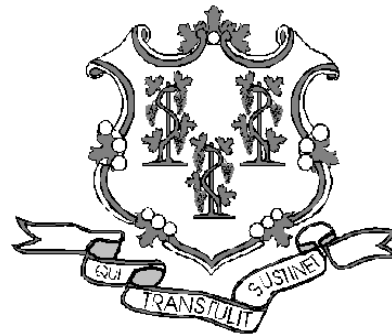


# Connecticut Medical Assistance Program Enrollment Workshop for Connecticut Home Care (CHC) Service Providers



Presented by  
The Department of Social Services  
& HP Enterprise Services

# Training Topics

- **Program Enrollment Background** (*prior to July 1, 2013*)
- **Program Enrollment Changes** (*effective July 1, 2013*)
- **Program Enrollment Benefits**
- **www.CTDSSMAP.com Enrollment Wizard**
  - Connecticut Medical Assistance Program Enrollment Process
  - Enrollment Wizard Navigation
  - Enrollment Wizard Walkthrough
  - Enrollment Tracking
  - What's Next
  - Notification of Enrollment Decision
  - Upon Approval
- **Resources**
- **Questions**

# CHC Program Enrollment Background

*Individuals and Organizations wishing to provide service to a client under the CHC program prior to July 1, 2013 were required to:*

- Contract with one or more of the CHC Access Agencies
  - Access Agency(s) credentialed the individuals/entities under contract
  - Access Agency(s) submitted enrollment documentation to HP
  
- Individual and entities were enrolled as a **CHC performing provider** associated to one or more of the Access Agencies with whom they contracted to perform CHC services.

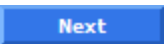
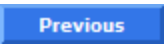
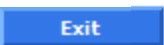
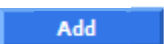
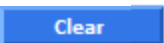


# CHC Program – Enrollment Changes

- Individuals and Organizations wishing to provide **non-medical** services to a client under the CHC program after July 1, 2013 will be required to:
  - Credential with Allied Community Resources (DSS CHC Fiduciary)  
(Not required at this time. Credentialing will be required for reenrollment in two years).
  - Enroll directly with HP online at [www.CTDSSMAP.com](http://www.CTDSSMAP.com) via the **Enrollment Wizard**
- Individuals and entities will be enrolled as a **“CHC Service Billing Provider”**
  - Provider Type **57**/Provider Specialty **544**
- Home Health Agencies wishing to provide **medical** services to a client under the CHC program after July 1, 2013 will not be required to enroll as a “CHC Service Provider”.

# Enrollment Process

- Providers must be enrolled in the Connecticut Medical Assistance Program (CMAP) network in order to be reimbursed for services provided to clients.
  - This presentation will provide information needed to successfully enroll in the CMAP network.
- The Department of Social Services (DSS) offers an online enrollment application tool called the *Enrollment Wizard*.
  - The *Wizard* allows applying providers to submit their enrollment applications for CMAP on the public Web site.
- Providers can access the *Wizard's* enrollment and enrollment-tracking self-service features from the Web Portal at [www.ctdssmap.com](http://www.ctdssmap.com).
  - Access to this application does *not* require a log in; any user with internet access can utilize this application.
- The online portion of this application process takes approximately 20 minutes to complete
  - 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 HP 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

# Enrollment – Where to begin

- Go to the [www.ctdssmap.com](http://www.ctdssmap.com) Home Page to access the Enrollment Wizard and begin the application process.

The screenshot displays the website for the Connecticut Department of Social Services. At the top left is the department's logo with the text "CONNECTICUT DEPARTMENT OF SOCIAL SERVICES" and the slogan "-- Caring for Connecticut --". On the top right, it says "Help Friday, May 10, 2013". A navigation bar includes "Home", "Information", "Provider", "Trading Partner", "ConnPACE", and "Pharmacy Information", with "Provider" circled in red. Below this is a sub-menu with "home", "site map", and "about us".

The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" heading. Below this is a paragraph of introductory text: "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM Web site, PROVIDED BY HP ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM. THE SITE ALSO PROVIDES MEDICAL ASSISTANCE PROGRAM CLIENTS THE ABILITY TO SEARCH FOR ENROLLED HEALTHCARE PROVIDERS IN THEIR AREA. CONNPACE CLIENTS CAN ACCESS ENROLLMENT AND REENROLLMENT INFORMATION AT THIS SITE ALSO."

On the left side, there are three menu sections:

- Information**
  - Publications
  - Links
  - Important Information
  - RA Banner Announcements
  - HIPAA
  - Regional Office Locations
- Provider**
  - Provider Services
  - Provider Search
  - Provider Enrollment (circled in red)
  - Eligibility program
  - OOS Instructions/Information
  - Secure Site
- Trading Partner**
  - Trading Partner Enrollment
  - Trading Partner Documents
  - Provider Electronic Solutions
  - Billing Instructions

At the bottom, there are five icons representing different services: Information (stack of books), Provider (stethoscope), Trading Partner (key), ConnPACE (mortar and pestle), and Pharmacy (Rx bottle).

# Enrollment Walkthrough

- **CTDSSMAP.com** allows new providers to complete the enrollment process online.
- Re-enrollment can be completed via the Web Portal as well.
  - A majority of the required information is automatically populated for you, substantially reducing the amount of time the process takes.
- To begin the enrollment process, select *Provider Enrollment* from either the *Provider* box on the left hand side of the home page or the *Provider* drop-down menu.

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [Secure Site](#)

Provider Trading Partner ConnPACE

- [Provider Enrollment](#)
- [Provider Enrollment Tracking](#)
- [Provider Matrix](#)
- [Provider Services](#)
- [Provider Search](#)
- [Drug Search](#)
- [Provider Fee Schedule Download](#)
- [EHR Incentive Program](#)
- [Secure Site](#)

# Enrollment Walkthrough

- 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.

**Instructions** Top Nav ? ^ X

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](http://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](http://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.

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

Next

Exit

# Enrollment Walkthrough

- **Application Type** - Indicate whether you are applying as an individual or an organization/group; click *Next* to proceed.

Application Type

Top Nav ? ^ X

Required fields are indicated with an asterisk (\*)

**Type of Application \***

Individual

Organization/Group

Previous Next Exit

- **Employed by Group/Clinic/Hospital** – Indicate you are an individual practitioner (individuals in your organization are not required to enroll); click *Next*.

Participation Type

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

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. 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.

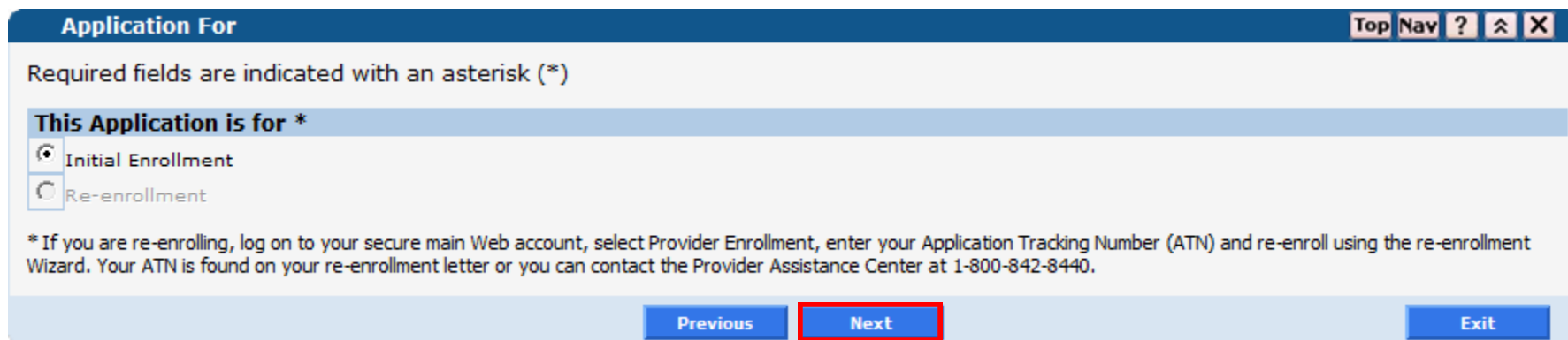
Ordering/Prescribing/Referring provider only - An individual provider who wishes to participate solely as an ordering or prescribing or referring provider who does not intend to bill or receive payment directly from the Connecticut Medical Assistance Program.

Previous Next Exit

# Enrollment Walkthrough

## • Application For

- Identifies the application as being for initial enrollment as opposed to re-enrollment. This field defaults to *Initial Enrollment* and cannot be changed; click *Next* to continue.



The screenshot shows a web browser window titled "Application For". The page content includes a header with "Top Nav ? ^ X" and a note: "Required fields are indicated with an asterisk (\*)". Below this is a section titled "This Application is for \*". It contains two radio button options: "Initial Enrollment" (which is selected) and "Re-enrollment". A note below the options states: "\* If you are re-enrolling, log on to your secure main Web account, select Provider Enrollment, enter your Application Tracking Number (ATN) and re-enroll using the re-enrollment Wizard. Your ATN is found on your re-enrollment letter or you can contact the Provider Assistance Center at 1-800-842-8440." At the bottom of the form are three buttons: "Previous", "Next" (highlighted with a red border), and "Exit".

- Existing providers initialize the re-enrollment process by logging into their secure main Web account and entering their *Application Tracking Number (ATN)*.

# Enrollment Walkthrough

## • **Provider Type/Specialty**

- Select the "CT Home Care Program" - Provider Type from the drop down list.
- Select the "CHC Service Provider" - Provider Specialty from the drop down list.

**Provider Type/Specialty**

Required fields are indicated with an asterisk (\*)

Provider Type\*

- Acquired Brain Injury
- Advance Practice Nurse Group
- Behavioral Health Clinician Groups
- Care Management Program
- Chiropractor Group
- Clinic
- CT Home Care Program**
- Dentist Group
- DME/Medical Supply Dealer
- DMHAS TCM/DDS Billing Provider
- Drug and Alcohol Abuse Center
- Extended Care Facility
- Home Health Agency

Previous Next Exit

**Provider Type/Specialty**

Required fields are indicated with an asterisk (\*)

Provider Type\* CT Home Care Program

Provider Specialty\*

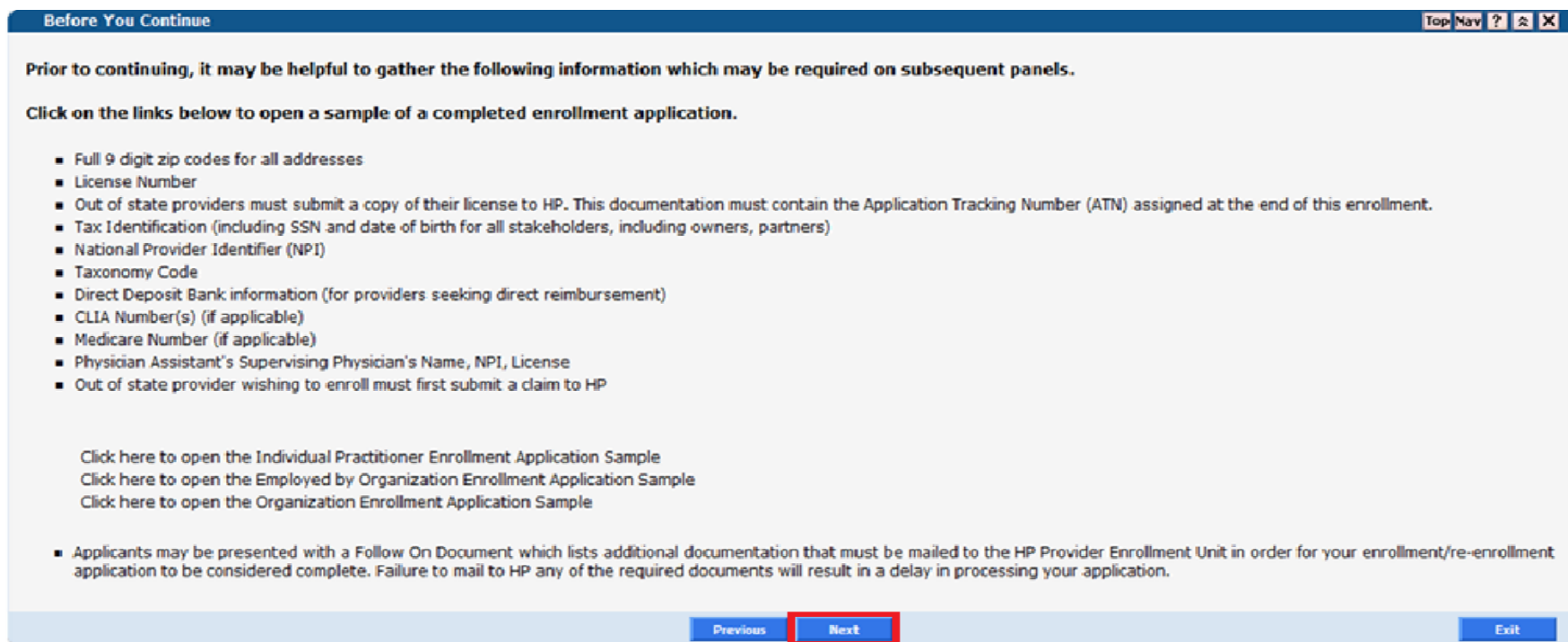
- Assisted Living
- CHC PCA Fiduciary
- CHC Service Provider**
- CT Home Care Access Agency

Previous Next Exit

# Enrollment Walkthrough

## • Before You Continue

–Provides a list of information that will be required (if applicable) during the enrollment process. You are encouraged to gather the necessary documentation before continuing with your application. No follow on Documents are required at this time. Click *Next* to proceed.



**Before You Continue** Top Nav ? [ ] X

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 HP. 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 HP

[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](#)

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

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

# Enrollment Walkthrough

- **National Provider Identifier Information**

- *NPI* and *Primary Taxonomy* are not required to enroll as a “CHC Service Provider”. If not enumerating leave the NPI field blank.

**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 Walkthrough – Individual Practitioner

## • Individual Name

- Fill in the available fields with the appropriate information. The information submitted must be consistent across all documentation supplied to the Connecticut Medical Assistance Program (CMAP).

**Individual Name** Top Nav ? ^ X

- 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*	<input type="text" value="Smith"/>
First Name*	<input type="text" value="Jonathan"/>
Middle Initial	<input type="text" value="Q"/>
Date of Birth*	<input type="text" value="01/01/1970"/>
Gender*	<input type="radio"/> Female <input checked="" type="radio"/> Male
Social Security Number*	<input type="text" value="111-22-3333"/>

# Enrollment Walkthrough – Individual /Organization

## • Identifying Information

- Enter **July 1, 2013** for the effective date. (Earliest date that your contract with the CT Home Care Program as an enrolled “CHC Service Provider” can become effective).
- Indicate the language(s) spoken by you and your staff.

**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

# Enrollment Walkthrough

## • Addresses

- Enter information for the required address types: *Service Location*; *Mailing Address*; *Home Office Address and Enrollment (Check and Remittance Advice Address and 1099 Mailing Address* are also required for individual practitioners)

**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.

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Telephone Number - For Client Use\*  Ext.

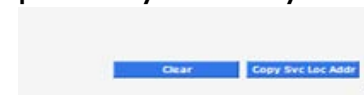
Handicap Accessible?

Contact Email

Fax

TDD/TTY

- Please be aware that P.O. Boxes are not allowed in a *service location address*
- After entering information into the *Service Location Address* panel you may copy that information to other panels by clicking **Copy Svc Loc Addr**



# Enrollment Walkthrough

## • Additional Service Location Address

- If necessary, enter any additional service location addresses you have.
- Fill in the appropriate information and click *Add* to add a location.

**Additional Service Location Address** Top Nav ? ^ X

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

Street Address Line 1	Street Address Line 2	City	State		Contact Person	Telephone Number - Contact Person
500 Park Road		Startford	CT	06123	Michael J. Persons	(860)222-1234
1001 Broad Street		Bridgeport	CT	06555	Samantha Z. Johnson	(203)555-1234

Type changes below.

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Handicap Accessible?

Contact Email

Fax

TDD/TTY

# Enrollment Walkthrough

- **Member of Organization** – An Individual “CHC Service Provider” will need to declare membership to an organization.

**Member of Organization**

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

Are you a member of an organization? \*  Yes  No

■ If the applicant is a member of an organization, such as a group, clinic or hospital, indicate the organization to which they are a member.

Organization NPI	Organization Name	Organization Membership Effective Date
9999999999		

Type changes below.

Organization NPI\*

Organization Name\*

Organization Membership Effective Date\*

# Enrollment Walkthrough

## • Financial Information

–Individual practitioners and organizations are required to submit financial information such as their *Taxpayer Identification Number* (EIN for organizations and SSN for individual providers) 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*.

The screenshot shows a web form titled "Financial Information". It contains a notice about the Connecticut Medical Assistance Program, a list of required fields with asterisks, and several input fields. The "Taxpayer Identification Number (TIN)\*" field contains "123-45-6789". The "Name\*" field contains "Mary Home". The "Doing Business As" field contains "Mary Home". The "TIN Type\*" field has radio buttons for "EIN" and "SSN", with "SSN" selected. The "State Tax ID" field contains "111223333". There is a checkbox for "I attest that I do not collect sales tax or do not have employees." which is currently unchecked. At the bottom, there are "Previous", "Next", and "Exit" buttons. The "Next" button is highlighted with a red border.

–Fill in all required fields with the appropriate information and click ***Next.***

# Enrollment Walkthrough

- **EFT** (Electronic Fund Transfer) **Information**

–Individual practitioners and organizations must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.

**EFT Information** Top Nav ? ↕ X

Required fields are indicated with an asterisk (\*)

ABA Number\* 111112345

Account Type\* Checking ▾

Account Number\* 1111222233333

Re-key Account Number\* 1111222233333

Previous **Next** Exit

–Fill in all required fields with the appropriate information and click *Next*.

# Enrollment Walkthrough

- **Additional Information**

Note: Clinical Laboratory Improvement Amendment,(CLIA) is only applicable to providers with laboratory services)

### Additional Information

Required fields are indicated with an asterisk (\*)

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

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

# Enrollment Walkthrough

- **Attestation**

– Respond to the questions regarding the *Deficit Reduction Act* (for individual practitioners and organization applications) and *Electronic Signatures*.

The screenshot shows a web form titled "Attestation" with a blue header bar containing "Top Nav ? ^ X". Below the header, a note states "Required fields are indicated with an asterisk (\*)". The form is divided into two sections: "Deficit Reduction Act" and "Electronic Signatures".

**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

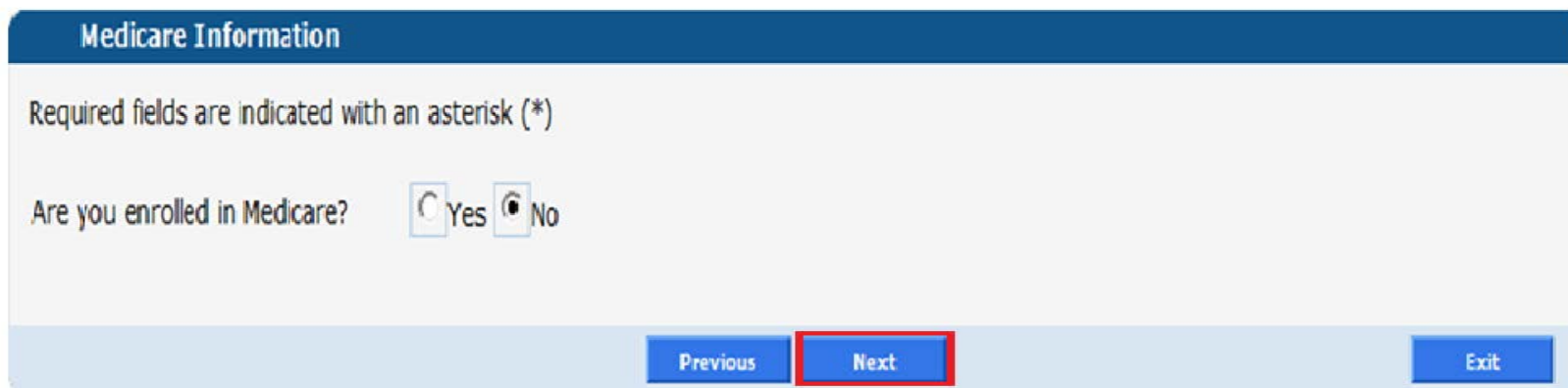
– Answering *Yes* to these questions will open the *Deficit Reduction Act Affidavit* and *Electronic Signature Attestation* respectively; read the attestation(s) and signify whether or not you meet the requirements.

- 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 Walkthrough

## • Medicare Information

–Not Required for “CHC Service Provider” Enrollment



The screenshot shows a web form titled "Medicare Information". At the top, it states "Required fields are indicated with an asterisk (\*)". Below this, the question "Are you enrolled in Medicare?" is followed by two radio button options: "Yes" and "No". The "No" option is selected. At the bottom of the form, there are three buttons: "Previous", "Next", and "Exit". The "Next" button is highlighted with a red border.

–Click *Next* to proceed.

# Enrollment Walkthrough

- **Controlling Interest** - Organizations are also required to disclose who holds controlling interest in the organization.

## Controlling Interest

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

- If you are a not for profit 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.

Name	Percentage of Controlling Interest
Care, Mary A	0.51

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\*

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

# Enrollment Walkthrough

- Controlling Interest cont. – If yes, individual/organization must provide the name and address of the provider in which they have a controlling interest.

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 -

Name\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

add

# Enrollment Walkthrough

- **Partners or Members Information** – Organizations are required to disclose if they are a subsidiary of another company and if there are any partners or members of the organization

**Partners or Members Information**

Required fields are indicated with an asterisk (\*)

Are you a Not for Profit organization or an organization without an owner?\*  Yes  No

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

Name

Corporate Headquarters Location

Are there partners or members of your organization?\*  Yes  No

**Partners or Members Information-Details**

Position	Name	City	State
President	Care, Mary	Anytown	CT
Vice President	Care, John	Anytown	CT

Type changes 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\*

# Enrollment Walkthrough

## • Survey

– Answer the questions either *Yes* or *No* – answering yes to any of these questions will open fields requiring you to submit additional information. Click *add* after entering the required supplemental data.

Survey Top Nav ? ⌵ X

Required fields are indicated with an asterisk (\*)

1. Is, or was, applicant a Medicaid provider in any other state? \*  Yes  No

State	National Provider Identifier Number	Date
MA	1122334455	01/01/2006

- Enter data below and click on add button -

State\*  National Provider Identifier Number\*  Date\*

2. Is applicant a provider for any other federal program, e.g., MEDICARE? \*  Yes  No

3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? \*  Yes  No

4. Does applicant contract with any private health insurance providers? \*  Yes  No

\*\*\* No rows found \*\*\*

- Enter data below and click on add button -

Insurance Name\*  Contract Number\*

# Enrollment Walkthrough

## • Summary

- Click the link to open a copy of the *Provider Enrollment Agreement*. After reading the agreement, you must agree with its terms.
- Click *Submit* to submit your completed enrollment application.

Summary Top Nav ? ↕ X

Click here to open Provider Enrollment Agreement

I agree that I have read and accept the terms of the Provider Enrollment Agreement.

SSN of Person Signing the Application\*

Signature of Provider or Authorized Representative\*

- The Application has been completed and is ready to submit. If any changes need to be made, please make them now by using this Web site's navigation links and command buttons (not the browsers navigation buttons).
- **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.

# Enrollment Walkthrough – Enrollment 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 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 306913
- 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](http://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.

Next

Exit

# Enrollment Walkthrough

## • **Application Submitted**

- Provides an address to mail any corrections or modifications needing to be made to the application.

HP  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06104

- Provides an *Application Tracking Number (ATN)* – Please save this number as it will be required for you to check the status of your application through the Web site.

- Application Tracking Number (ATN)
  - Your tracking number is 305929

- Provides a link you can use to save a copy of the application for your records.

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

# Enrollment Tracking

- Providers can go to the [www.ctdssmap.com](http://www.ctdssmap.com) Home page to access Enrollment Tracking.

The screenshot shows the homepage of the Connecticut Department of Social Services. The header includes the department name and the slogan "Caring for Connecticut". A navigation menu at the top contains "Home", "Information", "Provider", "Trading Partner", "ConnPACE", and "Pharmacy Information". The "Provider" link is circled in red. Below the navigation menu, there are links for "home", "site map", and "about us". The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" heading. Below this, there is a paragraph of introductory text. At the bottom of the main content area, there are five icons representing different services: Information (stack of books), Provider (stethoscope, circled in red), Trading Partner (key), ConnPACE (mortar and pestle), and Pharmacy (pill bottle). A footer section titled "Important Messages" contains a link for "Welcome to the CT Home Care Program Implementation".

# Enrollment Tracking

- To check the status of an enrollment application, select *Enrollment Tracking Search* from either the *Provider* submenu or the *Provider* drop-down menu.

Home Information **Provider** Trading Partner ConnPACE Pharmacy Information  
home provider enrollment **provider enrollment tracking** provider matrix

Provider Trading Partner ConnPACE  
Provider Enrollment  
**Provider Enrollment Tracking**

- Enter your *ATN* and *Business OR Last Name* and click *search*.

**Enrollment Tracking Search**

ATN\*

Business OR Last Name\*

- In this example HP is reviewing the application that was submitted by Jonathan Q. Smith on January 23, 2012.

Search Results			
ATN	Name	Date Received	Status
305929	SMITH, JONATHAN Q. ,	01/23/2012	HP Reviewing Submitted Applctn

# What's Next

- The information on your submitted application will now be reviewed by HP.
- If any information is missing, invalid, or if HP is unable to process the application, it will be returned to you in paper format for correction or completion.
- 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:
- All additional information sent to HP will need the ATN entered on the upper right hand corner.

**HP**

**Provider Enrollment Unit**

**P.O. Box 5007**

**Hartford, CT 06104**

# Notification of Enrollment Decision

- If all information has been provided and is correct, HP will submit a completed application to the DSS Quality Assurance Unit for review.
  - If an **approval** is received from DSS, 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](http://www.ctdssmap.com) Web site located by clicking on *Information* then *Publications* from the Home Page.
  - If a **denial** is received from DSS, 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 DSS' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the *Rejection Notice*. In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via the online *Enrollment Wizard*.

# Upon 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. *July 1, 2013 is the earliest date a "CHC Service Provider" may be enrolled*
  - 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 HP's Provider Enrollment Unit.
- You 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.
  - Once you receive these letters, you are eligible to submit claims.
  - Do not attempt to submit claims until you have successfully enrolled.

# Resources

- **Where to go for help:**
- [www.ctdssmap.com](http://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 (Assistance in setting up your secure Web account)*
- <https://nppes.cms.hhs.gov> – National Plan & Provider Enumeration System
  - “CHC Service Providers are **not required** to enumerate to become an enrolled provider or to submit claims to HP
- **Provider Assistance Center:**
  - Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays
  - 1-800-842-8440 (toll free)

**HP**  
**Provider Enrollment Unit**  
**P.O. Box 5007**  
**Hartford, CT 06104**

Questions



Comments

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Thank You For Attending  
The  
**CT Medical Assistance Program  
Enrollment Workshop  
For  
CHC Service Providers**

*All questions and comments regarding this training are welcome.*

*Please fill out the supplied workshop survey:*

*Your feedback helps us to improve future workshops*

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