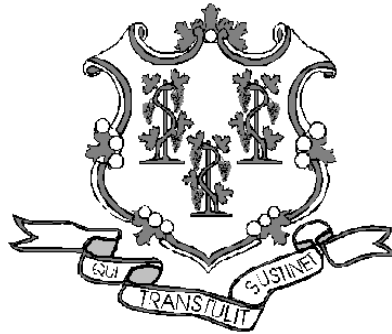# Connecticut Medical Assistance Program
Enrollment Wizard

Presented by
The Department of Social Services
& HP Enterprise Services
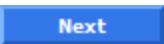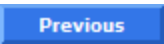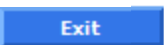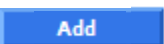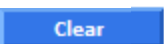
Training Topics

- **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**

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.
  - 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 from scratch).
  - 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 **Next** to confirm the current panel data and move to the next panel

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

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

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

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

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

- Use *Check Boxes* to indicate agreement or disagreement

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, drastically 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.

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 excepted 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** 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.

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

Next   Exit

Enrollment Walkthrough

- Online enrollment is available to all provider groups and provider taxonomies/types/specialties with the exception of the following:
  - Nursing Facilities (Long Term Care)
  - State Institution - ICF/MRs
  - Personal Care Services
  - Acquired Brain Injury Fiduciary
  - Regional Family Service Coordination Center (RFSCC) (Birth to Three) Billing and Performing Providers
  - DMH and DDS Performing Providers
  - Employment and Day Support Waiver Performing Providers
  - School Corporations
  - Private Non-Medical Institution Billing and Performing Providers
  - Connecticut Home Care (CHC) Personal Care Assistant (PCA) Fiduciary
  - Connecticut Home Care (CHC) Program - Access Agency Performing Providers
  - Managed Care Organizations

Enrollment Walkthrough

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

- **Employed by Group/Clinic/Hospital** – Indicate whether you are an individual practitioner or employed by an organization; click *Next*.

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.

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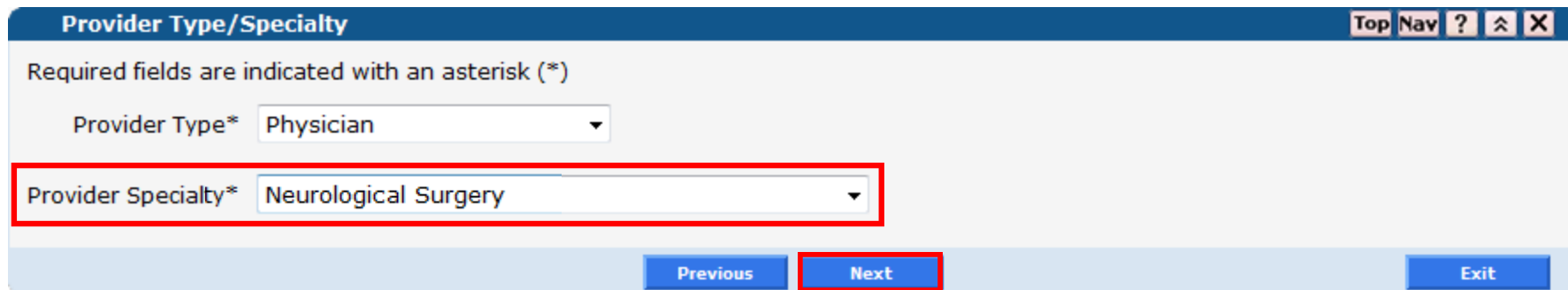
Enrollment Walkthrough

- **Provider Type/Specialty**

  – Select your *Provider Type* from the drop down list.

If applicable, an additional drop down menu will appear; select your *Provider Specialty*. Not all provider types require/allow for the selection of a provider specialty. Click *Next*.
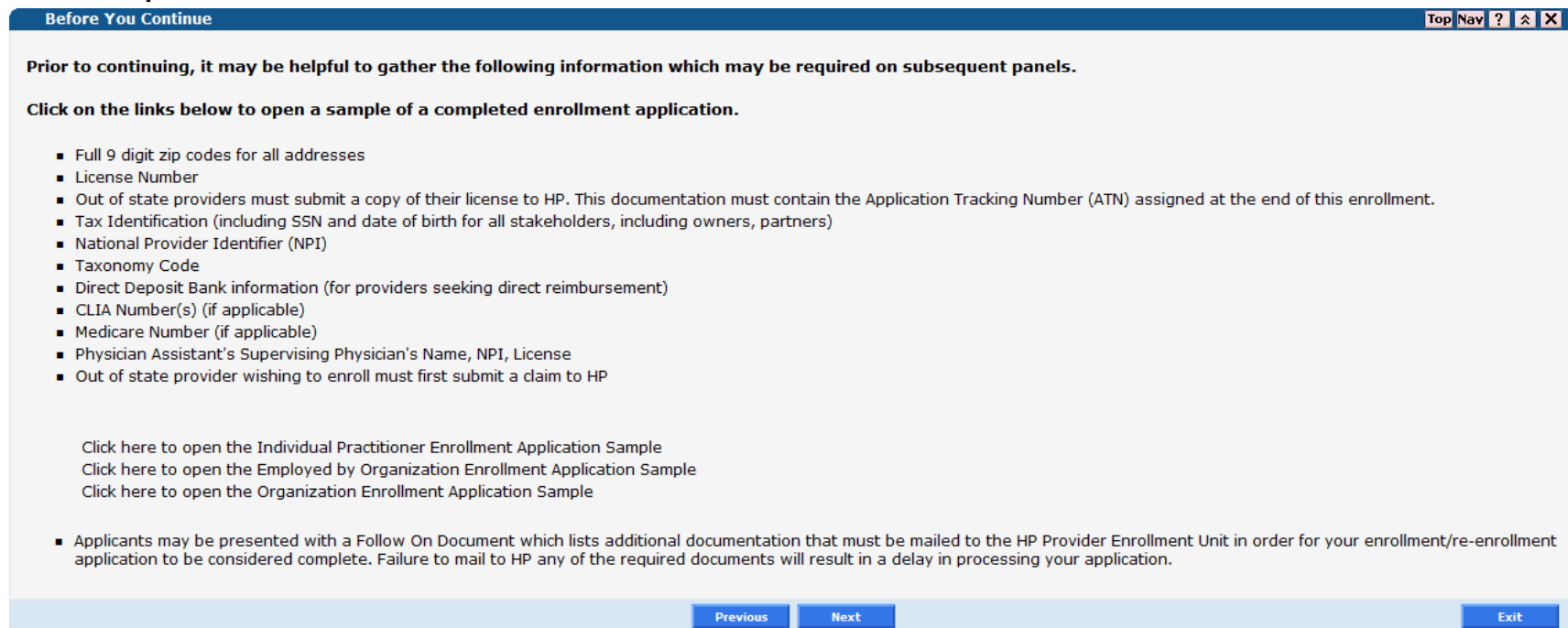
Enrollment Walkthrough

- **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. Click *Next* to proceed.

Before You Continue Top Nav ? ☆ ✕

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**
  - Your *NPI* and *Primary Taxonomy* are required. Additional taxonomies may be selected if applicable.

National Provider Identifier Information	Top Nav ? ≫ X

Required fields are indicated with an asterisk (*)

National Provider Identifier* `1122334455`

Primary Taxonomy* `207T00000X - Physician-Neurological Surgery ▾`

Taxonomy 2 `▾`

Taxonomy 3 `▾`

Taxonomy 4 `▾`

Taxonomy 5 `▾`

[Previous] [**Next**]   [Exit]

Enrollment Walkthrough

- **National Provider Identifier Information**

- This example shows the requirement for Supervising Physician information when enrolling a Physician Assistant.

Enrollment Walkthrough

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

Enrollment Walkthrough

- **Identifying Information**
  - Enter the date that you wish your contract with CMAP to become effective (cannot go back more than six months).
  - Indicate the language(s) spoken by you and your staff.

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)

  - 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**
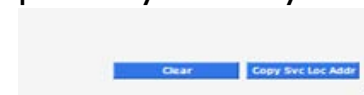
Enrollment Walkthrough

- **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.

Enrollment Walkthrough

Member of Organization

-Members of provider groups, clinics, hospital outpatient clinics and FQHC providers must indicate the organization to which they are a member. Enter the NPI of the organization. If the organization is identified in our system, it will appear in a list. Select the organization and enter the effective date of member affiliation. If the organization does not appear, simply enter the organization name and effective date.

Enrollment Walkthrough

Member of Organization

-In addition to an individual practitioner's private practice, he/she may also be affiliated with an organization. By indicating "Yes" to the question "Are you a member of an organization?", the individual practitioner must indicate the organization to which they are a member. If the organization is identified in our system, it will appear on a list. Select the organization and enter the effective of member affiliation. If the organization does not appear, simply enter the organization name and effective date.
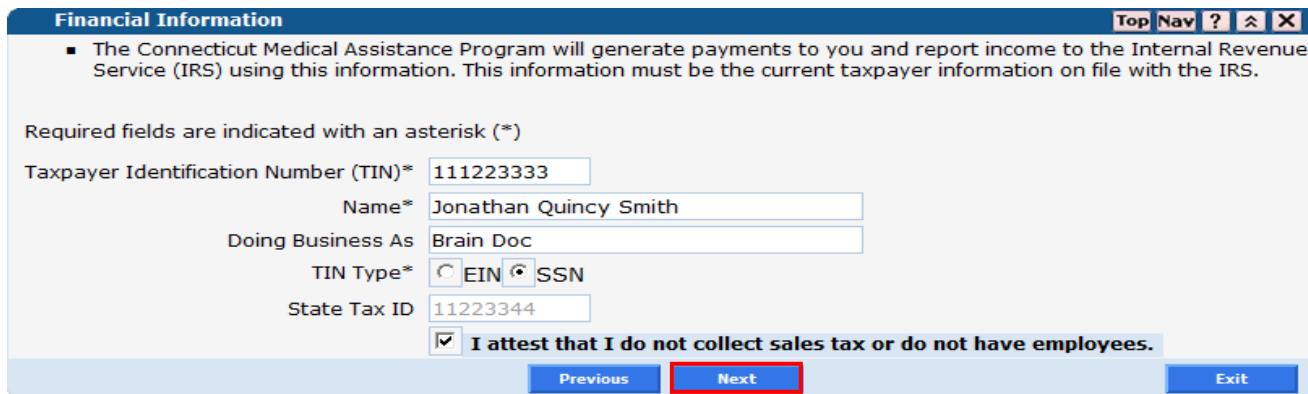
Enrollment Walkthrough

- **Financial Information**
  - Individual practitioners are required to submit financial information such as their *Taxpayer Identification Number* and *State Tax ID*. If State Tax ID is <u>not provided</u>, you must *attest that no sales tax is collected or have no employees.*

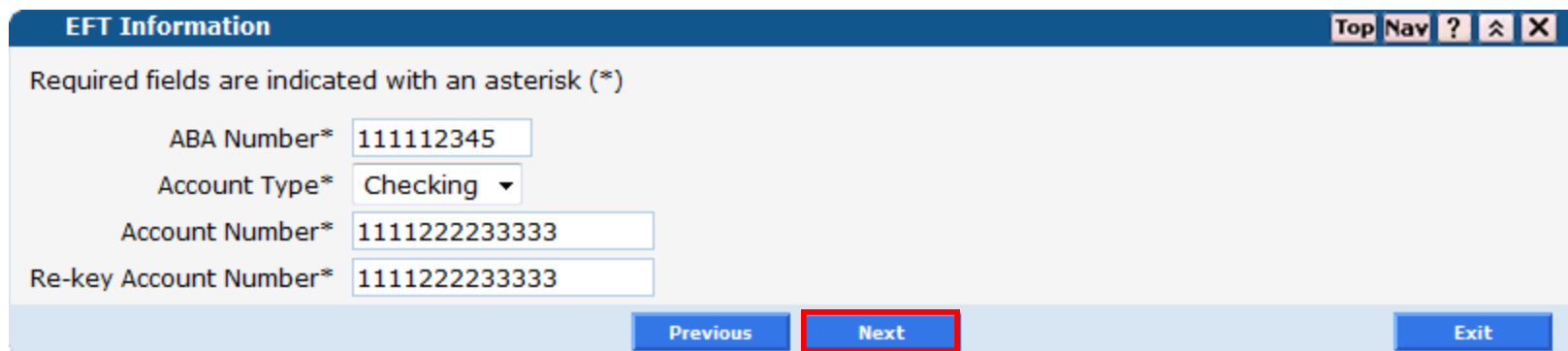 - This panel will be skipped for providers that indicated they are employed by an organization.

Financial Information   Top Nav ? ≪ ☒

- 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.

Required fields are indicated with an asterisk (*)

Taxpayer Identification Number (TIN)*	111223333
Name*	Jonathan Quincy Smith
Doing Business As	Brain Doc
TIN Type*	○ EIN ⊙ SSN
State Tax ID	11223344

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

Previous   Next   Exit

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

Enrollment Walkthrough

- **EFT** (Electronic Fund Transfer) **Information**
  - Individual practitioners must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.
  - This panel will be skipped for providers that indicated they are employed by an organization.

EFT Information	Top Nav ? ⌃ ✕

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**
  - Fill in the required license information; click *Next* to continue.
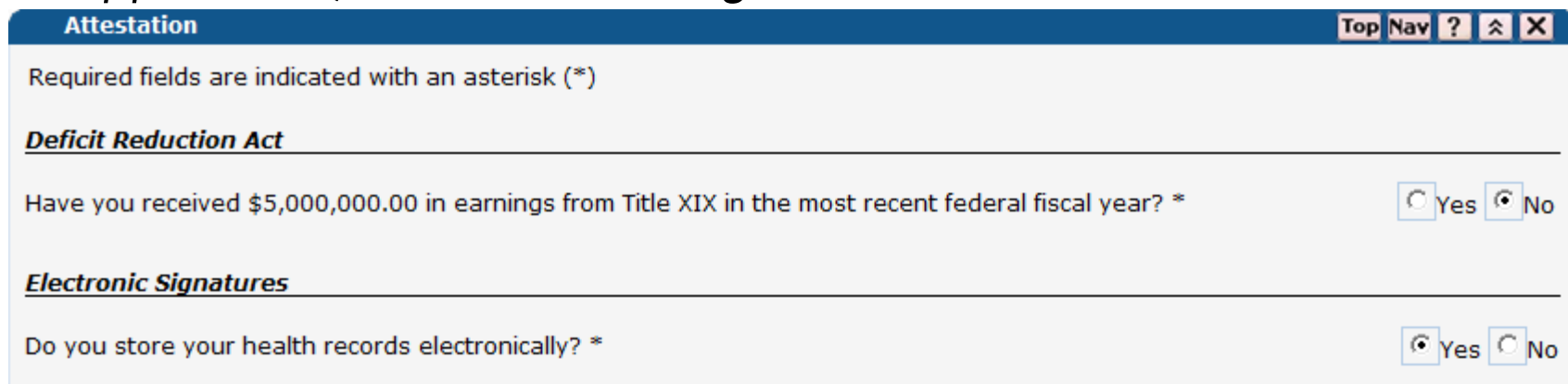
Enrollment Walkthrough

- **Attestation**
  - Respond to the questions regarding the *Deficit Reduction Act (only for individual practitioners and not for employed by organization applications) and Electronic Signatures.*

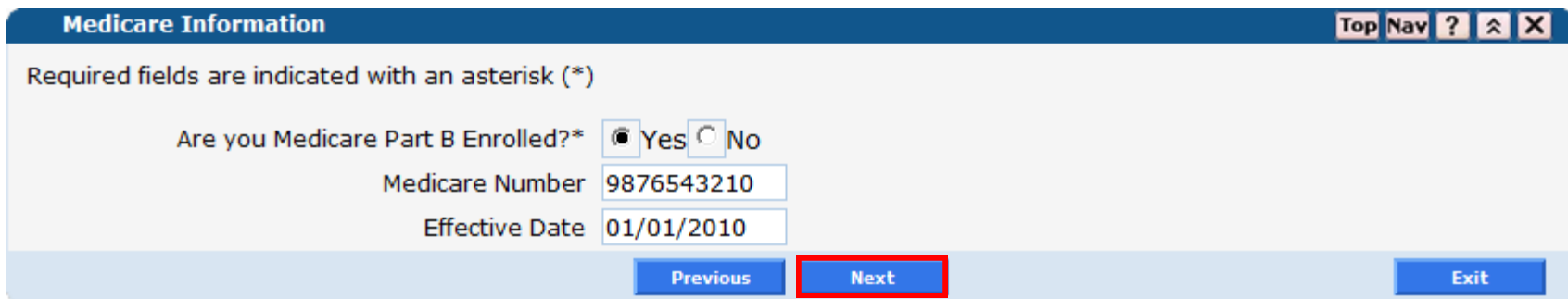 - Answering *Yes* to these questions will open the *Deficit Reduction Act Affidavit and Electronic Signature Attestation respectively;* read the attestation(s) and signify whether or not you comply with the stated requirements.

Enrollment Walkthrough

- **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.
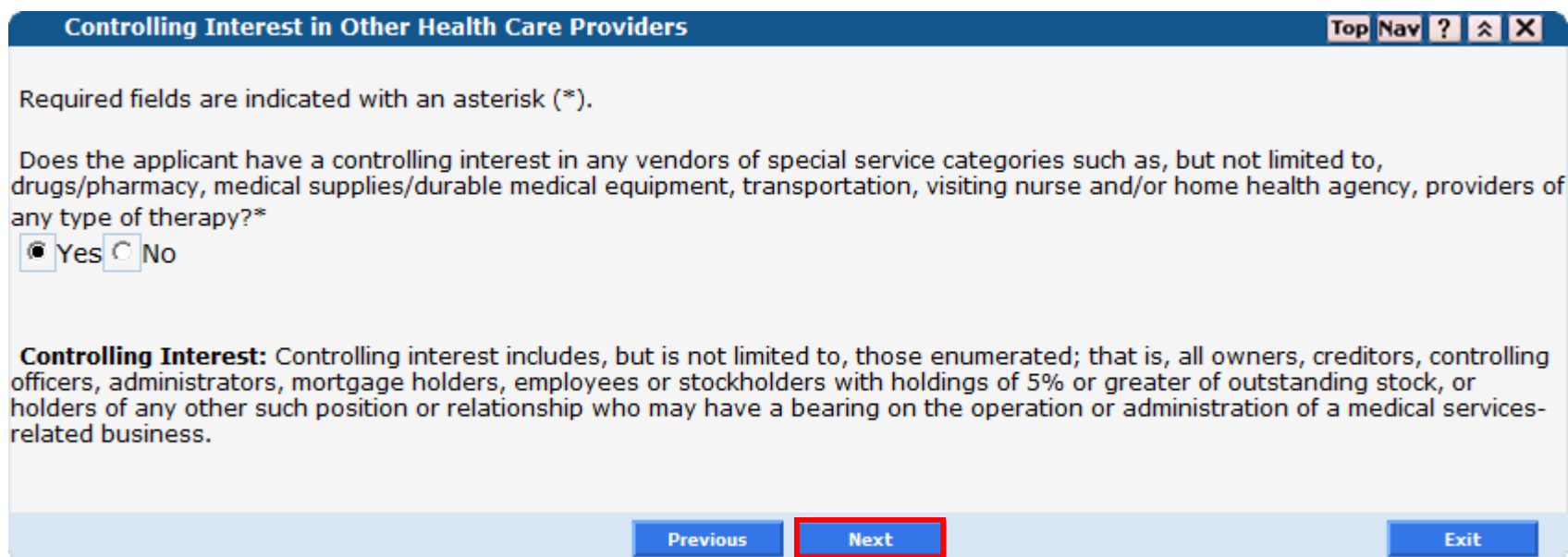
  - Click *Next* to proceed.

Enrollment Walkthrough

- **Controlling Interest in Other Health Care Providers**
  - Individual practitioners must disclose whether or not they have a controlling interest in any vendors of special service categories such as drugs/pharmacy, medical supplies/durable medical equipment, transportation, etc.

Enrollment Walkthrough

- **Controlling Interest in Other Health Care Providers - Details**
  - If you answered *Yes* to having a controlling interest in another health care provider you will enter information regarding that business on this panel. Applicants that answered *No* will skip this screen.

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.

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.

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.

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*	305929	
Business OR Last Name*	SMITH	search
		clear

- 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 the 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 Web site located by clicking on *Information* then *Publications* from the Home Page.

  - If a **denial** is received from the 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.

  - 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 – 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

- **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

Thank You For Attending the
CT Medical Assistance Program Enrollment Wizard

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

Please fill out the supplied workshop survey:

Your feedback helps us to improve future workshops