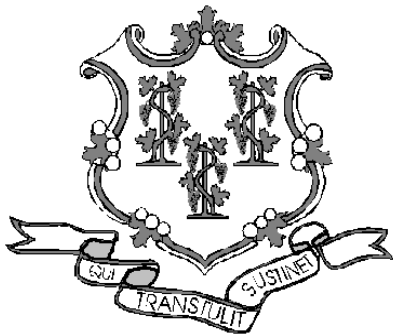




**Connecticut Department
of Social Services**

Making a Difference

Web Enrollment Workshop for Acquired Brain Injury (ABI) Waiver Program Service Providers



Presented by
The Department of Social Services
& Hewlett Packard Enterprise



**Hewlett Packard
Enterprise**

Training Topics

- **Workshop Introduction**
- **ABI Waiver Program Enrollment Benefits**
- **www.CTDSSMAP.com Enrollment Wizard**
 - ✓ Connecticut Medical Assistance Program (CMAP) Enrollment Process
 - ✓ Enrollment Wizard Navigation
 - ✓ Enrollment Wizard Walkthrough
 - ✓ Enrollment Tracking
 - ✓ What's Next
 - ✓ Notification of Enrollment Decision
 - ✓ Upon Approval
- **Secure Web Account**
 - ✓ Set Up/Web Capabilities

Training Topics cont.

➤ **Provider File Maintenance**

- ✓ Maintain Addresses/EFT Account

➤ **Clerk Maintenance**

- ✓ Adding/Deleting Clerks, Assigning Roles

➤ **Resources**

➤ **Questions**

Introduction to the ABI Waiver Program ABI Service Provider Workshop

This workshop will provide guidance for the successful completion of an online Web Enrollment Application for the **following** providers of service:

- Organizations and Self Employed Individuals enrolling as “**ABI Service**” providers to perform a wide range of non-medical, home and community based services to help maintain adults who have an acquired brain injury (not a developmental or degenerative disorder) in the community eligible for either the ABI I or ABI II Waiver.

Benefits of Enrolling as a Billing Provider

- **Providers enrolled as billing providers in the Connecticut Medical Assistance Program (CMAP):**

- ✓ Control the frequency of their billing to Hewlett Packard Enterprise.

- Only services listed on the “ABI Procedure Code Cross Walk” as “Billed by ABI Service Providers”

- That are not required to utilize Electronic Visit Verification (EVV)

may be billed by the ABI Service Provider via their secure Web account directly to Hewlett Packard Enterprise.

- Providers are paid twice a month.

Benefits of Enrolling as a Billing Provider

- **Providers enrolled as billing providers in the Connecticut Medical Assistance Program (CMAP):**
 - ✓ Maximize their reimbursement each billing cycle.
 - Billing providers can correct and resubmit denied claims prior to cycle cut-off date for those services noted on the “ABI Procedure Code Crosswalk” as “Billed by ABI Service Providers”
 - That are not required to utilize Electronic Visit Verification (EVV)
 - ✓ Receive payment directly from Hewlett Packard Enterprise.
 - Payment is received via electronic fund transfer, after a successful pre-note transaction, directly into the provider’s designated account.

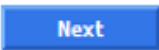

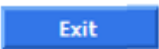
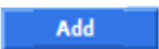
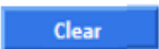


Enrollment Process

- 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.
 - The Wizard allows applying providers to submit their enrollment applications for CMAP on the public Web site.
- **Paper applications will not be accepted.**
- Providers can access the Wizard's enrollment and enrollment-tracking self-service features from the Web Portal at www.ctdssmap.com.
 - Access to this application does not require a log in; any user with internet access can utilize this application.

Enrollment Process cont.

- The online portion of this application process takes approximately 20 minutes to complete.
 - Applicants with **applications remaining idle for more than 20 minutes** will be booted from the enrollment wizard and required to restart the enrollment application process.
 - Applicants should gather all required data prior to beginning the application process.
 - **Partially completed applications cannot be saved** for future completion (exiting the Wizard before completing the application will require you to restart your application).
 - **Completed applications may not be modified through the Web site**; required alterations must be mailed to the Provider Enrollment Unit.

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



COMPLETING THE ON-LINE APPLICATION

CONNECTICUT MEDICAL ASSISTANCE PROGRAM

ABI SERVICE PROVIDER ENROLLMENT
AND SECURE WEB ACCOUNT
WORKSHOP

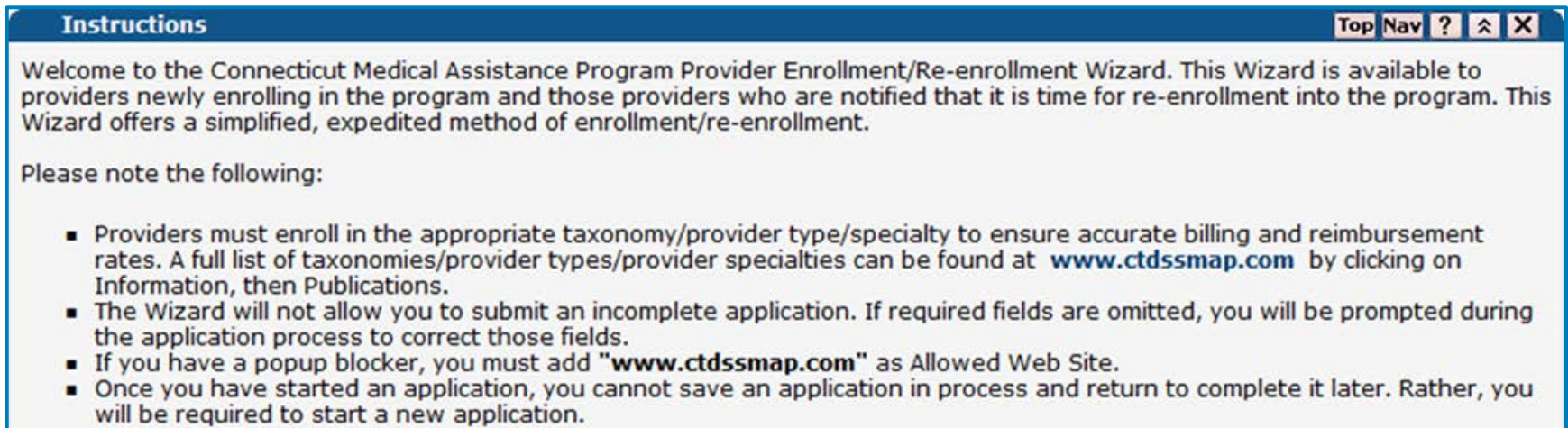
Enrollment – Where to begin

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

The screenshot displays the homepage of the Connecticut Medical Assistance Program. At the top left is the logo for the Connecticut Department of Social Services, "Making a Difference". The top right shows the date "Tuesday, December 29, 2015" and a "Help" link. A navigation bar includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy", "Information", and "Hospital Modernization". A dropdown menu is open under "Provider", listing options such as "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", "E-Mail Subscription", and "Secure Site". The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" heading. Below this is a paragraph of text: "CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HEWLETT PACKARD ENTERPRISE ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF INFORMATION FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE QUALITY VERIFICATION SYSTEM." Below the text are four icons representing "Information" (books), "Provider" (stethoscope), "Trading Partner" (key), and "Pharmacy" (pill bottle). At the bottom, there is an "Important Messages" section.

Enrollment Instructions

- The Provider Enrollment > Instructions panel provides an introduction to the online enrollment/reenrollment process.
- You are strongly encouraged to read through this page prior to beginning the enrollment process.
- Provides important information regarding application submission instructions as well as provider types excluded from online enrollment.



The screenshot shows a window titled "Instructions" with a blue header bar. In the top right corner of the header bar are the words "Top Nav ?" followed by standard window control icons (minimize, maximize, close). The main content area has a white background and contains the following text:

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

Please note the following:

- Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. A full list of taxonomies/provider types/provider specialties can be found at www.ctdssmap.com by clicking on Information, then Publications.
- The Wizard will not allow you to submit an incomplete application. If required fields are omitted, you will be prompted during the application process to correct those fields.
- If you have a popup blocker, you must add "www.ctdssmap.com" as Allowed Web Site.
- Once you have started an application, you cannot save an application in process and return to complete it later. Rather, you will be required to start a new application.

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

Enrollment - Application Type

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

home **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 e-mail subscription secure site

Instructions » **Application Type** » Application For » Provider Type/Specialty Before You Continue » National Provider Identifier Information

Select "Individual" if self employed or "Organization/Group" if agency when enrolling to provide services to ABI Waiver clients. Click Next.

Application Type

Required fields are indicated with an asterisk (*)

Type of Application *

Individual

Organization/Group

Previous **Next** Exit

Enrollment – Participation Type

If Type of Application is “Individual”, the panel below will be displayed. Select “**Individual Practitioner**” and click “**NEXT.**”

The screenshot shows the Connecticut Department of Social Services enrollment portal. The header includes the logo and the text "Connecticut Department of Social Services Making a Difference". The date "Monday, April 11, 2016" is displayed in the top right corner. The navigation menu includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", and "Hospital Modernization". The "Provider" menu is expanded, showing options like "home", "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", "e-mail subscription", and "secure site". The breadcrumb trail is "Instructions » Application Type » Participation Type".

The main content area is titled "Participation Type" and contains the following text:

Required fields are indicated with an asterisk (*).

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

- Individual practitioner
- Employed/Contracted by an organization (to include **residents**)
- Ordering/Prescribing/Referring provider only

Individual practitioner - An individual practitioner provider would be a single individual who is considered the biller and performer of service. An example would include a single physician office practice. Reimbursement will be made directly to the individual practitioner.

Employed/Contracted by an organization - A member of an organization such as a provider group, clinic, hospital outpatient clinic or FQHC would be a performing provider. **Residents** are also considered employed/contracted by an organization participation type and should select this radio button. The organization would bill for the services provided by the member/performer of the organization. Reimbursement will be made directly to the organization. Important: The organization and each member of the organization must enroll/re-enroll.

Ordering/Prescribing/Referring provider only - An individual provider who wishes to participate solely as an ordering or prescribing or referring provider who does not intend to bill or receive payment directly from the Connecticut Medical Assistance Program.

At the bottom of the form, there are three buttons: "Previous", "Next", and "Exit". A mouse cursor is hovering over the "Next" button, and a tooltip labeled "Next step" is visible below it.

Enrollment – Application For

Select “**Initial Enrollment**” and click “**NEXT.**”

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the text "Making a Difference". The date "Friday, April 15, 2016" is displayed in the top right. A navigation menu contains links for Home, Information, **Provider**, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this, a secondary menu lists various services like "provider enrollment", "provider re-enrollment", and "provider enrollment tracking". The main content area shows a breadcrumb trail: "Instructions » Application Type » **Application For** » Participation Type". The "Application For" section has a sub-header "Application For" and a note: "Required fields are indicated with an asterisk (*)". Under "This Application is for *", there are two radio button options: "Initial Enrollment" (which is selected) and "Re-enrollment". Below these options are two paragraphs of explanatory text. The first paragraph states that Initial Enrollment should be selected for new participants and that re-enrollment requires contacting the Provider Assistance Center. The second paragraph explains that re-enrollment is for providers notified of a need to re-enroll, also requiring contact with the Provider Assistance Center. At the bottom of the form, there are three buttons: "Previous", "Next", and "Exit".

Connecticut Department of Social Services
Making a Difference

Help
Friday, April 15, 2016

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

home **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 e-mail subscription secure site

Instructions » Application Type » **Application For** » Participation Type

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

Enrollment – Provider Type/Specialty



ABI Service Billing Providers will select a Provider Type of " Acquired Brain Injury" from the drop down arrow (1). CLICK NEXT (2), to populated the Provider Specialty field. From the drop dow arrow (3), select a Provider Specialty of "ABI Service Provider." CLICK NEXT (4).

Help

Wednesday, March 23, 2016

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

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 e-mail subscription secure site

Instructions » Application Type » Organization Participation Type » Application For **Provider Type/Specialty**

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type* Acquired Brain Injury 1

Provider Specialty* ABI Service Provider 3

Previous

Next

2/4

Exit

Enrollment – Before You Continue...

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

home **provider enrollment** provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download
ehr incentive program eos instructions/information e-mail subscription secure site

Instructions » Application 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 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 view sample individual application.

[Click here to open the Organization Enrollment Application Sample](#) ← Click here to view sample organization application.

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

Previous Next Exit

Enrollment – National Provider Identifier Information (NPI)

Connecticut Department of Social Services
Making a Difference

An NPI and Taxonomy is not required when enrolling as an ABI Service Provider.
Please Note: If already enrolled under another Waiver program with the same NPI/taxonomy, the NPI should not be used.

Monday, April 11, 2016

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

home **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 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 Not Applicable (non-medical services) ▼

Taxonomy 2 ▼

Taxonomy 3 ▼

Taxonomy 4 ▼

Taxonomy 5 ▼

Previous Next Exit

Enrollment – Identifying Information (Organizations)

- Enter the date that you wish your contract with CMAP to become effective. Note: Providers can back-date their applications up to six months to the **9/1/2016** effective date.
- Indicate the language(s) spoken by you and your staff.

PLEASE NOTE: ABI Case Management Providers may backdate their applications to 5/1/2016, if ABI Case Management services were provided.

Connecticut Department of Social Services
Making a Difference

Help
Monday, April 11, 2016

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

home **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 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* ABI Service Provider

Provider Effective Date* 09/01/2016

Languages English
 Spanish
 Portuguese
 Russian
 Polish
 Other

Previous Next Exit

The effective date for ABI Service Provider enrollment can not be earlier than 9/1/2016. Providers enrolling up to six months after this date may backdate their application, if ABI services were provided.

Enrollment – Individual Name

If an “Individual Application Type” was selected, the “Individual Name” panel will display. Complete all **required** fields. Click **“NEXT.”**

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the date Friday, April 15, 2016. The navigation menu is highlighted on 'Provider', and the sub-menu 'provider enrollment' is selected. The breadcrumb trail is: Instructions » Application Type » Application For » Participation Type » Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name.

Individual Name

- 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.

Required fields are indicated with an asterisk (*)

Last Name*

First Name*

Middle Initial

Date of Birth*

Gender* Female Male

Social Security Number* Do not enter dashes.

Navigation buttons: Previous, Next, Exit

Enrollment - Addresses

- Enter information for the required address types: Service Location; Mailing Address; Home Office Address and Enrollment. A Check and Remittance Advice address and 1099 Mailing Address are also required for an organization. **Required fields are indicated with an asterisk (*).**
- 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.

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization
home **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 e-mail subscription secure site

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

Addresses

Required fields are indicated with an asterisk (*).

Service Location Address

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

Service Location Address

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

Fax

TDD/TTY

Enrollment – Addresses cont.

If the **Mailing Address** and/or **Home Office Address** are the same as the Service Location Address, click the “Copy svc Loc Addr” to populate the information in the applicable panel(s).

The screenshot displays two address panels. The top panel is titled "Mailing Address" and contains the following fields: Street Address Line 1*, Street Address Line 2, City*, State/ZIP* (with a dropdown arrow), Contact Person*, Telephone Number - Contact Person* (with an Ext. field), Contact Email, and Fax. The bottom panel is titled "Home Office Address" and includes a checkbox "Indicate the provider's Home Office address." followed by the same set of address fields as the Mailing Address panel. In both panels, a blue "Clear" button and a red-bordered "Copy Svc Loc Addr" button are located at the bottom right. A red text overlay in the upper right of the Mailing Address panel reads "Click to copy Service Location Address to applicable panel(s)." with a red arrow pointing down to the "Copy Svc Loc Addr" button. A second red arrow points down to the "Copy Svc Loc Addr" button in the Home Office Address panel.

Enrollment – Addresses cont.

- If the **Check and Remittance Advice Address** and/or **1099 Mailing Address** are the same as the Service Location Address, click the “Copy svc Loc Addr” to populate the information in the applicable panel(s).

The screenshot displays two address input panels. The top panel, titled 'Check and Remittance Advice Address', includes a sub-header and a note: 'Indicate the address where checks and remittance advice information should be sent. Most providers are required to receive this information electronically.' It contains fields for 'Street Address Line 1*', 'Street Address Line 2', 'City*', 'State/ZIP*' (with a dropdown and hyphenated boxes), 'Name - Financial Contact Person*', 'Telephone Number - Contact Person*' (with an 'Ext.' field), and 'Contact Email'. A 'Clear' button and a 'Copy svc Loc Addr' button (highlighted with a red box and a red arrow) are at the bottom right. The bottom panel, titled '1099 Mailing Address', includes a sub-header and a note: 'This is the address where the IRS Form 1099 will be sent.' It contains fields for 'Street Address Line 1*', 'Street Address Line 2', 'City*', 'State/ZIP*' (with a dropdown and hyphenated boxes), and 'Telephone Number' (with an 'Ext.' field). A 'Clear' button and a 'Copy svc Loc Addr' button (highlighted with a red box and a red arrow) are at the bottom right.

Enrollment – Addresses cont.

- 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).

The screenshot shows a web form titled "Enrollment Address". The form contains several input fields: "Street Address Line 1*", "Street Address Line 2", "City*", "State/ZIP*" (with a dropdown menu and a hyphen separator), "Contact Person*", "Telephone Number - Contact Person*" (with an "Ext." field), "Contact Email", and "Fax". At the bottom right of the form, there are two buttons: "Clear" and "Copy Svc Loc Addr". The "Copy Svc Loc Addr" button is highlighted with a red rectangular box, and a red arrow points down towards it from the right side of the form. At the bottom of the page, there are three navigation buttons: "Previous", "Next", and "Exit".

Enrollment – Addresses cont.

- Enter any additional service location addresses applicable to the Waiver 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**.

The screenshot shows a web application interface for adding service location addresses. The breadcrumb trail is: Home > Information > **Provider** > Trading Partner > Pharmacy Information > Hospital Modernization. The current page is titled 'Additional Service Location Address' and includes a navigation menu with options like 'home', 'provider enrollment', 'provider re-enrollment', etc. The form contains several input fields, some marked with an asterisk to indicate they are required. Red annotations include a downward arrow pointing to the 'add' button with the text 'Enter additional service location information then click "add."' and another downward arrow pointing to the 'Next' button with the text 'If non-applicable or all locations have been added, click next.' The 'add' and 'Next' buttons are highlighted with red boxes.

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

home **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 e-mail subscription secure site

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

Additional Service Location Address

Required fields are indicated with an asterisk (*).

Street Address Line 1 Street Address Line 2 City State Contact Person Telephone Number - Contact Person

Type changes below.

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* CT -

Contact Person*

Telephone Number - Contact Person* Ext.

Handicap Accessible? No

Contact 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

Enrollment – Member of Organization–(Individual)

Indicate if you are a member of an organization. Selecting “**yes**” will display the “Member of Organization” panel. Enter the “Organization NPI” and click outside the field to display the “Organization Name” and :Membership Effective Date” fields. Enter all **required** data.

The screenshot shows a web application interface for provider enrollment. At the top, there is a navigation bar with links like 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. Below this is a secondary navigation bar with links such as 'home', 'provider enrollment', 'provider re-enrollment', 'provider enrollment tracking', 'provider matrix', 'provider services', 'provider search', 'drug search', and 'provider fee schedule download'. A breadcrumb trail indicates the current path: 'Instructions » Application Type » Application For » Participation Type » Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Individual Name Identifying Information » Addresses » Additional Service Location Address » Member of Organization Financial Information'. The main content area is titled 'Member of Organization' and contains a question: 'Are you a member of an organization? *' with radio buttons for 'Yes' (selected) and 'No'. Below this is a section for entering organization details, with a header 'Member of Organization' and a sub-header 'Organization NPI Organization Name Organization Membership Effective Date'. A text box contains the instruction: 'Once organization data is complete, click add to save. Data for another organization affiliation may then be entered, or click next, if no other member affiliation.' At the bottom of the form are three buttons: 'Previous', 'Next', and 'Exit'. Red annotations include a box around the 'Next' button, a box around the 'add' button, and arrows pointing from the 'Next' button to the 'add' button and from the 'add' button to the 'Next' button.

Enrollment - Financial Information

- Providers are required to submit financial information such as their Taxpayer Identification Number and State Tax ID. If State Tax ID is not provided, you must attest that no sales tax is collected or you have no employees.
- Complete **required fields (*)** then click **NEXT**.

The screenshot shows a web-based enrollment form for financial information. The page title is "Financial Information" and it is part of a larger enrollment process. The form includes a navigation menu at the top with options like "home", "provider enrollment", "provider re-enrollment", etc. Below the navigation menu, there is a breadcrumb trail: "Instructions » Application Type » Application For » Provider Type/Specialty Before You Continue » National Provider Identifier Information » Identifying Information » Addresses Additional Service Location Address » Financial Information » EFT Information » Additional Information Attestation » Medicare Information » Board Members, Partners or Managing Administrators Information » Controlling Interest Survey » Summary".

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

Below this text, it states "Required fields are indicated with an asterisk (*)". The form fields are as follows:

- Taxpayer Identification Number (TIN)*: XXX-XX-6789 (highlighted with a red box)
- Name*: XYZ PCA Services
- Doing Business As: (empty field)
- TIN Type*: EIN SSN
- TIN Effective Date: 12/01/2015
- State Tax ID: (empty field)
- I attest that I do not collect sales tax or do not have employees. (highlighted with a red box)

At the bottom of the form, there are three buttons: "Previous", "Next" (highlighted with a red box), and "Exit". A red box also highlights the text "Do not enter dashes." on the right side of the form.

Enrollment – EFT (Electronic Fund Transfer) Information

- Providers must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.
- Fill in all **required fields (*)**. Click **NEXT**.

The screenshot shows the 'EFT Information' form in the CT InterChange MMIS system. The form is titled 'EFT Information' and includes a link to 'Click here to open Provider EFT Enrollment instructions.' It states that required fields are indicated with an asterisk (*). The form is divided into several sections:

- Provider Information:** Provider Name* (XYZ PCA Services), Provider Tax Identification Number (TIN) (XXXXX6789), and National Provider Identifier (NPI) (empty).
- Provider Identifiers*:** Provider Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN) (XXXXX6789) and National Provider Identifier (NPI) (empty).
- Other Identifiers:** Assigning Authority (empty) and Trading Partner ID (empty).
- Financial Institution Information:** Financial Institution Name (Unknown Institution).
- Financial Institution Address:** Street (empty), City (empty), State/Province (empty), and ZIP Code/Postal Code (empty).
- Account Information:** Financial Institution Routing Number* (21132178), Financial Institution Routing Number(rekey)* (21132178), Type of Account at Financial Institution* (Checking), Provider's Account Number with Financial Institution* (XXXXXXXX8881), and Provider's Account Number with Financial Institution(rekey)* (XXXXXXXX8881).

The form also includes a 'Reason for Submission' section with radio buttons for 'New Enrollment' (selected), 'Change Enrollment', and 'Cancel Enrollment'. The 'Authorized Signature*' field contains the name 'Dolly Levi'. At the bottom of the form, there are 'Previous', 'Next', and 'Exit' buttons.

Enrollment – Additional Information

- If applicable to your provider type, for the performance of laboratory services, complete the CLIA information, otherwise leave blank. Click **Next** to continue.

The screenshot shows a web application interface for provider enrollment. At the top, there is a navigation bar with tabs for 'Home Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. The 'Provider' tab is active. Below this is a secondary navigation bar with links such as 'home', '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', 'e-mail subscription', and 'secure site'. A breadcrumb trail indicates the current path: 'Instructions » Application 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'. The main content area is titled 'Additional Information' and contains the instruction 'Required fields are indicated with an asterisk (*)'. Below this, there are five input fields labeled 'CLIA number 1' through 'CLIA number 5'. At the bottom of the form, there are three buttons: 'Previous', 'Next', and 'Exit'.

Enrollment - Attestation

- Organizations must complete the ***Deficit Reduction Act*** and ***Electronic Signature*** Questions.
- Answering **yes** will open the Attestation.
- Read and signify whether or not your Organization complies with the stated requirements.

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

home **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 e-mail subscription secure site

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

Attestation

Required fields are indicated with an asterisk (*)

Deficit Reduction Act

Have you received \$5,000,000.00 in earnings from Title XIX in the most recent federal fiscal year? * Yes No

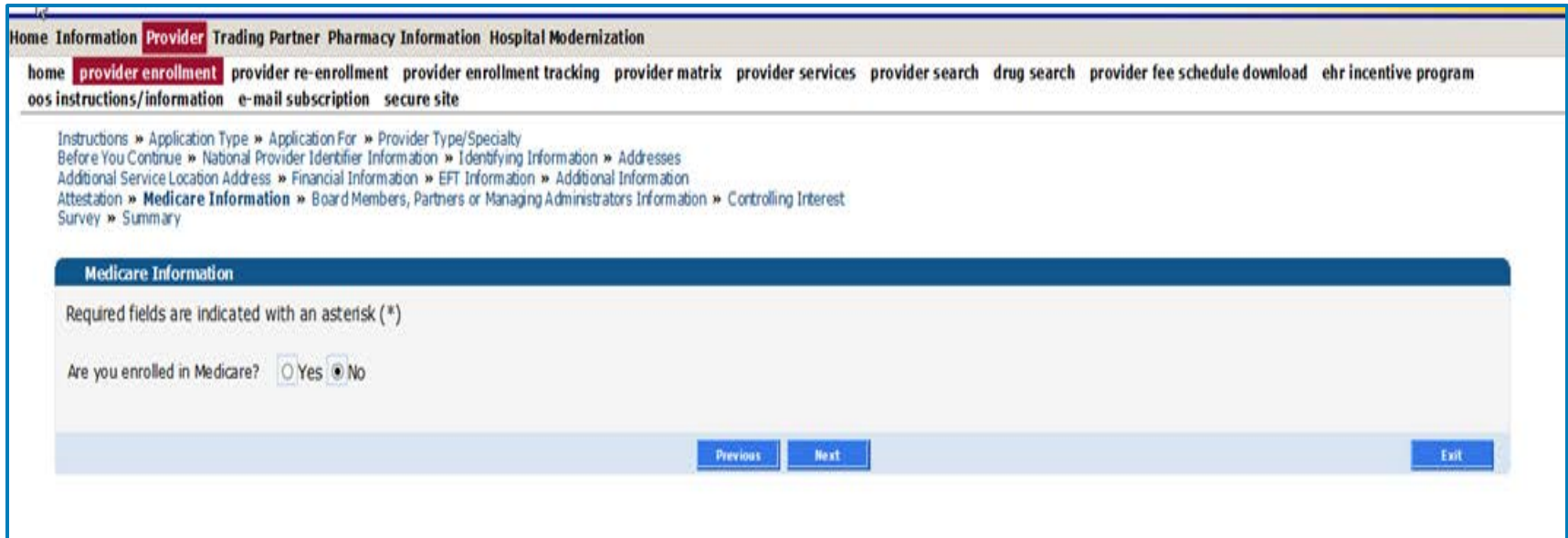
Electronic Signatures

Do you store your health records electronically? * Yes No

- 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.

Enrollment – Medicare Information

- If you are enrolled as a participating provider with Medicare Part B you will need to provide your Medicare Number and the date that it became effective.
- Click **NEXT** to proceed.



The screenshot shows a web application interface for provider enrollment. At the top, there is a navigation bar with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, and Hospital Modernization. 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, ehr incentive program, oos instructions/information, e-mail subscription, and secure site. A breadcrumb trail reads: Instructions » Application Type » Application For » Provider Type/Specialty Before You Continue » National Provider Identifier Information » Identifying Information » Addresses Additional Service Location Address » Financial Information » EFT Information » Additional Information Attestation » **Medicare Information** » Board Members, Partners or Managing Administrators Information » Controlling Interest Survey » Summary. The main content area is titled "Medicare Information" and contains the text "Required fields are indicated with an asterisk (*)". Below this is a question: "Are you enrolled in Medicare?" with radio buttons for "Yes" and "No". The "No" option is selected. At the bottom of the form are three buttons: "Previous", "Next", and "Exit".

Enrollment – Board Members, Partners or Managing Administrators Information (organizations)

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

The screenshot shows a web application interface for provider enrollment. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The 'Provider' link is highlighted. Below the navigation bar, there are several tabs: 'home', 'provider enrollment', 'provider re-enrollment', 'provider enrollment tracking', 'provider matrix', 'provider services', 'provider search', 'drug search', 'provider fee schedule download', and 'ehr incentive program'. The 'provider enrollment' tab is active. A breadcrumb trail shows the current path: 'Instructions » Application Type » Application For » Provider Type/Specialty Before You Continue » National Provider Identifier Information » Identifying Information » Addresses Additional Service Location Address » Financial Information » EFT Information » Additional Information Attestation » Medicare Information » Board Members, Partners or Managing Administrators Information » Controlling Interest Survey » Summary'. The main content area is titled 'Board Members, Partners or Managing Administrators Information'. It contains the following text: 'Required fields are indicated with an asterisk (*)'. There are two radio button questions: 'Are you a nonprofit organization or an organization without an owner?*' with 'Yes' and 'No' options, and 'Are there board members, partners, or managing administrators of your organization?*' with 'Yes' and 'No' options. Below these is a paragraph: '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.'. There are two more radio button questions: 'Do all owners have less than 5% ownership in the organization?' with 'Yes', 'No', and 'N/A' options, and 'Is your corporation a subsidiary of another company?*' with 'Yes' and 'No' options. At the bottom of the form, there are two text input fields: 'Name' and 'Corporate Headquarters Location'. At the very bottom of the form, there are three buttons: 'Previous', 'Next', and 'Exit'.

Enrollment – Board Members, Partners or Managing Administrators Information - Detail

- If you answered **Yes** to the board members, partners or managing administrators of your organization, you will be **required to enter details** about that board member(s), partner(s), or managing administrator(s). The panel displayed below appears.
- If you answered **No**, click **NEXT** to continue.

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*

Add

Previous Next Exit

Enrollment-Controlling Interest

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

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

home **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 e-mail subscription secure site

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

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.

Previous **Next** Exit

Enrollment – Controlling Interest cont.

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

Controlling Interest

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

*** No rows found ***

Type changes below.

Last Name*

First Name*

Middle Initial

Relationship*

Medicaid Provider Number (if applicable)

Social Security Number*

Date of Birth*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Telephone Number - Business* Ext.

Percentage of Controlling Interest*

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

Enrollment – Controlling Interest cont.

- After entering data for all parties with controlling interest, complete the remaining questions.
- Answering **Yes** to controlling interest in any other provider will open the “Controlling Others” window.

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.

Enrollment - Survey

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

The screenshot shows a web-based survey interface. At the top, a blue header bar contains the word "Survey". Below the header, a note 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 radio buttons for "Yes" (selected) and "No". Below the question is a data entry table with a blue header "Survey" and a blue "add" button. The table contains three columns: "State*", "National Provider Identifier Number*", and "Date*". A message above the table reads "*** No rows found *** - 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 for "Yes" (selected) and "No". Below the question is another data entry table with a blue header "Survey" and a blue "add" button. The table contains two columns: "Insurance Name*" and "Contract Number*". A message above the table reads "*** No rows found *** - Enter data below and click on add button -".

Question 5: "5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? *". To the right are radio buttons for "Yes" and "No".

Question 6: "6. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family, marriage, ownership, membership, control, or business relationship to any other provider that is currently, or within the last 5 years, has been, enrolled in the Connecticut Medical Assistance Program? *". To the right are radio buttons for "Yes" and "No".

Enrollment - 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**.

The screenshot shows the 'Summary' page of the Provider Enrollment process. At the top, there is a navigation bar with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization. Below this is a secondary navigation bar: Home, **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, e-mail subscription, secure site.

A red box highlights a list of navigation links: Instructions, Application Type, Application For, Provider Type/Specialty, Before You Continue, National Provider Identifier Information, Identifying Information, Addresses, Additional Service Location Address, Financial Information, EFT Information, Additional Information, Attestation, Medicare Information, Board Members, Partners or Managing Administrators Information, Controlling Interest Survey, Summary. A red arrow points from this box to the right, with the text: "Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed online once the application is submitted."

The main content area is titled 'Summary' and contains a link: "Click here to open Provider Enrollment Agreement". Below this is a checkbox: "I agree that I have read and accept the terms of the Provider Enrollment Agreement." which is checked. Below the checkbox are two input fields: "SSN of Person Signing the Application*" with the value "XXXXX2222" and "Signature of Provider or Authorized Representative*" with the value "Dolly Levi". A red arrow points from the SSN field to the right, with the text: "SSN and Signature verified against individual name & identifying information panel. An error occurs if same name/different SSN or different name/same SSN."

Below the input fields are several bullet points and a large block of text. The first bullet point states: "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 browser's navigation buttons)." The second bullet point is an "IMPORTANT NOTICE" regarding Medicaid enrollment. The large block of text is a certification statement: "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." Below this is another certification statement: "I certify that I have legal authority to enter into contracts and agreements on behalf of the provider."

At the bottom of the page are two buttons: "Previous" and "Submit". A red arrow points from the "Submit" button to the right, with the text: "After clicking submit, be sure to print and/or save the application as a PDF document for your records." The "Submit" button is highlighted with a red box.


Enrollment – Additional Information

- This panel will display if additional information is required to be mailed to Hewlett Packard Enterprise. Click on the link to view, save, or print the Follow On Documents (FOD) list. **ABI Service Providers must be credentialed through Allied Community Resources. The initial application will not require an FOD from the provider, as Allied will provide a report of existing credentialed providers to DSS as FOD confirmation. Providers not yet credentialed and provider re-enrollment will require a re-credentialing FOD from the provider.**

Additional Information to Mail to HP

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 HP. 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. * 

Failure to submit the required Follow On Documents may result in the denial of your application.

IMPORTANT - The Application Tracking Number (ATN) that you will receive at the end of this application must be written on each document mailed to HP. 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](#)

Enrollment – 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 Hewlett Packard Enterprise once your application has been submitted.
- Click on the **“Save a copy of the application”** link to print or save the PDF version of your application for your records.

Application Submitted

- Thank you for applying for enrollment with the Connecticut Medical Assistance Program. The information on your submitted application will now be reviewed by HP. If any information is missing, invalid, or HP is unable to process the application, you will receive written notification of the missing or invalid information from HP. 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:

HP
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06104
- **Application Tracking Number (ATN)**
 - Your tracking number is 309637
- **Notification of Enrollment Decision**

If all information has been provided and is correct, HP 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 HP 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, HP 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.

If unable to save a copy of your application, click the link to download a copy.

Exit

APPLICATION STATUS AND THE DECISION PROCESS

CONNECTICUT MEDICAL ASSISTANCE PROGRAM

ABI SERVICE PROVIDER ENROLLMENT
AND SECURE WEB ACCOUNT
WORKSHOP

Checking the Status of Your Application Online

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

The screenshot displays the Connecticut Department of Social Services website. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The 'Provider' menu is expanded, showing options like Provider Enrollment, Provider Re-Enrollment, and Provider Enrollment Tracking, which is highlighted with a red box. The main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner. Below the banner is the Connecticut Department of Social Services logo and another navigation bar. The 'Provider' menu is again expanded, showing 'provider enrollment tracking' highlighted in red. Below this is an 'Enrollment Tracking Search' form with input fields for 'ATN**' and 'Business OR Last Name**'.

Enrollment – What's Next

- The information on your submitted **application will now be reviewed by Hewlett Packard Enterprise.**
- If any information is missing, invalid, or if Hewlett Packard Enterprise is unable to process the application, you will receive a letter that informs you what is required for correction or completion of your application.
- Providers will not be able to correct or modify completed applications online, but will need to submit paper corrections to the following address:
 - Hewlett Packard Enterprise
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06104
- **All additional information sent to Hewlett Packard Enterprise will need the ATN entered on the upper right hand corner.**

Notification of Enrollment Decision - Approval

- **If all information has been provided and is correct,** Hewlett Packard Enterprise 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 **Provider Enrollment Approval Notice to the provider.**

Enrollment – Upon Application Approval

- If the enrollment application is approved, the date submitted in the **Provider Effective Date field of the Identifying Information panel** will become the **provider's enrollment effective date**.
- If a provider submits a Web enrollment application and later wishes **to back date their enrollment effective date**; the provider must submit this request on the provider's letterhead with the ATN to the Provider Enrollment Unit.
- **Newly enrolled providers will receive a welcome letter** with an Automated Voice Response System (AVRS)/Initial Web User ID and another letter containing Web Personal Identification Number (PIN) information. **Upon receipt of these letters, you are eligible to submit claims effective for dates of service September 1, 2016.**

Notification of Enrollment Decision - Denial

- If a denial is received from the Department of Social Services (DSS), Hewlett Packard Enterprise sends a Provider Enrollment/Re-enrollment Rejection Notice to the provider. This letter outlines the reason(s) the application was denied.
- A provider receiving a denial from DSS' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the Rejection Notice.
 - DSS will notify Hewlett Packard Enterprise if their decision of denial has been reversed.
 - Hewlett Packard Enterprise will make the appropriate updates and an approval letter will be sent to the provider.
- In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via the online Enrollment Wizard.



RE-ENROLLMENT

CONNECTICUT MEDICAL ASSISTANCE PROGRAM

ABI SERVICE PROVIDER ENROLLMENT
AND SECURE WEB ACCOUNT
WORKSHOP

Re-enrollment – Notification and Process

- Providers will receive a reminder letter when they are due for re-enrollment **6 months prior** to the end of their previous 2 year contract.
 - 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)

Re-enrollment – Provider Specific Requirements

ABI Service Providers:

- ABI Service Providers must first re-credential for the upcoming re-enrollment period with Allied Community Resources.
 - The online re-enrollment application process will not be complete without re-credentialing notification.

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).
 - **Providers who are dis-enrolled will not be able to bill or receive payment for services rendered until re-enrollment is completed.**
- A Provider Enrollment contract will not be reinstated until the **application is finalized.**
 - Reinstatement of contracts w/out a finalized application violates ACA policies.

Secure Web Account Access, Set-Up and Capabilities

CONNECTICUT MEDICAL ASSISTANCE PROGRAM

ABI SERVICE PROVIDER ENROLLMENT
AND SECURE WEB ACCOUNT
WORKSHOP

Secure Web Portal

Providers who have successfully enrolled as ABI Service Providers will receive:

- ✓ An approval letter with their new AVRS/Medicaid ID
- ✓ Additional letter under separate mailing containing their Personal Identification Number (PIN)
- The AVRS ID and PIN allow the provider initial access to the Connecticut Medical Assistance Program Secure Web Portal for the purpose of creating a **secure Web account**.

Access to Secure Web Portal

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

The screenshot displays the Connecticut Department of Social Services website. The navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The 'Provider' dropdown menu is open, showing options such as 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, E-Mail Subscription, and Secure Site. The 'Secure Site' link is highlighted with a red box. Below the navigation bar, the main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner. Below the banner, there are three icons: a stack of books labeled 'Information', a stethoscope labeled 'Provider', and a key labeled 'Trading Partner'. The 'Provider' icon is also highlighted with a red box. At the bottom of the page, there is an 'Important Messages' section with a blue header and several links related to Medicaid providers and EHR incentive programs.

Access To Web Portal

To ensure your 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.

Setup Your Secure Web Account

Login

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

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

[set up account](#)



Click to access Account Setup.

User ID*

Password*

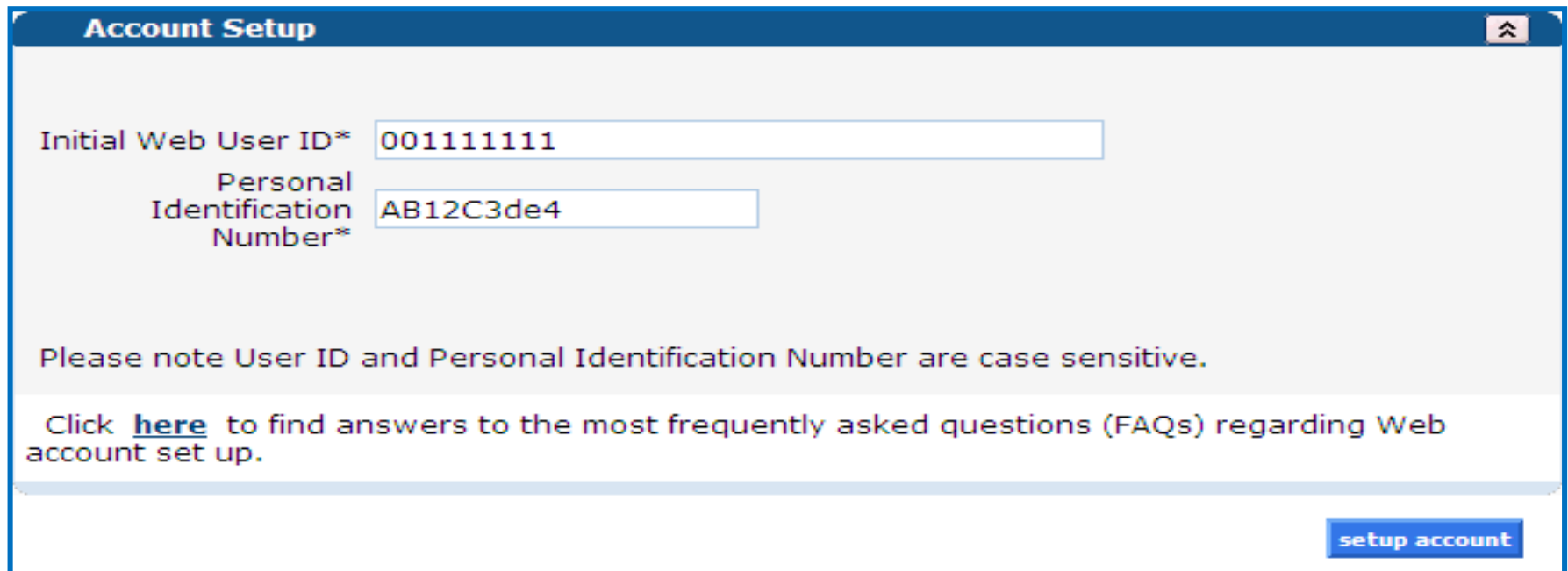
[login](#)

If you have forgotten your password please click the reset password button.

[reset password](#)

Secure Web Account Setup

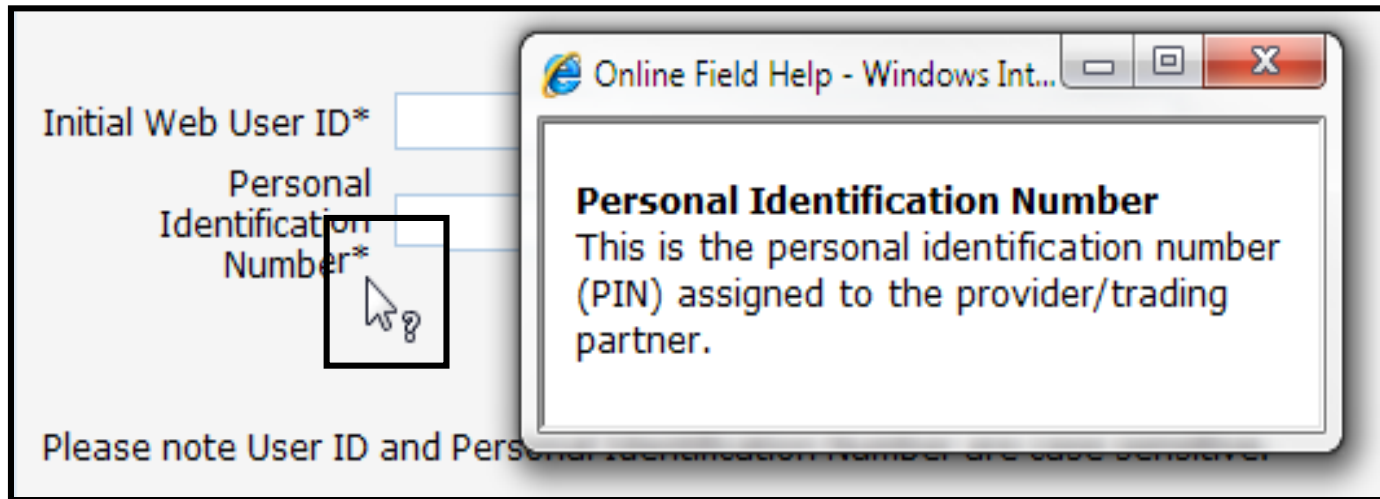
- Account Setup- Allows providers to set up a local administrator user account.
- Enter the provided *Initial Web User ID* and *PIN* (which can be found in the enrollment and PIN letters), in the appropriate fields; click **setup account**.



The screenshot shows a web form titled "Account Setup" with a blue header bar. The form contains two input fields: "Initial Web User ID*" with the value "001111111" and "Personal Identification Number*" with the value "AB12C3de4". Below the fields is a note: "Please note User ID and Personal Identification Number are case sensitive." At the bottom left, 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".

Secure Web Account - Online Field Help

- 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.



Web Account Set Up

- Once on the **Account Setup** screen, fill in the fields with the appropriate information.

Required fields are indicated with an asterisk (*).

User ID*	<input type="text" value="John_Doe_Waiver"/>	Password*	<input type="password" value="*****"/>
Contact Last Name*	<input type="text" value="Doe"/>	Confirm Password*	<input type="password" value="*****"/>
Contact First Name*	<input type="text" value="Jonathan"/>	Email*	<input type="text" value="john.doe@waiverabi.com"/>
Phone Number*	<input type="text" value="(800)555-5555"/> <input type="text" value="5555"/>	Confirm EMail*	<input type="text" value="john.doe@waiverabi.com"/>
1st Secret Question*	<input type="text" value="Mothers maiden name"/>		
1st Answer*	<input type="text" value="Smith"/>		
2nd Secret Question	<input type="text" value="Name of first pet"/>		
2nd Answer	<input type="text" value="Buster"/>		

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 this agreement is an

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 Set Up

- You have successfully set up your ctdssmap.com *Secure Site* account

The screenshot displays the user interface of the ctdssmap.com web account. At the top, there is a navigation bar with links for Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, Claims, Eligibility, Prior Authorization, Trade Files, HAPIR, Messages, and Account. Below this is a secondary navigation bar with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, reset password, and log out. A prominent red message states: "Your password expires in 61 days on 6/28/2016 at 12:00 AM" with a "Change Password" link. A "Quick Link" box contains several links: Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, and Download Remittance Advices. The user's profile information is displayed, including: Welcome: John_Doe_Waiver, Provider ID: 1234567890 NPI, Reenrollment Due Date: 02/25/2018, and Zip Code: 06106 - 5501. A note indicates that R.A.s or 835 transactions are being sent to the user's download page in the Trade Files menu. Below this is a "Global Messages" section with a table containing one message row. At the bottom, there is a "Secure Mailbox" section with the message "*** No rows found ***".

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization Trade Files HAPIR Messages **Account**

home **account home** account maintenance account setup change password clerk maintenance demographic maintenance reset password log out

Your password expires in 61 days on 6/28/2016 at 12:00 AM [Change Password](#)

Quick Link:

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)

Welcome: John_Doe_Waiver
Provider ID: 1234567890 NPI
Reenrollment Due Date: 02/25/2018
Zip Code: 06106 - 5501
Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.

Global Messages

Category	Subject	Message	Sent Date	Effective Date	End Date
Notification	Web Claim Submission is Here!	Web claim submission is now...	12/22/2009	12/22/2009	12/31/2299

Secure Mailbox

*** No rows found ***

WEB ACCOUNT CAPABILITIES

Accessing your provider secure web account allows you to:

- **Update your demographic information (primary account holder only):**
 - Chapter 10-Web Portal/AVRS-Section Provider Demographic Maintenance

- **Set Up clerk accounts:**
 - Chapter 10-Web Portal/AVRS-Section Creating Clerk Accounts

- **Switch Provider:**
 - Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.
 - Chapter 10-Web Portal/AVRS-Section Ongoing Clerk Maintenance

- **Check client eligibility via the Web:**
 - Chapter 4-Client Eligibility-Section Internet Web Site Portal Eligibility

Web Account Capabilities cont.

- **Access client care plans:**

- Care Plan Inquiry (ABI Case Management Provider(s))
- Prior Authorization Inquiry (ABI Service Providers)

- **Create and Submit claims for dates of service 9/1/2016:**

- For services noted on the “ABI Procedure Code Crosswalk” as “Billed by ABI Service Providers”
- That do not utilize Electronic Visit Verification (EVV)

NOTE: Web claim format is Professional HIPAA 5010 compliant

- **Perform claim inquiries:**

- Paid, Denied, Suspended

Web Account Capabilities cont.

- **Resubmit, Adjust, Void, and Copy claims:**

- Previously submitted electronically or via paper:
 - for services noted on the “ABI Procedure Code Crosswalk” as “Billed by ABI Service Providers”
 - That do not utilize Electronic Visit Verification (EVV)

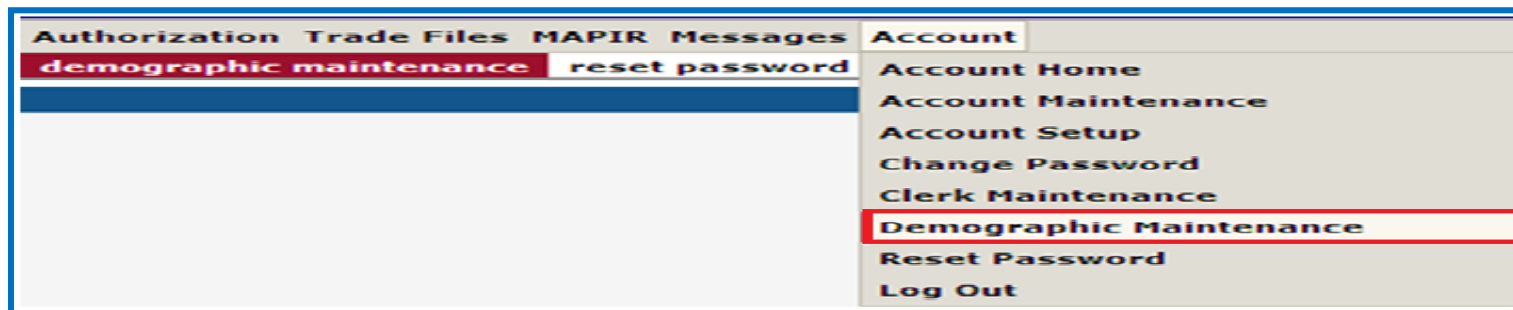
NOTE: Region 12 and 13 paper claims cannot be adjusted.

- **Obtain your Remittance Advice (RA):**

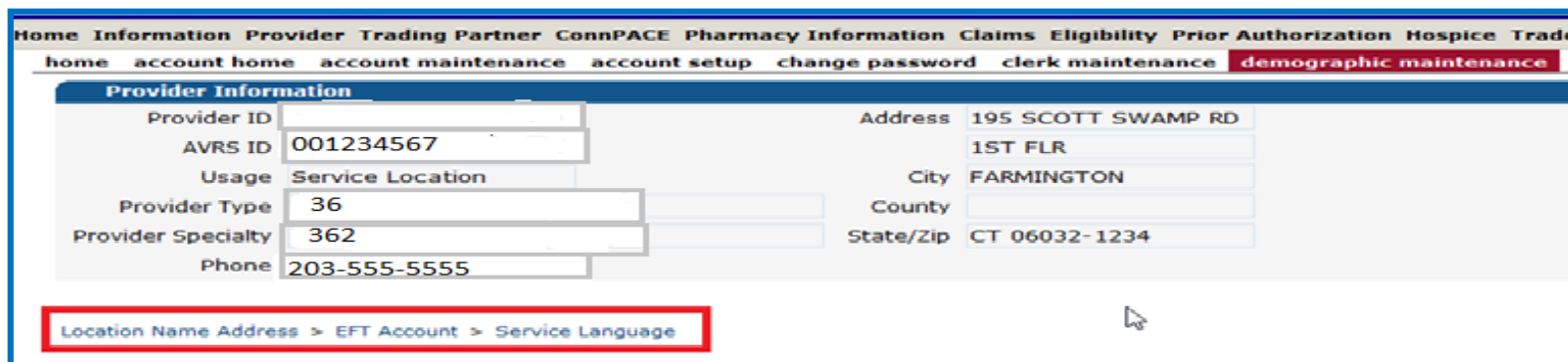
- Reports claim activity (paid, denied adjusted) since the last financial cycle.

DEMOGRAPHIC MAINTENANCE

The *Demographic Maintenance* section of the secure site allows you to alter and maintain demographic information:



Access this section by selecting *demographic maintenance* from either the *Account* drop-down menu (above) or the *Account* sub-menu (below)



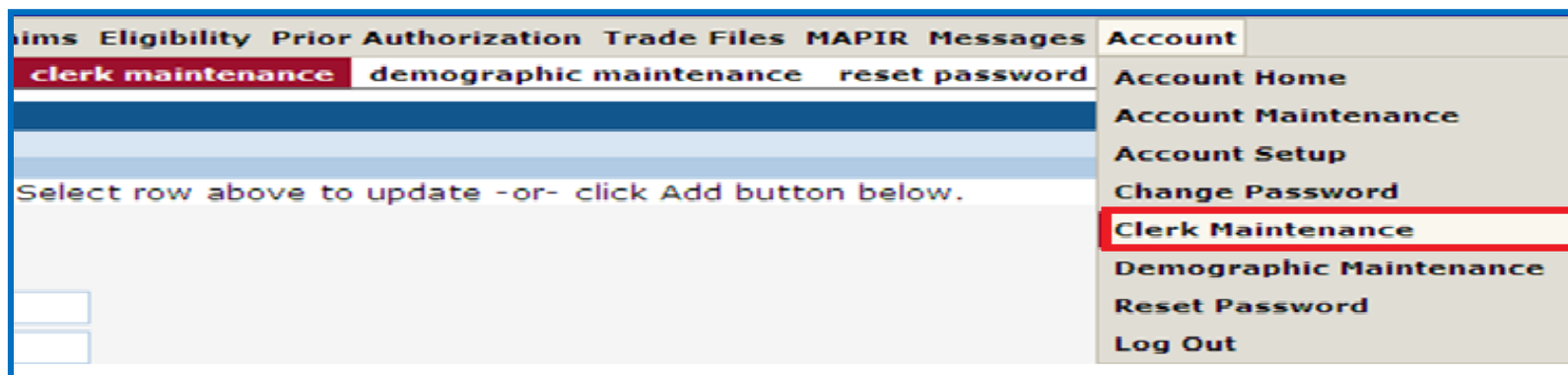
- Click on **Location Name Address, EFT (Electronic Funds Transfer) Account or Service Language** to make additional changes.

Demographic Maintenance cont.

- **Location Name Address**- Allows you to specify different mailing, payment, service location, and enrollment addresses.
- **EFT Account**- Allows you to add and maintain bank accounts into which reimbursements from the Connecticut Medical Assistance Program (CMAP) will be electronically deposited.
- * Upon enrollment ABI Service Providers provided their EFT information. **The first reimbursement after September 1, 2016 will be via paper check.** Once the bank confirms the account, the second reimbursement, if confirmed, will be via EFT.
- **Service Language**- Allows you to change Language, Effective Date and End Date.

CLERK MAINTENANCE

- Clerk accounts grant Web access to staff members allowing them to perform functions based on their job responsibilities.
 - The local administrator is responsible for maintaining clerk accounts within their organization. This includes adding clerks, changing the role(s) for clerks, removing clerks, and resetting passwords.
 - Access the **Clerk Maintenance** section of the secure site by selecting *clerk maintenance* from either the *Account* submenu or the *Account* drop-down menu.



Clerk Maintenance

- Click to add/remove clerks, assign or change roles and reset passwords.

The screenshot shows the 'Clerk Maintenance' web application interface. At the top, there is a table with columns 'User ID', 'Contact First Name', and 'Contact Last Name'. The table contains four rows: JANESMITH (Jane Smith), JUANMARTINEZ (Juan Martinez), MARCUSWILLIAMS (Marcus Williams), and TOMJOHNSON (Tommy Johnson). Below the table, there is a section for editing a clerk. It includes buttons for 'remove clerk', 'add clerk', and 'reset password'. The 'add clerk' button is highlighted with a red box. Below these buttons are input fields for 'User ID' (MARCUSWILLIAMS), 'Contact First Name' (Marcus), 'Contact Last Name' (Williams), and 'Phone Number' ((800)555-5555 and 5550). Below the input fields is a section for 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section is highlighted with a red box and contains a list of roles: Client Eligibility Verification, PA Inquiry/Submission, Prior Authorization Inquiry, Claim Inquiry/Submission/Adjustment, and Claim Inquiry. The 'Available Roles' section contains 'Trade Files'. Between the two role sections are four navigation buttons: '<', '<<', '>', and '>>'. At the bottom right of the form are 'submit' and 'cancel' buttons.

User ID	Contact First Name	Contact Last Name
JANESMITH	Jane	Smith
JUANMARTINEZ	Juan	Martinez
MARCUSWILLIAMS	Marcus	Williams
TOMJOHNSON	Tommy	Johnson

Type changes below.

remove clerk add clerk reset password

User ID: MARCUSWILLIAMS
Contact First Name: Marcus
Contact Last Name: Williams
Phone Number: (800)555-5555 5550

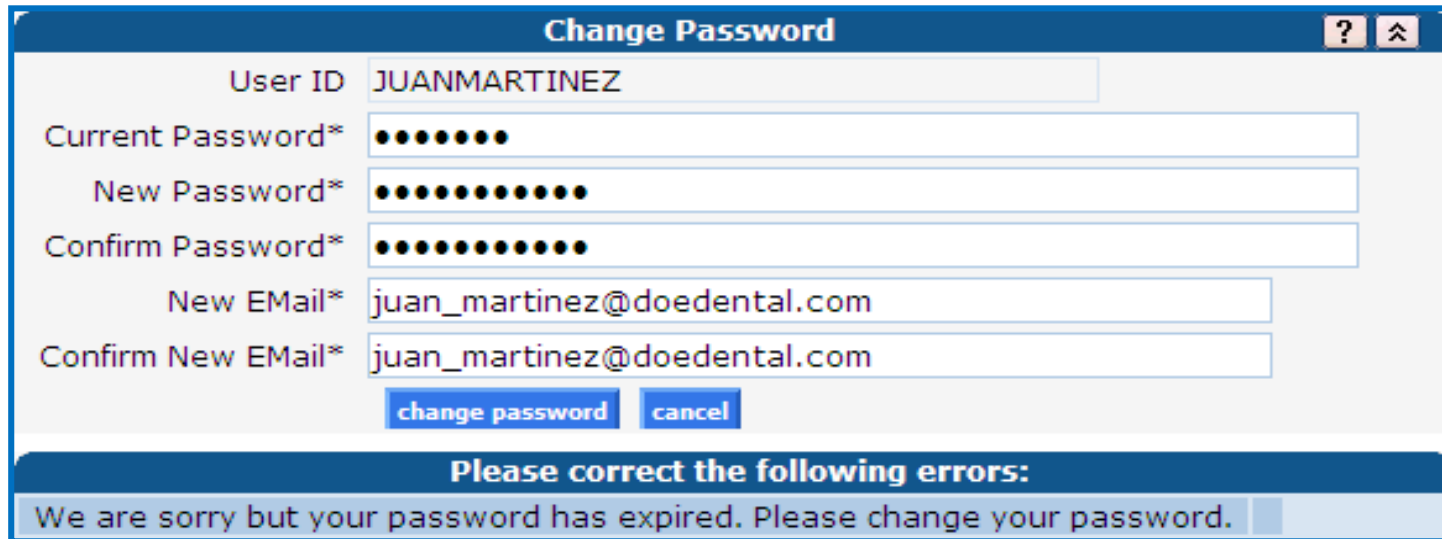
Assigned Roles	Available Roles
Client Eligibility Verification PA Inquiry/Submission Prior Authorization Inquiry Claim Inquiry/Submission/Adjustment Claim Inquiry	Trade Files

submit cancel

- Fill in the required fields to add a clerk, click submit.

Clerk Maintenance

- When a new clerk logs into the secure site for the first time, they will be required to change their password from the one created by the account administrator.



Change Password

User ID: JUANMARTINEZ

Current Password*: ●●●●●●●●

New Password*: ●●●●●●●●●●

Confirm Password*: ●●●●●●●●●●

New EMail*: juan_martinez@doedental.com

Confirm New EMail*: juan_martinez@doedental.com

change password cancel

Please correct the following errors:
We are sorry but your password has expired. Please change your password.

- Fill in the fields with the appropriate information; click change password.
 - The clerk is now ready to perform the job duties allowed under the **Assigned Roles** chosen by the account administrator.

Switch Provider Function

- Once a clerk ID is created by the local administrator, the same clerk ID can be added to more than one main account, this will allow the clerk the ability to switch back and forth between submitting online transactions for those providers
 - Select **switch provider** from either the **Account** submenu or the **Account** drop-down menu

Switch Provider								
Trading Partner/ Provider ID	Provider AVRS ID	Provider Type	Address	City	State	Zip	Zip + 4	Default Provider/ Trading Partner
1234567890	NPI 123456	Dentist	15 MAIN STREET	WILLIMANTIC	CT	06226	1948	<input checked="" type="checkbox"/>
1122334450	NPI 111222	Clinic	47 CRESCENT STREET	WILLIMANTIC	CT	06226	3606	<input type="checkbox"/>

Select row above to update.

Current Provider/Trading Partner	1234567890	NPI						
Provider/Trading Partner ID	1234567890	NPI	Address	15 MAIN STREET				
Provider AVRS ID	123456		City	WILLIMANTIC				
Provider Type	Dentist		State	CT				
Default Provider/Trading Partner	<input checked="" type="checkbox"/>		Zip	06226	1948			

- Select the appropriate provider; click **switch to**. A window will appear asking you to verify the switch; click **OK**



Program Resources

CONNECTICUT MEDICAL ASSISTANCE PROGRAM

ABI SERVICE PROVIDER ENROLLMENT AND
SECURE WEB ACCOUNT WORKSHOP

Provider Enrollment/Re-enrollment Resources

- **Where to go for help:**

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

- <https://nppes.cms.hhs.gov> – National Plan & Provider Enumeration System – for providers interested in obtaining more information about obtaining a National Provider Indicator (NPI).
 - **ABI Service Providers** are not required to obtain an NPI in order to enroll and submit claims.

Provider Enrollment/Re-enrollment Resources

- **Provider Assistance Center:**

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

1-800-842-8440 (toll free)

Provider Enrollment Unit:

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

Enrollment/Re-enrollment Resources cont.

- **ABI Service Provider Credentialing/Re-credentialing:**

Allied Community Resources

Provider Services

P.O. Box 479

East Windsor, CT 06088

E-mail: mflagg@alliedgroup.org or vgiannelli@alliedgroup.org

Phone: (860)627-9500 ext. 108 or 138

Fax: (860) 627-0230

- Questions & Answers

