

Welcome to the Substance Use Disorder (SUD) Provider Enrollment Workshop - May 2022

Once you have joined the MS Teams meeting, please follow these participation rules:

- ❖ Please ensure your camera is off.
- ❖ Use the mute button when you are not speaking.
- ❖ Be sure to select Show conversation as documents or links used during the meeting will be posted to the Meeting chat. You may also use this Meeting chat to ask the speaker a question or to comment.
- ❖ Alternatively, you can use the Raise hand icon or (Ctrl+Shift+K) to ask the speaker a question or to comment.

Thank you for your participation!

Substance Use Disorder – (SUD) Provider Enrollment Workshop

Celia Dancy, Provider Relations Representative

Gainwell Technologies

April 2022 to May 2022



Agenda

- Introduction
- Benefits of Enrollment and Secure Web Account Set-up
- Access and Set-up of Secure Web Account
- Web Account Capabilities
 - Demographic Maintenance
- Resources
- Questions

Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Program Introduction



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Substance Use Disorder (SUD) Provider Enrollment Workshop - Introduction

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS) and Department of Children and Families (DCF), is proud to announce the upcoming implementation of the Connecticut Substance Use Disorder (SUD) Program. The purpose of this program is to provide support services to Medicaid members experiencing Drug and Alcohol dependency and connecting members to inpatient treatment and recovery health services.

Providers who are enrolled in the Substance Use Disorder (SUD) program, **Initial enrollment is 2 years, then re-enroll every (3) years.**

Providers can begin enrolling in the Substance Use Disorder (SUD) program 5/11/2022, with anticipation date 6/1/22 but may be subject to change.

Substance Use Disorder (SUD) Provider Enrollment Workshop

Introduction cont.

- ❖ Providers must enroll on the www.ctdssmap.com Web site via the Enrollment Wizard.
- ❖ Providers enrolling in the Connecticut Substance Use Disorder (SUD) program must be on the Department of Mental Health and Addition Services “DMHAS list of certified providers ”prior to beginning the enrollment process.
- ❖ Enrolled providers **must submit claims directly to Gainwell Technologies for reimbursement of (SUD) services effective for dates of service on or about June 1, 2022, and forward.**

Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Enrollment and Secure Web Account Set-up



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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Benefits of Enrollment and Secure Account Set-up

Providers enrolling as “SUD” 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 21-94 for 1/1/2022 to 6/30/2022. To access: From the www.ctdssmap.com Web site Home page > Publications > Enter Year 21 and Bulletin # 94.** The cycle schedule is published twice per year for the periods of January - June and July – December.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Benefits of Enrollment and Secure 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
- Access eDelivery of letters (including re-enrollment notices)

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Enrollment Process



Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Enrollment Process

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

Newly enrolling providers can access the Wizard's enrollment and enrollment-tracking self-service features from the Web Portal at www.ctdssmap.com .

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



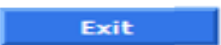
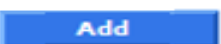
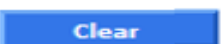
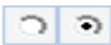

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Enrollment Process cont.

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 after an application has been submitted must be mailed to:

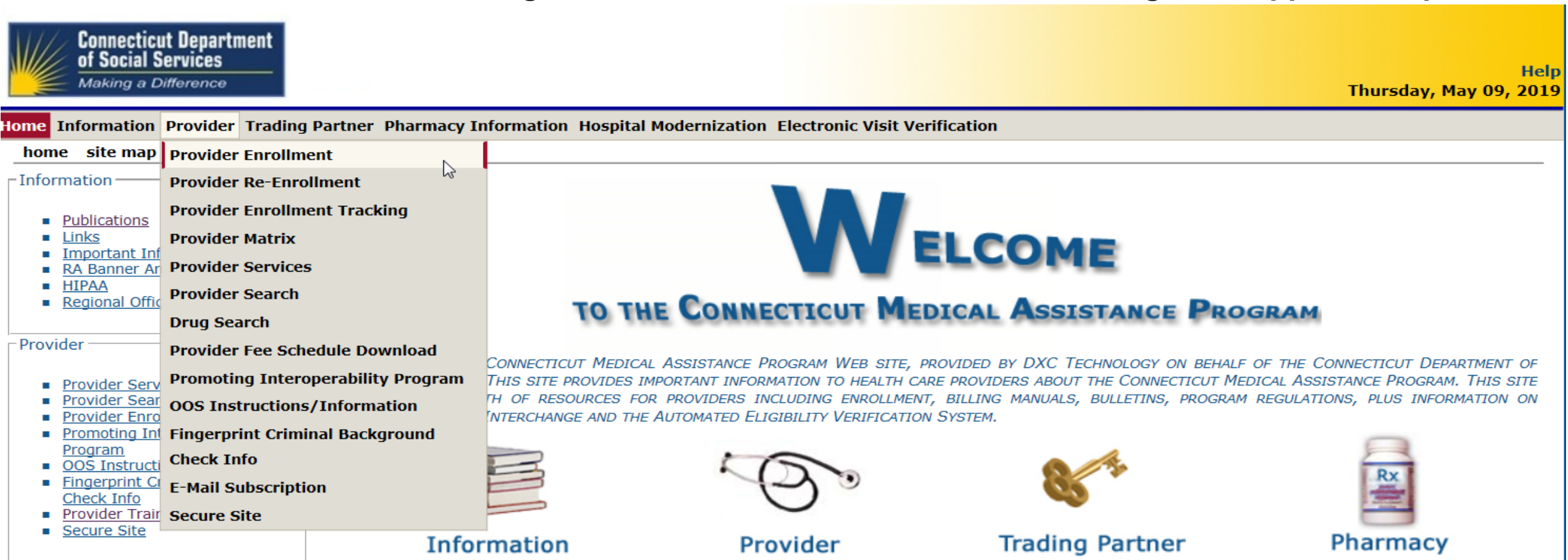
Gainwell Technologies
Provider Enrollment Unit
P. O. Box 5007
Hartford, CT 06102-5007

Connecticut Substance Use Disorder (SUD) 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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Enrollment – Where to begin

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



The screenshot displays the website for the Connecticut Department of Social Services. The header includes the department's logo and the tagline "Making a Difference". The date and time are shown as "Thursday, May 09, 2019" with a "Help" link. The main navigation bar contains links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. A dropdown menu is open under the "Provider" link, listing various options such as "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 a large "WELCOME" message and a heading "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this, there is a paragraph of text describing the website's purpose and a row of four icons: a stack of books for "Information", a stethoscope for "Provider", a key for "Trading Partner", and a pill bottle for "Pharmacy".

Connecticut Department of Social Services
Making a Difference

Help
Thursday, May 09, 2019

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

home site map

Information

- Publications
- Links
- Important Inf
- RA Banner Ar
- HIPAA
- Regional Offic

Provider

- Provider Serv
- Provider Sear
- Provider Enro
- Promoting Int
- Program
- OOS Instruct
- Fingerprint C
- Check Info
- Provider Trai
- Secure Site

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

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE WITH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.

Information

Provider

Trading Partner

Pharmacy

Connecticut Substance Use Disorder (SUD) 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 by clicking on Information, then Publications.
- The Wizard will not allow you to submit an incomplete application. If required fields are omitted, you will be prompted during the application process to correct those fields.
- If you have a popup blocker, you must add "www.ctdssmap.com" as Allowed Web Site.
- Once you have started an application, you cannot save an application in process and return to complete it later. Rather, you will be required to start a new application.
- 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:

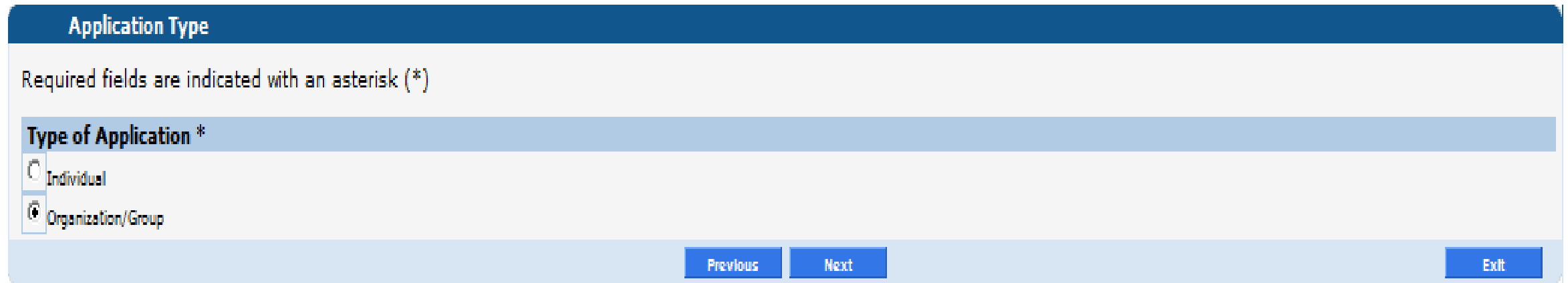
Gainwell Technologies
Written Correspondence
OOS Claims
P. O. Box 2991
Hartford, CT 06104

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Application Type

Applicants who are enrolling as SUD Providers will select Organization/Group for their “Application Type”.

Click Next.



The screenshot shows a web application interface for selecting an application type. At the top, there is a dark blue header with the text "Application Type". Below the header, a light gray box contains the instruction "Required fields are indicated with an asterisk (*)". Underneath this, a blue header bar reads "Type of Application *". Two radio button options are listed: "Individual" (which is unselected) and "Organization/Group" (which is selected, indicated by a filled radio button). At the bottom of the form, there are three blue buttons: "Previous", "Next", and "Exit".

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Organization Participation Type

Organizations providing SUD Services must then select the Organization “Participation Type”. Click Next.

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.

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Application For

SUD provider applicants will select Initial Enrollment, then click **Next**.

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.

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Provider Type/ Specialty

Using the drop-down arrow, applicants should select “Provider Type”, CT Drug and Alcohol Abuse Center (SUD), then click Next.

***** There is only 1 provider type 63/001 for SUD provider type. That will be the default value providers will see when their application has been submitted.***

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type* ▼

Provider Specialty* ▼

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – 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)
- 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](#)



Click on Sample Enrollment Application based on enrolled Application/Participation type selected

- 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.

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - National Provider Identifier Information

Applicants are required to bill their services with an NPI when enrolling as a SUD provider. If there is only one valid taxonomy for your type/specialty, the primary taxonomy field will be pre-populated with that taxonomy. If there is more than one taxonomy to choose from, you may use the dropdown boxes to select the appropriate taxonomy.

- Click Next to continue.

National Provider Identifier Information

Required fields are indicated with an asterisk (*)

National Provider Identifier	<input type="text"/>
Primary Taxonomy*	324500000X - Substance Use Rehabilitation Facility ▾
Taxonomy 2	<input type="text"/> ▾
Taxonomy 3	<input type="text"/> ▾
Taxonomy 4	<input type="text"/> ▾
Taxonomy 5	<input type="text"/> ▾

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Identifying Information

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

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Connecticut Substance Use Disorder (SUD) 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.

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*	<input type="text"/>
Street Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/ZIP*	<input type="text"/> <input type="text"/> - <input type="text"/>
Contact Person*	<input type="text"/>
Telephone Number - Contact Person*	<input type="text"/> Ext. <input type="text"/>
Telephone Number - For Patient Use*	<input type="text"/> Ext. <input type="text"/>
Handicap Accessible?	<input type="text"/> No <input type="text"/>
Contact Email	<input type="text"/>
Confirm EMail	<input type="text"/>
Fax	<input type="text"/>
TDD/TTY	<input type="text"/>

PLEASE NOTE:

P.O. Boxes are not allowed as a service location.

Connecticut Substance Use Disorder (SUD) 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

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



Clear

Copy Svc Loc Addr

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

If Mailing Address is the same as Home Office Address, click here to copy to Home Office Address .



Clear

Copy Svc Loc Addr

Connecticut Substance Use Disorder (SUD) 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 Service Location address the same as Check and Remittance Advice address, click here to copy to Check and Remittance Advice.

Clear

Copy Svc Loc Addr

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 Service Location address the same as 1099 Mailing address, click here to copy to 1099 Mailing address.

Clear

Copy Svc Loc Addr

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Addresses cont.

Once all address information has been entered, **click Next to continue.**

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Addresses cont.

Do not enter any data on this panel if you have multiple license sites, you'll need to submit an application for each site.

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

add

cancel

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – HIT/HIE Contact and EHR Information

Enter Health Information Technology (HIT)/Health Information Exchange (HIE) contact 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	<input type="text"/>		
Contact Last Name	<input type="text"/>		
Contact Phone	<input type="text"/>	Ext	<input type="text"/>
Contact Email	<input type="text"/>		

EHR Information

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

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Financial

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*

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

Doing Business As

TIN Type* EIN SSN

TIN Effective Date

State Tax ID

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

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - EFT

Enrolling SUD Providers 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 » Financial Information » **EFT Information**

EFT Information

[Click here to open Provider EFT Enrollment instructions.](#) Complete all required fields indicated with an (*).

Required fields are indicated with an asterisk (*)

Provider Name* ABC Agency

Account Number Linkage to Provider Identifier*
Provider Tax Identification Number (TIN) XXXXX6789
OR
National Provider Identifier (NPI)

Provider Identifiers*
Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN) XXXXX6789
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*

Previous **Next** Exit

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Additional Information

SUD Providers must supply license information. As issued by DPH or DCF if treating clients under 18 years of age. Click **Next** to continue.

Additional Information

- Residents - Enter your DPH permit number and permit effective and end date.
- Non-Residents - Enter your license number and license effective and end date.

Required fields are indicated with an asterisk (*)

License/Permit Number*

License/Permit Effective Date*

License/Permit Expiration Date*

State of License/Permit*

CLIA number 1

CLIA number 2

CLIA number 3

CLIA number 4

CLIA number 5

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Attestation

Both Organization and Individual 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

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Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Attestation cont.

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

Electronic Signatures

Do you store your health records electronically? * Yes No

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Medicare Information

Medicare Information is not required for non- Medical services, select NO to Are you enrolled in “Medicare”
Click Next to proceed.

[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](#)

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop - Board Members, Partners or Managing Administrators Information

Enter responses to each of the questions. (Application Type – Organization or Group)

- 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**.

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

Connecticut Substance Use Disorder (SUD) 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

Next

Exit

Connecticut Substance Use Disorder (SUD) 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.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Controlling Interest cont.

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

Last Name*	<input type="text"/>
First Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Relationship*	<input type="text" value="v"/>
Medicaid Provider Number (if applicable)	<input type="text"/>
Social Security Number*	<input type="text"/>
Date of Birth*	<input type="text"/>
Street Address Line 1*	<input type="text"/>
Street Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/ZIP*	<input type="text" value="v"/> - <input type="text"/>
Telephone Number - Business*	<input type="text"/> Ext. <input type="text"/>
Percentage of Controlling Interest*	<input type="text"/>

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



Connecticut Substance Use Disorder (SUD) 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 panel and click add to save.
Click add after completing each
additional controlling interest.

Click **Next** to continue.

Previous

Next

Exit

Connecticut Substance Use Disorder (SUD) 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.

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 » **Survey**

Survey

Required fields are indicated with an asterisk (*)

1. Is, or was, applicant a Medicaid provider in any other state? * Yes No
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
5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? * Yes No
6. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family, marriage, ownership, membership, control, or business relationship to any other provider that is currently, or within the last 5 years, has been, enrolled in the Connecticut Medical Assistance Program? * Yes No
7. Does applicant, and/or any owner, partner, member, officer, director, shareholder, or managing employee of provider owe money to the federal government and/or any State for Medicare and/or Medicaid involvement in the past? * Yes No
8. Has applicant and/or any owner, associate, partner, member, officer, director, shareholder, or managing employee ever filed bankruptcy on behalf of a business which participated in a State or Federal Medical Assistance Program? * Yes No
9. Is applicant and/or owner, partner, member, or officer, currently in bankruptcy? * Yes No
10. Has there been any disciplinary, administrative, civil, or criminal actions taken against applicant, a family member, partner, member, director, officer or managing employee in any way related to the provision of health care goods or services, including but not limited to those goods or services covered by Medicare or Medicaid? * Yes No
11. Is applicant a salaried employee of a hospital, clinic, or institution? * Yes No
12. Does applicant provide contractual services to a hospital, clinic, or institution? * Yes No
13. If you are re-enrolling, has there been a change in ownership or control of 5% or greater since your last enrollment? * Yes No
14. Are you a contractor for an enrolled Connecticut Medical Assistance Program Provider? * Yes No
15. Are you an employee of an enrolled Connecticut Medical Assistance Program Provider? * Yes No

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Summary

Click to open the Provider Enrollment Agreement. After Reading the Agreement, click the “I agree to reading and terms” box. Make **all changes** to the application **before clicking submit**.

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 » Medicare Information » 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.

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

Connecticut Substance Use Disorder (SUD) 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 317455

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

- 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 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.

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

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Additional Information to Mail to Gainwell Technologies (Follow-on Documentation)

- Copy of Medical Director's current physician license
- Statement from Medical Director accepting full professional responsibility for services (standard form provided by Gainwell Technologies as part of the provider's follow-on document)
- Description of the services provided
- Signed copy of Substance Use Disorder (SUD) Outpatient & Residential Level of Care Acknowledgement form (standard form provided by Gainwell Technologies as part of the provider's follow-on document)
- Copy of American Society of Addiction Medicine (ASAM) Certification(s) issued by DMHAS/ABH for each Level of Care

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Checking Application Status

- From the www.ctdssmap.com Web site, click Provider > Provider Enrollment Tracking.
 - Enter the **ATN** and your **name** to obtain the current status of your application.



The screenshot shows the website for the Connecticut Department of Social Services. The header includes the department's name and logo. A navigation menu is visible with the following items: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and Electronic Visit Verification. The 'Provider' menu is expanded, showing a list of options: Provider Enrollment, Provider Re-Enrollment, Provider Enrollment Tracking (highlighted with a red bar and the number '1'), 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 a large 'WELCOME' message and a link to 'TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM'. Below this, there is a paragraph of text and three icons: a stack of books labeled 'Information', a stethoscope labeled 'Provider', and a key labeled 'Trading Partner'.

Connecticut Substance Use Disorder (SUD) 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.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Notification of Enrollment Decision



Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Notification of Enrollment Decision - 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**.

Connecticut Substance Use Disorder (SUD) 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.
- **Upon receipt of these** letters, providers should set up their secure Web account in order to:
 - make changes to their provider file
 - verify client eligibility
 - check service authorization status
 - submit and check the status of a claim
 - Sign up for eDelivery

Connecticut Substance Use Disorder (SUD) 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 to obtain further information.

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. If the 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.

In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via the online Enrollment Wizard.

Connecticut Substance Use Disorder(SUD)Provider Enrollment Workshop

www.ctdssmap.com

Re-Enrollment



Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Re-enrollment-Notification and Process

Providers will receive a reminder letter via e-Delivery* when they are due for re-enrollment 6 months prior to the end of their previous:

- After initiate 2-year contract, and 3 years there after (SUD Provider)

*Providers should refer to PB 2019-20 regarding receipt of re-enrollment notifications via e-Delivery to ensure timely re-enrollment

The reminder letter will include an **Application Tracking Number (ATN)**.

To re-enroll, providers should:

- Access the www.ctdssmap.com Web site
- From the Home Page, click Provider > **Provider Re-enrollment**
- Enter the **ATN** received in the re-enrollment reminder letter
- Enter your Non-medical provider identifier (**AVRS ID**)

Connecticut Substance Use Disorder (SUD) 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.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Secure Web Account Access and Set-up



gainwell

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Port

- Providers who have successfully enrolled as SUD 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.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

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

This screenshot shows the top navigation bar with links for Home, Information, Provider, and Trading. Below it is a secondary menu with home, site map, and about us. The main content area is divided into two sections: 'Information' and 'Provider'. The 'Provider' section is highlighted with a red box and contains a list of links including 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 also highlighted with a red box.

This screenshot shows a vertical list of menu options under the 'Provider' heading, which is highlighted with a red box. The options include: 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 'Secure Site' option at the bottom is highlighted with a red box and has a mouse cursor pointing to it.

This screenshot shows the 'Welcome to the Connecticut Medical Assistance Program' page. It features a large 'WELCOME' heading and a stethoscope icon labeled 'Provider'. Below the icon is a 'Quick Login' section with input fields for 'User ID*' and 'Password*', and a 'Login' button. The 'Login' button and the text 'Logging in for the first time?' are highlighted with a red box. Below the login fields are links for 'Forgot your password?' and 'Logging in for the first time?'.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

To ensure access to the www.ctdssmap.com Web portal to utilize the self-service features of interchange:


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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up and Access to Secure Web Portal cont.

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 setup 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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up

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.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

Account Setup

Initial Web User ID*

Personal Identification Number*

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

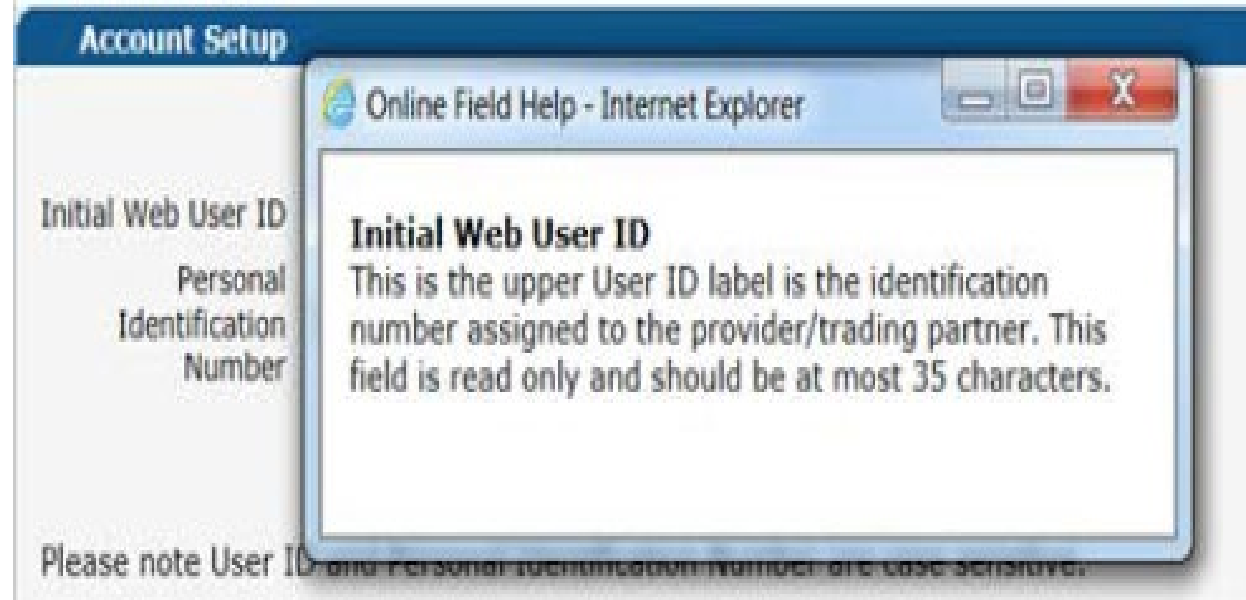
Click [here](#) to find answers to the most frequently asked questions (FAQs) regarding Web account set up.

[set up account](#)

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up cont.


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

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



Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Secure Web Account Set-up cont.

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*	<input type="text"/>	Password*	<input type="password"/>
Contact Last Name*	<input type="text"/>	Confirm Password*	<input type="password"/>
Contact First Name*	<input type="text"/>	EMail*	<input type="text"/>
Phone Number*	<input type="text"/> <input type="text"/>	Confirm EMail*	<input type="text"/>
1st Secret Question*	<input type="text"/>		
1st Answer*	<input type="text"/>		
2nd Secret Question*	<input type="text"/>		
2nd Answer*	<input type="text"/>		

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 in a secure location***

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Web Account Capabilities



Connecticut Substance Use Disorder (SUD) 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 > 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 e-Delivery. 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 > 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).

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities cont.

- **Set Up 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 > 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 > 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.

- **Access to e-Delivery 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 e-Delivery. 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 – 30 for further information.
- **Reference** – 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).

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities cont.

Check client eligibility via the Web:

- **Reference** – www.ctdssmap.com > Publications > Manuals > Chapter 10 - Web Portal/AVRS > Section 11- Client Eligibility Verification

Access to services that have been Prior Authorized via the Web:

- 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 > 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 e-Delivery. 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 > 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).

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities cont.

Create, Submit and Query claims for dates of service 05/11/2022 and forward

- For services noted on the “Substance Use Disorder” Fee Schedules
- Claim Format – Professional 5010 HIPAA Compliant
- Query Paid, Denied or Suspended claims

Reference – 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 > **Publications > Manuals > Chapter 10 > Section 15 – Trade Files**

Connecticut Substance Use Disorder (SUD) 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.

The screenshot displays the 'Clerk Maintenance' page within the Connecticut Department of Social Services web portal. The page header includes the department logo and the date 'Friday, February 22, 2019'. The navigation menu shows 'Clerk Maintenance' as the active page. The form contains the following fields: User ID, Contact First Name, Contact Last Name, Phone Number, Password, Confirm Password, AVR ID, AVR Pin, and Confirm AVR Pin. Below the form is a section for assigning roles, with a list of available roles including 'Claim Inquiry/Submission/Adjustment', 'PA Inquiry/Submission', 'Client Eligibility Verification', 'Trade Files Includes E-Delivery', 'Submit Applications', and 'Trade Files E-Delivery Only'. The 'Trade Files Includes E-Delivery' and 'Trade Files E-Delivery Only' roles are highlighted with orange boxes. The page also includes a 'submit' button and a 'cancel' button.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities – Access Trade Files for Download

Once logged on to secure Web account, the user should select Trade Files then Download from the menu items, as shown.

The screenshot displays the Connecticut Department of Social Services web portal. The header includes the logo and the text "Connecticut Department of Social Services Making a Difference" on the left, and the date "Friday, February 22, 2019" on the right. A navigation menu contains items such as "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", "Hospital Modernization", "Claims", "Eligibility", "Prior Authorization", "Hospice", "Trade Files", "MAPER", "Messages", and "Account". The "Trade Files" menu is expanded, showing sub-options: "Download", "Upload", and "Claim Level Detail". The "Download" option is highlighted with an orange box. Below the navigation, the user's profile information is displayed: "Welcome, P0080", "Provider ID: 125 NPI", "Provider AVRS ID: 008C", "Renrollment Due Date: 05/07/20", and "Zip Code: 06023 - 1234". A message states: "Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option." Below this, there are sections for "Global Messages" and "Secure Mailbox", both showing "*** No rows found ***". On the right side, there is a "Quick Link" section with a list of links: "Check E-messages", "Claim Status Inquiry", "Client Eligibility Verification", "Prior Authorization Inquiry", "Download Remittance Advices", and "ACA Ordering/Prescribing/Referring Provider List". Below that is an "Email Subscription" section with a link: "Register/Update Email Subscription". The footer contains the URL "smap.com/PreMOCTPortal/Trade%20Files/Download/tabId/83/Default.aspx" and navigation links: "Home", "CT.gov Home", "Site Map", "About Us", and "Feedback".

Connecticut Substance Use Disorder (SUD) 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.

Connecticut Department of Social Services
Making a Difference

Friday, February 22, 2019

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

home download upload claim level detail

File Download Search

Transaction Type: **E-Delivery** (selected)

search clear

REMEMBER: DO NOT delete any files from the system. Web file retention policy: Files are retained for a period of time after the date of file being downloaded.

• Remittance Statement download
• Historical Data download
• E-Delivery Transactions

It is recommended that you download files as soon as they are available to avoid any interruption of service. Files are retained for a period of time after the date of file being downloaded.

All file retention schedules will be posted on this page.

Files are listed in order of the date they become available.

Current Files Available for Download					
File Name	Original File Name	Transaction Type	Date Available	Date Downloaded	
00	RV-9038-M_1179596_379130_20190207.pdf	Provider	E-Delivery	02/07/2019	02/08/2019

Home CT.gov Home Site Map About Us Feedback

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Web Account Capabilities - Demographic Maintenance



Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance

Connecticut Department of Social Services
Making a Difference

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

Welcome **Substance Use Disorder Provider**
Provider ID: 001234567
Provider AVRS ID: 001234567
Reenrollment Due Date: 09/01/2021
Zip Code: 06032-1234

Your R.A.s or 835 transactions are being sent to:
Your download page in the Trade Files menu option.

Global Messages
*** No rows found ***

Secure Mailbox
*** No rows found ***

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

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

Provider Information			
Provider ID	00##### MCD	Address	1000 Any Highway
AVRS ID	00#####		
Usage	Service Location	City	FARMINGTON
Provider Type	63 - Drug and Alcohol Abuse Center	County	Hartford
Provider Specialty	001 - Inpatient	State/Zip	CT 06032-1234
Phone	860-555-5555		

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

Specify different home, mailing, payment, service location, alternate service location and enrollment addresses.

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

[select from list](#)

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Web Account Capabilities – Demographic Maintenance cont.

To alter address information, simply select the applicable row from the provided list, then click maintain address.

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Alt Service Location	SUD Provider	533 DOWELL DRIVE	HARTFORD	CT	06044	5221	(860)555-1212		N
Enrollment Address	SUD Provider	195 SCOTT SWAMP RD	FARMINGTON	CT	06032	1234	(860)255-3913		N
Mail to	SUD Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Pay to	SUD Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Service Location	SUD Provider	195 COLT HIGHWAY	FARMINGTON	CT	06032	1234	(860)255-3913		N
Home Office	SUD Provider	195 Colt Highway	Farmington,	CT	06032	1234	(860)255-3913		N

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

Type changes below.

Name Type: Business Name Personal Name

Name: 005 Specialized Services Agency

Title:

Usage:

Country:

Address 1*:

Address 2:

City:

State:

Zip*:

Phone*:

Fax:

Handicap Accessible?:

E-Mail:

Confirm EMail:

Apply Changes To: Site List Pay To Mail To Enrollment

The following messages were generated:

Message Description
Save was Successful

Panel

Field

Connecticut Substance Use Disorder (SUD) 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.****

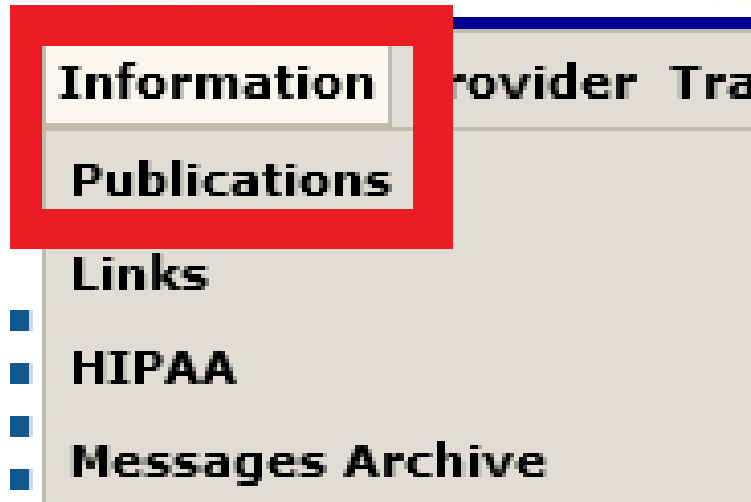
Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Information-Resources



Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Information - Resources



- Publications
- A majority of the information available on the 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



me Information Provider Trading I

Information

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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Information – Resources cont.

- Provider Bulletins
- Publications posted to relevant provider type 63/001 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.



[Home](#) **Information** [Provider](#) [Trading Partner](#) [Pharmacy Information](#) [Hospital Modernization](#) [Electronic Visit Verification](#)

[home](#) **publications** [links](#) [hipaa](#) [messages](#) [archive](#)



Information

Bulletin Search			
Year	<input type="text" value="v"/>	Provider Type	<input type="text" value="v"/>
Number	<input type="text"/>	Title	<input type="text"/>

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Information - Resources cont.

- E-mail Subscriptions
- Register for E-mail 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. **For complete E-mail subscription information, please see provider bulletin PB 15-23 on the CMAP Web site.**

Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading

home site map about us

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

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 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

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
 - Laboratory
 - Local Health Department
 - Mental Health Group Home

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Information – Resources cont.

Provider Newsletters

- Quarterly publications to providers on a wide range of topics

You can locate the Provider Newsletters by going to the main page of the CMAP Web site, www.ctdssmap.com and selecting Information > Publication, scroll down the page to the Provider Newsletters panel.



Provider Newsletters

- [March 2022 interChange Newsletter](#)
- [Provider Newsletter Archives](#)
- [December 2021 interChange Newsletter](#)
- [October 2021 interChange Newsletter](#)
- [June 2021 interChange Newsletter](#)
- [March 2021 interChange Newsletter](#)

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Information – Resources cont.

Provider Manual

- 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)

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop – Information – Resources cont.

- New Provider Workshop – Next Quarterly Workshop May 24, 2022. Invitation is out on the web at the following location:
- www.ctdssmap.com – From the Home page>Provider Training>Under Workshop Invitations select “New Provider Workshop”
- Note: This Web site is generic to all Providers and Provides a general Overview. Gainwell Technologies will be holding upcoming SUD billing and Web Claim Submission Workshops in the near future.

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Contacts



Connecticut Substance Use Disorder (SUD) 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

- www.ctdssmap.com

- 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

Connecticut Substance Use Disorder (SUD) Provider Enrollment Workshop

www.ctdssmap.com

Questions



Thank you.

Thank you for attending the Connecticut Medical Assistance Program
Connecticut Substance Use Disorder (SUD) Enrollment Workshop.

All questions and comments regarding this training are welcome.

All attendees will be receiving a survey via email, please fill out and return via the email thread. Gainwell Technologies uses these surveys to improve and address what our audience would like to learn about.