Welcome to the Violence Prevention Professional (VPP) Provider Enrollment Workshop – June 2022

Once you have joined the MS Teams meeting, please follow these participation rules:

❖ Please ensure your camera is off.

❖ Use the mute button when you are not speaking.

❖ Be sure to select Show conversation as documents or links used during the meeting will be posted to the Meeting chat. You may also use this Meeting chat to ask the speaker a question or to comment.

❖ Alternatively, you can use the Raise hand icon or (Ctrl+Shift+K) to ask the speaker a question or to comment.

Thank you for your participation!

Violence Prevention Professional – (VPP) Provider Enrollment Workshop

Celia Dancy, Provider Relations Representative

Gainwell Technologies

2022

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Agenda

- Introduction

- Benefits of Enrollment and Secure Web Account Set-up

- Access and Set-up of Secure Web Account

- Web Account Capabilities

   Demographic Maintenance

- Resources

- Questions

Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Program Introduction

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Violence Prevention Professional (VPP) Provider Enrollment Workshop -
Introduction

The Department of Social Services (DSS) is proud to announce the upcoming implementation of the Community Violence Prevention Professional (VPP) Program. "Community violence prevention services" means evidence based, trauma-informed, supportive and non psychotherapeutic services provided by a certified violence prevention professional, within or outside of a clinical setting, for the purpose of promoting improved health outcomes and positive behavioral change, preventing injury recidivism and reducing the likelihood that individuals who are victims of community violence will commit or promote violence themselves.

Providers can begin enrolling in the Violence Prevention Professional (VPP) program 7/1/2022, with 7/1/2022 start date.

Initial enrollment period for providers who are enrolled in the Violence Prevention Professional (VPP) program is 2 years and then re-enrollment would be every 2 years.

Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Enrollment and Secure Web Account Set-up

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Benefits of Enrollment and Secure Account Set-up

Department of Social Services (DSS) will enroll Community Violence Prevention Programs and will reimburse the program directly.

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 22-43 for 7/1/2022 to 12/31/2022. To access: From the** www.ctdssmap.com **Web site Home page > Publications > Enter Year 22 and Bulletin # 43.** The cycle schedule is published twice per year for the periods of January - June and July – December.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop -
Benefits of Enrollment and Secure Account Set-up cont.

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

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

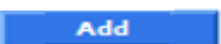www.ctdssmap.com

Enrollment Process

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Enrollment Process

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

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

- The Wizard allows applying providers to submit their enrollment applications for CMAP on the public Web site.

Newly enrolling providers can access the Wizard's enrollment and enrollment-tracking self-service features from the Web Portal at www.ctdssmap.com .

- Access to this application does not require a log in ID or Password; any user with internet access can utilize this application.
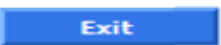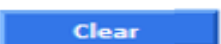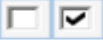
Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Enrollment Process cont.

The online portion of this application process takes approximately 20 minutes to complete.

- Applicants with **applications remaining idle for more than 20 minutes** will be booted from the enrollment wizard and required to restart the enrollment application process.
  - Applicants should gather all required data prior to beginning the application process.

- **Partially completed applications cannot be saved** for future completion (exiting the Wizard before completing the application will require you to restart your application).

- **Completed applications may not be modified through the Web site**; required alterations after an application has been submitted must be mailed to:

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Enrollment Wizard Navigation

- Use the *Process Bar* at the top of the screen to navigate between related panels

  Instructions » Application Type » Employed by Group/Clinic/Hospital » Application For Provider Type/Specialty » Before You Continue » **National Provider Identifier Information**

- Click **Next** to confirm the current panel data and move to the next panel

- Click **Previous** to go back to the previous panel

- Click **Exit** to leave the application – changes will NOT be saved

- Click **Add** to add new entries to the relevant panel

- Click **Clear** to remove multiple entries at once

- Use *Radio Buttons* ⚬ ⚬ to make selections between multiple choices

- Use *Check Boxes* ☐ ☑ to indicate agreement or disagreement

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop -
Enrollment – Where to begin

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - 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. Once you have read the instructions, click **NEXT** to proceed.

Instructions

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

Please note the following:

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

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

Note to Out-of-State Providers:

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

All other out-of-state providers may use the Enrollment/Re-enrollment Wizard if they have received approval from the Department of Social Services. Out-of-state providers may obtain approval by first submitting the claims for which they seek reimbursement to Gainwell Technologies at the following address:
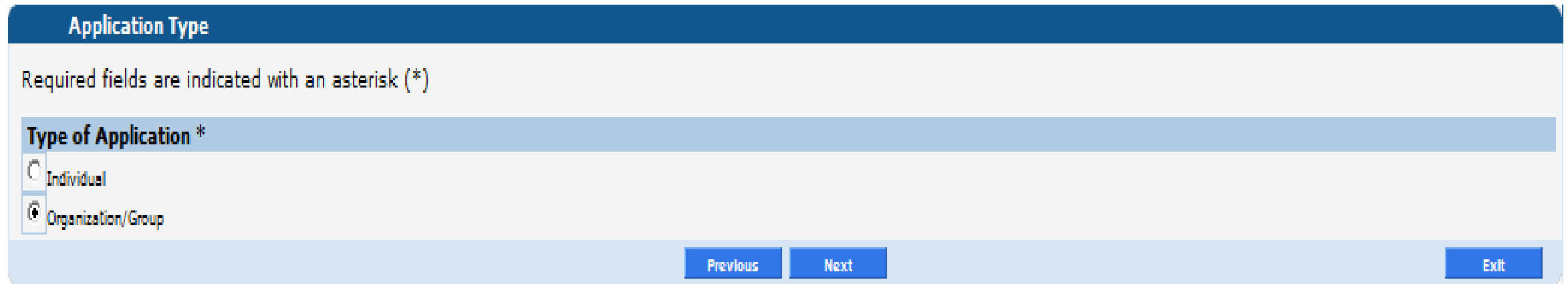
> Gainwell Technologies
> Written Correspondence
> OOS Claims
> P. O. Box 2991
> Hartford, CT 06104

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

Next

Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Application Type

Applicants who are enrolling as VPP Providers will select **Organization/Group** for their "Application Type".

Click Next.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Organization Participation Type

Organizations providing VPP Services must then select the Organization "Participation Type". Click Next.

Organization Participation Type

Required fields are indicated with an asterisk (*).

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

- ⦿ Organization
- ○ Organization that is Employed/Contracted by Another Organization

DEFINITIONS:

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

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

Previous   Next   Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Application For

Community Violence Prevention Programs will select **Initial Enrollment**, then click **Next**.
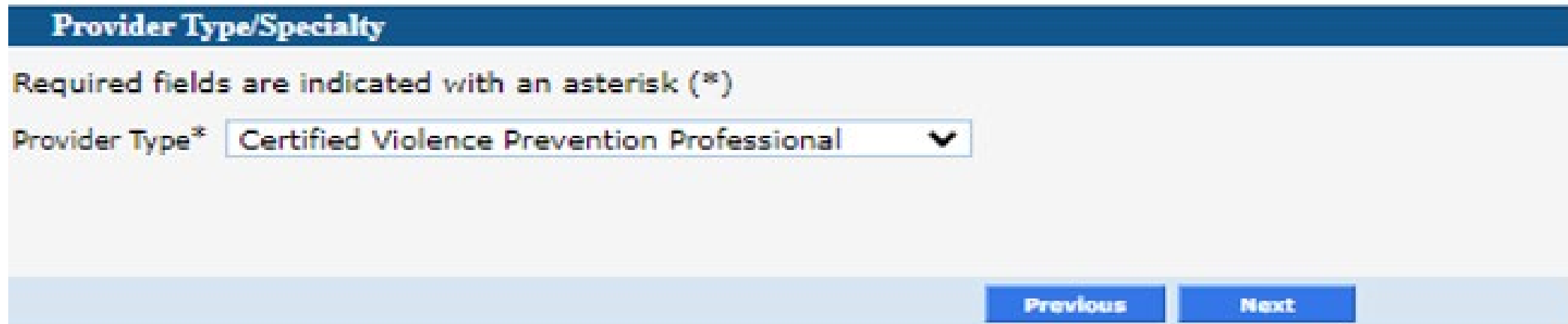
Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Provider Type/ Specialty

Using the drop-down arrow, applicants should select "Provider Type", Certified Violence Prevention Professional (VPP), then click Next.

** There is only 1 provider type 49/490 for VPP provider type. That will be the default value providers will see when their application has been submitted.

Connecticut Violence Prevention Professional (VPP) Enrollment Workshop – Before You Continue

Before You Continue

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

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

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

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

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

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

Previous | Next | Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - National Provider Identifier Information

Applicants are required to bill their services with an NPI when enrolling as a <u>VPP</u> provider.
If there is only one valid taxonomy for your type/specialty, the primary taxonomy field will be pre-populated with that taxonomy. If there is more than one taxonomy to choose from, you may use the dropdown boxes to select the appropriate taxonomy.

- Click Next to continue.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - 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 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* `CVPP II`

Provider Effective Date* `05/23/2022`

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

Previous   Next

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Addresses

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

Addresses

Required fields are indicated with an asterisk (*).

Service Location Address

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

Service Location Address [?] [»]

Field	
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

PLEASE NOTE:

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Addresses cont.

Mailing Address

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

Mailing Address ? ⌃

Street Address Line 1*	
Street Address Line 2	
City*	
State/ZIP*	▼ -
Contact Person*	
Telephone Number - Contact Person*	Ext.
Contact Email	
Confirm EMail	
Fax	

If Service Location Address is the same as Mailing Address, click here to copy to Mailing Address .

Clear | Copy Svc Loc Addr

Home Office Address

- Indicate the provider's Home Office address.

Home Office Address ? ⌃

Street Address Line 1*	
Street Address Line 2	
City*	
State/ZIP*	▼ -
Contact Person*	
Telephone Number - Contact Person*	Ext.
Contact Email	
Confirm EMail	
Fax	

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

Clear | Copy Svc Loc Addr

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Addresses cont.

Check and Remittance Advice Address

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

Check and Remittance Advice Address

Street Address Line 1*	
Street Address Line 2	
City*	
State/ZIP*	
Name - Financial Contact Person*	
Telephone Number - Contact Person*	Ext.
Contact Email	
Confirm EMail	

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

Clear   Copy Svc Loc Addr

1099 Mailing Address

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

1099 Mailing Address

Street Address Line 1*	
Street Address Line 2	
City*	
State/ZIP*	
Telephone Number	Ext.

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

Clear   Copy Svc Loc Addr

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Addresses cont.

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Addresses cont.

Do not enter any data on this panel if you have multiple license sites, you'll need to submit an application for each site.

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* [CT ▾] [_____] - [_____]

Contact Person* [_____]

Telephone Number - Contact Person* [_____] Ext. [_____]

Handicap Accessible? [No ▾]

Contact Email [_____]

Confirm EMail [_____]

Fax [_____]

TDD/TTY [_____]

[add] [cancel]

[Previous] [Next] [Exit]

Connecticut Violence Prevention Professional (VPP) 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 <u>Yes</u> expands the panel with additional questions regarding your EHR system.

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

HIT/HIE Contact and EHR Information

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

Contact Information

Contact First Name

Contact Last Name

Contact Phone   Ext

Contact Email

EHR Information

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

Previous   Next   Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Financial

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

Financial Information

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

Required fields are indicated with an asterisk (*)

Taxpayer Identification Number (TIN)* [   ]   Do not enter dashes.

Name* [   ]   If State Tax ID is not provided, you must

Doing Business As [   ]   attest that no sales tax is collected or you have no employees.

TIN Type* ⦿ EIN ◯ SSN

TIN Effective Date [   ]

State Tax ID [   ]

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

[Previous] [Next]   [Exit]

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - EFT

Enrolling VPP Providers must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Additional Information

VPP Providers must supply HAVI certification. 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*

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

Previous | Next

Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Attestation

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Attestation cont.

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Medicare Information

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

Click Next to proceed.

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

Medicare Information

Required fields are indicated with an asterisk (*)

Are you enrolled in Medicare?   ○ Yes   ● No

Previous   Next   Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Board Members, Partners or Managing Administrators Information

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

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

– Answering **yes** to the last question requires supply of the **Name** and **Corporate Headquarters Location**. Click **Next.**

Board Members, Partners or Managing Administrators Information

Required fields are indicated with an asterisk (*)

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

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

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

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

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

Name _____

Corporate Headquarters Location _____

Previous   Next   Exit

Connecticut Violence Prevention Professional (VPP) 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

Previous   Next   Exit

Connecticut Violence Prevention Professional (VPP) 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.

Connecticut Violence Prevention Professional (VPP) 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*	
First Name*	
Middle Initial	
Relationship*	⌄
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*	

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

⬇

add   cancel

Connecticut Violence Prevention Professional (VPP) 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.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Survey

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

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

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

Connecticut Violence Prevention Professional (VPP) 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.**

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 » **Summary**

Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed once the application has been submitted.

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 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.

- 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.

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.

After clicking submit, be sure to print and/or save the application as a PDF document for your records.

Previous   Submit   Exit

Connecticut Violence Prevention Professional (VPP) 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 Gainwell Technologies. If any information is missing, invalid, or Gainwell Technologies is unable to process the application, you will receive written notification of the missing or invalid information from Gainwell Technologies. Providers will not be able to correct or modify completed applications using the Wizard but will need to submit paper corrections to the following address:

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

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

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

- Notification of Enrollment Decision

    If all information has been provided and is correct, Gainwell Technologies will submit a completed application to the Department of Social Services Quality Assurance Unit for review.
    - If an **approval** is received from the Department of Social Services, the Gainwell Technologies Provider Enrollment Unit completes the enrollment process in the interChange system and sends a Provider Enrollment Approval Notice to the provider. New providers are encouraged to view the Medical Assistance Program Provider Manual on the www.ctdssmap.com Web site located by clicking on Information then Publications from the Home Page.

    - **Important:** In order to avoid future claim denials, newly approved provider groups, clinics, hospital outpatient clinics and FQHC providers must also ensure that each performing provider is enrolled in the Connecticut Medical Assistance Program as an individual member of the organization. If the member is not already enrolled, they must utilize this online Web portal enrollment Wizard to do so. If the member is already enrolled but simply needs to be associated to the organization, the organization, once approved, may do this on the Secure Web portal via Demographic Maintenance.

    - If a **denial** is received from the Department of Social Services, Gainwell Technologies sends a Provider Enrollment/Re-enrollment Rejection Notice to the provider. This letter outlines the reason(s) the application was denied. A provider receiving a denial from Department of Social Services' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the letter. In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via this Enrollment Wizard.

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

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

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

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

Exit

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Additional Information to Mail to Gainwell Technologies (Follow-on Documentation)

- Signed copy of the Attestation for Community Violence Prevention Services Provider Entities form (form follows this list).

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Checking Application Status

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – What's Next

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

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

- Providers will not be able to correct or modify completed applications online, but will need to submit paper corrections to the following address:

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

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Notification of Enrollment Decision

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Notification of Enrollment Decision - Approval

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

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

Connecticut Violence Prevention Professional (VPP) 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

  - Sign up for eDelivery

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop - Notification of Enrollment Decision - Denial

If a denial is received from Gainwell Technologies:

- The letter will provide a reason for the denial.

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

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

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

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

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

Connecticut Violence Prevention Professional (VPP)Provider Enrollment Workshop

www.ctdssmap.com

Re-Enrollment

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Connecticut Violence Prevention Provider (VPP) Provider Enrollment Workshop – Re-enrollment-Notification and Process

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

- **Initial 2-year contract, and every 2 years thereafter** (VPP Provider)

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

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

To re-enroll, providers should:

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

Connecticut Violence Prevention Professional (VPP) 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 without a finalized application violates Affordable Care Act (ACA) policies.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Secure Web Account Access and Set-up

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Port

- Providers who have successfully enrolled as VPP Providers will receive:

- An approval letter with their new **AVRS/Medicaid ID**

- Additional letter under separate mailing containing their **Personal Identification Number (PIN)**

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

Users have multiple ways to log on to their secure Web account from the www.ctdssmap.com Home page.
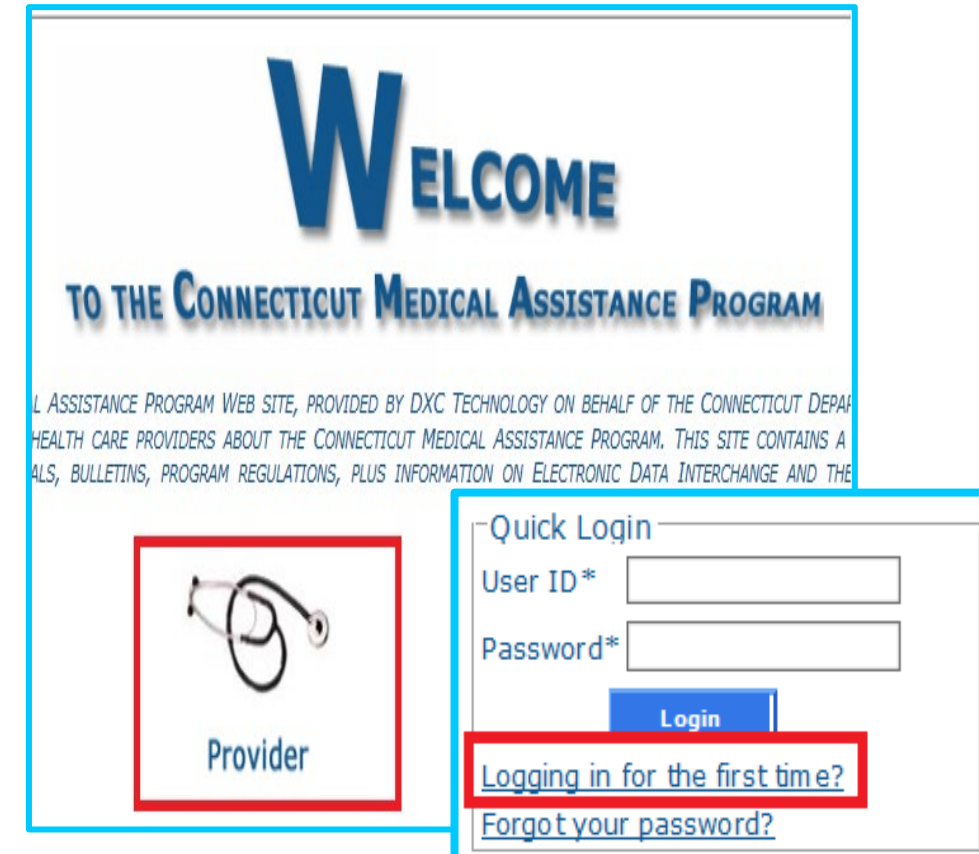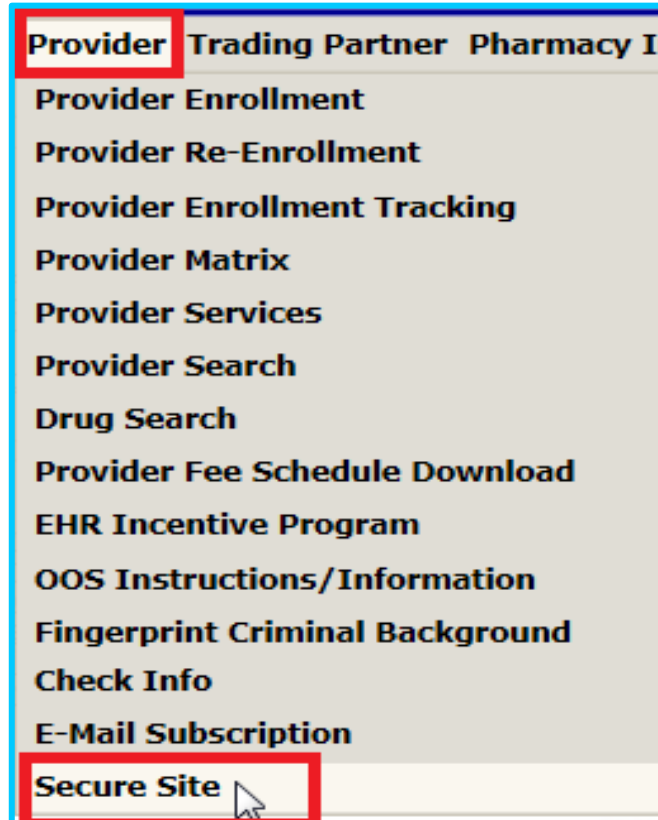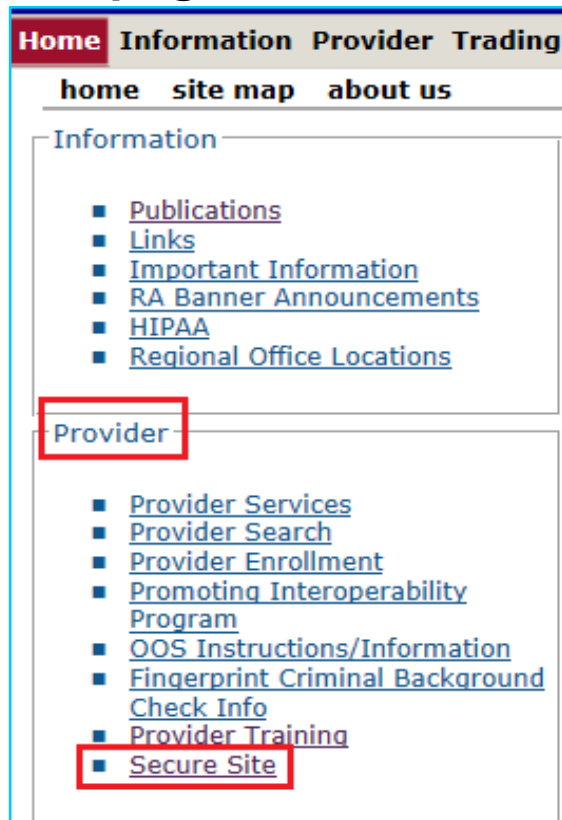
Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

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

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

Login

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

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

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

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

User ID* [   ]
Password* [   ]

login

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

reset password

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up

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

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up

cont.

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

Placing your mouse over a data field name will create a small question mark beside the cursor. Click the left mouse button when the question mark is displayed to open the *Online Field Help* window relevant to the selected field.
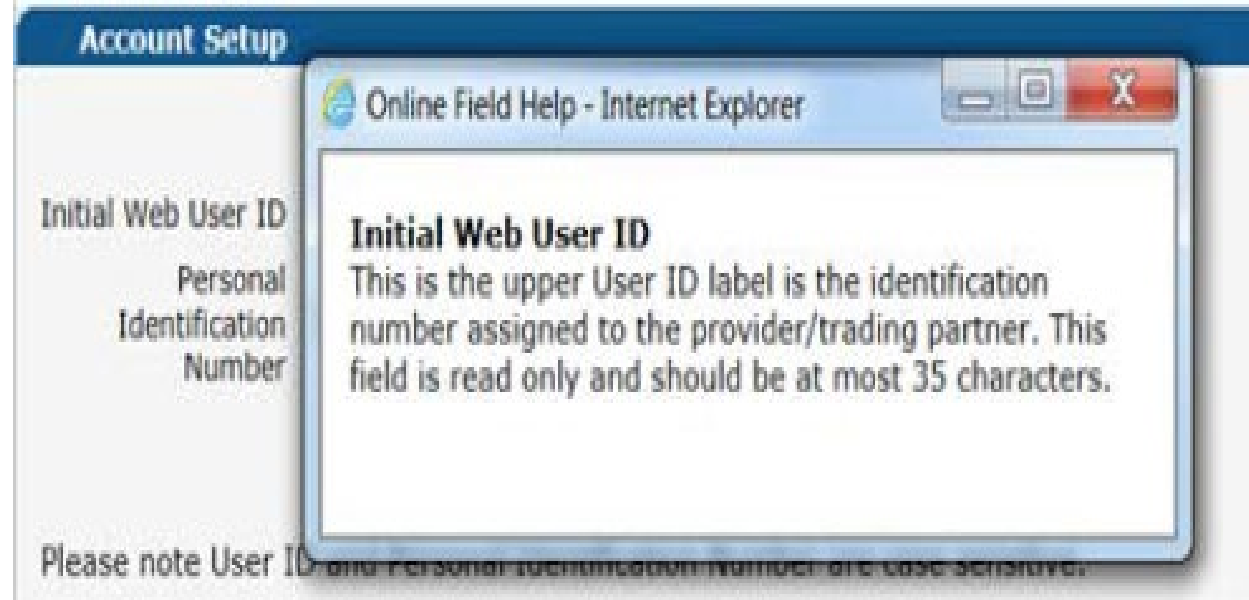
Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Secure Web Account Set-up cont.

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

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

⟵ **Click "here" for help to Web account set-up questions.**

Required fields are are indicated with an asterisk (*).

User ID*	Password*
Contact Last Name*	Confirm Password*
Contact First Name*	EMail*
Phone Number*	Confirm EMail*
1st Secret Question*	
1st Answer*	
2nd Secret Question*	**Complete the fields, read the security agreement and**
2nd Answer*	**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

submit   cancel

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Web Account Capabilities

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities

- Accessing your Secure Site provider account allows you to:

- Update your demographic information (primary account holder only)

- addresses/phone numbers

- Electronic Funds Transfer (EFT) account information

- verify re-enrollment due date(s)

- Reference – www.ctdssmap.com   > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > "Secure Web Site Enrollment and Maintenance Instructions" link > Section 10.3.5 Demographic Maintenance

- Note: Confirmation of specific demographic changes made, and other specific enrollment communications will be sent to the provider via e-Delivery. E-Delivery replaces certain paper letters, from the Connecticut Medical Assistance Program (CMAP) previously mailed through the United States Postal Service. Providers should refer to PB 2019 -15 & PB 2019 – 20 for further information.

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities cont.

- **Set Up clerk accounts:**

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

- Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration >"Secure Web Site Enrollment and Maintenance Instructions" link > Section 10.2 Creating Clerk Accounts.

- S**witch Provider:**

- Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.

- Reference – www.ctdssmap.com > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > "Secure Web Site Enrollment and Maintenance Instructions" link > Section 10.3.7 Switch Provider.

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities cont.

Check client eligibility via the Web:

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

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

- Clerks requiring access to view Prior Authorization (PA) via their secure Web account, must be assigned a role of "PA Inquiry/Submission".

- Clerks assigned the PA role would then select "Prior Authorization Search" from the Prior Authorization Menu.

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

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

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities cont.

Create, Submit and Query claims for dates of service 06/29/2022 and forward

- For services noted on the "Violence Prevention Professional" Fee Schedules

- Claim Format – Professional 5010 HIPAA Compliant

- Query Paid, Denied or Suspended claims

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

Obtain Remittance Advice (RA)

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

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

Connecticut Violence Prevention Professional (VPP) 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.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities – Access Trade Files for Download

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

Connecticut Violence Prevention Professional (VPP) 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 Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Web Account Capabilities - Demographic Maintenance

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance

- **The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:**

- Home Office, Mail to, Pay to, Service Location, Alternate Service Location and Enrollment addresses

- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)

- Service Language

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

The Demographic Maintenance page displays the provider information panel as well as a submenu

Clicking the submenu options will open a panel with related information:

Service Location

Location Name Address

Electronic Funds Transfer (EFT Account)

Service Language - Language, Effective Date, End Date

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

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

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

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

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

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

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

Connecticut Violence Prevention Professional (VPP) 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.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Information-Resources

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Information - Resources
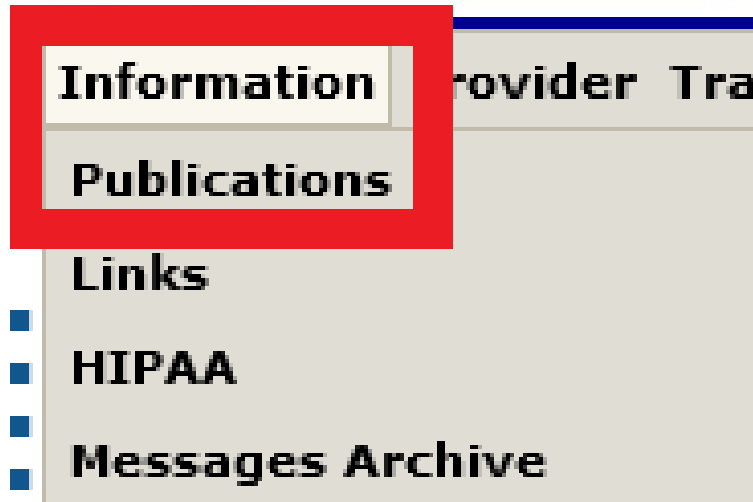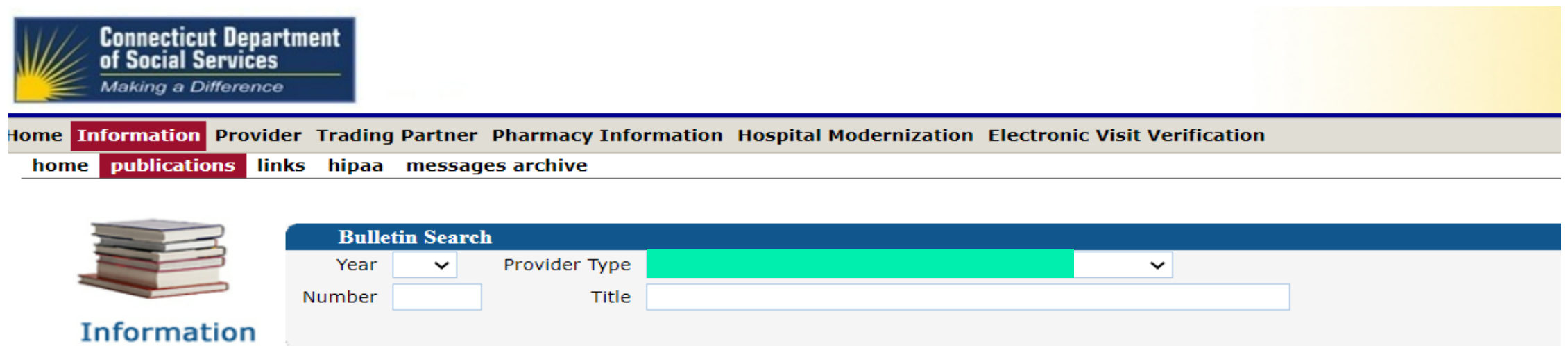
- Publications

- A majority of the information available on the **www.ctdssmap.com** Web site is located on the Publications page

- Access the Publications page by selecting Publications from either the Information box on the left-hand side of the home page or from the Information drop-down menu

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Information – Resources cont.

- Provider Bulletins
- Publications posted to relevant provider type 49/490 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.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Information – Resources cont.

- E-mail Subscriptions

- Register for E-mail Subscriptions - Providers MUST register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com. **For complete E-mail subscription information, please see provider bulletin PB 15-23 on the CMAP Web site.**

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

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

Provider Newsletters

- March 2022 interChange Newsletter
- Provider Newsletter Archives
- December 2021 interChange Newsletter
- October 2021 interChange Newsletter
- June 2021 interChange Newsletter
- March 2021 interChange Newsletter

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Information – Resources
cont.

Provider Manual

- www.ctdssmap.com – From the Home page navigate to Information > Publications > Provider Manuals

- Chapter 3 – Provider Enrollment and Re-enrollment

- Chapter 10 - Web Portal/AVRS (information for setting up secure Web account)

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Information – Resources cont.

- New Provider Workshop – Next Quarterly Workshop TBA. Invitation is out on the web at the following location:

- www.ctdssmap.com   – From the Home page>Provider Training>Under Workshop Invitations select "New Provider Workshop"

- Note: This Workshop is generic to all Providers and Provides a general Overview. Gainwell Technologies will be holding upcoming VPP Billing and Web Claim Submission Workshops in the near future.

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Contacts

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Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop – Contacts

- **Gainwell Technologies Provider Assistance Center:**
  - 1-800-842-8440 - Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays

  - www.ctdssmap.com

  - ctdssmap-ProviderEmail@gainwelltechnologies.com

- **This should be your first call resource to answer all enrollment, eligibility and billing related questions. Should your issue require a higher level of research, it will be escalated to your provider representative. Please be sure to ask the PAC representative for your call tracking number for future call reference.**

- **Provider Enrollment Unit:**

  Gainwell Technologies

  Provider Enrollment Unit

  P.O. Box 5007

  Hartford, CT 06102-5007

Connecticut Violence Prevention Professional (VPP) Provider Enrollment Workshop

www.ctdssmap.com

Questions

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Thank you.

Thank you for attending the Connecticut Medical Assistance Program Connecticut Violence Prevention Professional (VPP) Enrollment Workshop.

All questions and comments regarding this training are welcome.

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