinician
 - Birth to Three
 - CHC Access Agency
 - CHC Assisted Living
 - CHC PCA Fiduciary
- **CT Housing Engagement and Support Services**
 - Certified Nurse Planner
 - Chiropractor
 - Clinic
 - Community First Choice
 - Community Services
 - DDS Employment and Day Supports
 - DDS Specialized Services
 - DME/Medical Supply Dealer
 - Dental
 - Drug and Alcohol Abuse Center
 - Extended Care Facility/Long Term Care
 - FQHC - Behavioral Health
 - FQHC - Dental
 - FQHC - Medical & Tribal Svs Medical
 - Home Health Agency
 - Hospice Agency
 - Hospital
 - Laboratory
 - Local Health Department
 - Mental Health Group Home
 - Mental Health Waiver
 - Naturopath
 - Optical Shop
 - Optician
 - Optometrist
 - Personal Care Services
 - Pharmacy
 - Physician
 - Physician Assistant
 - Podiatrist
 - Private Non-Medical Institution

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

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



Provider Newsletters

- [March 2021 interChange Newsletter](#)
- [December 2020 interChange Newsletter](#)
- [August 2020 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Information – 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.)

Connecticut Housing Engagement and Support Services CHESS Provider Enrollment Workshop – Information – Resources cont.

- New Provider Workshop – Next Quarterly Workshop June 17, 2021. Invitation coming soon at the following Web site location:
- www.ctdssmap.com – From the Home page>Provider Training>Under Workshop Invitations select “New Provider Workshop”
- Note: This Web site is generic to all Providers and Provides a general Overview. Gainwell Technologies will also be offering a Chess Billing and Web Claim Submission Workshop in June 2021.

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

www.ctdssmap.com

Contacts



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Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop – Contacts

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

Connecticut Housing Engagement and Support Services CHES Provider Enrollment Workshop

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Questions



Thank you.

Thank you for attending the Connecticut Medical Assistance Program Connecticut Housing Engagement and Support Services (CHESS) Enrollment Workshop.

All questions and comments regarding this training are welcome.

All attendees will be receiving a survey via email, please fill out and return via the email thread. Gainwell Technologies uses these surveys to improve and address what our audience would like to learn about.