



TO: All Providers, Administrative Service Organizations
RE: Important Changes to Provider Enrollment

The Department of Social Services (DSS) is significantly changing the provider enrollment process and implementing a new tool that allows provider groups, clinics, outpatient hospitals and FQHC clinics to update and maintain the association of the members of their organization via their secure Web account. These enhancements are designed to increase efficiency, reduce errors and eliminate the need for most providers to submit hardcopy documentation to HP.

This provider bulletin reports the following important changes:

Provider Enrollment:

- Paper applications will no longer be accepted.
- Enrollment Wizard will be enhanced.

Provider Re-enrollment:

- Re-enrollment paper applications will continue to be accepted for a period of time.
- Secure Re-enrollment log on will move to the public site.
- Performing provider's re-enrollment will be completed independently from their affiliated organization.
- Re-enrollment period will change.

Address Maintenance

- Designate a specific address to receive enrollment mail.
- Address changes must be made via the provider's secure Web account.
- Addition of alternate service locations requires a new enrollment application.

New Maintain Organization Members Tool

- Adding or separating members of an organization must be made via the provider's secure Web account.

Electronic Funds Transfer (EFT)

- EFT changes must be made via the provider's secure Web account.

Exceptions to stated processes

Provider Enrollment

Effective November 1, 2012, new provider enrollment applications will no longer be accepted on paper. DSS has improved the enrollment Wizard on the www.ctdssmap.com web site to capture most

information required from the applicant. The majority of additional required documentation, such as the W-9, EFT form and the Electronic Signature Attestation has been incorporated into the new Wizard, eliminating the need to mail documents to HP.

Once a provider is enrolled, systematic monthly validation will occur that ensures that the provider continues to be eligible to participate in the Connecticut Medical Assistance Program. This validation includes license verification and confirmation that the provider has not been sanctioned by the Office of the Inspector General.

Paper enrollment applications received on or after November 1, 2012 will be returned to the provider with instructions for accessing the enrollment Wizard. A small number of providers are currently excluded from this requirement due to their unique enrollment requirements. Providers who are currently exempt from this mandate are listed below.

- Acquired Brain Injury Fiduciary
- CT Home Care Program – CHC PCA Fiduciary
- CT Home Care Program – Access Agency Performing Provider
- DDS Employment/Day Support Billing Provider
- DMHAS TCM/DDS Billing Provider
- Long Term Care Facilities
- State Institution – ICF/MR
- Personal Care Agency

Provider Re-enrollment

Enhancements are currently in progress for re-enrollment via the Wizard and are targeted to be ready in November, 2012. Currently, re-enrollment is accessed via the provider's secure Web account. The new re-enrollment Wizard will move the re-enrollment application to the public site, www.ctdssmap.com with new security access features. Existing provider data will continue to be pre-populated so that providers can simply verify that their information is current. If the pre-populated information is not correct, changes can be made on-line and submitted to HP via the Wizard. Until that time, paper re-enrollment applications will



be accepted. However, DSS encourages providers to re-enroll via the existing enrollment Wizard located at www.ctdssmap.com. HP will publish a bulletin when enhancements to the re-enrollment Web Wizard are complete.

Performing providers will soon be required to re-enroll independently from the organization(s) to which they are a member. The organization will no longer be required to submit signed provider agreements on their behalf. The re-enrolling performing provider will simply re-enroll on the enrollment Wizard once they receive their re-enrollment letter.

DSS has extended re-enrollment periods from 2 to 5 years for most providers. Once approved, the enrollment/re-enrollment approval letter will state the new re-enrollment due date. To view published re-enrollment periods, refer to Chapter 3, Section 3.3 of the Provider Manual. The provider manual is located by clicking Information, then Publications from the home page of www.ctdssmap.com.

Address Maintenance

A new address type has been incorporated into the enrollment application. This new address type allows a provider to identify a specific address where they wish to receive any enrollment related mailings from HP. All providers are encouraged to update this address if their enrollment mail should be sent to an address other than their designated "Mail To" address, which was last submitted via the enrollment application.

Effective November 1, 2012, requests to update a billing provider's address will no longer be accepted on paper and will be returned to the provider. Providers must utilize the Demographic Maintenance tab on their secure site to make any necessary address changes.

Address updates can easily be completed by logging onto the main account administrator's secure account at www.ctdssmap.com and clicking on the Demographic Maintenance tab.

From the Demographic Maintenance Tab:

- Click on Location Name Address
- Click on the appropriate address
- Click Maintain Address
- Update the Address Information
- Click Save

- Instructions for adding or changing an address can be found in Chapter 10, Section 10.15 of the Provider Manual. The provider manual is located by clicking Information, then Publications from the home page of www.ctdssmap.com.

Important considerations when updating an address:

1. If a provider wishes to add one or more alternate service locations that are not currently enrolled in the Connecticut Medical Assistance Program (CTMAP), a new enrollment application is necessary. Only one application is necessary to add multiple alternate service locations. An alternate service location cannot be added via the Demographic Maintenance tab. Once the new enrollment application is approved, the new alternate service location will be added to the provider's existing primary service location.

2. If a provider is adding one or more alternate service locations that are already enrolled in CTMAP, the provider needs to simply mail a letter to HP, on their office letterhead, which requests the existing CTMAP provider service location(s) be added to their primary service location.

3. If a provider has one NPI with two or more AVR ID's, changing the 9 digit zip code may impact claims processing and cause claim denials without the same address change made to claims submitted by that service location.

An error in the address information in HP's system may result in the denial of claims, misdirected payments, the loss of provider eligibility, or the recoupment of previously paid claims. Entering the new information on a claim form or prior authorization request is not notification of change.

New Maintain Organization Members Tool

Providers who are groups, clinics, outpatient hospitals or FQHC clinics are required to identify the members of their organization. DSS has implemented a new tool on the provider's secure Web account that allows main account administrators to add or separate members of their organization. This new tool is located by clicking on the Demographic Maintenance tab, then selecting the Maintain Organization Member link.

Important note: Organization members must first be enrolled as an individual in CTMAP before they can be affiliated with a group, clinic, outpatient hospital or FQHC clinic. Each organization must have at least one performing provider.



Instructions for adding or separating members of an organization can be found in Chapter 10, Section 10.15 of the Provider Manual. The provider manual is located by clicking Information, then Publications from the home page of www.ctdssmap.com.

Effective November 1, 2012, requests to add or separate a member of an organization will no longer be accepted on paper and will be returned to the provider. Providers must utilize the Demographic Maintenance tab on their secure site to make any necessary changes.

Electronic Funds Transfer (EFT)

Effective November 1, 2012, EFT change requests will no longer be accepted on paper and will be returned to the provider. Providers must utilize the Demographic Maintenance tab on their secure site to make any necessary EFT changes.

Instructions for adding or changing EFT information can be found in Chapter 10, Section 10.15 of the Provider Manual. The provider manual is located by clicking Information, then Publications from the home page of www.ctdssmap.com.

Exceptions to stated processes

DSS acknowledges that providers need access to the internet in order to complete the above stated transactions. DSS will, on a case by case basis, waive these requirements should the provider demonstrate they do not have access to the Internet. In order to waive these requirements, providers must submit a request in writing to HP describing the reason why they cannot access the internet to perform these transactions. If DSS approves the request, HP will process these requests from the provider.

If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center at 1-800-842-8440.

