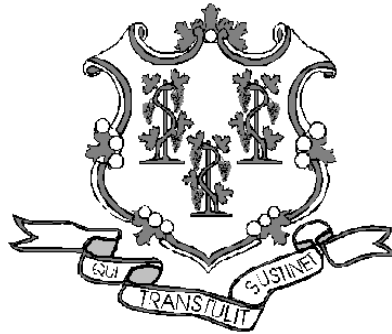


Connecticut Medical Assistance Program Enrollment Wizard



Presented by
The Department of Social Services
& HP Enterprise Services

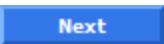
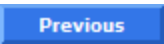
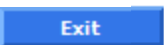
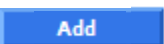
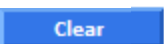
Training Topics

- **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  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 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.

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 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.

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 whether you are an individual practitioner or employed by an organization; click *Next*.

Employed by Group/Clinic/Hospital Top Nav ? ⤴ X

Required fields are indicated with an asterisk (*).

Are you currently an individual practitioner provider or only employed by a group/clinic/hospital?*

Individual practitioner

Employed by organization

Individual practitioner - An individual practitioner provider would be a single individual or entity and is considered the biller and performer of service. Example includes a single physician office practice.

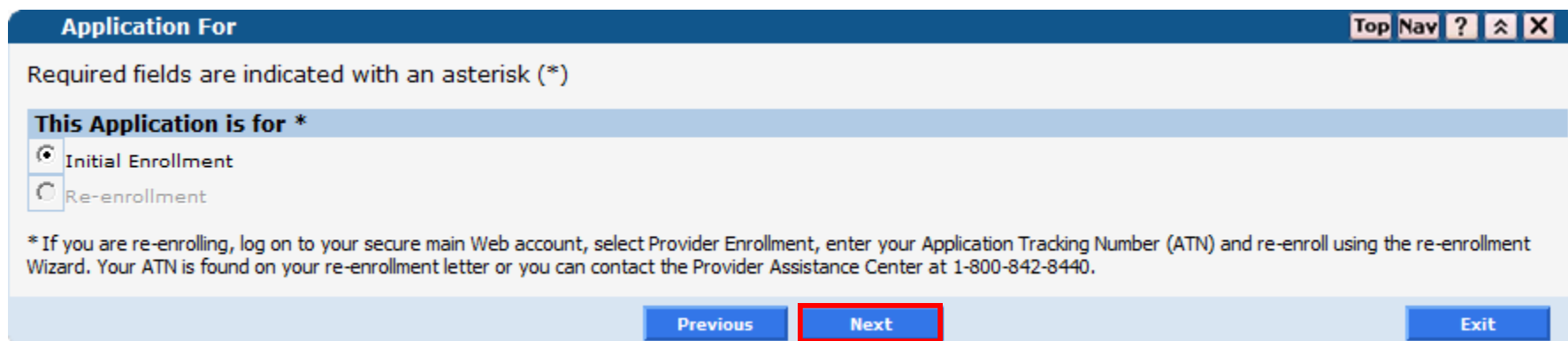
Employed by organization - A member of a provider group/clinic/hospital would be a performing provider. The provider group/clinic/hospital would bill for the services provided by the member/performer of the group/clinic/hospital. Each member of a provider group/clinic/hospital needs to enroll/re-enroll. This would also include those providers who prescribe or order services for a client and who do 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.



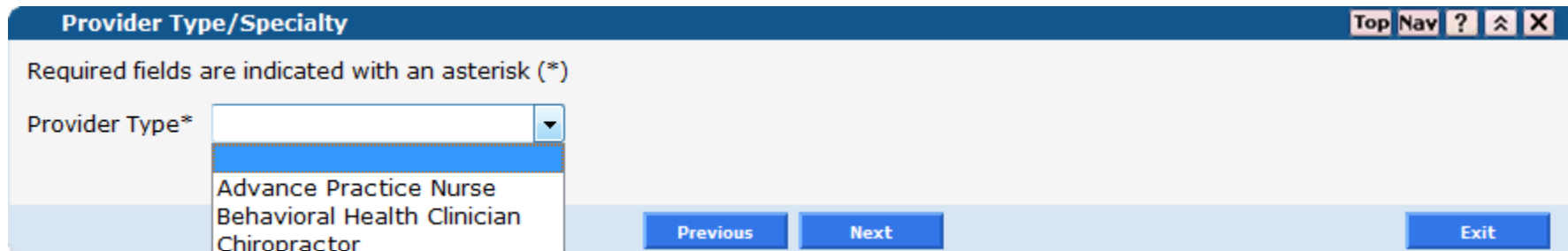
The screenshot shows a web browser window titled "Application For". The browser's address bar contains "Top Nav ? ^ X". Below the title bar, a message states "Required fields are indicated with an asterisk (*)". The main content area is titled "This Application is for *" and contains two radio button options: "Initial Enrollment" (which is selected) and "Re-enrollment". Below these options, a note reads: "* 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, there are three buttons: "Previous", "Next" (which is 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

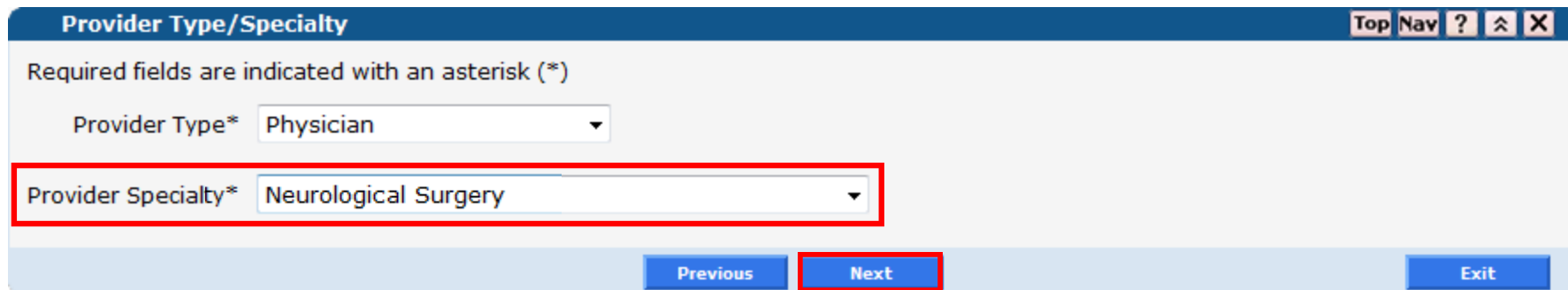
• Provider Type/Specialty

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



The screenshot shows a web form titled "Provider Type/Specialty". At the top right, there are navigation links: "Top", "Nav", "?", an upward arrow, and "X". Below the title, a message states "Required fields are indicated with an asterisk (*)". The "Provider Type*" field is a dropdown menu that is currently open, displaying a list of provider types: Advance Practice Nurse, Behavioral Health Clinician, Chiropractor, Dentist, Naturopath, Nurse Midwife, Optician, Optometrist, Physician, Physician Assistant, Podiatrist, and Therapist. Below the dropdown, there are three buttons: "Previous", "Next", and "Exit".

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*.

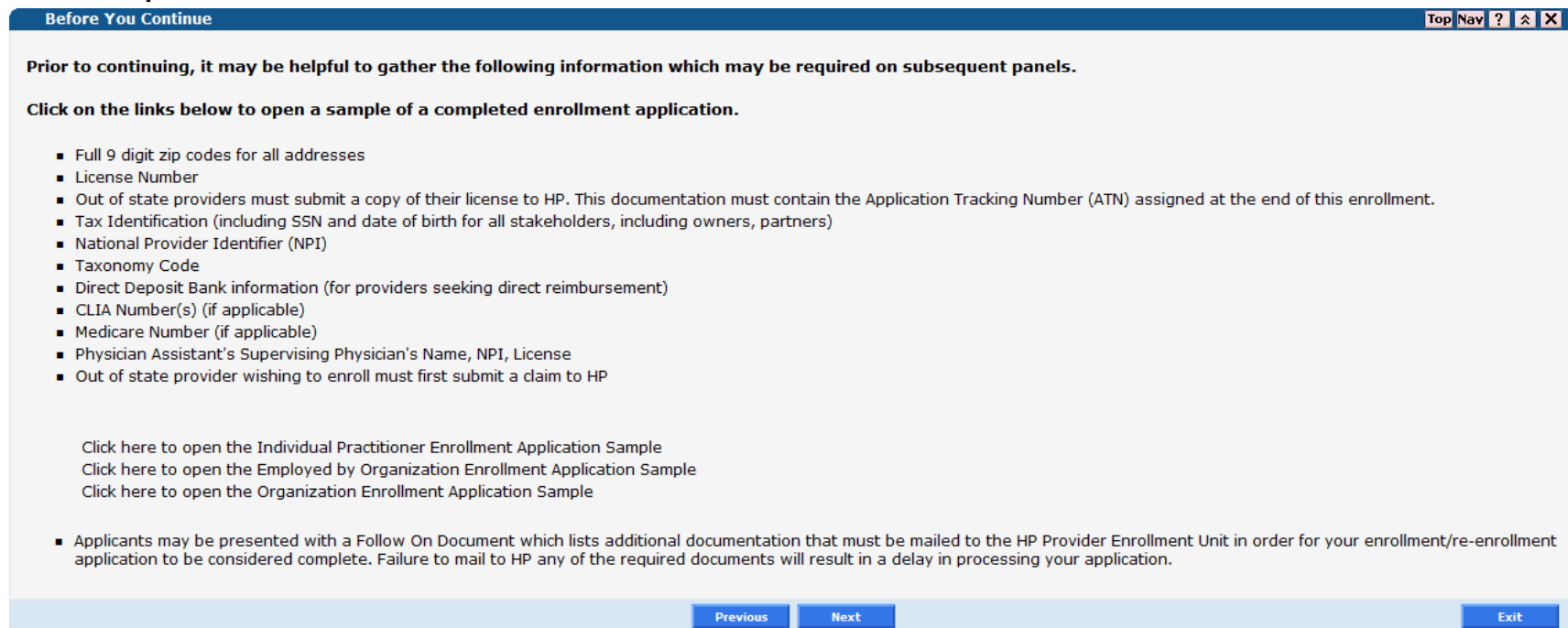


The screenshot shows the same "Provider Type/Specialty" form. The "Provider Type*" dropdown is now closed and shows "Physician" selected. Below it, the "Provider Specialty*" dropdown is open and shows "Neurological Surgery" selected. This dropdown and its text are highlighted with a red border. The "Next" button is also highlighted with a red border. The "Previous" and "Exit" buttons remain visible.

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*

Primary Taxonomy*

Taxonomy 2

Taxonomy 3

Taxonomy 4

Taxonomy 5

Enrollment Walkthrough

• National Provider Identifier Information

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

National Provider Identifier Information Top Nav ? ^ X

Required fields are indicated with an asterisk (*)

National Provider Identifier*

Primary Taxonomy* ▼

Taxonomy 2 ▼

Taxonomy 3 ▼

Taxonomy 4 ▼

Taxonomy 5 ▼

Supervising Physician

Last Name*

First Name*

Middle Initial

Physician NPI*

License number*

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).

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*

First Name*

Middle Initial

Date of Birth*

Gender* Female Male

Social Security Number*

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.

Identifying Information Top Nav ? ↕ X

- 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 (*)

Provider Effective Date*

Languages

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

Previous **Next** Exit

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.

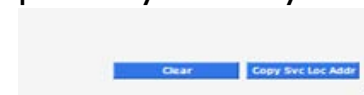
Handicap Accessible?

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

-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.

Member of Organization Top Nav ? X

Required fields are indicated with an asterisk (*).

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

Organization NPI	Organization Name	Organization Membership Effective Date
Type changes below.		
Organization NPI*	<input type="text"/>	

■ 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
1231231238		01/01/2012
Type changes below.		
Organization NPI*	<input type="text" value="1231231238"/>	
Organization Name*	<input type="text" value="Warner Surgeons"/>	
Organization Membership Effective Date*	<input type="text" value="01/01/2012"/>	

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.

Member of Organization Top Nav ? ^ X

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
1231231238	Warner Surgeons	01/01/2012

Type data below for new record.

Organization NPI*

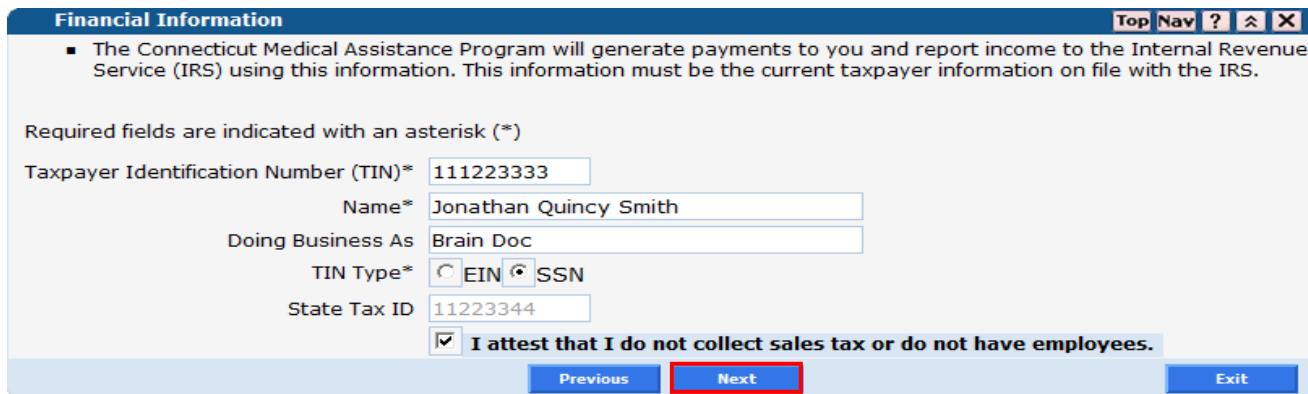
Organization Name*

Organization Membership 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 not provided, 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.



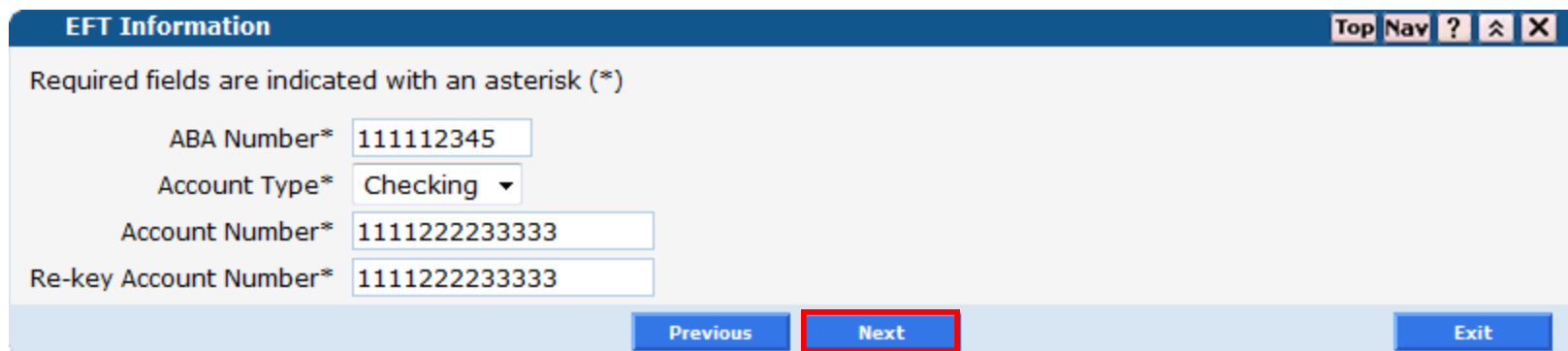
The screenshot shows a web form titled "Financial Information" with a blue header. Below the header, there is a note: "The Connecticut Medical Assistance Program will generate payments to you and report income to the Internal Revenue Service (IRS) using this information. This information must be the current taxpayer information on file with the IRS." Below this note, a message states: "Required fields are indicated with an asterisk (*)". The form contains several input fields: "Taxpayer Identification Number (TIN)*" with the value "111223333", "Name*" with "Jonathan Quincy Smith", "Doing Business As" with "Brain Doc", "TIN Type*" with radio buttons for "EIN" and "SSN" (where "SSN" is selected), and "State Tax ID" with "11223344". At the bottom of the form, there is a checked checkbox with the text "I attest that I do not collect sales tax or do not have employees." Below the checkbox are three buttons: "Previous", "Next" (which is highlighted with a red border), and "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.



The screenshot shows a web form titled "EFT Information" with a blue header bar. Below the header, there is a note: "Required fields are indicated with an asterisk (*)". The form contains four input fields: "ABA Number*" with the value "111112345", "Account Type*" with a dropdown menu showing "Checking", "Account Number*" with the value "1111222233333", and "Re-key Account Number*" with the value "1111222233333". At the bottom of the form, there are three buttons: "Previous", "Next" (which is highlighted with a red border), and "Exit". The top right corner of the form has navigation icons for "Top", "Nav", "?", and "X".

- 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.

Additional Information Top Nav ? ^ X

Required fields are indicated with an asterisk (*)

License number*

License Effective Date*

License End Date*

State of license*

CLIA number 1

CLIA number 2

CLIA number 3

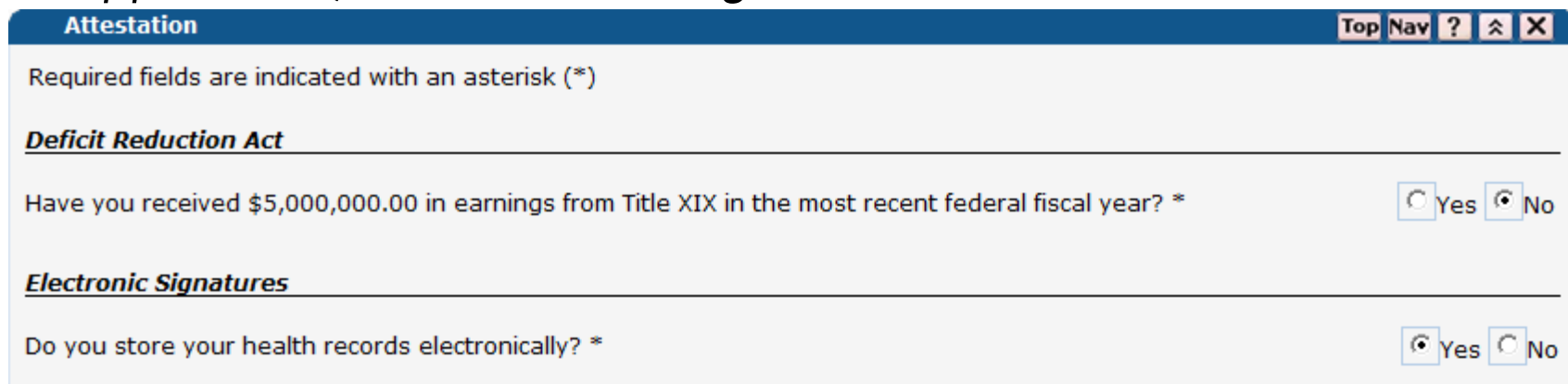
CLIA number 4

CLIA number 5

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*.



The screenshot shows a web form titled "Attestation" with a navigation bar at the top containing "Top", "Nav", "?", "↑", and "X". Below the title, 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

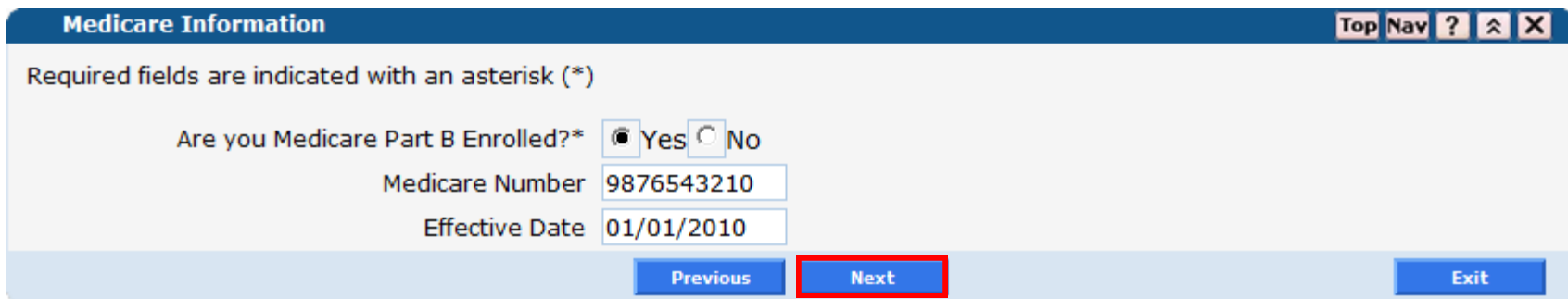
– Answering *Yes* to these questions will open the *Deficit Reduction Act Affidavit* and *Electronic Signature Attestation* respectively; read the attestation(s) and signify whether or not you comply with the stated requirements.

- 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

–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.



The screenshot shows a web form titled "Medicare Information" with a blue header. In the top right corner of the header are links for "Top", "Nav", "?", and "X". Below the header, a message states "Required fields are indicated with an asterisk (*)". The form contains the following fields and controls:

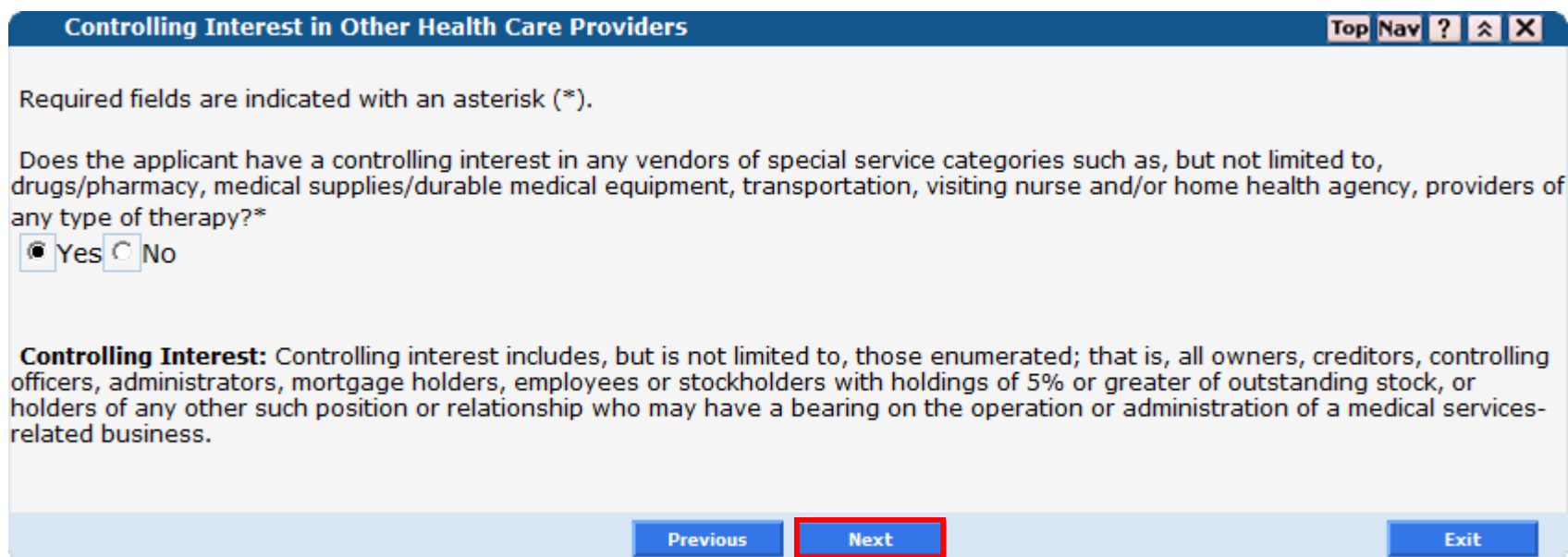
- Question: "Are you Medicare Part B Enrolled?*" with radio buttons for "Yes" (selected) and "No".
- Text input: "Medicare Number" with the value "9876543210".
- Text input: "Effective Date" with the value "01/01/2010".
- Navigation buttons: "Previous", "Next" (highlighted with a red border), and "Exit".

–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.



The screenshot shows a web browser window with the title "Controlling Interest in Other Health Care Providers". The page content includes a header with "Top Nav ? ^ X" and a note: "Required fields are indicated with an asterisk (*).". The main question is: "Does the applicant have a controlling interest in any vendors of special service categories such as, but not limited to, drugs/pharmacy, medical supplies/durable medical equipment, transportation, visiting nurse and/or home health agency, providers of any type of therapy?*" Below the question are two radio buttons: "Yes" (which is selected) and "No". A detailed definition of "Controlling Interest" is provided at the bottom of the form. At the bottom of the page, there are three buttons: "Previous", "Next" (which is highlighted with a red border), and "Exit".

Controlling Interest in Other Health Care Providers

Required fields are indicated with an asterisk (*).

Does the applicant have a controlling interest in any vendors of special service categories such as, but not limited to, drugs/pharmacy, medical supplies/durable medical equipment, transportation, visiting nurse and/or home health agency, providers of any type of therapy?*

Yes No

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 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.

Name Type*	Personal	
Business Name		
Last Name	Smith	
First Name	Edward	
Middle Initial	J	
Relationship*	Father	
Medicaid Provider Number (if applicable)	001122334	
Social Security Number*	999-88-7777	
Street Address Line 1*	501 Lincoln Street	
Street Address Line 2		
City*	Waterbury	
State/ZIP*	CT	06123 - 1234
Telephone Number - Business*	(860)555-9876	Ext. 1234
Percentage of Controlling Interest*	10%	

[delete](#) [Save](#)

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

• **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*

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.

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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)

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Questions



Comments

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
