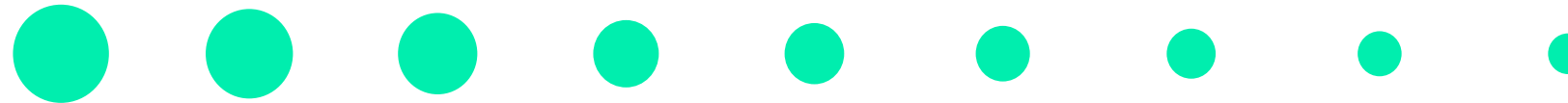


Web Enrollment/Re-enrollment Workshop for DMHAS Performing Providers

Presented by the Department of Social Services &
Gainwell Technologies/March 8, 2024



Agenda

- Workshop Introduction
- www.ctdssmap.com Enrollment/Re-enrollment Wizard
 - ✓ Connecticut Medical Assistance Program (CMAP) Enrollment/Re-enrollment Process
 - ✓ Enrollment/Re-enrollment Wizard Navigation
 - ✓ Enrollment/Re-enrollment Wizard Walkthrough
 - ✓ What's Next – Following the Process
 - ✓ Enrollment/Re-enrollment Tracking
- Notification of Enrollment/Re-enrollment Decision
- Future Re-enrollment Notification
- Access and Set-up of Secure Web Account
- Web Account Capabilities
 - ✓ Demographic Maintenance
 - ✓ Clerk Account Set-up
- Resources
- Questions

Introduction

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers

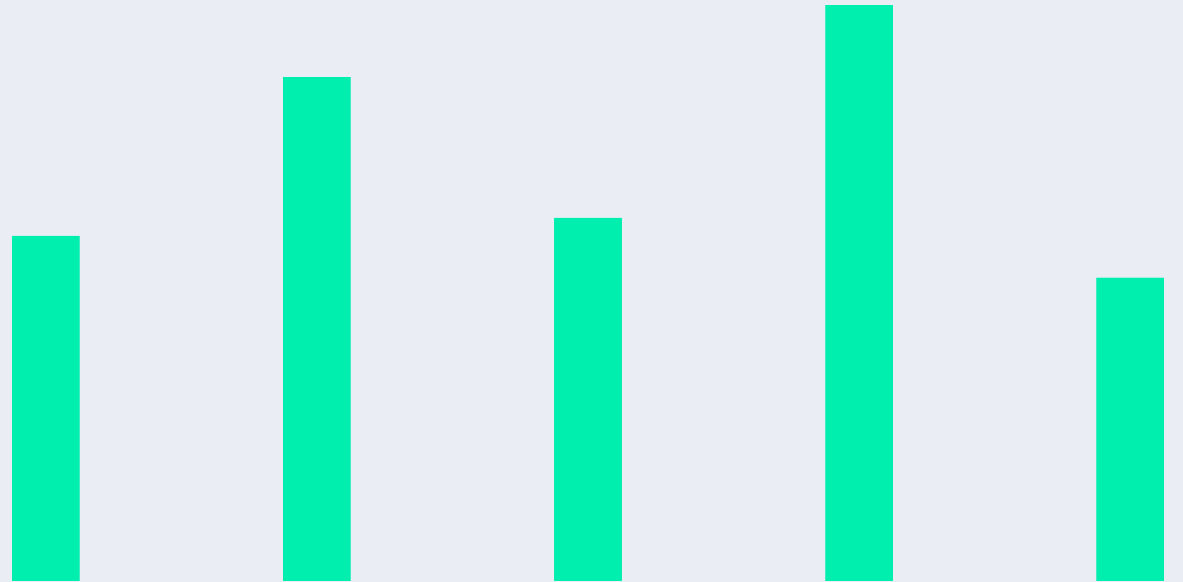


Introduction

- This workshop will provide guidance for the successful completion of an online Web Enrollment or Re-enrollment Application for the following providers of service under the Department of Mental Health and Addiction Services (DMHAS) Targeted Case Management (TCM) and Behavioral Health Home (BHH) Programs.
 - DMHAS Performing Providers-State Operated Facilities
 - DMHAS Performing Providers -Private Non-Profit Providers

www.ctdssmap.com
**Enrollment/Re-enrollment
Wizard**

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Enrollment

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

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

- ACA mandates that once enrolled, providers must re-enroll periodically.
 - DMHAS State Operated Facilities – every 36 months
 - DMHAS Private Non-Profit Providers – every 36 months

Enrollment Guidelines

- 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 wizard and required to restart the application process.**
 - **Applicants should gather all required data prior to beginning the application process.**





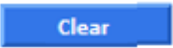


- **Partially completed applications cannot be saved for future completion (exiting the Wizard before completing the application will require you to restart your application).**

Enrollment Guidelines

- **Completed applications may not be modified through the Web site; required alterations must be mailed to:**

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

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

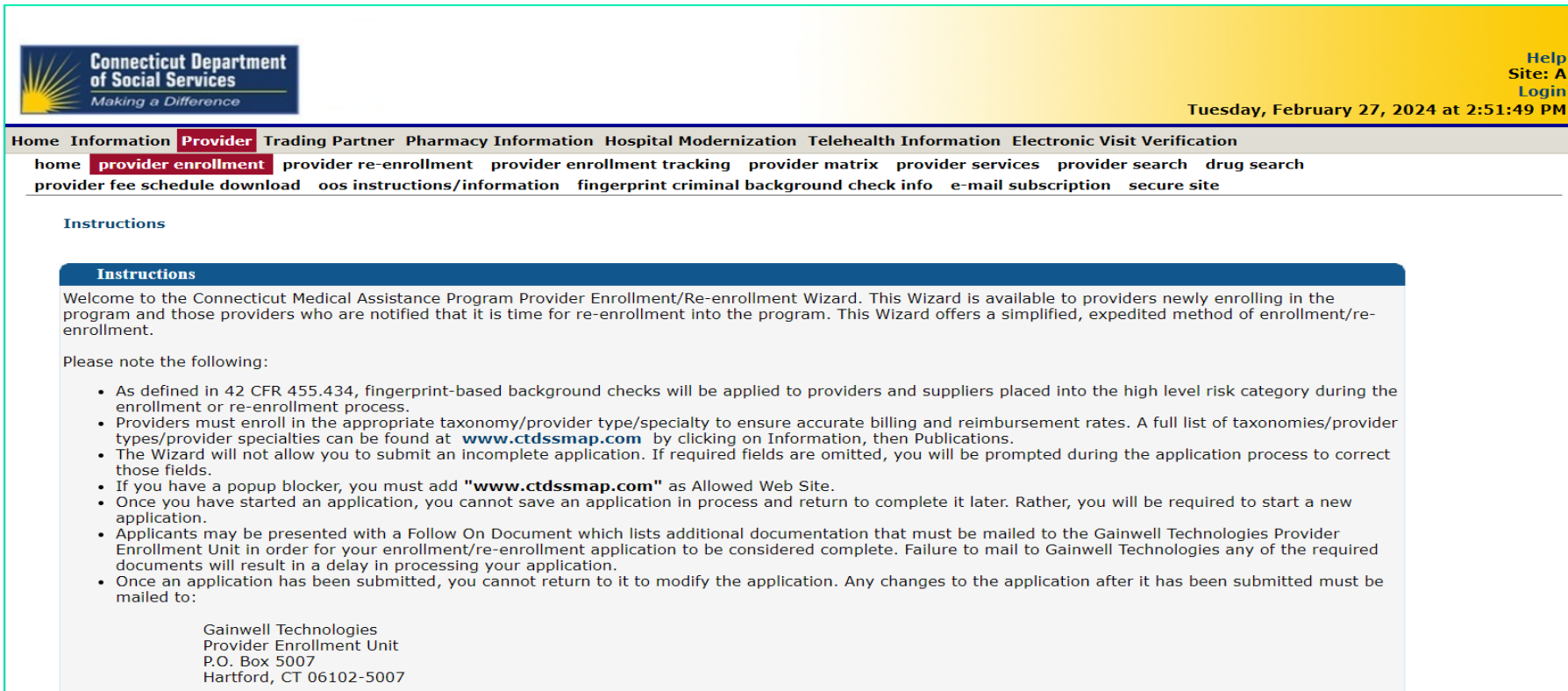
Access to Online Enrollment

Providers, enrolling via the online application tool for the first time, who have not been previously enrolled, will access the Enrollment Wizard from the Web Portal at www.ctdssmap.com.

The screenshot displays the Connecticut Department of Social Services website. The header includes the logo and tagline "Making a Difference" on the left, and "Help Site: B Login" and the date "Tuesday, February 27, 2024 at 1:09:55 PM" on the right. A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. The "Provider" menu is open, listing options such as Provider Enrollment, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, E-mail Subscription, and Secure Site. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner, a descriptive paragraph about the program, and four icons representing Information, Provider, Trading Partner, and Pharmacy.

Access to Online Enrollment

Selecting the Provider Enrollment Link will bring you to the Instructions Page.
Applicants should review this page before beginning the online Enrollment process. Click Next to begin.



The screenshot displays the Connecticut Department of Social Services website. The header includes the department's logo and name, along with navigation links for Help, Site, A, Login, and the current date and time: Tuesday, February 27, 2024 at 2:51:49 PM. The main navigation bar contains links for Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. Below this, a secondary navigation bar lists various links including 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, and secure site. The main content area is titled "Instructions" and contains a blue header with the word "Instructions". The text below the header reads: "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." It then states "Please note the following:" and lists several bullet points regarding fingerprint-based background checks, enrollment requirements, application completeness, and documentation. At the bottom of the instructions, the contact information for Gainwell Technologies Provider Enrollment Unit is provided: P.O. Box 5007, Hartford, CT 06102-5007.

Application Type

Providers enrolling for the first time will next be presented with the “Application Type” panel. Click the “Organization/Group” radio button. Select Next.

The screenshot shows a web application interface. At the top, there is a navigation menu with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. Below this is a secondary menu with links: 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, and secure site. The main content area shows a breadcrumb trail: Instructions » Application Type. Below this is a form titled "Application Type" with a dark blue header. The form contains the text "Required fields are indicated with an asterisk (*)" and a section titled "Type of Application *" with two radio button options: "Individual" and "Organization/Group". At the bottom of the form are three buttons: "Previous", "Next", and "Exit".

Organization Participation Type

Providers enrolling for the first time must select the “Organization that is Employed/Contracted by Another Organization” button. Click Next.

If re-enrolling, the “Organization that is Employed/Contracted by Another Organization” radio button will be auto-selected. No changes are required on this panel. Click Next.

The screenshot shows a web application interface for 'Organization Participation Type'. At the top is a navigation bar with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. Below this is a secondary menu with links: 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, and secure site. The main content area has a breadcrumb trail: Instructions » Application Type » **Organization Participation Type**. The form itself has a blue header 'Organization Participation Type' and a note: 'Required fields are indicated with an asterisk (*).'. The primary question is 'Please indicate how you wish to participate in the Connecticut Medical Assistance Program:*', with two radio button options: 'Organization' and 'Organization that is Employed/Contracted by Another Organization'. Below this is a 'DEFINITIONS:' section with two paragraphs explaining the terms. At the bottom of the form are three buttons: 'Previous', 'Next', and 'Exit'.

Application For

Providers enrolling for the first time will next be presented with the “Application For” panel. “Initial Enrollment” should be selected. Select Next.

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

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.

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

Provider Type/Specialty

- Newly enrolling providers should select “**BHH/TCM/Waiver Performing Provider**” as the “**Provider Type**”. Click Next.
 - NOTE: This “Provider Type” will be pre-populated when re-enrolling.
- Use the drop - down box to select the correct “**Provider Specialty**”.
 - DMHAS Performing Provider- Private Non-Profit
 - DMHAS Performing Provider-State Operated Facility
 - The “Provider Specialty” will be pre-populated when re-enrolling
 - Click Next

The screenshot shows a web application interface for selecting a provider type and specialty. At the top, there is a navigation bar with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. Below this is a secondary navigation bar with links: 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, and secure site. The main content area has a breadcrumb trail: Instructions » Application Type » Organization Participation Type » Application For **Provider Type/Specialty**. Below the breadcrumb is a form titled "Provider Type/Specialty" with a sub-header "Required fields are indicated with an asterisk (*)". The form contains a single dropdown menu labeled "Provider Type*" with a downward arrow. At the bottom of the form are three buttons: "Previous", "Next", and "Exit".

Enrollment – Before You Continue

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

Before You Continue

Prior to continuing, it may be helpful to gather the following information which may be required on subsequent panels.

Click on the links below to open a sample of a completed enrollment application.

- Full 9 digit zip codes for all addresses
- License Number
- Out of state providers must submit a copy of their license to 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](#)

- 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](#)

National Provider Identifier Information

Enter your NPI and select your taxonomy from the drop - down list. Please Note: An NPI is not required. Providers who do not have an NPI should select the “atypical” taxonomy option in the Primary Taxonomy field.

NOTE: This field will be pre-populated for providers who are re-enrolling

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

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*

Taxonomy 2

Taxonomy 3

Taxonomy 4

Taxonomy 5

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

Valid Taxonomies	
State Operated Facility	Private Non-Profit
----(atypical)	----(atypical)
261QM0850X	251B00000X
283Q00000X	251S00000X
	261QM0801X
	261QM0850X
	282N00000X
	284300000X
	315P00000X
	324500000X

Identifying Information

- Complete the required and applicable fields
- Click Next to continue
- NOTE: This panel will be pre-populated when re-enrolling. Review for accuracy, making changes as applicable.

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

Instructions >> Application Type >> Organization Participation Type >> Application For
Provider Type/Specialty >> Before You Continue >> National Provider Identifier Information >> **Identifying Information**

Identifying Information

- The name entered on this line must match exactly the provider name submitted to the Internal Revenue Service and what is submitted on all other information supplied to the Connecticut Medical Assistance Program.
- Indicate the date the provider wishes to become effective. This date cannot be further back than six months.
- Indicate the language(s) spoken by organization staff that is available to interpret for clients.

Required fields are indicated with an asterisk (*)

Name - Organization*

Provider Effective Date*

Languages

- English
- Spanish
- Portuguese
- Russian
- Polish
- Other

Service Location Address

- Complete the fields as applicable to your agency. Required fields are indicated with an *.
- **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. NOTE: Information will be pre - populated for the required address types: Service Location; Mailing; Home Office and Enrollment. Providers are restricted from updating or adding service locations that are not in the state of CT.

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

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

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"/>
Contact Person*	<input type="text"/>
Telephone Number - Contact Person*	<input type="text"/> Ext. <input type="text"/>
Telephone Number - For Patient Use*	<input type="text"/> Ext. <input type="text"/>
Handicap Accessible?	<input type="text"/> No <input type="text"/>
Contact Email	<input type="text"/>
Confirm EMail	<input type="text"/>
Fax	<input type="text"/>
TDD/TTY	<input type="text"/>

Mailing Address

- DMHAS Private Non-Profit - 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.
- DMHAS State Operated Facility – This mailing address will display the 410 Capitol Ave address and should not be updated.

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

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.

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

Enrollment Address

- **DMHAS Private Non-Profit** - 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
- **DMHAS State Operated Facility** – This mailing address will display the **410 Capitol Ave** address and should not be updated.

Enrollment Address

- Enrollment address is the address to which all enrollment/re-enrollment correspondence will be mailed, including a provider's notice to re-enroll. If a provider has a central credentialing unit or office member that performs that function, this is the information that should be reflected in the address and contact fields below.

Enrollment Address ? ⬆

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Confirm EMail

Fax

Additional Service Location Addresses

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

To add an additional service location(s), fill in the appropriate information and click “Add.” All required fields indicated with an asterisk (*) must be completed. When all applicable addresses have been added 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**

Additional Service Location Address

Required fields are indicated with an asterisk (*).

Street Address Line 1	Street Address Line 2	City	State	Contact Person	Telephone Number - Contact Person
Type changes below.					
Street Address Line 1*	<input type="text"/>				
Street Address Line 2	<input type="text"/>				
City*	<input type="text"/>				
State/ZIP*	CT <input type="text"/>	-	<input type="text"/>		
Contact Person*	<input type="text"/>				
Telephone Number - Contact Person*	<input type="text"/>	Ext.	<input type="text"/>		
Handicap Accessible?	No <input type="text"/>				
Contact Email	<input type="text"/>				
Confirm EMail	<input type="text"/>				
Fax	<input type="text"/>				
TDD/TTY	<input type="text"/>				

Tax ID Information

Enter Taxpayer Identification Number (TIN) and TIN Effective Date. **Do not enter dashes.** Click NEXT.

Note: When re-enrolling this panel will be pre-populated with previous enrollment data on file.

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*

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

Member of Organization

When Enrolling, enter the Organization ID for which you are a member. Click Add. Click on the Organization name to populate and enter effective date of membership. Click Next.

When Re-enrolling, depending on the “Provider Specialty” of your application, this panel will display the “DMHAS TCM” or “DMHAS BHH” billing provider to which you are associated. **Please do not make any changes on this panel.** 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
Type changes below.		

Member of Organization

Organization ID*

Attestation

Review the Electronic Signature question. **Answering Yes to the first question will open the Attestation.**

Read and signify (using radio buttons - yes or no) if or not your organization complies with the stated requirements.

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 » Member of Organization

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 his/her identity.

Each Provider and each User shall certify, in writing, that the electronic signature is intended to be the legally binding equivalent of the User's traditional handwritten signature.

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.

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Board Members, Partners or Managing Administrators Information

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

When re-enrolling this panel will be pre-populated with current enrollment information on file. Providers should review responses to each of the questions, making changes as currently applicable to their organization.

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 » Member of Organization Attestation » **Board Members, Partners or Managing Administrators Information**

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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Board Members, Partners or Managing Administrators Information - Detail

If you answered Yes to the board members, partners or managing administrators of your organization, the panel displayed below appears.

You will be required to enter details about that board member(s), partner(s), or managing administrator(s) as applicable to your current organization. Click the add button after each member entry to free the fields for the next managing member. When all members have been added, **Click NEXT 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*

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 » Tax ID Information » Member of Organization Attestation » 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 ***

Type changes below.

Controlling Interest (cont.)

For profit organizations and those organizations with an owner are required to indicate the person or persons who have controlling interest in the organization.

When re-enrolling this panel will be pre-populated with current enrollment information. Providers must review and make changes as applicable to their current organization.

The screenshot shows a web form for entering information about a person with controlling interest. The form is enclosed in a light gray box with a thin green border. It contains the following fields and labels:

- Relationship* (dropdown menu)
- Last Name* (text input)
- First Name* (text input)
- Middle Initial (text input)
- Medicaid Provider Number (if applicable) (text input)
- Social Security Number* (text input)
- Date of Birth* (text input)
- Street Address Line 1* (text input)
- Street Address Line 2 (text input)
- City* (text input)
- State/ZIP* (dropdown menu for state, text input for ZIP, and a hyphen separator)
- Telephone Number - Business* (text input) and Ext. (text input)
- Percentage of Controlling Interest* (text input)

At the bottom right of the form, there are two blue buttons labeled "add" and "cancel".

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. Complete the panel, click add to save after each entry, then NEXT to continue.

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

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

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

Controlling Others

Name*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

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

The screenshot shows a survey interface with a dark blue header labeled "Survey". Below the header, a light gray bar contains the text "Required fields are indicated with an asterisk (*)". The main content area contains four questions, each with radio button options for "Yes" and "No".

Question 1: "1. Is, or was, applicant a Medicaid provider in any other state? *" with radio buttons for "Yes" and "No".

Question 2: "2. Is applicant a provider for any other federal program, e.g., MEDICARE? *" with radio buttons for "Yes" and "No".

Question 3: "3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? *" with radio buttons for "Yes" and "No".

Question 4: "4. 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? *" with radio buttons for "Yes" and "No".

Below Question 1, a modal window is open. It has a light blue header with "Survey" and a question mark icon. The modal contains a text area with "*** No rows found ***" and a red instruction: "- Enter data below and click on add button -". Below this are three input fields: "State*" (a dropdown menu), "National Provider Identifier Number*" (a text box), and "Date*" (a text box). A blue "add" button is positioned to the right of these fields.

At the bottom of the survey form, there are three buttons: "Previous", "Next", and "Exit".

Summary

Click link “Click here to open the Provider Enrollment Agreement”.

After Reading the Agreement, click the box “I agree to have read and accept the terms.”

Signature of Provider or Authorized Representative and SSN are required.

Review and make all changes to the application, using the navigation links below, 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 » Tax ID Information » Member of Organization Attestation » Board Members, Partners or Managing Administrators Information » Controlling Interest » Survey

Summary

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).

Summary (cont.)

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

- **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

Additional Information to Mail to Gainwell Technologies

This panel displays **additional information that must be mailed to Gainwell Technology.**

Click on the given link to view, save, or print the list of required Follow-On Documents.

Additional Information to Mail to Gainwell Technologies

Required fields are indicated with an asterisk (*)

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

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

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

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

[Next](#)

List of Follow-On Documents

DMHAS Performing Provider – Private Non-Profit

- **Copy of Medical Director's current physician license**
- **Statement from Medical Director accepting full professional responsibility for services (standard form provided by Gainwell Technologies as part of the provider's follow-on document).**
 - If you do not provide medical services or have a medical director on staff, you may submit a list of services provided, signed by the Chief Executive Officer (CEO) instead.
- **Mental Health and Substance Abuse Questionnaire (initial enrollment only) – (form provided)**

List of Follow-On Documents

DMHAS Performing Provider – State Operated Facility

- **Copy of Medical Director’s current physician license**
- **Statement from Medical Director accepting full professional responsibility for services (standard form provided by Gainwell Technologies as part of the provider’s follow-on document).**
- **Copy of Joint Commission on Accreditation of Hospital Organizations (JCAHO) current accreditation as a psychiatric hospital.**
- **Mental Health and Substance Abuse Questionnaire (initial enrollment only) – (form provided)**

Application Submitted

Please take note of the Application Tracking Number (ATN). You must put the ATN on all required follow-on documents or modifications sent to Gainwell Technologies 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 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
- 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

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. In order to track your application you will need to have the ATN as well.



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



Enrollment/Re-enrollment – Next Step

Required Follow on Documents must be mailed, faxed or emailed to Gainwell Technologies as soon as possible to the following address or fax:

Gainwell Technologies

Provider Enrollment Unit

P.O. Box 5007

Hartford, CT 06102

* FAX # 1- 877- 899 – 5401 (Follow on Documents only)

* Email – ctproviderenrollment@gainwelltechnologies.com

(Follow on Documents only)

Be sure to include the Application Tracking Number (ATN) in the upper right - hand corner of all Follow-on Documents.

* Please note that fax and email are for the use of sending Follow on Documents to Gainwell Technologies only. Do not send questions regarding enrollment, billing or other CT Medical Assistance Program questions. Questions should be submitted to our Provider Assistance Center (PAC) at 1-800-842-8440

Enrollment/Re-enrollment – 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

All additional information sent to Gainwell Technologies will need the ATN entered on the upper right - hand corner of each document submitted.

Access to Online Enrollment/Re-Enrollment Tracking

- Providers can track the progress of their online Enrollment/Re-Enrollment Application via the www.ctdssmap.com Web site.

The screenshot displays the Connecticut Department of Social Services website. The header includes the department's logo with the tagline "Making a Difference" and the date "Wednesday, February 28, 2024 at 5:41:09 PM". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy, Information, Hospital Modernization, Telehealth, Information, and Electronic Visit Verification. A dropdown menu is open under the "Provider" link, listing options such as "Provider Enrollment", "Provider Re-Enrollment", "Provider Enrollment Tracking" (highlighted by a mouse cursor), "Provider Matrix", "Provider Services", "Provider Search", "Drug Search", "Provider Fee Schedule Download", "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 heading "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this is a paragraph of introductory text and four icons representing "Information", "Provider", "Trading Partner", and "Pharmacy".

Online Enrollment/Re-enrollment Tracking (cont.)

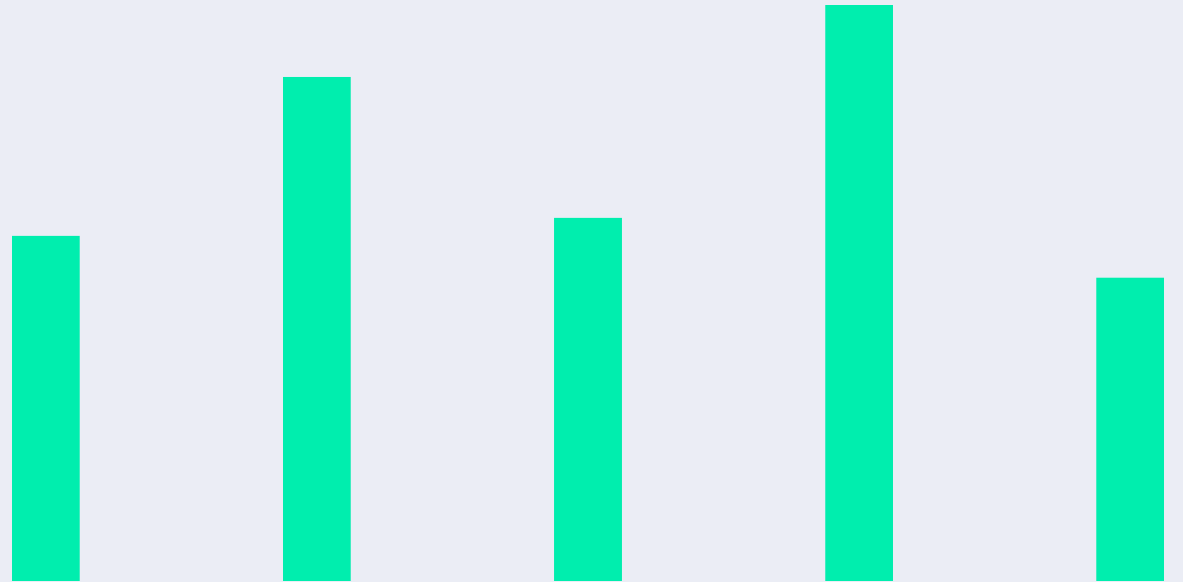
Enter the ATN received upon completion of your online Enrollment/Re-enrollment Application.
Enter the Business Name as Enrolled/Re-enrolled.

Click Search.

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and tagline "Making a Difference" on the left, and "Help Site: D Login" and the date "Wednesday, February 28, 2024 at 5:54:59 PM" on the right. A navigation menu below the header lists various services, with "Provider" and "provider enrollment tracking" highlighted in red. The "Enrollment Tracking Search" section contains two input fields: "ATN*" and "Business OR Last Name*", both with empty text boxes. To the right of these fields are two buttons: "search" and "clear".

Notification of the Enrollment/Re-enrollment Decision

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Notification of Enrollment Decision - Denial

- If a denial is received from the Department of Social Services (DSS), 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 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 will be sent to the provider.
 - If the decision is not reversed:
 - a provider must submit a new application via the online Enrollment Wizard.

Notification of Enrollment Decision - Approval

- If all information has been provided and is correct, Gainwell Technologies will submit a completed application to the Department of Social Services (DSS) Quality Assurance Unit for review.
- If an approval is received from the DSS, the Provider Enrollment Unit completes the enrollment process and sends:
 - A Welcome Letter to the provider with an Automated Voice Response System (AVRS) Initial Web User ID
 - A second letter containing Web Personal Identification Number (PIN) information.
- Upon receipt, providers should set up their secure Web account in order to:
 - Make changes to their provider file
 - Retrieve e-delivery notifications regarding re-enrollment

Re-enrollment Notification / Process

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Re-enrollment Notification / Process

- Providers who have a DMHAS Performing Provider Secure Web portal account will receive an alert via e-mail that an e-Delivery letter has been posted to their Secure Web portal account. Providers should refer to **PB 2019-20** regarding receipt of re-enrollment notifications via e-Delivery to ensure timely re-enrollment.
- Providers who do not have a secure DMHAS Performing Provider secure Web account will be notified that it is time for re-enrollment by letter via the US Postal Service.
- Re-enrollment Notifications will be sent **6 months** prior to their next re-enrollment due date of their current upcoming **3 year contract**.

Re-Enrollment Notification / Process (cont.)

- Providers should successfully complete the re-enrollment application as quickly as possible upon receipt of their notice.
- **Providers with re-enrollment applications that are not fully completed by the provider's re-enrollment due date will receive a notice advising they have been dis-enrolled from the Connecticut Medical Assistance Program (CMAP).**
- **A Provider Enrollment contract will not be reinstated until the application is finalized.**
 - Reinstatement of contracts w/out a finalized application violates ACA policies.

Re-enrollment - Where to begin

Go to the www.ctdssmap.com Home Page to access the Re-enrollment Wizard and begin the application process. Providers re-enrolling for the first time would select “Provider Re-enrollment” from the Provider menu.

The screenshot shows the website interface for the Connecticut Department of Social Services. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". At the top right, it says "Help Login" and "Wednesday, February 28, 2024 at 7:10:48 PM". A navigation bar contains links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. A dropdown menu is open under "Provider", listing: Provider Enrollment, Provider Re-Enrollment (highlighted with a mouse cursor), Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, OOS Instructions/Information, Fingerprint Criminal Background Check Info, E-mail Subscription, and Secure Site. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner. Below the banner is a paragraph of text: "THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM MANUALS AND INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM." At the bottom of the page are icons for a stack of books, a stethoscope, a key, and a pill bottle labeled "Rx".

Log into Your Re-enrollment Application

Enter the **ATN** provided on your re-enrollment due notice and your **9 - digit AVRS ID**. **Click Next**.

The screenshot shows the login page for the Connecticut Department of Social Services. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". At the top right, it says "Help Site: B Login" and "Thursday, February 29, 2024 at 1:11:20 PM". Below the header is a navigation menu with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. A secondary menu includes: 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, and secure site. The main heading is "Log In to Your Re-Enrollment Application". Below this is a blue box with a question mark icon containing the instruction: "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." Below the instruction, it says "Required fields are indicated with an asterisk (*)". There are two input fields: "ATN*" and "NPI/Non medical provider identifier (AVRS ID)*". At the bottom of the form are two buttons: "Next" and "Exit".

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.
- If required data is missing/omitted, or entered incorrectly, an error message will be displayed on the panel.

Secure Web Account – Access and Set-up

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Access to Secure Web Account

Users have multiple ways to access the secure Web Portal to set-up and log on to their secure Web account from the www.ctdssmap.com Home page.

The screenshot shows the top navigation bar with links for Home, Information, Provider, and Trading Partner. Below this is a secondary navigation bar with links for home, site map, and about us. A main menu titled 'Information' contains several links: Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. A sub-menu titled 'Provider' is expanded, listing links for Provider Services, Provider Search, Provider Enrollment, OOS Instructions/Information, Fingerprint Criminal Background Check Info, Provider Training, and Secure Site. The 'Secure Site' link is highlighted with a red box.

The screenshot shows a vertical menu of provider services. The 'Provider' link at the top is highlighted with a red box. Below it are links for Provider Enrollment, Provider Re-Enrollment, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, EHR Incentive Program, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, E-Mail Subscription, and Secure Site. The 'Secure Site' link at the bottom is highlighted with a red box and has a mouse cursor over it.

The screenshot shows the login page for the Connecticut Medical Assistance Program. It features a large 'WELCOME' heading and a sub-heading 'TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM'. Below this is a 'Quick Login' section with input fields for 'User ID*' and 'Password*', a 'Login' button, and links for 'Logging in for the first time?' and 'Forgot your password?'. A 'Provider' logo is also visible. The 'Secure Site' link from the previous screenshot is shown as a red box overlaid on the bottom right of the page.

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.

Secure Web Account Set-up

Click “Set-up account for Access to the Secure Web Portal

Login

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

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

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

User ID*

Password*

login

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

reset password

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

Secure Web Account Set-up

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

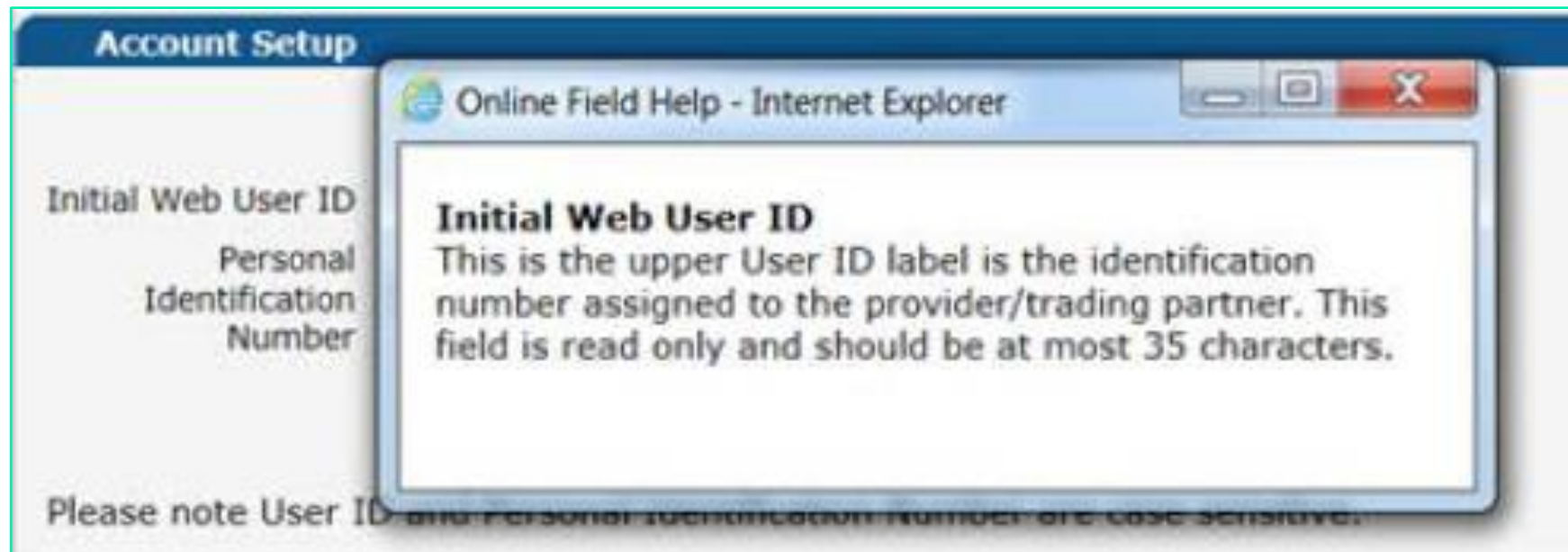
Enter the provided Initial Web User(AVRS) ID and PIN (which can be found in the enrollment and PIN letters) in the appropriate fields; click [set-up account](#).

The screenshot shows a web form titled "Account Setup" with a blue header bar. Below the header, there are two input fields: "Initial Web User ID*" and "Personal Identification Number*", both with red boxes around them. A red-bordered box contains the text "Please note User ID and Personal Identification Number are case sensitive." Below this, there is a link "Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up." At the bottom right, there is a blue button labeled "setup account" with a red border.

Secure Web Account Set-up

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.



Secure Web Account Set-up (cont.)

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

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

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

Required fields are indicated with an asterisk (*).

User ID*	<input type="text"/>	Password*	<input type="text"/>
Contact Last Name*	<input type="text"/>	Confirm Password*	<input type="text"/>
Contact First Name*	<input type="text"/>	E-Mail*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/>	Confirm E-Mail*	<input type="text"/>
1st Secret Question*	<input type="text"/>		
1st Answer*	<input type="text"/>		
2nd Secret Question*	<input type="text"/>		
2nd Answer*	<input type="text"/>		

Complete the fields, read the security agreement and click the "I agree" box prior to hitting the submit button.

Security Agreement

Provider agrees to meet all applicable state and federal laws and regulations pertaining to confidentiality, privacy, and security and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of all information concerning DSS clients, including, but not limited to, personal, financial, and medical information. Provider agrees that

I Agree

Secure Web Account Set-up

- Existing DMHAS Performing Providers **who have not** already set up a secure DMHAS Performing Provider Web account may set-up a secure Web account to access the receipt of future:
 - Re-Enrollment reminder, approval or denial letters (PB 2019-20)
 - Performing provider association/separation from organization letters (PB 2019-20) via e-Delivery.
- **Currently enrolled DMHAS Performing Providers should contact the Gainwell Technologies Provider Assistance Center (PAC) to obtain their PIN to create their secure DMHAS Performing Provider Web account.**
 - The PAC is available M-F 8-5 PM, excluding holidays, at 1-800-842-8440.
- The Provider's 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.

Web Account Capabilities

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Web Account Capabilities – Demographic Maintenance


Accessing your Secure Site provider account allows the Primary Account Holder to update provider demographic information

- addresses/phone numbers
- service language
- 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

Web Account Capabilities – Demographic Maintenance

Access Demographic Maintenance from either the Account submenu or the Account drop-down menu to alter and maintain demographic information on your provider file as indicated below.



The screenshot displays a web account interface. At the top, there is a navigation bar with links: home, **account home**, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, switch provider, reset password, and log out. Below the navigation bar, the main content area shows a welcome message: "Welcome: TCM Performing Provider", followed by "Provider ID: 001234567", "Provider AVRS ID: 001234567", "Reenrollment Due Date: 09/01/2021", and "Zip Code: 06032-1234". On the right side, a dropdown menu is open, listing the following options: Account, Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, **Demographic Maintenance** (highlighted with a red border), Reset Password, and Log Out.

Web Account Capabilities – Demographic Maintenance

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:

- Location Name Address
- Service Language - Language, Effective Date/End Date

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

[Base Information](#) > [Location Name Address](#) > [Service Language](#)

Web Account Capabilities – Demographic Maintenance

To alter address information, simply select the applicable row from the provided list (Service Location, Enrollment, Mail to or Home); then click maintain address.

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Srv Location Address	PNMI Provider	193 Scott Wamp RD	Farmington	CT	06032	1234	(860)255-3913		N
Enrollment Address	PNMI Provider	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	PNMI Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Home Address	PNMI Provider	195 Colt Highway	Farmington	CT	06032	1234	(860)255-3913		N

[maintain address](#)

change/fill in the appropriate information (address, phone number, etc.); check box to apply to other addresses. Click save.

Type changes below.

Name Type: Business Name Personal Name

Name: 008 Specialized Services Agency

Title:

Usage:

Country:

Address 1*:

Address 2:

City:

State:

Zip*:

Apply Changes To:

Save List

Pay To

Mail To

Enrollment

Phone*:

Fax:

Handicap Accessible?:

Email:

Confirm Email:

[save](#) [cancel](#)

The following messages were generated:

Message Description	Panel	Field
Save was Successful		

Web Account Capabilities – Demographic Maintenance

Providers can specify different mailing, service location, home office and enrollment addresses.

The screenshot displays a web application window titled "Location Name Address". At the top, there is a table with columns: Usage, Name, Address 1, City, State, Zip, Zip + 4, Phone, Ext, and Handicap Access. The first row is highlighted in red and contains the following data: Usage: Srv Location Address, Name: PNMI Provider, Address 1: 193 Scott Wamp RD, City: Farmington, State: CT, Zip: 06032, Zip + 4: 1234, Phone: (860)255-3913, Ext: N, Handicap Access: N. Below the table, the form for editing the selected address is shown. The "Name Type" is set to "Business Name" (selected with a radio button). The "Name" field contains "DDS Specialized Services Agency". The "Usage" dropdown is set to "Service Location". The "Country" is "UNITED STATES". The "Address 1*" field contains "195 COLT HIGHWAY". The "City" field contains "FARMINGTON". The "State" dropdown is set to "CT". The "Zip*" field is split into "06032" and "1234". The "Phone*" field contains "(860)255-3913". The "Handicap Accessible?" dropdown is set to "No". There are also fields for "Title", "Address 2", "Fax", "Email", and "Confirm EMail". An "Apply Changes To:" section contains checkboxes for "Svc Loc" (checked), "Pay To", "Mail To", and "Enrollment". At the bottom right, there are "save" and "cancel" buttons.

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Srv Location Address	PNMI Provider	193 Scott Wamp RD	Farmington	CT	06032	1234	(860)255-3913	N	N
Enrollment Address	PNMI Provider	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913	N	N
Mail to	PNMI Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913	N	N
Home Address	PNMI Provider	195 Colt Highway	Farmington	CT	06032	1234	(860)255-3913	N	N

Name Type: Business Name Personal Name

Name: DDS Specialized Services Agency

Title: [dropdown]

Usage: Service Location [dropdown]

Country: UNITED STATES [dropdown]

Address 1*: 195 COLT HIGHWAY

Address 2: [text box]

City: FARMINGTON

State: CT [dropdown]

Zip*: 06032 1234

Phone*: (860)255-3913 [text box]

Fax: [text box]

Handicap Accessible?: No [dropdown]

Email: [text box]

Confirm EMail: [text box]

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Enrollment

save cancel

Web Account Capabilities (cont.)

Confirmation of demographic changes and other specific enrollment communications (re-enrollment reminder, approval or denial letters) will be sent to the provider via e-Delivery, if a secure Web account is setup.

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 Provider Bulletin 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).

Web Account Capabilities (cont.)

Set Up clerk accounts

- Allows Primary Account Holder to assign permission to access areas of the secure web portal to retrieve e-Delivery letters via Trade Files.

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.

Access to e-Delivery letters

- If a secure Web account is setup, notices regarding provider re-enrollment reminder, approval, denial letters 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 - 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).

Web Account Capabilities (cont.)

Switch Provider

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

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

Web Account Capabilities (cont.)

Assigning Clerk Roles

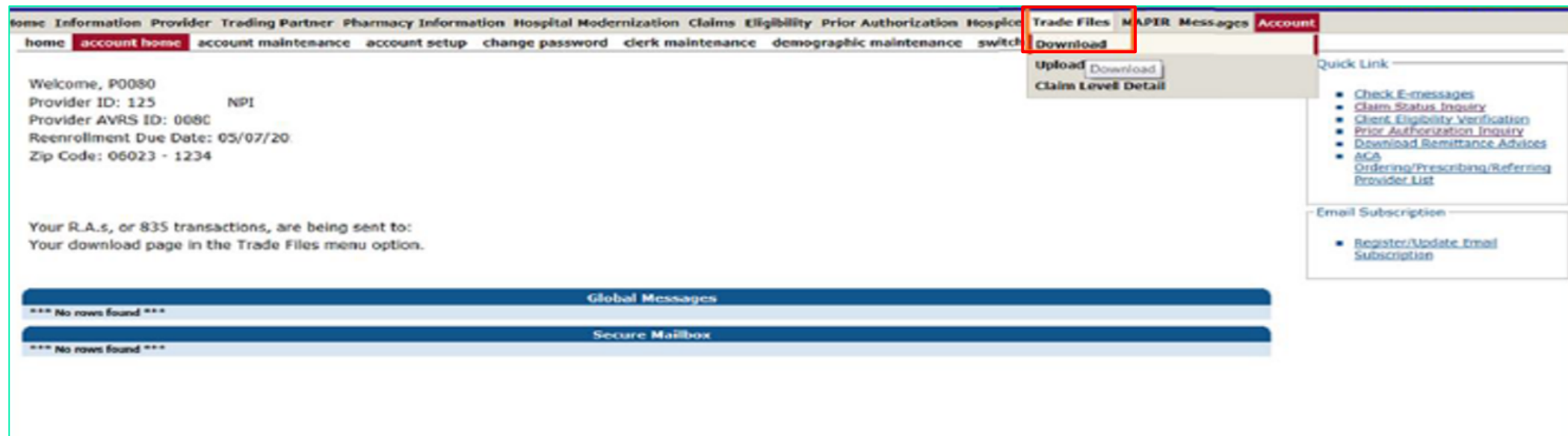
To Assign roles, the Primary Account Holder > logs on to their Secure Web portal account > selects Clerk Maintenance > selects the add clerk button > assigns the appropriate role.

The screenshot displays the 'Clerk Maintenance' web application interface. At the top, there is a navigation menu with options like 'Home', 'Information Provider', 'Trading Partner', 'Pharmacy Information', 'Hospital Modernization', 'Claims Eligibility', 'Prior Authorization', 'Hospice', 'Trade Files', 'MAPIR', 'Messages', and 'Account'. Below this, a secondary menu includes 'home', 'account home', 'account maintenance', 'account setup', 'change password', 'clerk maintenance', 'demographic maintenance', 'switch provider', 'reset password', and 'log out'. The main content area is titled 'Clerk Maintenance' and shows a table with columns for 'User ID', 'Contact First Name', and 'Contact Last Name'. The first row contains the values 'CX', 'Terry', and 'N'. Below the table, there are buttons for 'remove clerk' and 'add clerk'. The 'add clerk' button is highlighted. To the right of the table, there are buttons for 'submit' and 'reset password'. Below the table, there is a section for 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section shows 'Trade Files E-Delivery Only' selected. The 'Available Roles' section lists 'Claim Inquiry/Submission/Adjustment', 'PA Inquiry/Submission', 'Submit Applications', and 'Trade Files Includes E-Delivery'. At the bottom right, there are buttons for 'submit' and 'cancel'.

Web Account Capabilities (cont.)

Access Trade Files for Download

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



Web Account Capabilities (cont.)

Download of E-Delivery Transactions

Select “E-Delivery” from the Transaction Type drop down box. Select “Search”.

The screenshot shows a web application interface for file downloads. At the top, there are navigation tabs: Home, download, upload, claim level detail, Trade Files, MAPIR, Messages, and Account. Below this is a 'File Download Search' section with a 'Transaction Type' dropdown menu. The dropdown menu is open, showing various transaction types, with 'E-Delivery' highlighted. To the right of the dropdown is a 'search' button and a 'clear' button. Below the search area, there is a table titled 'Current Files Available for Download' with columns for File Name, Original File Name, Transaction Type, Date Available, and Date Downloaded. The table contains one row of data.

File Name	Original File Name	Transaction Type	Date Available	Date Downloaded
00	99V-9038-M_1179596_379130_20190207.pdf	E-Delivery	02/07/2019	02/08/2019

Information - Resources

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Information - Resources

Publications

Much 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-and side of the home page or from the Information drop-down menu.



Information- Resources (cont.)

Provider Bulletins

Publications posted to relevant provider type/specialties documenting changes or updates to the CT Medical Assistance Program.

Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type. The online database of bulletins goes back to the year 2000

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and tagline "Making a Difference", navigation links (Home, Information, Provider, etc.), and the date "Thursday, February 29, 2024 at 8:19:21 PM". The "Information" section is active, showing a "Bulletins" link. The "Bulletin Search" form is displayed with the following fields: Year (24), Provider Type (TCM Performing Provider), Number, and Title. A "search" button and a "clear" button are present. Below the search form, the "Search Results" table is shown with the following data:

Bulletin Number	Title	Published Date
PB24-13	Claim Adjustment Reason Codes (CARC) Changes on the X12 835 Health Care Claim Pa...	02/26/2024
PB24-06	Payment Error Rate Measurement (PERM) Program Audit Requests	01/30/2024
PB24-03	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2024

Information – Resources (cont.)

Email Subscriptions for Electronic Messaging

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

The screenshot shows the top navigation menu of the CMAP website. The menu items are: home, Information, Provider, Trading Partner, and Pharmacy. Below the menu is a sidebar with several categories: Information (with links to Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations), Provider (with links to Provider Services, Provider Search, Provider Enrollment, OOS Instructions/Information, Fingerprint Criminal Background Check Info, Provider Training, and Secure Site), Trading Partner (with links to Trading Partner Enrollment, Trading Partner Documents, and Provider Electronic Solutions Billing Instructions), Pharmacy (with link to Pharmacy Information), and Email Subscription (with link to Register/Update Email Subscription). A green box with the number 1 is placed over the 'Register/Update Email Subscription' link.

The screenshot shows the 'E-Mail Subscriptions' page. It contains the following sections:

- Information:** A paragraph explaining the registration process and a link to detailed instructions.
- Available Subscriptions:** A list of provider types, including ALL Provider Types, Acquired Brain Injury, Acupuncturist, Advance Practice Nurse, Autism Spectrum Disorder/Behavior Analysts, Autism Waiver, BHH/TCM/Waiver Provider, Behavioral Health Clinician, Birth to Three, CHC Access Agency, CHC Assisted Living, CHC PCA Fiduciary, CHC Service Providers, CT Housing Engagement and Support Services, Certified Nurse Midwife, Chiropractor, Clinic, Community First Choice, Community Services, DDS Employment and Day Supports, DDS Specialized Services, DME/Medical Supply Dealer, Dental, Drug and Alcohol Abuse Center, Extended Care Facility/Long Term Care, FQHC - Behavioral Health, FQHC - Dental, FQHC - Medical & Tribal Svcs Medical, Home Health Agency, Hospice Agency, Hospital, Integrated Care for Kids (InCK), Laboratory, Local Health Department, Mental Health Group Home, Mental Health Waiver, Naturopath, Optical Shop, Optician, Optometrist, Personal Care Services, Pharmacy, Physician, Physician Assistant, Podiatrist, and Private Non-Medical Institution. A green box with the number 2 is placed over the 'Behavioral Health Clinician' item.
- New Subscriber:** A form with two input fields for 'E-Mail' and 'Confirm E-Mail', and a 'Register' button. A green box with the number 3 is placed over the 'Confirm E-Mail' field, and a green box with the number 4 is placed over the 'Register' button.
- Existing Subscribers:** A form with one input field for 'E-Mail' and an 'Update' button.
- Unsubscribe:** A form with one input field for 'E-Mail' and an 'Unsubscribe' button.

Information – Resources (cont.)

Electronic Messaging via Email Subscriptions (cont.)

Provider Bulletin **PB 15-23** provides information regarding the set-up of Electronic Messaging for those in your organization with Web access. Click on PB15-23 under search results to view the bulletin.

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and navigation links. The main content area features a 'Bulletin Search' form with fields for Year (15), Provider Type, Number (23), and Title. A search button is visible. Below the search form, the search results are displayed in a table with columns for Bulletin Number, Title, and Published Date. The result for PB15-23 is highlighted.

Connecticut Department of Social Services
Making a Difference

Help
Site: C
Login
Friday, March 1, 2024 at 12:05:49 PM

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

home **publications** links hipaa messages archive

Bulletin Search

Year 15 Provider Type
Number 23 Title

search
clear

Search Results

Bulletin Number	Title	Published Date
PB15-23	Implementation of Electronic Messaging - Replacement to the Mailing of Bulletins...	03/10/2015

Information – Resources (cont.)

Provider Newsletters

Quarterly publications of this Newsletter are available to providers on a wide range of topics via the www.ctdssmap.com Web site. From the Home page click Information > Publications > Scroll to “Provider Newsletters.”

The last four Newsletter publications are each available via a dedicated link.

All other “Historical” publications are available via the Archive link.



The screenshot displays the Connecticut Department of Social Services website. At the top is the logo with the text "Connecticut Department of Social Services" and the tagline "Making a Difference". Below the logo is a navigation menu with links for "home", "Information", "Provider", and "Tradi". A second row of navigation links includes "home", "publications", "links", and "hipa". The "publications" link is highlighted in red. Below the navigation is a section titled "Provider Newsletters" with a blue header. This section contains a list of five links:

- [December 2023 interChange Newsletter](#)
- [September 2023 interChange Newsletter](#)
- [June 2023 interChange Newsletter](#)
- [March 2023 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

Provider Enrollment/Re-enrollment Resources

Enrollment/Re-enrollment questions?

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 (information for setting up secure Web account)
- <https://nppes.cms.hhs.gov> – National Plan & Provider Enumeration System – for providers interested in requesting more information about obtaining a National Provider Indicator (NPI).

Provider Enrollment/Re-enrollment Resources (cont.)

Enrollment/Re-enrollment questions?

Where to go for help:

- **Provider Assistance Center:**

Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays
800-842-8440 (toll free)

- **Provider Enrollment Unit:**

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

Provider Enrollment/Re-enrollment Resources (cont.)

Enrollment/Re-enrollment questions?

Where to go for help:

- **Provider Assistance Center:**

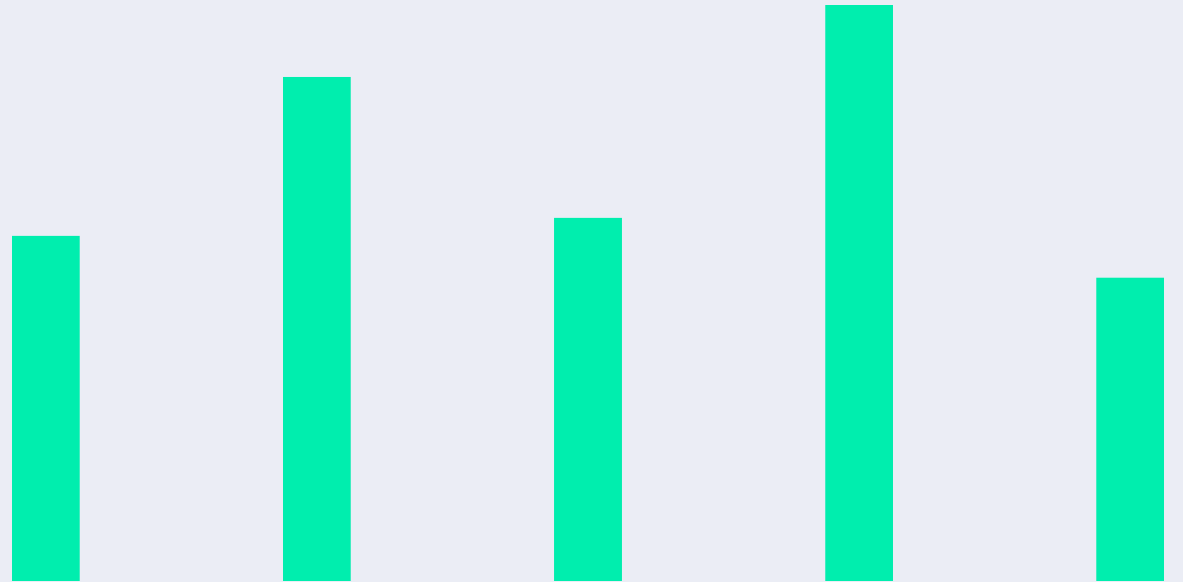
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- **Provider Enrollment Unit:**

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

Questions & Answers

Web Enrollment/Re-enrollment Workshop for DMHAS
Performing Providers



Thank you.

Thank you for attending the DMHAS Performing Provider Enrollment workshop.

All questions and comments regarding this training are welcome.

Please complete the survey located in the Chat. Gainwell Technologies uses these surveys to plan future workshops.