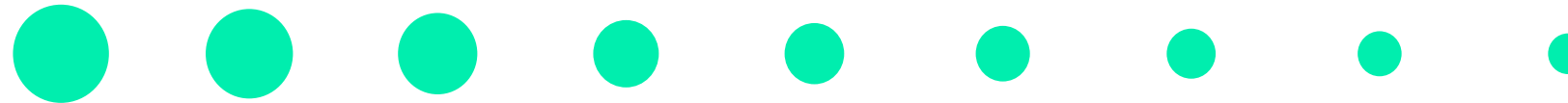


# Integrated Care For Kids (InCK) Billing Provider Enrollment Workshop

Presented by the Department of Social Services and Gainwell Technologies  
July 2023



# Agenda

## Introduction

## Benefits of Enrollment and Secure Account Set-up

## Enrollment Process

Enrollment Wizard Navigation

Enrollment Wizard Walkthrough

Enrollment Tracking

What's Next

## Notification of Enrollment Decision

## Re-Enrollment

## Access and Set-up of Secure Web Account

## Web Account Capabilities

Demographic Maintenance

## Resources

## Questions

# Introduction

Integrated Care for Kids (InCK) Billing Provider  
Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Introduction

The Integrated Care for Kids (InCK) initiative is a new local service delivery and state payment model intended to improve the quality of care for children under the age of twenty-one (21) as well as pregnant and postpartum individuals covered by HUSKY Health through intensive, team-based care management.

Building on Connecticut's previous primary care models, the project goal is to provide:

- early identification and treatment of service needs,
- ensure integration of physical, behavioral and social determinants of health care to support members with complex medical conditions,
- promote linkages to community supports
- sponsors overall health and wellness incorporating community – based organizations and providers who may not have previously enrolled in the Connecticut Medical Assistance Program (CMAP) system to provide care coordination services.

# InCK Billing Provider Enrollment Workshop

## Introduction cont.

**Agencies interested in providing InCK services must meet the following qualifications:**

- be able to deliver services in New Haven
- comply with timely service requirements
- have experience providing community-based care coordination services
- designate one or more dedicated care coordinator supervisors to provide regular supervision and oversight of care coordinators (refer to Policy Transmittal **PB 2023-55** for InCK supervisor qualifications)

**Interested Agencies will be required to:**

- enroll as InCK Billing providers, with a specialty of Integrated Care for Kids,
- bill directly to Gainwell Technologies to obtain reimbursement for Targeted Case Management services.

**Providers may begin enrolling** in the Integrated Care for Kids program with an effective date of **July 1, 2023**, unless otherwise approved by the Department of Social Services (DSS).

- providers must enroll on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site via the Enrollment Wizard
- providers must re-enroll **every 36 months.**

# InCK Billing Provider Enrollment Workshop

## Introduction cont.

Providers should refer to Policy Transmittal **PB 2023-55**, New Medicaid Coverage of Targeted Case Management for Integrated Care for Kids (InCK) in New Haven on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site for further enrollment requirements. From the Web site Home Page > Information > Publications. Under Bulletin Search enter year and bulletin number or year and select InCK Billing Provider in the Provider Type field. Click on search results to open.

The screenshot displays the Connecticut Department of Social Services website. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". At the top right, there are links for "Help", "Site: D", and "Login", along with the date and time "Tuesday, July 4, 2023 at 4:49:43 PM". A navigation bar contains links for "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", "Telehealth Information", and "Electronic Visit Verification". Below this, a secondary navigation bar includes "home", "publications", "links", "hipaa", "messages", and "archive". The main content area features an "Information" icon (a stack of books) and a "Bulletin Search" form. The form has a blue header and contains the following fields: "Year" (a dropdown menu), "Provider Type" (a dropdown menu), "Number" (a text input field), and "Title" (a text input field). To the right of the form are two buttons: "search" and "clear".

# Benefits of Enrollment & Secure Account Setup

Integrated Care for Kids (InCK) Billing Provider  
Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Benefits of Enrollment & Secure Web Account Set-up

- Providers enrolling as “InCK Billing” providers will receive payment directly from the Department of Social Services (DSS). Payment will be received via Electronic Fund Transfer (EFT) after a successful pre-note transaction, directly into the provider’s designated account.
  - EFT information must be provided during the online enrollment process
  - Until a successful pre-note transaction is received, providers will receive a paper check
- Potential to receive payment twice per month based on twice monthly financial cycles.
  - Providers should refer to the latest financial cycle schedule - **PB 23-41**. To access from the <https://www.ctdssmap.com> Web site, select Home page > Publications > Enter Year 23 and Bulletin # 41 or at Provider Type field click drop down arrow and select “InCK Billing Provider” from the dropdown list. Click on PB 23-41 Electronic Claim Submission, Web Remittance Advice, Check, EFT and 835 Schedule.
  - The Financial Cycle schedule is published twice per year for the periods of January - June and July – December. **Provider Bulletin PB 23-41** provides the Financial Cycle Schedule from July 1, 2023 – December 31, 2023.

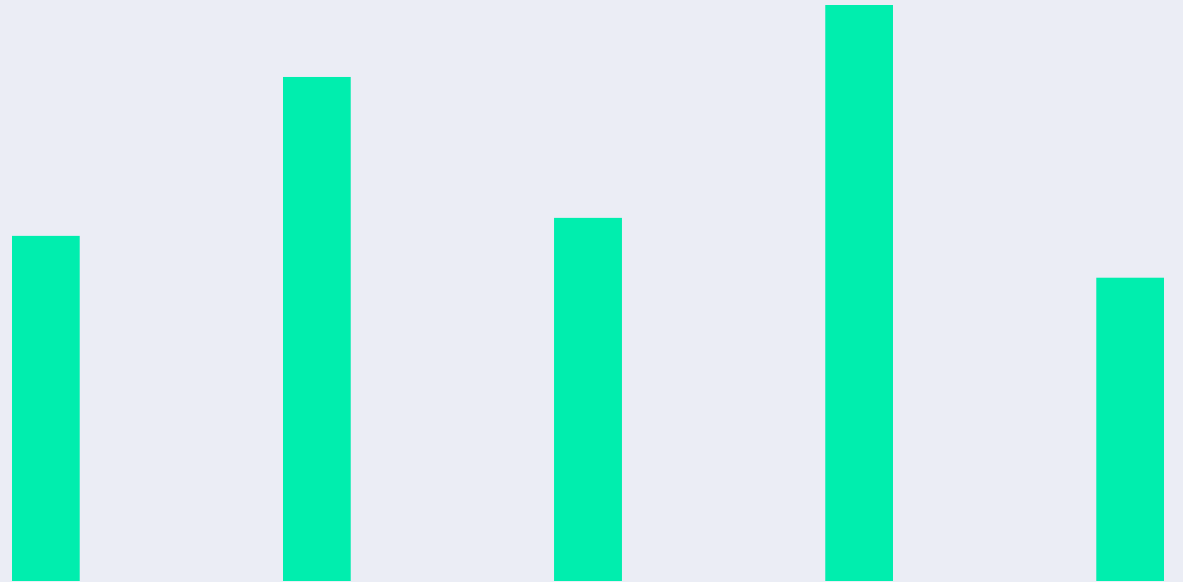
# InCK Billing Provider Enrollment Workshop

## Benefits of Enrollment & Secure Web Account Set-up cont.

- Set-up of a Secure Web Account enables providers to make changes to their provider file:
  - Address changes
  - EFT Account changes
  - Language updates
  - Alternate Service Location Address applications
  - eDelivery of letters (including EFT Changes and Re-enrollment notices)

# CMAP Enrollment Process

Integrated Care for Kids (InCK) Billing Provider  
Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Enrollment Process

Providers must be enrolled in the **Connecticut Medical Assistance Program (CMAP)** network in order to be reimbursed for TCM services.

Providers will enroll via the **Enrollment Wizard**, the Department of Social Services' online enrollment application tool.

- The Wizard allows applying providers to submit their enrollment applications for CMAP on the public Web site.

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). From the Home page > Provider > Provider Enrollment.

- Access to this application does not require a log in ID or Password; any user with internet access can utilize this application.

# InCK Billing Provider Enrollment Workshop

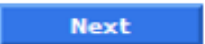


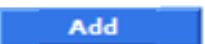
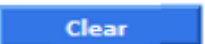


## Enrollment Process cont.

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

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

# InCK Billing Provider Enrollment Workshop

## 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

# InCK Billing Provider Enrollment Workshop

## 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 shows the website interface for the Connecticut Department of Social Services. The header includes the department logo and the date "Friday, July 16, 2021". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. A dropdown menu is open under "Provider", listing various services such as "Provider Re-Enrollment", "Provider Enrollment Tracking", "Provider Matrix", "Provider Services", "Provider Search", "Drug Search", "Provider Fee Schedule Download", "Promoting Interoperability Program", "OOS Instructions/Information", "Fingerprint Criminal Background", "Check Info", "E-Mail Subscription", "Secure Site", "Provider Training", and "Secure Site". A green arrow points to the "Provider Search" link in the dropdown menu. The main content area features a large "WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM" banner. Below the banner is a paragraph of text: "THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM , PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM." At the bottom, there are four icons with labels: "Information" (stack of books), "Provider" (stethoscope with a green arrow pointing to it), "Trading Partner" (key), and "Pharmacy" (Rx bottle).

# InCK Billing Provider Enrollment Workshop

## Enrollment Instructions

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

- You are strongly encouraged to read through this page prior to beginning the enrollment process.

- This page provides important information regarding application submission instructions. Once you have read the instructions, click **NEXT** to proceed.

### Instructions

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

Please note the following:

- As defined in 42 CFR 455.434, fingerprint-based background checks will be applied to providers and suppliers placed into the high level risk category during the enrollment or re-enrollment process.
- Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. A full list of taxonomies/provider types/provider specialties can be found at [www.ctdssmap.com](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.
- Applicants may be presented with a Follow On Document which lists additional documentation that must be mailed to the Gainwell Technologies Provider Enrollment Unit in order for your enrollment/re-enrollment application to be considered complete. Failure to mail to Gainwell Technologies any of the required documents will result in a delay in processing your application.
- Once an application has been submitted, you cannot return to it to modify the application. Any changes to the application after it has been submitted must be mailed to:

Gainwell Technologies  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06102-5007

### Note to Out-of-State Providers:

Out-of-State providers that provide services to children who are enrolled in programs equivalent to a Department of Children & Family or a department such as a Department of Developmental Services, currently seeking enrollment in the Connecticut Medical Assistance Program, may do so using the Enrollment/Re-enrollment Wizard.

All other out-of-state providers may use the Enrollment/Re-enrollment Wizard if they have received approval from the Department of Social Services. Out-of-state providers may obtain approval by first submitting the claims for which they seek reimbursement to Gainwell Technologies at the following address:

Gainwell Technologies  
Written Correspondence  
OOS Claims  
P. O. Box 2991  
Hartford, CT 06104

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

Next

Exit

# InCK Billing Provider Enrollment Workshop

## Application Type

- As Applicants are Agencies who will be enrolling as InCK Billing Providers, applicants will select Organization/Group for their “Application Type”.
- Click Next.

Instructions » **Application Type**

### Application Type

Required fields are indicated with an asterisk (\*)

**Type of Application \***

Individual

Organization/Group

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

# InCK Billing Provider Enrollment Workshop Organization Participation Type

- Organizations providing InCK services must then select the Organization “Participation Type”.
- Click Next.

Instructions » Application Type » **Organization Participation Type**

### Organization Participation Type

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

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

Organization

Organization that is Employed/Contracted by Another Organization

---

DEFINITIONS:

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

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

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

# InCK Billing Provider Enrollment Workshop

## Application For

- InCK Billing provider applicants will select Initial Enrollment, then click **Next**.

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

### Application For

Required fields are indicated with an asterisk (\*)

#### This Application is for \*

- Initial Enrollment  
 Re-enrollment

\* Initial Enrollment should be selected when the applicant has never participated in the Connecticut Medical Assistance Program. Initial Enrollment should not be selected if the applicant is now or was ever actively enrolled. Initial Enrollment is not a means to join another organization such as a group, clinic, or outpatient hospital. If an Initial Enrollment application is received from a provider who is currently on file, regardless of their current participation status, the application will not be processed. The provider will be instructed to re-enroll in the program by contacting the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining an Application Tracking Number (ATN) needed for re-enrollment.

\* If you have been notified that it is time for re-enrollment, please select Re-enrollment. You will need your Application Tracking Number (ATN) and NPI or Non-medical provider identifier (AVRS ID) in order to re-enroll. Your ATN is found on your re-enrollment letter or you can contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN. If you have previously been enrolled in the Connecticut Medical Assistance Program and are attempting to re-join, you must first contact the Provider Assistance Center to obtain an ATN so that you may re-enroll.

Previous

Next

Exit

# InCK Billing Provider Enrollment Workshop

## Provider Type/Specialty

- Using the drop-down arrow, applicants should select as their “Provider Type”, **InCK Billing Provider**, then click Next.
- Click “Next” again to move to the next panel.

Instructions » Application Type » Organization Participation Type » Application For  
Provider Type/Specialty » Before You Continue

### Provider Type/Specialty

Required fields are indicated with an asterisk (\*)

Provider Type\*

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

# InCK Billing Provider Enrollment Workshop

## Before You Continue

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » **Before You Continue**

### Before You Continue

**Prior to continuing, it may be helpful to gather the following information which may be required on subsequent panels.**

**Click on the links below to open a sample of a completed enrollment application.**

- Full 9 digit zip codes for all addresses
- License Number
- Out of state providers must submit a copy of their license to Gainwell Technologies. 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)
- Please note that the Affordable Care Act (ACA) requires that institutional providers pay an application fee. If you are an institutional provider, you may be prompted in the subsequent panels to provide information, such as indication of active enrollment in Medicare or attestation of application fee payment to another state's Medicaid program or the Children's Health Insurance Plan (CHIP), which will be used to determine if a fee is due for this application.
- If you have paid the fee to another State's Medicaid program or CHIP, you will be asked to include date of payment, state to which the fee was paid, and any other related documentation. If a fee is due for this application, you will be notified via a letter once your application has been submitted. In the interim, please proceed with all other application activities, such as submitting follow on documents if you are notified at the end of the application that there are any documents to be submitted.
- 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 Gainwell Technologies
- The data you are required to enter may vary based on your provider type. The examples below demonstrate the maximum information that will be required from providers. A link to a sample application is provided below.

[Click here to open the Individual Practitioner Enrollment Application Sample](#)  
[Click here to open the Employed by Organization Enrollment Application Sample](#)  
[Click here to open the Organization Enrollment Application Sample](#)  
[Click here to open the Organization Employed/Contracted by Org Enrollment Application Sample](#)

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

**Residents Only:** Please note that many of the bulleted items above do not apply to residents. However, it may be helpful to gather the following before continuing: National Provider Identifier (NPI), sponsoring institution's address to include the full 9 digit zip code, license/permit number, effective date and end date as issued by the Department of Public Health (DPH), and your Social Security Number.

[Previous](#)

[Next](#)

[Exit](#)

# InCK Billing Provider Enrollment Workshop National Provider Identifier Information

- Applicants are not required to obtain an NPI when enrolling as an **INCK Billing** provider.
- An NPI **is not required** as InCK Billing provider services are considered non-medical services. It is strongly suggested that InCK Billing provider applicants **do not enroll with an NPI** to avoid possible billing conflicts with other “non-medical” Connecticut Medical Assistance programs under which they may be enrolled.
- **The taxonomy submitted should remain “Taxonomy Not Applicable”.**
- Click Next to continue.

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

### National Provider Identifier Information

Required fields are indicated with an asterisk (\*)

National Provider Identifier

Primary Taxonomy\* ----- - Taxonomy Not Applicable (non-medical services) ▼

Taxonomy 2  ▼

Taxonomy 3  ▼

Taxonomy 4  ▼

Taxonomy 5  ▼

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

# InCK Billing Provider Enrollment Workshop

## Identifying Information (Organization)

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

### Identifying Information

- The name entered on this line must match exactly the provider name submitted to the Internal Revenue Service and what is submitted on all other information supplied to the Connecticut Medical Assistance Program.
- Indicate the date the provider wishes to become effective. This date cannot be further back than six months.
- Indicate the language(s) spoken by organization staff that is available to interpret for clients.

Required fields are indicated with an asterisk (\*)

Name - Organization\*

Provider Effective Date\*

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

The application date is the provider's effective date. The contract effective date is July 1, 2023. The effective date should be no earlier than the start of the program or later than the date the InCK Billing provider first provided services that can be billed directly to Gainwell Technologies for reimbursement.

The effective date of enrollment will impact claim payment if the enrollment effective date is after the start of the program and services were provided on or after the program effective date, but before the effective date of the provider's online application.

Previous

Next

Exit

# InCK Billing Provider Enrollment Workshop

## Addresses

Enter information for the required address types: Service Location; Mailing; Home Office; Enrollment; Check and Remittance Advice and 1099 Mailing Addresses.

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

### Addresses

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

#### Service Location Address

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

#### Service Location Address

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Telephone Number - For Patient Use\*  Ext.

Handicap Accessible? No

Contact Email

Confirm EMail

Fax

TDD/TTY

**Please Note:**

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

# InCK Billing Provider Enrollment Workshop

## Addresses cont.

**Mailing Address**

- Indicate the address where the Connecticut Medical Assistance Program should send general information and correspondence.

**Mailing Address**

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.


Contact Email

Confirm EMail

Fax

[Clear](#) [Copy Svc Loc Addr](#)

If the Service Location Address is the same as the Mailing address, click here to copy to Mailing address.



**Home Office Address**

- Indicate the provider's Home Office address.

**Home Office Address**

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.


Contact Email

Confirm EMail

Fax

[Clear](#) [Copy Svc Loc Addr](#)

If the Service Location Address is the same as the Home Office, click her to copy to Home Office Address.



# InCK Billing Provider Enrollment Workshop

## Addresses cont.

**Check and Remittance Advice Address**

- Indicate the address where checks and remittance advice information should be sent. Most providers are required to receive this information electronically.

**Check and Remittance Advice Address** ?

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Name - Financial Contact Person\*

Telephone Number - Contact Person\*  Ext.

Contact Email

Confirm EMail

If the Service Location Address is the same as the Check and Remittance Advice Address, click here to copy to Check and Remittance Advice address.

---

**1099 Mailing Address**

- This is the address where the IRS Form 1099 will be sent.

**1099 Mailing Address** ?

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Telephone Number  Ext.

If the Service Location Address is the same as the 1099 Mailing Address, click here to copy to the 1099 Mailing Address.

# InCK Billing Provider Enrollment Workshop

## Addresses cont.

### Enrollment Address

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

### Enrollment Address



Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Contact Email

Confirm EMail

Fax

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



Clear

Copy Svc Loc Addr

Previous

Next

Exit

# InCK Billing Provider Enrollment Workshop

## Addresses cont.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » **[Additional Service Location Address](#)**

### Additional Service Location Address

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

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

Type changes below.

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\* CT  -

Contact Person\*

Telephone Number - Contact Person\*  Ext.

Handicap Accessible? No

Contact Email

Confirm EMail

Fax

TDD/TTY

### Please Note:

- Required fields are indicated with an asterisk (\*).
- P. O. Boxes are not allowed in a service location.

Enter additional service location information, then click "add".

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



Previous **Next**



**add** cancel

Exit

# InCK Billing Provider Enrollment Workshop

## HIT/HIE Contact and EHR Information

Enter Information on your current Electronic Health Record (EHR) system. Clicking **Yes** expands the panel with additional questions regarding your EHR system.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » [Additional Service Location Address](#) » **HIT/HIE Contact and EHR Information**

### HIT/HIE Contact and EHR Information

- Your Health Information Technology (HIT)/Health Information Exchange (HIE) contact information should be supplied in the contact fields below.
- Information on your current Electronic Health Record (EHR) system is also required in the fields below.

Contact Information

Contact First Name

Contact Last Name

Contact Phone  Ext

Contact Email

EHR Information

Do you use an Electronic Health Record (EHR) system?  No  Yes

Does that system meet the most current CMS/ONC federal certification standards?  No  Yes

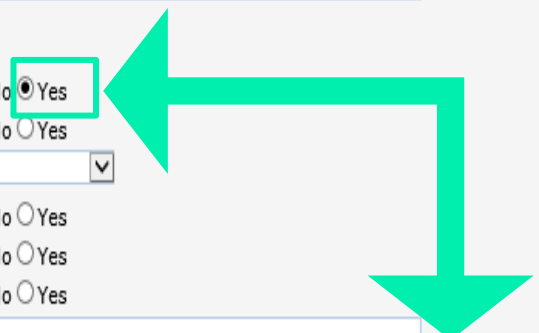
If you use an EHR, which system are you using?

Is your EHR able to generate Continuity of Care Documents (CCD)?  No  Yes

Is your EHR able to generate Consolidated-Clinical Document Architecture (C-CDA)?  No  Yes

Is your EHR able to generate Quality Reporting Document Architecture (QRDA)?  No  Yes

Direct Mailbox Email Address



# InCK Billing Provider Enrollment Workshop

## Financial Information Panel

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » [Additional Service Location Address](#) » [HIT/HIE Contact and EHR Information](#) » **[Financial Information](#)**

### Financial Information

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

Required fields are indicated with an asterisk (\*)

Taxpayer Identification Number (TIN)\*

Do not enter dashes.

Name\*

Doing Business As

TIN Type\*  EIN  SSN

State Tax ID

**If State Tax ID is not provided, you must attest that no sales tax is collected, or you have no employees.**

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

Previous

Next

Exit

# InCK Billing Provider Enrollment Workshop

## EFT (Electronic Funds Transfer)

Enrolling InCK Billing Provider Agencies must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » [Additional Service Location Address](#) » [HIT/HIE Contact and EHR Information](#) » [Financial Information](#) » [EFT Information](#)

### EFT Information

[Click here to open Provider EFT Enrollment instructions](#)

Required fields are indicated with an asterisk (\*)

**Provider Name\***

**Account Number Linkage to Provider Identifier\***

Provider Tax Identification Number (TIN)   
OR  
National Provider Identifier (NPI)

**Provider Identifiers\***

Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN)   
OR  
National Provider Identifier (NPI)

Reason for Submission  New Enrollment  Change Enrollment  Cancel Enrollment

Authorized Signature\*

**Other Identifiers**

Assigning Authority   
Trading Partner ID

**Financial Institution Information**

Financial Institution Name

**Financial Institution Address**

Street   
City   
State/Province   
ZIP Code/Postal Code

Financial Institution Routing Number\*   
Financial Institution Routing Number(rekey)\*   
Type of Account at Financial Institution\*   
Provider's Account Number with Financial Institution\*   
Provider's Account Number with Financial Institution(rekey)\*

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

# InCK Billing Provider Enrollment Workshop

## Additional Information

If applicable to your provider type, complete the Clinical Laboratory Improvement Amendment (CLIA) certificate(s) information as it pertains to the laboratory services provided. Click **Next** to continue.

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » [Additional Service Location Address](#) » [Financial Information](#) » [EFT Information](#)  
**Additional Information**

### 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](#)

# InCK Billing Provider Enrollment Workshop

## Attestation

InCK Billing providers must complete the *Deficit Reduction Act* and *Electronic Signature* Questions. Answering **yes** will open the Attestation.

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

### Attestation

Required fields are indicated with an asterisk (\*)

#### *Deficit Reduction Act*

Have you received \$5,000,000.00 in earnings from Title XIX in the most recent federal fiscal year? \*

Yes  No

#### *Electronic Signatures*

Do you store your health records electronically? \*

Yes  No

Previous

Next

Exit

# InCK Billing Provider Enrollment Workshop

## Attestation cont.

Once the Attestation is open, read and signify whether your Organization complies or not with the stated requirements.

### Attestation

Required fields are indicated with an asterisk (\*)

---

#### Deficit Reduction Act

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

Deficit Reduction Act Affidavit:

**False Claims Act Attestation**

This attestation must be completed if your organization, unit, corporation, partnership, or other business arrangement, including any managed care organization, irrespective of form of business structure or arrangement by which it exists, whether for-profit or not-for-profit, which furnishes directly, or otherwise authorizes the furnishing of, the delivery of Medicaid health services where payments made with respect to those services are received, or made, under a State Plan approved under Title XIX, or any waiver of such plan totaling at least \$5,000,000 annually.

I hereby swear or attest, under the penalty for false statement, that in my capacity as representative of the entity named in this application, that I have the authority to make this attestation on behalf of that entity. This entity has complied with all applicable requirements of § 1902(a)(68) of the Social Security Act (42 U.S.C. 1396a(a)(68)) and §§ 17b-262-770 through 17b-262-773 of the Regulations of Connecticut State Agencies.

FALSE STATEMENT IS PUNISHABLE BY A FINE NOT TO EXCEED \$2,000.00, IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. CONN. GEN. STAT. § 53a-157b . This attestation must also be provided to the Department's Office of Quality Assurance by August 31st. of each year.

Yes. I comply with all applicable requirements of § 1902(a)(68) of the Social Security Act (42 U.S.C. 1396a(a)(68)) and §§ 17b-262-770 through 17b-262-773 of the Regulations of Connecticut State Agencies.

No. I do not comply.

# InCK Billing Provider Enrollment Workshop

## Medicare Information

This panel will display, however, Medicare Information is not required for non-Medical services.

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

### Medicare Information

Required fields are indicated with an asterisk (\*)

Are you enrolled in Medicare?  Yes  No

Previous

Next

Exit

# InCK Billing Provider Enrollment Application Application Fee Requirement/Attestation

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information Addresses » Additional Service Location Address » HIT/HIE Contact and EHR Information » Financial Information EFT Information » Additional Information » Attestation » Medicare Information  
**Application Fee Requirement/Attestation**

## Application Fee Requirement/Attestation

Required fields are indicated with an asterisk (\*)

### About the Application Fee

- Federal law generally requires some applicants for enrollment and re-enrollment into a Medicaid program to pay an application fee.
- Based on the provider type/specialty you are enrolling/re-enrolling with, it has been determined that you may be subject to an application fee.
- The fee may change from year to year based on adjustments to the Consumer Price Index for Urban Areas.
- If you have paid the fee to another state's Medicaid or Children's Health Insurance Program (CHIP), or are in the process of enrolling in another state's Medicaid/CHIP program and will pay an application fee to that state, you are exempt from paying the fee to the Connecticut Medical Assistance Program (CMAP).
- The fee is nonrefundable. If a provider applicant does not meet participatory requirements, or does not submit the appropriate documentation within the time frame requested, the fee will not be refunded. Any subsequent submissions of an application for enrollment or re-enrollment to CMAP would require payment of a new application fee.

To assist in determining if a fee is due for this application, please complete the CMAP Attestation of Application Fee Payment below.

### Attestation of Application Fee Payment

I am currently enrolled in, or in the process of enrolling in, another state's Medicaid or Children's Health Insurance Program (CHIP) with the same tax ID and provider type and have paid an application fee or will be paying an application fee for the service location(s) that will be listed on this application to that state's Medicaid or CHIP Program.

Please choose one of the following fields\*:  Yes  No

If the provider selects the "Yes" radio button, another panel will open and additional data will be required.

Based on the information provided above, your application will be reviewed for fee payment. If it is determined that an application fee is due, you will be notified via letter. The letter will specify the fee amount and will provide instructions on how to submit that fee. Please do not submit a fee unless you are informed that one is due.

Previous

Next

Exit

An Application Fee is Required for InCK Billing Providers, if applicable as noted in this slide.

# InCK Billing Provider Enrollment Application Application Fee Requirement/Attestation cont.

Selecting the **Yes** radio button, will display the following panel for additional required information:

Please choose one of the following fields\*:  **Yes**  No

State to which the application fee was paid/will be paid\*

Date paid/to be paid\*

Contact Name\*

Contact Phone Number\*  Ext

Check Number or Tracking ID

Provide any additional reference or tracking information associated with the Medicaid program you paid the fee to

Based on the information provided above, your application will be reviewed for fee payment. If it is determined that an application fee is due, you will be notified via letter. The letter will specify the fee amount and will provide instructions on how to submit that fee. Please do not submit a fee unless you are informed that one is due.

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

# InCK Billing Provider Enrollment Workshop

## Board Members, Partners or Managing Administrators Information

Enter responses to each of the questions.

- Answering **yes** to the second question regarding board members, partners or managing administrators of your organization will require detail information to be entered in the next panel
- Answering **yes** to the last question requires supply of the **Name** and **Corporate Headquarters Location**. Click **Next**.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information Addresses » Additional Service Location Address » HIT/HIE Contact and EHR Information » Financial Information EFT Information » Additional Information » Attestation » Medicare Information Application Fee Requirement/Attestation » **Board Members, Partners or Managing Administrators Information**

### Board Members, Partners or Managing Administrators Information

Required fields are indicated with an asterisk (\*)

Are you a nonprofit organization or an organization without an owner?\*  Yes  No

Are there board members, partners, or managing administrators of your organization?\*  Yes  No

**For both nonprofit and profit organizations:** If an organization has a board of directors (either paid or volunteer), the provider must supply the information for the administrative staff. The person(s) responsible for the day to day operations of the organization would include: President, VP, Treasurer, CEO, managing partners, etc.

Do all owners have less than 5% ownership in the organization?  Yes  No  N/A

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

Name

Corporate Headquarters Location

# InCK Billing Provider Enrollment Workshop

## Board Members, Partners or Managing Administrators Information - Detail

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

**Board Members, Partners, or Managing Administrators Information-Detail**

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

Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (\*)

Position\*

Last name\*

First Name, Middle Initial\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

SSN\*

Date of Birth\*

**If more than one organizational member, enter details on first then click add to clear and enter next member.**

**Add**

Previous Next Exit

# InCK Billing Provider Enrollment Workshop

## Controlling Interest

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

### Controlling Interest

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

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

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

Type changes below.

Previous

Next

Exit

# InCK Billing Provider Enrollment Workshop

## Controlling Interest cont.

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

[Instructions](#) » [Application Type](#) » [Organization Participation Type](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#) » [Identifying Information](#) » [Addresses](#) » [Additional Service Location Address](#) » [HIT/HIE Contact and EHR Information](#) » [Financial Information](#) » [EFT Information](#) » [Additional Information](#) » [Attestation](#) » [Medicare Information](#) » [Board Members, Partners or Managing Administrators Information](#) » **Controlling Interest**

### Controlling Interest

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

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

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

Type changes below.

Relationship\*

Last Name\*

First Name\*

Middle Initial

Medicaid Provider Number (if applicable)

Social Security Number\*

Date of Birth\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

Telephone Number - Business\*  Ext.

Percentage of Controlling Interest\*

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

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

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

# InCK Billing Provider Enrollment Workshop

## Controlling Interest cont.

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

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

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

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

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

### Controlling Others

Name\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*   -

Complete the panel and click add to save. Click add after completing each additional controlling interest. Click **Next** to continue.

# InCK Billing Provider Enrollment Workshop Survey

Answer **Yes** or **No** to each question in the survey. Answering **yes** to any question will **require** you to submit **additional information**.

- Click **add** after entering the required **supplemental data**. The survey questions that you are required to answer may vary based on participation type. When all questions have been answered, click **Next** to continue.

Survey

Required fields are indicated with an asterisk (\*)

1. Is, or was, applicant a Medicaid provider in any other state? \*

Yes  No

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

Survey		
State*	<input type="text"/>	<input type="text"/>
National Provider Identifier Number*	<input type="text"/>	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>

add

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 dick on add button -

Survey	
Insurance Name*	<input type="text"/>
Contract Number*	<input type="text"/>

add

# InCK Billing Provider Enrollment Workshop Summary

Click to open the Provider Enrollment Agreement. Instructions for completion, the standard agreement and TCM for CT InCK Providers Addendum will be presented. After Reading the Agreement, click the “I agree to reading and terms” box. **Make all changes to the application before clicking submit.**

The screenshot shows the 'Summary' page of the InCK Billing Provider Enrollment application. At the top, a navigation menu is highlighted with a red box and a red arrow pointing to it. The menu items are: Instructions, Application Type, Organization Participation Type, Application For Provider Type/Specialty, Before You Continue, National Provider Identifier Information, Identifying Information, Addresses, Additional Service Location Address, HIT/HIE Contact and EHR Information, Financial Information, EFT Information, Additional Information, Attestation, Medicare Information, Application Fee Requirement/Attestation, Board Members, Partners or Managing Administrators Information, Controlling Interest, Survey, and Summary. Below the navigation menu, a blue bar contains the word 'Summary'. Underneath, there is a link 'Click here to open Provider Enrollment Agreement' highlighted with a red box. A checkbox labeled 'I agree that I have read and accept the terms of the Provider Enrollment Agreement.' is checked. Below this are two input fields: 'SSN of Person Signing the Application\*' and 'Signature of Provider or Authorized Representative\*'. A red arrow points to the SSN field with the text 'The SSN and Signature are verified against the Individual Name or Identifying Information panel as applicable. An error occurs if same name/different SSN or different name/same SSN have been entered.' Below the input fields are several bullet points and a paragraph of text. At the bottom right, a red arrow points to a 'Submit' button highlighted with a red box, with the text 'After clicking submit, be sure to print and/or save the application as a PDF document for your records.' Below the 'Submit' button are 'Previous' and 'Exit' buttons.

Instructions » Application Type » Organization Participation Type » Application For Provider Type/Specialty » Before You Continue » National Provider Identifier Information » Identifying Information » Addresses » Additional Service Location Address » HIT/HIE Contact and EHR Information » Financial Information » EFT Information » Additional Information » Attestation » Medicare Information » Application Fee Requirement/Attestation » Board Members, Partners or Managing Administrators Information » Controlling Interest » Survey » Summary

Use the navigation links to review panel information before clicking **SUBMIT**. Information on the application cannot be changed once the application has been submitted.

**Summary**

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 SSN and Signature are verified against the Individual Name or Identifying Information panel as applicable. An error occurs if same name/different SSN or different name/same SSN have been entered.

- The Application has been completed and is ready to submit. If any changes need to be made, please make them now by using this Web site's navigation links and command buttons (not the browsers navigation buttons).
- **IMPORTANT NOTICE:** In receiving this application from and granting Medicaid enrollment to the individual or other entity named as "Provider Applicant," the Connecticut Medical Assistance Program relies on the truth of all the following statements:

I certify that, if I am granted status as a provider for Connecticut Medical Assistance programs, I expressly agree to the following: to abide by all applicable federal and state statutes, regulations, policy transmittals, and provider bulletins; to keep accurate and current records regarding the nature, scope and extent of services furnished to Medical Assistance recipients; and to furnish information pertaining to any claim for Medicaid payment, whether made by me or on my behalf, to the Connecticut Department of Social Services, the Secretary of Health and Human Services, and the offices of the Connecticut Chief State's Attorney and the Connecticut Attorney General, or their agents, upon request. I will make such information available for inspection and/or copying, and/or will provide copies of such information, upon request.

I certify that I have legal authority to enter into contracts and agreements on behalf of the provider.

- After you submit the application, you will be able to print and/or save the application as a PDF.
- Select "Submit" to submit the application.

After clicking submit, be sure to print and/or save the application as a PDF document for your records.

Previous **Submit** Exit

# InCK Billing Provider Enrollment Workshop

## Application Submitted

**Application Submitted**

- Thank you for applying for enrollment with the Connecticut Medical Assistance Program. The information on your submitted application will now be reviewed by Gainwell Technologies. If any information is missing, invalid, or Gainwell Technologies is unable to process the application, you will receive written notification of the missing or invalid information from Gainwell Technologies. 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:  
  
Gainwell Technologies  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06102-5007
- Application Tracking Number (ATN)
  - Your tracking number is 317324
- Notification of Enrollment Decision

If all information has been provided and is correct, Gainwell Technologies 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 Gainwell Technologies 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, Gainwell Technologies 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.

[Exit](#)

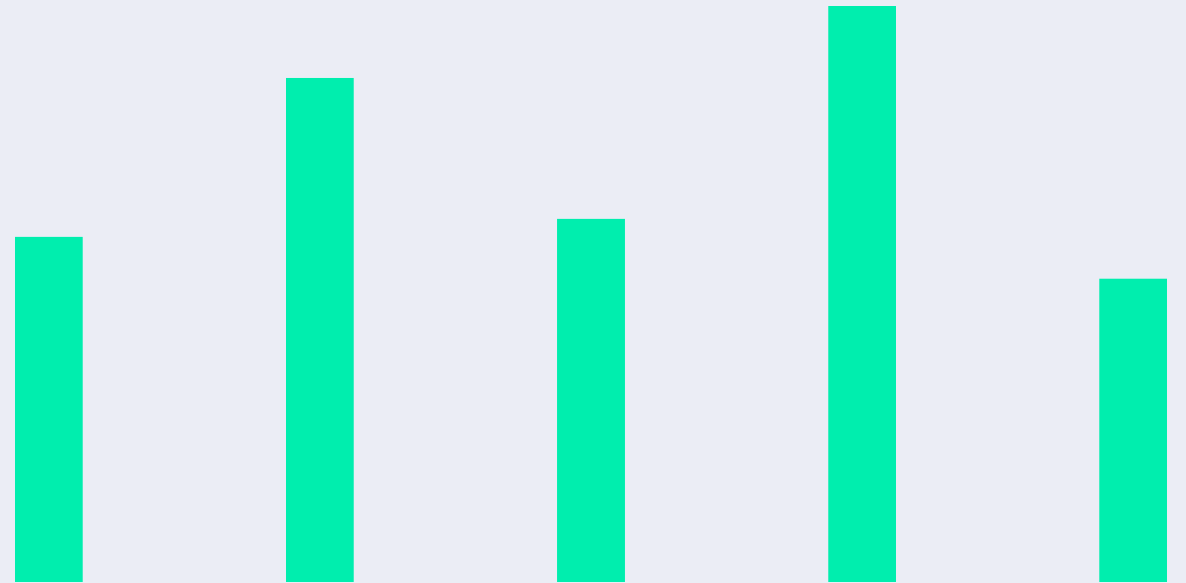
Take note of the Application Tracking Number (ATN). The ATN must be put on all documents sent to Gainwell Technologies once your application has been submitted. In order to track the status of your application you will need to have the ATN.

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

# What's Next - Enrollment Status Tracking

InCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## What's Next

- The information on your submitted application will now be reviewed by Gainwell Technologies.
- If any information is missing, invalid, or if Gainwell Technologies is unable to process the application, you will receive a letter that informs you what is required for correction or completion of your application.
- Providers will not be able to correct or modify completed applications online, but will need to submit paper corrections to the following address:
  - Gainwell Technologies  
Provider Enrollment Unit  
P.O. Box 5007  
Hartford, CT 06102-5007
- **PLEASE NOTE: All additional information sent to Gainwell Technologies will need the ATN entered on the upper right-hand corner of each document submitted.**

# InCK Provider Enrollment Workshop

## Checking the Status of Your Application Online

From the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, click Provider > Provider Enrollment Tracking.

Enter the **ATN** given on the “Application Submitted” panel of your online enrollment application and your **business name as enrolled**. **Click Search**.

The screenshot displays the Connecticut Department of Social Services website. The header includes the department logo on the left and navigation links (Help, Site: B, Login) and the date/time (Tuesday, July 4, 2023 at 2:04:11 PM) on the right. A main navigation bar contains links for Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, and Electronic Visit Verification. Below this is a secondary navigation bar with links for home, provider enrollment, provider re-enrollment, **provider enrollment tracking**, provider matrix, provider services, provider search, drug search, provider fee schedule download, promoting interoperability program, oos instructions/information, fingerprint criminal background check info, e-mail subscription, and secure site. The main content area features an "Enrollment Tracking Search" section with two input fields: "ATN\*" and "Business OR Last Name\*", both highlighted with a red border. To the right of these fields are "search" and "clear" buttons.

# InCK Billing Provider Enrollment Workshop

## ATN Status/Reason Criteria

ATN Status	Criteria for Status
Waiting Application or Information from Provider	If a Follow-On (FOD) Document is required
Gainwell Technologies reviewing submitted application	Errors set that require Gainwell Technologies review
DSS conducting initial review	Application submitted with no errors
DSS Initial Review/OIG or Survey Flag	If OIG or Survey errors set
DSS Denied	If there are denied errors on the application

# Notification of Enrollment Decision

INCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Notification of Enrollment Decision - Approval

### Enrollment Approval

- **If all information has been provided and is correct**, Gainwell Technologies will submit your completed application to the Department of Social Services (DSS) Quality Assurance Unit for review.
- **If an approval is received from DSS**, the Provider Enrollment Unit completes the enrollment process and sends a **Provider Enrollment Approval Notice to the provider**.

# InCK Billing Provider Enrollment Workshop

## Upon Application Approval

If the enrollment application is approved, the date submitted in the **Provider Effective Date** field of the **Identifying Information** panel of the enrollment application 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 in the upper right-hand corner to the Provider Enrollment Unit.
- **Newly enrolled providers will receive:**
  - A welcome letter with an Automated Voice Response System (AVRS)/Initial Web User ID and
  - A second letter containing Web Personal Identification Number (PIN) information.

# InCK Billing Provider Enrollment Workshop

## Upon Application Approval cont.

- **Upon receipt of the Enrollment Approval and PIN** letters providers should set up their secure Web account in order to:
  - make changes to their provider file
  - receive eDelivery notifications such as:
    - confirmation of EFT changes
    - notification of Re-Enrollment due
  - verify client eligibility
  - check service authorization status
  - submit and check the status of a claim
  - retrieve Remittance Advice
- **Set-up Email Subscription for receipt of program information**
  - Bulletins
  - Important messages

# InCK Billing Provider Enrollment Workshop

## Notification of Enrollment Decision - Denial

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

# Re-Enrollment

InCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Re-enrollment – Notification and Process

**InCK Billing providers** will receive a reminder letter via e-messaging\* when they are due for re-enrollment **6 months** prior to the end of their previous **3 - year contract**.

**\*NOTE: Providers should refer to PB 2019-20 regarding receipt of re-enrollment notifications via eDelivery to ensure timely re-enrollment.**

- The reminder letter will include an **Application Tracking Number**.
  
- **To re-enroll**, providers should:
  - Access the [www.ctdssmap.com](http://www.ctdssmap.com) Web site
  - From the Home Page, click Provider > **Provider Re-enrollment**
  - Enter the **ATN** received in the re-enrollment reminder letter
  - Enter **NPI** or Non-medical provider identifier (**AVRS ID**)

# InCK Billing Provider Enrollment Workshop

## Re-enrollment – Notification and Process cont.

- Providers should successfully **complete the re-enrollment application as quickly as possible** upon receipt of their notice.
- Providers with **re-enrollment applications that are not fully completed by the provider's re-enrollment due date** will receive a notice advising they have been **dis-enrolled** from the **Connecticut Medical Assistance Program (CMAP)**.
- A Provider Enrollment contract will not be reinstated until the **application is finalized**.
  - Reinstatement of contracts without a finalized application violates Affordable Care Act (ACA) policies.

# InCK Provider Enrollment Workshop

## Checking the Status of Your Application Online

- From the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, click Provider > Provider Enrollment Tracking.
  - Enter the **ATN** and your **business name as enrolled**.

The screenshot shows the Connecticut Department of Social Services website. The header includes the logo and the text 'Making a Difference'. The navigation menu includes 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', 'Hospital Modernization', and 'Electronic Visit Verification'. The 'Provider' menu is expanded, showing options like 'home', 'provider enrollment', 'provider re-enrollment', 'provider enrollment tracking', 'provider matrix', 'provider services', 'provider search', 'drug search', 'provider fee schedule download', 'promoting interoperability program', 'oos instructions/information', 'fingerprint criminal background check info', 'e-mail subscription', and 'secure site'. The main content area is titled 'Log In to Your Re-Enrollment Application' and contains a form with the following text: 'Please enter your Application Tracking Number (ATN) found on your re-enrollment notification letter or contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN.' Below this, it states 'Required fields are indicated with an asterisk (\*)'. The form has two input fields: 'ATN\*' and 'NPI/Non medical provider identifier (AVRS ID)\*'. The 'ATN\*' field is highlighted with a red box. At the bottom of the form are 'Next' and 'Exit' buttons.

# Secure Web Account Access and Set-up

InCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Secure Web Account Access

- Providers who have successfully enrolled as InCK Billing providers will receive:
- An approval letter with their new **AVRS/Medicaid ID**
- Additional letter under separate mailing containing their **Personal Identification Number (PIN)**
- The AVRS ID and PIN allow the provider initial access to the Connecticut Medical Assistance Program Secure Web Portal for the purpose of creating a secure Web account.

# InCK Billing Provider Enrollment Workshop

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

Users have multiple ways to log on to their secure Web account from the [www.ctdssmap.com](http://www.ctdssmap.com) Home page.

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

The screenshot shows a main menu with the following items: Provider, Trading Partner, Pharmacy, and Information. Below these are several service categories: Provider Enrollment, Provider Re-Enrollment, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, EHR Incentive Program, OOS Instructions/Information, Fingerprint Criminal Background Check Info, E-Mail Subscription, and Secure Site. The 'Provider' link at the top and the 'Secure Site' link at the bottom are both highlighted with red boxes.

The screenshot shows a 'Welcome' page for the Connecticut Medical Assistance Program. It features a large 'WELCOME' heading and a sub-heading 'TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM'. Below this is a paragraph of text: 'SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANAGEMENT, AND A BILLING VERIFICATION SYSTEM.' There is a logo for a stethoscope with the word 'Provider' underneath it. A 'Quick Login' form is present with fields for 'User ID\*' and 'Password\*', a 'Login' button, and links for 'Logging in for the first time?' and 'Forgot your password?'. The 'Provider' logo, the 'Login' button, and the 'Logging in for the first time?' link are highlighted with red boxes.

# InCK BillingProvider Enrollment Workshop

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

To ensure access to the [www.ctdssmap.com](http://www.ctdssmap.com) Web portal to utilize the self-service features of interchange:

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

# InCK Billing Provider Enrollment Workshop

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

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

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search  
provider fee schedule download promoting interoperability program oos instructions/information fingerprint criminal background check info e-mail subscription  
**secure site**

### Login

The Connecticut Department of Social Services Medical Assistance Program secure Web site is intended for providers, trading partners/billing agents, labelers/drug manufacturers and clerks designated by those entities.

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

[setup account](#)

**Click to access account set-up**

Providers can set-up their Secure Web account once they receive their enrollment approval notification with Initial Web User ID and Personal Identification Number (PIN) letter with one time use PIN.

User ID\*

Password\*

[login](#)

If you have forgotten your password or need to reactivate your account, please click the reset password button.

[reset password](#)

# InCK Billing Provider Enrollment Workshop

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

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

Enter the provided Initial Web User ID and PIN (which can be found in the enrollment and PIN letters) in the appropriate fields; click [set-up account](#).

here to find answers to the most frequently asked questions (FAQs) regarding Web account set up.' At the bottom right of the form is a blue button labeled 'setup account'."/>

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

### Account Setup

Initial Web User ID\*

Personal Identification Number\*

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

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

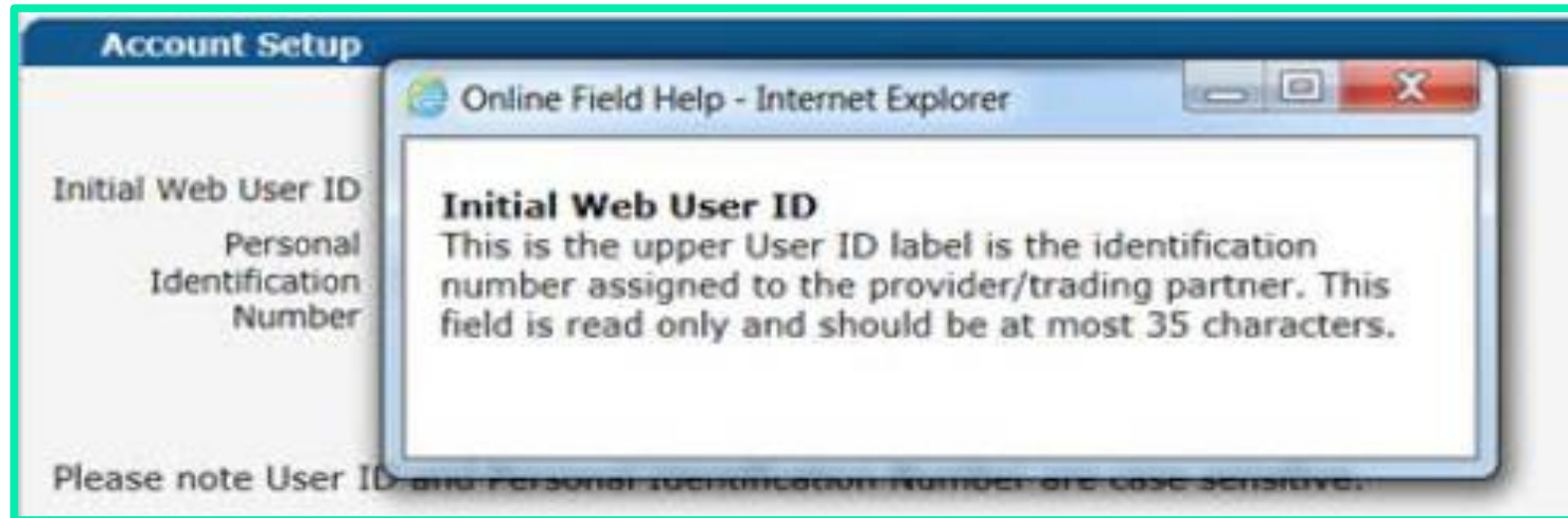
[setup account](#)

# InCK Billing Provider Enrollment Workshop

## Secure Web Account – Initial Account Setup Panel

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

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



# InCK Billing Provider Enrollment Workshop

## Secure Web Account Set-up

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

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

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

User ID\*

Contact Last Name\*

Contact First Name\*

Phone Number\*

1st Secret Question\*

1st Answer\*

2nd Secret Question\*

2nd Answer\*

Password\*

Confirm Password\*

EMail\*

Confirm EMail\*

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

Security Agreement

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

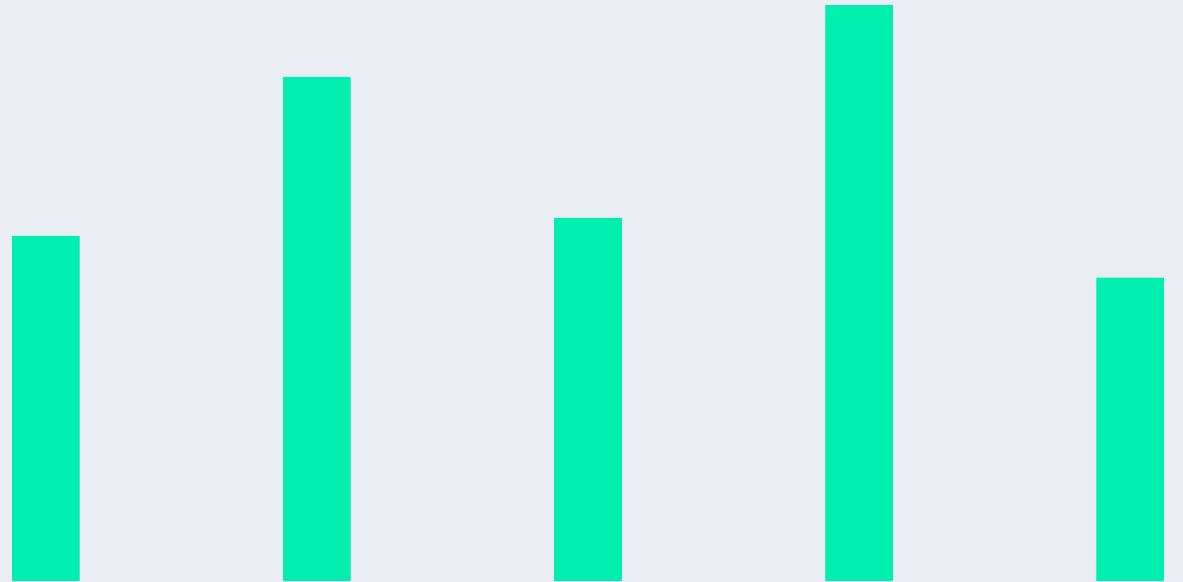
I Agree

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

# Web Account Capabilities

InCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities

- **Accessing your Secure Site provider account allows you to:**
  - Update your demographic information (primary account holder only)
  - addresses/phone numbers
  - Electronic Funds Transfer (EFT) account information
  - verify re-enrollment due date(s)
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.3.5 Demographic Maintenance
- Note: Confirmation of specific demographic changes made and other specific enrollment communications will be sent to the provider via eDelivery. E-Delivery replaces certain paper letters, from the Connecticut Medical Assistance Program (CMAP) previously mailed through the United States Postal Service. Providers should refer to PB 2019 -15 & PB 2019 – 20 for further information.
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts and 10.15.3 Downloading Files (eDelivery Letters).

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities cont.

- **Set-up of Clerk accounts:**

- Allows Primary Account Holder to assign permission to access areas of the secure web portal to perform job tasks
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts.

- **Switch Provider:**

- Switch from one provider to another, to allow clerks that have been associated to multiple provider accounts easy access.
- Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.3.7 Switch Provider.

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities cont.

- **Access to eDelivery letters:**

- Notices regarding changes to EFT account information, provider re-enrollment/add alternate service location address notification, reminder, approval, denial letters and Prior Authorization (PA) notices of approval/modification or denial, excluding services that are auto approved, will be sent to the provider via eDelivery. Access to these electronic notices will be controlled via permission to a “Trade Files” role assigned to a clerk(s) secure Web account. Providers should refer to PB 2019 -15, PB 2019 - 20 & PB 2019 – 31 for further information.
- **Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts and 10.15.3 Downloading Files (e-Delivery Letters).

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities cont.

- **Check client eligibility via the Web:**

- **Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 - Web Portal/AVRS > Section 11- Client Eligibility Verification

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities cont.

### Prior Authorization

#### Prior Authorization is not required for Targeted Case Management services billed by InCK Billing Providers

- Clerks requiring access to view Prior Authorization (PA) via their secure Web account must be assigned a role of “PA Inquiry/Submission”.
- Clerks assigned the PA role would then select “Prior Authorization Search” from the Prior Authorization Menu.
- **Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 12 Prior Authorization
- **Note:** Prior Authorization (PA) notices of approval/modification or denial, excluding services that are auto approved will be sent to the provider via eDelivery. Access to these electronic notices will be controlled via permission to a “Trade Files” role assigned to a clerk(s) secure Web account. Providers should refer to PB 2019 – 30 for further information.
  - **Reference** – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10.9 Web Security Administration > “Secure Web Site Enrollment and Maintenance Instructions” link > Section 10.2 Creating Clerk Accounts and 10.15.3 Downloading Files (eDelivery Letters).

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities cont.

### Claim Submission

- Create, Submit and Query claims for dates of service **on or after March 13, 2023**
  - For services noted on the **Integrated care for Kids Targeted Case Management Fee Schedule**
  - Claim Format – Professional 5010 HIPAA Compliant
  - Query Paid, Denied or Suspended claims
- **Reference - [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 Web Portal/AVRS > Section 10 Claim Submission, Resubmission, Adjustments and Inquiry**

### Obtain Remittance Advice (RA)

- Reports claim activity (Paid, Denied, Adjusted, Suspended) since last financial cycle.
- **Reference – [www.ctdssmap.com](http://www.ctdssmap.com) > Publications > Manuals > Chapter 10 > Section 15 – Trade Files**

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities –Assigning Clerk Roles

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

Connecticut Department of Social Services  
Making a Difference

Help  
Friday, February 22, 2019

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home account home account maintenance account setup change password clerk maintenance demographic maintenance switch provider reset password log out

### Clerk Maintenance

User ID	Contact First Name	Contact Last Name
cdk	Terry	N

Type data below for new record.

remove clerk add clerk submit reset password

User ID\*  
Contact First Name\*  
Contact Last Name\*  
Phone Number\*  
Password\*  
Confirm Password\*  
AVR ID  
AVR Pin  
Confirm AVR Pin

Assigned Roles Available Roles

Clerk Roles (Internet Only)

Claim Inquiry/Submission/Adjustment  
PA Inquiry/Submission  
Client Eligibility Verification  
Trade Files Includes E-Delivery  
Submit Applications  
Trade Files E-Delivery Only

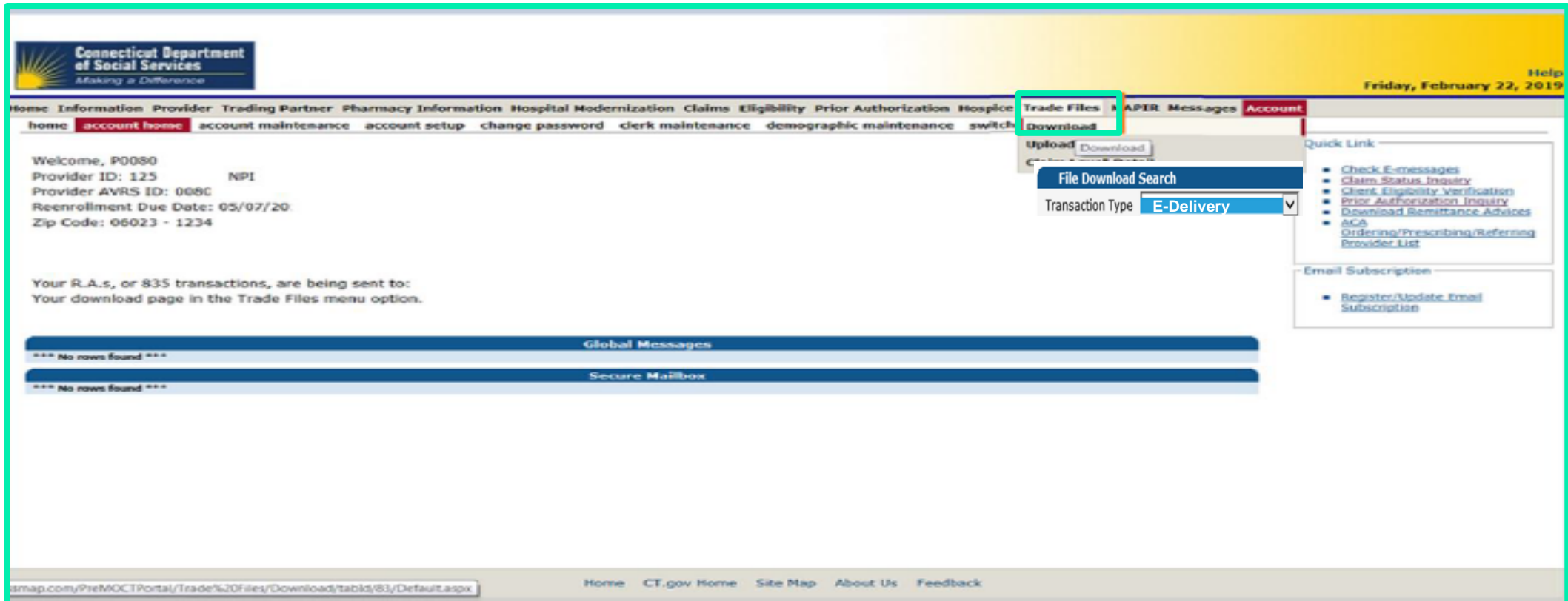
submit cancel

Home CT.gov Home Site Map About Us Feedback

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities – Access Trade Files for Download

Once logged on to their secure Web account, the user should select Trade Files then Download from the menu items as shown below. Select from the file list that will appear such as E-Delivery



# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities – Download of E-Delivery Transactions

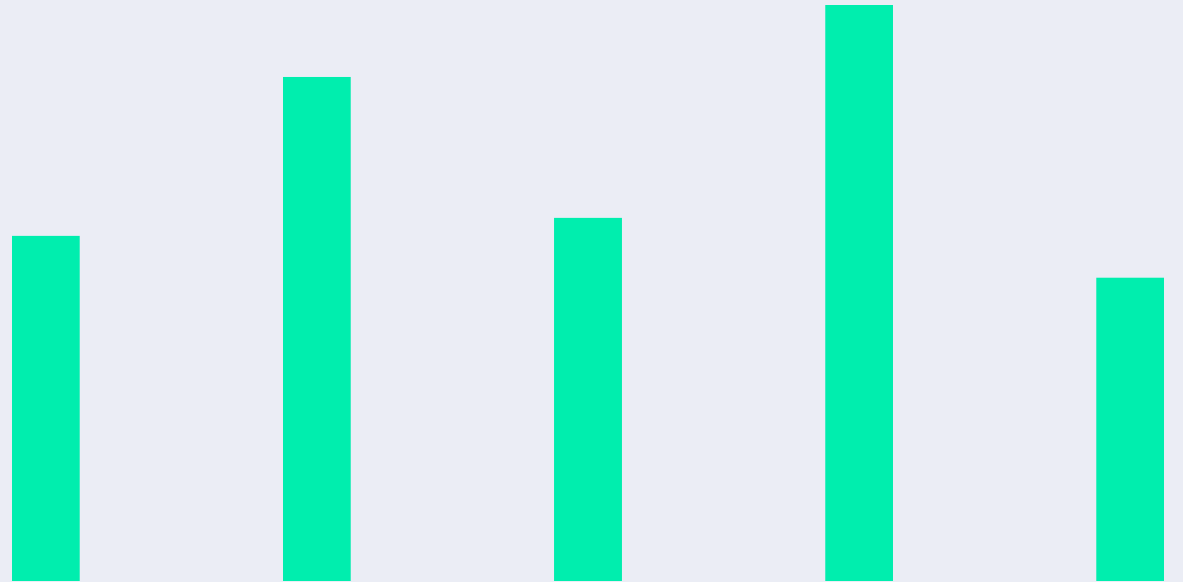
Select E-Delivery from the Transaction Type drop down box and then select search.

The screenshot shows the Connecticut Department of Social Services web portal. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". At the top right is the date "Friday, February 22, 2019" and a "Help" link. Below the header is a navigation bar with links: Home, download, upload, claim level detail, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPR, Messages, Account. The main content area is titled "File Download Search". A dropdown menu for "Transaction Type" is open, showing options: Billing/Reversal, CSV, Claim Payment/Advice, Claim Status Response, Drug Rebate File Transfer, E-Delivery (highlighted), Emergency Response, Enrollment/Maintenance, Functional Ack, Interchange Ack, PA Revers/Inq/Req Only, PCCM Reports, PDP/MAPD Reports, Premium Payments, Prior Authorization, Remit. Advice (RA) - PDF, and Transportation PA Files. A "Search" button is highlighted in blue. Below the search area, there is a table titled "Current Files Available for Download" with columns: File Name, Original File Name, Transaction Type, Date Available, and Date Downloaded. The table contains one row: File Name: 00, Original File Name: Mv-9038-M\_1179596\_379138\_20190207.pdf, Transaction Type: E-Delivery, Date Available: 02/07/2019, Date Downloaded: 02/08/2019. At the bottom of the page are links: Home, CT.gov Home, Site Map, About Us, Feedback.

# Web Account Capabilities – Demographic Maintenance

InCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities - Demographic Maintenance

The screenshot displays the InCK Billing Provider web account interface. At the top left is the Connecticut Department of Social Services logo with the tagline "Making a Difference". A navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, and MAIL. Below this is a secondary navigation bar with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, switch provider, reset password, and log out. The main content area shows a welcome message for "InCK Billing Provider" with the following details: Provider ID: 001234567, Provider AVRS ID: 001234567, Reenrollment Due Date: 07/01/2023, and Zip Code: 06032-1234. Below this, it states "Your R.A.s or 835 transactions are being sent to: Your download page in the Trade Files menu option." At the bottom, there are two sections: "Global Messages" and "Secure Mailbox", both showing "No rows found". A dropdown menu is open on the right side, listing options: Account Home, Account Maintenance, Account Setup, Change Password, Clerk Maintenance, Demographic Maintenance (highlighted with a red border), Reset Password, and Log Out.

- The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:
- Mail to, Pay to, existing Home, Service Location, alternate Service Location and Enrollment addresses
- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)
- Service Language
- Organizational Members (N/A for InCK Providers)
- Access this section by selecting demographic maintenance from either the Account submenu or the Account drop-down menu

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities Demographic Maintenance cont.

Provider Information			
Provider ID	00##### MCD	Address	1000 Any Highway
AVRS ID	00#####		
Usage	Service Location	City	FARMINGTON
Provider Type	64- InCK Billing Provider	County	Hartford
Provider Specialty	642- Integrated Care for Kids	State/Zip	CT 06032-1234
Phone	860-555-5555		

[Base Information](#) > [Service Location](#) > [Location Name Address](#) > [EFT Account](#) > [Service Language](#) > [Maintain Organization Members](#)

- The Demographic Maintenance page displays the provider information panel as well as a submenu
- Clicking the submenu options will open a panel with related information:
- Service Location
- Location Name Address
- Electronic Funds Transfer (EFT Account)
- Service Language - Language, Effective Date, End Date
- Maintain Organization Members

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities - Demographic Maintenance cont.

- Specify different mailing, payment, service location and enrollment addresses.

**Location Name Address**
✕

Usage	Name	Street	City	State	Country	Zip	Zip + 4	Contact Phone	Contact Ext	Handicap Access
Alt Service Location	InCK Billing Provider	1275 POST ROAD	FAIRFIELD	CT		06824	6015			N
Alt Service Location	InCK Billing Provider	1020 MEMORY LN	HARTFORD	CT	US	06066	6066	(860)741-2333		N
Alt Service Location	InCK Billing Provider	1020 MEMORY LN	HARTFORD	CT	US	06066	6066	(860)741-2333		N
Enrollment Address	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT	US	06824	5166	(203)254-2452		N
Home Office	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N
Mail to	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N
Pay to	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N
Service Location	InCK Billing Provider	134 ROUND HILL ROAD	FAIRFIELD	CT		06824	5166	(203)254-2452		N

Type Changes Below

Name Type  Business Name  Personal Name

Name

Title

Usage

Country

Address 1\*

Address 2

City

State

Zip\*

**Apply Changes To:**

Svc Loc

Pay To

Mail To

Enrollment

Phone\*

Fax

Handicap Accessible?

Email

Confirm EMail

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities-Demographic Maintenance cont.

To alter address information, simply select the applicable row from the provided list (Enrollment Address, Mail to, Pay to, Home, Service Location, additional alternate Service Location); then click maintain address

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Alt Service Location	InCK Billing	633 DOWELL DRIVE	HARTFORD	CT	06044	5221	(860)555-1212		N
Enrollment Address	InCK Billing	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	InCK Billing	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Pay to	InCK Billing	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
<b>Service Location</b>	<b>InCK Billing</b>	<b>195 COLT HIGHWAY</b>	<b>FARMINGTON</b>	<b>CT</b>	<b>06032</b>	<b>1234</b>	<b>(860)255-3913</b>		<b>N</b>
Home Office	InCK Billing	195 Colt Highway	Farmington,	CT	06032	1234	(860)255-3913		N

↓

**maintain address**

change/fill in the appropriate information (address, phone number, etc.); click save

Type changes below.

Name Type:  Business Name  Personal Name

Name:

Title:

Usage:

Country:

Address 1\*:

Address 2:

City:

State:

Zip\*:

Phone\*:

Fax:

Handicap Accessible?:

Email:

Confirm Email:

↓

**The following messages were generated:**

**Message Description**  
Save was Successful

**Panel**

**Field**

# InCK Billing Provider Enrollment Workshop

## Web Account Capabilities-Demographic Maintenance cont.

The EFT Account panel allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited. Click add; enter the appropriate information; and click save.

**EFT Account** Click here to open Provider EFT Enrollment instructions.

Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
TD BANK NA	011100111	4242042420	Checking		Active

Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (\*)

**Provider Name\***

**Account Number Linkage to Provider Identifier\***

Provider Tax Identification Number (TIN)

OR

National Provider Identifier (NPI)

**Provider Identifiers\***

Provider Federal Tax Identification Number (TIN)

OR Employer Identification Number (EIN)

OR

National Provider Identifier (NPI)

**Other Identifiers**

Assigning Authority

Trading Partner ID

**Financial Institution Information**

Financial Institution Name

**Financial Institution Address**

Street

City

State/Province

ZIP Code/Postal Code

Financial Institution Routing Number

Financial Institution Routing Number(rekey)\*

Type of Account at Financial Institution

Provider's Account Number with Financial Institution

Provider's Account Number with Financial Institution(rekey)\*

Reason for Submission  New Enrollment  Change Enrollment  Cancel Enrollment

Authorized Signature

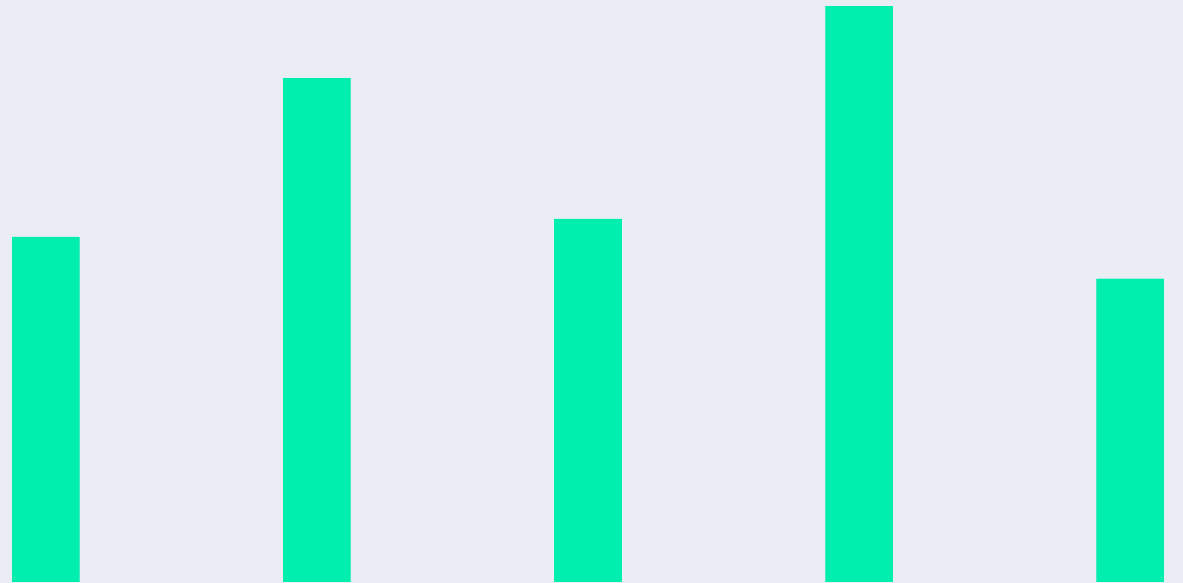
**\*\*This action will place the provider in a pre-notification status, while in this status, providers will receive a paper check.\*\***

save cancel

# Information - Resources

InCK Billing Provider

Enrollment Workshop

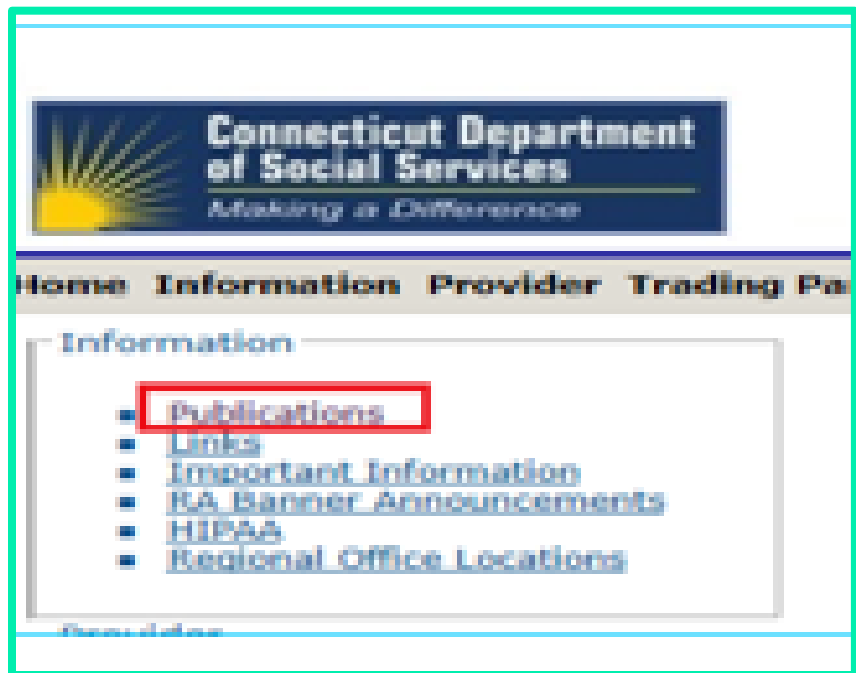


# InCK Billing Provider Enrollment Workshop

## Information - Resources

### Publications

- Much of the information available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site is located on the Publications page
- Access the Publications page by selecting Publications from either the Information box on the left-hand side of the home page or from the Information drop-down menu



# InCK Billing Provider Enrollment Workshop Information - Resources

## Provider Bulletins

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

The screenshot displays the Connecticut Department of Social Services website. At the top left is the logo with the text "Connecticut Department of Social Services" and "Making a Difference". At the top right, there are links for "Help", "Site: C", and "Login", along with the date and time "Tuesday, July 4, 2023 at 7:26:35 PM". A navigation bar contains links for "home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", "Telehealth Information", and "Electronic Visit Verification". Below this, a secondary navigation bar includes "home", "publications", "links", "hipaa", "messages", and "archive". The main content area features an "Information" icon (a stack of books) and a "Bulletin Search" form. The form includes a "Year" dropdown menu, a "Provider Type" dropdown menu, a "Number" text input field, and a "Title" text input field. There are "search" and "clear" buttons to the right of the form.

# Information Resources cont. – Email Subscriptions

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

**Home Information Provider Trading Pa**

**Information**

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

**Provider**

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Promoting Interoperability Program](#)
- [OOS Instructions/Information](#)
- [Fingerprint Criminal Background Check Info](#)
- [Provider Training](#)
- [Secure Site](#)

**Trading Partner**

- [Trading Partner Enrollment](#)
- [Trading Partner Documents](#)
- [Provider Electronic Solutions Billing Instructions](#)

**Pharmacy**

- [Pharmacy Information](#)

**Email Subscription**

- [Register/Update Email Subscription](#)

**Electronic Visit Verification**

- [EVV Implementation Overview](#)

**E-Mail Subscriptions**

Do you want to get the latest information from the Connecticut Medical Assistance Program (CMAP)? Registration is a very quick and simple process! You can register now to receive on-line publications such as provider bulletins, workshop invitations, newsletters, and important messages via email by entering your email address below under "New Subscriber". Once you have entered your email address and confirmed that address, you will be asked to select the type of information you wish to receive (reference list of provider types, trading partner, and topics on the right side of the screen). Once registered, you will receive a confirmation email.

There is no limit on the number of e-mail subscriptions per office! Each provider, member of your office staff, enrollment support staff, etc. can subscribe to receive information via email.

It is important to note that, as of June 30, 2015, the Department of Social Services will no longer send provider bulletins and workshop invitations via the postal service. To ensure that you receive the latest information from CMAP, you must either subscribe to receive this information or review the information posted to [www.ctdssmap.com](http://www.ctdssmap.com) daily to obtain newly published information.

Once you have subscribed, you can modify the type of information you receive at any time by entering your email in the Existing Subscribers box below. You may also unsubscribe at any point in time by entering your email in the Unsubscribe box below.

Click here to receive detailed instructions on how to newly subscribe, modify an existing subscription, or unsubscribe.

**New Subscriber**

E-Mail

Confirm E-Mail

[Register](#)

**Existing Subscribers**

E-Mail

[Update](#)

**Unsubscribe**

E-Mail

[Unsubscribe](#)

**Available Subscriptions**

- **Provider**
  - ALL Provider Types
  - Acquired Brain Injury
  - Acupuncturist
  - Advance Practice Nurse
  - Autism Spectrum Disorder/Behavior Analysts
  - Autism Waiver
  - BHH/TCM/Waiver Provider
  - Behavioral Health Clinician
  - Birth to Three
  - CHC Access Agency
  - CHC Assisted Living
  - CHC PCA Fiduciary
  - CHC Service Providers
  - CT Housing Engagement and Support Services
  - Certified Nurse Midwife
  - Chiropractor
  - Clinic
  - Community First Choice
  - Community Services
  - DDS Employment and Day Supports
  - DDS Specialized Services
  - DME/Medical Supply Dealer
  - Dental
  - Drug and Alcohol Abuse Center
  - Extended Care Facility/Long Term Care
  - FQHC - Behavioral Health
  - FQHC - Dental
  - FQHC - Medical & Tribal Svs Medical
  - Home Health Agency
  - Hospice Agency
  - Hospital
  - **Integrated Care for Kids (InCK)**
  - Laboratory
  - Local Health Department
  - Mental Health Group Home
  - Mental Health Waiver
  - Naturopath
  - Optical Shop
  - Optician
  - Optometrist
  - Personal Care Services

**Topics**

- EVV - Electronic Visit Verification
- Hospital Modernization
- Labeler/Drug Manufacturer
- Promoting Interoperability (PI), formerly EHR Incentive, Program
- Trading Partner

# InCK Billing Provider Enrollment Workshop Information – Resources cont.

- Provider Newsletters
  - Quarterly publications to providers on a wide range of topics.
  - Access the Newsletters on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page > Information > Publications > scroll down the page to the Provider Newsletter panel



The screenshot displays the website for the Connecticut Department of Social Services. At the top, the logo features a sunburst icon and the text "Connecticut Department of Social Services" with the tagline "Making a Difference". Below the logo is a navigation menu with "Information" highlighted in red. Underneath, a secondary menu shows "publications" also highlighted in red. The main content area is titled "Provider Newsletters" and lists five items:

- [June 2023 interChange Newsletter](#)
- [March 2023 interChange Newsletter](#)
- [December 2022 interChange Newsletter](#)
- [September 2022 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

# InCK Billing Provider Enrollment Workshop Information – Resources cont.

- Provider Manual
  - [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 (information for setting up secure Web account.)

# Contacts

InCK Billing Provider

Enrollment Workshop



# InCK Billing Provider Enrollment Workshop

## Contacts

- **Gainwell Technologies Provider Assistance Center:**
  - 1-800-842-8440 - Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST), excluding holidays
  - [ctdssmap-provideremail@gainwelltechnologies.com](mailto:ctdssmap-provideremail@gainwelltechnologies.com)
- **This should be your first call resource to answer all enrollment, eligibility and billing related questions. Should your issue require a higher level of research, it will be escalated to your provider representative. Please be sure to ask the PAC representative for your call tracking number for future call reference.**
- **Provider Enrollment Unit:**
  - Gainwell Technologies
  - Provider Enrollment Unit
  - P.O. Box 5007
  - Hartford, CT 06102-5007

# Questions

InCK Billing Provider  
Enrollment Workshop



# Thank you.

Thank you for attending the Connecticut Medical Assistance Program Integrated Care for Kids (InCK) Provider Enrollment workshop.

All questions and comments regarding this training are welcome.

Please complete the survey located in the Chat. Gainwell Technologies uses these surveys to plan future workshops.