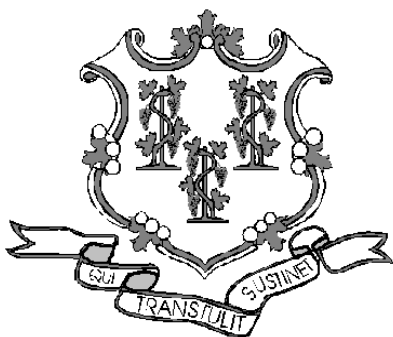




**Connecticut Department  
of Social Services**

*Making a Difference*

# 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](http://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.

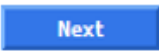


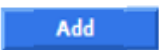
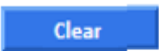


# Enrollment Process

- 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](http://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  to confirm the current panel data and move to the next panel
- Click  to go back to the previous panel
- Click  to leave the application – changes will NOT be saved
- Click  to add new entries to the relevant panel
- Click  to remove multiple entries at once
- Use *Radio Buttons*  to make selections between multiple choices
- Use *Check Boxes*  to indicate agreement or disagreement

# Enrollment – Where to begin

- Go to the [www.ctdssmap.com](http://www.ctdssmap.com) Home Page to access the Enrollment Wizard and begin the application process.

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Help  
Tuesday, December 29, 2015

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

home site map

Information

- Publications
- Links
- Important Info
- RA Banner App
- HIPAA
- Regional Office

Provider

- Provider Services
- Provider Search
- Drug Search
- Provider Fee Schedule Download
- EHR Incentive Program
- OOS Instructions/Information
- E-Mail Subscription
- Secure Site

Trading Partner

- Trading Partner Enrollment
- Trading Partner Documents
- Provider Electronic Solutions
- Billing Instructions

**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, 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 QUALITY VERIFICATION SYSTEM.

Information

Provider

Trading Partner

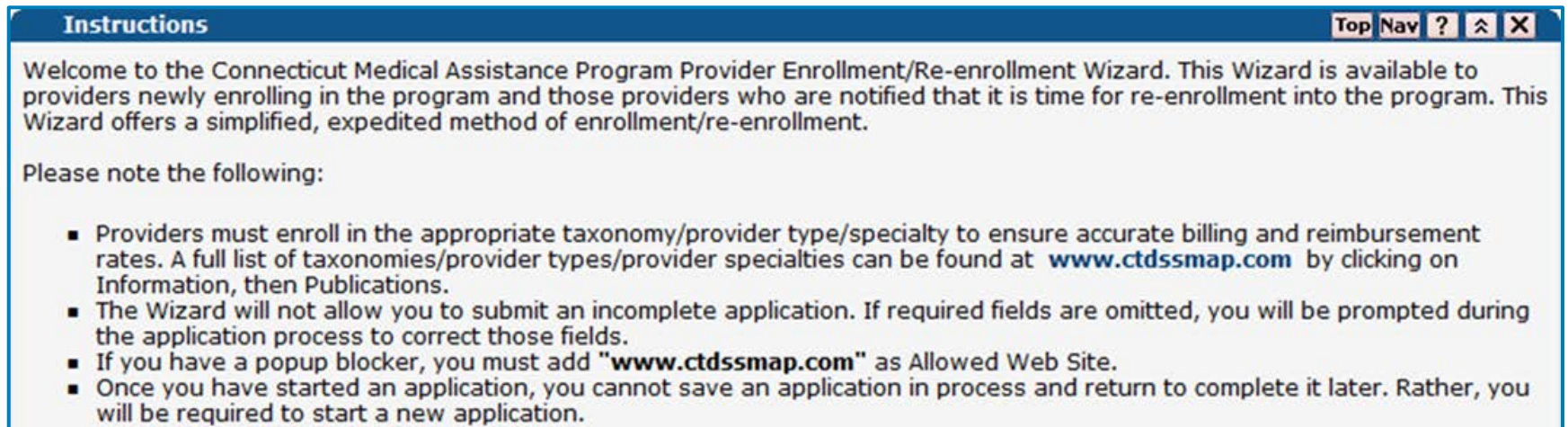
Pharmacy

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.



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

# Enrollment - Application Type

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 oos instructions/information e-mail subscription secure site

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** 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).

Help

Monday, March 07, 2016

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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\* BHH/TCM/Waiver Billing Provider 1

Provider Specialty\* TCM-CMI Private Fee for Service 3

[Previous](#)

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[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)



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."

Help

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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

Next

Exit

# 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

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.

The screenshot shows the 'Addresses' section of the CT interChange MMIS web application. The top navigation bar includes links like 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. The 'provider enrollment' link is highlighted. Below the navigation bar, there are instructions and a breadcrumb trail: 'Instructions » Application Type » Application For » Provider Type/Specialty Before You Continue » National Provider Identifier Information » Identifying Information » Addresses'.

The 'Addresses' section has a title bar and a note: 'Required fields are indicated with an asterisk (\*).' Below this, the 'Service Location Address' panel is active. It contains the following fields:

- Street Address Line 1\* (text input)
- Street Address Line 2 (text input)
- City\* (text input)
- State/ZIP\* (dropdown menu for State, text input for ZIP, and a hyphen separator)
- Contact Person\* (text input)
- Telephone Number - Contact Person\* (text input) and Ext. (text input)
- Telephone Number - For Patient Use\* (text input) and Ext. (text input)
- Handicap Accessible? (dropdown menu with 'No' selected)
- Contact Email (text input)
- Fax (text input)
- TDD/TTY (text input)

# 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).

The screenshot displays two address panels: "Mailing Address" and "Home Office Address". Each panel contains fields for Street Address Line 1, Street Address Line 2, City, State/ZIP, Contact Person, Telephone Number, Contact Email, and Fax. A red arrow points to the "Copy Svc Loc Addr" button in the Mailing Address panel. Another red arrow points to the "Copy Svc Loc Addr" button in the Home Office Address panel. A red box highlights the "Copy Svc Loc Addr" button in the Home Office Address panel. A red box also highlights the "Copy Svc Loc Addr" button in the Mailing Address panel. A red arrow points to the "Copy Svc Loc Addr" button in the Mailing Address panel. A red box highlights the "Copy Svc Loc Addr" button in the Home Office Address panel. A red box also highlights the "Copy Svc Loc Addr" button in the Mailing Address panel.

**Mailing Address**

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

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

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\*  
Contact Email  
Fax

Clear 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).

The screenshot displays a web form for enrollment addresses. It consists of two main sections, each with a title bar and a set of input fields.

**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.

Street Address Line 1\*  
Street Address Line 2  
City\*  
State/ZIP\* [dropdown] [text] - [text]  
Name - Financial Contact Person\*  
Telephone Number - Contact Person\* [text] Ext. [text]  
Contact Email [text]

Buttons: Clear, Copy Svc Loc Addr (highlighted with a red box and a red arrow pointing to it)

**1099 Mailing Address**

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

Street Address Line 1\*  
Street Address Line 2  
City\*  
State/ZIP\* [dropdown] [text] - [text]  
Telephone Number [text] Ext. [text]

Buttons: Clear, Copy Svc Loc Addr (highlighted with a red box and a red arrow pointing to it)

# 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).

The screenshot shows a web form titled "Enrollment Address". The form contains several input fields: "Street Address Line 1\*", "Street Address Line 2", "City\*", "State/ZIP\*" (with a dropdown menu and a hyphen separator), "Contact Person\*", "Telephone Number - Contact Person\*" (with an "Ext." field), "Contact Email", and "Fax". At the bottom right of the form, there are two buttons: "Clear" and "Copy Svc Loc Addr". The "Copy Svc Loc Addr" button is highlighted with a red rectangular box. A red arrow points down towards this button. At the very bottom of the page, there are three navigation buttons: "Previous", "Next", and "Exit".

# 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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Instructions » Application Type » Application For » Provider Type/Specialty  
Before You Continue » National Provider Identifier Information » Identifying Information » Addresses  
**Additional Service Location Address**

**Additional Service Location Address**

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

Street Address Line 1	Street Address Line 2	City	State	Contact Person	Telephone Number - Contact Person
Type changes below.					
Street Address Line 1*					
Street Address Line 2					
City*					
State/ZIP*	CT				
Contact Person*					
Telephone Number - Contact Person*				Ext.	
Handicap Accessible?	No				
Contact Email					
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 'Financial Information' section of a web-based enrollment form. The header includes the Connecticut Department of Social Services logo and a navigation bar with links like 'Home', 'Information', 'Provider', 'Trading Partner', etc. The 'Provider' link is highlighted. Below the navigation bar, there's a breadcrumb trail: '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'. The 'Financial Information' section contains a paragraph explaining that the Connecticut Medical Assistance Program will generate payments and report income to the IRS using the provided information. It notes that 'Name' and 'Doing Business As' fields are not address fields. Below this, a note states 'Required fields are indicated with an asterisk (\*)'. The form fields include: 'Taxpayer Identification Number (TIN)\*' with a red box around the input 'XXX-XX-4567' and a red box around the text 'Do not enter dashes.'; 'Name\*' with the value 'XYZ TCM Services'; 'Doing Business As' (empty); 'TIN Type\*' with radio buttons for 'EIN' (selected) and 'SSN'; 'TIN Effective Date' with the value '02/01/2015'; 'State Tax ID' (empty); and a checkbox 'I attest that I do not collect sales tax or do not have employees.' which is checked. At the bottom, there are 'Previous', 'Next', and 'Exit' buttons. The 'Next' button is highlighted with a red box.

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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

**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**.

The screenshot shows the 'EFT Information' section of a web-based enrollment form. The form is titled 'EFT Information' and includes a sub-header 'Click here to open Provider EFT Enrollment instructions.' Below this, it states 'Required fields are indicated with an asterisk (\*)'.

The form is divided into several sections:

- Provider Identifiers\*:** Includes fields for 'Provider Name' (XYZ TCM Serices), 'Provider Tax Identification Number (TIN) OR Employer Identification Number (EIN)' (XXXXX4567), and 'National Provider Identifier (NPI)'.
- Other Identifiers:** Includes fields for 'Assigning Authority' and 'Trading Partner ID'.
- Financial Institution Information:** Includes fields for 'Financial Institution Name' (Unknown Institution), '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), and 'Provider's Account Number with Financial Institution(rekey)\*' (XXXX3434).
- Account Number Linkage to Provider Identifier\*:** Includes fields for 'Provider Tax Identification Number (TIN)' (XXXXX4567) and 'National Provider Identifier (NPI)'.
- Reason for Submission:** Includes radio buttons for 'New Enrollment' (selected), 'Change Enrollment', and 'Cancel Enrollment'.
- Authorized Signature\*:** Includes a text field with the name 'John Jones'.

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

# Enrollment – Additional Information

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

The screenshot shows a web-based enrollment form titled 'Additional Information'. At the top, there is a navigation bar with links: Home Information, **Provider**, Trading Partner, Pharmacy Information, and Hospital Modernization. Below this is a secondary navigation bar with links: home, **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, e-mail subscription, and secure site. A breadcrumb trail indicates the current path: 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. The main content area has a header 'Additional Information' and a note: 'Required fields are indicated with an asterisk (\*)'. Below this, there are five input fields labeled 'CLIA number 1' through 'CLIA number 5'. At the bottom of the form, there are three buttons: 'Previous', 'Next', and '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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[Instructions](#) » [Application Type](#) » [Application For](#) » [Provider Type/Specialty](#)  
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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](#)

**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 application interface for provider enrollment. At the top, there is a navigation bar with links: Home, Information, **Provider** (highlighted), Trading Partner, Pharmacy Information, and Hospital Modernization. Below this is a secondary navigation bar with links: home, **provider enrollment** (highlighted), provider re-enrollment, provider enrollment tracking, provider matrix, provider services, provider search, drug search, provider fee schedule download, ehr incentive program, oos instructions/information, e-mail subscription, and secure site. The main content area displays a breadcrumb trail: 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. Below the breadcrumb trail is a section titled "Medicare Information" with a sub-header "Required fields are indicated with an asterisk (\*)". The form contains a question "Are you enrolled in Medicare?" with two radio buttons: "Yes" and "No". The "No" button is selected. At the bottom of the form are three buttons: "Previous", "Next", and "Exit".

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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

**Medicare Information**

Required fields are indicated with an asterisk (\*)

Are you enrolled in Medicare? ☐ Yes ☒ No

Previous Next 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 titled "Board Members, Partners or Managing Administrators Information". The form is part of a larger system with a navigation bar at the top containing links like "Home", "Information", "Provider", "Trading Partner", "Pharmacy Information", and "Hospital Modernization". Below the navigation bar, there are several tabs, with "provider enrollment" currently selected. The form itself contains several questions with radio button options for "Yes", "No", and "N/A".

Instructions » Application Type » Application For » Provider Type/Specialty  
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Attestation » Medicare Information » **Board Members, Partners or Managing Administrators Information** » Controlling Interest  
Survey » Summary

**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

Previous Next 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\*

Last name\*

First Name, Middle Initial\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*  -

SSN\*

Date of Birth\*

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**.

The screenshot displays the enrollment interface for the CT interChange MMIS system. At the top, a navigation bar includes links for Home, Information, Provider (highlighted), Trading Partner, Pharmacy Information, and Hospital Modernization. Below this, a secondary menu lists various services, with 'provider enrollment' highlighted. A breadcrumb trail shows the current path: 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. The main content area is titled 'Controlling Interest' and contains instructions on required fields and a definition of controlling interest. At the bottom, a navigation bar features 'Previous', 'Next' (highlighted), and 'Exit' buttons.

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  
oos 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

**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\*

First Name\*

Middle Initial

Relationship\*

Medicaid Provider Number (if applicable)

Social Security Number\*

Date of Birth\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\*

Telephone Number - Business\*

Ext.

Percentage of Controlling Interest\*

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

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\*

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.**

# 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? \*

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

- Enter data below and click on add button -

Survey

State\*

National Provider Identifier Number\*

Date\*

add

☒ Yes ☐ No

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

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

- Enter data below and click on add button -

Survey

Insurance Name\*

Contract Number\*

add

☐ Yes ☐ No

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

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

- Enter data below and click on add button -

Survey

Insurance Name\*

Contract Number\*

add

☐ Yes ☐ No

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

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

- Enter data below and click on add button -

Survey

Insurance Name\*

Contract Number\*

add

☒ Yes ☐ No

5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? \*

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

- Enter data below and click on add button -

Survey

Insurance Name\*

Contract Number\*

add

☐ 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? \*

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

- Enter data below and click on add button -

Survey

Insurance Name\*


Contract Number\*

add

☐ Yes ☐ No

CT interChange MMIS

/// 30

  
Hewlett Packard  
Enterprise

# 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**.

The screenshot shows the 'Summary' page of the CT InterChange MMIS Provider Enrollment process. The page has a navigation bar at the top with links like 'Home', 'Information', 'Provider', 'Trading Partner', 'Pharmacy Information', and 'Hospital Modernization'. Below this is a secondary navigation bar with links like 'provider enrollment', 'provider re-enrollment', 'provider enrollment tracking', 'provider matrix', 'provider services', 'provider search', 'drug search', 'provider fee schedule download', and 'ehr incentive program'. A red box highlights a list of navigation links on the left side of the page, including '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', and 'Summary'. A red arrow points from this box to a text box on the right that says 'Use the navigation links to review panel information before clicking submit. Information on the application cannot be changed online once the application is submitted.' The main content area is titled 'Summary' and contains a link 'Click here to open Provider Enrollment Agreement'. Below this is a checkbox labeled 'I agree that I have read and accept the terms of the Provider Enrollment Agreement.' which is checked. To the right of the checkbox is a red arrow pointing to the 'SSN of Person Signing the Application' field, which contains 'XXXXX2222'. A text box on the right says 'SSN and Signature verified against individual name & identifying information panel. An error occurs if same name/different SSN or different name/same SSN.' Below this is the 'Signature of Provider or Authorized Representative' field, which contains 'Dolly Levi'. The page also contains several paragraphs of text, including an 'IMPORTANT NOTICE' and a certification statement. At the bottom of the page are three buttons: 'Previous', 'Submit', and 'Exit'. A red arrow points from the 'Submit' button to a text box on the right that says 'After clicking submit, be sure to print and/or save the application as a PDF document for your records.'

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

cos 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\* XXXXX2222

Signature of Provider or Authorized Representative\* Dolly Levi

SSN and Signature verified against individual name & identifying information panel. An error occurs if same name/different SSN or different name/same SSN.

■ 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



# 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](http://www.ctdssmap.com) Web site located by clicking on Information then Publications from the Home Page.
- **Important:** In order to avoid future claim denials, newly approved provider groups, clinics, hospital outpatient clinics and FQHC providers must also ensure that each performing provider is enrolled in the Connecticut Medical Assistance Program as an individual member of the organization. If the member is not already enrolled, they must utilize this online Web portal enrollment Wizard to do so. If the member is already enrolled but simply needs to be associated to the organization, the organization, once approved, may do this on the Secure Web portal via Demographic Maintenance.
- If a **denial** is received from the Department of Social Services, 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](http://www.ctdssmap.com) Web site click Provider > Provider Enrollment Tracking.
- Enter the ATN and your business name as enrolled.

The screenshot displays the Connecticut Department of Social Services website. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The left sidebar contains a menu with categories like Information, Provider, and Trading Partner, with 'Provider Enrollment Tracking' highlighted under the Information section. The main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner. Below this, there is a secondary navigation bar with 'provider enrollment tracking' selected. The 'Enrollment Tracking Search' section contains two input fields: 'ATN\*' and 'Business OR Last Name\*'. The Connecticut Department of Social Services logo is visible in the top left and middle left of the page.

# 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](http://www.ctdssmap.com) Web site
    - From the Home Page click Provider > Provider Re-enrollment
    - Enter the ATN received in the re-enrollment reminder letter
    - Enter NPI or Non medical provider identifier (AVRS ID)

# 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](http://www.ctdssmap.com) – From the Home page navigate to Information > Publications > Provider Manuals
- Chapter 3 – Provider Enrollment and Re-enrollment
- Chapter 10 - Web Portal/AVRS
- <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

