

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

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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.**

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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

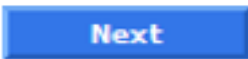


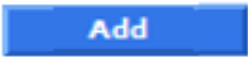


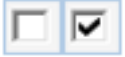
Enrollment Process cont.

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

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Enrollment Wizard Navigation

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

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Enrollment – Where to begin

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



The screenshot displays the Connecticut Department of Social Services website. The header includes the department's logo and the date "Thursday, May 09, 2019". A navigation bar at the top lists various services: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. The "Provider" menu is expanded, showing options such as Provider Enrollment, Provider Re-Enrollment, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, Promoting Interoperability Program, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, E-Mail Subscription, and Secure Site. The main content area features a large "WELCOME" message and a description of the Connecticut Medical Assistance Program website. Below this, there are four icons representing different user roles: Information (books), Provider (stethoscope), Trading Partner (key), and Pharmacy (pill bottle).

Connecticut Department of Social Services
Making a Difference

Help
Thursday, May 09, 2019

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

home site map

Information

- Publications
- Links
- Important Info
- RA Banner App
- HIPAA
- Regional Office

Provider

- Provider Services
- Provider Search
- Drug Search
- Provider Fee Schedule Download
- Promoting Interoperability Program
- OOS Instructions/Information
- Fingerprint Criminal Background
- Check Info
- E-Mail Subscription
- Secure Site

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

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

Information

Provider

Trading Partner

Pharmacy

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Enrollment Instructions

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

- You are strongly encouraged to read through this page prior to beginning the enrollment process.
- 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.

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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.

The screenshot shows a web form titled 'Application Type' with a breadcrumb 'Instructions » Application Type'. Below the title, a note states 'Required fields are indicated with an asterisk (*)'. The form contains a section 'Type of Application *' with two radio button options: 'Individual' and 'Organization/Group'. At the bottom of the form, there are three buttons: 'Previous', 'Next', and 'Exit'.

Instructions » Application Type

Application Type

Required fields are indicated with an asterisk (*)

Type of Application *

☐ Individual

☐ Organization/Group

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Mental Health Provider Enrollment Workshop

Organization Participation Type

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

Instructions » Application Type » Organization Participation Type

Organization Participation Type

Required fields are indicated with an asterisk (*).

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

☐ Organization

☐ Organization that is Employed/Contracted by Another Organization

DEFINITIONS:

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

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

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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 Next.

Instructions » Application Type » **Participation Type**

Participation Type

Required fields are indicated with an asterisk (*).

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

☐ Individual practitioner

☐ Employed/Contracted by an organization (to include **residents**)

☐ Ordering/Prescribing/Referring provider only

Individual practitioner - An individual practitioner provider would be a single individual who is considered the biller and performer of service. An example would include a single physician office practice. Reimbursement will be made directly to the individual practitioner.

Employed/Contracted by an organization - A member of an organization such as a provider group, clinic, hospital outpatient clinic or FQHC would be a performing provider. **Residents** are also considered employed/contracted by an organization participation type and should select this radio button. The organization would bill for the services provided by the member/performer of the organization. Reimbursement will be made directly to the organization. Important: The organization and each member of the organization must enroll/re-enroll.

Ordering/Prescribing/Referring provider only - An individual provider who wishes to participate solely as an ordering or prescribing or referring provider who does not intend to bill or receive payment directly from the Connecticut Medical Assistance Program.

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Mental Health Waiver Enrollment Workshop

Application For

Mental Health Waiver provider applicants will select Initial Enrollment, then click Next.

Instructions » Application Type » Organization Participation Type » **Application For**

Application For

Required fields are indicated with an asterisk (*)

This Application is for *

☒ Initial Enrollment

☐ Re-enrollment

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

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

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Provider Type/Specialty

Using the drop-down arrow, applicants should select as their “Provider Type”, **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.

The screenshot shows a web form titled "Provider Type/Specialty". At the top, it says "Required fields are indicated with an asterisk (*)". Below this, there is a label "Provider Type*" followed by a dropdown menu. The dropdown menu is currently empty, showing only a downward arrow. At the bottom of the form, there are three buttons: "Previous", "Next", and "Exit".

The screenshot shows the same web form, but now the "Provider Type*" dropdown menu is populated with the text "Mental Health Waiver". Below this, there is a label "Provider Specialty*" followed by a dropdown menu. This dropdown menu is currently empty, showing only a downward arrow. At the bottom of the form, there are three buttons: "Previous", "Next", and "Exit".

Mental Health Waiver Enrollment Workshop

Before You Continue

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » **Before You Continue**

Before You Continue

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

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

Click here to open the Individual Practitioner Enrollment Application Sample

Click here to open the Employed by Organization Enrollment Application Sample

Click here to open the Organization Enrollment Application Sample

Click here to open the Organization Employed/Contracted by Org Enrollment Application Sample

Click 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 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.

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National Provider Identifier Information

Applicants are not required to obtain an NPI when enrolling as a Mental Health Waiver billing provider.

- An **NPI is not required** 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.

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

National Provider Identifier Information

Required fields are indicated with an asterisk (*)

| | |
|------------------------------|--|
| National Provider Identifier | <input type="text"/> |
| Primary Taxonomy* | ----- - Taxonomy Not Applicable (non-medical services) ▼ |
| Taxonomy 2 | ▼ |
| Taxonomy 3 | ▼ |
| Taxonomy 4 | ▼ |
| Taxonomy 5 | ▼ |

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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.

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

National Provider Identifier Information

Required fields are indicated with an asterisk (*)

| | |
|------------------------------|--|
| National Provider Identifier | <input type="text"/> |
| Primary Taxonomy* | 310400000X - Nursing&Custodial Care-Assisted Living <input type="button" value="v"/> |
| Taxonomy 2 | <input type="text"/> <input type="button" value="v"/> |
| Taxonomy 3 | <input type="text"/> <input type="button" value="v"/> |
| Taxonomy 4 | <input type="text"/> <input type="button" value="v"/> |
| Taxonomy 5 | <input type="text"/> <input type="button" value="v"/> |

Mental Health Waiver Provider Enrollment Workshop

Identifying Information (Organization)

[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 9/1/2019, they should enroll early (on or after May 22, 2019) for time to set up their secure Web account and clerk accounts. Providers may also begin checking for prior service authorization for services to be provided on or after 9/1/2019, 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 9/1/2019 and services were provided on or after 9/1/2019, but before the effective date of the provider's online application.

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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.

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

Individual Name

- The name entered on this line must match exactly the provider name submitted to the Internal Revenue Service and what is submitted on all other information supplied to the Connecticut Medical Assistance Program.

Required fields are indicated with an asterisk (*)

Last Name*

First Name*

Middle Initial

Date of Birth*

Gender* ☐ Female ☐ Male

Social Security Number* Do not enter dashes.

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Mental Health Waiver Provider Enrollment Workshop

Identifying Information (Individual Practitioner)

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

Identifying Information

- Indicate the date the provider wishes to become effective. This date cannot be further back than six months.
- Indicate the language(s) spoken by organization staff that is available to interpret for clients.

Required fields are indicated with an asterisk (*)

Provider Effective Date*

Languages

- ☒ English
- ☐ Spanish
- ☐ Portuguese
- ☐ Russian
- ☐ Polish
- ☐ Other

The application date is the provider's effective date. Although providers may not bill for dates of service prior to 9/1/2019, they should enroll early (on or after May 22, 2019) for time to set up their secure Web account and clerk accounts. Providers may also begin checking for prior service authorization for services to be provided on or after 9/1/2019, 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 9/1/2019 and services were provided on or after 9/1/2019, but before the effective date of the provider's online application.

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Addresses

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

Service Location Address

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

Service Location Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP*

Contact Person*

Telephone Number - Contact Person*

Telephone Number - For Patient Use*

Handicap Accessible?

Contact Email

Confirm Email

Fax

TDD/TTY

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

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

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

Mental Health Waiver 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*
Contact Email
Confirm Email
Fax

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

Clear Copy Svc Loc Addr

Home Office Address
■ Indicate the provider's Home Office address.

Home Office Address
Street Address Line 1*
Street Address Line 2
City*
State/ZIP*
Contact Person*
Telephone Number - Contact Person*
Contact Email
Confirm Email
Fax

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

Clear Copy Svc Loc Addr

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Addresses cont.

Check and Remittance Advice Address

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

Check and Remittance Advice Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP*

Name - Financial Contact Person*

Telephone Number - Contact Person*

Ext.

Contact Email

Confirm EMail

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

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

Mental Health Waiver 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*

Contact Email

Confirm EMail

Fax

?

^

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

↓

Copy Svc Loc Addr

Clear

Copy Svc Loc Addr

Previous

Next

Exit

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.

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"/> | - | <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"/> | | | | |

Enter additional service location information then click "add."

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

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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.

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

Facility

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

Type changes below.

The fields below should be used to indicate the facility's National Provider Identifier (NPI), as well as name and address that a postal service uses to identify a provider's facility.

Required fields are indicated with an asterisk (*)

Facility National Provider Identifier

Facility Name*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP*

▼

 -

add

cancel

Previous

Next

Exit

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.

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

HIT/HIE Contact and EHR Information

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

Contact Information

Contact First Name

Contact Last Name

Contact Phone Ext

Contact Email

EHR Information

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

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

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

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

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

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

Direct Mailbox Email Address

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Mental Health Waiver Provider Enrollment Workshop

Member of Organization (Individual Practitioner)

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

Member of Organization

Required fields are indicated with an asterisk (*).

Individual Practitioners, who on the HIT/HIE and EHR Information panel, answer NO to the question, "Do you use an Electronic Health Record (EHR) system", will be presented with this Member of Organization panel. Clicking YES to the question "Are you a member of an organization" will open the Member of Organization window.

Are you a member of an organization? * ☒ Yes ☐ No

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

| Organization ID | Organization Name | Organization Membership Effective Date |
|---------------------|-------------------|--|
| Type changes below. | | |

Member of Organization

Organization ID*

Mental Health Waiver 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 » **Financial Information**

Financial Information

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

Required fields are indicated with an asterisk (*)

Taxpayer Identification Number (TIN)*

Name*

Doing Business As

TIN Type*

☐ EIN ☐ SSN

State Tax ID

☐

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

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



Do not enter dashes.

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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.

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* | ABC Agency | Account Number Linkage to Provider Identifier* | |
| | | Provider Tax Identification Number (TIN) | XXXXX6789 |
| | | OR | |
| | | National Provider Identifier (NPI) | |
| Provider Identifiers* | | Reason for Submission | <input checked="" type="radio"/> New Enrollment <input type="radio"/> Change Enrollment <input type="radio"/> Cancel Enrollment |
| Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN) | XXXXX6789 | Authorized Signature* | |
| 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)* | | | |

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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.

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

Additional Information

Additional Information

Required fields are indicated with an asterisk (*)

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

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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.

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 (*)

License/Permit Number*

License/Permit Effective Date*

License/Permit Expiration Date*

State of License/Permit* CT ▼

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

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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.

[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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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.

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

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.

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

Medicare Information

Required fields are indicated with an asterisk (*)

Are you enrolled in Medicare? ☒ Yes ☐ No

Are you enrolling solely for the purpose of payment consideration of Medicare crossover only claims?

☐ Yes ☐ No

*** No rows found ***

- Select row above to Update -or- Enter data below and click on add button -

Medical Information

Medicare Number*

Effective Date*

add

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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**.

Board Members, Partners or Managing Administrators Information

Required fields are indicated with an asterisk (*)

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

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

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

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

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

Name

Corporate Headquarters Location

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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.

Board Members, Partners, or Managing Administrators Information-Detail

*** No rows found ***

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

Required fields are indicated with an asterisk (*)

Position*

Last name*

First Name, Middle Initial*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP*

SSN*

Date of Birth*

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

Add

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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.

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

Controlling Interest

Required fields are indicated with an asterisk (*).

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

*** No rows found ***

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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.


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

*** No rows found ***

Type changes below.

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

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



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.

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

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

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

Controlling Others

Name*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

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

Click **Next** to continue.

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.

Survey

Required fields are indicated with an asterisk (*)

1. Is, or was, applicant a Medicaid provider in any other state? *

*** No rows found ***

- Enter data below and click on add button -

Survey

State*

National Provider Identifier Number*

Date*

☒ 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? *

*** No rows found ***

- Enter data below and click on add button -

Survey

Insurance Name*

Contract Number*

☒ Yes ☐ No

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**.

The screenshot shows the 'Summary' page of a provider enrollment application. At the top, a navigation bar lists various steps: 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 first six items. To the right, a red text box states: 'Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed once the application has been submitted.'

The main content area is titled 'Summary'. It features a red box with the text 'Click here to open Provider Enrollment Agreement' and a checkbox labeled 'I agree that I have read and accept the terms of the Provider Enrollment Agreement.' Below this are two input fields: 'SSN of Person Signing the Application*' and 'Signature of Provider or Authorized Representative*'. A red arrow points to these fields 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:'. This is followed by 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.' followed by 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 right, a red text box states: 'After clicking submit, be sure to print and/or save the application as a PDF document for your records.' with a red arrow pointing down to the 'Submit' button. The 'Submit' button is highlighted with a red box. Other buttons visible are 'Previous' and 'Exit'.

Mental Health Waiver Provider Enrollment Workshop

Additional Information to Mail to DXC Technology

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 » Summary
Additional Information to Mail to DXC Technology

Additional Information to Mail to DXC Technology

Required fields are indicated with an asterisk (*)

The online portion of your application is almost complete. In addition to this online application, the Department of Social Services requires additional information to be mailed to DXC Technology. This list of additional information is stored on your Follow On Document list.

[Click here](#) to view, save or print your Follow On Document list. *

IMPORTANT - The Application Tracking Number (ATN) that you will receive at the end of this application must be written on each document mailed to DXC Technology. This ATN is necessary to associate your documentation to your enrollment application.

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

Next

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

Mental Health Waiver Provider Enrollment Workshop

Application Submitted

Application Submitted

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

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

- Application Tracking Number (ATN)
 - Your tracking number is 312957

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

- Notification of Enrollment Decision

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

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

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

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

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

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

Exit

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**.

The screenshot displays the Connecticut Department of Social Services website. The header includes the department's logo and navigation tabs: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. The 'Provider' tab is selected, and a dropdown menu is open, showing options like Provider Enrollment, Provider Re-Enrollment, and Provider Enrollment Tracking (marked with a red '1'). The 'Enrollment Tracking Search' form is highlighted with a blue box. It contains two input fields: 'ATN*' (marked with a red '2') and 'Business OR Last Name*' (marked with a red '3'). A red box highlights the 'search' button (marked with a red '4') and the 'clear' button. The background of the page features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' graphic.

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:

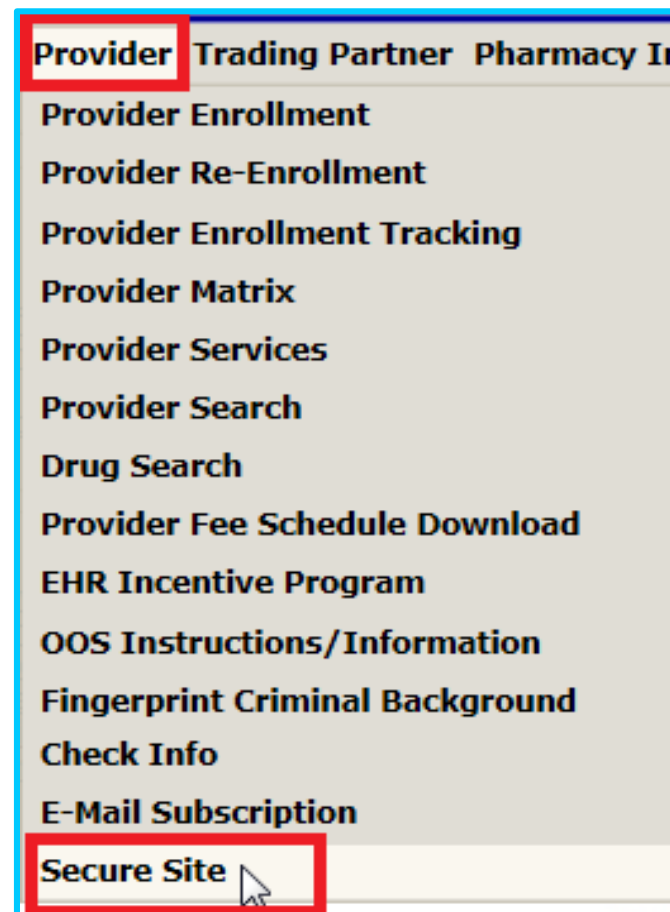
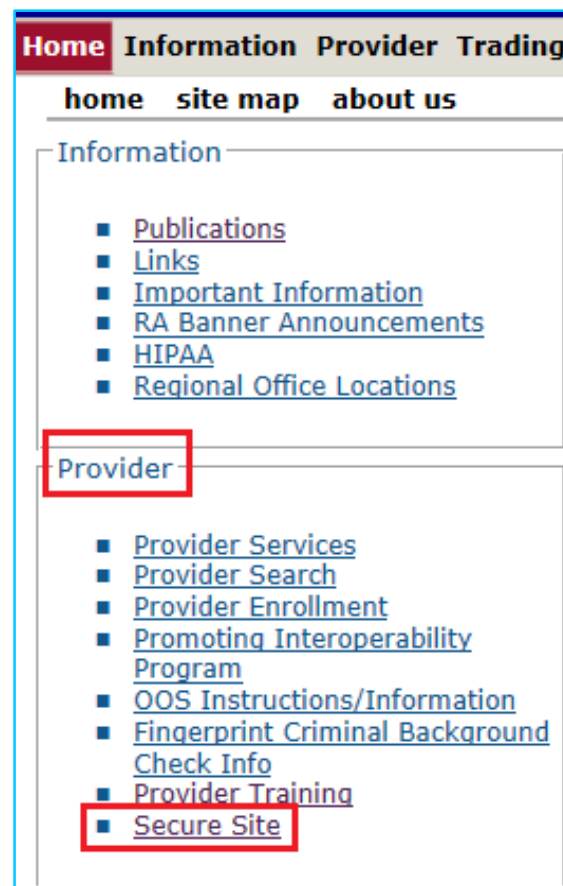
- An approval letter with their new **AVRS/Medicaid ID**
- Additional letter under separate mailing containing their **Personal Identification Number (PIN)**

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

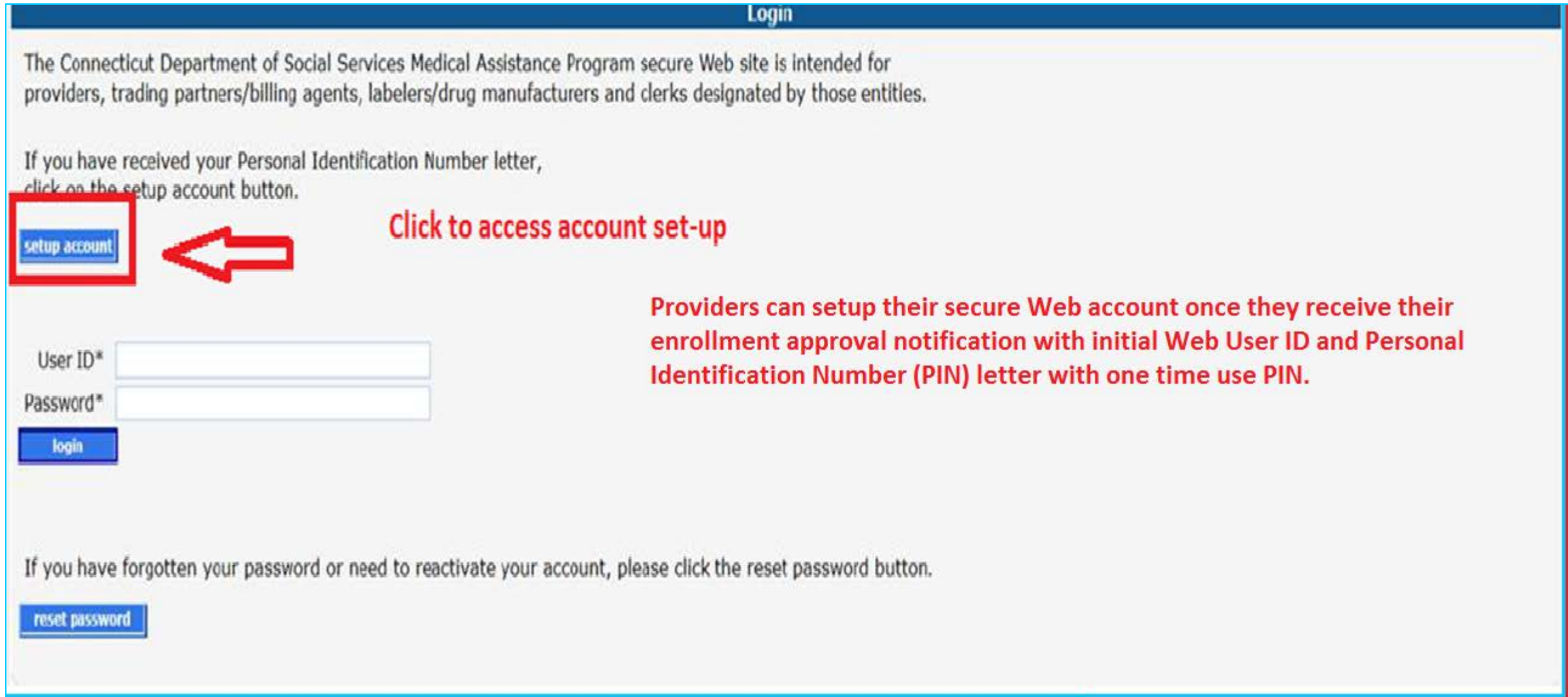
Secure Web Account Set-up – Access to Secure Web Portal

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



The screenshot shows the 'Login' page of the Connecticut Department of Social Services Medical Assistance Program secure Web site. The page has a blue header with the word 'Login'. Below the header, there is a paragraph explaining the site's purpose for providers, trading partners, labelers, and drug manufacturers. A second paragraph instructs users who have received a Personal Identification Number letter to click on the 'setup account' button. This button is highlighted with a red rectangle, and a red arrow points to it from the text 'Click to access account set-up'. Below the instructions are input fields for 'User ID*' and 'Password*', followed by a 'login' button. At the bottom, there is a link to 'reset password' for users who have forgotten their password or need to reactivate their account. To the right of the 'login' button, there is a red text block stating: '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.'

Login

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

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

setup account ← Click to access account set-up

User ID*

Password*

login

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

reset password

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.

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.

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.

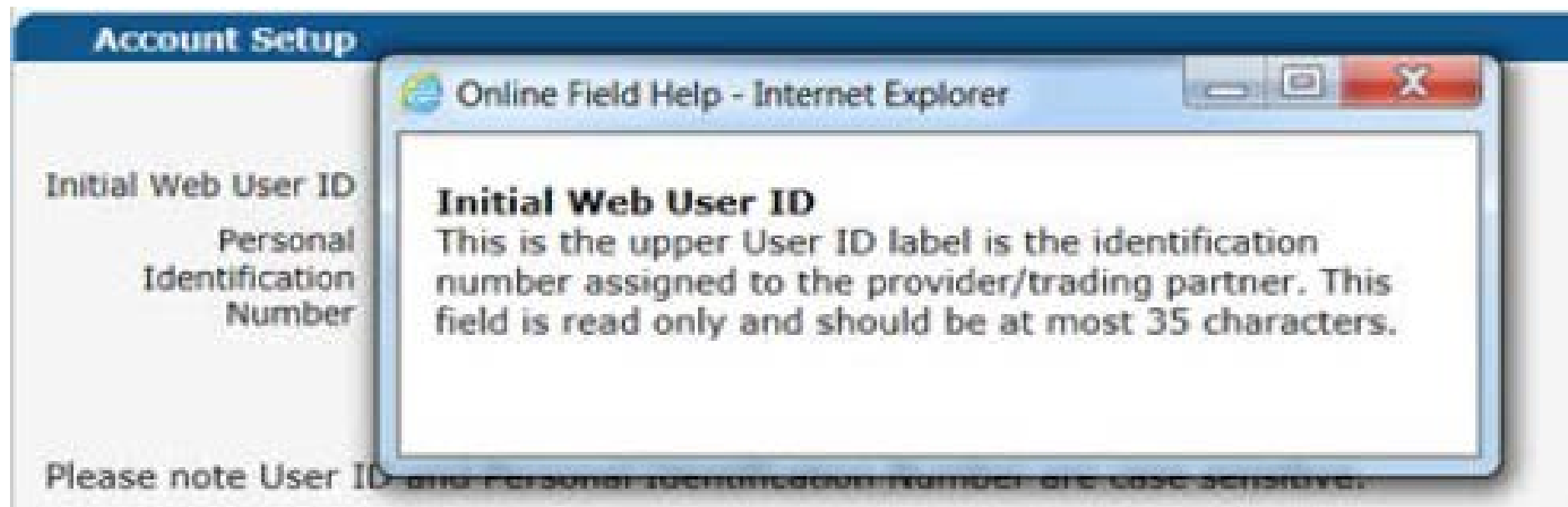
[setup account](#)

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.

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

Required fields are indicated with an asterisk (*).

| | | | |
|----------------------|---|-------------------|--------------------------|
| User ID* | <input type="text"/> | Password* | <input type="password"/> |
| Contact Last Name* | <input type="text"/> | Confirm Password* | <input type="password"/> |
| Contact First Name* | <input type="text"/> | E-Mail* | <input type="text"/> |
| Phone Number* | <input type="text"/> <input type="text"/> | Confirm E-Mail* | <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 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.

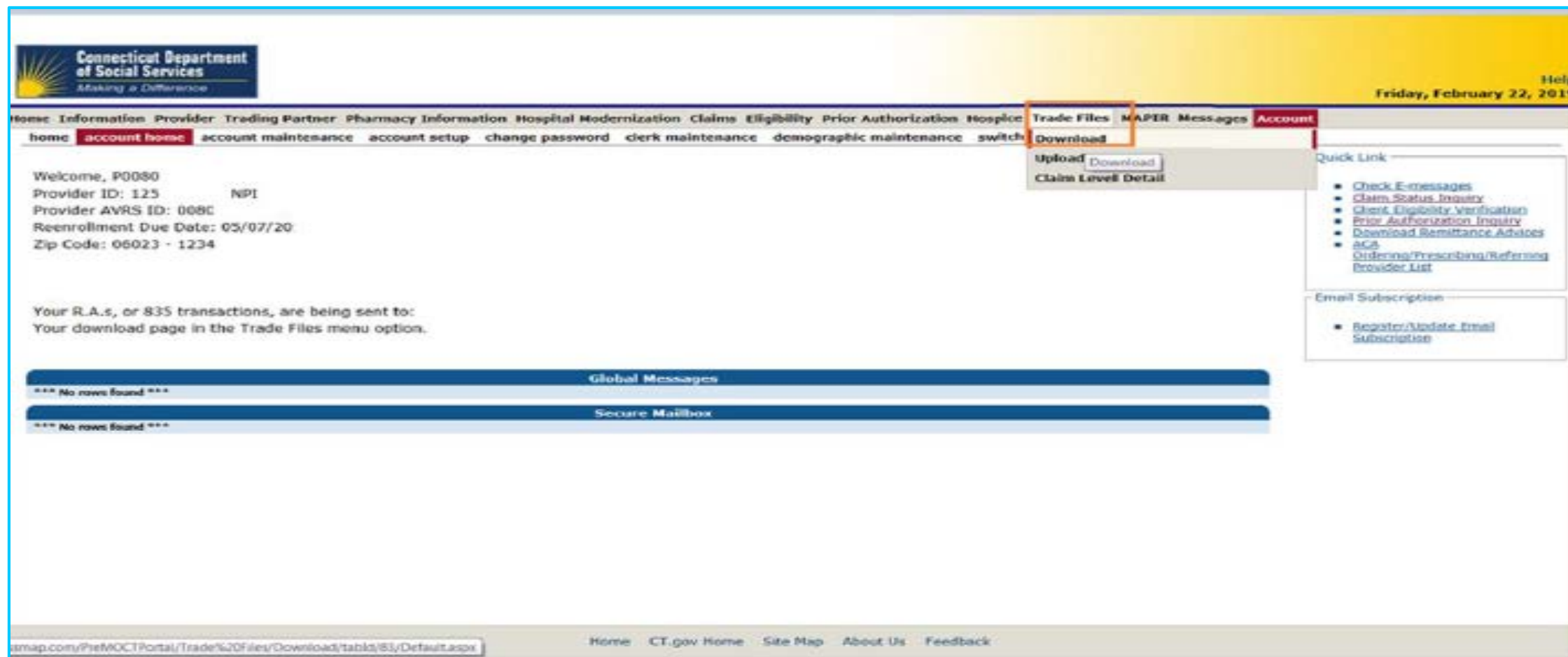
The screenshot displays the 'Clerk Maintenance' form within the Connecticut Department of Social Services web portal. The form is titled 'Clerk Maintenance' and includes a header with the department's logo and navigation links. The main form area contains fields for 'User ID', 'Contact First Name', 'Contact Last Name', 'Phone Number', 'Password', 'Confirm Password', 'AVR ID', 'AVR Pin', and 'Confirm AVR Pin'. Below these fields is a section for 'Assigned Roles' and 'Available Roles'. The 'Available Roles' list includes 'Claim Inquiry/Submission/Adjustment', 'PA Inquiry/Submission', 'Client Eligibility Verification', 'Trade Files Includes E-Delivery', 'Submit Applications', and 'Trade Files E-Delivery Only'. The 'Trade Files Includes E-Delivery' and 'Trade Files E-Delivery Only' roles are highlighted with orange boxes. The form also includes 'submit' and 'cancel' buttons at the bottom right.

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

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.



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 MAPIR Messages Account

Home download upload claim level detail

File Download Search

Transaction Type

search

clear

REMINDER: DO NOT delete any files from this site. All files are retained for a minimum of 60 days after the date of file being downloaded.

- Remittance
- Claim Status
- download
- Historical
- E-Delivery

It is recommended that you search access by file type.

All file retention

Transaction Type

Billing/Reversal

CSV

Claim Payment/Advice

Claim Status Response

Drug Rebate File Transfer

E-Delivery

Eligibility Response

Enrollment/Maintenance

Functional Ack

Interchange Ack

PA Revers/Inq/Reg Only

PCCM Reports

PDP/MAPD Reports

Premium Payments

Prior Authorization

Remit. Advice (RA) - PDF

Transportation PA Files

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

Current Files Available for Download

| File Name | Original File Name | Transaction Type | Date Available | Date Downloaded | |
|-----------|--|------------------|----------------|-----------------|------------|
| 00 | Rev-5038-M_1179596_379130_20190207.pdf | Provider | E-Delivery | 02/07/2019 | 02/08/2019 |

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

Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization Hospice Trade Files MAPER

home **account home** account maintenance account setup change password clerk maintenance demographic maintenance switch provider reset password log out

Welcome MHW Service Provider
Provider ID: 001234567
Provider AVRS ID: 001234567
Reenrollment Due Date: 09/01/2021
Zip Code: 06032-1234

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 ***

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.

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

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

Base Information > Service Location > Location Name Address > EFT Account > Service Language > Maintain Organization Members

Mental Health Waiver Provider Enrollment Workshop

Web Account Capabilities - Demographic Maintenance cont.

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

Location Name Address

| Usage | Name | Address 1 | City | State | Zip | Zip + 4 | Phone | Ext | Handicap Access |
|----------------------|----------------------|--------------------|-------------|-------|-------|---------|---------------|-----|-----------------|
| Alt Service Location | 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

Name Type ☒ Business Name ☐ Personal Name

Name

Title

Usage

Country

Address 1*

Address 2

City

State

Zip*

Phone*

Fax

Handicap Accessible?

EMail

Confirm EMail

Apply Changes To:
☒ Svc Loc
☐ Pay To
☐ Mail To
☐ Enrollment

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

| Location Name 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 |

maintain address

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

Type changes below.

Name Type: ☒ Business Name ☐ Personal Name

Name: BOS Specialized Services Agency

Title:

Usage: Service Location:

Country: UNITED STATES

Address 1: 195 COLT HIGHWAY

Address 2:

City: FARMINGTON

State: CT

Zip: 06032 1234

Apply Changes To:

☐ Give Loc

☐ Pay To

☐ Mail To

☐ Enrollment

Phone: (860)255-3913

Fax:

Handicap Accessible? No

Email:

Confirm Email:

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.

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 | 42420 42420 | Checking | | Active |

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

Required fields are indicated with an asterisk (*)

Provider Name*

Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN)
OR
National Provider Identifier (NPI)

Assigning Authority
Trading Partner ID

Financial Institution Information

Financial Institution Address

Account Number Linkage to Provider Identifier*

Provider Tax Identification Number (TIN)
OR
National Provider Identifier (NPI)

Reason for Submission

Authorized Signature

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

save

cancel

Information-Resources

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

Help
Thursday, May 16, 2019

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

home **publications** links hipaa messages archive



Information

Bulletin Search
Year Provider Type
Number Title

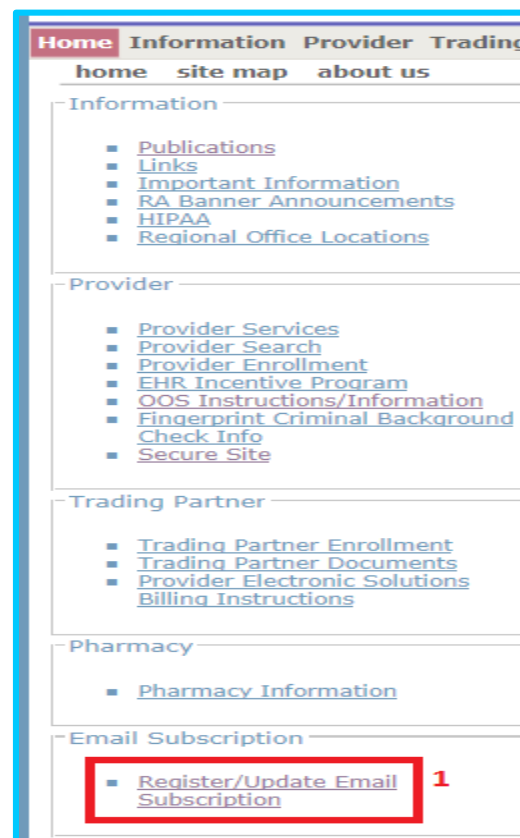
| Bulletin Number ▾ | | Title | Published Date | |
|-------------------|--|---|----------------|---|
| PB19-31 | | Implementation of Electronic Delivery of Letters Update - Final Phase | 05/16/2019 | PB 19-22 provides the clam submission cycle schedule, includes claim submission cut-off dates, when providers will receive payment and corresponding Remittance Advices. |
| PB19-27 | | Important Enrollment and Claim Submission Changes for Providers of Mental Health... | 05/07/2019 | |
| PB19-22 | | Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedul... | 04/29/2019 | |
| PB19-20 | | Electronic Letters Delivery Implementation Update | 04/18/2019 | |
| PB19-15 | | Implementation of Electronic Delivery of Letters - Replacement to the Mailing of... | 03/22/2019 | |

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.



The screenshot shows the 'E-Mail Subscriptions' page. It contains a 'New Subscriber' form with fields for 'E-Mail' and 'Confirm E-Mail', and a 'Register' button. There is also an 'Existing Subscribers' section with an 'Update' button. On the right, there is a list of 'Available Subscriptions'. In this list, 'Mental Health Waiver' is highlighted with a red box and labeled with a red '2'. The 'Register' button is labeled with a red '4'. The 'New Subscriber' form is labeled with a red '3'.

Mental Health Waiver Provider Enrollment Workshop

Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

Provider Newsletters

- [April 2019 interChange Newsletter](#)
- [December 2018 interChange Newsletter](#)
- [September 2018 interChange Newsletter](#)
- [June 2018 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

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

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