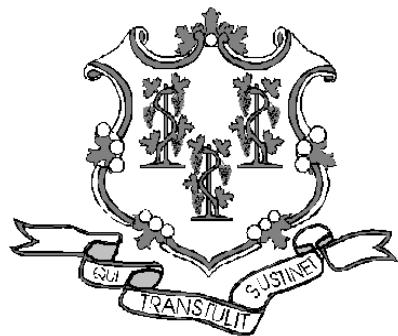


Web Enrollment Workshop for Targeted Case Management (TCM) Private Fee for Service Billing Providers



Presented by
The Department of Social Services
& Hewlett Packard Enterprise



**Hewlett Packard
Enterprise**

Training Topics

- **Workshop Introduction**
- **TCM-CMI Private Fee For Service Enrollment Benefits**
- **www.CTDSSMAP.com Enrollment Wizard**
 - ✓ Connecticut Medical Assistance Program (CMAP) Enrollment Process
 - ✓ Enrollment Wizard Navigation
 - ✓ Enrollment Wizard Walkthrough
 - ✓ Enrollment Tracking
 - ✓ What's Next
 - ✓ Notification of Enrollment Decision
 - ✓ Upon Approval

- **Resources**
- **Questions**

Introduction to the Waiver Program Agency Provider Workshop

This workshop will provide guidance for the successful completion of an online Web Enrollment Application for the following providers of service:

- Organizations not contracted with the Department of Mental Health and Addiction Services (DMHAS) enrolling as a **“Targeted Case Management (TCM) - CMI Private Fee For Service Billing Providers”** to perform “Targeted Case Management” services.
 - A **requirement** for TCM enrollment is **certification by DMHAS** as having a **competency in providing case management services to adults with serious and chronic mental illness.**

Benefits of Enrolling as a Billing Provider

- **Providers enrolled as billing providers in the Connecticut Medical Assistance Program (CMAP):**
 - ✓ Control the frequency of their billing to Hewlett Packard Enterprise.
 - Providers are paid twice a month.
 - ✓ Maximize their reimbursement each billing cycle.
 - Billing providers can correct and resubmit denied claims prior to cycle cut-off date.
 - ✓ Receive payment directly from Hewlett Packard Enterprise.
 - Payment is received via electronic fund transfer, after a successful pre-note transaction, directly into the provider's designated account.

Enrollment Process

- Providers must be enrolled in the **Connecticut Medical Assistance Program (CMAP)** network in order to be reimbursed for services provided to clients.
- 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.
 - Access to this application does not require a log in; any user with internet access can utilize this application.

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 the Provider Enrollment Unit.

Enrollment Wizard Navigation

- Use the *Process Bar* at the top of the screen to navigate between related panels
[Instructions](#) » [Application Type](#) » [Employed by Group/Clinic/Hospital](#) » [Application For Provider Type/Specialty](#) » [Before You Continue](#) » [National Provider Identifier Information](#)
- Click **Next** to confirm the current panel data and move to the next panel
- Click **Previous** to go back to the previous panel
- Click **Exit** to leave the application – changes will NOT be saved
- Click **Add** to add new entries to the relevant panel
- Click **Clear** to remove multiple entries at once
- Use *Radio Buttons* to make selections between multiple choices
- Use *Check Boxes* to indicate agreement or disagreement

Enrollment – Where to begin

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

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Making a Difference

Help
Tuesday, December 29, 2015

Home Information Provider Trading Partner Pharmacy Hospital Modernization

home site map

Information

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Trading Partner

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E-Mail Subscription

Secure Site

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HEWLETT PACKARD ENTERPRISE ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF INFORMATION FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE SECURITY VERIFICATION SYSTEM.

Information

Provider

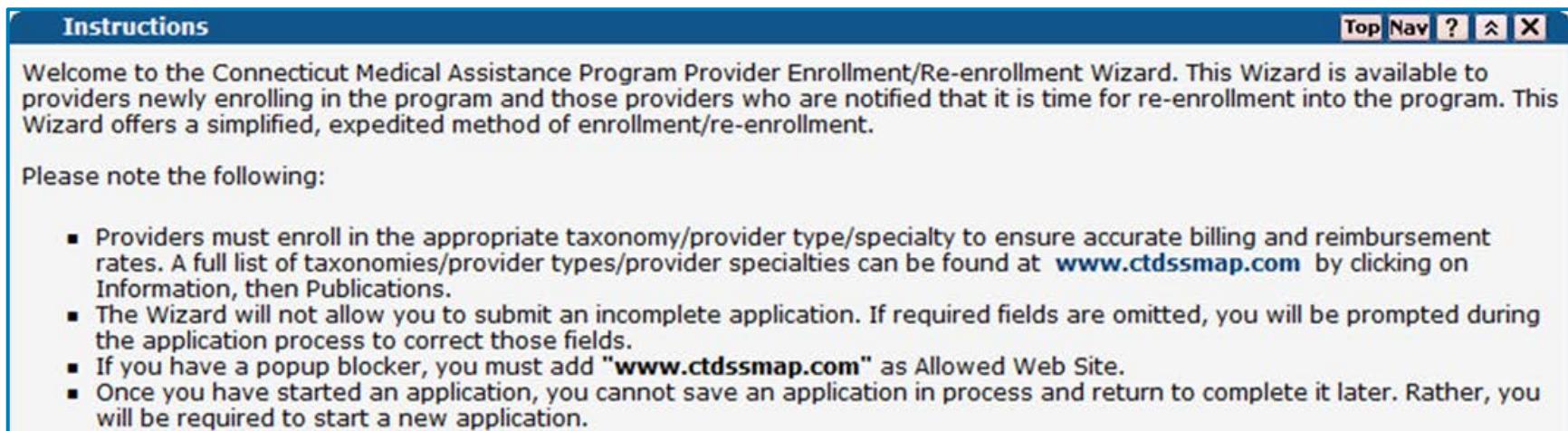
Trading Partner

Pharmacy

Important Messages

Enrollment Instructions

- The Provider Enrollment > Instructions panel provides an introduction to the online enrollment/reenrollment process.
- You are strongly encouraged to read through this page prior to beginning the enrollment process.
- Provides important information regarding application submission instructions as well as provider types excluded from online enrollment.



The screenshot shows a web-based application window titled 'Instructions'. The title bar includes standard icons for 'Top', 'Nav', '?', and 'X'. The main content area contains the following text:

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

Please note the following:

- Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. A full list of taxonomies/provider types/provider specialties can be found at www.ctdssmap.com by clicking on Information, then Publications.
- The Wizard will not allow you to submit an incomplete application. If required fields are omitted, you will be prompted during the application process to correct those fields.
- If you have a popup blocker, you must add "www.ctdssmap.com" as Allowed Web Site.
- Once you have started an application, you cannot save an application in process and return to complete it later. Rather, you will be required to start a new application.

- Once you have read the instructions, click **NEXT** to proceed.

Enrollment - Application Type

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

Providers enrolling to perform TCM services must select "Type of Application" as "Organization/Group." Click "Next."

Application Type

Required fields are indicated with an asterisk (*)

Type of Application *

Individual
 Organization/Group

Previous **Next** Next Exit

Enrollment – Provider Type/Specialty



TCM Service Billing Providers will select a Provider Type of "BHH/TCM/Waiver Billing Provider" from the drop down arrow(1). Click Next (2), to populate the Provider Specialty field. From the drop down arrow (3), select a Provider Specialty of "TCM-CMI Private Fee for Service." Click Next (4).

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[oos instructions/information](#) [e-mail subscription](#) [secure site](#)

[Instructions](#) » [Application Type](#) » [Application For](#) » **Provider Type/Specialty**

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type* 1

Provider Specialty* 3

[Previous](#) [Next](#) 2/4 [Exit](#)



Enrollment – Before You Continue...

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Instructions » Application 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 Hewlett Packard Enterprise. 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 Hewlett Packard Enterprise
- 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 view sample organization application. 

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

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

Enrollment – National Provider Identifier Information (NPI)

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Organizations enrolling as Non-Contracted TCM Service Providers should enroll with a National Provider Identifier (NPI) using taxonomy code 163WC0400X. The taxonomy will populate based on the provider type and specialty entered on the Provider Type/Specialty enrollment panel. Click "Next."

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Instructions » Application 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* 163WC0400X - Registered Nurse - Case Management

Taxonomy 2

Taxonomy 3

Taxonomy 4

Taxonomy 5

Previous

Enrollment – Identifying Information

- Enter the date that you wish your contract with CMAP to become effective (cannot go back further than **7/1/2016**).
- Indicate the language(s) spoken by you and your staff.

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Instructions Application 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

Enter effective date of enrollment. Effective date can be 7/1/16 or later.

Previous Next Exit

Enrollment - Addresses

- Enter information for the required address types: Service Location; Mailing Address; Home Office Address and Enrollment. A Check and Remittance Advice address and 1099 Mailing Address are also required for an organization. **Required fields are indicated with an asterisk (*)**.
- Please Note: P. O. Boxes are not allowed in a service location address.
- After entering information into the Service Location Address panel, information may be copied to other address panels by clicking the "Copy Svc Loc Addr" button within that panel.

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Addresses

Required fields are indicated with an asterisk (*).

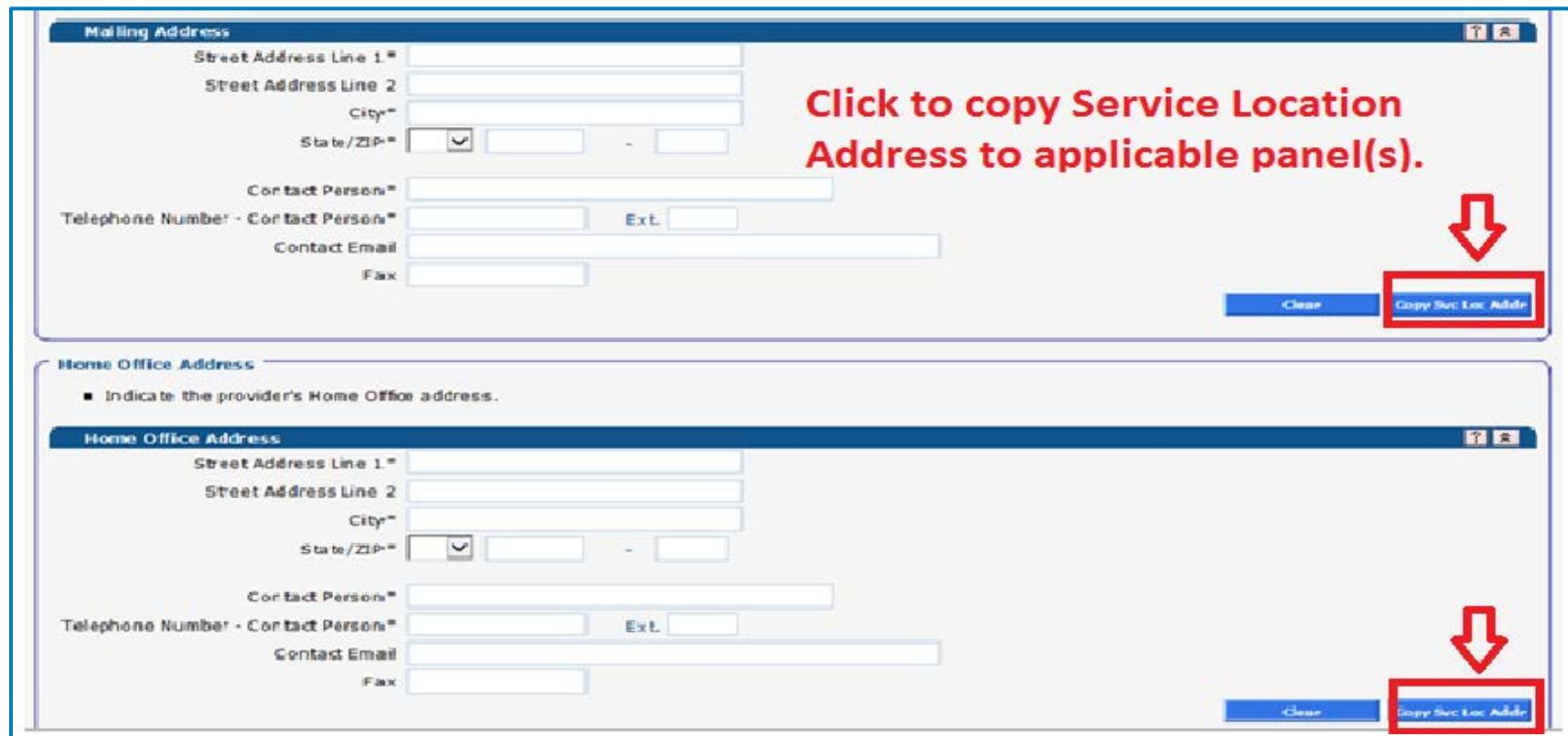
Service Location Address

- 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.

Street Address Line 1*
Street Address Line 2
City*
State/ZIP*
Contact Person*
Telephone Number - Contact Person*
Telephone Number - For Patient Use*
Handicap Accessible? No
Contact Email
Fax
TDD/TTY

Enrollment – Addresses cont.

If the **Mailing Address** and/or **Home Office Address** are the same as the Service Location Address, click the “Copy svc Loc Addr” to populate the information in the applicable panel(s).



Click to copy Service Location Address to applicable panel(s).

Mailing Address

Street Address Line 1*
Street Address Line 2
City*
State / ZIP* -
Contact Person*
Telephone Number - Contact Person* Ext.
Contact Email
Fax

Home Office Address

Indicate the provider's Home Office address.

Street Address Line 1*
Street Address Line 2
City*
State / ZIP* -
Contact Person*
Telephone Number - Contact Person* Ext.
Contact Email
Fax

Copy Svc Loc Addr

Enrollment – Addresses cont.

- If the **Check and Remittance Advice Address** and/or **1099 Mailing Address** are the same as the Service Location Address, click the “Copy svc Loc Addr” to populate the information in the applicable panel(s).

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*
Contact Email

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

Enrollment – Addresses cont.

- If the Enrollment Address is the same as the Service Location Address, click the “Copy svc Loc Addr” to populate the information in the applicable panel(s).

Enrollment Address

Enrollment Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Contact Email

Fax



Enrollment – Addresses cont.

- Enter any additional service location addresses applicable to the Waiver Services to be provided.
- To add an additional service location(s), fill in the appropriate information and click “Add.” All **required fields** indicated with an asterisk (*) must be completed.

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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					
Fax					
TDD/TTY					

Enter additional service location information then click "add."

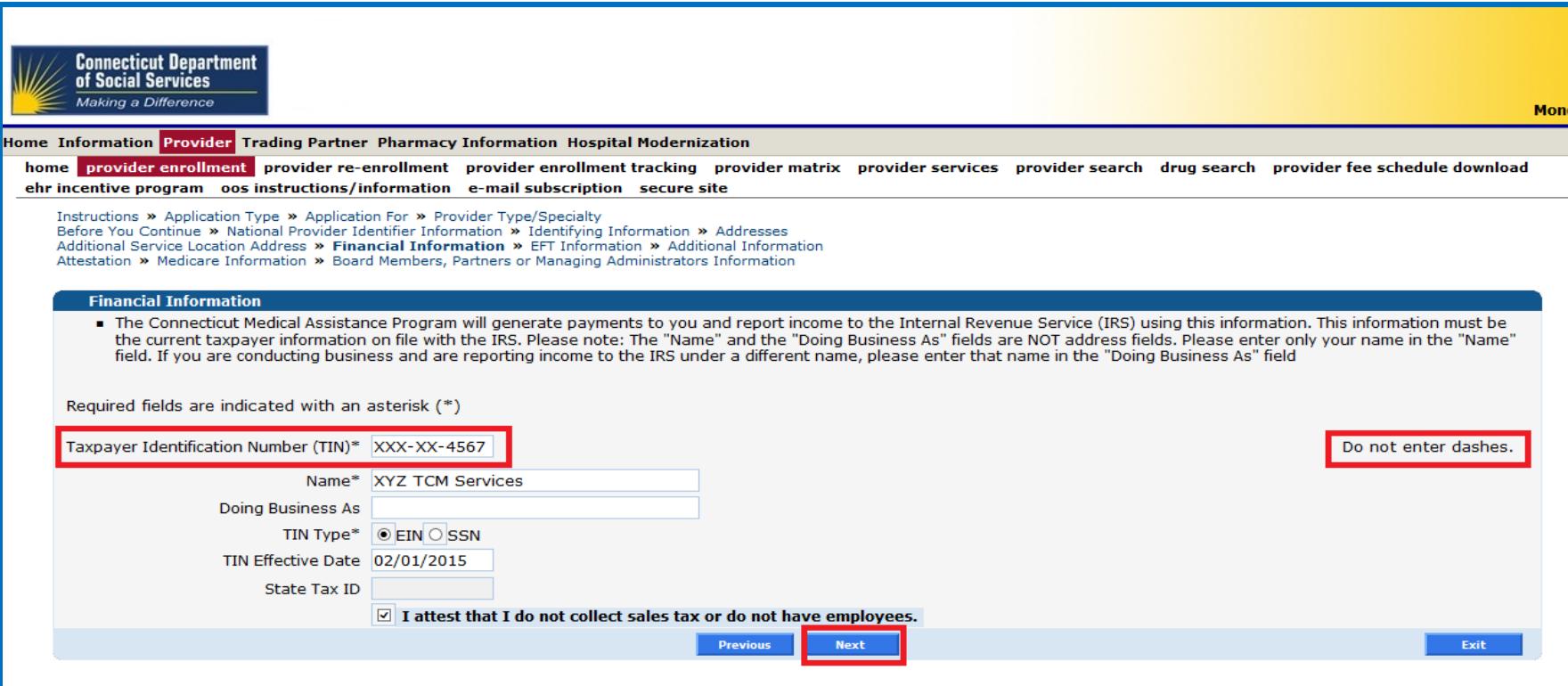
If non-applicable or all locations have been added, click next.

add **cancel**

Previous **Next** **Exit**

Enrollment - Financial Information

- Organizations are required to submit financial information such as their Taxpayer Identification Number and State Tax ID. If State Tax ID is not provided, you must attest that no sales tax is collected or you have no employees.
- Complete **required fields (*)** then click **NEXT**.



The screenshot shows the Connecticut Department of Social Services Provider Enrollment website. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and various provider-related services. A sub-navigation bar under 'Provider' includes links for provider enrollment, re-enrollment, tracking, matrix, services, search, drug search, fee schedule download, incentive program, oos instructions/information, e-mail subscription, and secure site. The main content area is titled 'Financial Information' and contains instructions about reporting to the IRS. It includes fields for Taxpayer Identification Number (TIN), Name, Doing Business As, TIN Type (radio buttons for EIN or SSN), TIN Effective Date (02/01/2015), State Tax ID, and a checkbox for an attestation. A note says 'Do not enter dashes.' A red box highlights the TIN field. The 'Next' button is also highlighted with a red box. The bottom of the page includes 'Previous', 'Next', and 'Exit' buttons.

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Additional Service Location Address » **Financial Information** » EFT Information » Additional Information
Attestation » Medicare Information » Board Members, Partners or Managing Administrators 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)* XXX-XX-4567 Do not enter dashes.

Name* XYZ TCM Services

Doing Business As

TIN Type* EIN SSN

TIN Effective Date 02/01/2015

State Tax ID

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

Previous Next Exit

Enrollment – EFT (Electronic Fund Transfer) Information

- Organizations must enter information regarding the bank account into which they would like to receive reimbursement for the services they provide.
- Fill in all **required fields (*)**. Click **NEXT**.

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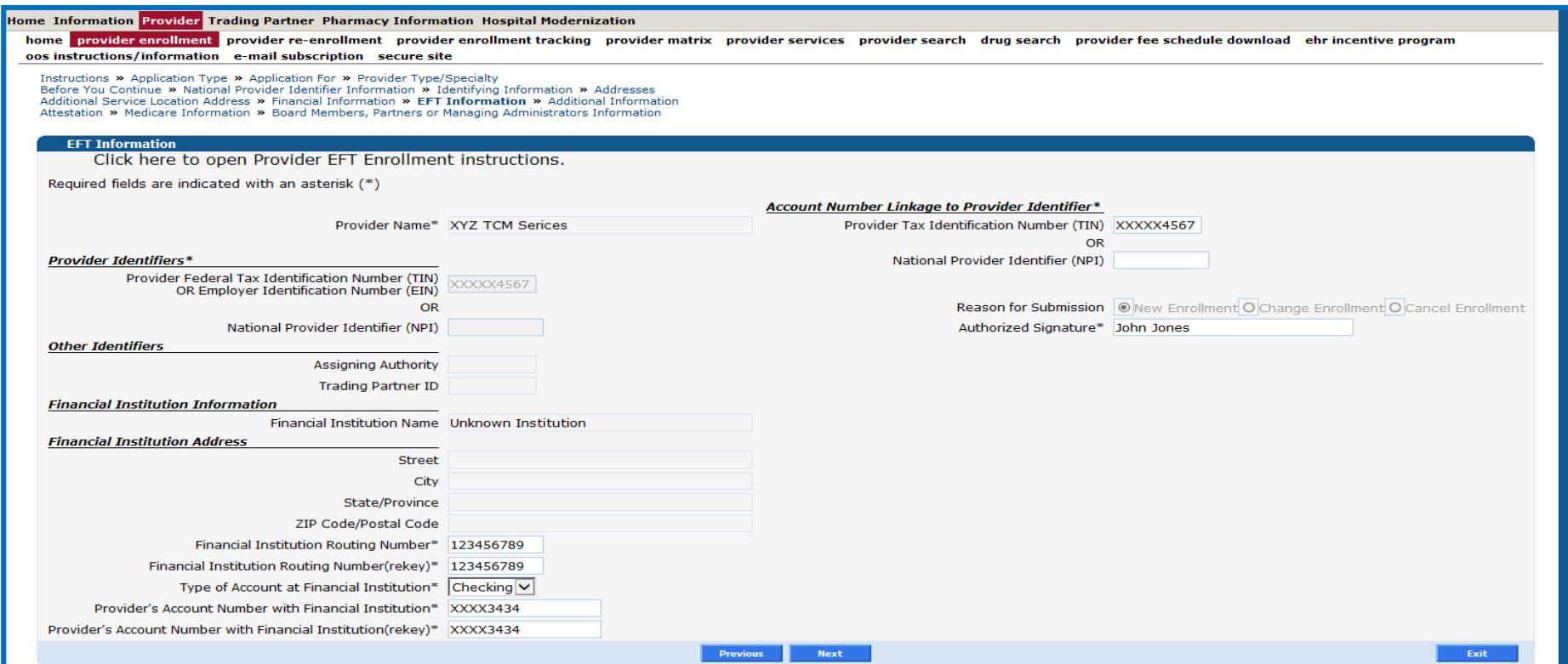
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Before You Continue » National Provider Identifier Information » Identifying Information » Addresses
Additional Service Location Address » Financial Information » **EFT Information** » Additional Information
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EFT Information
Click here to open Provider EFT Enrollment instructions.
Required fields are indicated with an asterisk (*)

Provider Identifiers*
Provider Name* XYZ TCM Services
Provider Federal Tax Identification Number (TIN) XXXXX4567
OR Employer Identification Number (EIN) XXXXX4567
OR
National Provider Identifier (NPI)
Other Identifiers
Assigning Authority
Trading Partner ID
Financial Institution Information
Financial Institution Name Unknown Institution
Financial Institution Address
Street
City
State/Province
ZIP Code/Postal Code
Financial Institution Routing Number* 123456789
Financial Institution Routing Number(rekey)* 123456789
Type of Account at Financial Institution* Checking
Provider's Account Number with Financial Institution* XXXX3434
Provider's Account Number with Financial Institution(rekey)* XXXX3434

Account Number Linkage to Provider Identifier*
Provider Tax Identification Number (TIN) XXXXX4567
OR
National Provider Identifier (NPI)
Reason for Submission New Enrollment Change Enrollment Cancel Enrollment
Authorized Signature* John Jones

Previous Next Exit



Enrollment – Additional Information

- If applicable to your provider type, complete the CLIA information. Click **Next** to continue.

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Additional Service Location Address » Financial Information » EFT Information » **Additional Information**
Attestation » Medicare Information » Board Members, Partners or Managing Administrators Information » Controlling Interest
Survey » Summary

Additional Information

Required fields are indicated with an asterisk (*)

CLIA number 1
CLIA number 2
CLIA number 3
CLIA number 4
CLIA number 5

Previous Next Exit

Enrollment - Attestation

- Organizations must complete the **Deficit Reduction Act** and **Electronic Signature** Questions.
- Answering **yes** will open the Attestation.
- Read and signify whether or not your Organization complies with the stated requirements.

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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

Yes. I certify that the Provider has policies that meet the Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signature requirements for acceptance of electronic signatures by DSS, and that the Provider meets all of the requirements for the issuance and use of electronic signatures.

No, I do not certify that I meet the requirements for acceptance of electronic signatures by DSS.

Enrollment – Medicare Information

- If you are enrolled as a participating provider with Medicare Part B you will need to provide your Medicare Number and the date that it became effective.
- Click **NEXT** to proceed.

The screenshot shows a web-based enrollment form for Medicare information. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy, Hospital, and Modernization. The Provider link is highlighted in red. Below the navigation, there are several links: provider enrollment (highlighted in red), provider re-enrollment, provider enrollment tracking, provider matrix, provider services, provider search, drug search, provider fee schedule download, ehr incentive program, os instructions/information, e-mail subscription, and secure site. A breadcrumb trail at the top of the main content area shows: Instructions » Application Type » Application For » Provider Type/Specialty. Below this, a list of links includes: 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, and Summary. A blue header bar labeled 'Medicare Information' is present. The main content area contains the following text: 'Required fields are indicated with an asterisk (*). Are you enrolled in Medicare? Yes No'. At the bottom of the form are buttons for 'Previous', 'Next', and 'Exit'.

Enrollment – Board Members, Partners or Managing Administrators Information

- Enter responses to each of the questions.
- If yes to the last question, supply the **Name** and **Corporate Headquarters Location**. Click **NEXT**.

The screenshot shows a web-based enrollment form for 'Board Members, Partners or Managing Administrators Information'. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, and various provider-related services. The current page is 'Provider enrollment'.

The main content area is titled 'Board Members, Partners or Managing Administrators Information'. It contains several questions with radio button options:

- 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

Below these questions are two input fields: 'Name' and 'Corporate Headquarters Location'.

At the bottom of the form are navigation buttons: 'Previous', 'Next', and 'Exit'.

Enrollment – Board Members, Partners or Managing Administrators Information - Detail

- If you answered **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). The panel displayed below appears.
- If you answered **No**, click **NEXT** to continue.

Board Members, Partners, or Managing Administrators Information-Detail

*** No rows found ***

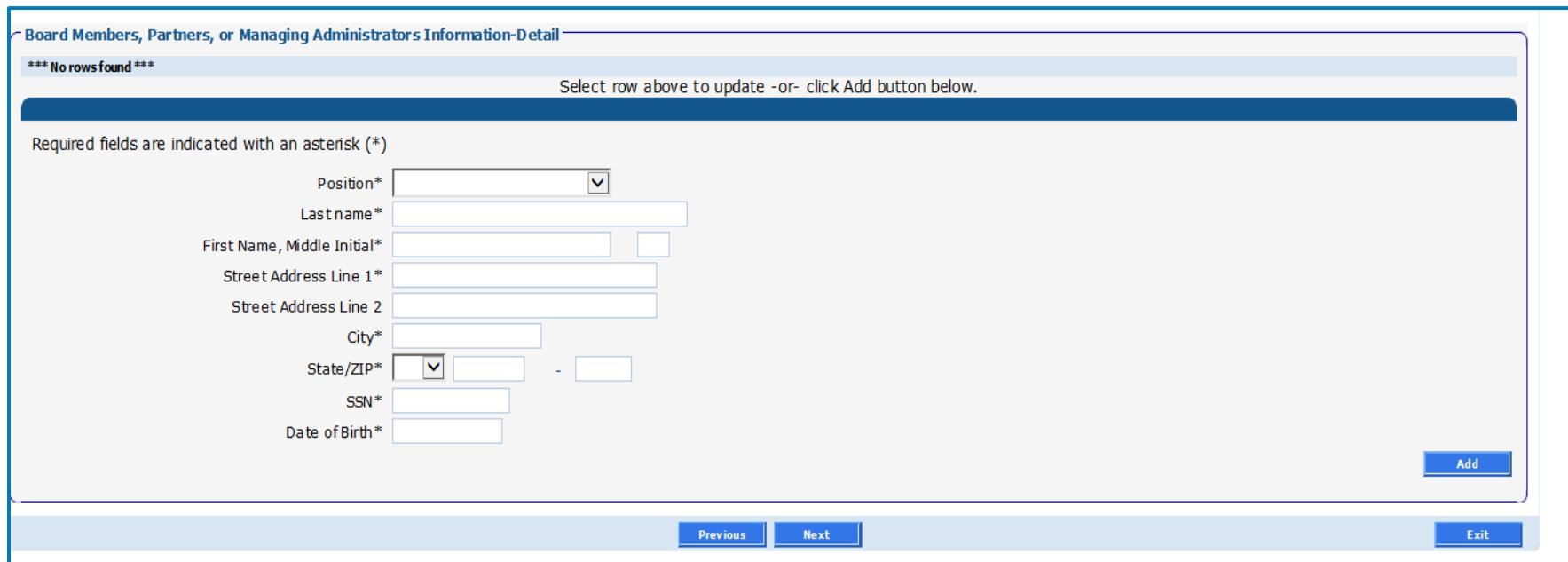
Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (*)

Position*	<input type="text"/>
Last name*	<input type="text"/>
First Name, Middle Initial*	<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"/> - <input type="text"/>
SSN*	<input type="text"/>
Date of Birth*	<input type="text"/>

Add

Previous | Next | Exit



Enrollment-Controlling Interest

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

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Additional Service Location Address » Financial Information » EFT Information » Additional Information
Attestation » Medicare Information » Board Members, Partners or Managing Administrators Information » **Controlling Interest**
Survey » Summary

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.

Previous **Next** Exit

Enrollment – Controlling Interest cont.

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

Controlling Interest

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"/>
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"/> - <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.

add **cancel**

Enrollment – 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

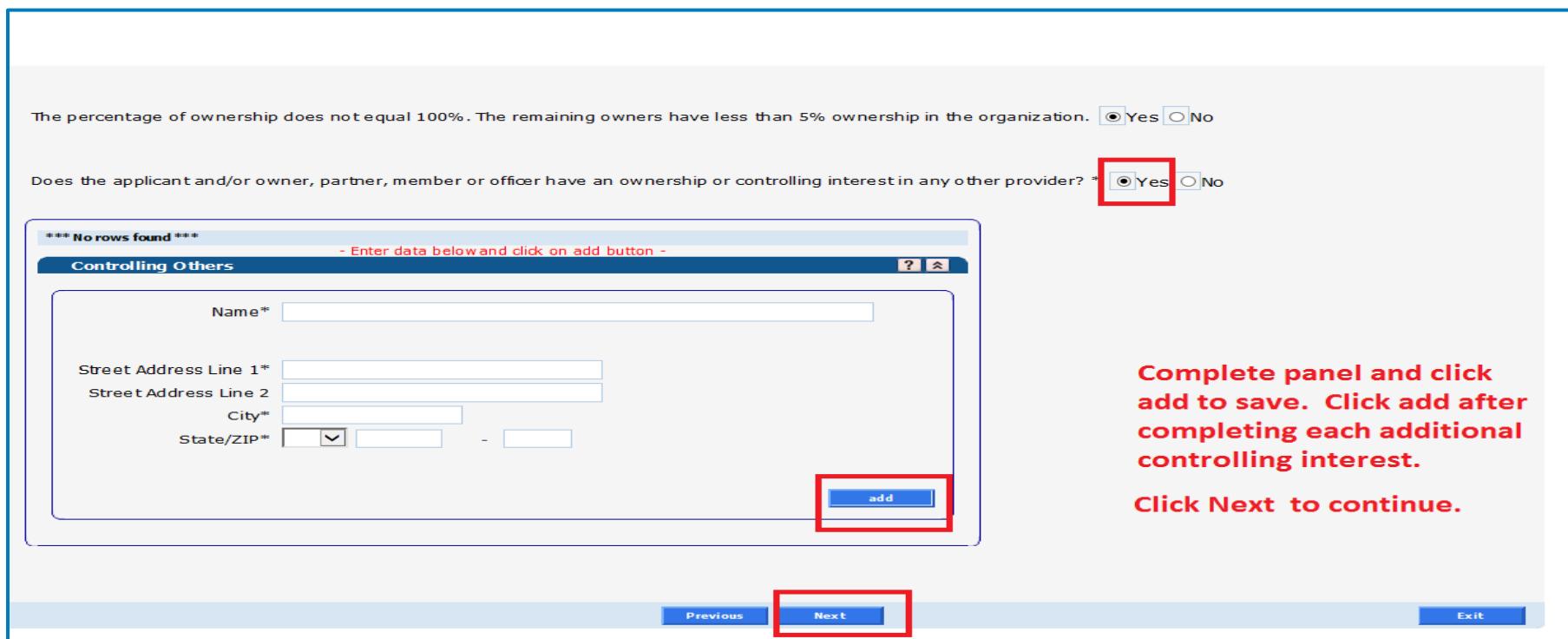
Name*	<input type="text"/>
Street Address Line 1*	<input type="text"/>
Street Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/ZIP*	<input type="text"/> - <input type="text"/>

add

Complete panel and click add to save. Click add after completing each additional controlling interest.

Click Next to continue.

Previous **Next** Exit



Enrollment - 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.

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 click on add button -

Survey

State* National Provider Identifier Number* Date*

2. Is applicant a provider for any other federal program, e.g., MEDICARE? *

Yes No

3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? *

Yes No

4. Does applicant contract with any private health insurance providers? *

Yes No

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

Survey

Insurance Name* Contract Number*

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

Enrollment - 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.**

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search drug search provider fee schedule download ehr incentive program
eos instructions/information e-mail subscription secure site

Instructions » Application 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 online once the application is 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* SSN and Signature verified against individual name & identifying information panel. An error occurs if same name/different SSN or different name/same SSN.
Signature of Provider or Authorized Representative*

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

Enrollment – Additional Information

- This panel will display **if additional information is required to be mailed to Hewlett Packard Enterprise** based on your provider type. Click on the given link to view, save, or print the list of required Follow On Documents. **Non-Contracted TCM Service Providers must be credentialed through the Department of Mental Health and Addiction Services (DMHAS)**. Providers must send their credentialing letter from DMHAS as follow-on confirmation for initial application approval.

Additional Information to Mail to HP

Required fields are indicated with an asterisk (*)

The online portion of your application is almost complete. In addition to this online application, the Department of Social Services requires additional information to be mailed to HP. This list of additional information is stored on your Follow On Document list.

[Click here](#) to view, save or print your Follow On Document list. *

 **Failure to submit the required Follow On Documents may result in the denial of your application.**

IMPORTANT - The Application Tracking Number (ATN) that you will receive at the end of this application must be written on each document mailed to HP. This ATN is necessary to associate your documentation to your enrollment application.

* If you are having problems opening PDF file. Please [click here](#) to download the file directly.

[Next](#) 

Enrollment – Application Submitted

- Please take note of the Application Tracking Number (ATN). You **must put the ATN on all required follow-on documents or modifications** sent to Hewlett Packard Enterprise once your application has been submitted.
- Click on the **“Save a copy of the application”** link to print or save the PDF version of your application for your records.

Application Submitted

■ Thank you for applying for enrollment with the Connecticut Medical Assistance Program. The information on your submitted application will now be reviewed by HP. If any information is missing, invalid, or HP is unable to process the application, you will receive written notification of the missing or invalid information from HP. Providers will not be able to correct or modify completed applications using the Wizard but will need to submit paper corrections to the following address:

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

■ Application Tracking Number (ATN)
• Your tracking number is 309637

■ Notification of Enrollment Decision

If all information has been provided and is correct, HP will submit a completed application to the Department of Social Services Quality Assurance Unit for review.

- If an **approval** is received from the Department of Social Services, the HP Provider Enrollment Unit completes the enrollment process in the interChange system and sends a Provider Enrollment Approval Notice to the provider. New providers are encouraged to view the Medical Assistance Program Provider Manual on the www.ctdssmap.com Web site located by clicking on Information then Publications from the Home Page.
- **Important:** In order to avoid future claim denials, newly approved provider groups, clinics, hospital outpatient clinics and FQHC providers must also ensure that each performing provider is enrolled in the Connecticut Medical Assistance Program as an individual member of the organization. If the member is not already enrolled, they must utilize this online Web portal enrollment Wizard to do so. If the member is already enrolled but simply needs to be associated to the organization, the organization, once approved, may do this on the Secure Web portal via Demographic Maintenance.
- If a **denial** is received from the Department of Social Services, HP sends a Provider Enrollment/Re-enrollment Rejection Notice to the provider. This letter outlines the reason(s) the application was denied. A provider receiving a denial from Department of Social Services' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the letter. In order to reapply to the Connecticut Medical Assistance Program, a provider must once again submit an application via this Enrollment Wizard.

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

Do not send this application to the Connecticut Medical Assistance Program.

* If you are having problems opening PDF file. Please [click here](#) to download the file directly.

If unable to save a copy of your application, click the link to download a copy.

[Exit](#)

Checking the Status of Your Application Online

- From the 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 (DSS) website. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The Provider menu is expanded, showing sub-links for Provider Enrollment, Provider Re-Enrollment, and Provider Enrollment Tracking, with the last one highlighted by a red box. The main content area features a large "WELCOME" graphic and the text "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this is a logo for the Connecticut Department of Social Services. A secondary navigation bar at the bottom of the page includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, provider enrollment, provider re-enrollment, provider enrollment tracking (which is also highlighted with a red box), e-mail subscription, and secure site. A search form titled "Enrollment Tracking Search" is present, with fields for "ATN*" and "Business OR Last Name*".

Enrollment – What's Next

- The information on your submitted **application will now be reviewed by Hewlett Packard Enterprise.**
- If any information is missing, invalid, or if Hewlett Packard Enterprise 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:
 - Hewlett Packard Enterprise
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06104
- **All additional information sent to Hewlett Packard Enterprise will need the ATN entered on the upper right hand corner.**

Notification of Enrollment Decision - Approval

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

Enrollment – Upon Application Approval

- If the enrollment application is approved, the date submitted in the **Provider Effective Date field of the Identifying Information panel** will become the **provider's enrollment effective date**.
- If a provider submits a Web enrollment application and later wishes **to back date their enrollment effective date**; the provider must submit this request on the provider's letterhead with the ATN to the Provider Enrollment Unit.
- **Newly enrolled providers will receive a welcome letter** with an Automated Voice Response System (AVRS)/Initial Web User ID and another letter containing Web Personal Identification Number (PIN) information. **Upon receipt of these letters**, you are **eligible to submit claims**.

Notification of Enrollment Decision - Denial

- If a denial is received from the Department of Social Services (DSS), Hewlett Packard Enterprise sends a Provider Enrollment/Re-enrollment Rejection Notice to the provider. This letter outlines the reason(s) the application was denied.
- A provider receiving a denial from DSS' Quality Assurance Unit must follow the instructions for responding to the denial as outlined in the Rejection Notice.
 - DSS will notify Hewlett Packard Enterprise if their decision of denial has been reversed.
 - Hewlett Packard Enterprise 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.

Re-enrollment – Notification and Process

- Providers will receive a reminder letter when they are due for re-enrollment **6 months prior** to the end of their previous 2 year contract.
 - The reminder letter will include an Application Tracking Number.
 - 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 NPI or Non medical provider identifier (AVRS ID)

Re-enrollment – Provider Specific Requirements

Non-Contracted TCM Service Providers:

- Non-Contracted TCM Service Providers must first re-credential for the upcoming re-enrollment period with the Department of Mental Health and Addiction Services (DMHAS).
 - The online re-enrollment application process will not be complete without re-credentialing notification.

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 w/out a finalized application violates ACA policies.

Provider Enrollment/Re-enrollment Resources

- **Where to go for help:**

- www.ctdssmap.com – From the Home page navigate to Information > Publications > Provider Manuals
- Chapter 3 – Provider Enrollment and Re-enrollment
- Chapter 10 - Web Portal/AVRS
- <https://nppes.cms.hhs.gov> – National Plan & Provider Enumeration System – for providers interested in obtaining more information about obtaining a National Provider Indicator (NPI).
 - **Non-Contracted TCM Service Providers** when obtaining an NPI should use taxonomy **163WC0400X**.

Provider Enrollment/Re-enrollment Resources

- **Provider Assistance Center:**

Monday through Friday, 8:00 a.m. – 5:00 p.m. (EST),
excluding holidays

1-800-842-8440 (toll free)

Provider Enrollment Unit:

Hewlett Packard Enterprise
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06104

Enrollment/Re-enrollment Resources cont.

- **Non-Contracted TCM Service Provider Credentialing/Re-credentialing:**

Department of Mental Health and Addiction Services (DMHAS)

1-(860)418-6897

Enrollment/Re-enrollment -Questions

- Questions & Answers

