

CT Medical Assistance Program: Non-Emergency Medical Transportation (NEMT) Enrollment

Our event will begin shortly...

Please review
the following
MS Teams
points of
etiquette as a
participant in
today's event:

01

Your microphone and video are disabled during this event as a courtesy to the presenters and other participants to minimize distractions and enhance the MS Teams experience for everyone.

02

If you cannot hear audio, click "More..." then Settings, then Device Settings in the top navigation menu to adjust your audio and video settings.

03

Use the Chat feature to submit your text questions during the event. Questions submitted here are being monitored.

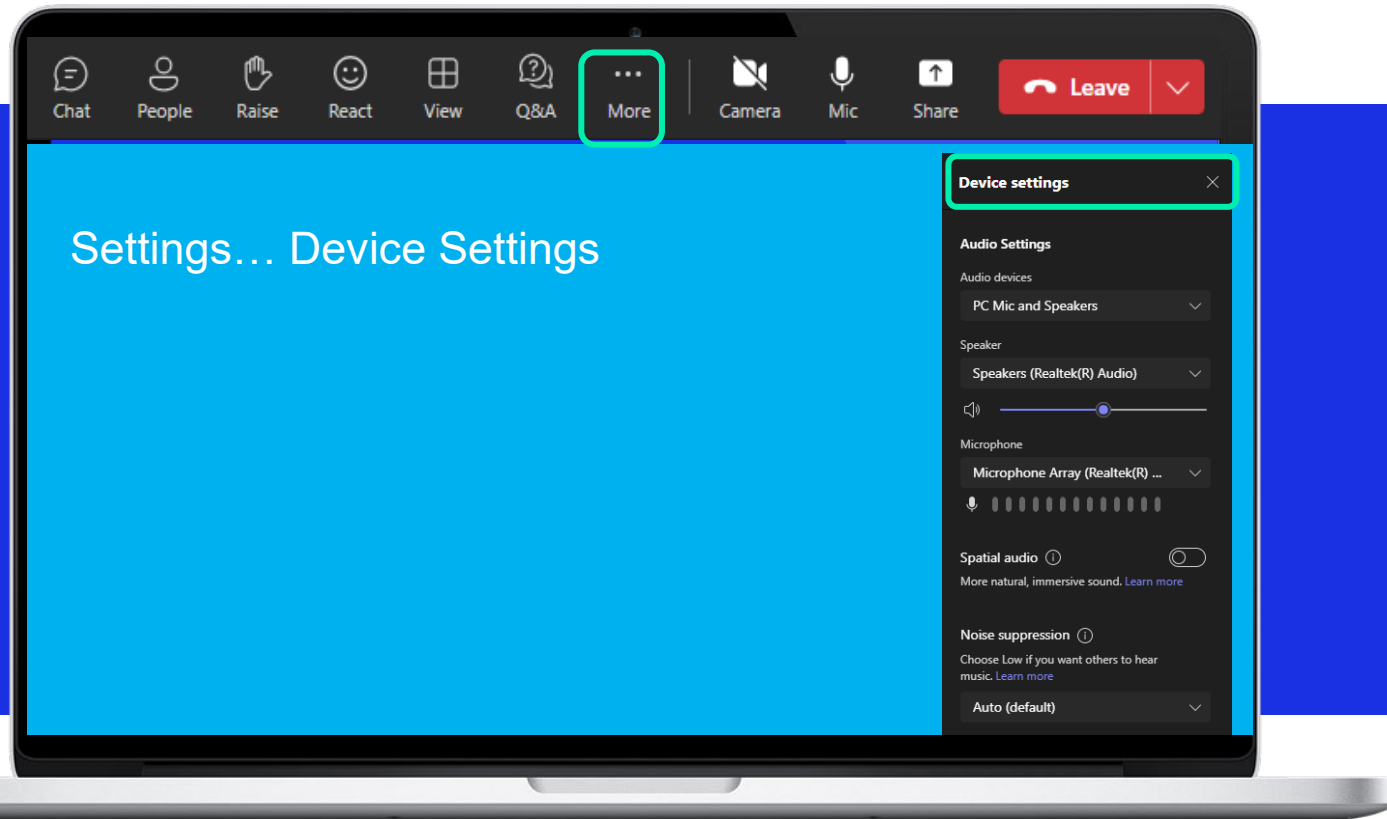
04

A Q&A session is included at the end of this event to answer your questions.

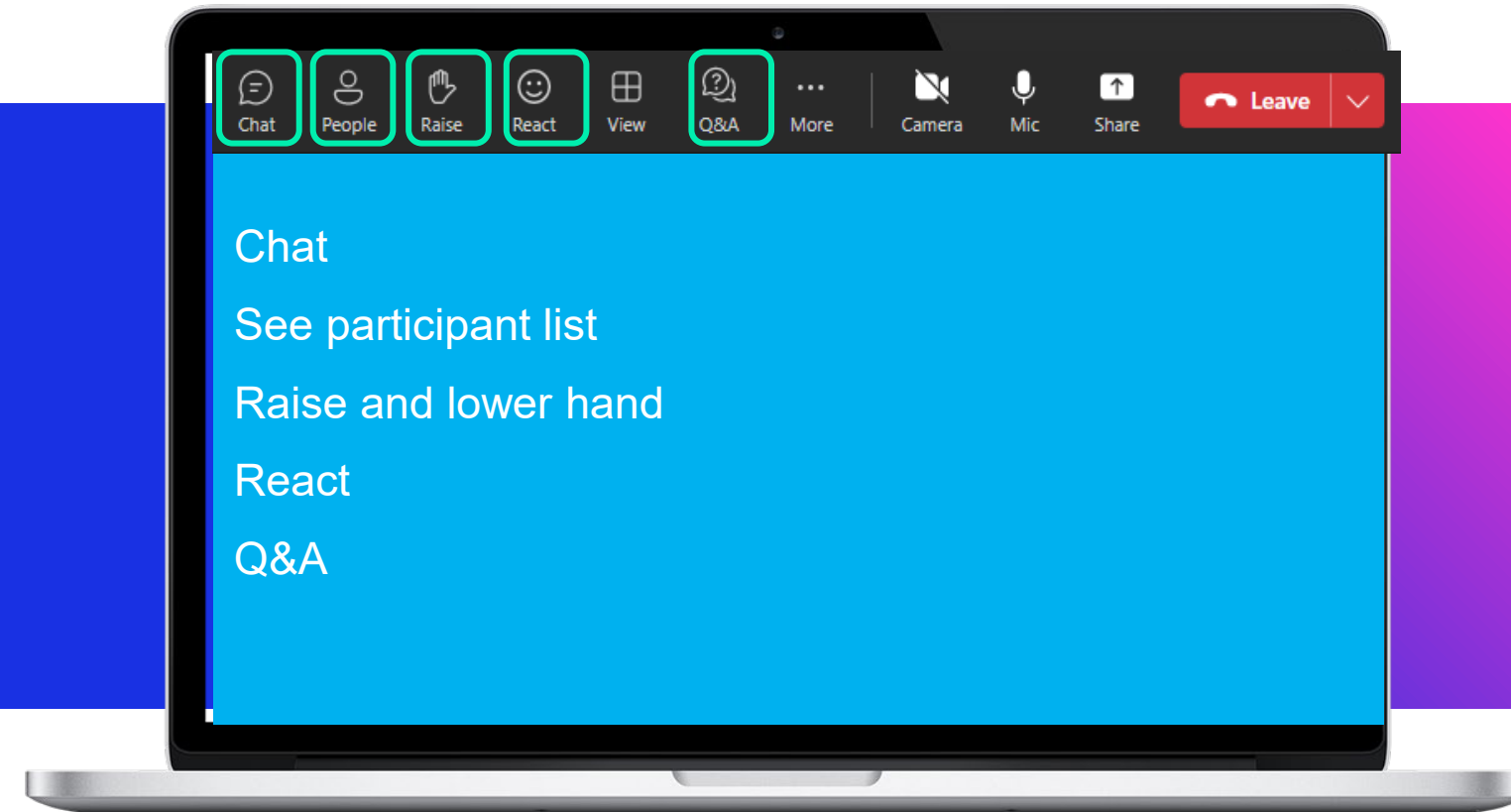
Thank you for joining early. We will be starting at 1pm.

MS Teams Features and Functions

Manage audio and video settings



Engage with others



Connecticut Medical Assistance Program: Non-Emergency Medical Transportation (NEMT)

Enrollment

Presented by: Nick Michaels
September 3, 2025



Non-Emergency Medical Transportation (NEMT) Training Topics

Connecticut Medical Assistance Program (CMAP) Enrollment Process

- www.CTDSSMAP.com Enrollment Wizard
- Enrollment Wizard Navigation
- Enrollment Wizard Walkthrough
- Enrollment Tracking
- What's Next
- Notification of Enrollment Decision
- Re-enrollment

Non-Emergency Medical Transportation (NEMT) Enrollment

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

The Department of Social Services (DSS) offers an online enrollment application tool called the Enrollment Wizard. 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 an initial enrollment application does not require a log in, any user with internet access can utilize this application.

- The online portion of this application process takes approximately 20 minutes to complete
 - Partially completed applications cannot be saved for future completion (exiting the Wizard before completing the application will require you to restart from scratch).




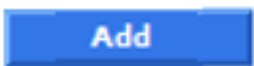
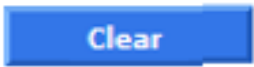
Providers that were previously enrolled in Medicaid and need to re-enroll need to contact the Provider Assistance center at 1-800-842-8440 and ask for an Application Tracking Number (ATN) to re-enroll and then refer to [Slide 40](#).

Non-Emergency Medical Transportation (NEMT) Enrollment

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

The screenshot displays the website for the Connecticut Department of Social Services. The header includes the department's logo and the date "Thursday, May 09, 2019". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy, Information, Hospital Modernization, and Electronic Visit Verification. A dropdown menu is open under the "Provider" link, listing various options 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 list of resources for providers, including enrollment, billing manuals, and program regulations. At the bottom, there are icons representing "Information", "Provider", "Trading Partner", and "Pharmacy".

Non-Emergency Medical Transportation (NEMT) Enrollment 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

Non-Emergency Medical Transportation (NEMT) Enrollment Enrollment Instructions

The Instructions panel provides an introduction to the online enrollment/re-enrollment 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

Instructions

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

Please note the following:

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

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

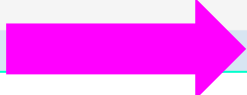
Note to Out-of-State Providers:

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

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

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

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



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



Non-Emergency Medical Transportation (NEMT) Enrollment Application Type

Applicants who are NEMT providers, must select Organization/Group for their “Application Type”.

Click on the radio button for Organization/Group.

Click Next.

Instructions » **Application Type**

Application Type

Required fields are indicated with an asterisk (*)

Type of Application *

Individual

Organization/Group

Previous **Next** **Exit**

Non-Emergency Medical Transportation (NEMT) Enrollment Organization Participation Type

NEMT providers must then select the radio button for Organization that is Employed/Contracted by Another Organization.

Then 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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Non-Emergency Medical Transportation (NEMT) Enrollment Application

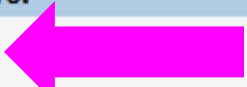
NEMT provider applicants will select Initial Enrollment, then click Next.

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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Non-Emergency Medical Transportation (NEMT) Enrollment Provider Type/Specialty

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

The “Provider Specialty” field will populate. Using the drop-down arrow, applicants should select **Non-emergency Livery/Taxi, Transportation Network Company or Wheel Chair Van (Non-emergency Invalid Coach)**, then Click **Next** to move to the next panel.

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type*

- BHH/TCM/Waiver Performing Provider
- Special Services
- Transportation Provider**

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

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type*

Provider Specialty*

- Non-emergency Livery/Taxi**
- Transportation Network Company
- Wheel Chair Van (Non-emergency Invalid Coach)

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Non-Emergency Medical Transportation (NEMT) Enrollment

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

Please make sure you have the following information ready in order or complete your enrollment.

9-digit zip codes can be found at: [ZIP Code™ Lookup | USPS](#)

The link highlighted in screen shot will bring you to full application sample for your review.

You may click on this link to preview before starting your enrollment:

[Organization Employed/Contracted by Org Enrollment Application](#)

Click on **Next** button to proceed to next panel.



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.

- Providers joining an organization(s) must enter a valid, CMAP enrolled, NPI or Medicaid ID of the organization(s). The organization must be **ACTIVELY** enrolled in CMAP in order to continue with the performing provider's application. If the organization(s) is **NOT** actively enrolled, the performing provider's application **WILL NOT** be able to be submitted.
- Full 9 digit zip codes for all addresses
- License Number
- Out of state providers must submit a copy of their license to Gainwell Technologies. This documentation must contain the Application Tracking Number (ATN) assigned at the end of this enrollment.
- Tax Identification (including SSN and date of birth for all stakeholders, including owners, partners)
- National Provider Identifier (NPI)
- Taxonomy Code
- Direct Deposit Bank information (for providers seeking direct reimbursement)
- CLIA Number(s) (if applicable)
- Medicare Number (if applicable)
- Physician Assistant's Supervising Physician's Name, NPI, License
- Out of state provider wishing to enroll must first submit a claim to Gainwell Technologies
- The data you are required to enter may vary based on your provider type. The examples below demonstrate the maximum information that will be required from providers. A link to a sample application is provided below.

Click here to open the Individual Practitioner Enrollment Application Sample

Click here to open the Employed by Organization Enrollment Application Sample

Click here to open the Organization Enrollment Application Sample

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

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Non-Emergency Medical Transportation (NEMT) Enrollment Member of Organization

- Enter the Medical Transportation Management's NPI 1134260078 under the Organization ID
- Click **Add** button to continue.

Member of Organization

Required fields are indicated with an asterisk (*).

■ 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*	<input type="text" value="1134260078"/>	<input type="button" value="add"/> <input type="button" value="cancel"/>

Previous Next Exit

Non-Emergency Medical Transportation (NEMT) Enrollment Member of Organization

- The row at the top will populate and this populates organization name.
- Then enter effective date. **The Effective Date can only go back 6 months if you need to go back further see [Slide 36](#) for instructions to request a date modification.**
- Click **Next** to continue.

Member of Organization

Required fields are indicated with an asterisk (*).

• 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
1134260078		

Type changes below.

Member of Organization ? ↕

Organization ID* 1134260078

Organization Name MEDICAL TRANSPORTATION MANAGEMENT INC

Organization Membership Effective Date*

add cancel

Organizations

Organization Name	Type	Specialty	Address	City	State	Zip
MEDICAL TRANSPORTATION MANAGEMENT INC	26 - Transportation Provider	268 - Transportation Broker	16 HAWK RIDGE DRIVE ,	LAKE ST.LOUIS	MO	63367-1861
MEDICAL TRANSPORTATION MANAGEMENT INC	26 - Transportation Provider	268 - Transportation Broker	16 HAWK RIDGE DRIVE ,	LAKE ST.LOUIS	MO	63367-1861

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Non-Emergency Medical Transportation (NEMT) Enrollment National Provider Identifier Information

- An NPI is NOT required. Enter NPI if you have one.
- The taxonomy is based on the type and specialty selected; the system assigns the taxonomy; no changes are needed to the taxonomy displayed.
 - 344600000X – Taxi
 - 343900000X – Non-emergency Medical Transportation (Van)
 - 347C00000X – Transportation Services – Private Vehicle
- 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


Primary Taxonomy* 347C00000X - Transportation Services-Private Vehicle ▼

Taxonomy 2 ▼

Taxonomy 3 ▼

Taxonomy 4 ▼

Taxonomy 5 ▼



Non-Emergency Medical Transportation (NEMT) Enrollment Identifying Information

- Enter the name of the enrolling entity on this application.
- Enter effective date – this date cannot be further back than six month. **If date needs to be modified to longer than 6 months please refer to [Slide 36](#) for instructions.**
- The effective date should coincide with when the NEMT plans to start providing services.
- Click **Next** to continue.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » Member of Organization » National Provider Identifier 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

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Non-Emergency Medical Transportation (NEMT) Enrollment Addresses

Enter information for the required address types: Service Location; Mailing; Home Office; and Enrollment;

- * = required fields
- Make sure that Street Address Line 2 is not repeated from line 1 – delete if repeated

Service Location Address

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

Service Location Address ? ↕

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Telephone Number - For Patient Use* Ext.

Handicap Accessible? No

Contact Email

Confirm EMail

Fax

TDD/TTY

Note: - Required fields are indicated with an asterisk (*).
- P.O. Boxes are not allowed in a service location.
- Information entered in the Service Location Address panel may be copied to other address panels by clicking the "Copy Svc Loc Addr" button within the panel.
- A 9-digit zip code is required – can be found at the following link: [USPS Zip Code Look Up](#)

Non-Emergency Medical Transportation (NEMT) Enrollment Addresses (continued)

When entering information for the required address types: Mailing, Home Office, and Enrollment the **Copy Svc Loc Addr** button can but used if the addresses are the same as the Service Location Address.

Mailing Address

- Indicate the address where the Connecticut Medical Assistance Program should send general information and correspondence.

Mailing Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Confirm EMail

Fax

If the fields do not populate when you click the copy button, **scroll to top of page** to see if there are any errors.

In this case the zip code was not entered. Enter zip code in Service Location and then the **Copy Svc Loc Addr** button will work for the rest of your addresses.

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

The following messages were generated:

Message Description	Panel	Field	Row
Service Location Address: ZIP Code is required.	Addresses		
Service Location Address: ZIP Code Extension is required.	Addresses		

Addresses

Required fields are indicated with an asterisk (*).

Service Location Address

- Medicaid Contact Person and Telephone Number for Contact Person will be used for Medicaid administrative purposes only.
- Service location is the street address where a provider office is physically located and where the records are normally kept.

Non-Emergency Medical Transportation (NEMT) Enrollment Addresses (continued)

Once all required Addresses are entered click on next button to proceed.

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* 1234 Main St

Street Address Line 2

City* Manchester

State/ZIP* CT 06042 - 1234

Contact Person* John Doe

Telephone Number - Contact Person* (860)655-5555 Ext.


Contact Email johndoe@gmail.com

Confirm EMail johndoe@gmail.com

Fax

Clear Copy Svc Loc Addr

Previous Next Exit



Non-Emergency Medical Transportation (NEMT) Enrollment Addresses cont.

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

This page does not require entry if you do not have additional service locations. Click **Next** to proceed.

If you have multiple sites to add, use the Add button. Once all addresses have been entered 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**

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*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Handicap Accessible?

Contact Email

Confirm EMail

Fax

TDD/TTY

add **cancel**

Previous **Next** **Exit**

Enter Additional service location information if applicable then click "Add".

If not applicable or all locations have been added, click "Next".

Non-Emergency Medical Transportation (NEMT) Enrollment Tax ID Information

- Enter your Taxpayer Identification Number (TIN) – this is the same information you put on your W-9 form.
- Enter the TIN Effective Date
- Click **Next** to continue.

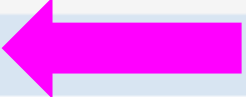
Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information Addresses » Additional Service Location Address » **Tax ID Information**

Tax ID Information

Required fields are indicated with an asterisk (*)

Taxpayer Identification Number (TIN)
Do not enter dashes *

TIN Effective Date*

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Non-Emergency Medical Transportation (NEMT) Enrollment Attestation

Answer the question if you store your health records electronically.

If you answer **No**, click on the Next button to continue.

Next

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » Member of Organization » National Provider Identifier Information Identifying Information » Addresses » Additional Service Location Address » Tax ID Information
Attestation

Attestation

Required fields are indicated with an asterisk (*)

Electronic Signatures

Do you store your health records electronically? *

Yes No

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Non-Emergency Medical Transportation (NEMT) Enrollment Attestation

If you store your health records electronically, an Electronic Attestation opens.

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

Click on **Next** once completed.

Attestation

Required fields are indicated with an asterisk (*)

Electronic Signatures

Do you store your health records electronically? * Yes No

Electronic Signature Attestation:

Conditions for DSS Acceptance of Electronic Signatures

In order for DSS to accept electronic signatures on the Provider's medical records, the Provider shall, at a minimum, meet the requirements that are listed below. In addition, the Provider shall have written policies governing the assignment and use of electronic signatures on medical records that reflect these requirements. The requirements are as follows:

In order to authenticate and safeguard confidentiality of electronic signatures, the Provider shall assign each User of an electronic signature ("User") at least two (2) distinct identification components, such as an identification code and a password, which, together, shall constitute a "unique code." For the purposes of this Addendum, the User's name will not suffice as a password.

Before assigning the unique code, the Provider shall verify the identity of the User.

The unique code assigned by the Provider to a User shall not be assigned to anyone else.

The Provider shall certify, in writing, that the User is the only person authorized by the Provider to use the unique code that was assigned to him or her.

Each User shall certify, in writing, that the User will not release his/her User identification code or password to anyone, or allow anyone to access or alter information under

Yes. I certify that the Provider has policies that meet the Provider Enrollment Agreement concerning the Acceptable Use of Electronic Signature requirements for acceptance of electronic signatures by DSS, and that the Provider meets all of the requirements for the issuance and use of electronic signatures.

No, I do not certify that I meet the requirements for acceptance of electronic signatures by DSS.

Previous Next Exit

Non-Emergency Medical Transportation (NEMT) Enrollment Board Members, Partners or Managing Administrators Information

Enter responses to each of the questions.

Answering **yes** to the second question regarding board members, partners or managing administrators of your organization will require detail information to be entered in the next panel.

Answering **yes** to the last question requires supplying the **Name** and **Corporate Headquarters Location**.

Should only answer yes if they are owned by another company making them a subsidiary of that company. If yes, they need to supply their parent company. This does not refer to MTM

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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Non-Emergency Medical Transportation (NEMT) Enrollment 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.

Once details are entered completely click on Next button to continue.

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*

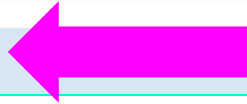
State/ZIP* -

SSN*

Date of Birth*

If more than one board member, partner or managing administrator enter details on panel, then click add to clear and enter next member.





Non-Emergency Medical Transportation (NEMT) Enrollment Controlling Interest

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

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

Controlling Interest

Required fields are indicated with an asterisk (*).

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

*** No rows found ***

Previous Next Exit

Non-Emergency Medical Transportation (NEMT) Enrollment Controlling Interest Information - Detail

If you answer **No or N/A** to **“Do all owners have less than 5% ownership in the organization?”** you will be required to complete Controlling Interest page.

Once required fields are entered, click on the **Add** button. The highlighted field will populate.

Controlling Interest

Required fields are indicated with an asterisk (*).

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

*** No rows found ***

Type changes below.

Relationship*	<input type="text"/>
Last Name*	<input type="text"/>
First Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Medical 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"/> - <input type="text"/>
Telephone Number - Business*	<input type="text"/>
Ext.	<input type="text"/>
Percentage of Controlling Interest*	<input type="text"/>

Name	Percentage of Controlling Interest
Doe, John	1

Non-Emergency Medical Transportation (NEMT) Enrollment Controlling Interest Information - Detail

There are two more questions.

IF the percentage of ownership does not equal 100%. The remaining owners have less than 5% ownership in the organization.

Answer NO if it equals 100%. This is a required field.

Click on Next once questions are answered.

Name	Percentage of Controlling Interest
Doe, John	1

Type changes below.

Relationship*

Last Name*

First Name*

Middle Initial

Medicaid Provider Number (if applicable)

Social Security Number*

Date of Birth*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Telephone Number - Business* Ext.

Percentage of Controlling Interest*

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

Non-Emergency Medical Transportation (NEMT) Enrollment 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. Enter required information in panel and click on **Add** button.

This row will populate for each entry made.

Once completed click on **Next** button.

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* -

add

Previous **Next** **Exit**

Non-Emergency Medical Transportation (NEMT) Enrollment Survey

All the questions on the survey need to be answered. If you are responding Yes, additional questions will populate.

You must use the **Add** button to add required data to the additional questions. Rows will populate when data is added. See example on [Slide 33](#).

Survey

Required fields are indicated with an asterisk (*)

1. Is, or was, applicant a Medicaid provider in any other state? * Yes No
2. Is applicant a provider for any other federal program, e.g., MEDICARE? * Yes No
3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? * Yes No
4. Does applicant contract with any private health insurance providers? * Yes No
5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? * Yes No
6. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family, marriage, ownership, membership, control, or business relationship to any other provider that is currently, or within the last 5 years, has been, enrolled in the Connecticut Medical Assistance Program? * Yes No
7. Does applicant, and/or any owner, partner, member, officer, director, shareholder, or managing employee of provider owe money to the federal government and/or any State for Medicare and/or Medicaid involvement in the past? * Yes No
8. Has applicant and/or any owner, associate, partner, member, officer, director, shareholder, or managing employee ever filed bankruptcy on behalf of a business which participated in a State or Federal Medical Assistance Program? * Yes No
9. Is applicant and/or owner, partner, member, or officer, currently in bankruptcy? * Yes No
- 10A. Has the applicant, a family member, partner, director, officer, or managing employee ever been convicted of any state or federal crime including but not limited to any criminal offense relating to provision of health care goods or services, including those goods or services covered by Medicare or Medicaid, or involvement in a program funded with the Social Services Block Grant under Title XX of the Social Security Act? * Yes No

Non-Emergency Medical Transportation (NEMT) Enrollment Survey

All the questions on the survey need to be answered. If you are responding Yes additional questions will populate.

You must use the **Add** button to add required data to the additional questions. Rows will populate when data is added. See example on next slide.

Question 14: Answer Yes and put Medical Transportation Management, MTM as the company. See example on next slide.

10B. Has the applicant, a family member, partner, director, officer, or managing employee ever been subject to any disciplinary action, sanction, or other limitation or restriction of any nature imposed with or without consent by any state or federal agency, board, or other regulatory/licensing agency including, but not limited to, revocation, suspension, reprimand, censure, admonishment, fine, probation agreement, practice limitation, practice monitoring, remedial training, or other educational or public service activities? * Yes No

10C. Is the applicant, a family member, partner, director, officer, or managing employee subject to any proceeding(s) currently pending that could result in a conviction, disciplinary action, sanction, or other action that would be reportable under paragraphs 1 or 2 if such action was already finalized? * Yes No

11. Is applicant a salaried employee of a hospital, clinic, or institution? * Yes No

12. Does applicant provide contractual services to a hospital, clinic, or institution? * Yes No

13. If you are re-enrolling, has there been a change in ownership or control of 5% or greater since your last enrollment? * Yes No

14. Are you a contractor for an enrolled Connecticut Medical Assistance Program Provider? * Yes No

15. Are you an employee of an enrolled Connecticut Medical Assistance Program Provider? * Yes No

Previous

Next

Exit

Non-Emergency Medical Transportation (NEMT) Enrollment Survey

Example answering Yes to Survey Question #2:

- You must use the **Add** button to add required data to the additional questions.

2. Is applicant a provider for any other federal program, e.g., MEDICARE? * Yes No

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

Survey	
Program Name*	Medicare
National Provider Identifier Number*	123456789

add



- Rows will populate when data is added.

2. Is applicant a provider for any other federal program, e.g., MEDICARE? *

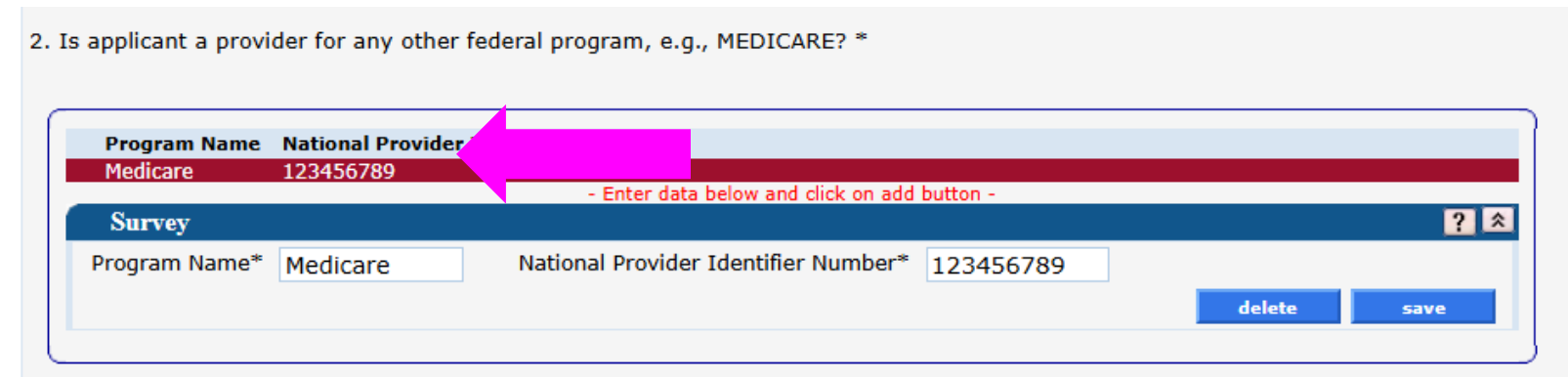
Program Name	National Provider
Medicare	123456789

- Enter data below and click on add button -

Survey


Program Name* Medicare National Provider Identifier Number* 123456789

delete **save**



Question #14: Answer Yes and enter "Medical Transportation Management" in Name of Provider field.

14. Are you a contractor for an enrolled Connecticut Medical Assistance Program Provider? * Yes No

Name of Provider: Medical Transportation Man 

Non-Emergency Medical Transportation (NEMT) Enrollment Summary

- **Agree to the terms of the provider enrollment agreement by clicking on the check box.**
- **Enter the Social Security Number of the person signing the application**
- **Type in the name of the authorized representative that completed the enrollment.**
- Click **Submit** to completed your enrollment.

Summary

Click here to open Provider Enrollment Agreement

I agree that I have read and accept the terms of the Provider Enrollment Agreement.

SSN of Person Signing the Application*

Signature of Provider or Authorized Representative*

- 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).
- **IMPORTANT NOTICE:** In receiving this application from and granting Medicaid enrollment to the individual or other entity named as "Provider Applicant," the Connecticut Medical Assistance Program relies on the truth of all the following statements:

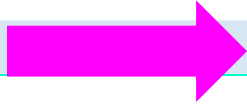
I certify that, if I am granted status as a provider for Connecticut Medical Assistance programs, I expressly agree to the following: to abide by all applicable federal and state statutes, regulations, policy transmittals, and provider bulletins; to keep accurate and current records regarding the nature, scope and extent of services furnished to Medical Assistance recipients; and to furnish information pertaining to any claim for Medicaid payment, whether made by me or on my behalf, to the Connecticut Department of Social Services, the Secretary of Health and Human Services, and the offices of the Connecticut Chief State's Attorney and the Connecticut Attorney General, or their agents, upon request. I will make such information available for inspection and/or copying, and/or will provide copies of such information, upon request.

NOTE FOR ALL PRESCRIBING PROVIDERS:

Per CT State Law Public Act 15-198, prior to prescribing greater than a 72-hour supply of any controlled substance (Schedule II-V) to any patient, the prescribing practitioner or such practitioners authorized agent shall review the patient's records in the CPMRS. Whenever a prescribing practitioner prescribes controlled substances for the continuous or prolonged treatment of any patient, such prescriber, or such prescriber's authorized agent shall review not less than once every 90 days, the patient's records in the CPMRS.

I certify that I have legal authority to enter into contracts and agreements on behalf of the provider.

- After you submit the application, you will be able to print and/or save the application as a PDF.
- Select "Submit" to submit the application.

[Previous](#)  [Submit](#) [Exit](#)

Non-Emergency Medical Transportation (NEMT) Enrollment Application Submitted

Note the Application Tracking Number (ATN) for your records

Click on Save a copy if you would like to keep a copy of the application for your records.

Application Submitted

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

Gainwell Technologies
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102-5007
- Application Tracking Number (ATN)
 - Your tracking number is 321321
- Notification of Enrollment Decision

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

[Save a copy of the application for your records only.](#)

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

Non-Emergency Medical Transportation (NEMT) Enrollment Modification to Effective Dates and TIN

- In some cases, your organization may have been working for MTM for more than 6 months which is the farthest back an effective date can be dated in the system. You will want to make sure that the Organization Membership Effective Date ([Slide 15](#)) and Provider Effective Date ([Slide 17](#)) are properly reflected. It will require an additional step.
- Back dating the Effective Dates requires an email to be sent to provider enrollment asking for one or both dates to be back dated to a specified date. The email must give justification as to why the dates need to go back to the date referenced in your email request.
- The email will be reviewed by DSS to determine if the change will be made.
- Your Application Tracking Number (ATN) from your submitted enrollment must be in the subject line and body of your email.
- Send the email to CTBHProviderRelations@gainwelltechnologies.com.
- If you have any questions, please contact the Provider Assistance Center at 1-800-842-8440.

If you had an issue entering in your **Taxpayer Identification Number (TIN)** on [Slide 22](#), due to it beginning with a 92, 93 or 97, you will need to send an email to the email address above with your correct TIN and a copy of your W-9 or a letter from the IRS stating your correct ID. Reference ATN number in subject line and body of email. State in email per Gainwell direction you were advised to change the number to get through your application and ask for it to be corrected.

Non-Emergency Medical Transportation (NEMT) Enrollment Application Tracking

Checking the status of your application from the www.ctdssmap.com

Go to Web site, click Provider > Provider Enrollment Tracking.

Enter the **ATN** and your business or individual Last Name. **Name of Organization as enrolled on [Slide 17](#).**

Click on **Search** button

The screenshot displays the website for the Connecticut Department of Social Services. The header includes the department's logo and the tagline "Making a Difference". A navigation menu is visible, with "Provider" selected, leading to a sub-menu where "Provider Enrollment Tracking" is highlighted by a pink arrow. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner. Below this, a search box titled "Enrollment Tracking Search" is highlighted with a cyan border. It contains two input fields: "ATN*" and "Business OR Last Name*", both with pink arrows pointing to them. To the right of the fields are "search" and "clear" buttons, with the "search" button highlighted by a red box and a pink arrow pointing to it.

Non-Emergency Medical Transportation (NEMT) Enrollment

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

- If any information is missing, invalid, or if Gainwell Technologies is unable to process the application, you will receive a letter that informs you what is required for correction or completion of your application. The letter will be mailed to the Enrollment Type address entered on your application.
- Providers will not be able to correct or modify completed applications online, but will need to submit paper corrections to the following address:
 - Gainwell Technologies
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102-5007

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

Non-Emergency Medical Transportation (NEMT) Enrollment

Notification of Enrollment Decision – Approval

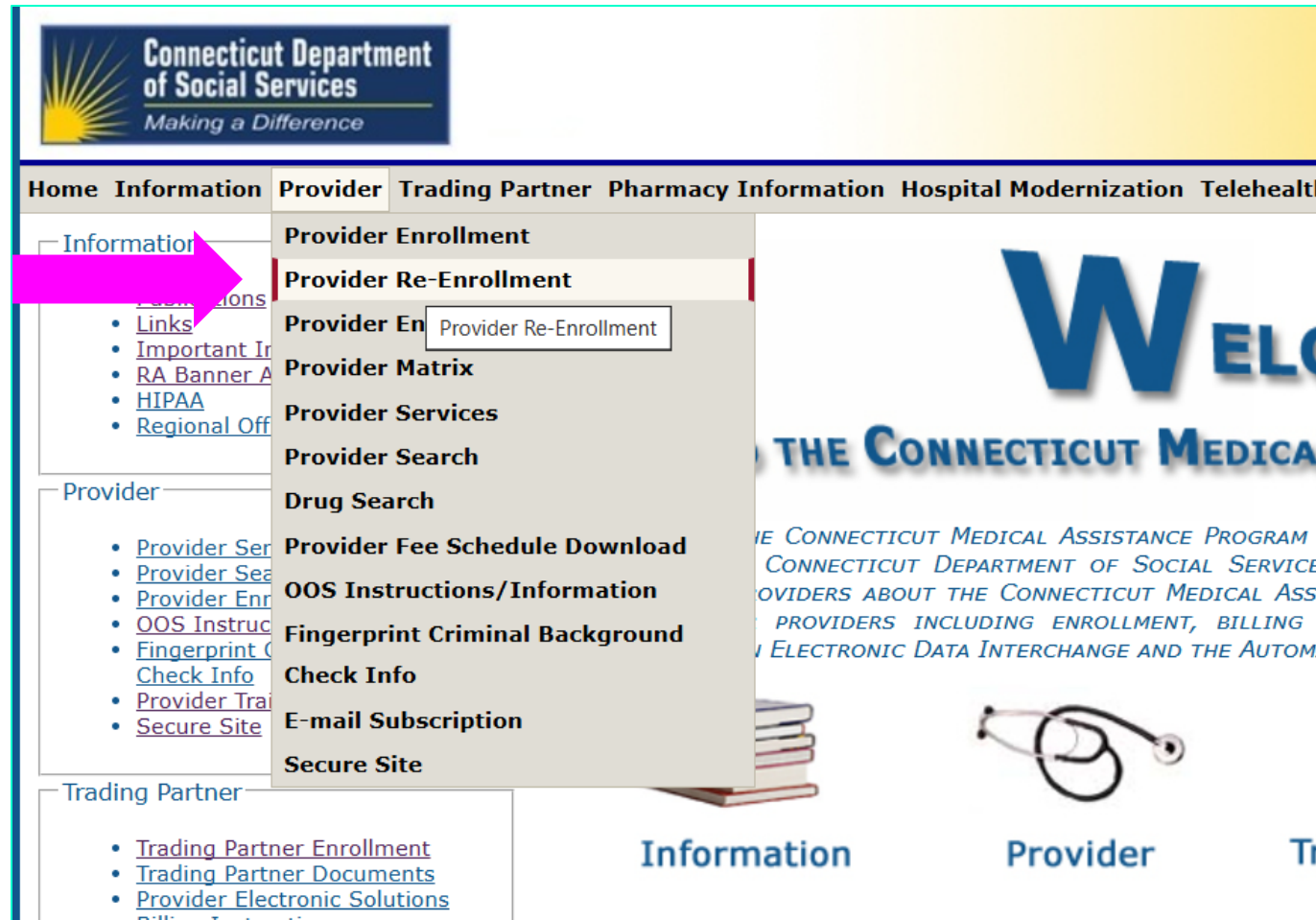
- If all information has been provided and is correct, Gainwell Technologies will submit your completed application to the Department of Social Services (DSS) Quality Assurance Unit for review.
- Enrollment review can take 6 to 8 weeks from the initial submission date to complete.
- If an approval is received from the DSS, the Gainwell Provider Enrollment Unit completes the enrollment process and sends a Provider Enrollment Approval Notice to the provider. The notice will be sent to the Enrollment Type address listed on your application.

Non-Emergency Medical Transportation (NEMT) Re-Enrollment

- The Department of Social Services (DSS) requires NEMT providers to re-enroll on our www.ctdssmap.com Web site.
- A majority of the required information on a re-enrollment application is automatically populated based on the provider's previous contract information.
- It is VERY important that all pre-populated data is reviewed and updated. Please note: VEYO may be reflected in this data and will need to be updated by using "Member of Organization" information on [Slide 14](#). Make sure if VEYO is on your application that you closely review addresses, TAX ID, etc. All information needs to be updated to reflect your organization and/or MTM, Inc's information.
- Online re-enrollment cannot be initialized until an Application Tracking Number (ATN) is received from the Gainwell Technologies Technology Provider Enrollment Unit. Contact Provider Assistance Center at 1-800-842-8440 if you do not have a re-enrollment ATN and you are already enrolled.
- NEMT providers will receive an enrollment reminder letter either through the USPS or e-delivery (if previously set up) when they are due for re-enrollment six (6) months prior to the end of their current contract.

Non-Emergency Medical Transportation (NEMT) Re-Enrollment

To re-enroll select provider re-enrollment from the Provider drop-down menu.



Re-enrollment Period - NEMT providers are required to **re-enroll every 5 years.**

Non-Emergency Medical Transportation (NEMT) Re-Enrollment

Enter ATN and either your NPI or AVRS/Medicaid ID if you do not have an NPI.

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

Electronic Visit Verification

home provider enrollment **provider re-enrollment** provider enrollment tracking provider matrix provider services
provider search drug search provider fee schedule download oos instructions/information
fingerprint criminal background check info e-mail subscription secure site

Log In to Your Re-Enrollment Application

Log In to Your Re-Enrollment Application ?

- Please enter your Application Tracking Number (ATN) found on your re-enrollment notification letter or contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN.

Required fields are indicated with an asterisk (*)

ATN*

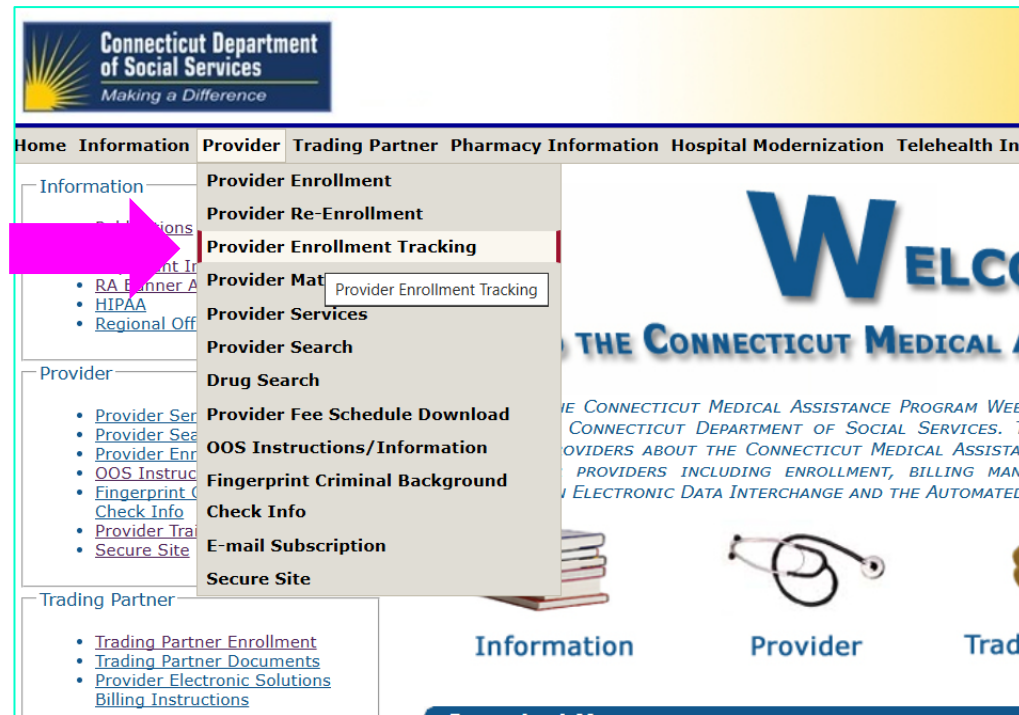
NPI/Non medical provider identifier (AVRS ID)*

Next Exit

Click on the **Next** button to open your ATN.

Non-Emergency Medical Transportation (NEMT) Re-Enrollment and Enrollment Application Tracking

Re-enrollment - To check the status of an enrollment / re-enrollment application, select Provider Enrollment Tracking from either the Provider submenu or the Provider drop-down menu.



Enter your *ATN* and *Business OR Last Name* and click *search*

A screenshot of the 'Enrollment Tracking Search' form. It has two input fields: 'ATN*' with the value '305929' and 'Business OR Last Name*' with the value 'SMITH'. A pink arrow points to the ATN field, and another pink arrow points to the search button. There is also a 'clear' button below the search button.

- In this example DSS is conducting initial review of the application that was received on June 13, 2019.

Search Results	
Date Received	Status
06/13/2019	DSS Conducting Initial Review

Non-Emergency Medical Transportation (NEMT) Enrollment Workshop

Questions?

Contact the Provider Assistance Center at 1-800-842-8440 Monday through Friday from 8am to 5pm EST. Select option 2 for Enrollment Assistance.

Or

CTBHProviderRelations@gainwelltechnologies.com

Thank you for attending today!!

Please enter any additional questions you have in the chat feature in Teams.

A recording of today's workshop will be available on our Web site at www.ctdssmap.com tomorrow. Under Provider, Provider Services, Provider Training click on link "[here](#)".