Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

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Mental Health Waiver Provider Enrollment and Secure Web Account Workshop Training Topics

Introduction

Mental Health Waiver Enrollment Benefits

Connecticut Medical Assistance Program

(CMAP) Enrollment Process

www.CTDSSMAP.com Enrollment Wizard

Enrollment Wizard Navigation

Enrollment Wizard Walkthrough

Enrollment Tracking

What's Next

Notification of Enrollment Decision

Re-Enrollment

Access and Set-up of Secure Web Account

Web Account Capabilities

Demographic Maintenance

Resources

Questions

Introduction

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver Provider Enrollment Workshop
Introduction

The Department of Social Services (DSS) in collaboration with the Department of Mental Health and Addiction Services and Advanced Behavioral Health (ABH) have made changes to the administration of the Mental Health Waiver. These changes are targeted for dates of service **September 1, 2019**. As a result, the following will occur:

- Current Mental Health Waiver Performing providers of non-medical services must enroll, based on their credentials as either a:
  - **Mental Health Waiver Service Provider – re-enrollment every two years**
  - **Assisted Living Service Provider – re-enrollment every five years**

- Providers may begin enrolling on or after **May 22, 2019**.
  - Providers must enroll on the www.ctdssmap.com Web site via the Enrollment Wizard
  - Providers enrolling as a **Mental Health Waiver Service provider** must be credentialed by ABH, the Department of Social Services Mental Health Waiver Fiscal Intermediary.
    - a copy of the provider's **current credentialing letter from ABH** must be submitted to DXC once the online Enrollment Application has been submitted.

Mental Health Waiver Provider Enrollment Workshop
Introduction

- Providers enrolling as an **Assisted Living Services Agency (ALSA) provider** must be credentialed by ABH, the Department of Social Services Mental Health Waiver Fiscal Intermediary.
  - A copy of the provider's **current credentialing letter from ABH** must be sent to DXC Technology once the online Enrollment Application has been submitted.
  - An **updated Department of Public Health (DPH) ALSA license** must be on file. The **ALSA license number is required on the online application**, although a copy of the license is not required for the enrollment process.

- Providers who will be rendering **"**Mental Health Waiver" services **must be fully enrolled** as a Mental Health Waiver Service or ALSA provider **to be reimbursed for services provided on or after September 1, 2019.**

- Enrolled providers **must submit claims directly to DXC Technology for reimbursement of Mental Health Waiver services effective September 1, 2019 and forward.**

Mental Health Waiver Provider Enrollment Workshop

Benefits of Enrollment and Secure Account Set-up

Providers enrolling as "Mental Health Waiver Service" or ALSAs 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 19-22. To access: From the www.ctdssmap.com Web site Home page > Publications>Enter Year 19 and Bulletin # 22 or at Provider Type field click dropdown arrow and select Mental Health Waiver from the dropdown list. Click on PB19-22 Electronic Claim Submission, Web Remittance Advice, Check, EFT and 835 Schedule.**
- Schedule published twice per year for the periods of January - June and July - December

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

- Address changes
- EFT Account changes
- Language updates
- Alternate Service Location

CMAP Enrollment Process

Mental Health Waiver Service Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver 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 Mental Health Waiver 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.

Mental Health Waiver Services 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 must be mailed to:

  DXC Technology

  Provider Enrollment Unit

  P. O. Box 5007

  Hartford, CT 06102-5007

Mental Health Waiver 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 Next to confirm the current panel data and move to the next panel
- Click Previous to go back to the previous panel
- Click Exit to leave the application – changes will NOT be saved
- Click Add to add new entries to the relevant panel
- Click Clear to remove multiple entries at once
- Use *Radio Buttons* to make selections between multiple choices
- Use *Check Boxes* to indicate agreement or disagreement

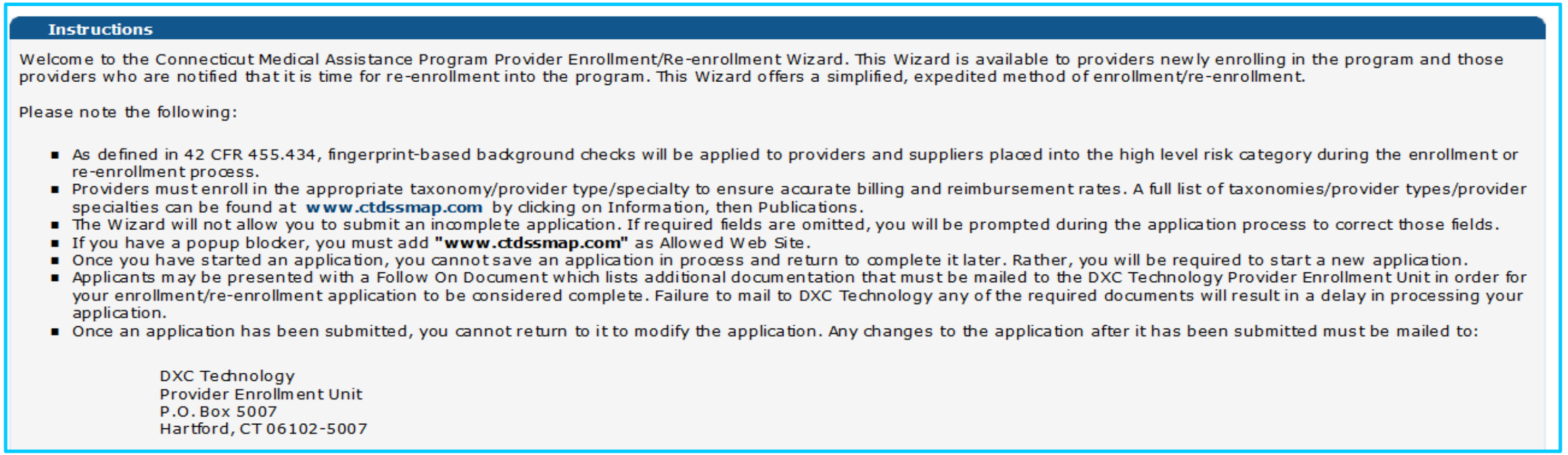
Mental Health Waiver Provider Enrollment Workshop
Enrollment – Where to begin

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

Mental Health Waiver 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 as well as Provider types excluded from online enrollment.



Instructions

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

Please note the following:

- As defined in 42 CFR 455.434, fingerprint-based background checks will be applied to providers and suppliers placed into the high level risk category during the enrollment or re-enrollment process.
- Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. A full list of taxonomies/provider types/provider specialties can be found at **www.ctdssmap.com** by clicking on Information, then Publications.
- The Wizard will not allow you to submit an incomplete application. If required fields are omitted, you will be prompted during the application process to correct those fields.
- If you have a popup blocker, you must add **"www.ctdssmap.com"** as Allowed Web Site.
- Once you have started an application, you cannot save an application in process and return to complete it later. Rather, you will be required to start a new application.
- Applicants may be presented with a Follow On Document which lists additional documentation that must be mailed to the DXC Technology Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to DXC Technology any of the required documents will result in a delay in processing your application.
- Once an application has been submitted, you cannot return to it to modify the application. Any changes to the application after it has been submitted must be mailed to:

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

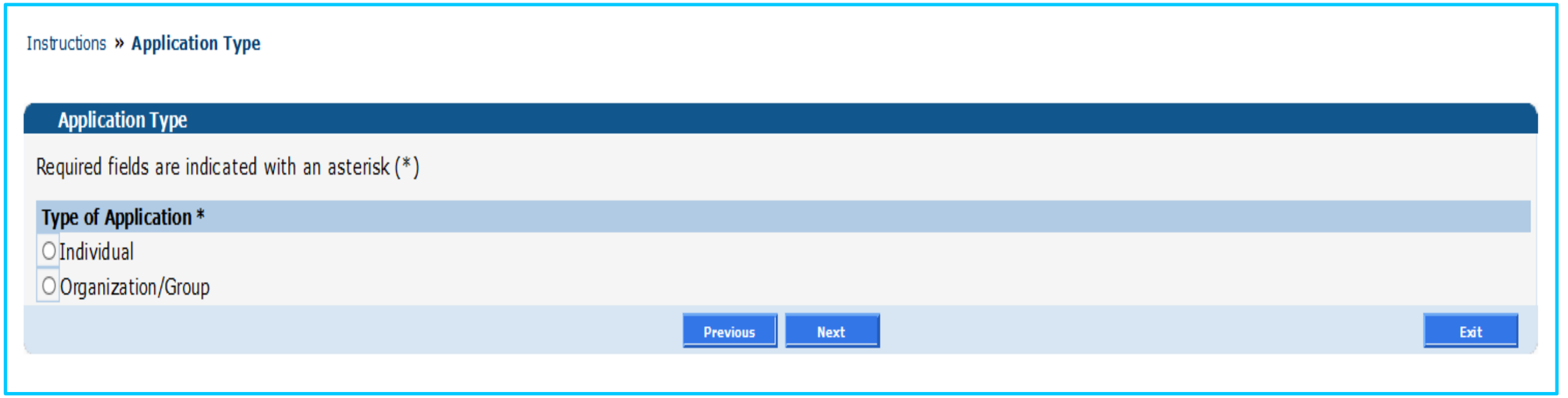
Once you have read the instructions, click **Next** to proceed.

Mental Health Waiver Provider Enrollment Workshop
Application Type

Applicants who are Agencies enrolling as Mental Health Waiver Service or ALSA Billing Providers, will select Organization/Group for their "Application Type".

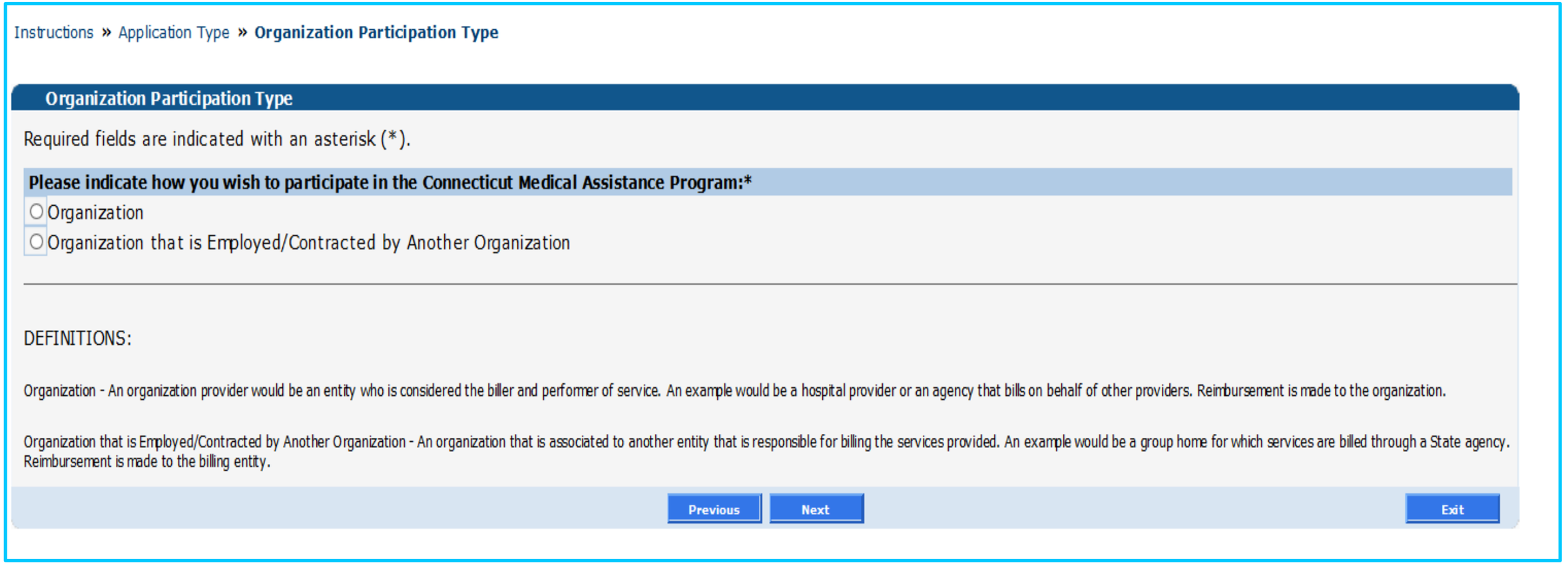
Self Employed applicants enrolling as Mental Health Waiver Billing Providers, will select Individual for their "Application Type".

Click Next.



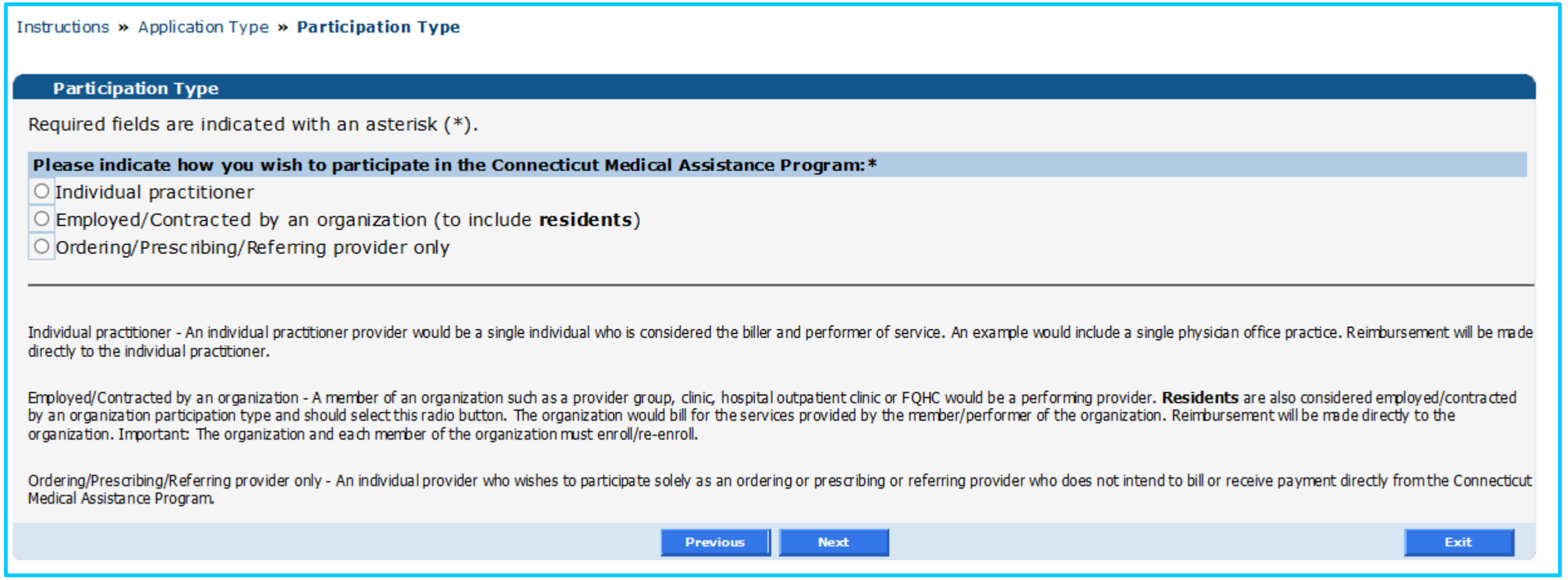
Mental Health Provider Enrollment Workshop
Organization Participation Type

Organizations providing Mental Health Waiver Services must then select the Organization "Participation Type". Click Next.



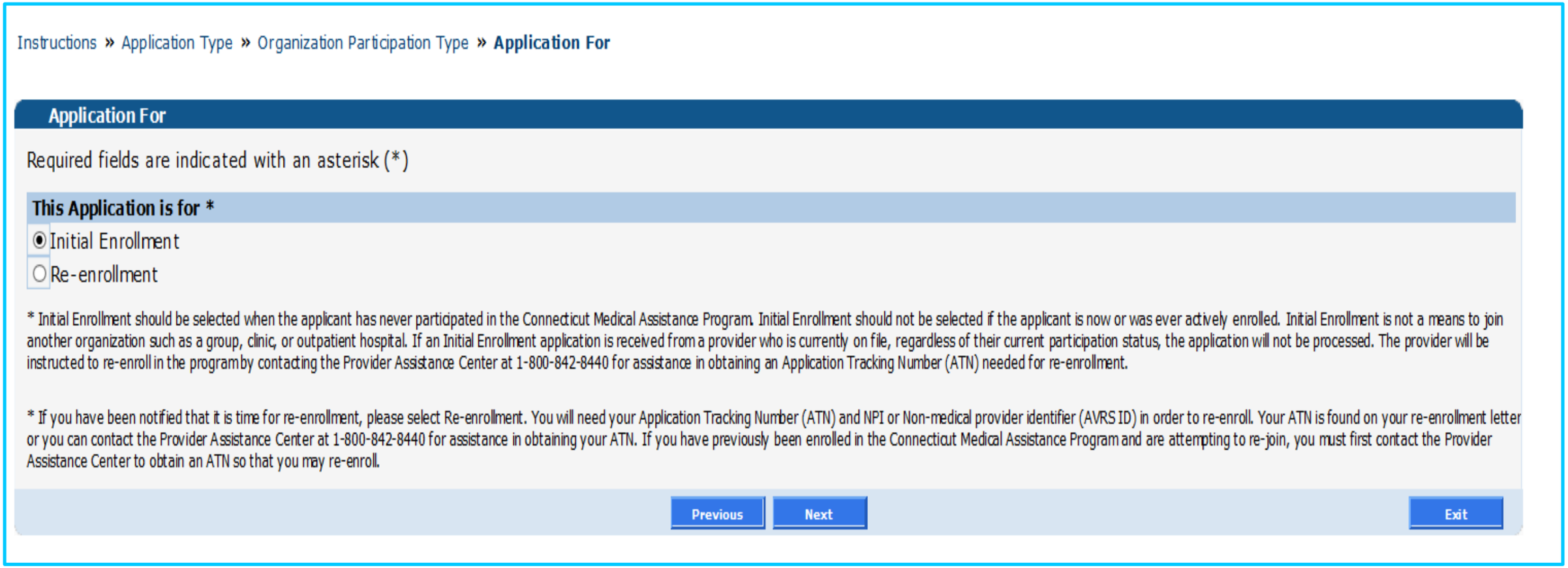
Mental Health Waiver Provider Enrollment Workshop
Participation Type (Individual)

If “Individual” is selected for the Mental Health Waiver “Application Type,” then “Individual practitioner” should be selected for the “Participation Type.” Click <u>Next.</u>



Mental Health Waiver Enrollment Workshop
Application For

Mental Health Waiver provider applicants will select <u>Initial Enrollment</u>, then click Next.

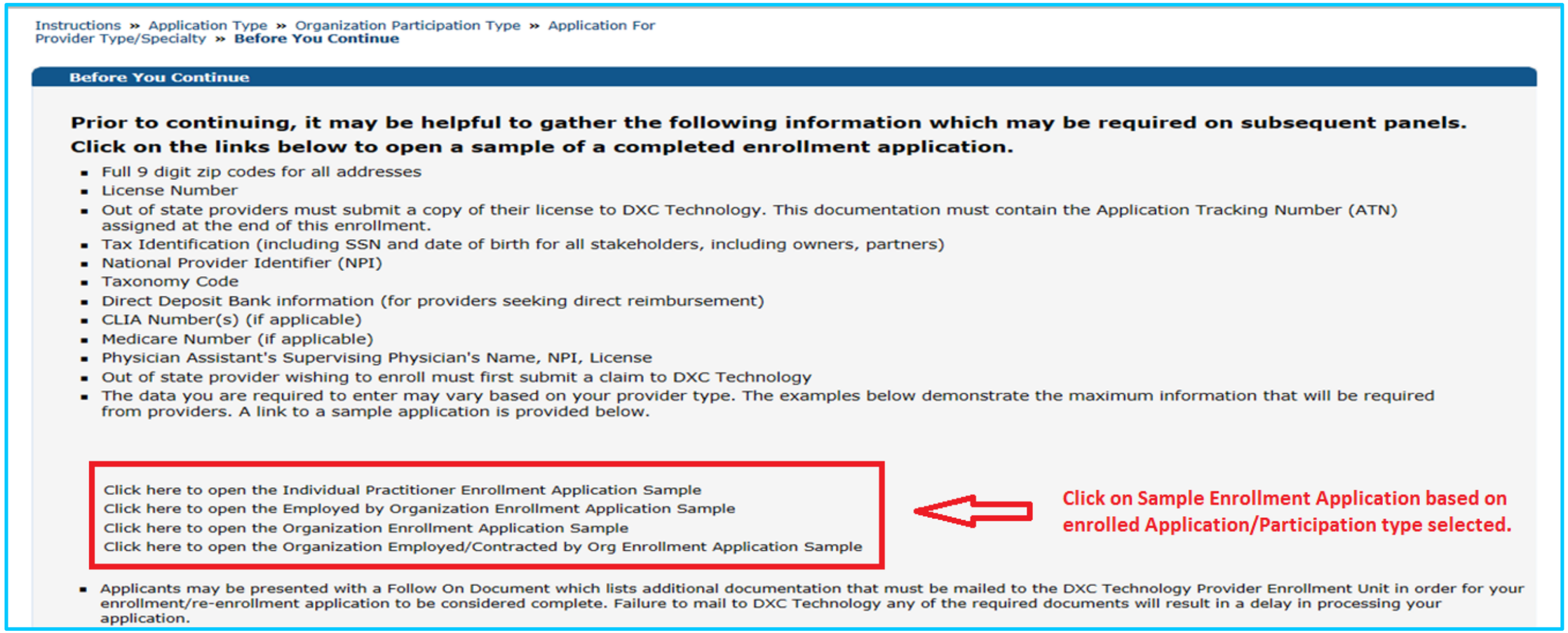


Mental Health Waiver Provider Enrollment Workshop
Provider Type/Specialty

Using the drop-down arrow, applicants should select as their “Provider Type”, **Mental Health Waiver**, then click **Next.**

The “Provider Specialty” field will populate. Using the drop-down arrow, applicants should select either **MH Waiver Service Provider** or **MH Waiver Assisted Living** as their “Provider Specialty”. Click **“Next”** again to move to the next panel.

Mental Health Waiver Enrollment Workshop
Before You Continue

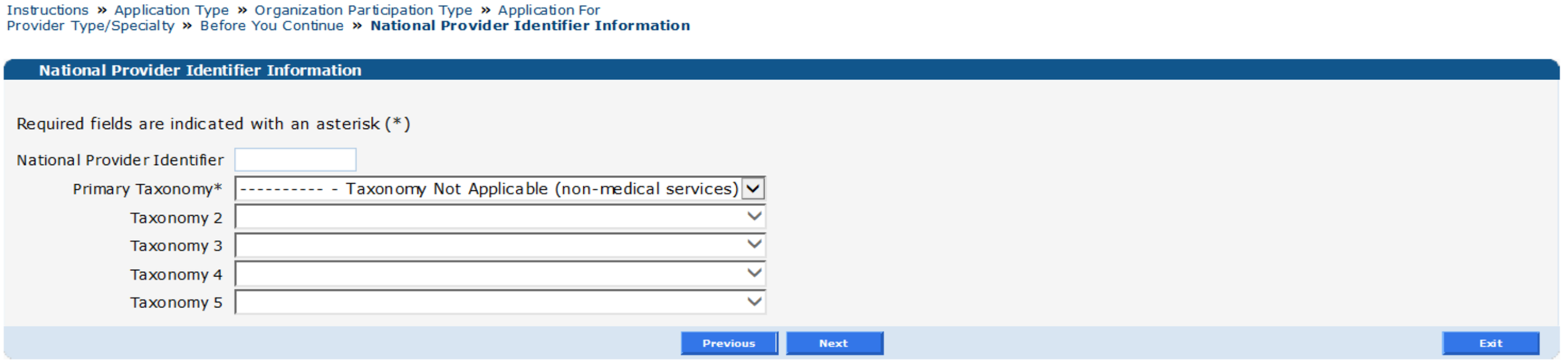


Mental Health Waiver Provider Enrollment Workshop

National Provider Identifier Information

Applicants are not required to obtain an NPI when enrolling as a <u>Mental Health Waiver</u> billing **provider.**

- An **NPI <u>is not required</u>** as Mental Health Waiver Services are considered **non-medical services.** It is strongly suggested that Mental Health Waiver Service providers do not enroll with an NPI to avoid possible billing conflicts with other “non-medical” Connecticut Medical Assistance programs under which they may be enrolled.
- **The taxonomy submitted should remain “Taxonomy Not Applicable”.**
- Click Next to continue.

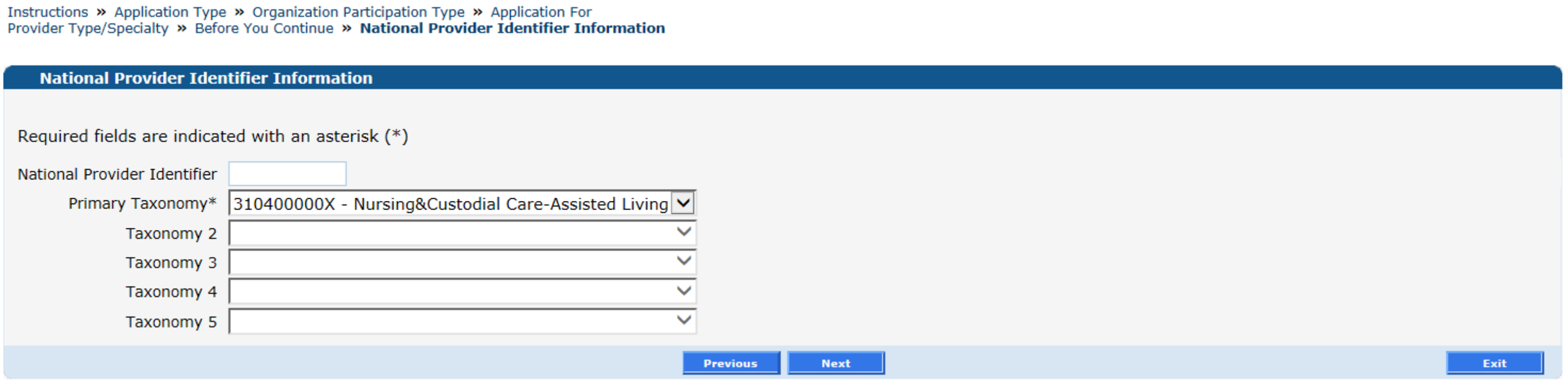


Mental Health Waiver Provider Enrollment Workshop

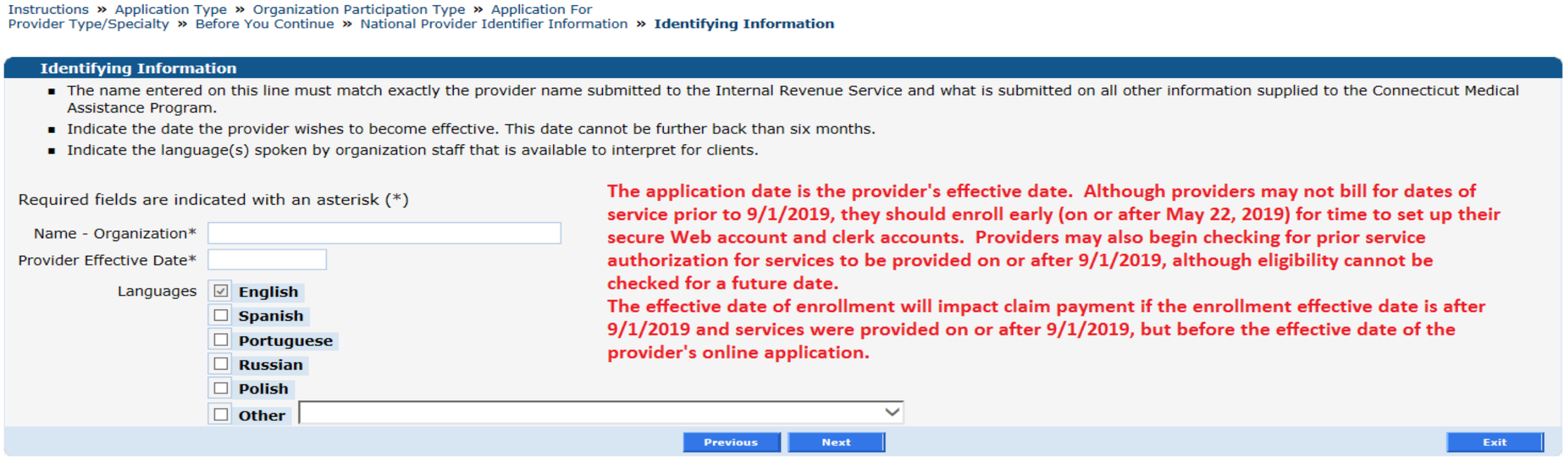
National Provider Identifier Information

Applicants are required to obtain an NPI when enrolling as an Assistive Living Services Agency (ALSA) billing provider.

- A unique **NPI is required** for an applicant to enroll as an **ALSA provider under the Mental Health Waiver program. The Primary taxonomy** to be associated to this NPI must be **310400000X.**
- Click **Next** to continue.



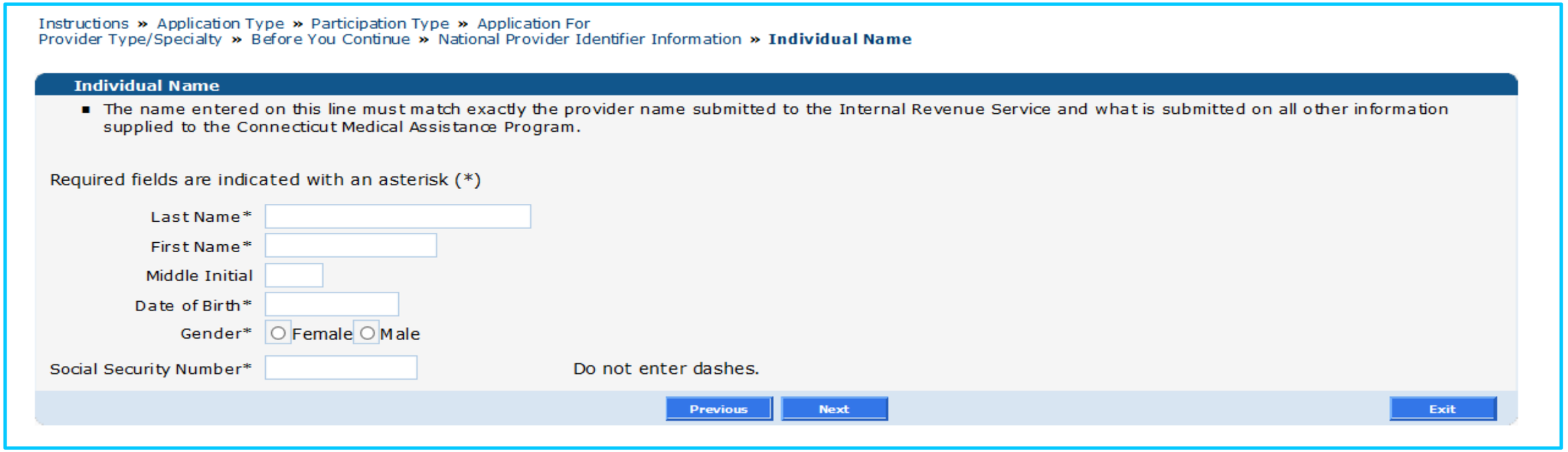
Mental Health Waiver Provider Enrollment Workshop
Identifying Information (Organization)



Mental Health Waiver Provider Enrollment Workshop
Individual Name (Enrolling as an Individual Practitioner)

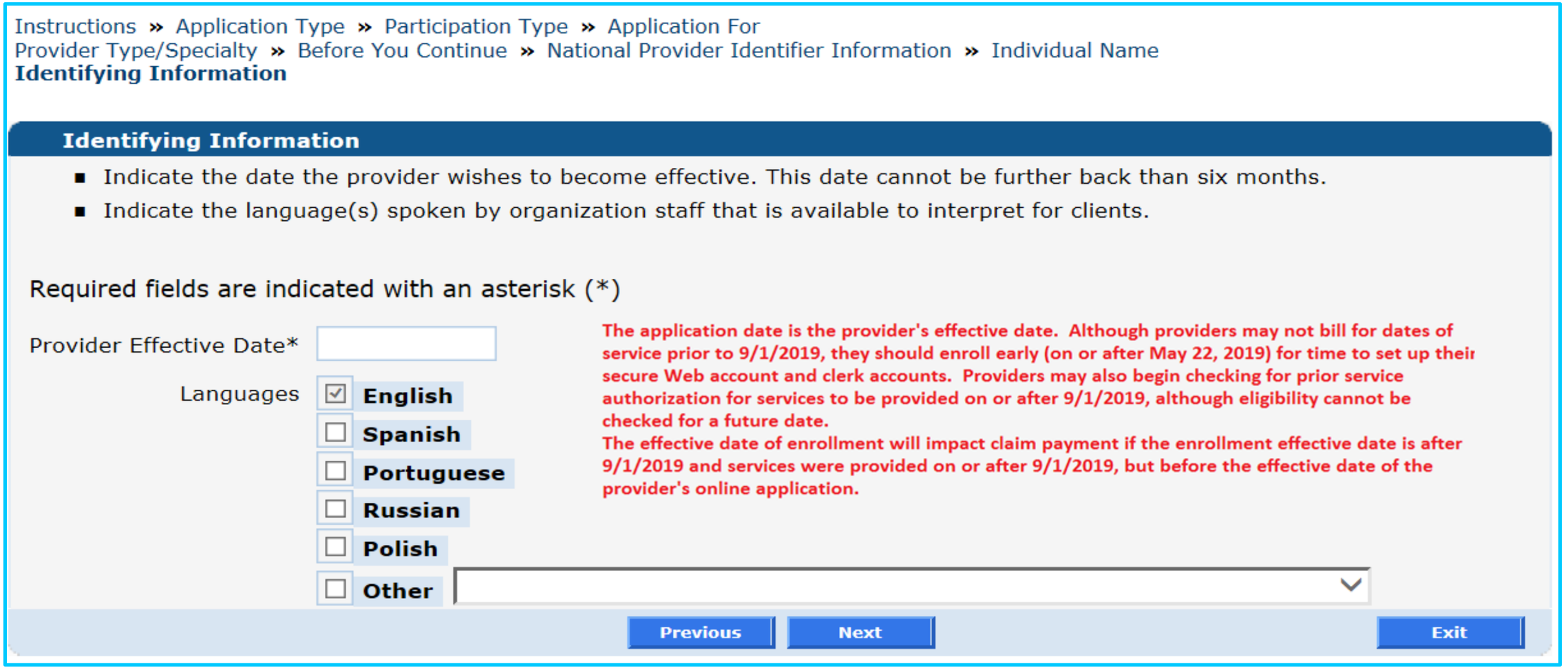
An Individual Practitioner Name must match the Internal Revenue Service (IRS) and be consistent throughout the CT Medical Assistance Program.

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



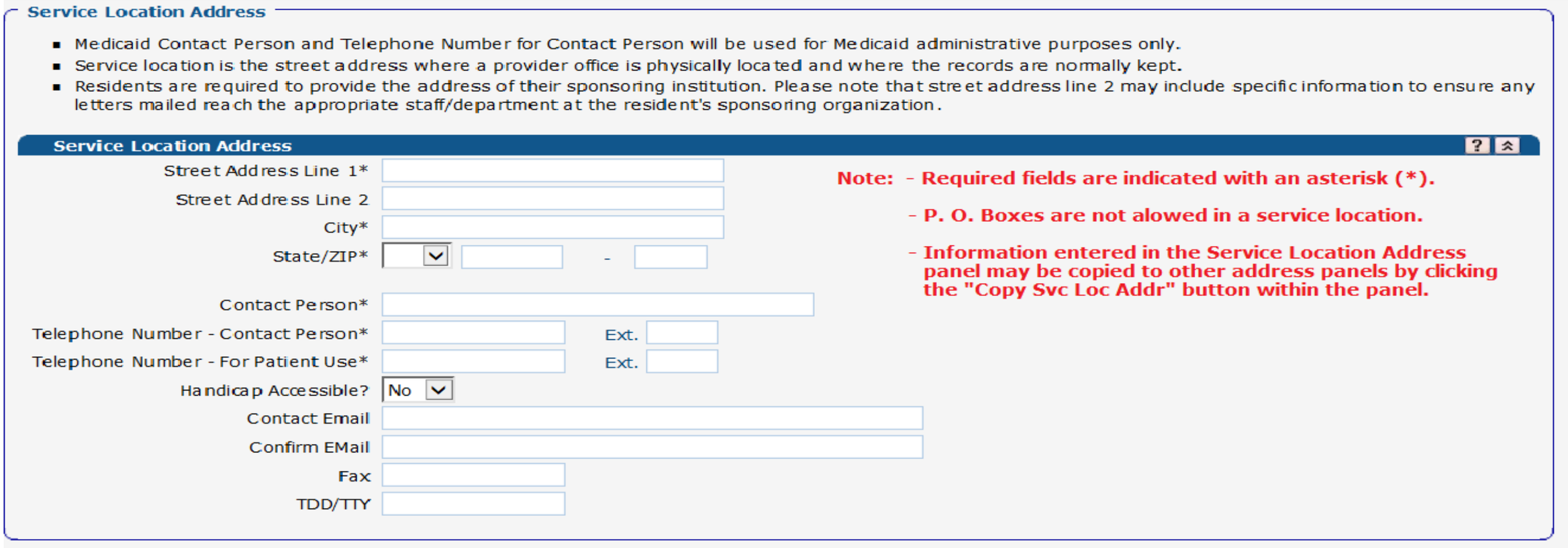
Mental Health Waiver Provider Enrollment Workshop

Identifying Information (Individual Practitioner)

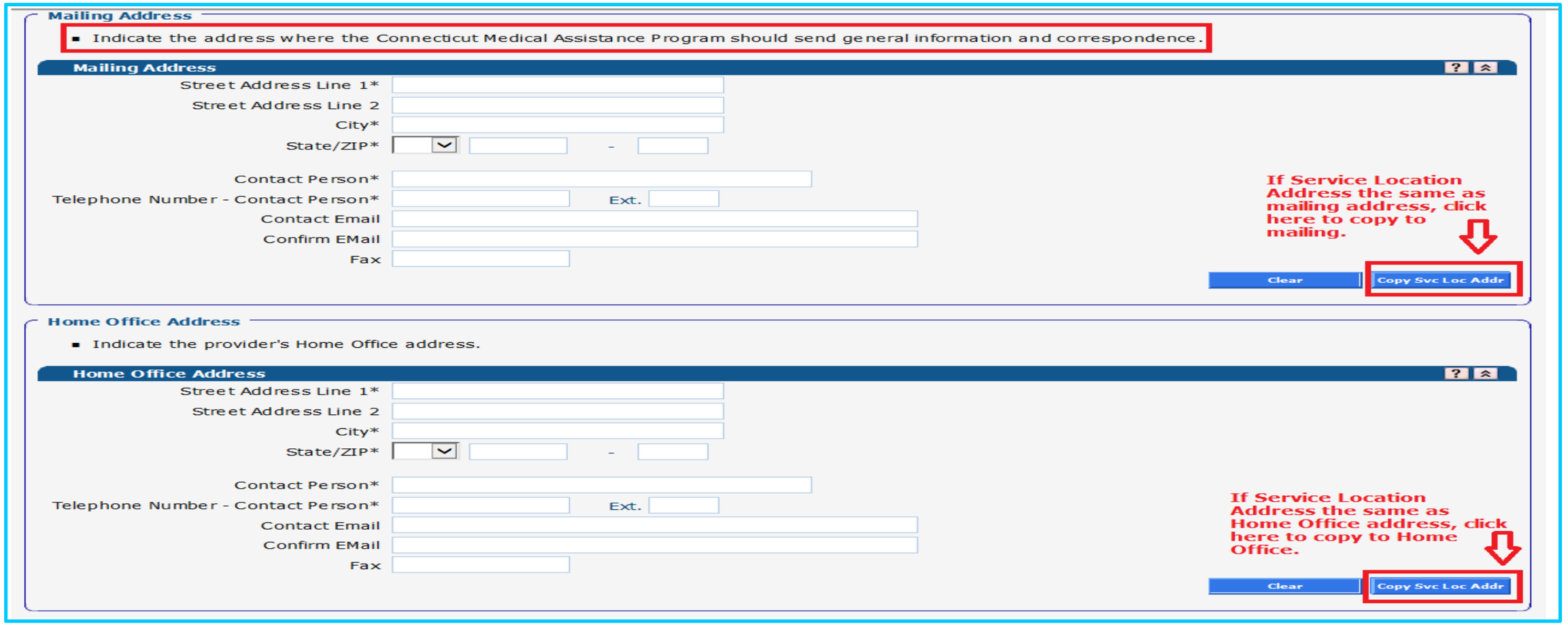


Mental Health Waiver Provider Enrollment Workshop
Addresses

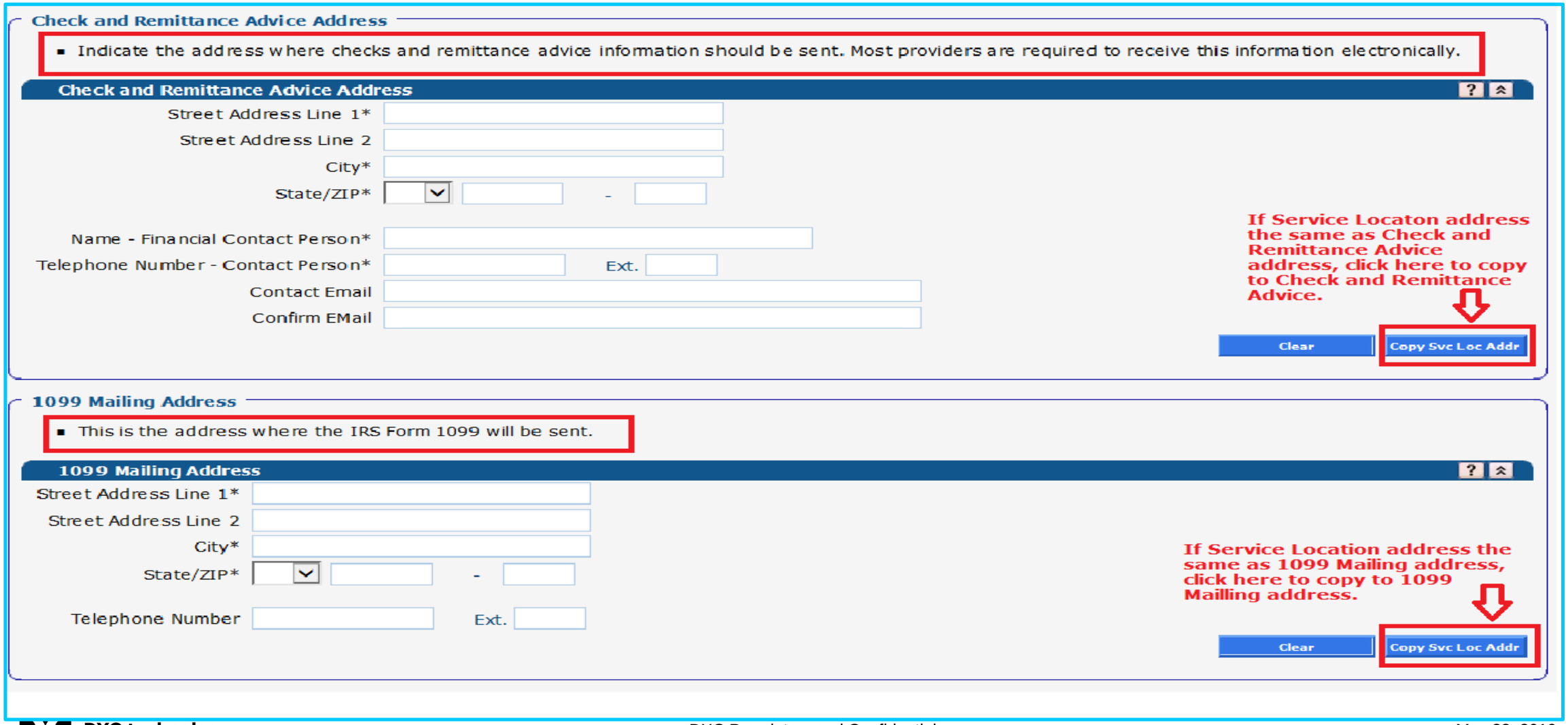
Enter information for the required address types: Service Location; Mailing; Home Office; Enrollment; Check and Remittance Advice and 1099 Mailing Addresses. Please Note: Individual practitioners enrolling as Mental Health Waiver Service providers will also see mobile and pager number fields in the Service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



Mental Health Waiver Provider Enrollment Workshop
Addresses cont.

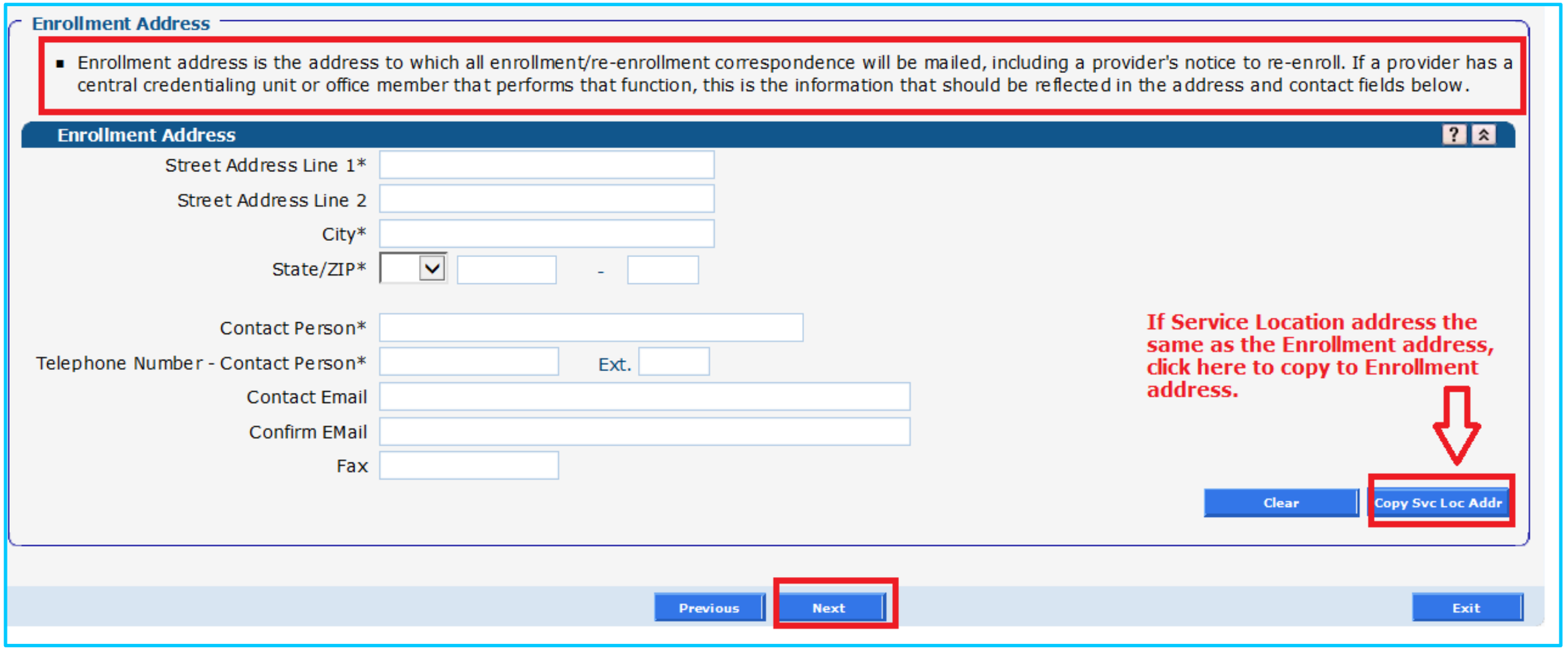


Mental Health Waiver Provider Enrollment Workshop
Addresses cont.



Mental Health Waiver Provider Enrollment Workshop
Addresses cont.

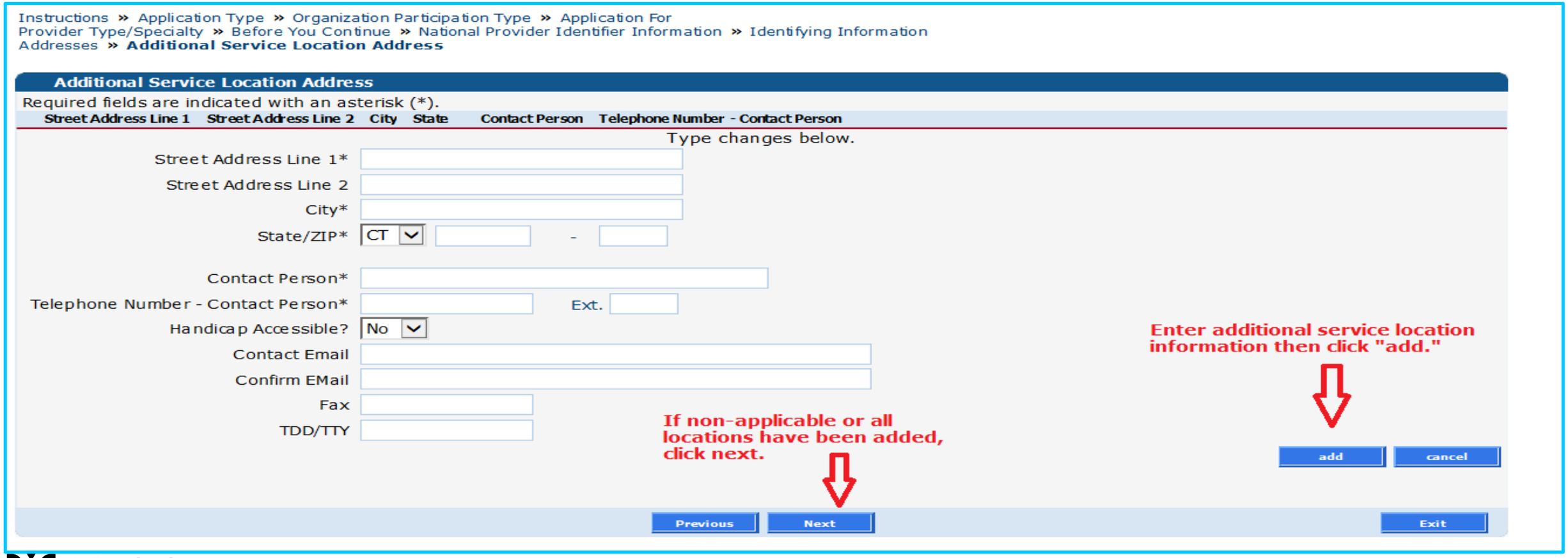
Once all address information has been entered**, click Next to continue.**



Mental Health Waiver Provider Enrollment Workshop
Addresses cont.

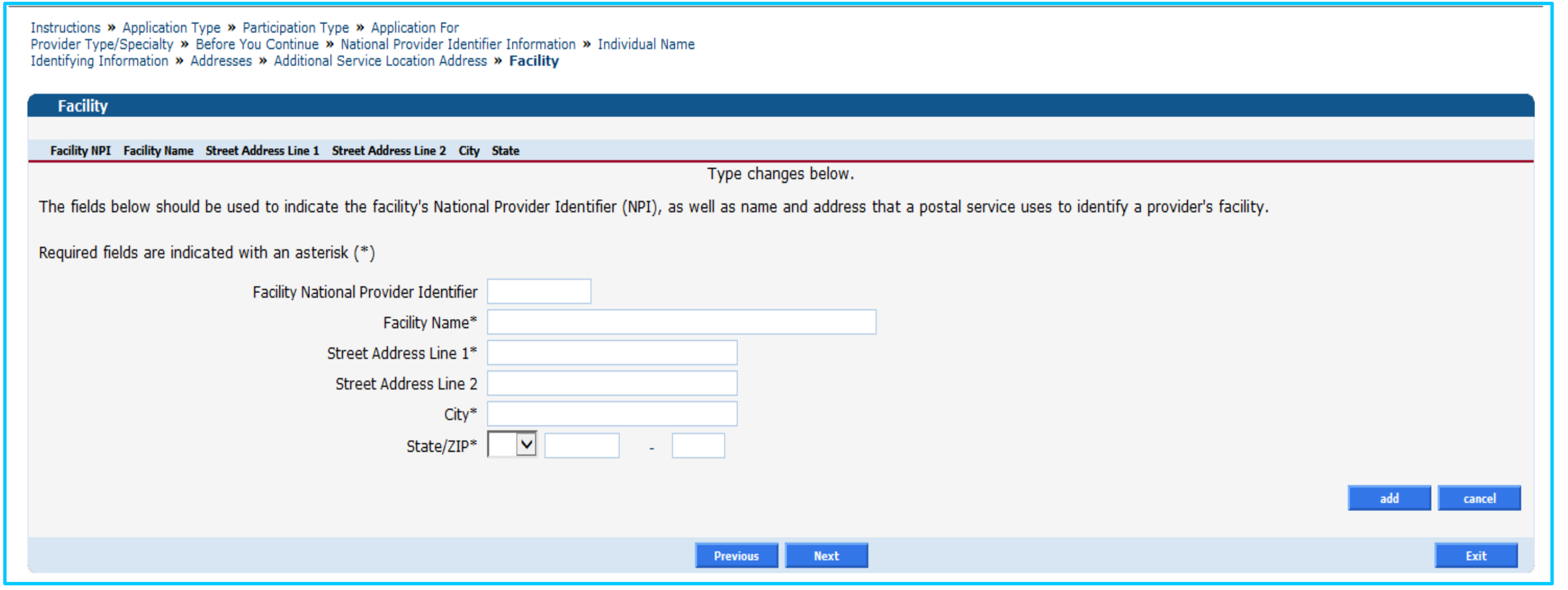
Enter any additional service location addresses applicable to the services to be provided.

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



Mental Health Waiver Provider Enrollment Workshop
Facility

Individual Practitioners enrolling as a Mental Health Waiver Services provider will be presented with this Facility enrollment panel. Enter applicable information about the facility where services are provided.

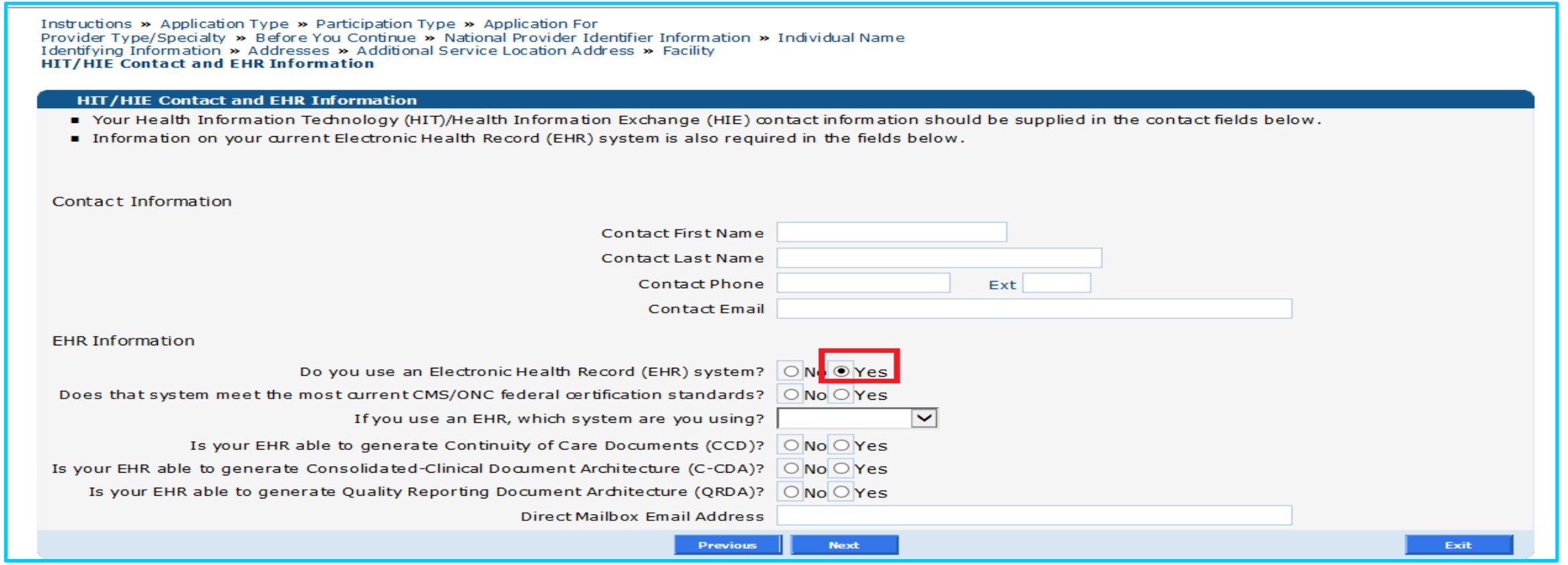


Mental Health Waiver Provider Enrollment Workshop

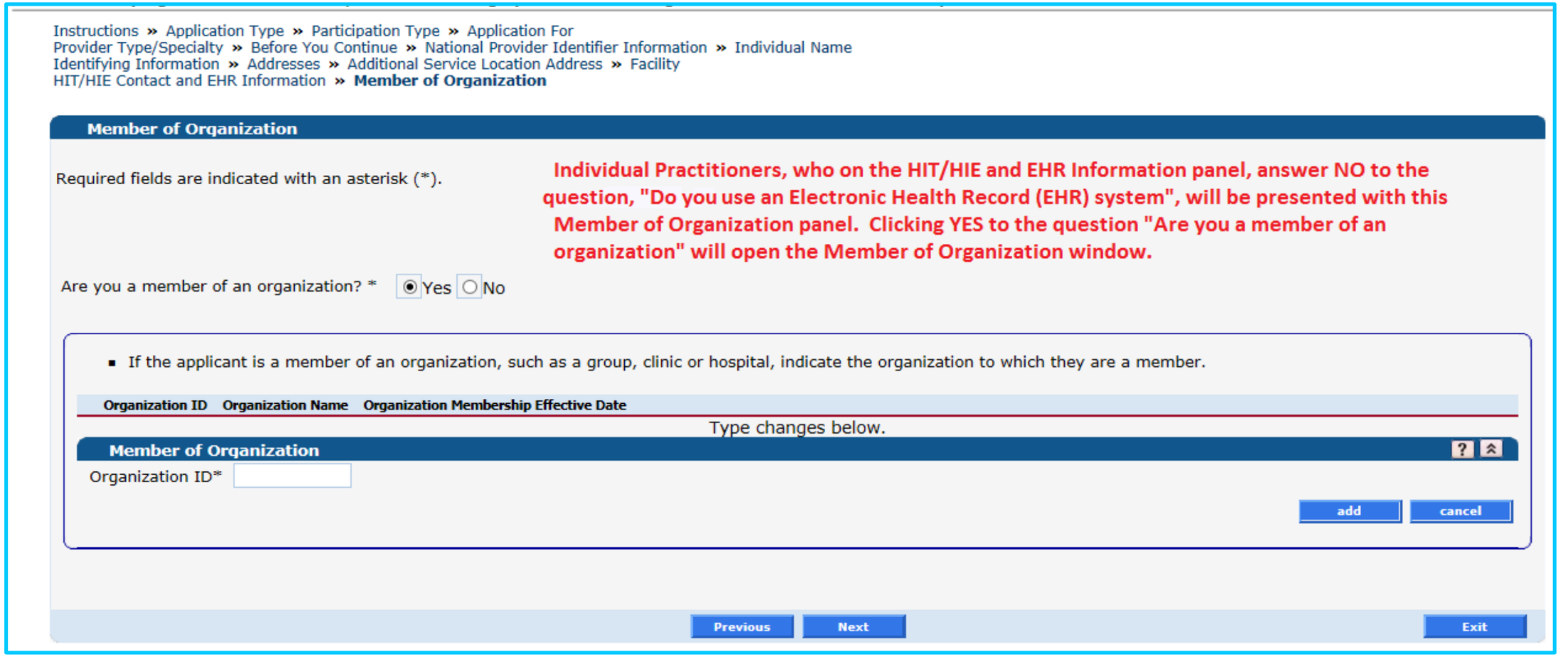
HIT/HIE Contact and EHR Information

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

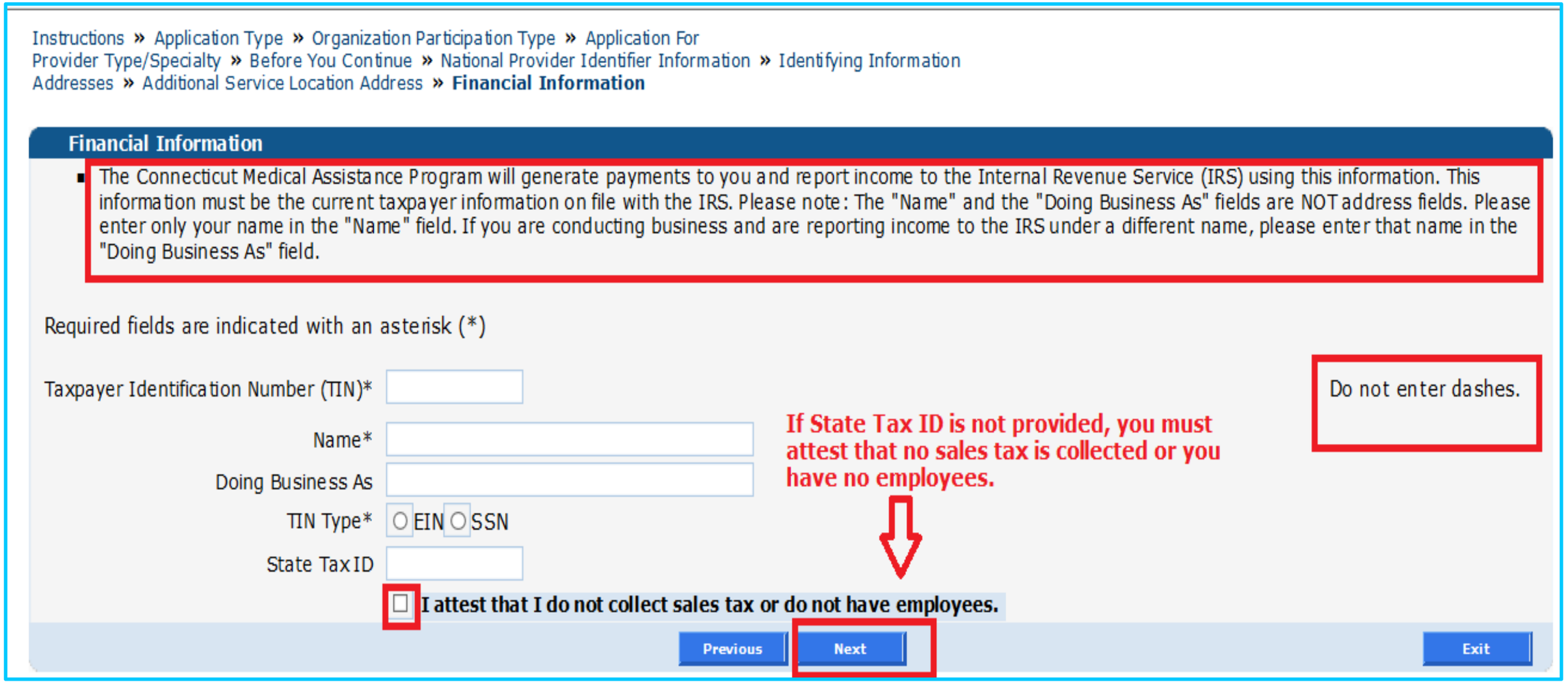
Enter Information on your current Electronic Health Record (EHR) system. Clicking Yes expands the panel with additional questions regarding your EHR system.



Mental Health Waiver Provider Enrollment Workshop
Member of Organization (Individual Practitioner)



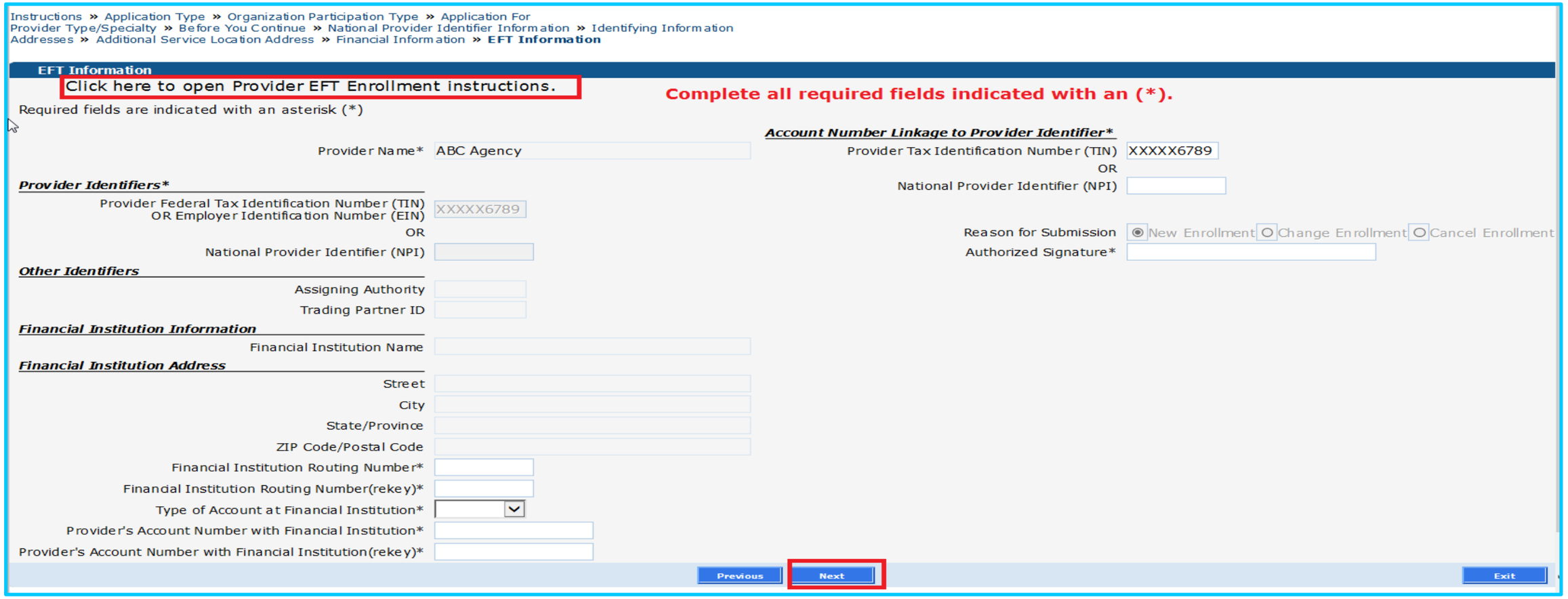
Mental Health Waiver Provider Enrollment Workshop
Financial



Mental Health Waiver Provider Enrollment Workshop

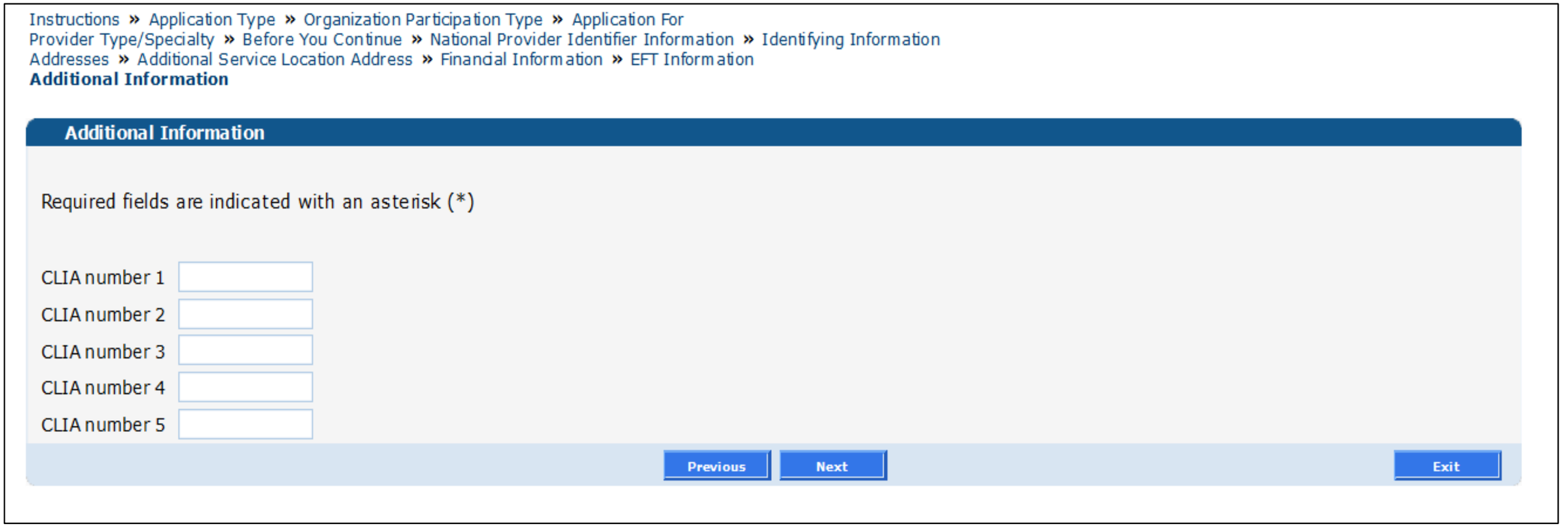
EFT (Electronic Fund Transfer)

Enrolling Mental Health Waiver Service and ALSA Service providers must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.



Mental Health Waiver Provider Enrollment Workshop
Additional Information (MHW Service Provider)

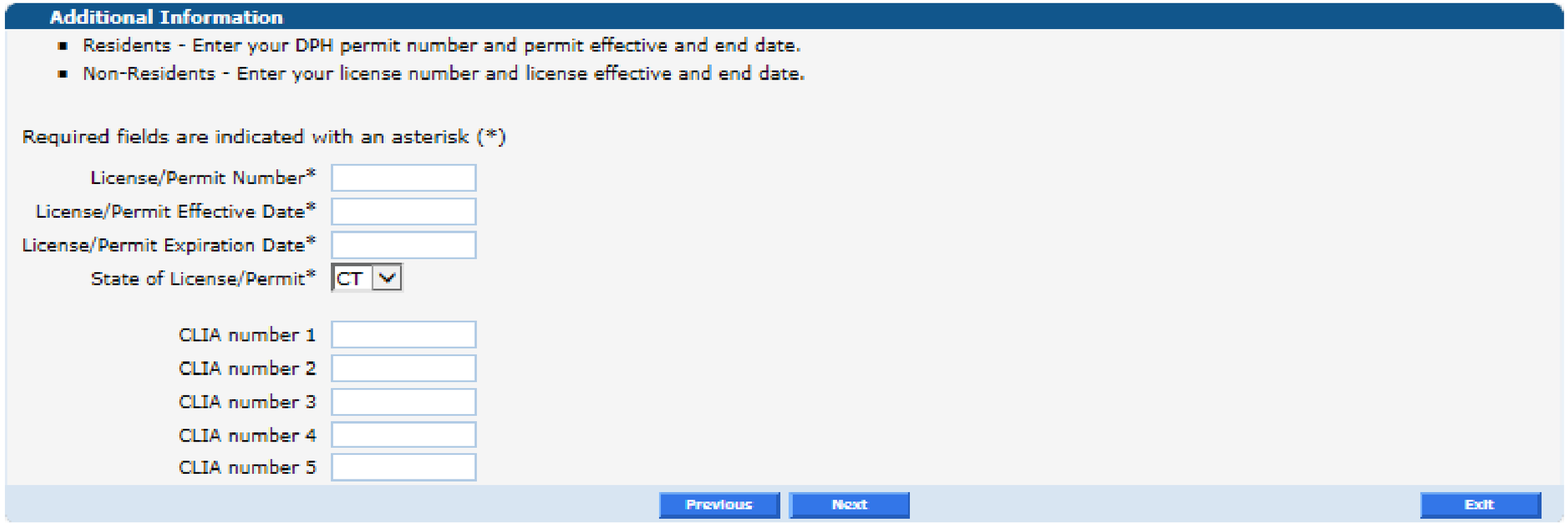
If applicable to your provider type, complete the Clinical Laboratory Improvement Amendment (CLIA) certificate(s) information as it pertains to the laboratory services provided. Click Next to continue.



Mental Health Waiver Provider Enrollment Workshop
Additional Information (ALSA Provider)

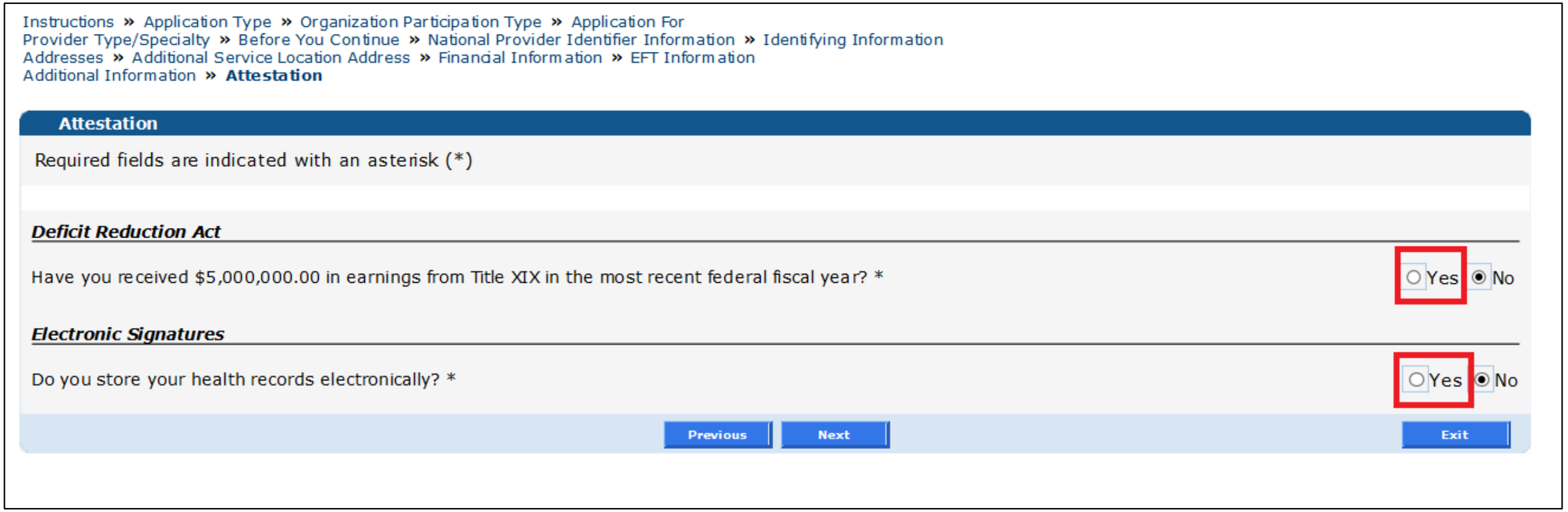
ALSA Providers must include their DPH License information when presented with this panel, however, a copy of the DPH License is not required as part of the enrollment process.

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.



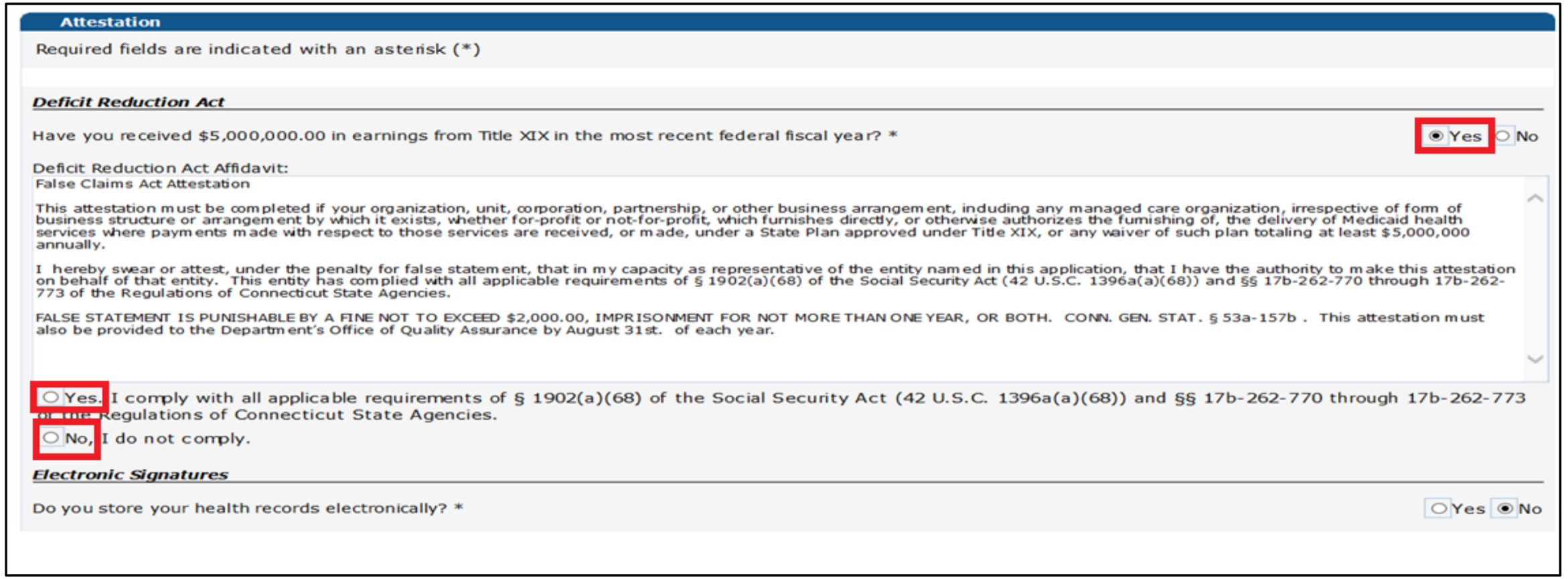
Mental Health Waiver Provider Enrollment Workshop
Attestation

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



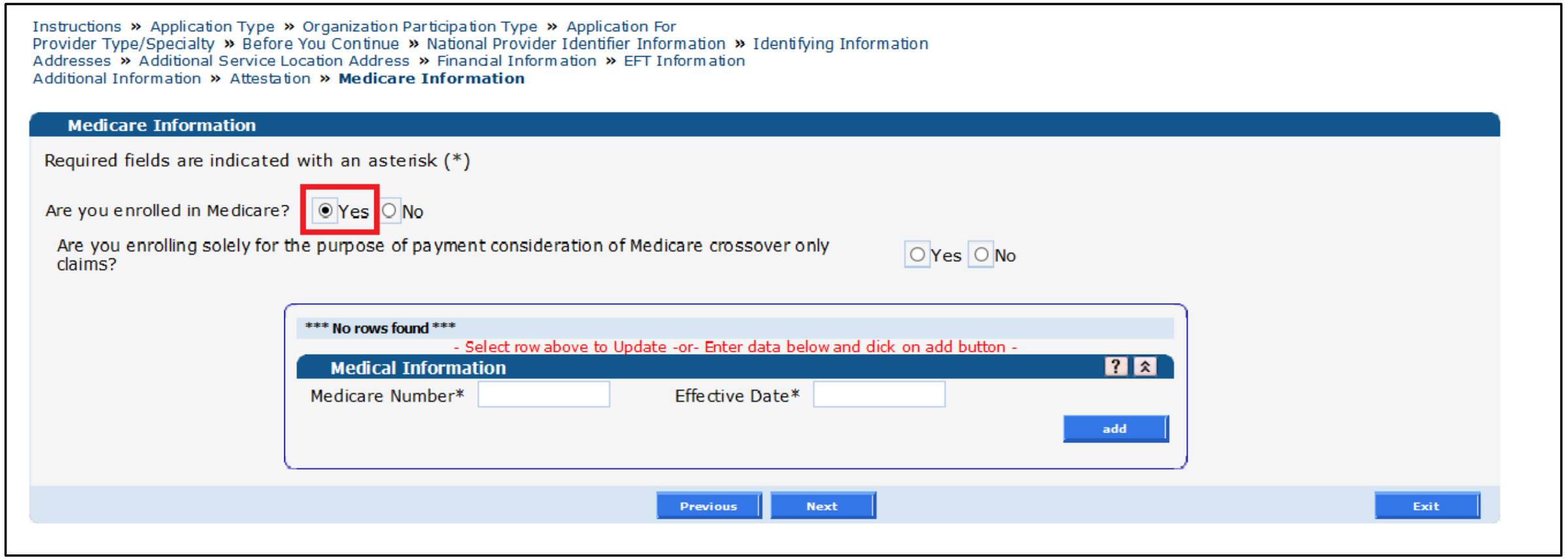
Mental Health Waiver Provider Enrollment Workshop
Attestation cont.

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



Mental Health Waiver Provider Enrollment Workshop
Medicare Information

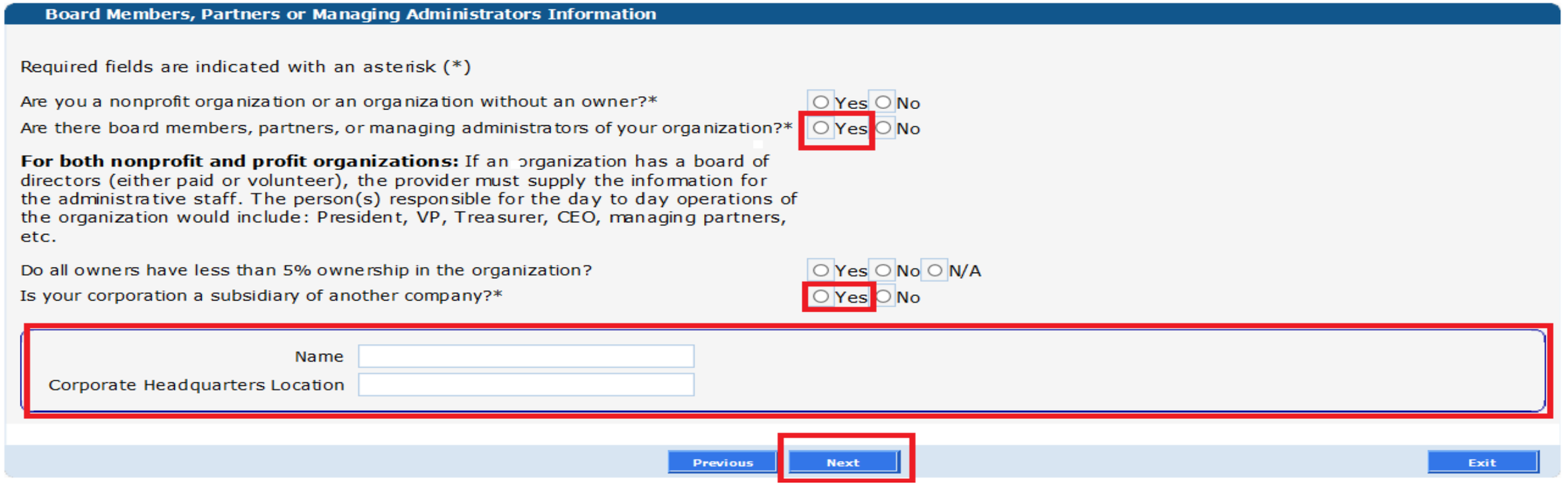
If answering yes to enrolled as a participating provider with Medicare Part B you will need to provide your Medicare Number and the date that it became effective. Click Next to proceed.



Mental Health Waiver Enrollment Workshop
Board Members, Partners or Managing Administrators Information

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

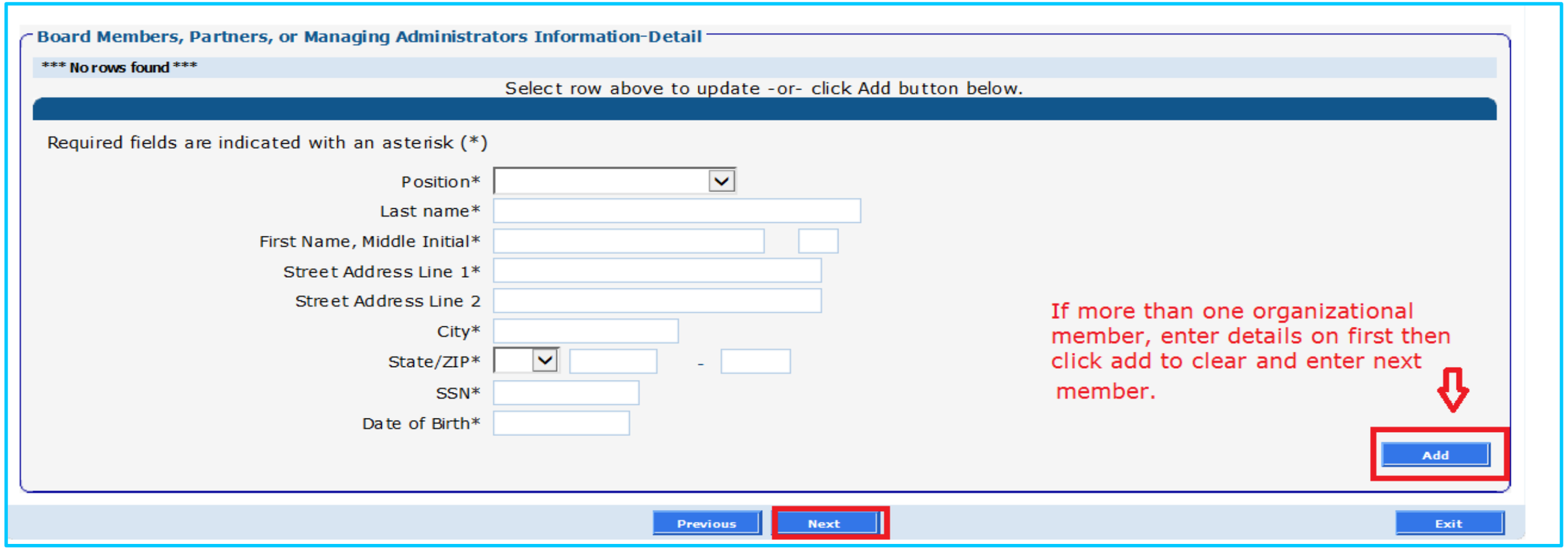
- Answering **yes** to the second question regarding board members, partners or managing administrators of your organization will require detail information to be entered in the next panel
- Answering **yes** to the last question requires supply of the **Name** and **Corporate Headquarters Location.**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



Mental Health Waiver Provider Enrollment Workshop

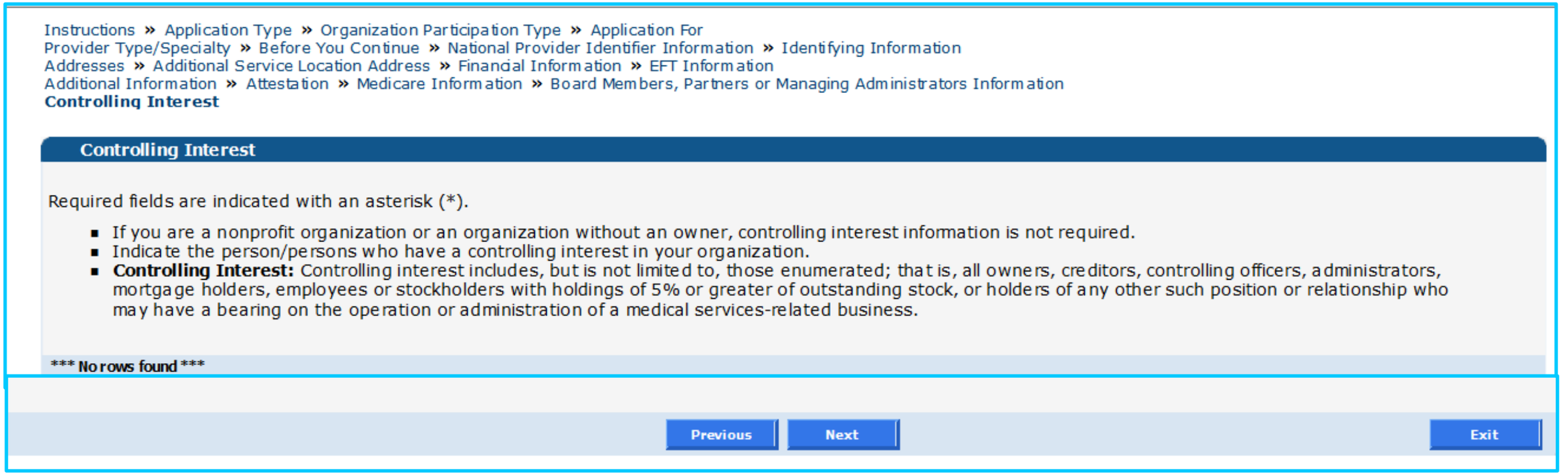
Board Members, Partners or Managing Administrators Information - Detail

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.



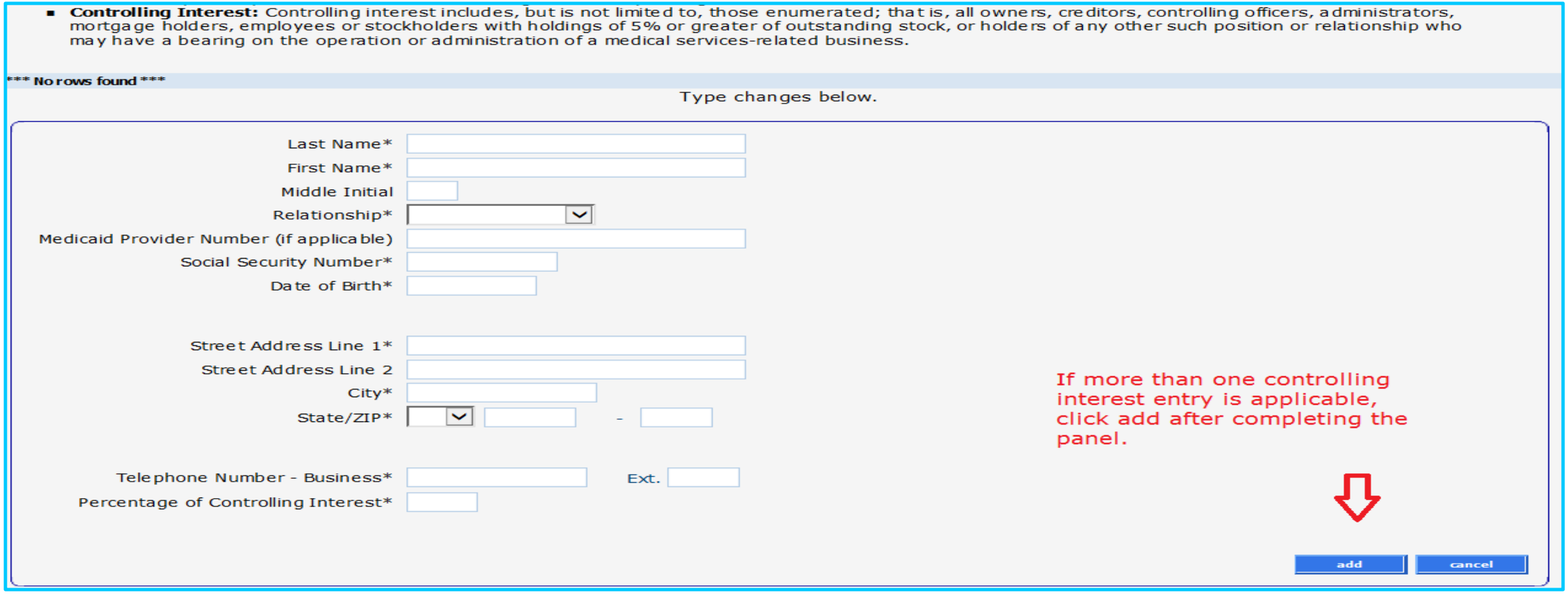
Mental Health Waiver Provider Enrollment Workshop
Controlling Interest

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



Mental Health Waiver Provider Enrollment Workshop
Controlling Interest cont.

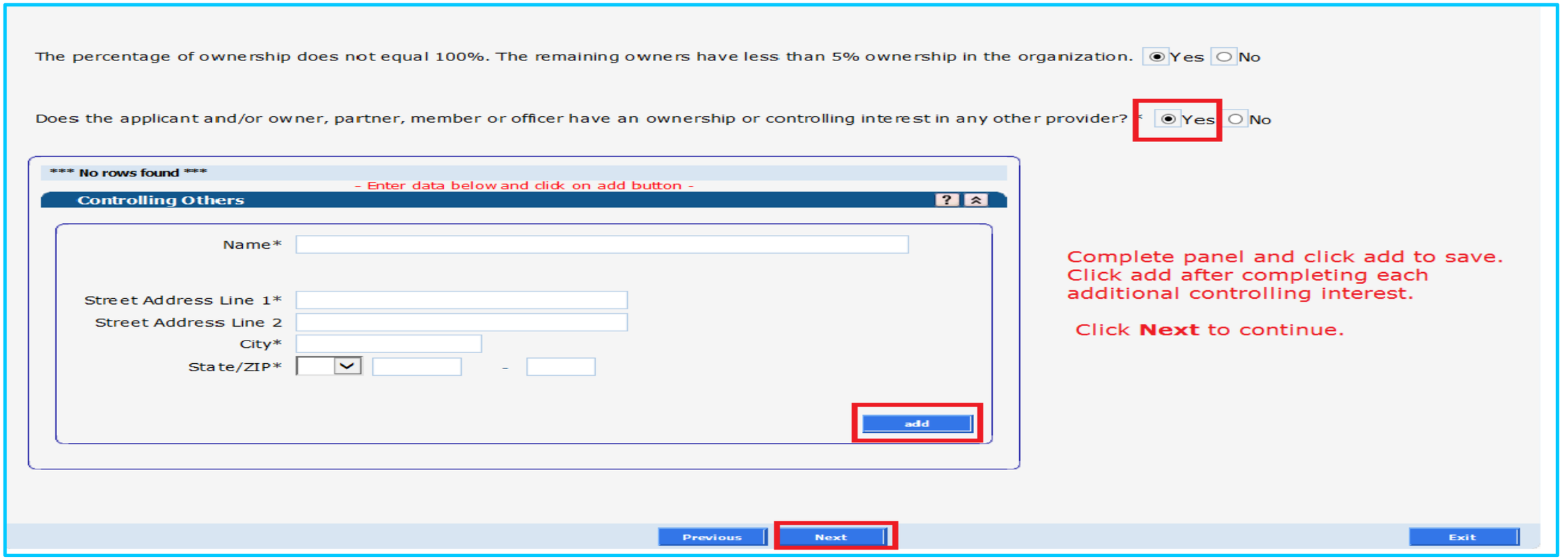
Organizations are required to indicate the person or persons who have controlling interest in the organization.



Mental Health Waiver 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.



Mental Health Waiver Enrollment Workshop
Survey

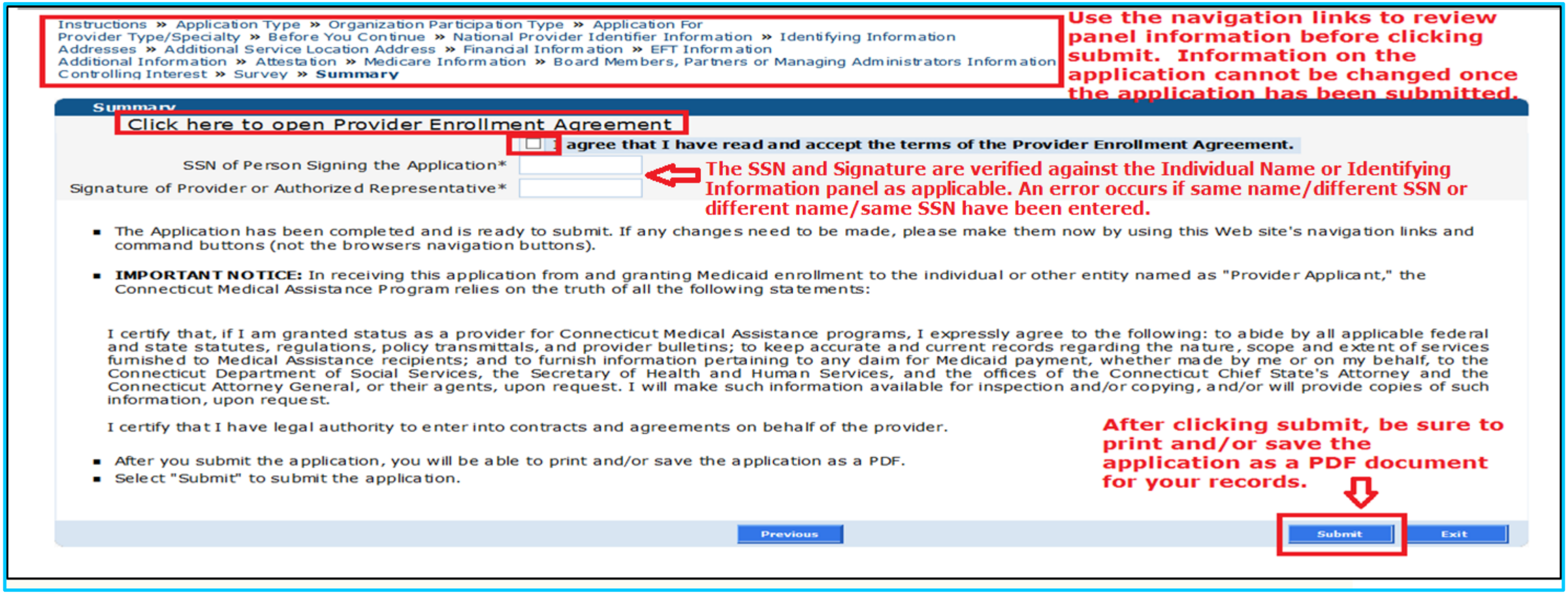
Answer Yes or No to each question in the survey. Answering yes to any question will require you to submit additional information.

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.

Mental Health Waiver Provider Enrollment Workshop

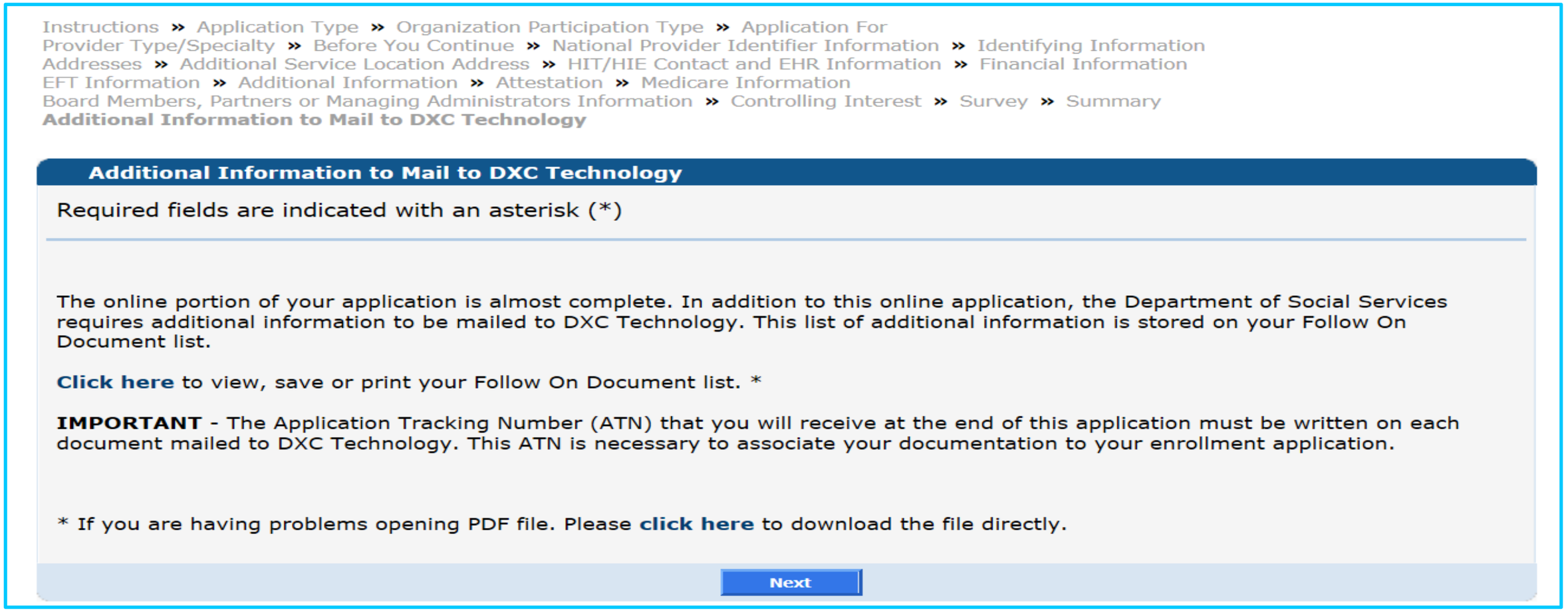
Summary

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.**



Mental Health Waiver Provider Enrollment Workshop

Additional Information to Mail to DXC Technology



Mental Health Waiver Provider Enrollment Workshop
Required Follow On Documents for MHW Service Providers

Providers presented with this Follow On Document panel must submit a copy of their credentialing letter to DXC Technology.

Attachment C
Follow On Document

Application Tracking Number (ATN)

Enrollment/Re-Enrollment/Add Alternate Service Location Address Requirements for Mental Health Waiver Service Providers

(current date)

The list below indicates the additional documentation you must provide in order for your enrollment/re-enrollment/add alternate service location address application to be considered complete. Failure to mail to DXC Technology any of the required documents will result in a delay in processing your application.

IMPORTANT:

- **Please DO NOT mail a copy of your completed online enrollment/re-enrollment/add alternate service location address application to DXC Technology.**
- **Enter your ATN on each document below that you will mail to DXC Technology. This ATN is necessary to associate your documentation to your enrollment/re-enrollment/add alternate service location address application.**
- **Please mail the following documents to DXC Technology at the following address:**

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

List of required documents:

_____ Copy of credentialing letter issued by Advanced Behavioral Health (ABH)

Mental Health Waiver Provider Enrollment Workshop
Required Follow On Documents for MHW ALSA Providers

Providers presented with this Follow On Document panel must submit a copy of their credentialing letter to DXC Technology.

Follow On Document

Application Tracking Number (ATN)

Enrollment/Re-Enrollment/Add Alternate Service Location Address Requirements for Mental Health Waiver Assisted Living Providers

(current date)

The list below indicates the additional documentation you must provide in order for your enrollment/re-enrollment/add alternate service location address application to be considered complete. Failure to mail to DXC Technology any of the required documents will result in a delay in processing your application.

IMPORTANT:

- **Please DO NOT mail a copy of your completed online enrollment/re-enrollment/add alternate service location address application to DXC Technology.**
- **Enter your ATN on each document below that you will mail to DXC Technology. This ATN is necessary to associate your documentation to your enrollment/re-enrollment/add alternate service location address application.**
- **Please mail the following documents to DXC Technology at the following address:**

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

List of required documents:

_____ Copy of credentialing letter issued by Advanced Behavioral Health (ABH)

Mental Health Waiver Provider Enrollment Workshop
ABH Credentialing letter for MHW non-medical service providers

A copy of this letter from ABH, sample below, must be sent to the Provider Enrollment Unit at DXC Technology. **The Enrollment Application Tracking Number (ATN) must be on the letter.**

Advanced Behavioral Health, Inc.

DATE

Provider Name
Provider Address
City, State, Zip

Dear Provider,

[Provider Name] has met all required qualifications as a Mental Health Waiver non-medical service provider as of [Date]. We have received all documentation as requested to maintain an active provider file for future re-credentialing. Please accept this letter as the necessary follow on documentation to complete the enrollment process with DXC (www.ctdssmap.com).

Once you have completed the enrollment process with DXC, please send us a copy of your approval letter. We will then be able to update your agency on our Provider Directory for distribution to our Mental Health Waiver clinicians, and the Department of Mental Health and Addictions Services (DMHAS).

Thank you for your participation in our program and please feel free to contact me with any questions.

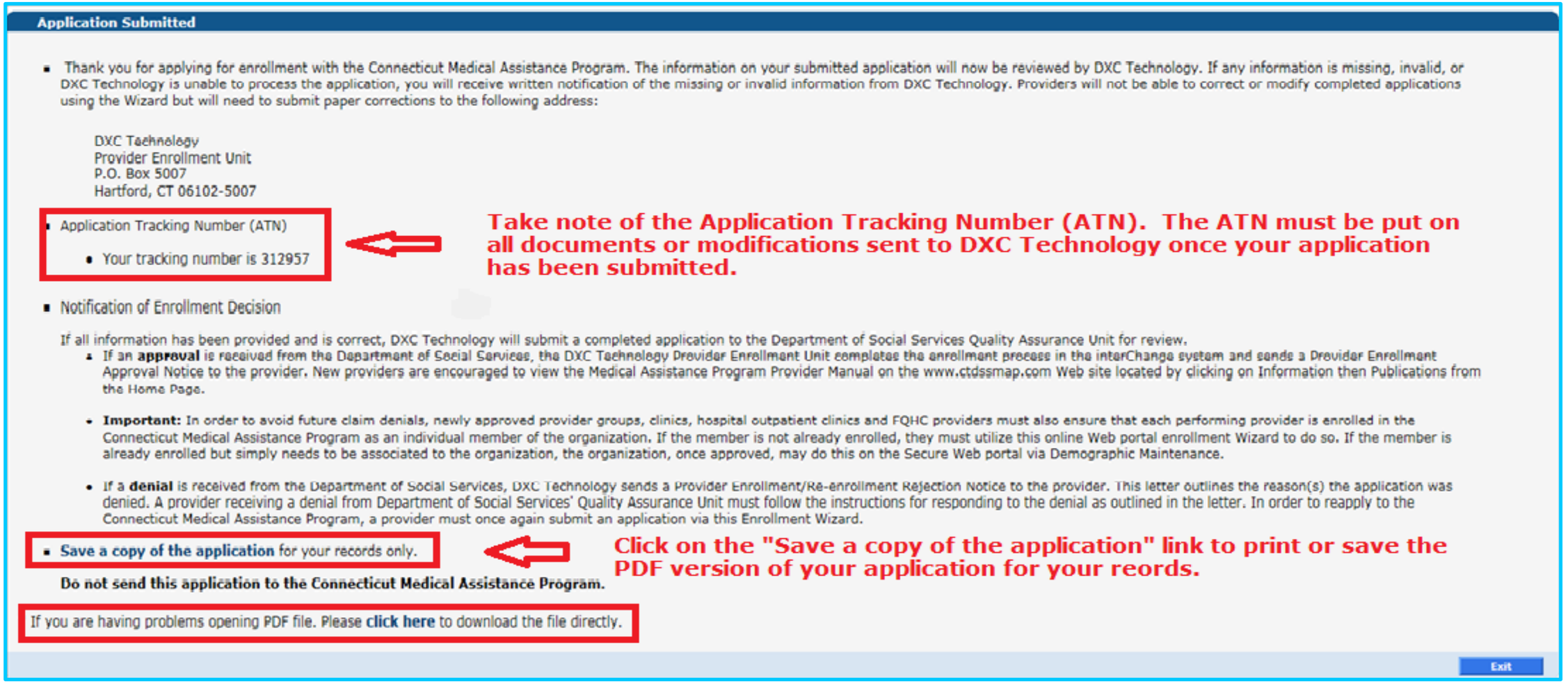
Sincerely,

Ann Marie Luongo, LPC
Program Manager, MHW
860-704-6211 aluongo@abhct.com

SAMPLE

Mental Health Waiver Provider Enrollment Workshop

Application Submitted

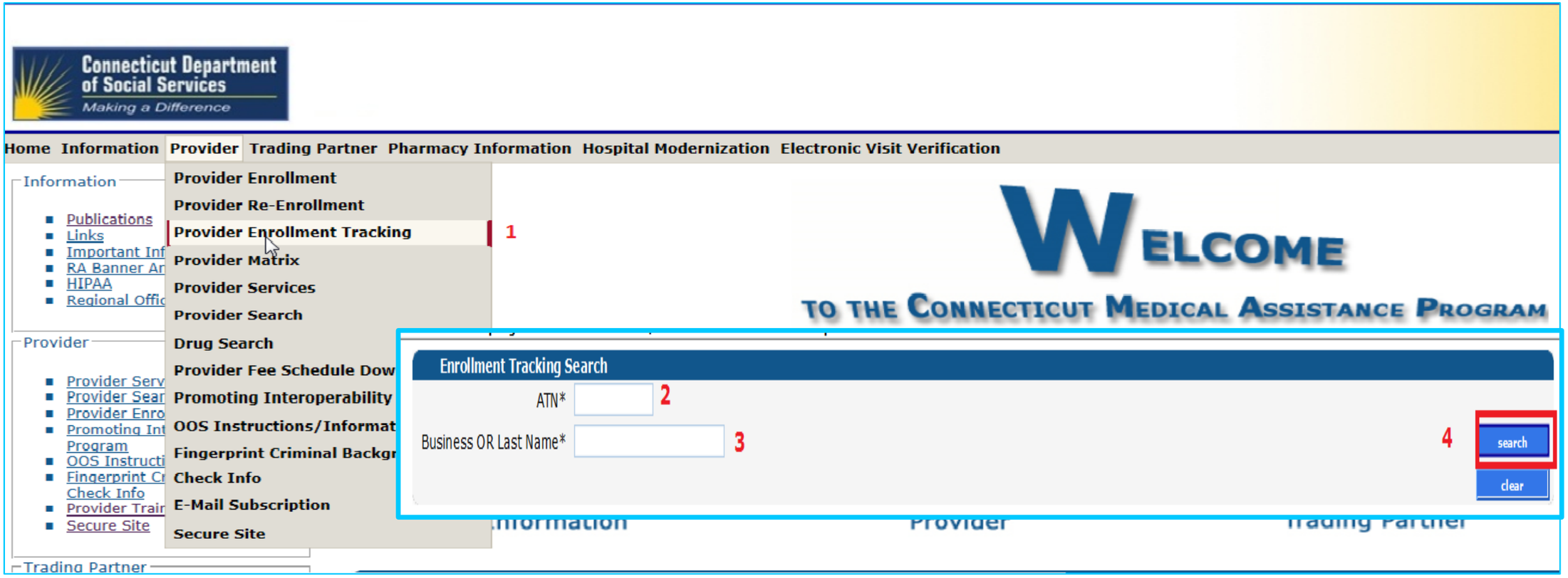


Mental Health Waiver Provider Enrollment Workshop

Checking the Status of Your Application Online

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

Enter the **ATN** and your **business or individual practitioner name as enrolled.**



Mental Health Waiver Provider Enrollment Workshop
What's Next

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

- If any information is missing, invalid, or if DXC Technology is unable to process the application, you will receive a letter that informs you what is required for correction or completion of your application.

- Providers will not be able to correct or modify completed applications online, but will need to submit paper corrections to the following address:
  - DXC Technology
    Provider Enrollment Unit
    P.O. Box 5007
    Hartford, CT 06102-5007

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

Notification of Enrollment Decision

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver Provider Enrollment Workshop

Notification of Enrollment Decision - Approval

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

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

Mental Health Waiver 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
- submit and check the status of a claim (**effective for dates of service 9/1/2019 and forward**)

Mental Health Waiver Provider Enrollment Workshop
Notification of Enrollment Decision - Denial

If a denial is received from DXC Technology:

- The letter will provide a reason for the denial.

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

- DXC Technology sends a Provider Enrollment Rejection Notice to the provider.
- This letter will instruct the provider to contact DSS Quality Assurance.

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.

Re-Enrollment

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver Provider Enrollment Workshop
Re-enrollment – Notification and Process

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

- **2 year contract** (MHW Service Provider)
- **5 year contract** (ALSA 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.**

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**)

Mental Health Waiver 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.

Secure Web Account - Access and Set-up

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver Provider Enrollment Workshop

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

Providers who have successfully enrolled as MHW non-medical Billing Providers will receive:

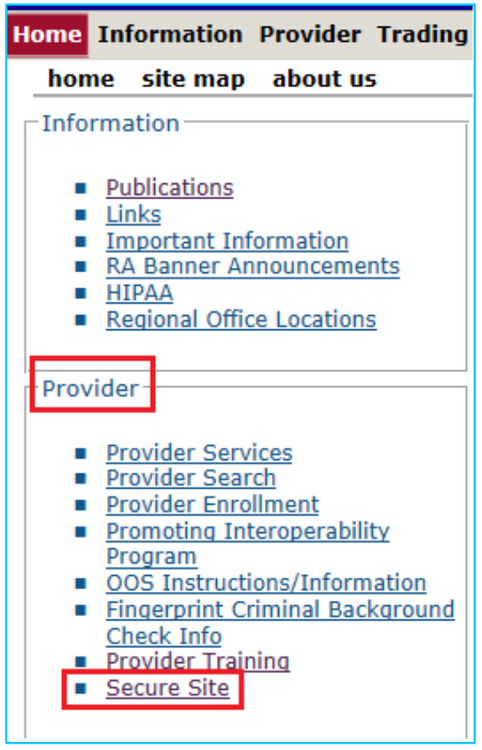
- An approval letter with their new **AVRS/Medicaid ID**
- Additional letter under separate mailing containing their **Personal Identification Number (PIN)**

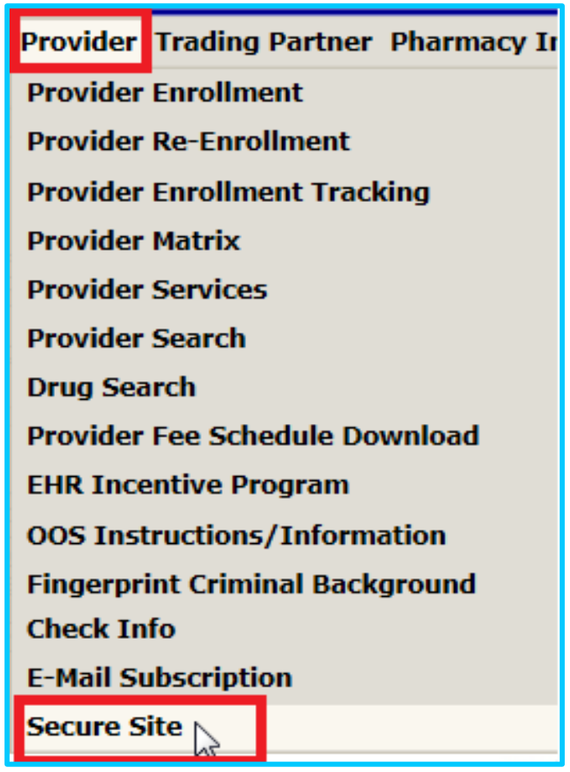
The AVRS ID and PIN allow the provider initial access to the Connecticut Medical Assistance Program Secure Web Portal for the purpose of creating a secure Web account.

Mental Health Waiver Provider Enrollment Workshop

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

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





Mental Health Waiver Provider Enrollment Workshop

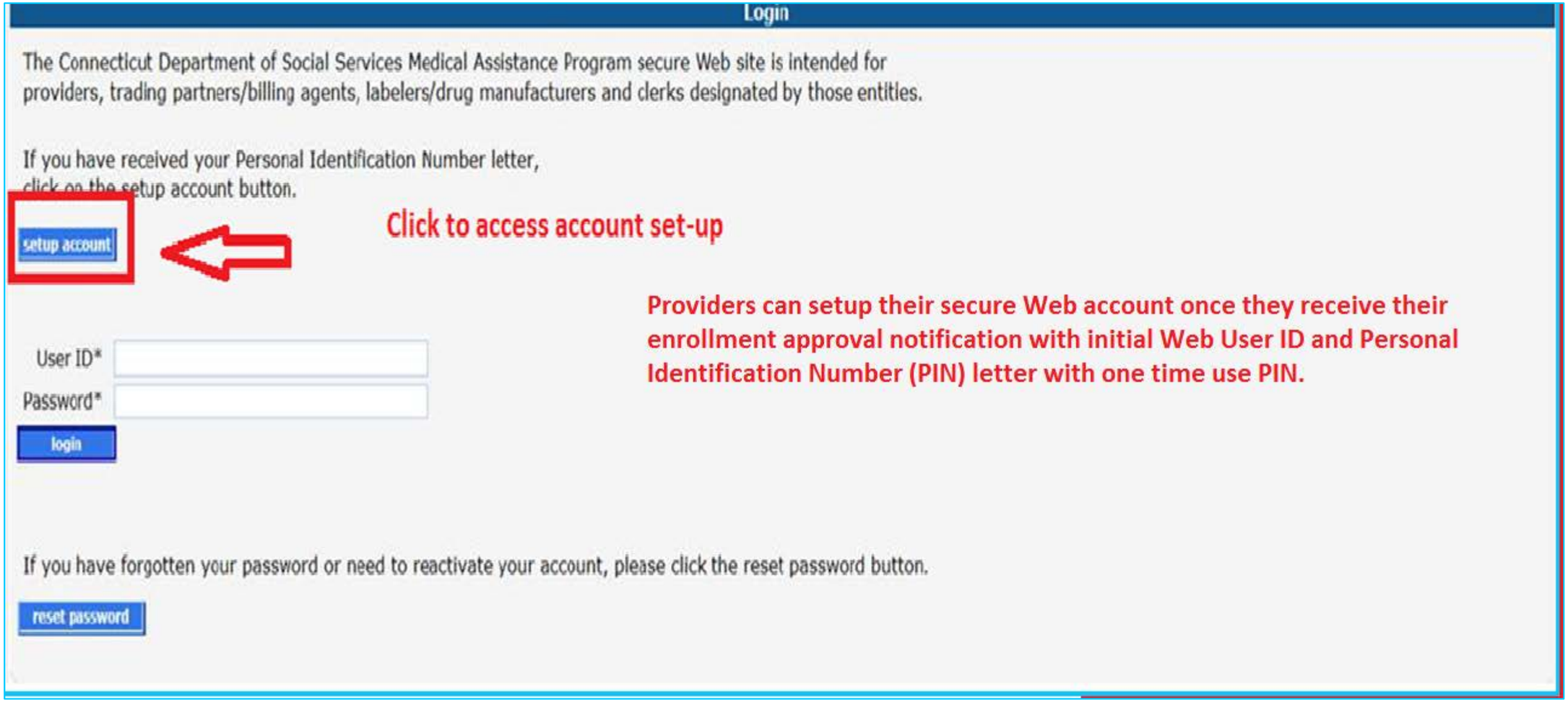
Secure Web Account Set-up – Access to Secure Web Portal

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

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

Mental Health Waiver Provider Enrollment Workshop

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

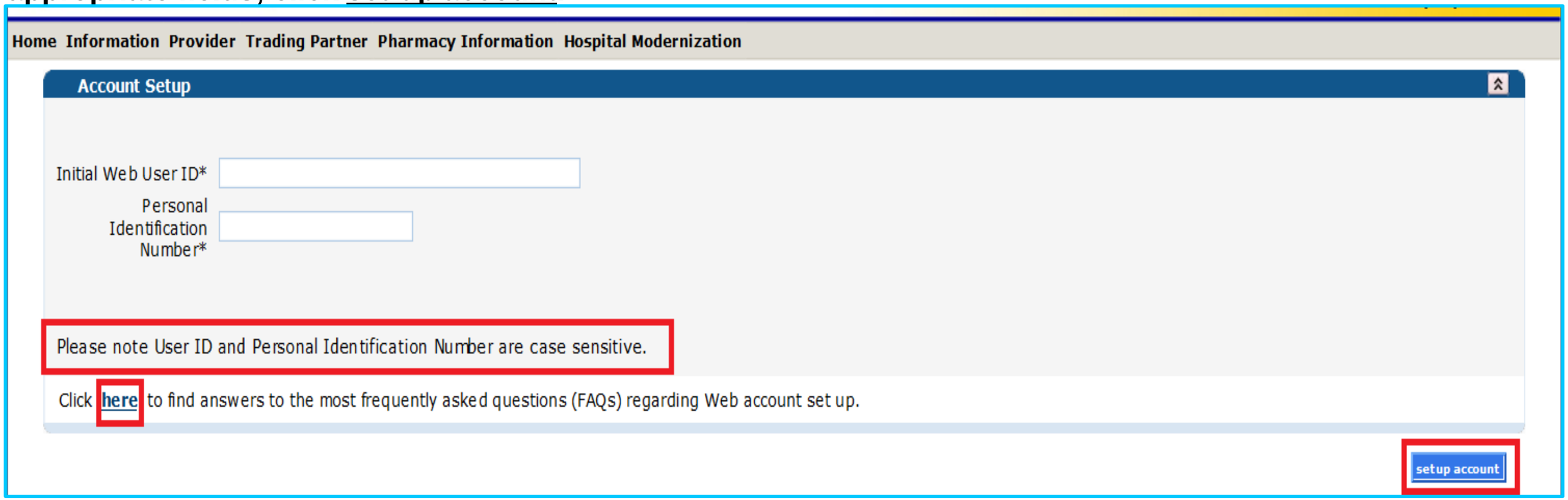


Mental Health Waiver Provider Enrollment Workshop

Secure Web Account Setup

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.

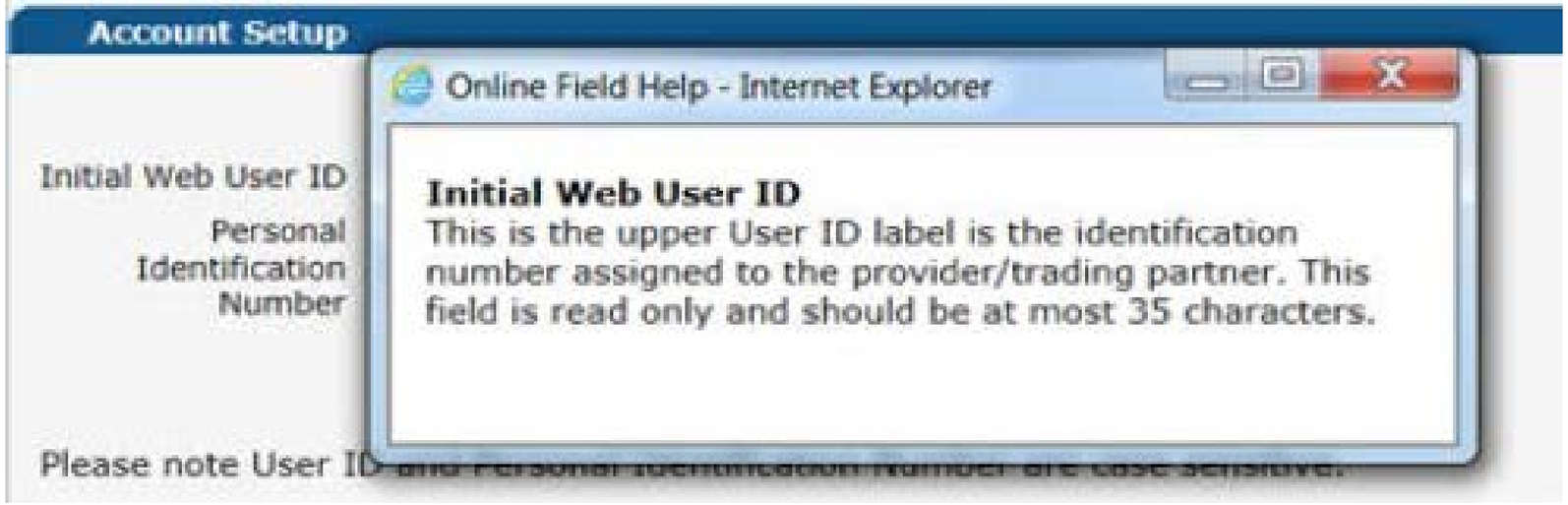


Mental Health Waiver Provider Enrollment Workshop

Secure Web Account – Initial Account Setup Panel

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

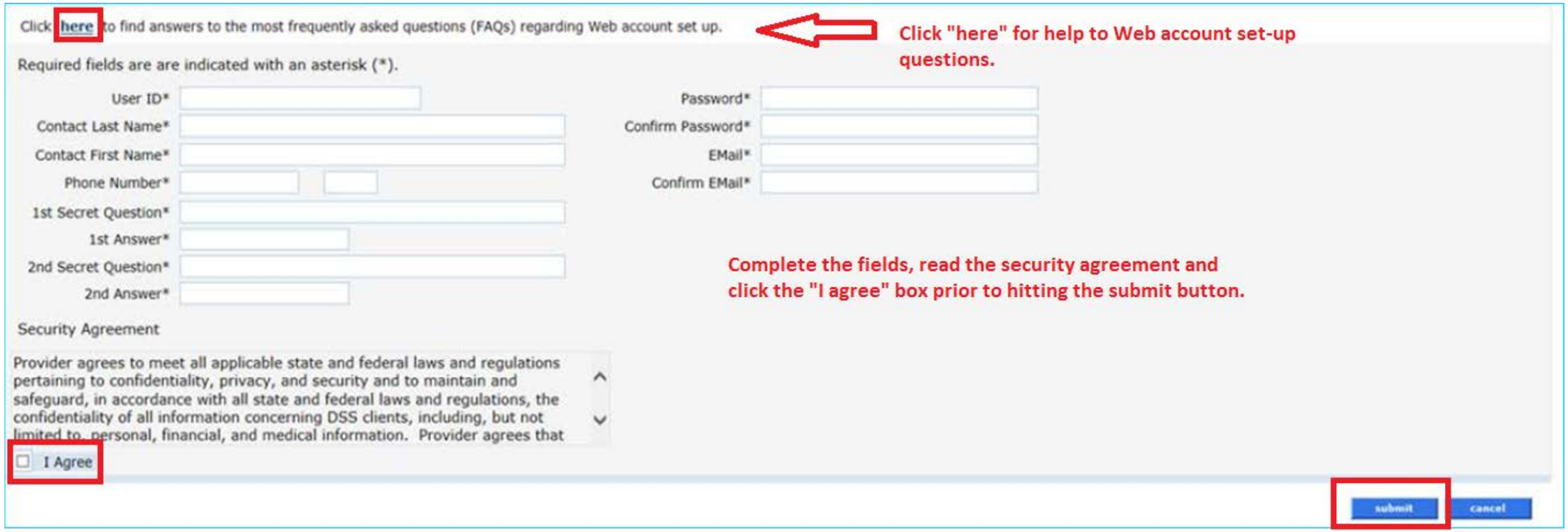
Placing your mouse over a data field name will create a small question mark beside the cursor. Click the left mouse button when the question mark is displayed to open the *Online Field Help* window relevant to the selected field.



Mental Health Waiver Provider Enrollment Workshop

Secure Web Account Set-up

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



****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.****

Web Account Capabilities

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver 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).

Mental Health Waiver Provider Enrollment Workshop
Web Account Capabilities

Set Up clerk accounts:

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

Reference – 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).

Mental Health Waiver 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).

Mental Health Provider Enrollment Workshop
Web Account Capabilities

Create, Submit and Query claims for dates of service 09/01/2019 and forward

- For services noted on the “MHW Service Provider” and “ALSA Provider” 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

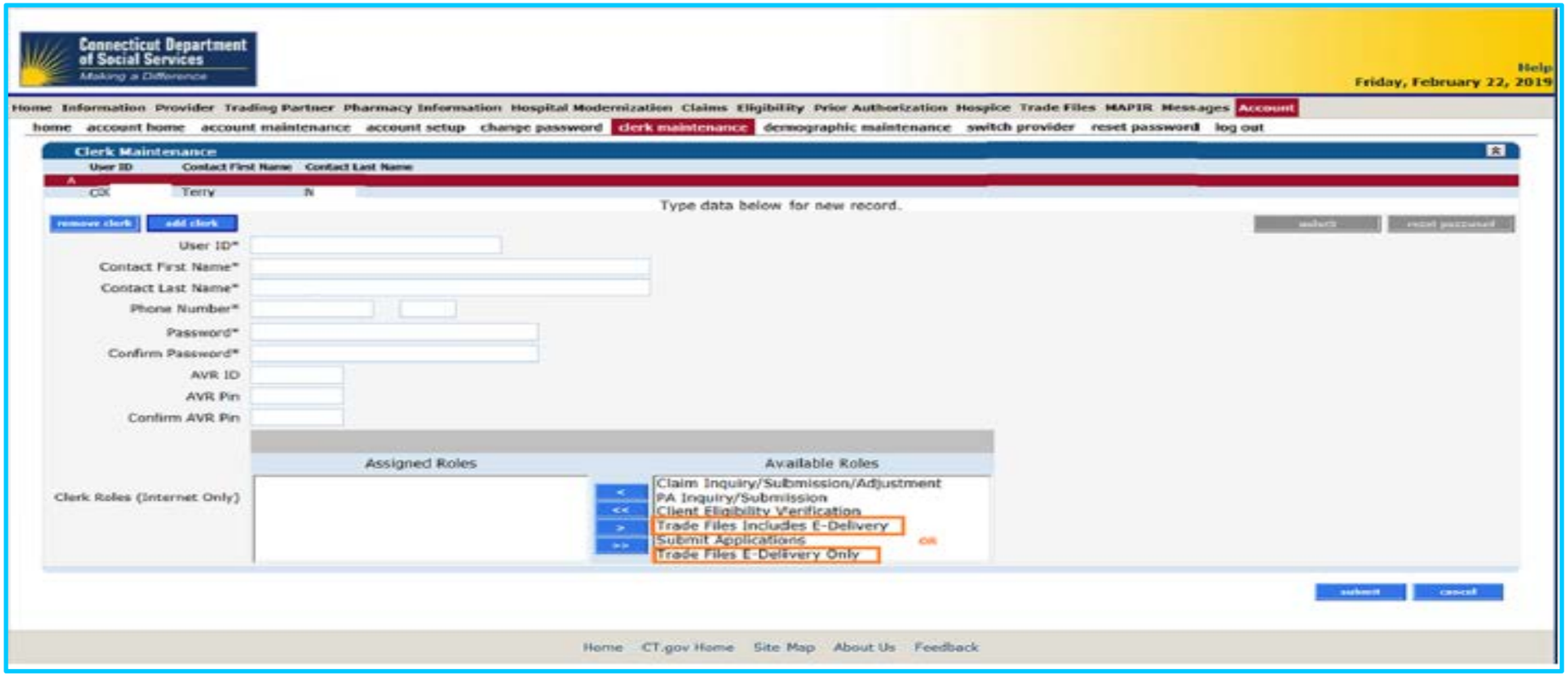
Obtain Remittance Advice (RA)

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

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

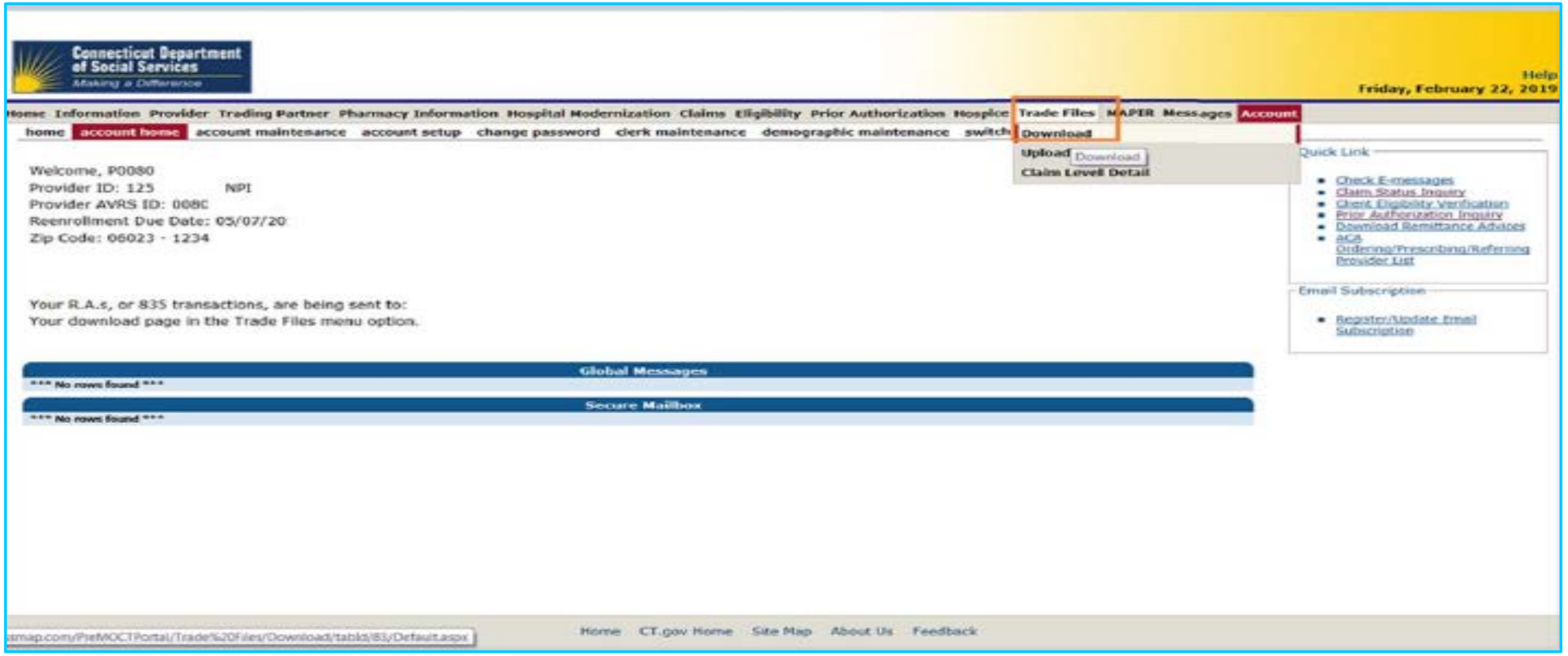
Mental Health Provider Enrollment Workshop
Web Account Capabilities –Assigning Clerk Roles

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.



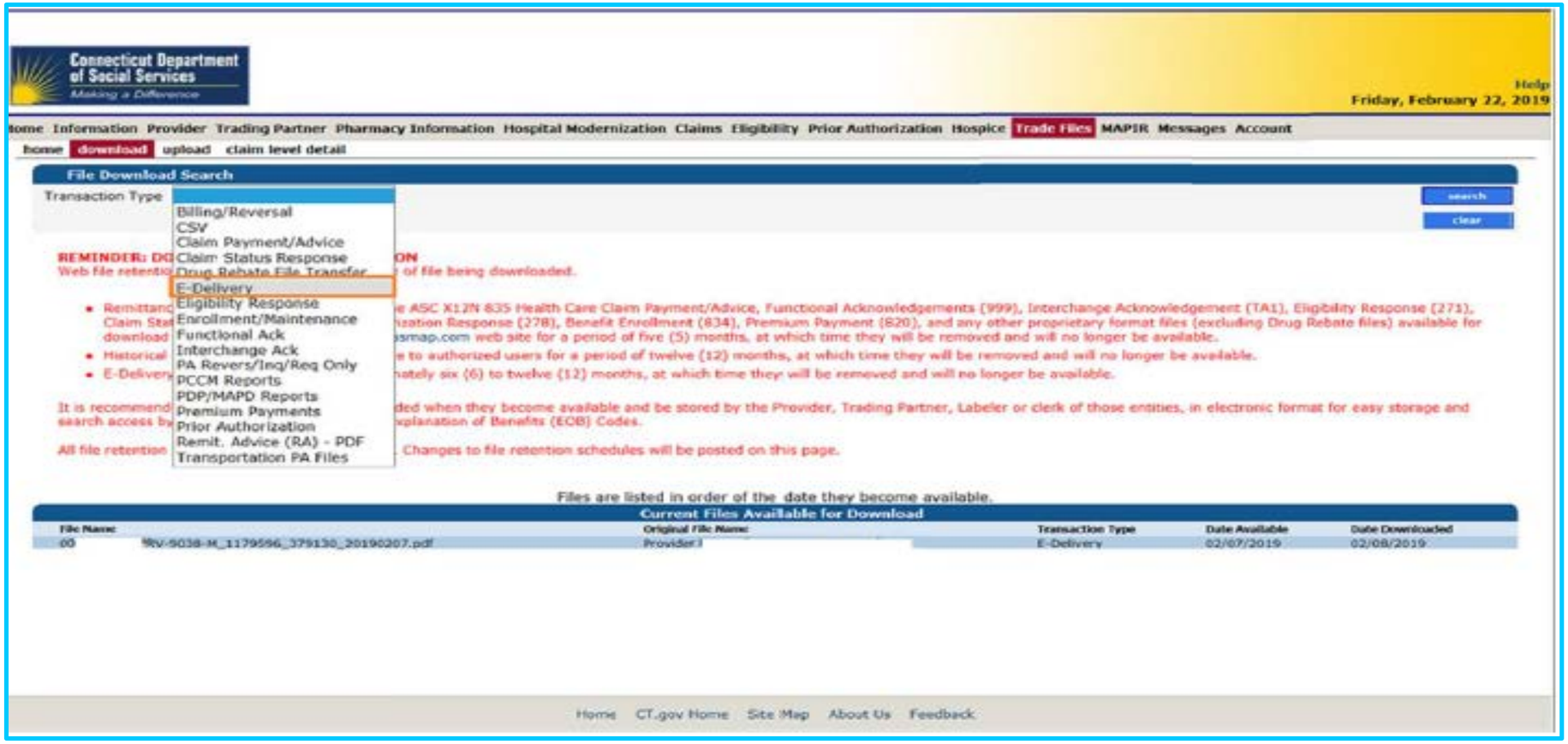
Mental Health Provider Enrollment Workshop
Web Account Capabilities – Access Trade Files for Download

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



Mental Health Provider Enrollment Workshop
Web Account Capabilities – Download of E-Delivery Transactions

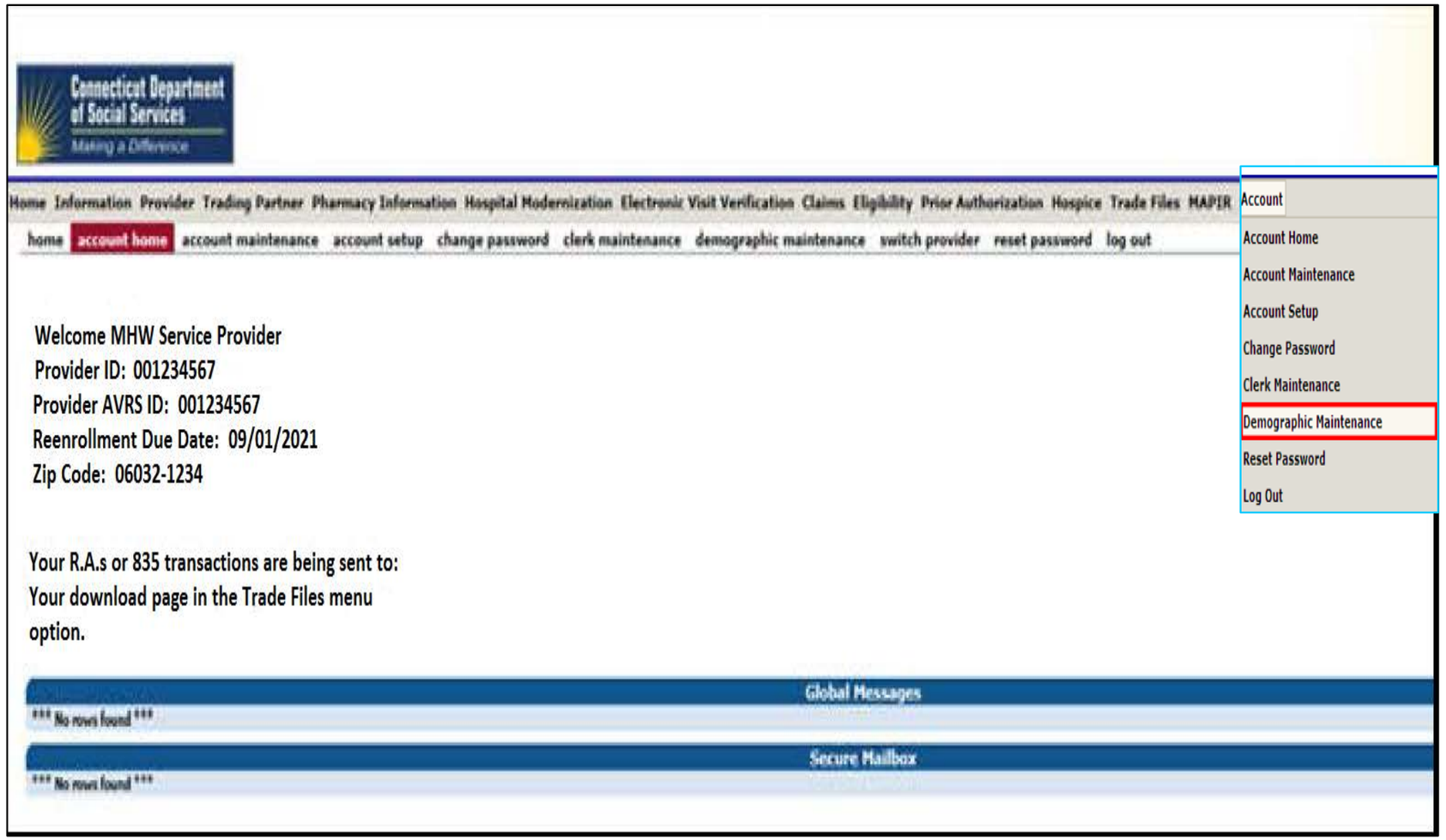
Select E-Delivery from the Transaction Type drop down box and then select search.



Web Account Capabilities – Demographic Maintenance

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

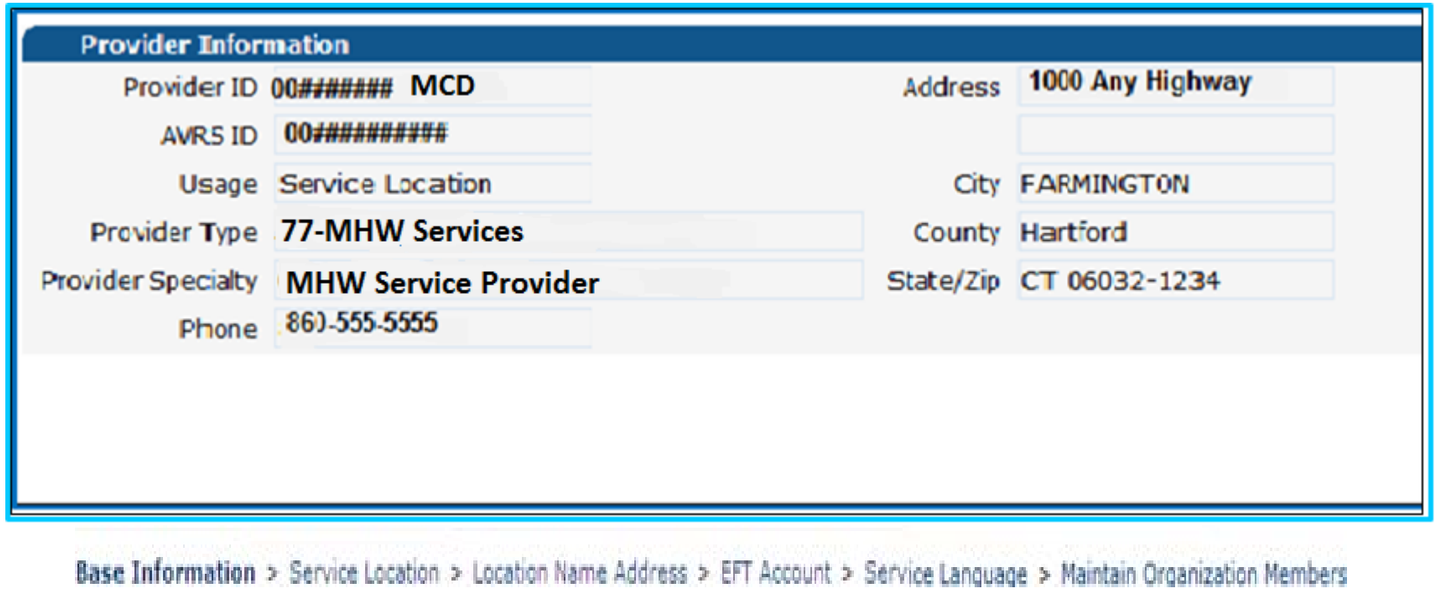
Mental Health Waiver Provider Enrollment Workshop
Web Account Capabilities - Demographic Maintenance



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**
- **Home Office**
- **Access this section by selecting demographic maintenance from either the Account submenu or the Account drop-down menu**

Mental Health Waiver 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

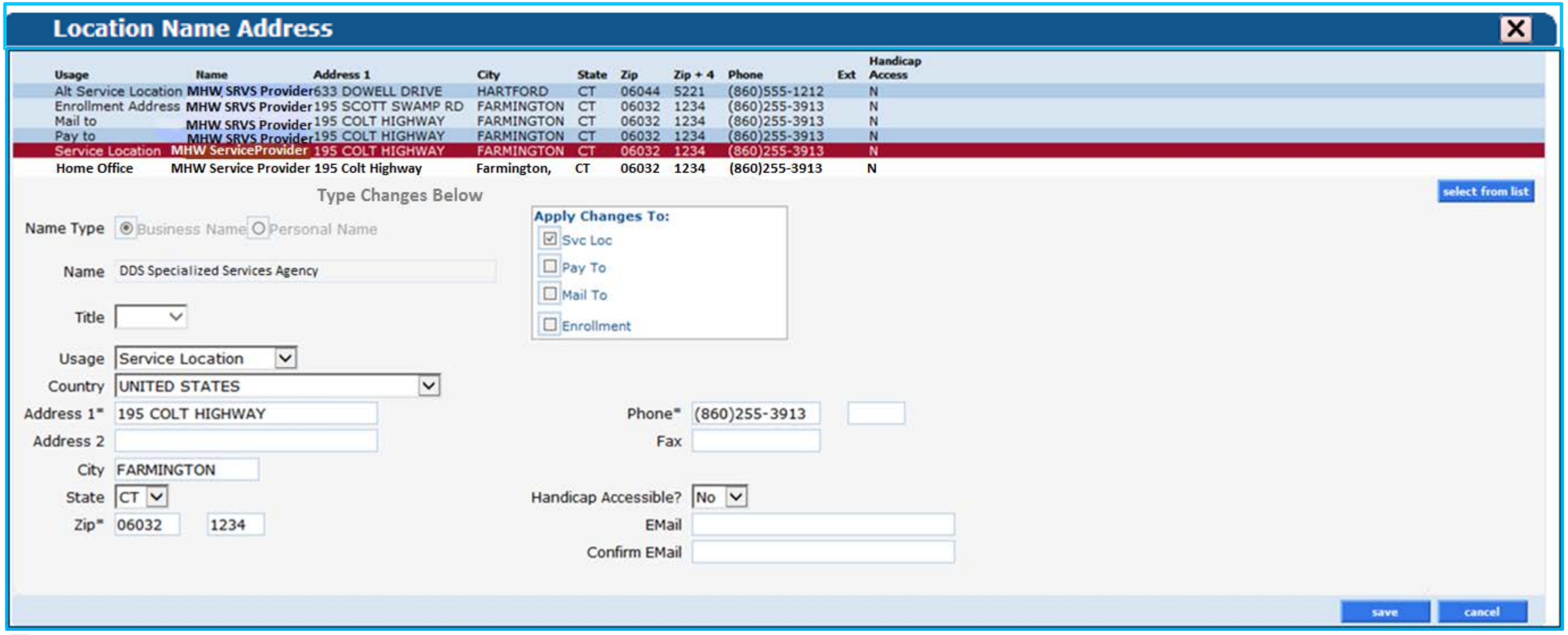
Electronic Funds Transfer (EFT Account)

−Service Language - Language, Effective Date, End Date

Mental Health Waiver Provider Enrollment Workshop

Web Account Capabilities - Demographic Maintenance cont.

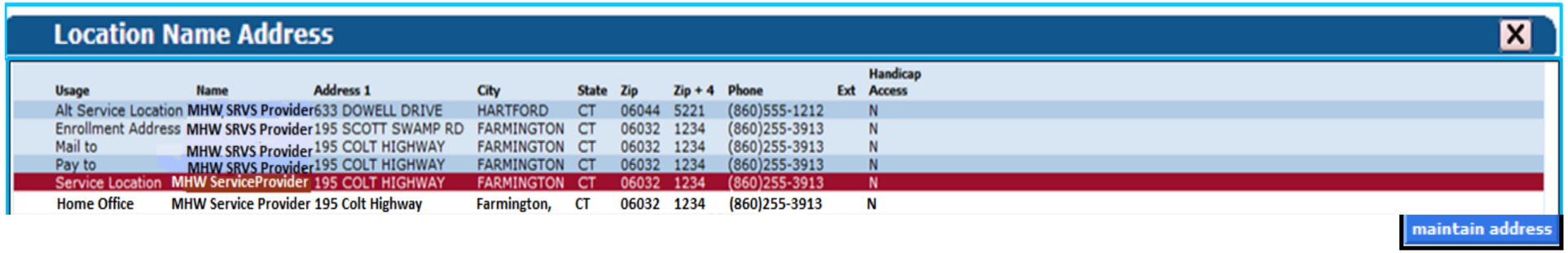
Specify different mailing, payment, service location and enrollment addresses.



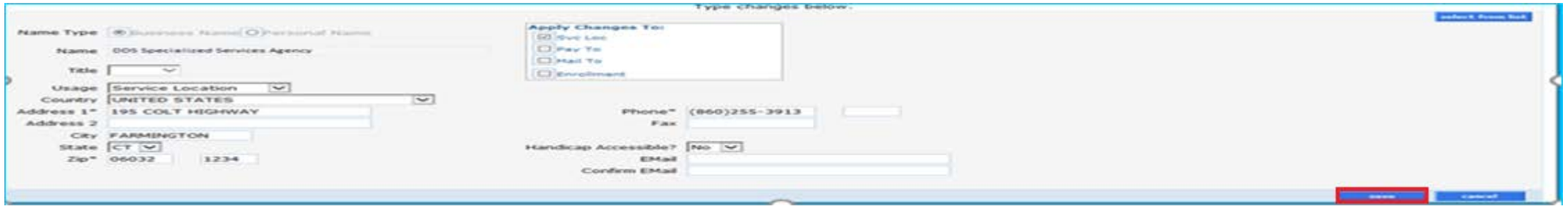
Mental Health Waiver Provider Enrollment Workshop

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



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



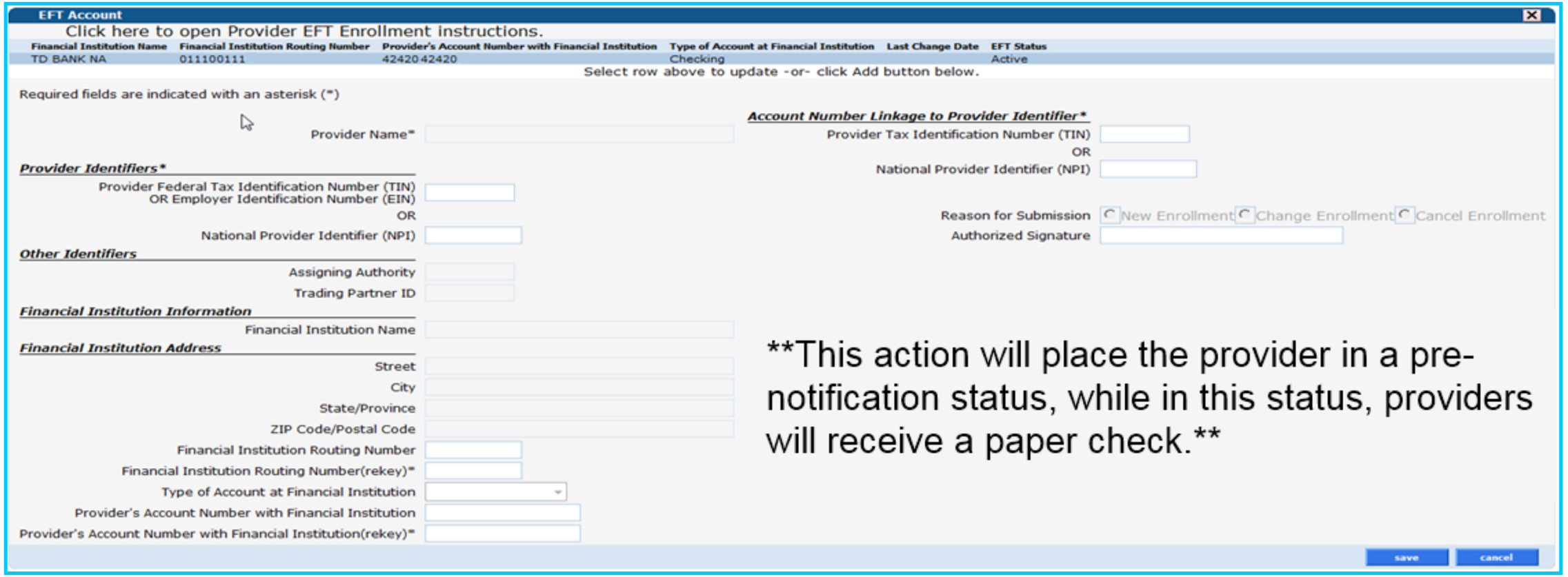
The following messages were generated:

Message Description	Panel	Field
Save was Successful		

Mental Health Waiver 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.



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

Information-Resources

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver Provider Enrollment Workshop

Information - Resources

Publications

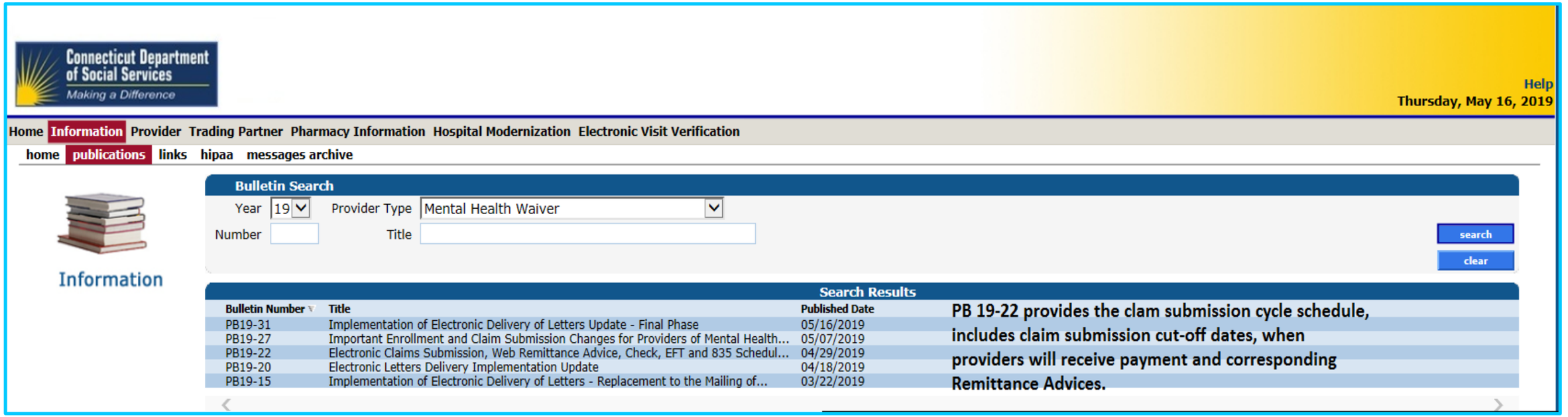
- A majority of the information available on the www.ctdssmap.com Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left hand side of the home page or from the Information drop-down menu

Mental Health Waiver 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

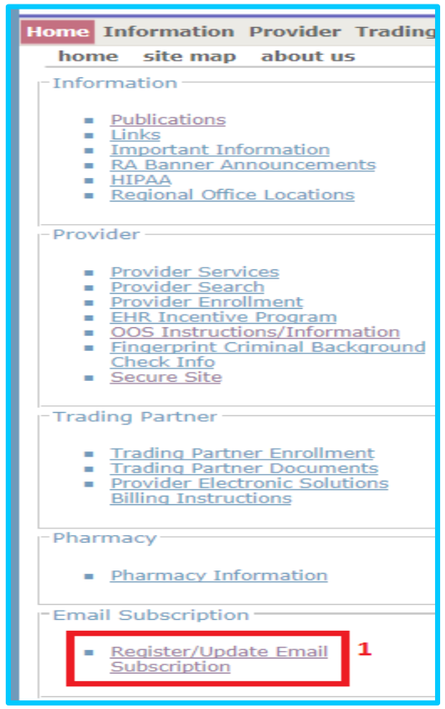


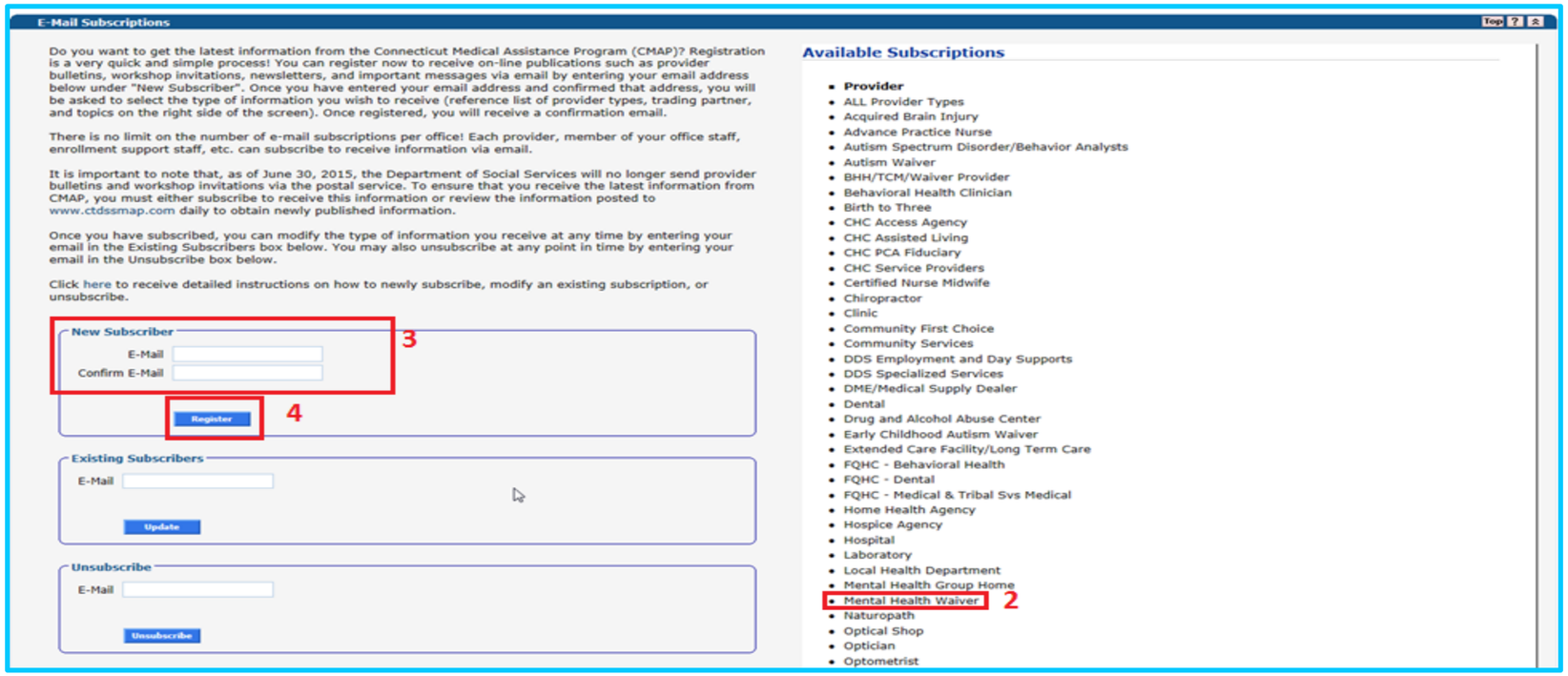
Mental Health Waiver Provider Enrollment Workshop

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.



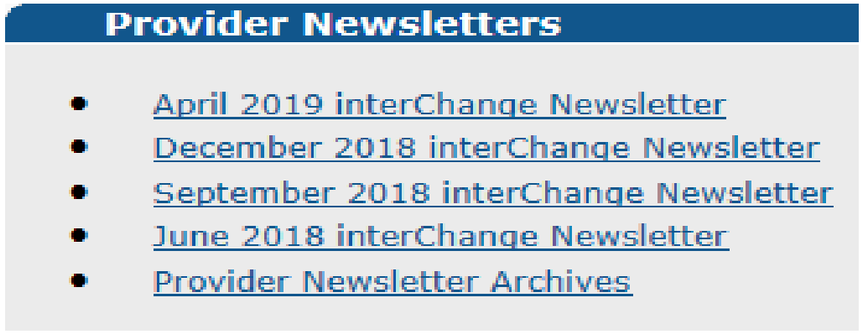


Mental Health Waiver Provider Enrollment Workshop

Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics



Mental Health Waiver 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.)

Mental Health Waiver Provider Enrollment Workshop
Information – Resources cont.

New Provider Workshop – Next Quarterly Workshop June 28, 2019. 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. DXC Technology will also be offering a Mental Health Waiver Billing and Web Claim Submission Workshop in late July – early August 2019.

Contacts

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

Mental Health Waiver Provider Enrollment Workshop
Contacts

Where to go for help:

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

- **Mental Health Waiver Service Providers are not required to obtain an NPI**. Those that wish to do so or wish to enroll with their existing NPI, should indicate a **taxonomy** of **"Atypical-Not Required,"** when submitting their enrollment application or sending in a separate National Provider Identifier (NPI) Submission Form after submitting their application. Please note that **only one "Atypical" taxonomy** can be used **per NPI. As a result, to avoid billing issues, you should not enroll with your existing NPI if it is already associated with another AVRS ID with an atypical taxonomy.**
- **Mental Health Waiver ALSA Providers are required to obtain an NPI.** It must be **unique to the Mental Health Waiver**. ALSA providers are required to use **Taxonomy 310400000X**.

Mental Health Waiver Provider Enrollment Workshop
Contacts 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 06102-5007

Questions/Comments

Mental Health Waiver Provider Enrollment and Secure Web Account Workshop

DXC.technology

Thank You For Attending

The Connecticut Medical Assistance Program

Mental Health Waiver Provider Enrollment and Secure Web 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