Connecticut Department of Social Services

Making a Difference

Web Enrollment/Re-Enrollment Workshop for School Based Child Health (SBCH) Providers

Presented by

The Department of Social Services

& Hewlett Packard Enterprise

Hewlett Packard Enterprise

Training Topics

- **Workshop Introduction**
- **www.ctdssmap.com Enrollment or Re-enrollment Wizard**
  - ✓Connecticut Medical Assistance Program (CMAP) Re-enrollment Process
  - ✓Re-enrollment Wizard Navigation
  - ✓Re-enrollment Wizard Walkthrough
  - ✓What's Next – Following the Process
  - ✓Notification of Re-enrollment Decision
  - ✓Re-enrollment Tracking
  - ✓Future Re-enrollment Notification
- **Resources**
- **Questions**

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Introduction to the Enrollment Workshop

This workshop will provide guidance for the successful completion of an online Web Enrollment/Re-Enrollment Application for School Based Child Health (SBCH) providers of SBCH services.

Enrollment/Re-Enrollment Process

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

- The Affordable Care Act (ACA) mandates that providers must re-enroll periodically.
  - SBCH Providers – every 36 months

- Providers will enroll/re-enroll via the ***Enrollment/Re-Enrollment Wizard***, the Department of Social Services' online enrollment/re-enrollment application tool.

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Re-Enrollment Process (cont.)

- Providers will be notified that it is time for re-enrollment via a letter received from Hewlett Packard Enterprise, **six months prior** to the provider's **re-enrollment due date.**

  - The letter will contain an Application Tracking Number(s) (ATN) and AVRS ID.
  - The letter will also contain the provider's re-enrollment due date.
  - A provider's re-enrollment application must be **approved** and in a **finalized status** by their re-enrollment due date.

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Re-enrollment Process (cont.)

This is a sample re-enrollment letter. Note the AVRS ID, Application Tracking Number and Re-Enrollment Due Date.

ABCD Corporation
123 Summer St
Hartford, CT 06067

RE: Connecticut Medical Assistance Program

Provider Re-enrollment Application

AVRS ID: 001234567
Application Tracking Number (ATN): 211111

Re-enrollment Due Date: 04/15/2017

Dear Provider,

The Department of Social Services (DSS) Provider Participation Policy, set forth in section 17b-262-524 of the Regulations of Connecticut State Agencies, requires the periodic re-enrollment of all providers. Federal Medicaid regulations at 42 C.F.R. § 455.414 also require providers to reenroll periodically. The purpose of this letter is to notify you that your organization is now due for re-enrollment. Your re-enrollment must be submitted and finalized by the re-enrollment due date provided above in order to avoid dis-enrollment from the Connecticut Medical Assistance Program.

Re-enrollment Process (cont.)

- Once the letter is received, providers will access the Wizard's Re-enrollment Wizard from the Web Portal at www.ctdssmap.com.
  - Access to this application requires the ATN and AVRS ID included in the letter you will receive.
- Once you receive that letter, it is imperative that you complete your re-enrollment application as soon as possible.
- The re-enrollment process may take several weeks to complete.
  - Providers with re-enrollment applications not in an **"Approved" status by their re-enrollment due date** will be dis-enrolled.

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Re-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 re-enrollment wizard and required to restart the re-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.
  - **Once submitted applications may not be modified through the Web site**; required alterations must be mailed to the Provider Enrollment Unit.

Re-enrollment Wizard Navigation

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

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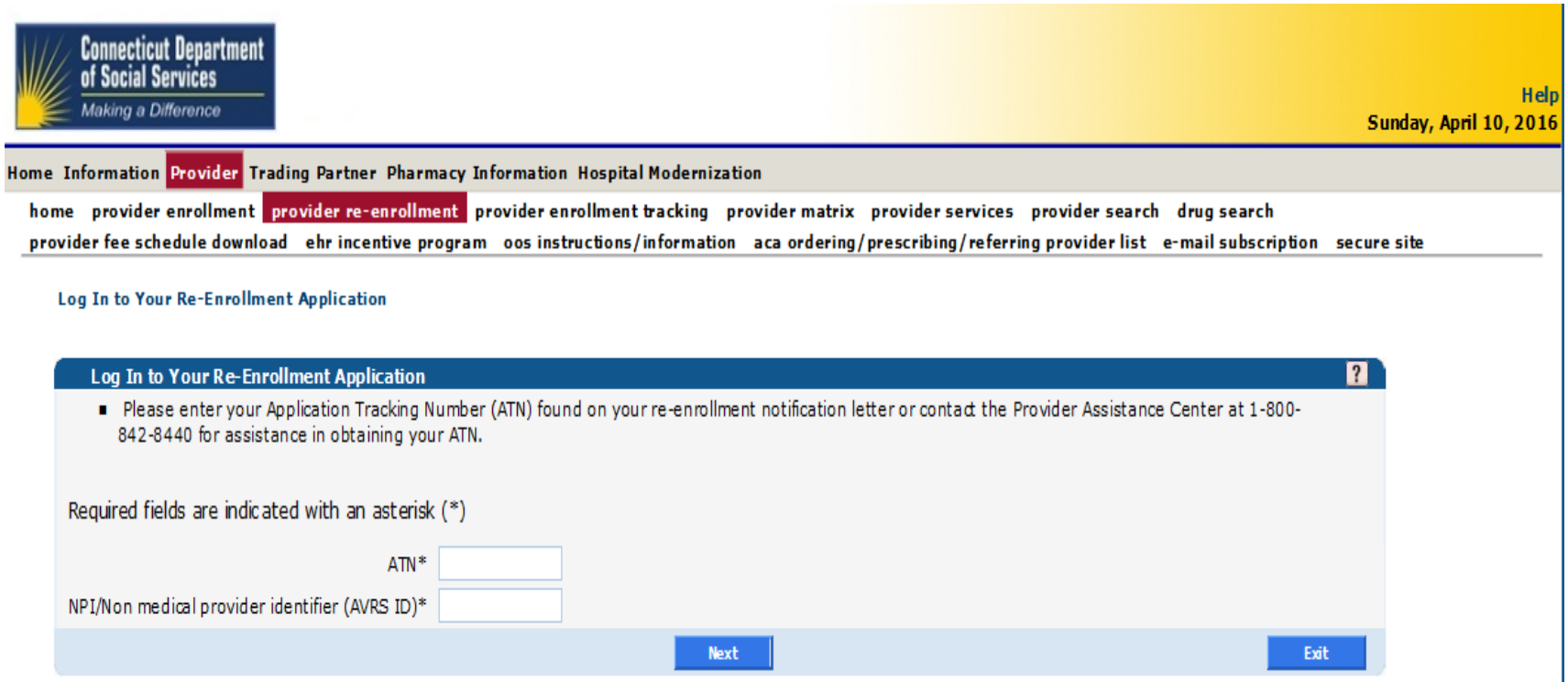
Re-enrollment – Where to begin

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

Log into Your Re-enrollment Application

- Enter the ATN provided on your re-enrollment due notice, as well as your 9 digit AVRS ID. For organizations, you should begin with your "primary ATN".

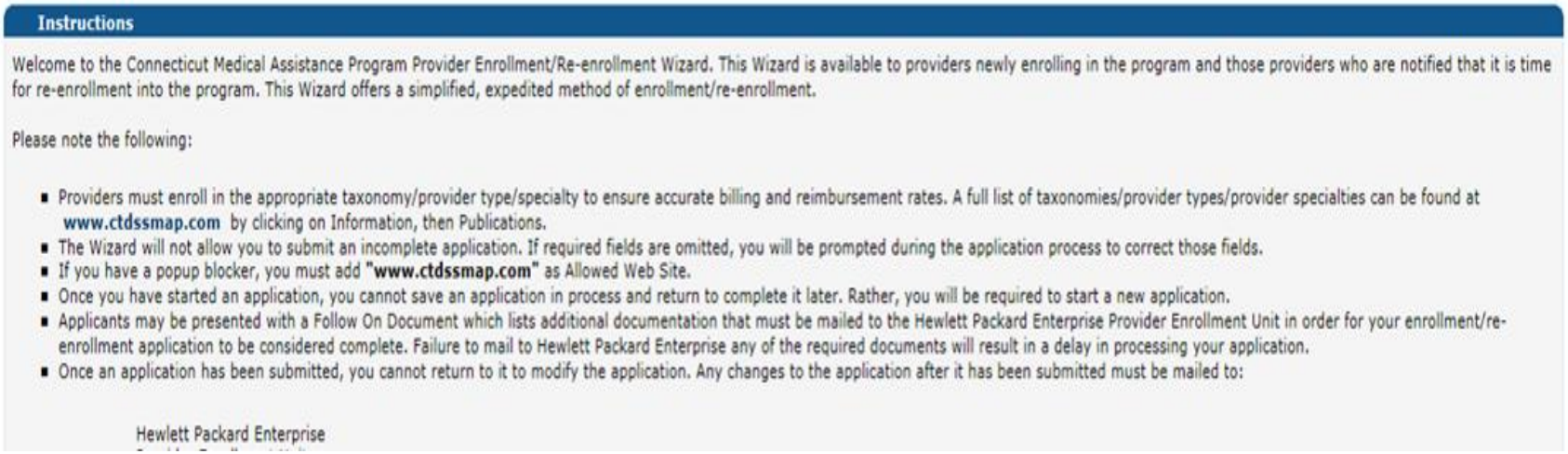


Re-enrollment Instructions

- Once you enter the ATN and AVRS ID, additional panels will be displayed.
  - The panels will be pre-populated with data currently stored in the system.
  - Data on each panel must be reviewed and updated, if necessary. Required fields are indicated with an asterisk (*).
  - If required data is missing/omitted, or entered incorrectly, an error message will be displayed on the panel.

Re-enrollment Instructions

- The Provider Re-enrollment > Instructions panel provides an introduction to the online re-enrollment process.
- You are strongly encouraged to read through this page prior to beginning the re-enrollment process.
- Provides important information regarding application submission instructions.
- Once you have read the instructions, click **NEXT** to proceed.



Instructions

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

Please note the following:

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

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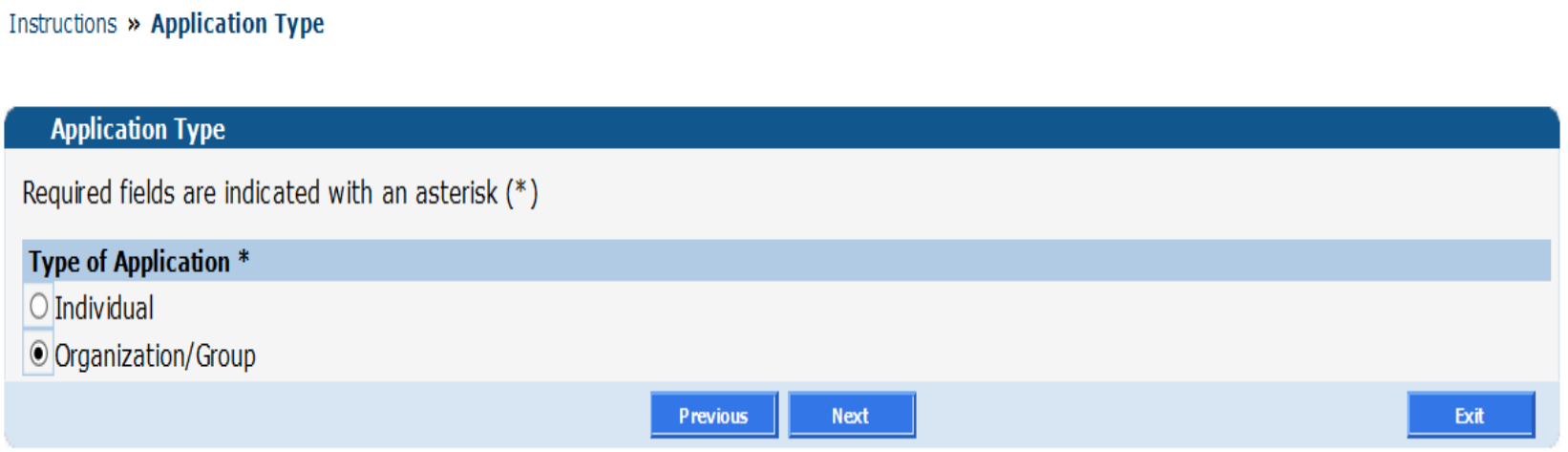
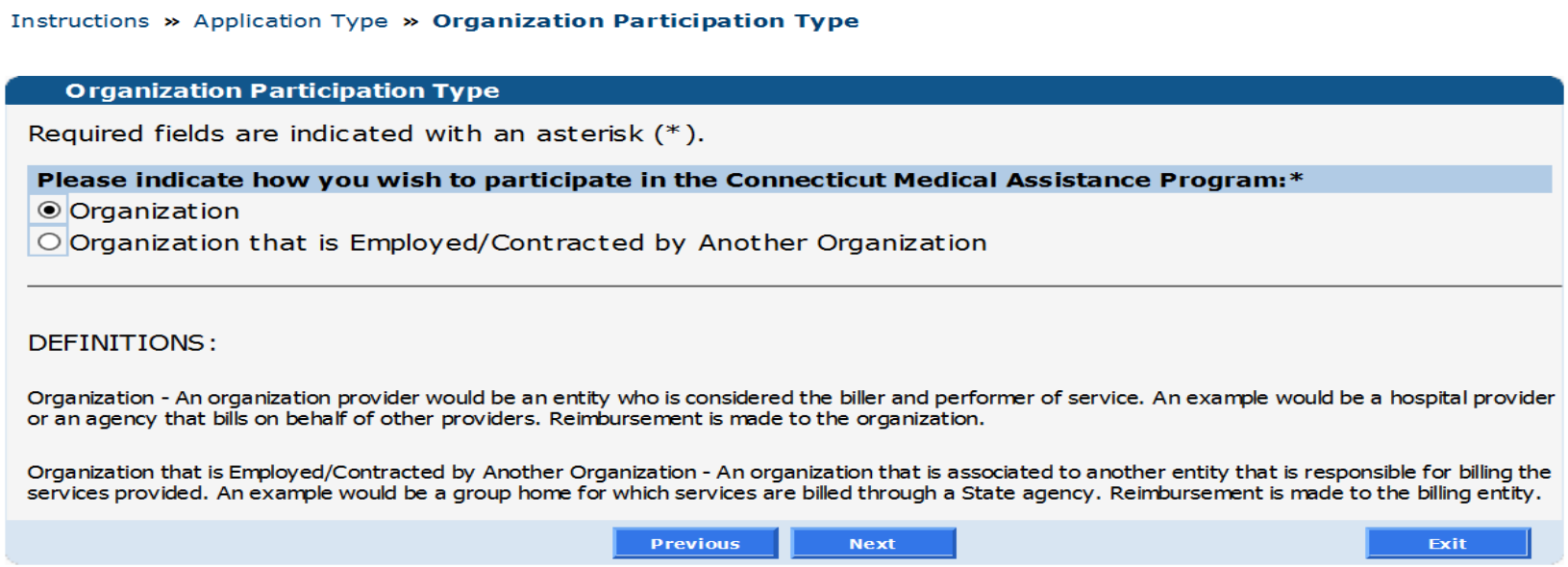
Re-Enrollment Application Type

School Based Child Health Providers should confirm that **Organization/Group** has been pre-selected for their Application Type. Click **NEXT.**



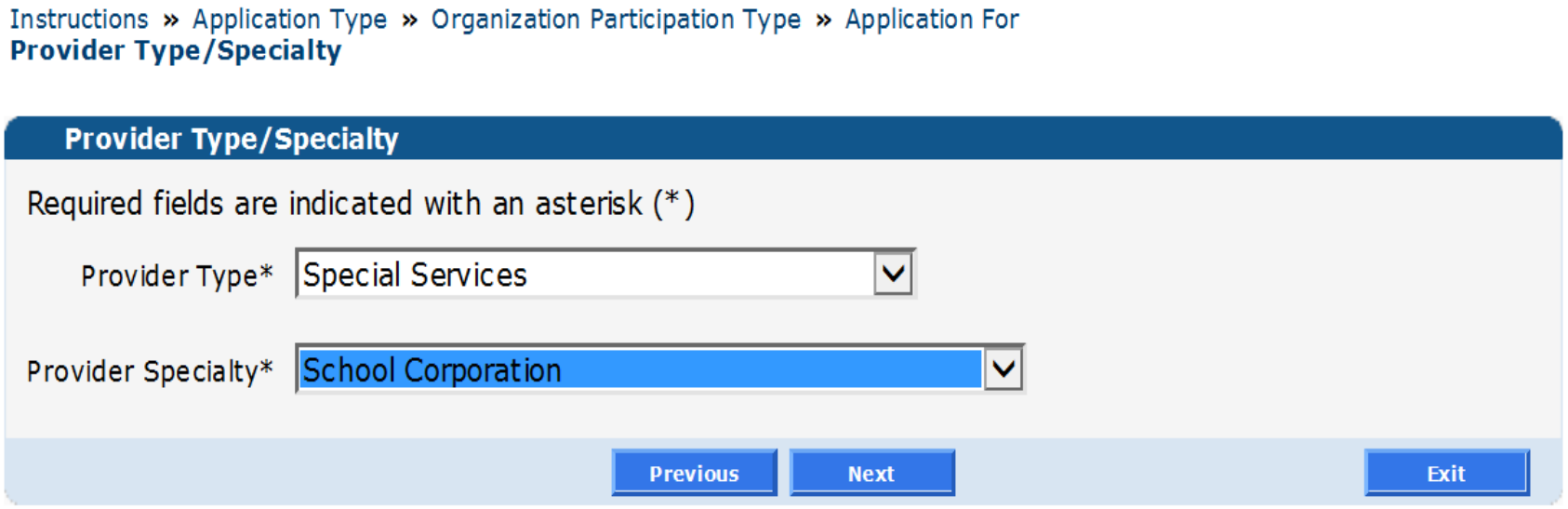
Re-Enrollment Organization Participation Type

- School Based Child Health Providers should confirm that **Organization** has been pre-selected for their Participation Type. Click **NEXT**.

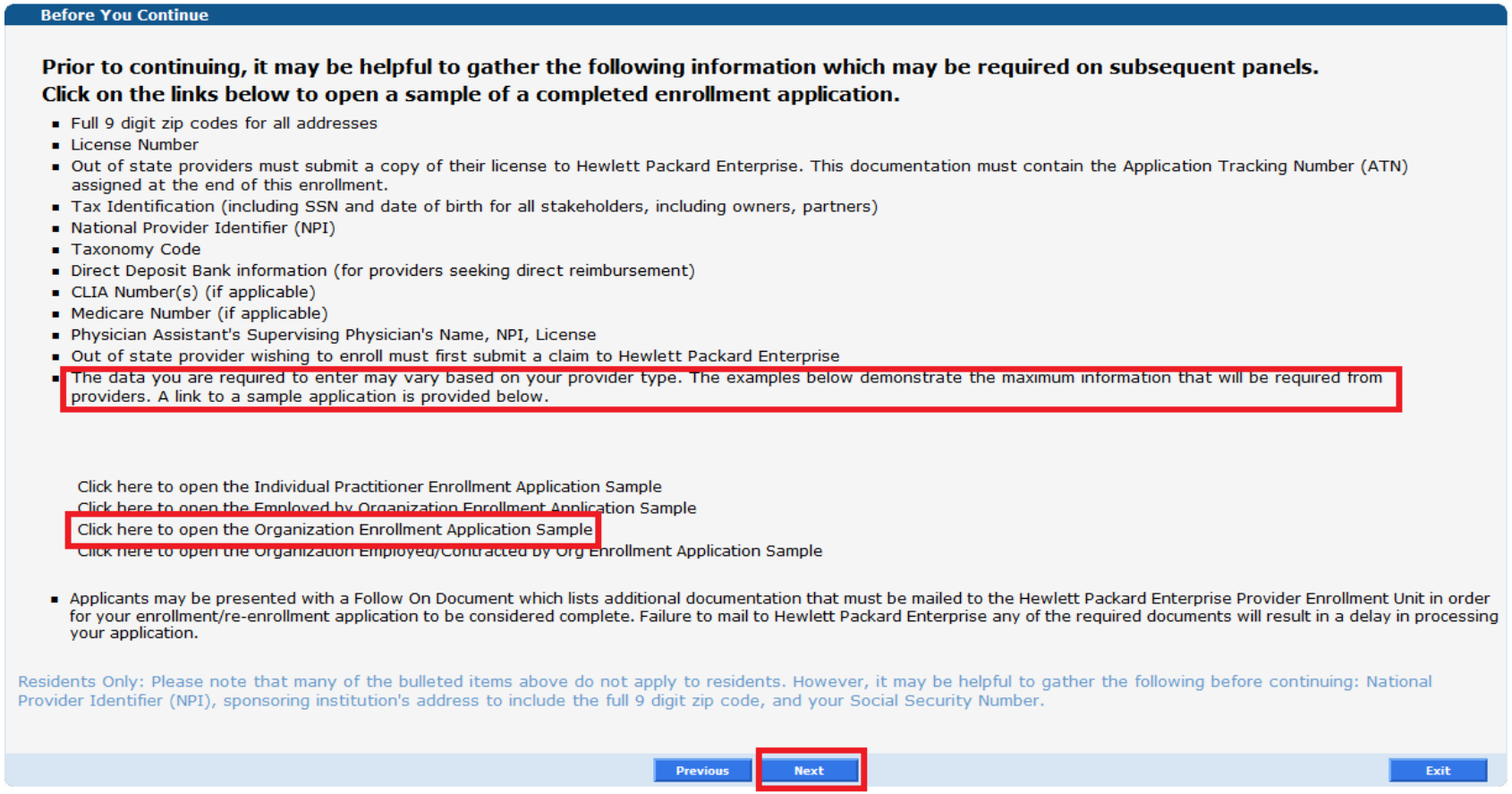


Re-enrollment – Provider Type/Specialty

1. Confirm **Special Services** is pre-populated as the **Provider Type.**
2. Click **Next** to populate the **Provider Specialty field.**
3. Confirm **School Corporation** is pre-populated for the **Provider Specialty.**
4. Click **NEXT.**

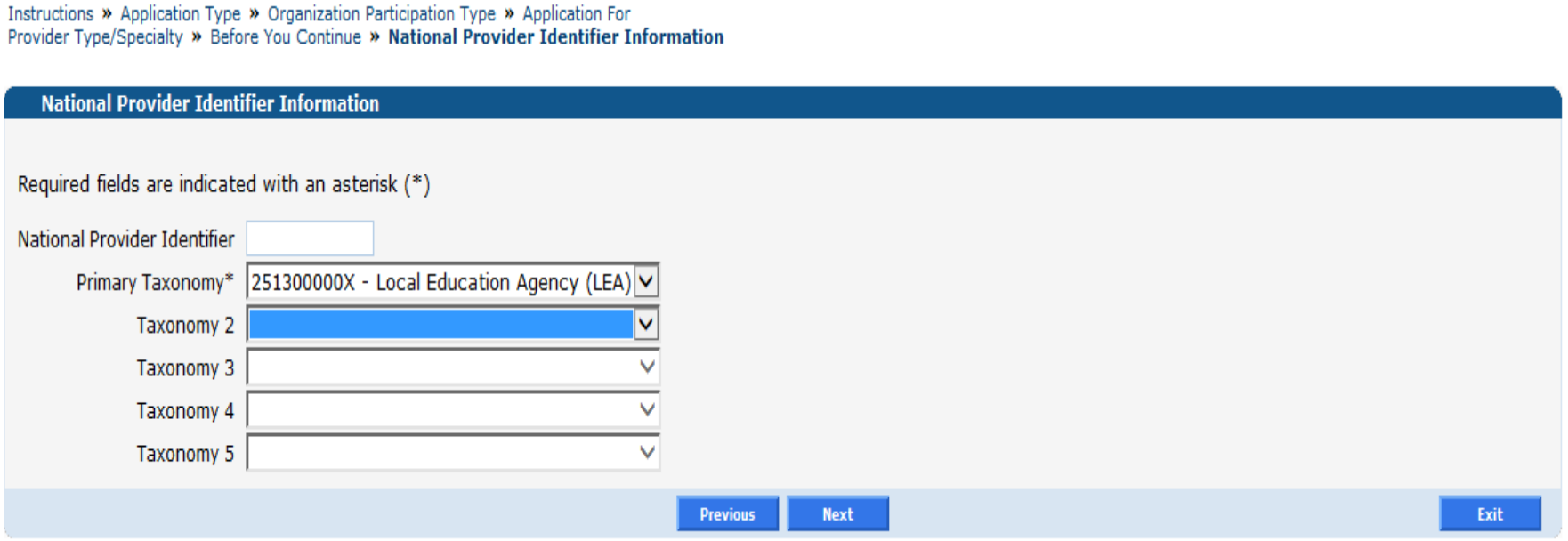


Re-Enrollment – Before You Continue



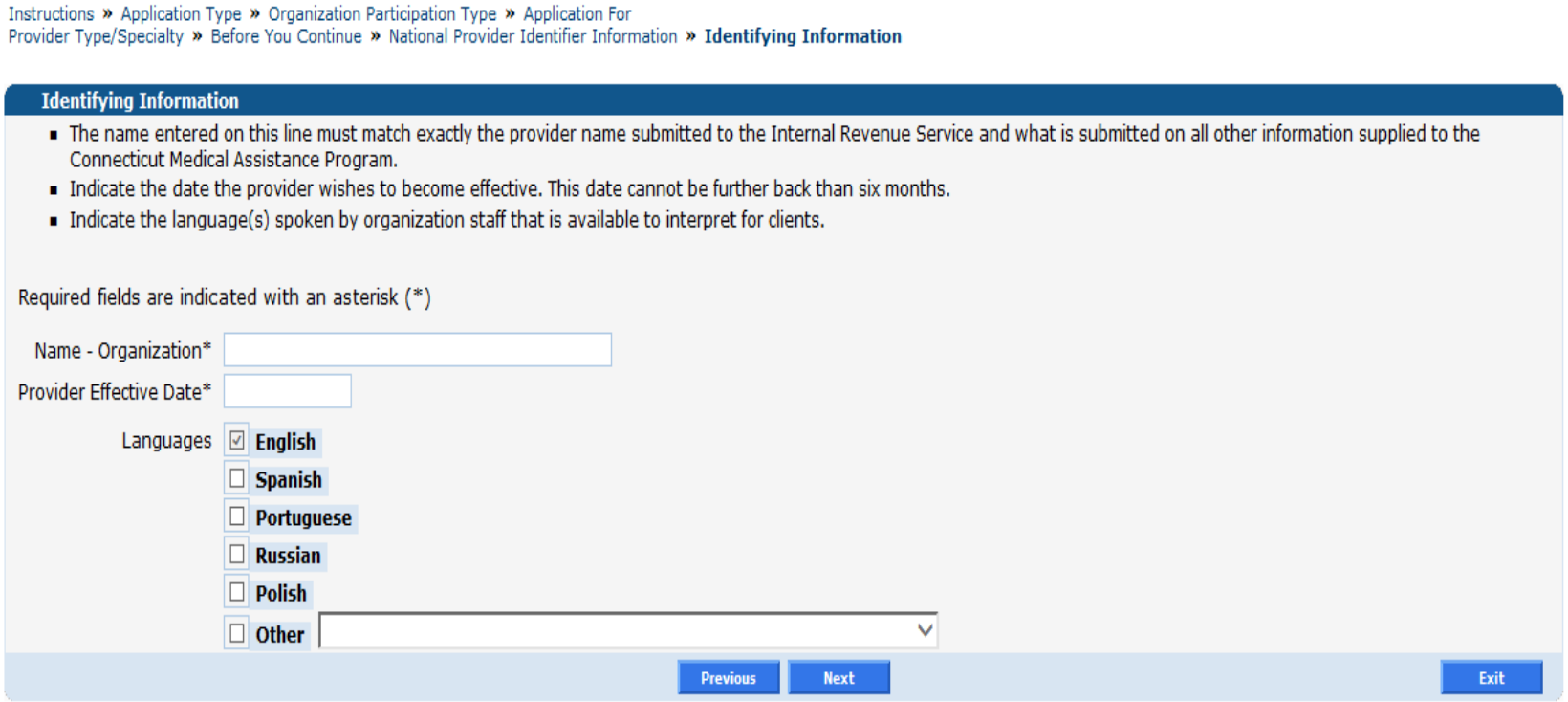
Re-enrollment – National Provider Identifier Information (NPI)

- Confirm **NPI**.
- The taxonomy is pre-populated in the Primary Taxonomy field.
- Click **NEXT**.



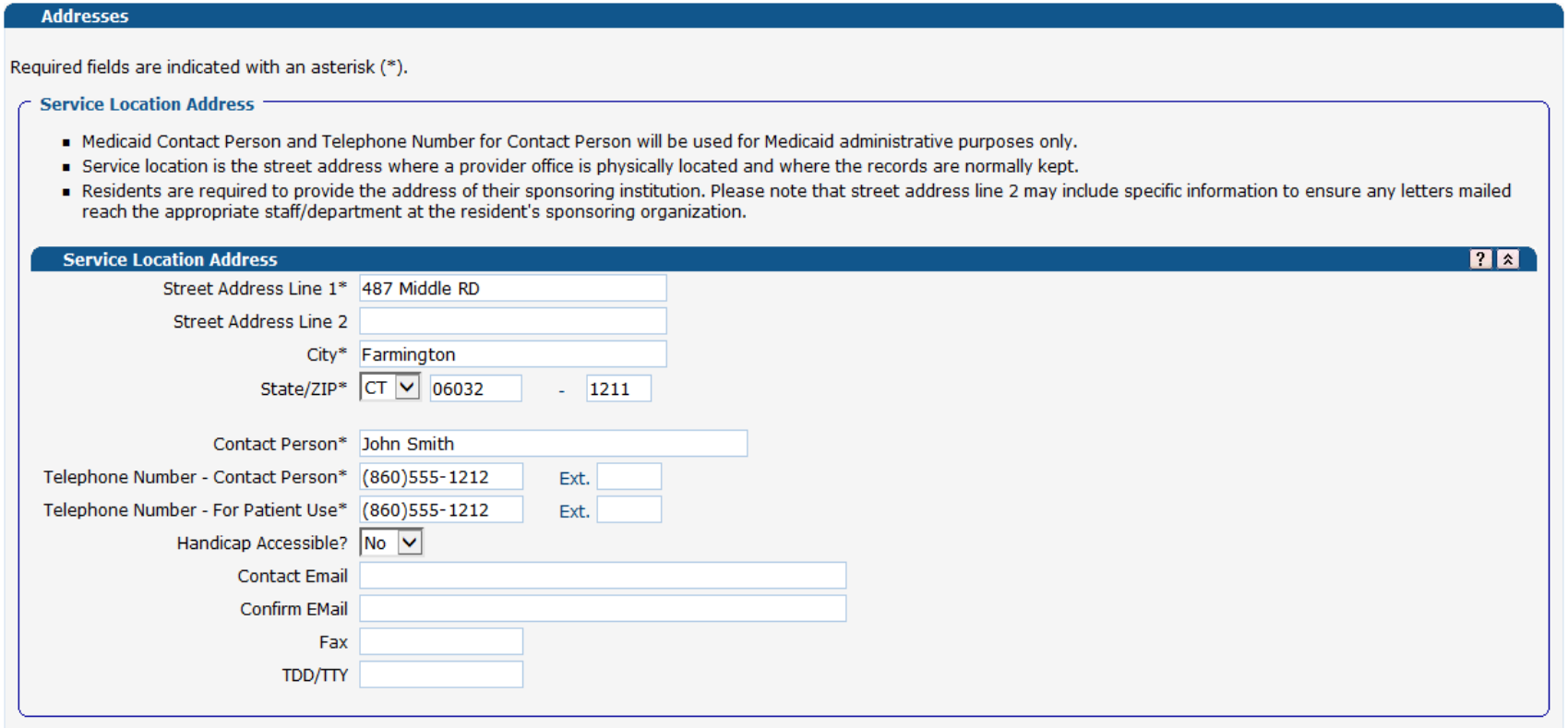
Re-enrollment – Name/Identifying Information

- Confirm data pre-populated on this panel. Add data or make changes as needed.



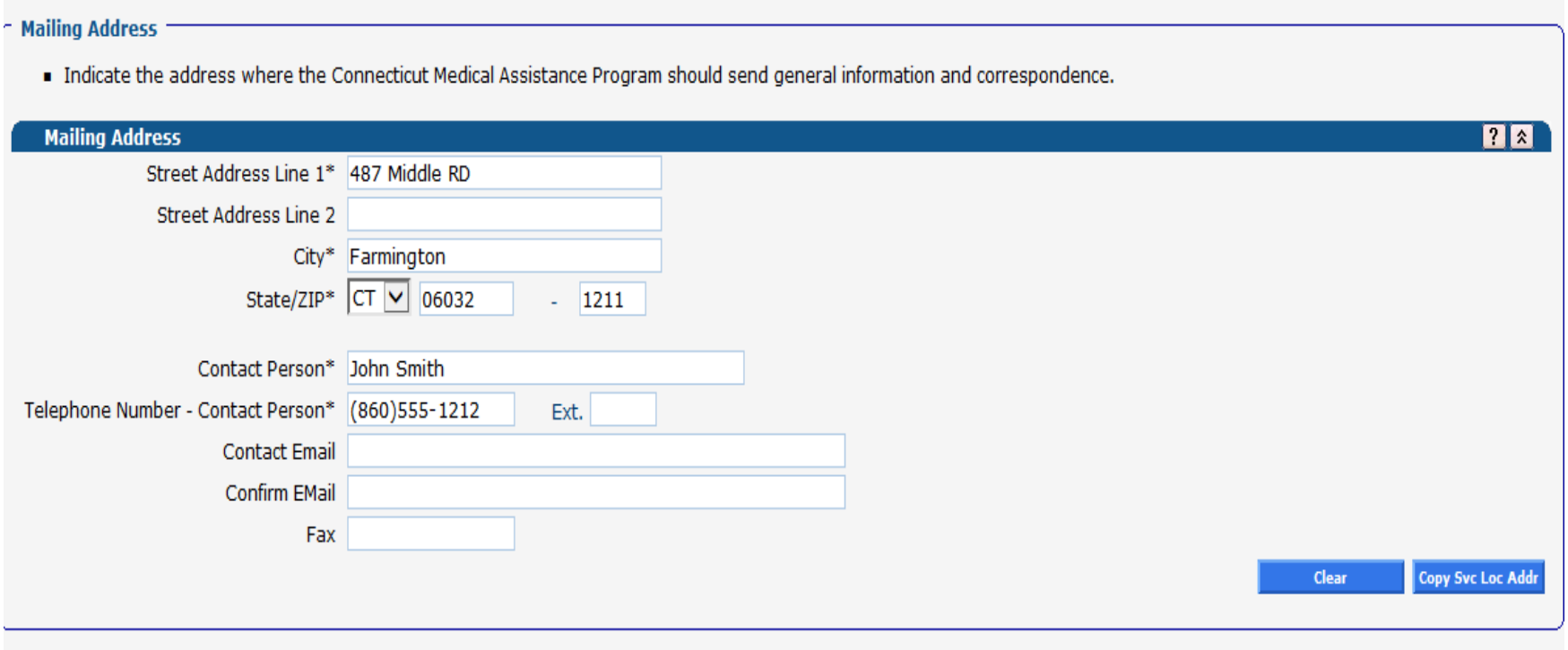
Re-enrollment – Service Location Address

- Review Service Location address and update, if necessary.
- Please Note: **P. O. Boxes are not allowed** in a service location address.
- After entering information into the Service Location **Address panel, information may be copied to other address panels by clicking the "Copy Svc Loc Addr" button within that panel.**



Re-enrollment – Mailing Address

- If the **Mailing Address** is the **same as the Service Location Address, click the "Copy svc Loc Addr"** to populate the information in the applicable panel(s), or update the address as necessary through this panel.



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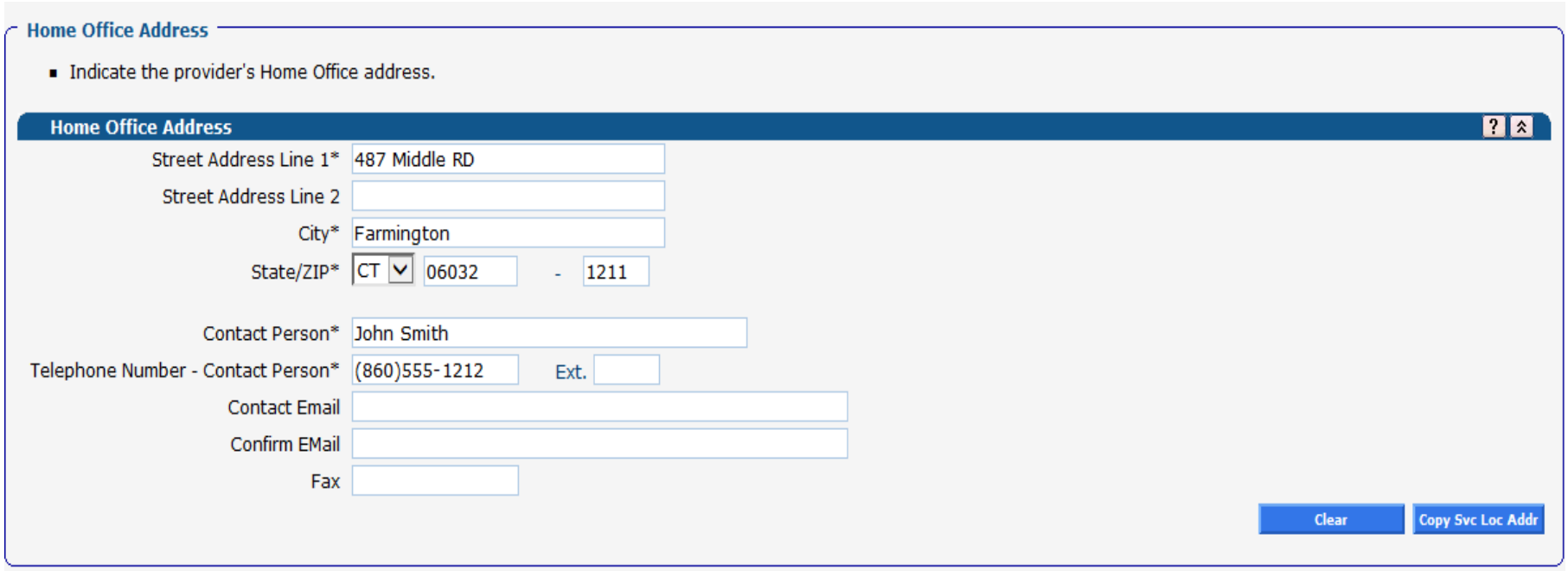
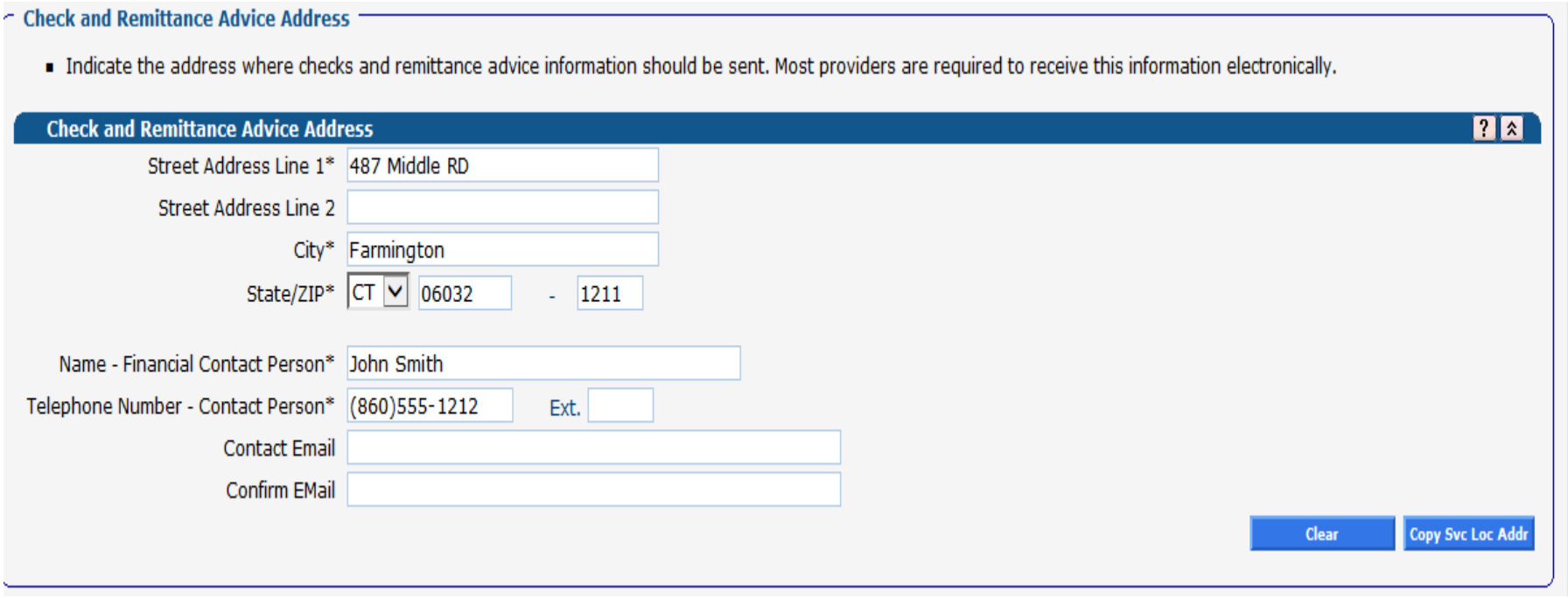
Home Office Address

- If the **Home Office Address** is the **same as the Service Location Address, click the "Copy svc Loc Addr"** to populate the information in the applicable panel(s), or update the address as necessary through this panel.



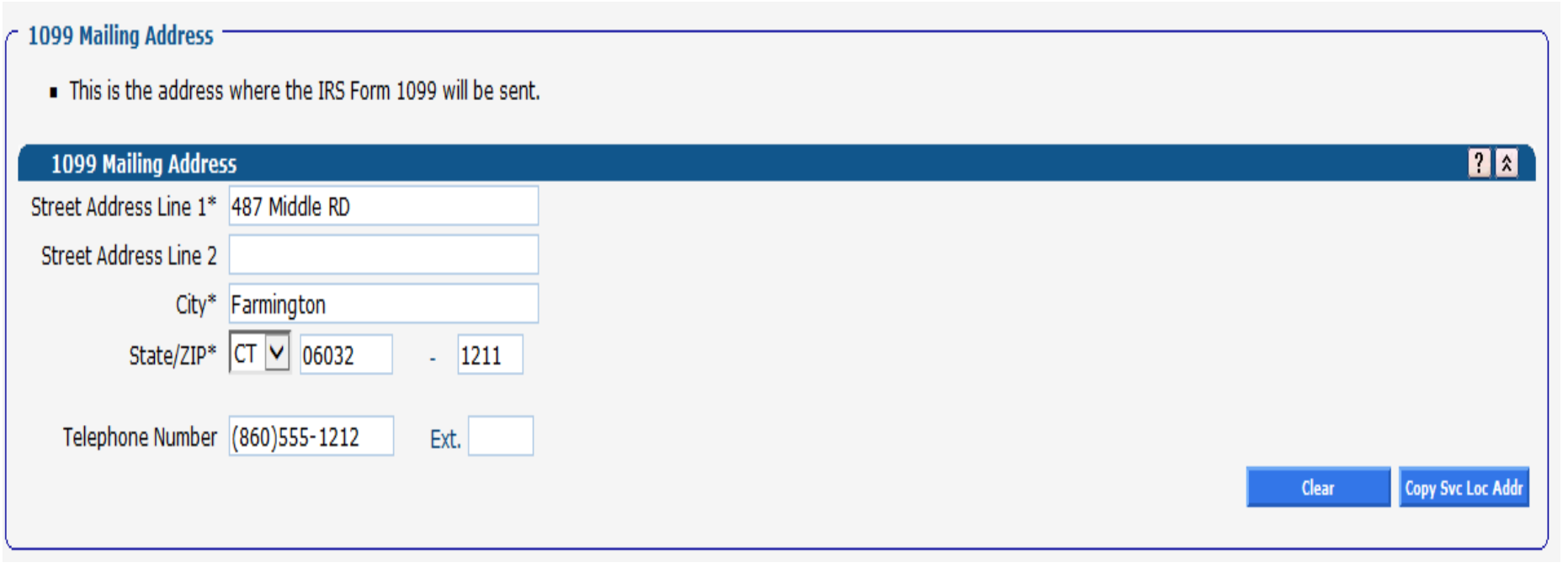
Check and Remittance Advice Address

- If the **Check and Remittance Advice Address** is the **same as the Service Location Address, click the "Copy Svc Loc Addr"** to populate the information in the applicable panel(s), or update the address as necessary through this panel.



1099 Mailing Address

- If the **1099 Mailing Address** is the **same as the Service Location Address, click the "Copy Svc Loc Addr"** to populate the information in the applicable panel(s), or update the address as necessary through this panel.



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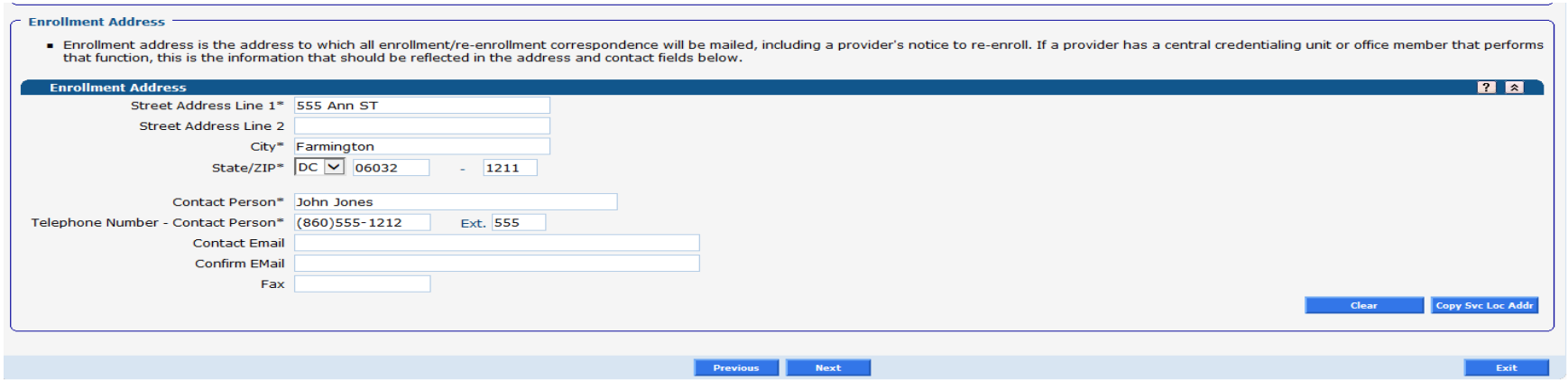
Enrollment Address

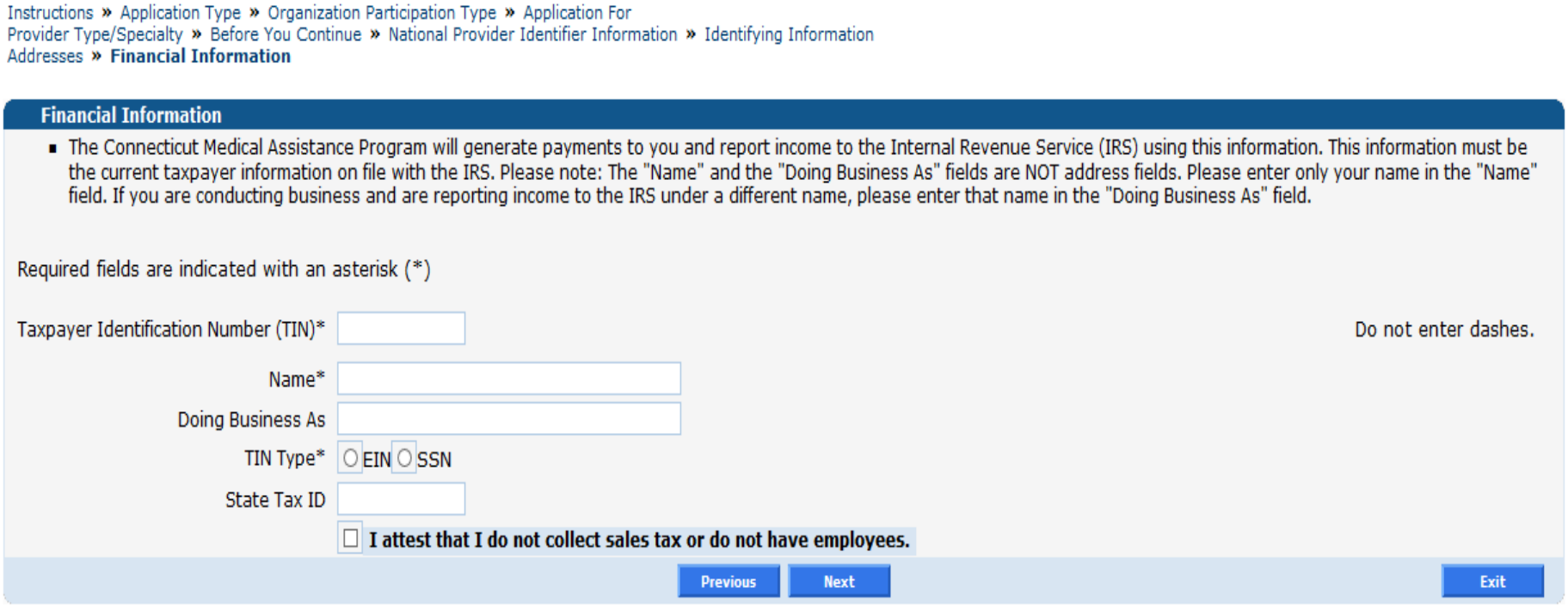
- If the **Enrollment Address** is the **same as the Service Location Address, click the "Copy Svc Loc Addr"** to populate the information in the applicable panel(s), or update the address as necessary through this panel.
- Enrollment address is the address to which all enrollment/re-enrollment correspondence 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.



- Click **Next**

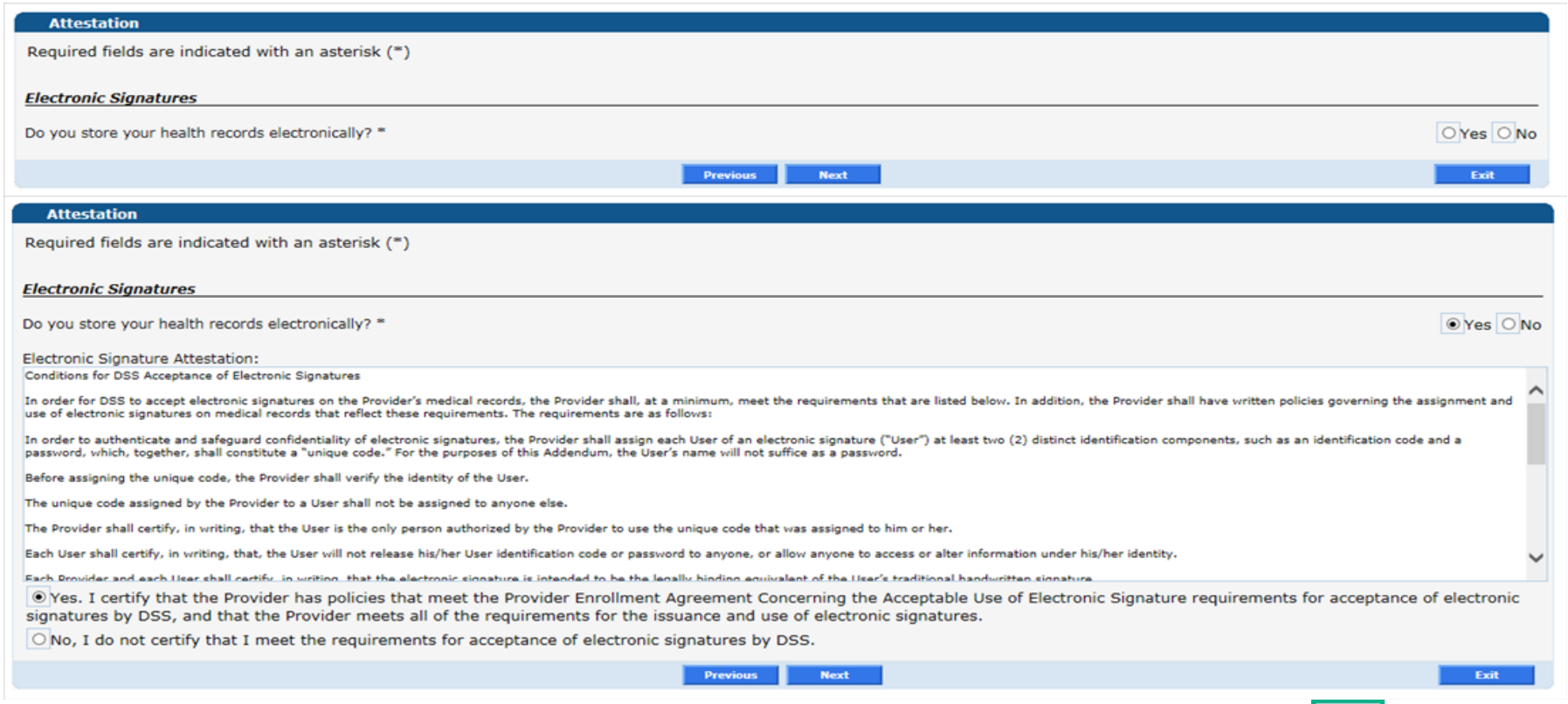
Re-Enrollment Financial Information

- This information must be the current taxpayer information on file with the IRS.
- Do not enter dashes.
- Click **NEXT.**



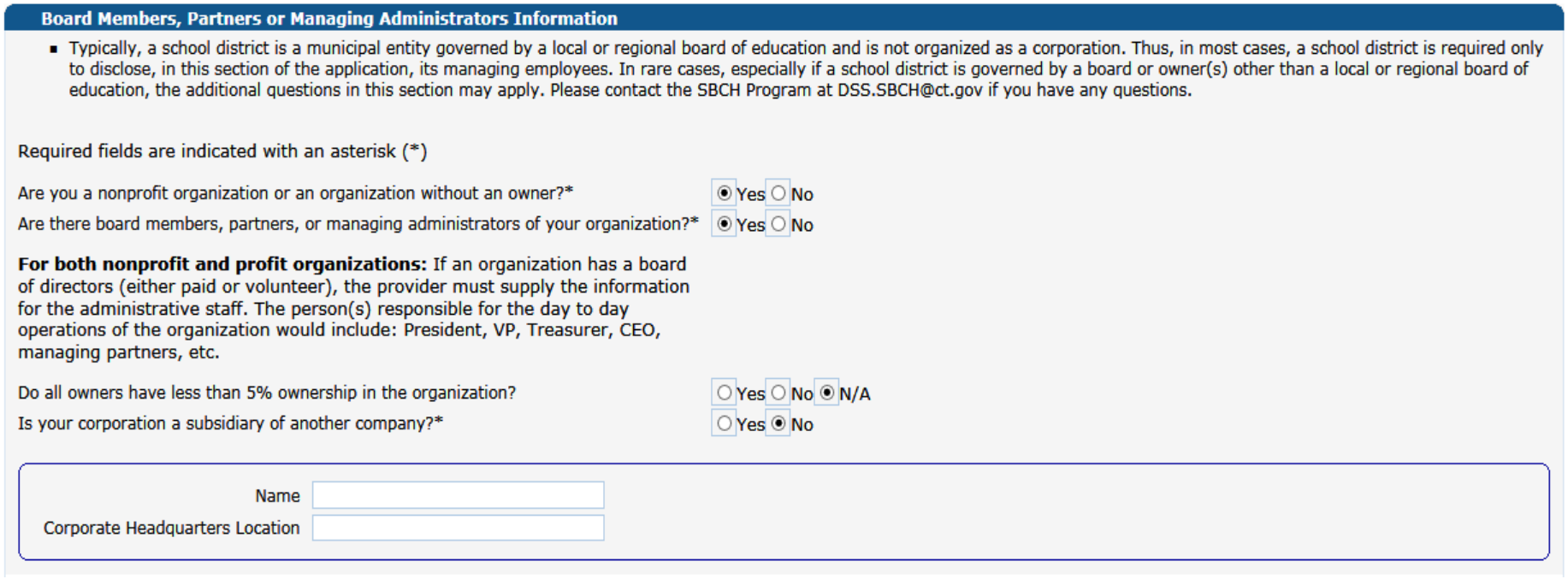
Re-enrollment - Attestation

- Review the ***Electronic Signature*** question.
- Answering **Yes** will open the Attestation.
- Read and signify whether or not your organization complies with the stated requirements. Click **NEXT** to continue.



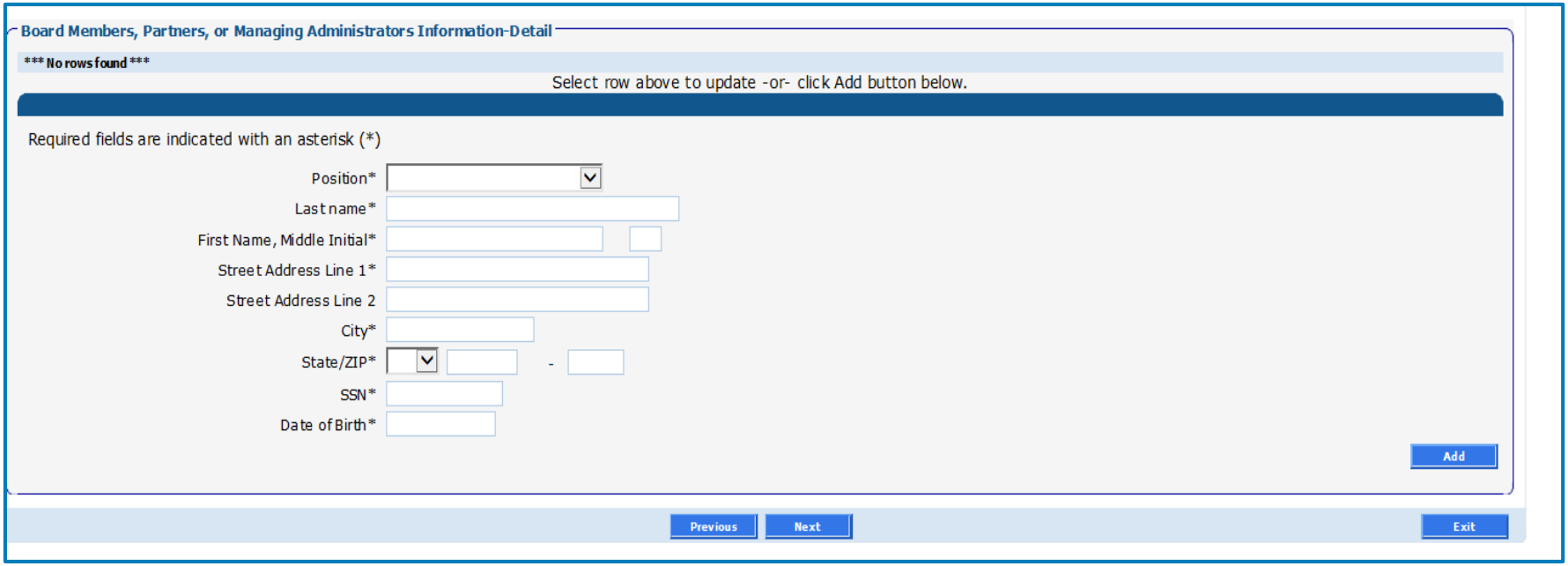
Re-enrollment – Board Members, Partners or Managing Administrators Information

- Enter responses to each of the questions.
- If yes to the last question, supply the **Name** and **Corporate Headquarters Location.** Click **NEXT.**



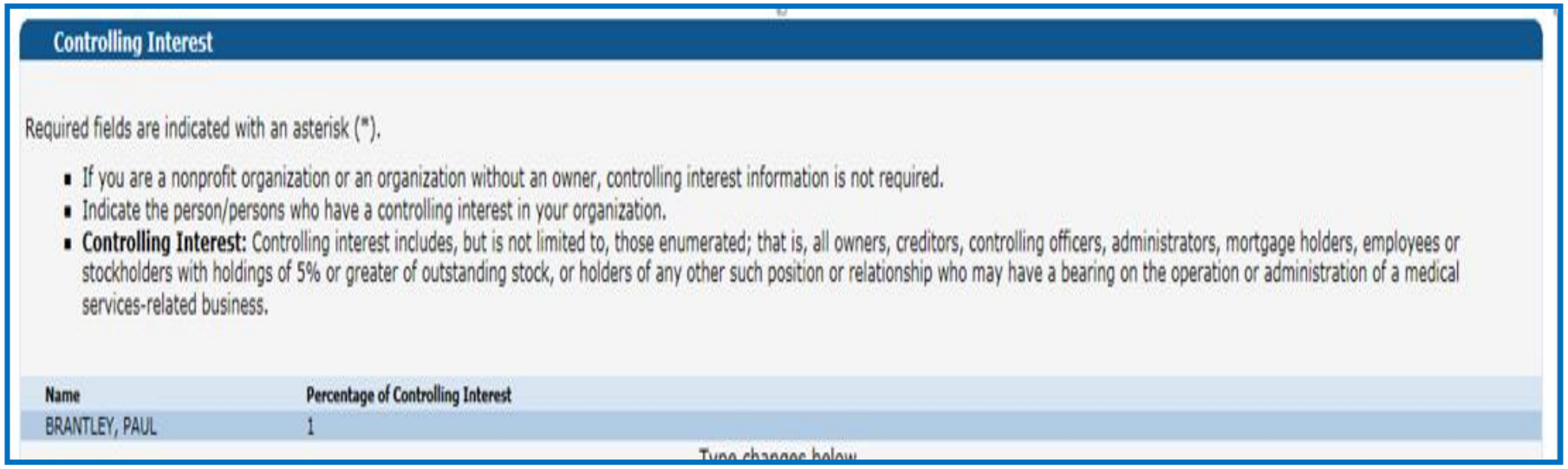
Re-enrollment – Board Members, Partners or Managing Administrators Information - Detail

- If you answered **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). The panel displayed below appears.
- If you answered **No**, click **NEXT** to continue.



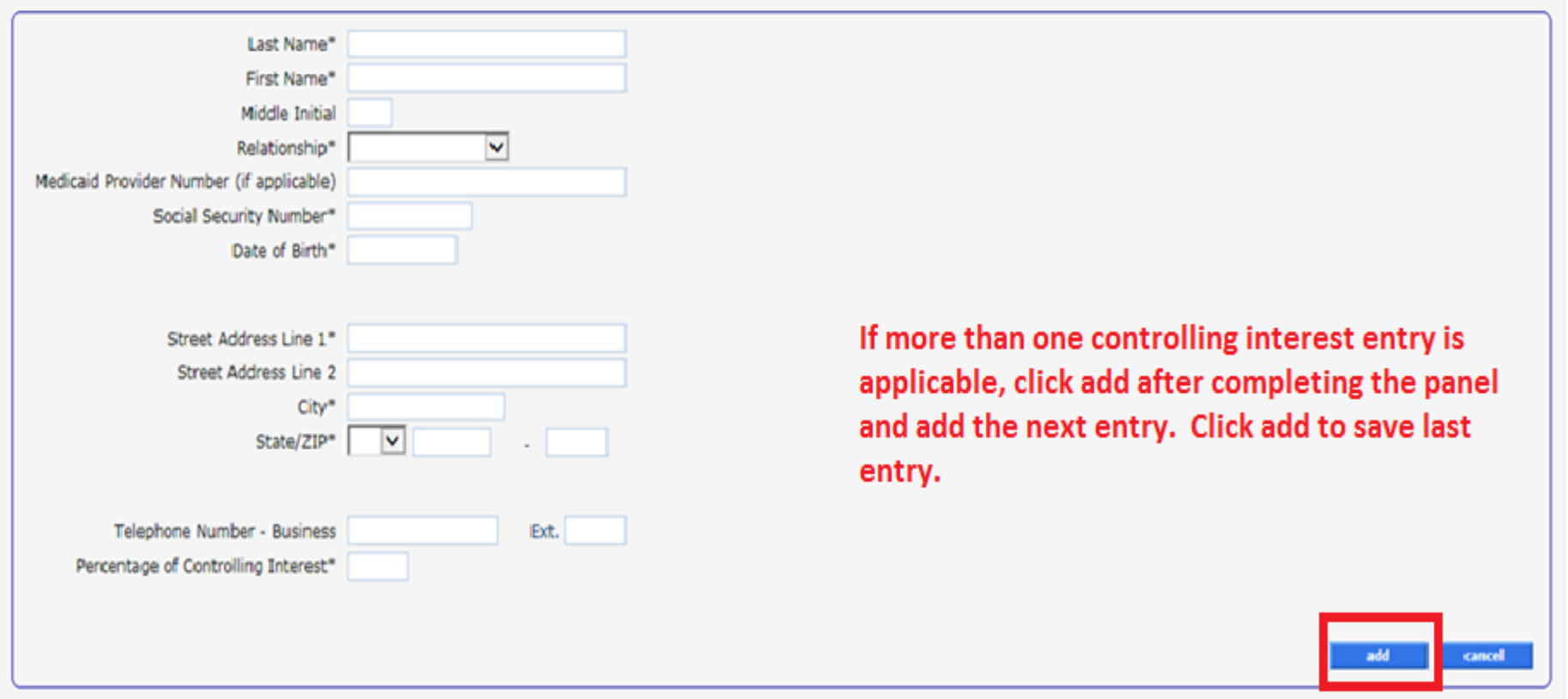
Re-enrollment-Controlling Interest

- Controlling Interest information is **not required** for Non-Profit
- organizations or an organization without an owner. However, if applicable, click **NEXT**.



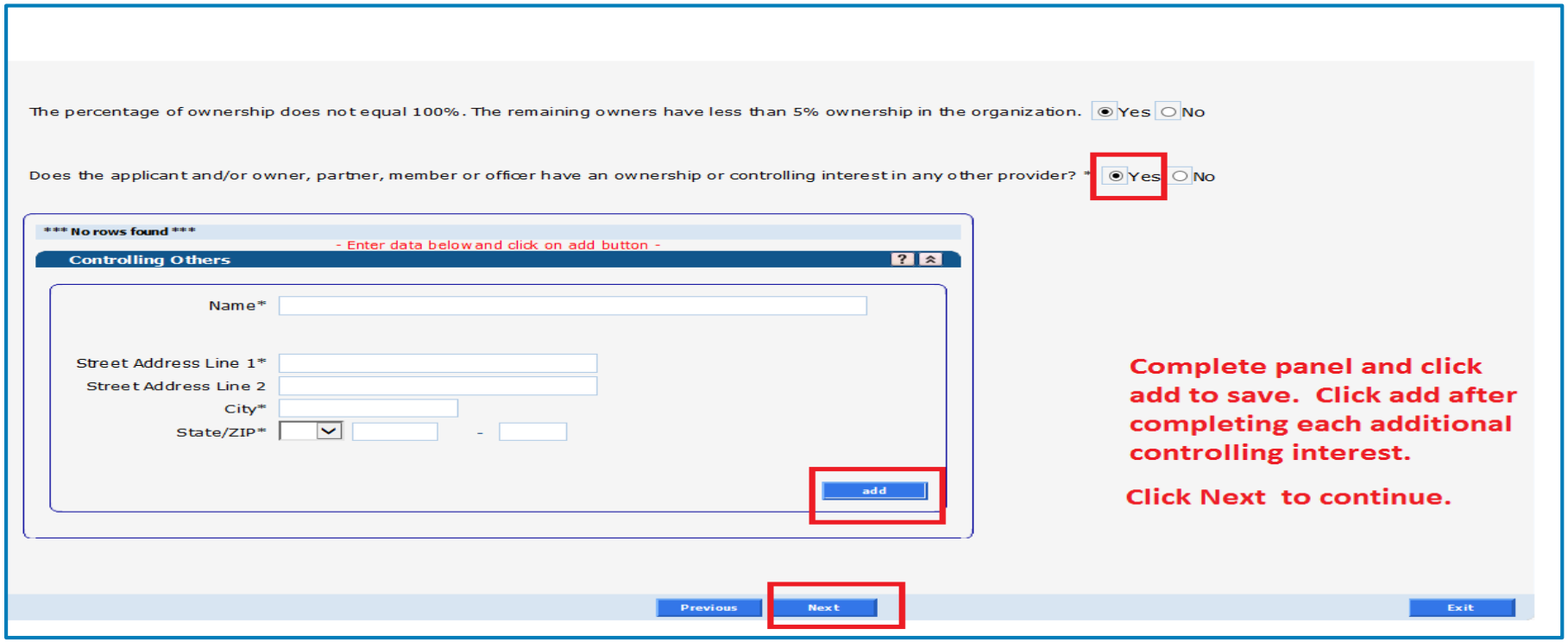
Re-enrollment – Controlling Interest (cont.)

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



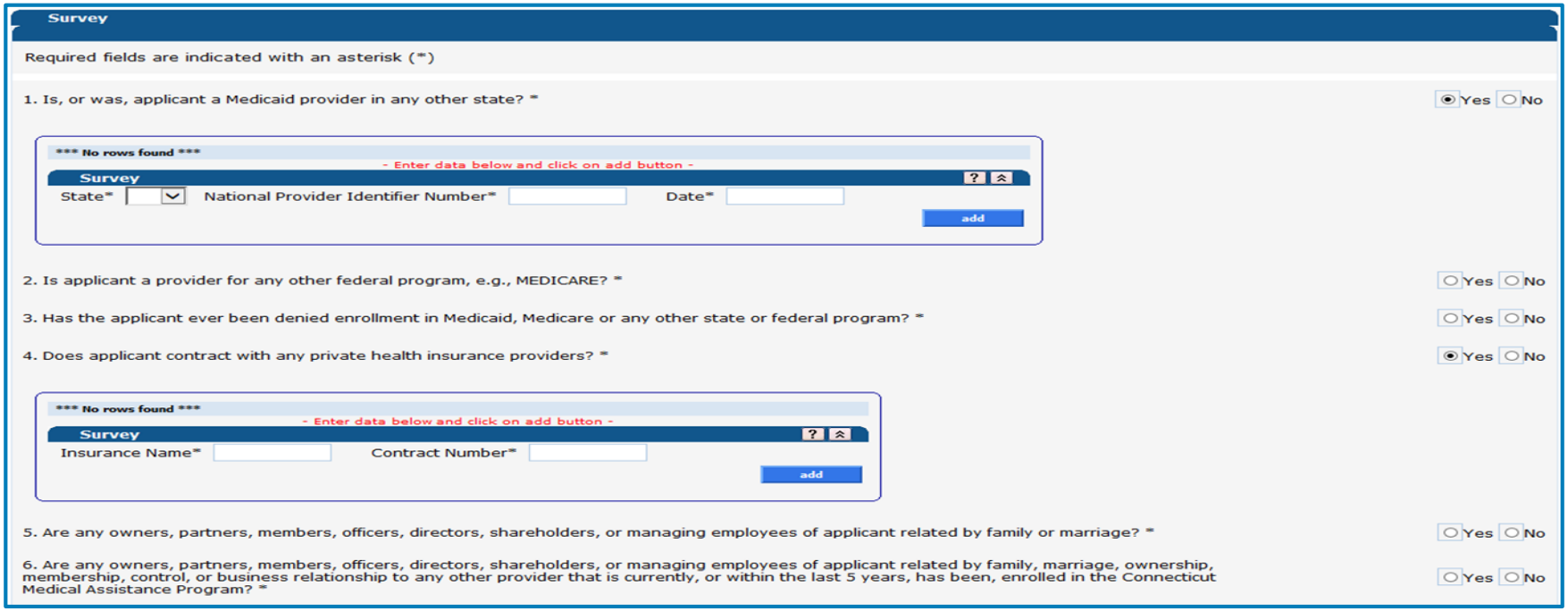
Re-enrollment – Controlling Interest (cont.)

- 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.



Re-enrollment - Survey

- Answer **Yes** or **No** to each question in the survey. Answering **yes** to any question will **require** you to submit **additional information.**
- Click **add** after entering the required supplemental data.



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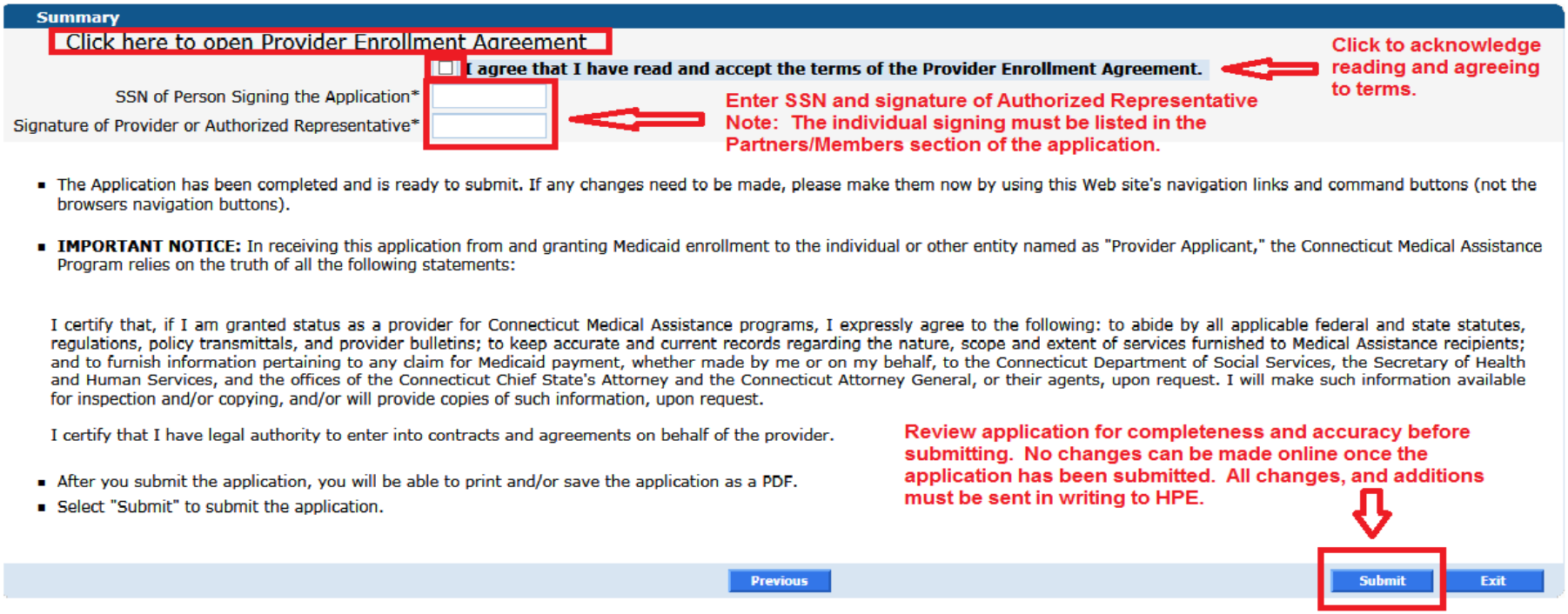
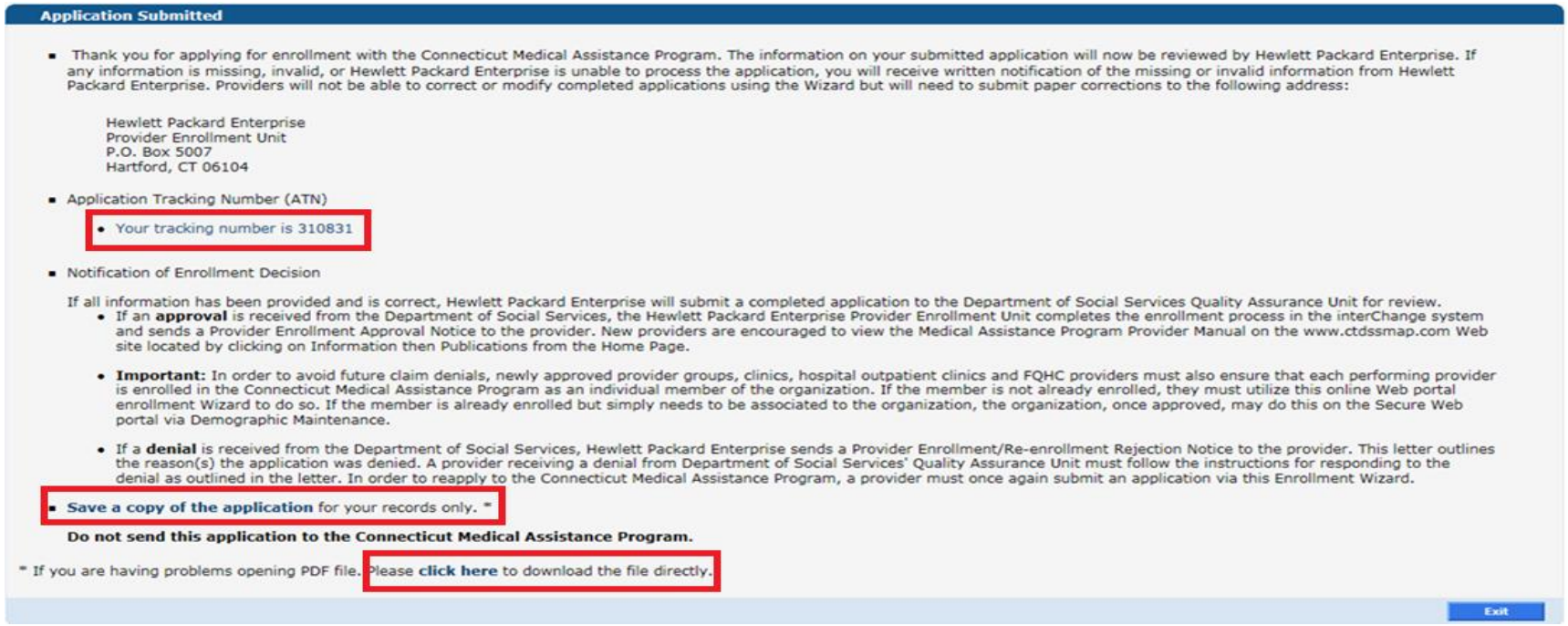
Re-enrollment - Summary

- Click to **open the Provider Enrollment Agreement.**
- **After Reading** the Agreement, **click the "I agree to reading and terms" box.**
- **Authorized Representative/SSN must be listed in the Partners/Members section of the application.**



Re-enrollment – Application Submitted

- Please take note of the Application Tracking Number (ATN). You **must put the ATN on all re-enrollment correspondence** sent to Hewlett Packard Enterprise once your application has been submitted.
- Click on the **"Save a copy of the application"** link to print or save the PDF version of your application for your records.



Application Submitted

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

  Hewlett Packard Enterprise
  Provider Enrollment Unit
  P.O. Box 5007
  Hartford, CT 06104

- Application Tracking Number (ATN)
  - Your tracking number is 310831
- Notification of Enrollment Decision

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

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

* If you are having problems opening PDF file. Please **click here** to download the file directly.

Exit

WHAT'S NEXT - FOLLOWING THE PROCESS

SBCH RE-ENROLLMENT ON THE WEB

Re-enrollment – What's Next

- The information on your submitted **application will now be reviewed by Hewlett Packard Enterprise.**
- If any information is missing, invalid, or if Hewlett Packard Enterprise 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 submitted applications online, but will need to submit paper corrections to the following address:
  - Hewlett Packard Enterprise
    Provider Enrollment Unit
    P.O. Box 5007
    Hartford, CT 06104
- **All additional information sent to Hewlett Packard Enterprise will need the ATN entered on the upper right hand corner.**

Notification of Re-enrollment Decision - Approval

- **If all information has been provided and is correct**, Hewlett Packard Enterprise will submit the 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 re-enrollment process and sends a **Provider Re-enrollment Approval Notice to the provider.**

Notification of Re-Enrollment Decision - Denial

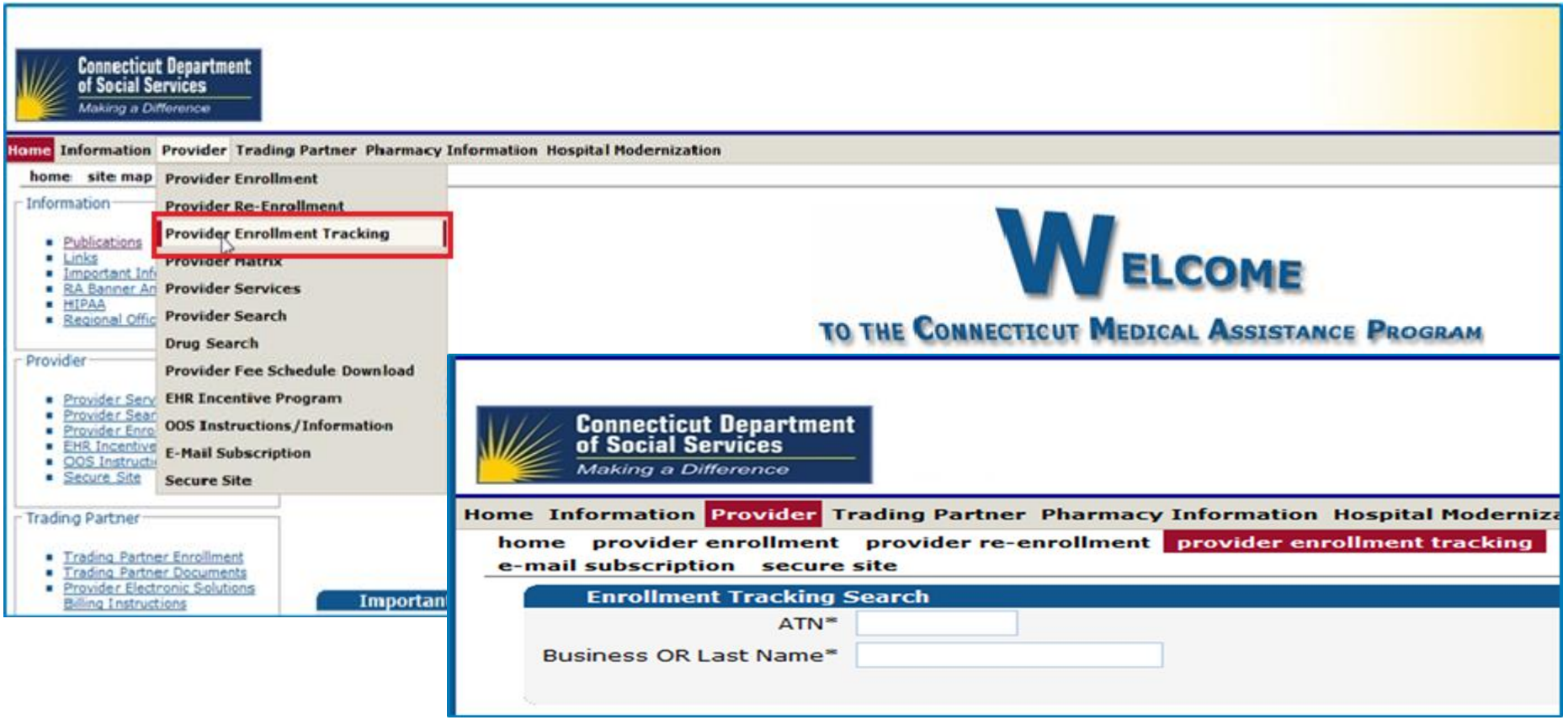
- If a denial is received from (DSS), Hewlett Packard Enterprise sends a Provider Enrollment/Re-enrollment Rejection Notice to the provider. This letter outlines the reason(s) the application was denied.

- A provider receiving a denial from DSS' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the Rejection Notice.
  - DSS will notify Hewlett Packard Enterprise if their decision of denial has been reversed.
  - Hewlett Packard Enterprise 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.

Checking the Status of Your Application Online

- From the www.ctdssmap.com Web site click Provider > Provider Enrollment Tracking.
- Enter the ATN and your business name as enrolled.



FUTURE RE-ENROLLMENT NOTIFICATION

SBCH RE-ENROLLMENT ON THE WEB

Re-enrollment – Notification and Process

- Providers will receive a reminder letter when they are due for re-enrollment **6 months prior** to the end of their previous 3 year contract.
  - The reminder letter will include a new 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 AVRS ID and follow steps outlined above

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 approved and finalized** 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 ACA policies.

Provider Enrollment/Re-enrollment Resources

- **Where to go for help:**
- www.ctdssmap.com – From the Home page navigate to Information > Publications > Provider Manuals
- Chapter 3 – Provider Enrollment and Re-enrollment
- Chapter 10 - Web Portal/AVRS

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

Provider Enrollment/Re-enrollment Resources

- **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:

Hewlett Packard Enterprise
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06104

Re-enrollment – Questions & Answers

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