

Private Non-Medical Institution (PNMI) Performing Provider Re-Enrollment Workshop

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PNMI Performing Provider Re-Enrollment Workshop

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Introduction

PMNI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Re-Enrollment Workshop

Introduction

The Department of Social Services (DSS) in partnership with the Department of Children and Families have made changes to the enrollment/re-enrollment process for Private Non-Medical Institution (PNMI) Performing Providers within the Connecticut Medical Assistance Program. These changes require that current PNMI performing providers re-enroll in the Connecticut Medical Assistance Program using the Department of Social Services on-line re-enrollment application tool, the re-enrollment Wizard via the Web portal on the www.ctdssmap.com Web site. As a result, **beginning October 1, 2019:**

- PNMI providers will begin receiving their re-enrollment due notices.
- Providers must re-enroll on the www.ctdssmap.com Web site via the Re-Enrollment Wizard
 - Access to the provider's re-enrollment application via the Re-Enrollment Wizard requires:
 - The Application Tracking Number (ATN) included in the providers re-enrollment due notice
 - The provider's AVRS ID or NPI, if applicable

CMAP Re-Enrollment Process

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Re-Enrollment Process

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

The Affordable Care Act (ACA) mandates that providers must re-enroll periodically.

- PNMI Performing Providers must now re-enroll every 60 months (5 years)

PNMI Performing providers will be required to complete the re-enrollment process by April 1, 2020 to avoid being disenrolled.

- Providers are encouraged to read all instructions prior to proceeding with the online re-enrollment process.

PNMI Performing providers with individually licensed multiple service locations and separate Medicaid AVRS IDs can expect to receive a re-enrollment due notice for each location.

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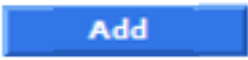
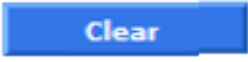
Re-Enrollment Process cont.

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

- Applicants with **applications remaining idle for more than 20 minutes** will be booted from the re-enrollment wizard and required to restart the re-enrollment application process.
 - Applicants should gather all required data prior to beginning the application process.
 - The re-enrollment application will contain previously submitted data. Applicants should review all data on the application to ensure current accuracy and completion
- **Partially completed applications cannot be saved** for future completion (exiting the Wizard before completing the application will require you to restart your application).
- **Completed applications may not be modified through the Web site**; required alterations must be mailed to:
 - DXC Technology
 - Provider Enrollment Unit
 - P. O. Box 5007
 - Hartford, CT 06102-5007

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Re-Enrollment Wizard Navigation

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

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Re-Enrollment – Where to begin

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

The screenshot displays the website for the Connecticut Department of Social Services. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. A dropdown menu is open under the 'Provider' link, listing various options such as Provider Enrollment, Provider Re-Enrollment, and Provider Enrollment Tracking. The main content area features a large 'WELCOME' message and a list of services: Information, Provider, Trading Partner, and Pharmacy, each with a corresponding icon.

Connecticut Department of Social Services
Making a Difference

Help
Thursday, September 05, 2019

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

home site map
Information
■ Publications
■ Links
■ Important Inf
■ RA Banner Ar
■ HIPAA
■ Regional Offic

Provider
■ Provider Serv
■ Provider Sear
■ Provider Enro
■ Promoting Inf
Program
■ OOS Instruct
■ Fingerprint C
Check Info
■ Provider Trai
■ Secure Site

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

WELCOME
TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

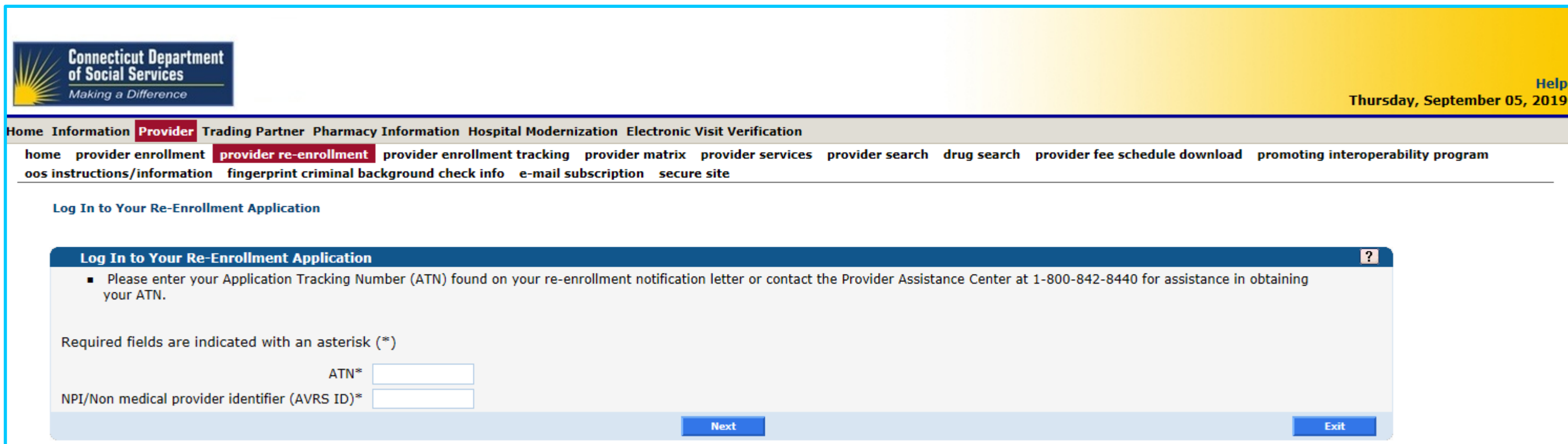
CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, M REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.

Information
Provider
Trading Partner
Pharmacy

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Re-Enrollment – Where to begin cont.

To access their re-enrollment application, **providers should enter the ATN and AVRS ID** found on their Re-enrollment Due Notice and click **NEXT**.



The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the text "Connecticut Department of Social Services Making a Difference". The date "Thursday, September 05, 2019" and a "Help" link are in the top right. A navigation menu includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", and "Electronic Visit Verification". Below this is a secondary menu with links like "home", "provider enrollment", "provider re-enrollment", "provider enrollment tracking", "provider matrix", "provider services", "provider search", "drug search", "provider fee schedule download", and "promoting interoperability program". The main content area is titled "Log In to Your Re-Enrollment Application". A blue box contains the following text: "Log In to Your Re-Enrollment Application" with a help icon, "Please enter your Application Tracking Number (ATN) found on your re-enrollment notification letter or contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN.", "Required fields are indicated with an asterisk (*)", "ATN*" with an input field, "NPI/Non medical provider identifier (AVRS ID)*" with an input field, and "Next" and "Exit" buttons at the bottom.

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Re-Enrollment Instructions

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

- You are strongly encouraged to read through this page prior to beginning the re-enrollment process.
- This page provides important information regarding application submission instructions

Instructions

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

Please note the following:

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

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

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

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Application Type

Agencies re-enrolling as PNMI Performing Providers, will select Organization/Group for their “Application Type”.

Click Next.

Instructions » Application Type

Application Type

Required fields are indicated with an asterisk (*)

Type of Application *

Individual

Organization/Group

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

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Organization Participation Type

Organizations providing PNMI Services must then select the Organization that is Employed/Contracted by Another Organization “Participation Type”. Click Next.

Instructions » Application Type » Organization Participation Type

Organization Participation Type

Required fields are indicated with an asterisk (*).

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

Organization

Organization that is Employed/Contracted by Another Organization

DEFINITIONS:

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

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

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

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Application For

This panel will only be displayed for the initial enrollment of a PNMI Performing Provider. Providers who are re-enrolling will not see this panel displayed.

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


PNMI Performing Provider Re-Enrollment Workshop

Provider Type/Specialty

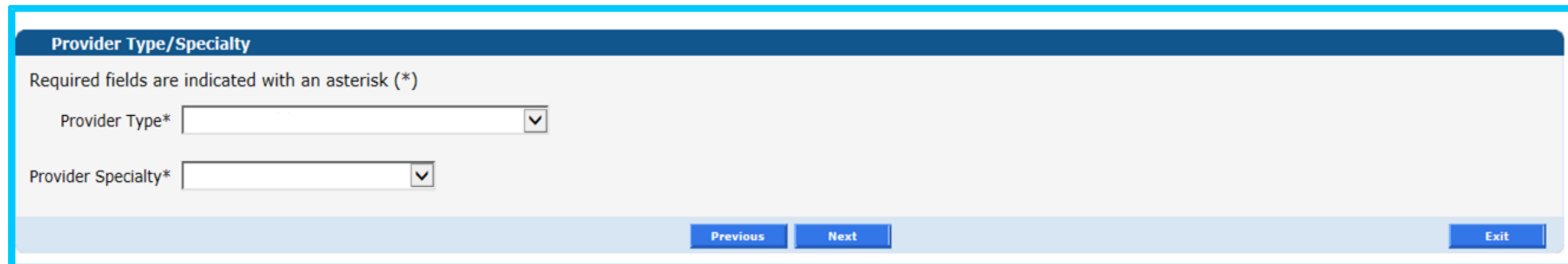
The data on this field will pre-populate with existing data for re-enrolling PNMI Performing providers.

The “**Provider Type**” field should be **Special Services**. Click “**Next**”

The “**Provider Specialty**” field should be **Private Non-Medical Institutions**. Click “**Next**” again to move to the next panel.



The screenshot shows a web form titled "Provider Type/Specialty". At the top, it states "Required fields are indicated with an asterisk (*)". Below this, there is a single dropdown menu labeled "Provider Type*" with a downward arrow icon. At the bottom of the form, there are three buttons: "Previous", "Next", and "Exit".



The screenshot shows the same "Provider Type/Specialty" form, but now with two dropdown menus. The first is "Provider Type*" and the second is "Provider Specialty*", both with downward arrow icons. The "Next" button is now highlighted, indicating it is the active step in the process.

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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 Hewlett Packard Enterprise. 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 Hewlett Packard Enterprise
- 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](#)

The Sample "Employed by Organization" application provides additional guidance when completing the application process.

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

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, and your Social Security Number.

Previous

Next

Exit

PNMI Performing Provider Re-Enrollment Workshop

National Provider Identifier Information

This panel will be pre-populated for re-enrolling PNMI Performing providers. Applicants are not required to obtain an NPI when enrolling/re-enrolling as a PNMI Performing provider.

- An **NPI is not required** as PNMI Services are considered **non-medical services**. It is strongly suggested that PNMI Performing providers do not enroll with an NPI to avoid possible billing conflicts with other “non-medical” Connecticut Medical Assistance programs under which they may be enrolled.
- **The taxonomy submitted should remain “Taxonomy Not Applicable”.**
- Click Next to continue.

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

National Provider Identifier Information

Required fields are indicated with an asterisk (*)

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

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

PNMI Performing Provider Re-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 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

This panel is pre-populated. PNMI Performing providers should review this panel for accuracy of information, making changes as applicable.

PNMI Performing Provider Re-Enrollment Workshop

Addresses

Information will be pre-populated for the required address types: Service Location; Mailing; Home Office; Enrollment. PNMI Performing providers should review the information for each address type, making changes as applicable. Note: Providers are restricted from updating or adding service locations that are not in the state of CT.

Service Location Address

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

Service Location Address ? ↕

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Telephone Number - For Patient Use* Ext.

Handicap Accessible?

Contact Email

Confirm EMail

Fax

TDD/TTY

Note: - Required fields are indicated with an asterisk (*).
- P. O. Boxes are not allowed in a service location.
- Information entered in the Service Location Address panel may be copied to other address panels by clicking the "Copy Svc Loc Addr" button within the panel.

PNMI Performing Provider Re-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 the same as mailing address, click here to copy to mailing.

Clear Copy Svc Loc Addr

Home Office Address

■ Indicate the provider's Home Office address.

Home Office Address ? ^

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Confirm EMail

Fax

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

Clear Copy Svc Loc Addr

PNMI Performing Provider Re-Enrollment Workshop

Addresses cont.

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

Enrollment Address

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

Enrollment Address ? ^

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Confirm EMail

Fax

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

PNMI Performing Provider Re-Enrollment Workshop

Addresses cont.

Enter any additional service location addresses applicable to the services to be provided. All required fields indicated with an asterisk (*) must be completed. Note: If the location has a different license number, then the location must be enrolled/re-enrolled with it's own AVRS ID.

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
Street Address Line 1*					Type changes below.
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					

Enter additional service location information then click "add."

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

add cancel

Previous Next Exit

PNMI Performing Provider Re-Enrollment Workshop

Tax ID Information

Information on this panel will be pre-populated with previous enrollment data on file.

Tax ID Information

Required fields are indicated with an asterisk (*)

Taxpayer Identification Number (TIN)
Do not enter dashes *

TIN Effective Date*

PNMI Performing Provider Re-Enrollment Workshop

Member of Organization

This field will be pre-populated with current information on the PNMI Performing provider file. Providers should review and ensure they are associated to DCF then click next.

Member of Organization

Required fields are indicated with an asterisk (*).

Organization ID	Organization Name	Organization Membership Effective Date
008021922		

Type changes below.

Member of Organization

Organization ID*

Organization Name

Organization Membership Effective Date*

Organizations

Organization Name	Type	Specialty	Address	City	State	Zip
Other						
BRISTOL BHH	53 - BHH/TCM/Waiver Billing Provider	546 - DMHAS BHH Biller	100 N. MAIN ST ,	BRISTOL	CT	06074-4745

PNMI Performing Provider Re-Enrollment Workshop

Attestation

PNMI providers must complete the *Electronic Signature Questions*. Answering yes to the first question will open the Attestation.

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

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

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

Previous Next Exit

PNMI Performing Provider Re-Enrollment Workshop

Medicare Information

If answering yes to enrolled as a participating provider with Medicare Part B, PNMI Performing Providers will need to provide their Medicare Number and the date that it became effective. Click Next to proceed.

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

Medicare Information

Required fields are indicated with an asterisk (*)

Are you enrolled in Medicare? Yes No

Are you enrolling solely for the purpose of payment consideration of Medicare crossover only claims? Yes No

*** No rows found ***

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

Medical Information

Medicare Number*

Effective Date*

add

Previous

Next

Exit

PNMI Performing Provider Re-Enrollment Workshop

Board Members, Partners or Managing Administrators Information

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

- 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 completing the **Name** and **Corporate Headquarters Location** fields.
- 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

PNMI Performing Provider Re-Enrollment Workshop

Board Members, Partners or Managing Administrators Information - Detail

If answering yes to the board members, partners or managing administrators of your organization on the previous panel, you will be required to enter/review details about that board member(s), partner(s), or managing administrator(s), in the panel displayed below as applicable to your current organization.

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

Next

Exit

PNMI Performing Provider Re-Enrollment Workshop

Controlling Interest

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

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

Controlling Interest

Required fields are indicated with an asterisk (*).

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

*** No rows found ***

Previous Next Exit

PNMI Performing Provider Re-Enrollment Workshop

Controlling Interest cont.

This panel will be prepopulated with current enrollment information. As Organizations are required to indicate the person or persons who have controlling interest in their organization, PNMI Performing Providers should review this information, making changes as applicable.


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

*** No rows found ***

Type changes below.

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

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



PNMI Performing Provider Re-Enrollment Workshop

Controlling Interest cont.

After entering data for all parties with controlling interest, complete the remaining questions.

Answering **Yes** to “controlling interest in any other provider” will open the “**Controlling Others**” window.

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

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

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

Controlling Others

Name*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

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

Click **Next** to continue.

PNMI Performing Provider Re-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.

The screenshot shows a web-based survey interface. At the top, a blue header bar contains the word "Survey". Below the header, a message states "Required fields are indicated with an asterisk (*)".

Question 1: "1. Is, or was, applicant a Medicaid provider in any other state? *". To the right of the question are two radio buttons: "Yes" (which is selected and highlighted with a red box) and "No".

Below Question 1 is a data entry section. It features a blue header bar with "Survey" and a question mark icon. The section contains three input fields: "State*" (a dropdown menu), "National Provider Identifier Number*" (a text box), and "Date*" (a text box). A blue "add" button is located at the bottom right of this section. Above the input fields, a message reads "*** No rows found ***" and " - Enter data below and click on add button -".

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

Question 4: "4. Does applicant contract with any private health insurance providers? *". To the right are radio buttons: "Yes" (which is selected and highlighted with a red box) and "No".

Below Question 4 is another data entry section, identical in structure to the one above Question 1. It has a blue header bar with "Survey", a question mark icon, and two input fields: "Insurance Name*" and "Contract Number*". A blue "add" button is at the bottom right. Above the input fields, a message reads "*** No rows found ***" and " - Enter data below and click on add button -".

PNMI Performing Provider Re-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 » Tax ID Information » Member of Organization 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.

Click here to open Provider Enrollment Agreement

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.

PNMI Performing Provider Re-Enrollment Workshop

Application Submitted

Application Submitted

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

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

Application Tracking Number (ATN)

- Your tracking number is 312957

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

- Notification of Enrollment Decision

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

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

Save a copy of the application for your records only.

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

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

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

Exit

PNMI Performing Provider Re-Enrollment Workshop

What's Next

The information on your submitted application will now be reviewed by DXC Technology.

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

PLEASE NOTE: All additional information sent to DXC Technology will need the ATN entered in the upper right hand corner of each document submitted.

Tracking the Status of Your Re-Enrollment Application

PNMI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Re-Enrollment Workshop

Tracking the Status of Your Application Online

From the www.ctdssmap.com Web site, click Provider > Provider Enrollment Tracking.

Enter the **ATN** and your **business or individual practitioner name as enrolled**.

The screenshot displays the Connecticut Department of Social Services website. The header includes the logo and the tagline "Making a Difference". The navigation menu is open, showing the "Provider" section with "Provider Enrollment Tracking" highlighted (marked with a red '1'). Below the navigation, a "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner is visible. The "Enrollment Tracking Search" form is shown, with input fields for "ATN*" (marked with a red '2') and "Business OR Last Name*" (marked with a red '3'). A red box highlights the "search" button (marked with a red '4') and the "clear" button below it. The footer of the page shows "Trading Partner" and "Secure Site" links.

Notification of Re-Enrollment Decision

PNMI Performing Provider Re-Enrollment Workshop



PNMI Performing Provider Re-Enrollment Workshop

Notification of Enrollment Decision - Approval

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

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

PNMI Performing Provider Re-Enrollment Workshop

Notification of Enrollment Decision - Denial

If a denial is received from DXC Technology:

- The letter will provide a reason for the denial.

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

- DXC Technology sends a Provider Enrollment Rejection Notice to the provider.
- This letter will instruct the provider to contact DSS Quality Assurance.

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

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

If the decision is not reversed:

- A provider must submit a new application via the online Enrollment Wizard.

Re-Enrollment

PNMI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Re-Enrollment Workshop

Re-enrollment – Notification and Process

Providers who have a PNMI Performing Provider Secure Web portal account will receive an alert via e-messaging that an e-Delivery letter has been posted to their Secure Web portal account, when they are due for re-enrollment 6 months prior to their next re-enrollment due date of their current upcoming 5 year contract.

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 web account will continue to receive their re-enrollment notifications via the United States Postal Service (USPS).

The reminder letter will include an **Application Tracking Number**.

To re-enroll, providers should:

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

PNMI Performing Provider Re-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 PNMI Performing Provider Re-Enrollment contract will not be reinstated until the application is finalized.

- Reinstatement of contracts w/out a finalized application violates Affordable Care Act (ACA) policies.

Secure Web Account - Access and Set-up

PNMI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Enrollment Workshop

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

PNMI Performing Providers who have not already set up a secure PNMI 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 PNMI Performing Providers should **contact the DXC Provider Assistance Center (PAC) to obtain their PIN** to create their secure PNMI 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.

PNMI Performing Provider Re-Enrollment Workshop

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

Users have multiple ways to log on to their secure Web account from the www.ctdssmap.com Home page.

The screenshot shows the top navigation bar with 'Home', 'Information', 'Provider', and 'Trading' highlighted. Below it are links for 'home', 'site map', and 'about us'. A main menu titled 'Information' contains links for 'Publications', 'Links', 'Important Information', 'RA Banner Announcements', 'HIPAA', and 'Regional Office Locations'. A secondary menu titled 'Provider' contains links for 'Provider Services', 'Provider Search', 'Provider Enrollment', 'Promoting Interoperability Program', 'OOS Instructions/Information', 'Fingerprint Criminal Background Check Info', 'Provider Training', and 'Secure Site', with 'Secure Site' highlighted.

The screenshot shows the 'Provider' menu with the following items: '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', with 'Secure Site' highlighted.

The screenshot shows the 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' page. It features a 'Provider' logo and a 'Quick Login' form with fields for 'User ID*' and 'Password*', a 'Login' button, and links for 'Logging in for the first time?' and 'Forgot your password?'. The 'Secure Site' link from the previous screenshot is shown pointing to the 'Logging in for the first time?' link.

PNMI Performing Provider Re-Enrollment Workshop

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

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

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

PNMI Performing Provider Re-Enrollment Workshop

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

The screenshot shows a web portal interface with a blue header bar containing the word "Login". Below the header, there is a paragraph of text: "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." This is followed by another paragraph: "If you have received your Personal Identification Number letter, click on the setup account button." A red box highlights the "setup account" button, and a red arrow points to it from the text "Click to access account set-up". Below this, there are two input fields labeled "User ID*" and "Password*", followed by a blue "login" button. At the bottom of the page, there is a paragraph: "If you have forgotten your password or need to reactivate your account, please click the reset password button." and a blue "reset password" button.

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.

PNMI Performing Provider Re-Enrollment Workshop

Secure Web Account Setup

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

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

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

Account Setup

Initial Web User ID*

Personal Identification Number*

Please note User ID and Personal Identification Number are case sensitive.

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

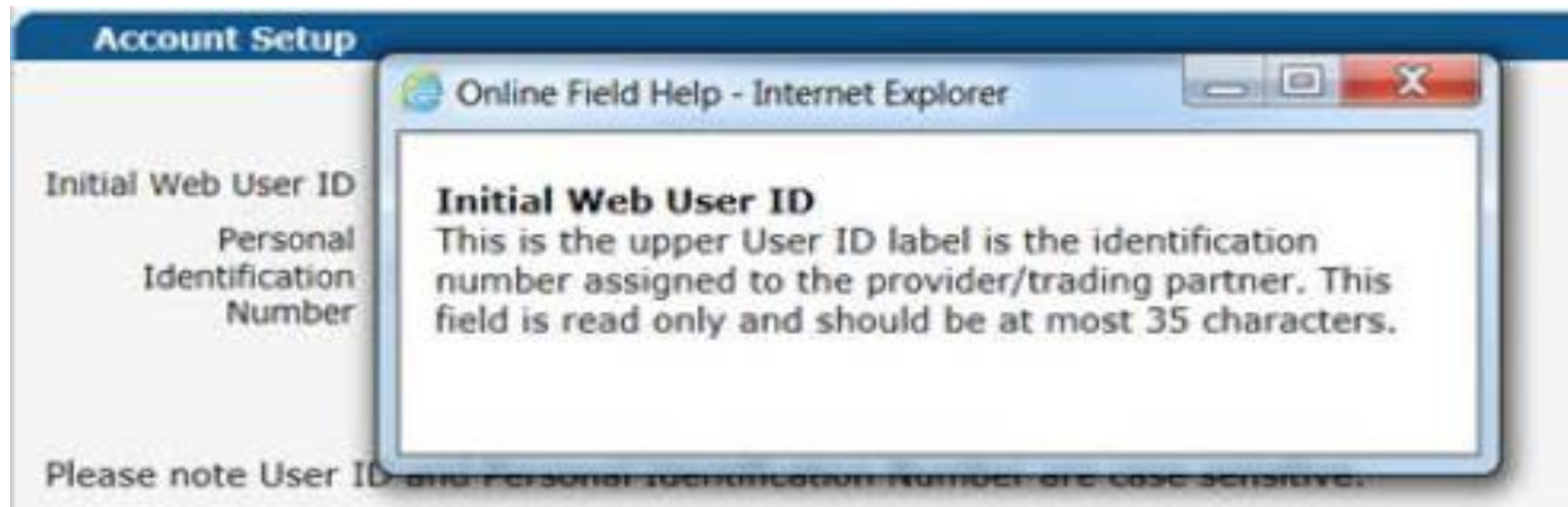
[setup account](#)

PNMI Performing Provider Re-Enrollment Workshop

Secure Web Account – Initial Account Setup Panel

The ctdssmap.com Web site features an [Online Field Help Window](#) to assist providers with accessing and submitting information.

Placing your mouse over a data field name will create a small question mark beside the cursor. Click the left mouse button when the question mark is displayed to open the [Online Field Help](#) window relevant to the selected field.



PNMI Performing Provider Re-Enrollment Workshop

Secure Web Account Set-up

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

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

Required fields are indicated with an asterisk (*).

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

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

Security Agreement

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

I Agree

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

Web Account Capabilities

PNMI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Re-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
- 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

Note: Confirmation of above demographic changes made 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 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).

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities

Set Up clerk accounts:

Allows Primary Account Holder to assign permission to access areas of the secure web portal to retrieve-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).

PNMI Performing Provider Re-Enrollment Workshop

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.

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities –Assigning Clerk Roles

To Assign roles, the master user must >Log on to their Secure Web portal account >Select Clerk Maintenance > Create a new clerk by selecting the add clerk button > Assign the appropriate role.

The screenshot displays the 'Clerk Maintenance' page in the Connecticut Department of Social Services web portal. The page header includes the department logo and navigation links. The main content area features a form for adding a new clerk, with fields for User ID, Contact First Name, Contact Last Name, Phone Number, Password, Confirm Password, AVR ID, AVR Pin, and Confirm AVR Pin. Below the form, there is a section for assigning roles. The 'Assigned Roles' section shows 'Trade Files E-Delivery Only' selected, and the 'Available Roles' section lists options like 'Claim Inquiry/Submission/Adjustment', 'PA Inquiry/Submission', 'Submit Applications', and 'Trade Files Includes E-Delivery'.

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities – Access Trade Files for Download

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

The screenshot displays the user interface of the Connecticut Department of Social Services (CDS) web portal. At the top left, the logo for the Connecticut Department of Social Services is visible, along with the tagline "Making a Difference". The date "Friday, February 22, 2019" is shown in the top right corner. A navigation menu includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", "Claims", "Eligibility", "Prior Authorization", "Hospice", "Trade Files", "MAPER", "Messages", and "Account". The "Trade Files" menu is highlighted, and a sub-menu is open, showing "Download" and "Claim Level Detail" options. The "Download" option is highlighted with a red box. Below the navigation menu, the user's profile information is displayed: "Welcome, P0080", "Provider ID: 125 NPI", "Provider AVRS ID: 008C", "Reenrollment Due Date: 05/07/20", and "Zip Code: 06023 - 1234". A message states: "Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option." Below this, there are two sections for "Global Messages" and "Secure Mailbox", both showing "*** No rows found ***". On the right side, there is a "Quick Link" section with links for "Check E-messages", "Claim Status Inquiry", "Client Eligibility Verification", "Prior Authorization Inquiry", "Download Remittance Advice", and "ACA Ordering/Prescribing/Referring Provider List". Below that is an "Email Subscription" section with a link for "Register/Update Email Subscription". The footer of the page includes the URL "smap.com/PreMOCTPortal/Trade%20Files/Download/tabid/83/Default.aspx" and navigation links for "Home", "CT.gov Home", "Site Map", "About Us", and "Feedback".

Web Account Capabilities – Demographic Maintenance

PNMI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities - Demographic Maintenance

The screenshot displays the web account interface for a PNMI Performing Provider. At the top left is the Connecticut Department of Social Services logo. A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, and MAPIR. Below this is a secondary navigation bar with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, switch provider, reset password, and log out. The main content area shows a welcome message for the provider, including their ID (001234567), AVRS ID (001234567), reenrollment due date (09/01/2021), and zip code (06032-1234). Below this is a message about R.A.s or 835 transactions being sent to the download page in the Trade Files menu. At the bottom, there are sections for Global Messages and Secure Mailbox, both showing "No rows found". A dropdown menu is open over the Account link, listing options: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, Demographic Maintenance (highlighted with a red border), Reset Password, and Log Out.

The Demographic Maintenance section of the Secure Site allows the primary account holder to alter and maintain demographic information:

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

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities Demographic Maintenance cont.

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		

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

Base Information > Location Name Address > Service Language

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities - Demographic Maintenance cont.

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

Location Name 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

Type Changes Below select from list

Name Type Business Name Personal Name

Name

Title

Usage

Country

Address 1*

Address 2

City

State

Zip*

Apply Changes To:

Svc Loc

Pay To

Mail To

Enrollment

Phone*

Fax

Handicap Accessible?

E-mail

Confirm EMail

PNMI Performing Provider Re-Enrollment Workshop

Web Account Capabilities-Demographic Maintenance cont.

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.); click save

Type changes below.

Name Type: Business Name Personal Name

Name: DGS Specialized Services Agency

Title: [Dropdown]

Usage: [Service Location]

Country: [UNITED STATES]

Address 1*: 195 COLT HIGHWAY

Address 2: [Empty]

City: FARMINGTON

State: [CT]

Zip*: 06032 [1234]

Phone*: (860)255-3913 [Empty]

Fax: [Empty]

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Enrollment

Handicap Accessible?: [No]

EMail: [Empty]

Confirm EMail: [Empty]

[save] [cancel]

The following messages were generated:

Message Description

Save was Successful

Panel

Field

Information-Resources

PNMI Performing Provider Re-Enrollment Workshop

PNMI Performing Provider Re-Enrollment Workshop

Information - Resources

Publications

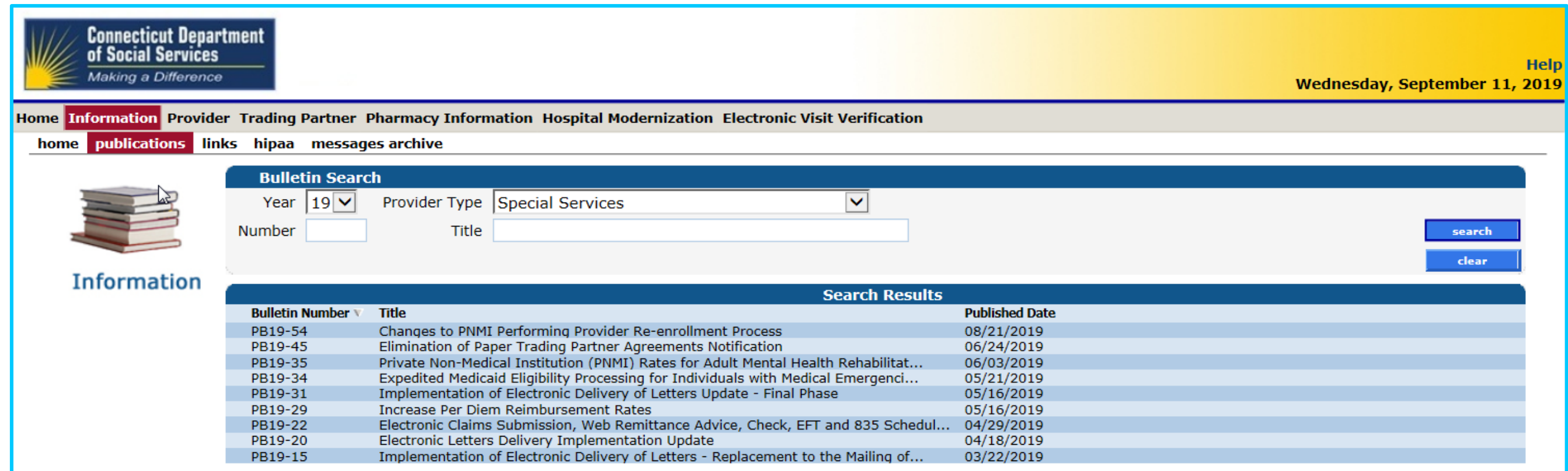
- A majority of the information available on the www.ctdssmap.com Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left hand side of the home page or from the Information drop-down menu



PNMI Performing Provider Re-Enrollment Workshop Information – Resources cont.

Provider Bulletins

- Publications posted to relevant provider types / specialties documenting changes or updates to the CT Medical Assistance Program
- Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type. The online database of bulletins goes back to the year 2000




Connecticut Department of Social Services
Making a Difference

Help
Wednesday, September 11, 2019

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

home **publications** links hipaa messages archive

 Information

Bulletin Search

Year Provider Type
Number Title

Search Results

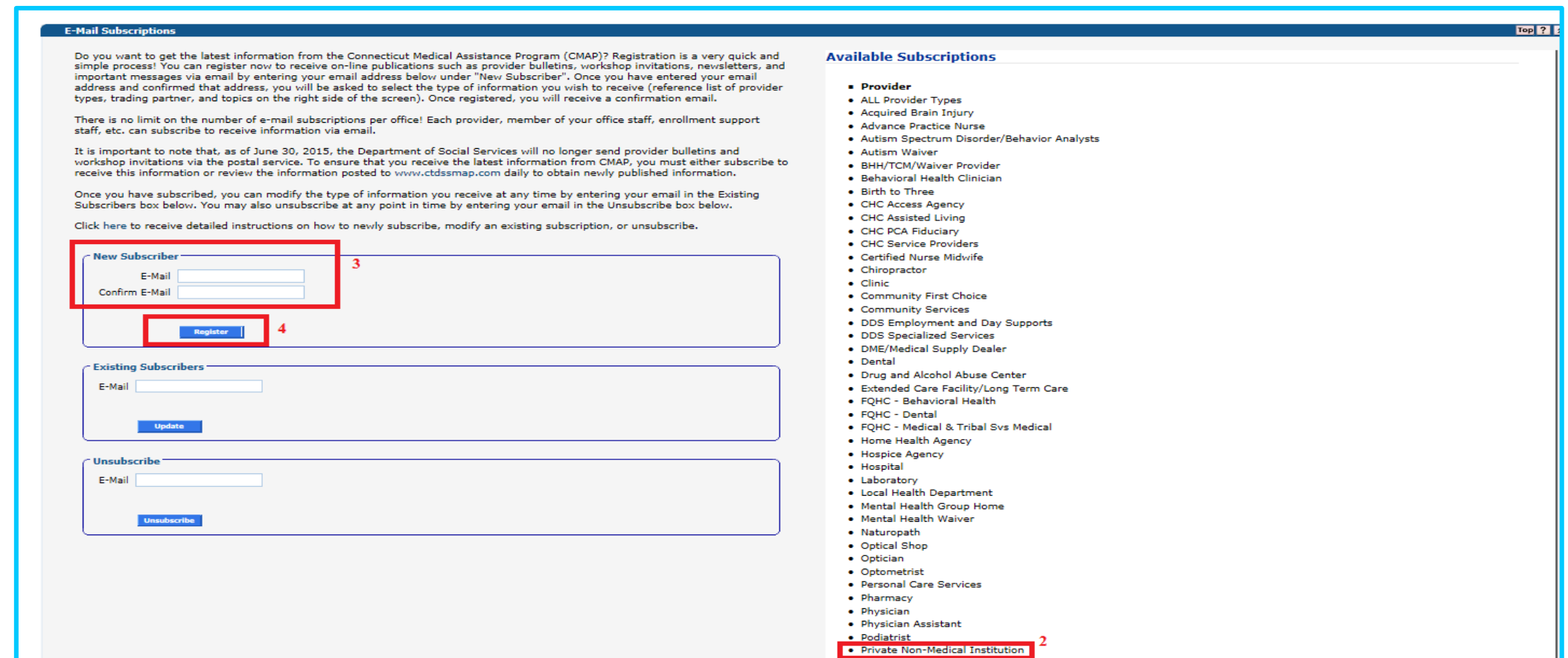
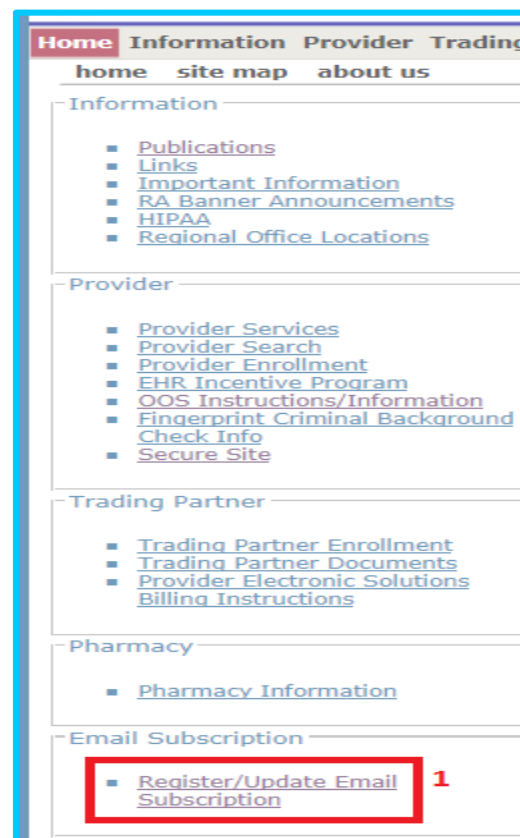
Bulletin Number	Title	Published Date
PB19-54	Changes to PNMI Performing Provider Re-enrollment Process	08/21/2019
PB19-45	Elimination of Paper Trading Partner Agreements Notification	06/24/2019
PB19-35	Private Non-Medical Institution (PNMI) Rates for Adult Mental Health Rehabilitat...	06/03/2019
PB19-34	Expedited Medicaid Eligibility Processing for Individuals with Medical Emergenci...	05/21/2019
PB19-31	Implementation of Electronic Delivery of Letters Update - Final Phase	05/16/2019
PB19-29	Increase Per Diem Reimbursement Rates	05/16/2019
PB19-22	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedul...	04/29/2019
PB19-20	Electronic Letters Delivery Implementation Update	04/18/2019
PB19-15	Implementation of Electronic Delivery of Letters - Replacement to the Mailing of...	03/22/2019

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Information- Resources cont.

E-mail Subscriptions

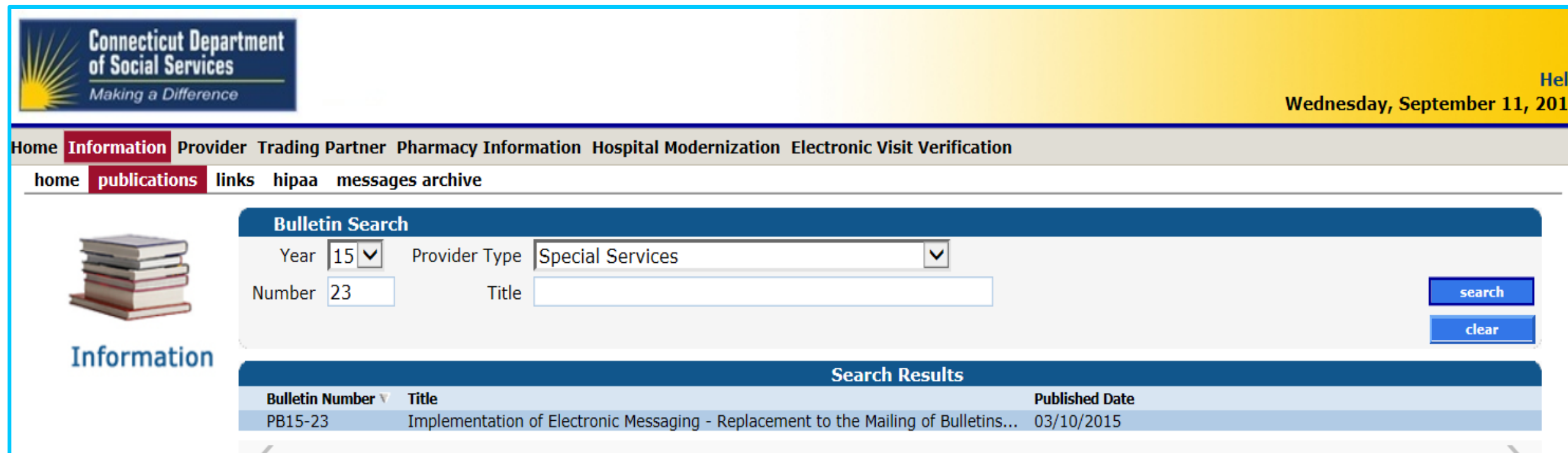
Register for E-mail Subscriptions - Providers **MUST** register to receive information electronically for new provider publications and notifications through the email subscription function on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com. For complete E-mail subscription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



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Information- Resources 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 department logo and the date Wednesday, September 11, 2015. A navigation menu contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. Below the navigation, there are links for home, publications, links, hipaa, and messages archive. The main content area features a "Bulletin Search" form with fields for Year (15), Provider Type (Special Services), Number (23), and Title. Search and clear buttons are present. Below the search form, a "Search Results" table displays one result: Bulletin Number PB15-23, Title Implementation of Electronic Messaging - Replacement to the Mailing of Bulletins..., and Published Date 03/10/2015.

Connecticut Department of Social Services
Making a Difference

Wednesday, September 11, 2015

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

home publications links hipaa messages archive

Information

Bulletin Search

Year 15 Provider Type Special Services

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

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Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

Provider Newsletters

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

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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.)



Contacts

PNMI Performing Provider Re-Enrollment Workshop



PNMI Performing Provider Re-Enrollment Workshop Contacts

Where to go for help:

Provider Assistance Center:

Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays

1-800-842-8440 (toll free)

Provider Enrollment Unit:

DXC Technology

Provider Enrollment Unit

P.O. Box 5007

Hartford, CT 06102-5007

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Contacts cont.

<https://nppes.cms.hhs.gov> – National Plan & Provider Enumeration System – for providers interested in obtaining more information about obtaining a National Provider Indicator (NPI). **NOTE: PNMI Performing Providers are not required to obtain an NPI.** Should you wish to do so, a National Provider Identifier (NPI) Submission Form must be submitted to the DXC Technology Enrollment Unit. A taxonomy of “Atypical-Not Required,” should be indicated on the NPI submission form

Please note that only one “Atypical” taxonomy can be used per NPI. As a result, to avoid billing issues, you should not submit a form with an existing NPI, if it is already associated with another AVRS ID with an atypical taxonomy.



Questions/Comments

PNMI Performing Provider Re-Enrollment Workshop

Thank You For Attending

The Connecticut Medical Assistance Program

PNMI Performing Provider Re-Enrollment Training.

All questions and comments regarding this training are welcome.

Please fill out the Provider Workshop Survey.

Your feedback helps us to improve future workshops.