

Instructions Prior to Beginning the Provider Enrollment Wizard

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.

The Enrollment/Re-enrollment Wizard collects provider enrollment data and forwards it through the review process. It is important to note that the provider may be required to complete some additional forms and must submit the appropriate evidentiary documentation for their provider taxonomy (for example: certification, licensure). The forms/evidentiary data that are required for your taxonomy/type/specialty is displayed upon completion of the Enrollment/Re-enrollment Wizard.

Providers must enroll in the appropriate taxonomy/provider type/specialty to ensure accurate billing and reimbursement rates. Please consult the fee schedules, available at www.ctdssmap.com by clicking on Provider > Provider Fee Schedule Download and downloading the applicable fee schedule, prior to enrolling.

Exceptions to Web Enrollments:

The Wizard is available to all provider groups and provider taxonomy/type/specialties, with the exception of the following:

- Nursing Facilities (Long Term Care)
- State Institution – ICF/MRs
- Home/Community Based Access Agencies
- Personal Care Services
- Acquired Brain Injury Fiduciary
- Regional Family Service Coordination Center (RFSCC) (Birth to Three) Billing and Performing Providers
- DMH and DMR Performing Providers
- School Corporations
- Private Non-Medical Institution Billing and Performing Providers
- Managed Care Organizations

Note to Out-of-State Providers:

Out-of-state providers may use the enrollment/re-enrollment Wizard if they have received approval from the Department of Social Services. Out-of-state providers may obtain approval by first submitting the claims for which they seek reimbursement to EDS at the following address:

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

Out-of-state providers are not required to complete the questions on the Provider Survey panel within the Enrollment Wizard.

Additional Instructions for Group Enrollments and Re-enrollments

New Group Enrollments

- When a group initially enrolls in the Connecticut Medical Assistance Program, the group must:
 - First complete the Enrollment Wizard and submit all of the required evidentiary documentation for the group.
 - Select New Enrollment as the Action Type on the Action Request panel that is displayed in the Enrollment Wizard.
 - Select Group as the Enrollment Type on the Action Request Panel.
 - Document the Application Tracking Number (ATN) that is assigned at the completion of the Enrollment Wizard.
 - Forward the group ATN to each of the members of the group.
 - If a member is already enrolled in the Connecticut Medical Assistance Program, the group must enter the group member(s) provider ID on the Maintain Group Members Panel as they complete the group application using the Enrollment Wizard. Additionally, a provider agreement must be signed by that member and the enrollment form (the first two pages) needs to be completed. These need to be completed on paper and must accompany the group's evidentiary documentation. The provider agreement and page 1 of the provider application may be downloaded from www.ctdssmap.com by clicking Information > Publications and scrolling down to Forms. These forms are found within the Enrollment Package.
 - Special instructions exist to enroll members not currently enrolled in the Connecticut Medical Assistance Program as follows:
 - If the member is not currently enrolled in the Connecticut Medical Assistance Program, the member may enroll using the Enrollment Wizard or the paper application process, and must submit all evidentiary documentation for that member. It is very important that the member include the group's Application Tracking Number (ATN) on their evidentiary documentation, as well as their own ATN.

If the new group member is enrolling using the Enrollment Wizard, the group member must:

- Select New Enrollment as the Action Type on the Action Request panel that is displayed in the Enrollment Wizard.

- Select Performing Member or Group Member Provider as the Enrollment Type on the Action Request Panel.
- Enter the group's ATN on the Identifying Information Panel.

Group Re-enrollments

- When a group is due for re-enrollment, a notification letter will be sent to the group. The group must re-enroll using the Enrollment Wizard and submit all of the required evidentiary documentation for the group. A list of group members that are being re-enrolled in the group is required when the evidentiary documentation is submitted to EDS. The list must contain the individual's name, the individual's NPI/Non-medical provider identifier, and the individual's license number.
- Existing members of the group must complete the provider agreement. These provider agreements need to be completed on paper and must accompany the group's evidentiary documentation.
- If a provider is joining the group at re-enrollment (i.e. the provider/member is already enrolled in the Connecticut Medical Assistance Program), the group must enter the group member(s) provider ID on the Maintain Group Members Panel as they complete the group re-enrollment using the Enrollment Wizard. Additionally, a provider agreement must be signed by that member and the enrollment form (the first two pages) needs to be completed. These need to be completed on paper and must accompany the group's evidentiary documentation. The provider agreement and page 1 of the provider application may be downloaded from www.ctdssmap.com by clicking Information > Publications and scrolling down to Forms. These forms are found within the Enrollment Package.
- If a new member is joining the group at re-enrollment and that member is not enrolled in the Connecticut Medical Assistance Program, the member may enroll using the Enrollment Wizard or the paper application process, and must submit all evidentiary documentation for that member. It is very important that the member include the group's Application Tracking Number (ATN) on their evidentiary documentation, as well as their own ATN. If the new group member is enrolling using the Enrollment Wizard, the group member must:
 - Select New Enrollment as the Action Type on the Action Request panel that is displayed in the Enrollment Wizard.
 - Select Performing Member or Group Member Provider as the Enrollment Type on the Action Request Panel.
 - Enter the group's provider ID on the Maintain Group Affiliation Panel.
- Only those group members for whom all enrollment information is received, including the provider agreement, will be re-enrolled. If EDS does not receive a signed provider agreement for an existing member of a group, that member will be removed from the group.

- The provider agreement and page 1 of the provider application may be downloaded from www.ctdssmap.com by clicking Information > Publications and scrolling down to Forms. These forms are found within the Enrollment Package.

Service Locations in the Enrollment Wizard

During the enrollment process, multiple service locations may be added. It is important to note that, once a service location is added, you will be prompted to add Provider Address, Type and Specialty, Languages Spoken, and Group/Group Members (if the enrollment request is for a group or group member) information for that specific service location. This will allow each service location to have its own provider addresses, type and specialty, languages spoken and group/group member information.

When adding a service location, you will have the option to enter multiple types of addresses in addition to the primary service location. These addresses include a Mail To address, Pay To address, Home Office address, and multiple Alternative Service Location (sometimes referred to as Practice Locations) addresses.

HIPAA Privacy/Security Statement

Provider agrees to meet all applicable state and federal laws and regulations pertaining to confidentiality, privacy, and security and to maintain and safeguard, in accordance with all state and federal laws and regulations, the confidentiality of all information concerning DSS clients, including, but not limited to, personal, financial, and medical information. Provider agrees that this agreement is an addendum to, and shall not supersede, any of the provisions contained in its Provider Enrollment Agreement.

Notice to Providers

All providers must review and understand the following notice as a pre-requisite to enrollment/re-enrollment in the Connecticut Medical Assistance Program.

Section 1128B of the Social Security Act provides Federal penalties for violations connected with the Medical Assistance Program.

The Act prohibits:

1. False statements, misrepresentation, concealment, failure to disclose and conversion of benefits;
2. Any giving or seeking of kickbacks, rebates, or similar remuneration;
3. Charging or receiving reimbursement in excess of that provided by the State;

4. False statements or misrepresentation in order to qualify an institution as a provider.

Any person committing any such acts or making such statements shall be guilty of felony and upon conviction fined not more than \$25,000.00 or imprisoned for not more than five years, or both.

In addition, pursuant to Sec. 1128A of the Social Security Act, any person or entity that causes to be presented a claim for medical item or service the claimant knows or has reason to know was not provided as claimed or payment for which may not be made under the program, or caused to be presented a request for payment which is in violation of the terms of any assignment or an agreement, shall be subject to a civil money penalty of not more than \$2,000.00 for each item or service and an assessment of not more than twice the amount claimed for each such item or service.

Instructions Upon Completion of the Enrollment Wizard

You have submitted the on-line portion of your enrollment/re-enrollment application. Your enrollment, however, is not finalized until the additional required forms/evidentiary documentation are submitted to EDS for review. These forms/documentation must be submitted to EDS on paper with the Application Tracking Number (ATN) assigned to you by the system.

Additional Forms to be Completed

Please review the list of forms below and determine if they must be completed **for each** taxonomy/type/specialty that you have selected to enroll in using the Enrollment Wizard. This must be done for all in-state, border state, and out-of-state providers, unless otherwise noted. These forms can be downloaded from www.ctdssmap.com by clicking Provider > Provider Matrix and scrolling down to locate the form.

All Provider Taxonomies/Types/Specialties

- W-9 Form
- Deficit Reduction Act Affidavit
- Electronic Funds Transfer Form (with the exception of State Institution and Out-of-State providers)
- Determination of Separate Practice Location (if you have indicated in the Enrollment Wizard that you are a contractor or an employee of an enrolled Connecticut Medical Assistance Program Provider)
- Addendum to Provider Enrollment Agreement Concerning the Acceptable Use of Electronic Signatures
- Page 1 of the Provider Application (available to download for group members to complete)
- Provider Enrollment Agreement (available to download for group members to complete)

CT Home Care Access Agency

- Subcontracted CHC Service Form

Methadone Clinic

- Mental Health & Substance Abuse Questionnaire Form

Mental Health FQHC

- Mental Health & Substance Abuse Questionnaire Form

Mental Health Clinic

- Mental Health & Substance Abuse Questionnaire Form

Drug and Alcohol Abuse Center - Inpatient

- Alcohol Detox Addendum

Drug and Alcohol Abuse Center – Outpatient

- Mental Health & Substance Abuse Questionnaire

State Institution Mental Health

- Mental Health & Substance Abuse Questionnaire

Home Health Agency

- W-1005 Form

All Out-of-state Providers

- Submit the claim that has been approved for which they seek reimbursement

Out-of-state DME Providers

- Out-of-State Notice to Providers

Out-of-state Hospital Providers

- Out-of-State Options Letter

Additional Evidentiary Documentation to be Sent to EDS

Please also identify the enrollment requirements document(s) for each taxonomy/type/specialty that you have selected to enroll in using the Enrollment Wizard. You must review this document and provide the evidentiary documentation required for each of those taxonomies/types/specialties. This must be done for all in-state, border state, and out-of-state providers. These documents can be downloaded from www.ctdssmap.com by clicking Provider > Provider Matrix and scrolling down to locate the document.

Enrollment Requirements for Advance Practice Nurse.doc
Enrollment Requirements for Air Ambulance Providers.doc
Enrollment Requirements for Alcohol and Drug Counselor Providers.doc
Enrollment Requirements for Ambulance Providers.doc

Enrollment Requirements for Ambulatory Surgical Clinics.doc
Enrollment Requirements for Assisted Living Agencies.doc
Enrollment Requirements for Chiropractors.doc
Enrollment Requirements for Clinical Social Workers.doc
Enrollment Requirements for Community Service Providers.doc
Enrollment Requirements for Critical Care Helicopter Providers.doc
Enrollment Requirements for CT Home Care Providers.doc
Enrollment Requirements for Dental Clinics .doc
Enrollment Requirements for Dental Hygienists.doc
Enrollment Requirements for Dental Providers.doc
Enrollment Requirements for Dialysis Clinics.doc
Enrollment Requirements for Drug and Alcohol Abuse Center.doc
Enrollment Requirements for Family Planning Clinics.doc
Enrollment Requirements for FQHC Dental Clinics .doc
Enrollment Requirements for FQHC Medical Clinic Providers .doc
Enrollment Requirements for FQHC Mental Health Clinics.doc
Enrollment Requirements for Home Health Providers.doc
Enrollment Requirements for Hospitals.doc
Enrollment Requirements for Independent Lab Providers.doc
Enrollment Requirements for Independent Radiology Providers.doc
Enrollment Requirements for Long Term Care Providers.doc
Enrollment Requirements for Marital and Family Therapists.doc
Enrollment Requirements for Medical Clinics.doc
Enrollment Requirements for MEDS Providers.doc
Enrollment Requirements for Mental Health Clinics.doc
Enrollment Requirements for Mental Health Group Homes.doc
Enrollment Requirements for Methadone Clinics.doc
Enrollment Requirements for Naturopath Providers.doc
Enrollment Requirements for Nurse Midwife Providers.doc
Enrollment Requirements for Optometry Providers.doc
Enrollment Requirements for Pediatric Clinics.doc
Enrollment Requirements for Pharmacy Providers.doc
Enrollment Requirements for Physician Providers.doc
Enrollment Requirements for Podiatrist Providers.DOC
Enrollment Requirements for Professional Counselors.doc
Enrollment Requirements for Psychiatric Hosptials.doc
Enrollment Requirements for Psychiatric Residential Treatment Facility.doc
Enrollment Requirements for Psychologists.doc
Enrollment Requirements for Regional Family Svc Coord Centers.doc
Enrollment Requirements for Rehabilitation Clinics.doc
Enrollment Requirements for Rural Clinics.doc
Enrollment Requirements for School Based Clinics.doc
Enrollment Requirements for School Corporation Providers.doc
Enrollment Requirements for State Inst Alcohol & Drug Abuse.doc
Enrollment Requirements for State Institution MH Clinics.doc
Enrollment Requirements for State Institution Psychiatric Hosp.doc

Enrollment Requirements for Therapist Providers.doc

To finalize your application to submit for review:

1. Ensure that all evidentiary documentation outlined above has been completed for each taxonomy/type/specialty that you have selected to enroll in using the Enrollment Wizard.
2. Note the ATN on the front of all of the documentation that you are forwarding to EDS.
3. Mail the required enrollment/re-enrollment forms/documentation to EDS at:

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

Upon receipt, EDS validates the information submitted via the Enrollment/Re-enrollment Wizard and the evidentiary documentation provided. If any information is missing, invalid, or EDS is unable to process the application, it will be returned to the provider in paper format for correction or additional information. Providers will not be able to correct or modify completed applications using the Wizard but will need to submit paper corrections.

If providers do not respond to requests to re-enroll, EDS will generate and mail to the provider two reminder letters before deactivating the provider number.

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

The Department of Social Services determination of approval or denial is returned to EDS.

If an approval is received from Department of Social Services, the Provider Enrollment Unit completes the enrollment process in the interChange system for new providers.

* **New providers:** Your Medical Assistance Program Provider Manual and Portable Document Format (PDF) Remittance Advice (RA) is available to view, download, and print from our Web portal site: www.ctdssmap.com by clicking on Provider>Secure Site>Trade Files>Download. Provider Manuals can be accessed by clicking Information > Publications and then selecting the chapter(s) you want to view, download, or print.

The Provider Enrollment Approval Notice notifies the provider of acceptance or successful re-enrollment in the Connecticut Medical Assistance Program(s), as well as

the taxonomy/provider type/specialty of the enrolled provider. Providers are then assigned a re-enrollment due date based on the date the application was executed, with the enrollment period displayed in Section 3.4 of the Provider Manual. Refer to Section 3.4 for additional information on re-enrollment procedures.

The Provider Enrollment Approval Notice supplies information on Electronic Data interChange options for submitting and receiving electronic program information, like claim submission and remittance advices.

NOTE: For Group providers, the Provider Enrollment Approval Notice identifies the performing providers within the enrolled/re-enrolled Group.

If an enrollment application is denied, a Provider Enrollment/Re-enrollment Rejection Notice is sent 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 follow the enrollment process described previously.