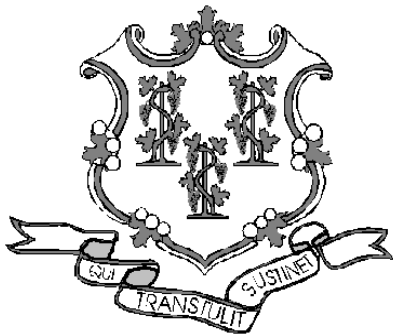




**Connecticut Department
of Social Services**

Making a Difference

Web Enrollment Workshop for Waiver Program Billing Providers



Presented by
The Department of Social Services
& Hewlett Packard Enterprise



**Hewlett Packard
Enterprise**

Training Topics

- **Workshop Introduction**
- **Waiver Program 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 enrolling as **“Personal Care Service”** providers to perform Foster Care and/or Support Broker Services under the Personal Care Assistance (PCA) Waiver Program.

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.

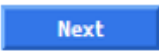


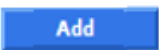
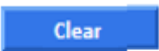


Enrollment Process

- 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  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

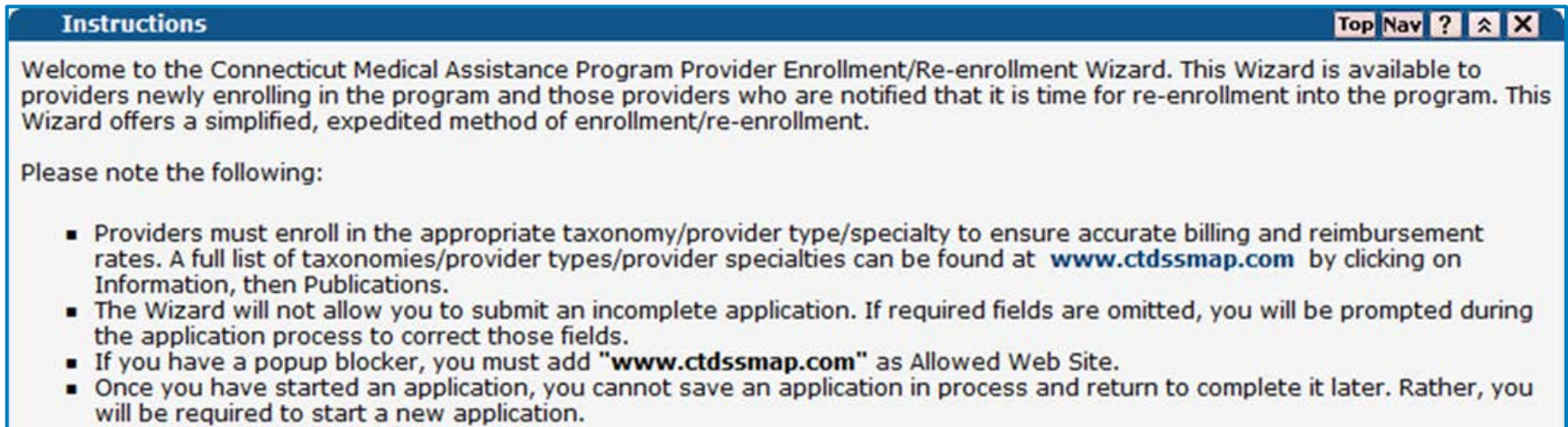
Enrollment – Where to begin

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

The screenshot displays the homepage of the Connecticut Medical Assistance Program. At the top left is the logo for the Connecticut Department of Social Services, "Making a Difference". The top right shows the date "Tuesday, December 29, 2015" and a "Help" link. A navigation bar includes "Home", "Information", "Provider", "Trading Partner", "Pharmacy", and "Hospital Modernization". A dropdown menu is open under "Provider", listing options such as "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". The main content area features a large "WELCOME" message and the text "TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM". Below this is a paragraph of text: "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." At the bottom of the main content area are four icons with labels: a stack of books for "Information", a stethoscope for "Provider", a key for "Trading Partner", and a pill bottle for "Pharmacy". A blue bar at the bottom contains the text "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 window titled "Instructions" with a blue header bar. In the top right corner of the header bar are the words "Top Nav ? ^ X". The main content area has a white background and 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

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 Waiver 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



PCA Service Billing Providers will select a Provider Type of "Personal Care Services" 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 "PCA Service Provider." CLICK NEXT (4).

Help

Tuesday, December 29, 2015

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
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Instructions » Application Type » Application For » **Provider Type/Specialty**

Provider Type/Specialty

Required fields are indicated with an asterisk (*)

Provider Type* Personal Care Services 1

Provider Specialty* PCA Service Provider 3

Previous

Next

2/4

Exit

Enrollment – Before You Continue...

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
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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)



An NPI and Taxonomy is not required for organizations enrolling as PCA Service Providers of Support Broker and Adult Foster Care Services.

Help

Tuesday, December 29, 2015

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

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 more than six months).
- Indicate the language(s) spoken by you and your staff.

The screenshot shows the 'Identifying Information' section of a web form. At the top left is the logo for the Connecticut Department of Social Services with the tagline 'Making a Difference'. At the top right, it says 'Help' and 'Tuesday, December 29, 2015'. Below the logo is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization. Underneath is another set of 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, secure site. Below that is a breadcrumb trail: Instructions » Application Type » Application For » Provider Type/Specialty Before You Continue » National Provider Identifier Information » Identifying Information. The main section is titled 'Identifying Information' and contains three bullet points: '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.', and 'Indicate the language(s) spoken by organization staff that is available to interpret for clients.' Below the instructions, it says 'Required fields are indicated with an asterisk (*)'. There are two input fields: 'Name - Organization*' and 'Provider Effective Date*'. The 'Provider Effective Date*' field is highlighted with a red box and a red arrow pointing to it. Below the date field is a 'Languages' section with checkboxes for English, Spanish, Portuguese, Russian, Polish, and Other. At the bottom of the form are 'Previous', 'Next', and 'Exit' buttons.

Effective date for PCA Service Provider enrollment can not be earlier than 2/25/16. Providers enrolling up to six months after this date may backdate their application, if Support Broker or Adult Foster Care Services were provided.

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

Addresses

Required fields are indicated with an asterisk (*).

Service Location Address

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

Service Location Address

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Contact Person*

Telephone Number - Contact Person* Ext.

Telephone Number - For Patient Use* Ext.

Handicap Accessible? No Yes

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).

The screenshot displays two address panels. The top panel is titled "Mailing Address" and contains fields for Street Address Line 1, Street Address Line 2, City, State/ZIP, Contact Person, Telephone Number, Contact Email, and Fax. The bottom panel is titled "Home Office Address" and includes a checkbox "Indicate the provider's Home Office address." followed by the same address fields. In both panels, the "Copy Svc Loc Addr" button is highlighted with a red box, and a red arrow points down to it from the red text "Click to copy Service Location Address to applicable panel(s)." located in the upper right of the Mailing Address panel.

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 two address input panels. The top panel is titled "Check and Remittance Advice Address" and includes a sub-header "Check and Remittance Advice Address" with a help icon. Below the sub-header is a note: "Indicate the address where checks and remittance advice information should be sent. Most providers are required to receive this information electronically." The form fields include: "Street Address Line 1*", "Street Address Line 2", "City*", "State/ZIP*" (with a dropdown menu and a hyphen separator), "Name - Financial Contact Person*", "Telephone Number - Contact Person*" (with an "Ext." field), and "Contact Email". At the bottom right of this panel are "Clear" and "Copy svc Loc Addr" buttons, with the latter highlighted by a red box and a red arrow pointing down to it.

The bottom panel is titled "1099 Mailing Address" and includes a sub-header "1099 Mailing Address" with a help icon. Below the sub-header is a note: "This is the address where the IRS Form 1099 will be sent." The form fields include: "Street Address Line 1*", "Street Address Line 2", "City*", "State/ZIP*" (with a dropdown menu and a hyphen separator), and "Telephone Number" (with an "Ext." field). At the bottom right of this panel are "Clear" and "Copy svc Loc Addr" buttons, with the latter highlighted by a red box and a red arrow pointing down 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 two small input boxes), "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 box, and a red arrow points down towards it from the right side of the form. At the 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**.

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

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

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 a web-based enrollment form for financial information. The page title is "Financial Information" and it is part of a larger enrollment process. The form includes a navigation menu at the top with options like "home", "provider enrollment", "provider re-enrollment", "provider enrollment tracking", "provider matrix", "provider services", "provider search", "drug search", "provider fee schedule download", and "ehr incentive program". Below the navigation menu, there is 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".

The main content area is titled "Financial Information" and contains the following text: "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".

Below this text, it states "Required fields are indicated with an asterisk (*)". The form fields are as follows:

- Taxpayer Identification Number (TIN)*: XXX-XX-6789 (highlighted with a red box)
- Name*: XYZ PCA Services
- Doing Business As: (empty field)
- TIN Type*: EIN SSN
- TIN Effective Date: 12/01/2015
- State Tax ID: (empty field)
- I attest that I do not collect sales tax or do not have employees.

At the bottom of the form, there are three buttons: "Previous", "Next" (highlighted with a red box), and "Exit". A red box also highlights a note on the right side of the form: "Do not enter dashes."

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**.

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

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

EFT Information
Click here to open Provider EFT Enrollment instructions.
Required fields are indicated with an asterisk (*)

Provider Name* XYZ PCA Services

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

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

Other Identifiers
Assigning Authority
Trading Partner ID

Financial Institution Information
Financial Institution Name Unknown Institution

Financial Institution Address
Street
City
State/Province
ZIP Code/Postal Code
Financial Institution Routing Number* 21132178
Financial Institution Routing Number(rekey)* 21132178
Type of Account at Financial Institution* Checking
Provider's Account Number with Financial Institution* XXXXXXX8881
Provider's Account Number with Financial Institution(rekey)* XXXXXXX8881

Reason for Submission New Enrollment Change Enrollment Cancel Enrollment
Authorized Signature* Dolly Levi

Previous Next Exit

Enrollment – Additional Information

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

The screenshot shows a web application interface for provider enrollment. 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 menu 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 reads: 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 is titled 'Additional Information' and contains the text 'Required fields are indicated with an asterisk (*)'. Below this text are five input fields labeled 'CLIA number 1' through 'CLIA number 5'. At the bottom of the form 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.

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

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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

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**, 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 is titled "Medicare Information" and contains the text "Required fields are indicated with an asterisk (*)". Below this is a question: "Are you enrolled in Medicare?" with two radio button options: "Yes" and "No". The "No" option is selected. At the bottom of the form, there are three buttons: "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 application interface for provider enrollment. The top navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, and Hospital Modernization. The 'Provider' link is highlighted. Below the navigation bar, there are several tabs, with 'provider enrollment' selected. 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. The current form 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), 'Do all owners have less than 5% ownership in the organization?' (Yes/No/N/A), and 'Is your corporation a subsidiary of another company?*' (Yes/No). Below these questions are two text input fields: 'Name' and 'Corporate Headquarters Location'. At the bottom of the form, there are three 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*

Last name*

First Name, Middle Initial*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

SSN*

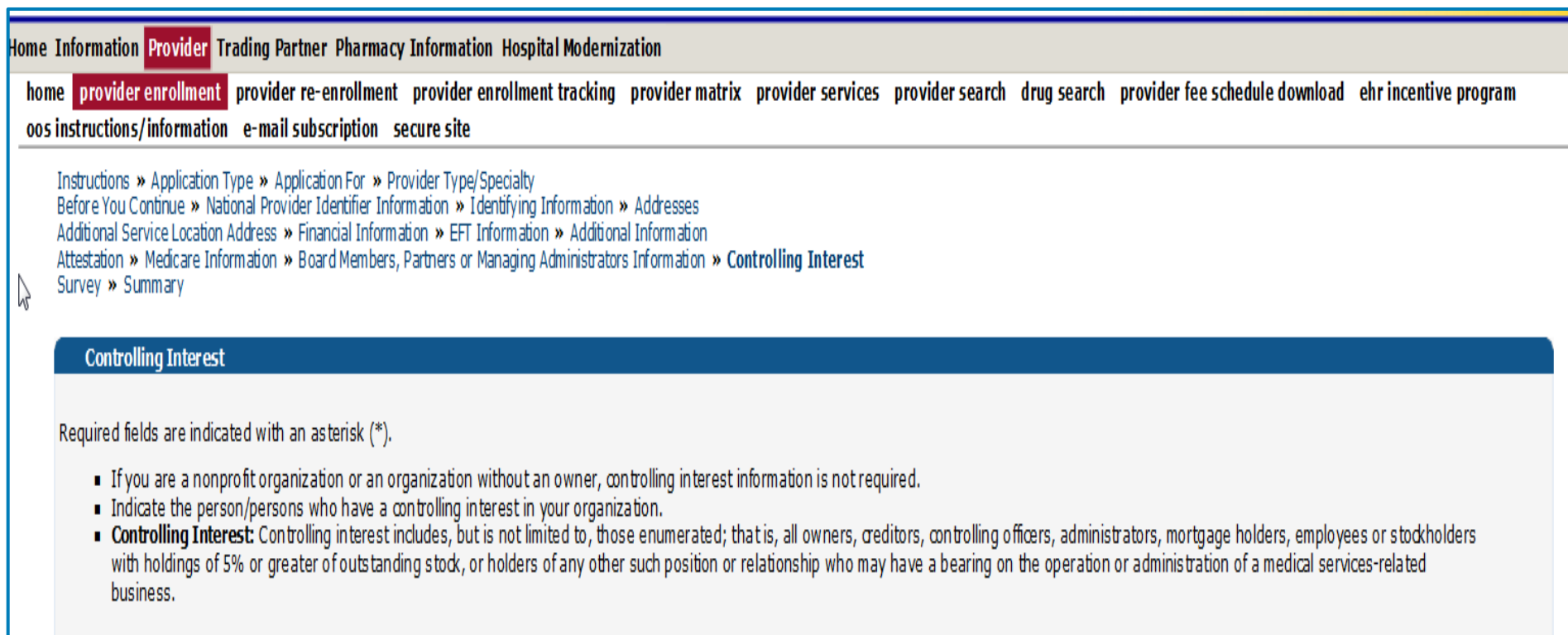
Date of Birth*

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**.



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

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.

The screenshot shows a web-based survey interface. At the top, a blue header bar contains the word "Survey". Below the header, a note states "Required fields are indicated with an asterisk (*)".

Question 1: "1. Is, or was, applicant a Medicaid provider in any other state? *" with radio buttons for "Yes" (selected) and "No". Below the question is a data entry table with a blue header "Survey" and a blue "add" button. The table contains three columns: "State*" (a dropdown menu), "National Provider Identifier Number*" (a text input field), and "Date*" (a text input field). Above the table, it says "*** No rows found ***" and "Enter data below and click on add button".

Question 2: "2. Is applicant a provider for any other federal program, e.g., MEDICARE? *" with radio buttons for "Yes" and "No".

Question 3: "3. Has the applicant ever been denied enrollment in Medicaid, Medicare or any other state or federal program? *" with radio buttons for "Yes" and "No".

Question 4: "4. Does applicant contract with any private health insurance providers? *" with radio buttons for "Yes" (selected) and "No". Below the question is another data entry table with a blue header "Survey" and a blue "add" button. The table contains two columns: "Insurance Name*" (a text input field) and "Contract Number*" (a text input field). Above the table, it says "*** No rows found ***" and "Enter data below and click on add button".

Question 5: "5. Are any owners, partners, members, officers, directors, shareholders, or managing employees of applicant related by family or marriage? *" with radio buttons for "Yes" and "No".

Question 6: "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? *" with radio buttons for "Yes" and "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**.

The screenshot shows the 'Summary' page of the Provider Enrollment process. At the top, there is a navigation bar with links: Home, Information, **Provider**, Trading Partner, Pharmacy Information, Hospital Modernization. Below this is a secondary navigation bar: 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.

A red box highlights a list of navigation links: 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. A red arrow points from this box to the right, with the text: "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: "I agree that I have read and accept the terms of the Provider Enrollment Agreement." which is checked. There are two input fields: "SSN of Person Signing the Application*" with the value "XXXXX2222" and "Signature of Provider or Authorized Representative*" with the value "Dolly Levi". A red arrow points from the SSN field to the right, with the text: "SSN and Signature verified against individual name & identifying information panel. An error occurs if same name/different SSN or different name/same SSN."

Below the input fields are several bullet points and a paragraph of text. The first bullet point states: "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)." The second bullet point is an "IMPORTANT NOTICE" regarding Medicaid enrollment. The paragraph of text is a certification statement: "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." Below this is another certification statement: "I certify that I have legal authority to enter into contracts and agreements on behalf of the provider."

At the bottom of the page are three buttons: "Previous", "Submit", and "Exit". A red arrow points from the "Submit" button to the right, with the text: "After clicking submit, be sure to print and/or save the application as a PDF document for your records."


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. **PCA Service Providers must be credentialed through Allied Community Resources.** Allied will provide a report of credentialed providers to DSS 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 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. A left-hand menu is expanded to show the 'Provider' section, with 'Provider Enrollment Tracking' highlighted in a red box. The main content area features a large 'WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM' banner. Below this, the Connecticut Department of Social Services logo is visible. A second navigation bar highlights 'Provider', 'provider enrollment', 'provider re-enrollment', and 'provider enrollment tracking'. The 'Enrollment Tracking Search' section contains two input fields: 'ATN*' and 'Business OR Last Name*'. A blue 'Important' button is partially visible at the bottom left of the search area.

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 a 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

PCA Service Providers:

- PCA Service Providers must first re-credential for the upcoming re-enrollment period with Allied Community Resources.
 - 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).
 - **PCA Service Providers** are not required to obtain an NPI in order to enroll and submit claims.

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.

- **PCA Service Provider Credentialing/Re-credentialing:**

Allied Community Resources

Provider Services

P.O. Box 479

East Windsor, CT 06088

E-mail: mflagg@alliedgroup.org or vgiannelli@alliedgroup.org

Phone: (860)627-9500 ext. 108 or 138

Fax: (860) 627-0230

- Questions & Answers

