CONNECTICUT MEDICAID ASSISTANCE PROGRAM (CMAP)

(Resident = Resident /Fellow)

Overview

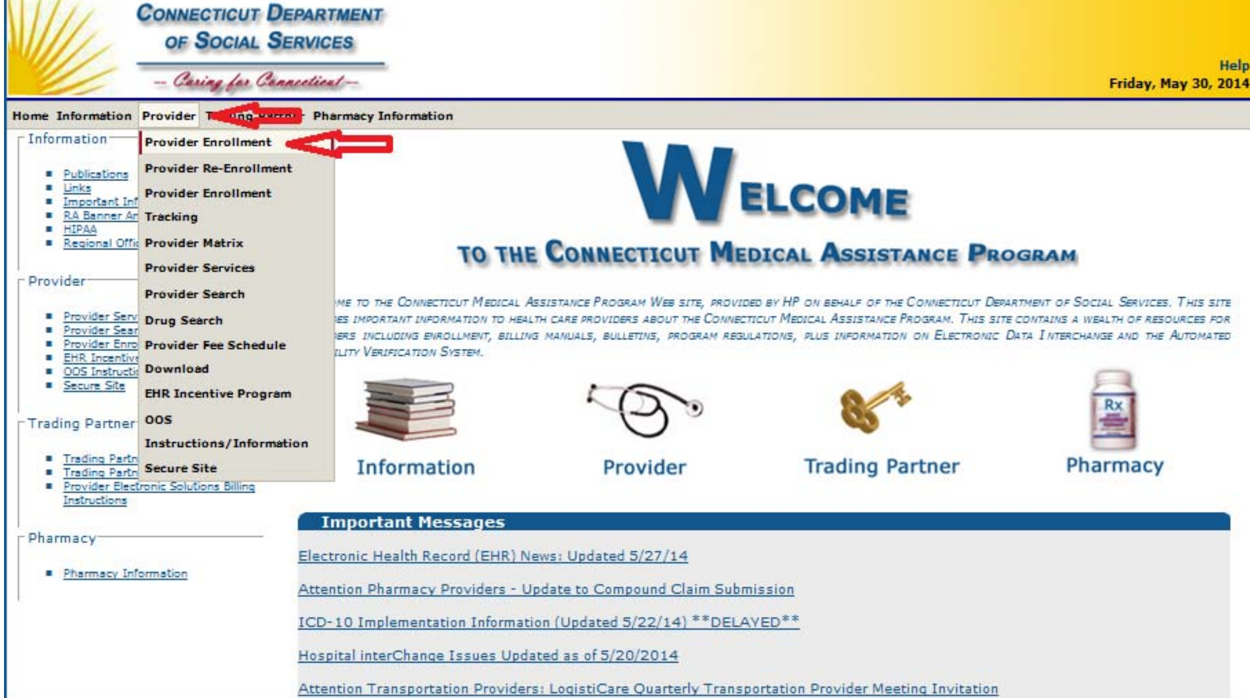
The following presents a step by step guide on completing an application for enrollment as a resident in the Connecticut Medical Assistance Program. Completion of this application for both licensed and non-licensed residents/fellows is a very easy and quick process. Prior to beginning the application, please ensure that you have the following information readily available:

- National Provider Identifier (NPI). **NPI Registration instructions were previously distributed with your agreement letter. You cannot apply for CMAP without your NPI number.**
- Social Security Number (SSN). International citizens that do not have a social security number will need to register for CMAP as soon as the social security number is received. You must present your immigration documents to the Social Security Administration to apply for a social security number. Further information will be sent in another email.
- Your Program's Address, including a full nine digit zip code, as well as your program's office phone number and email address. **Please refer to the Program Addresses document that has also been included in this email in another document.**

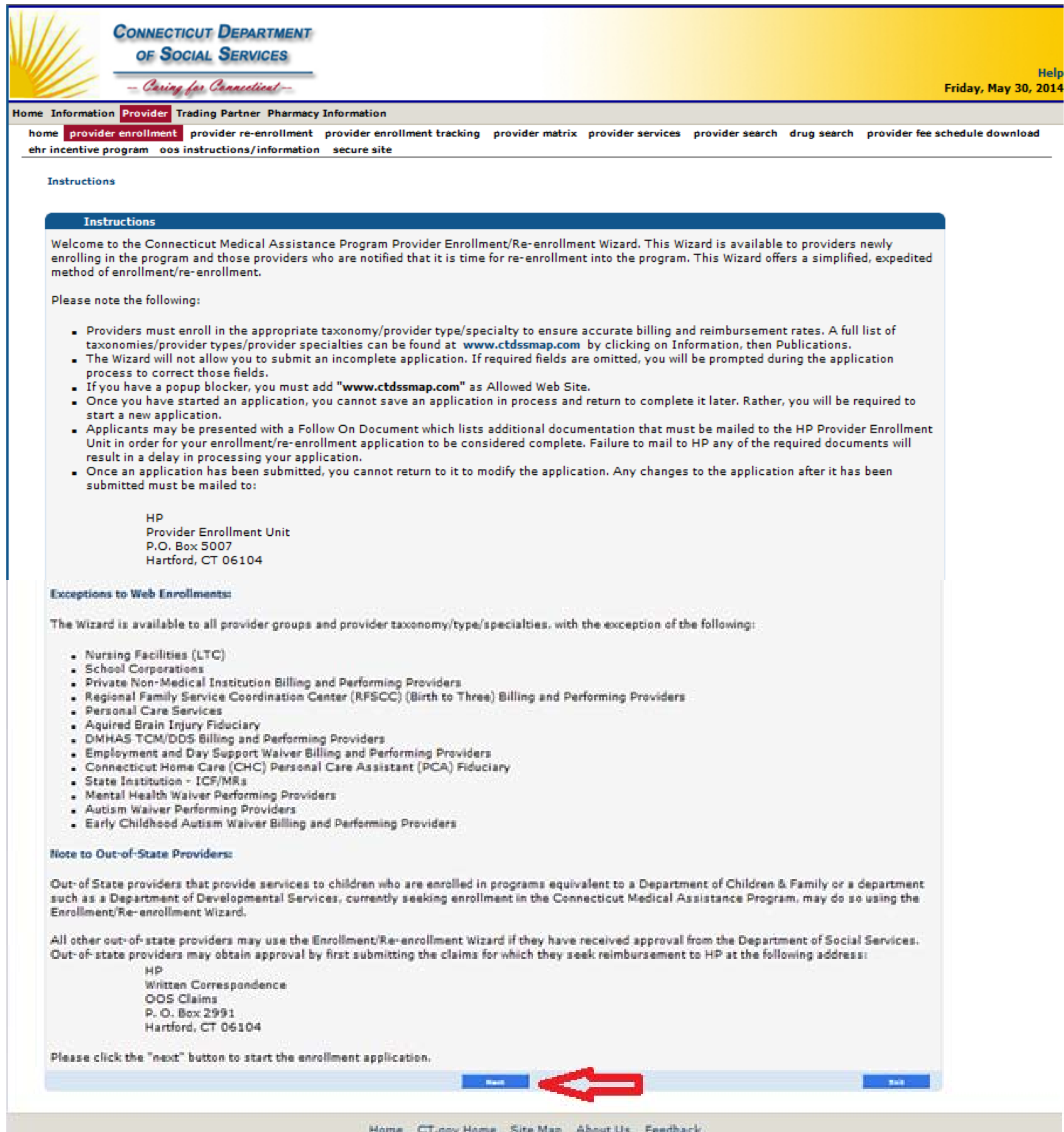
You will not be able to submit your application without the above information.

Instructions

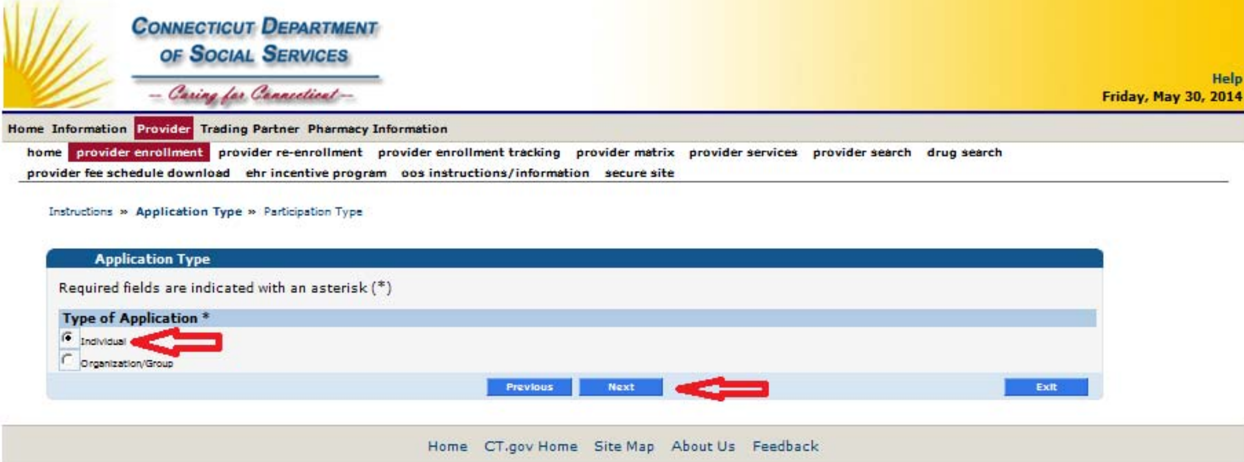
1. Access the Web site for the Connecticut Medical Assistance Program at www.ctdssmap.com.
2. Once on the Web site, select Provider > Provider Enrollment, as shown below.



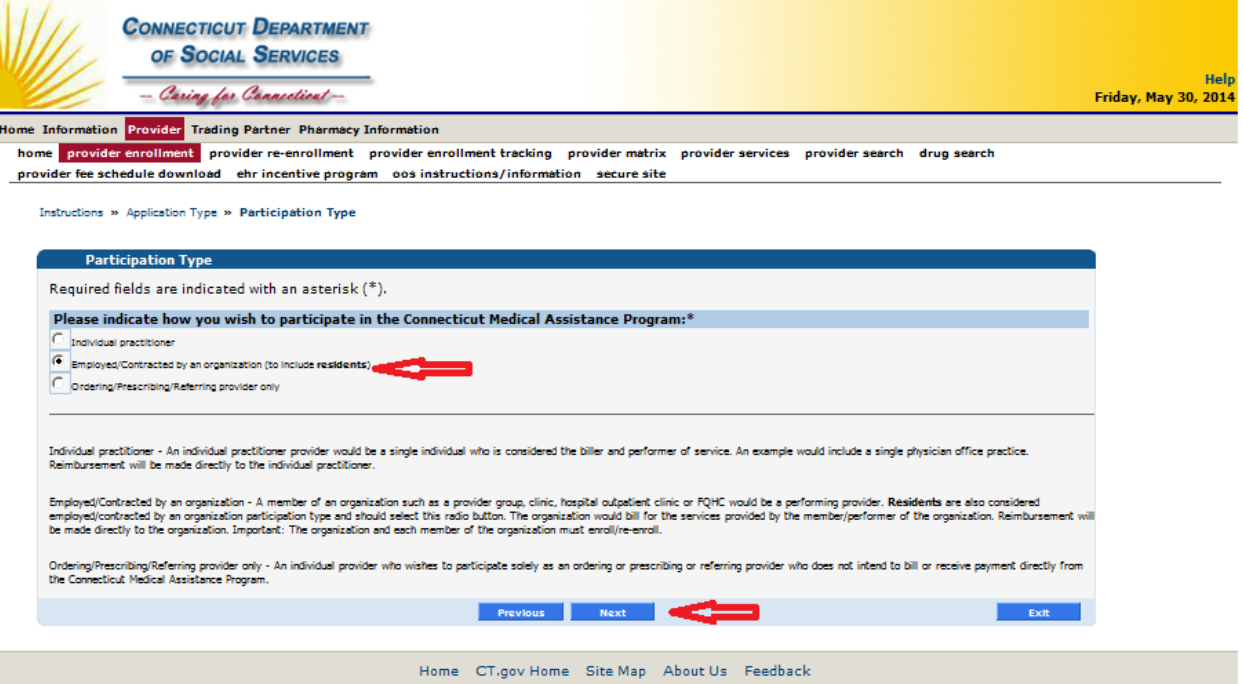
3. Review the instructions on the Instructions Panel and select Next.



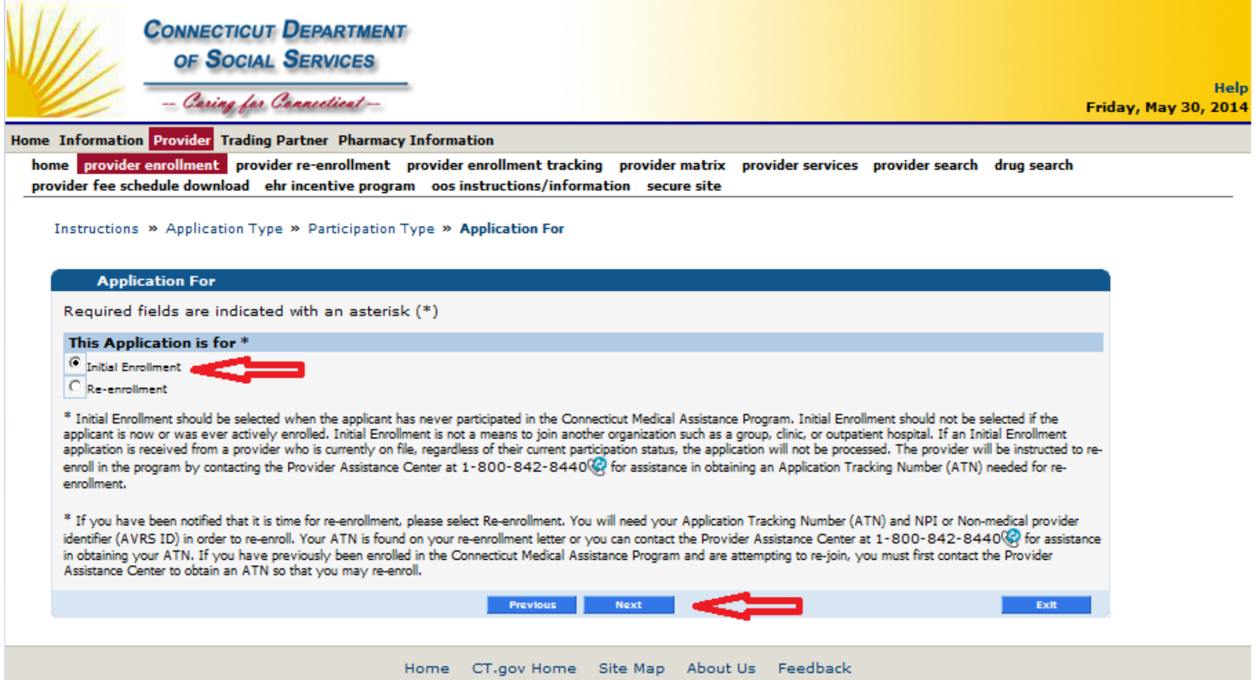
4. On the Application Type panel, select Individual and click Next as shown below.



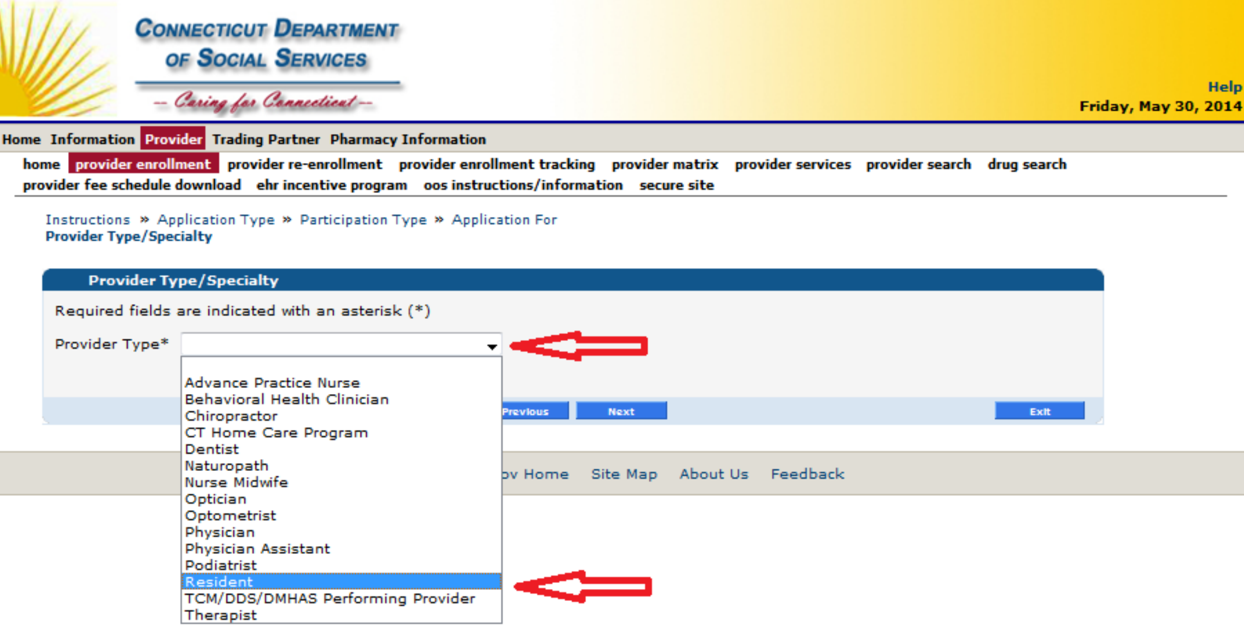
5. On the Participation Type panel, select Employed/Contracted by an Organization (to include **residents**) and click Next as shown below.



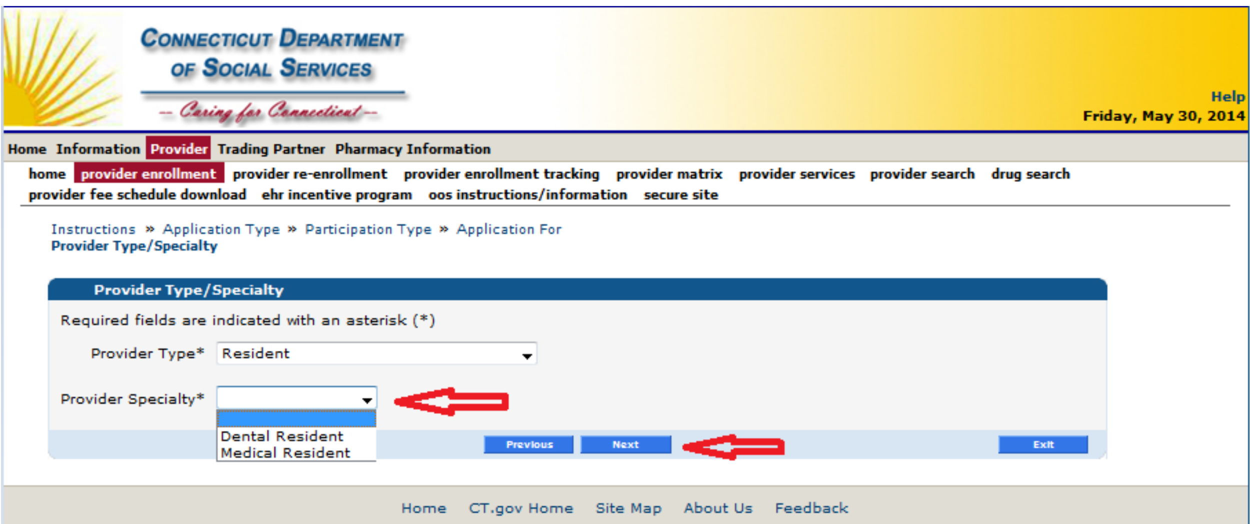
6. Initial Enrollment should already be selected on the Application For panel. Select Next as shown below to continue your application.



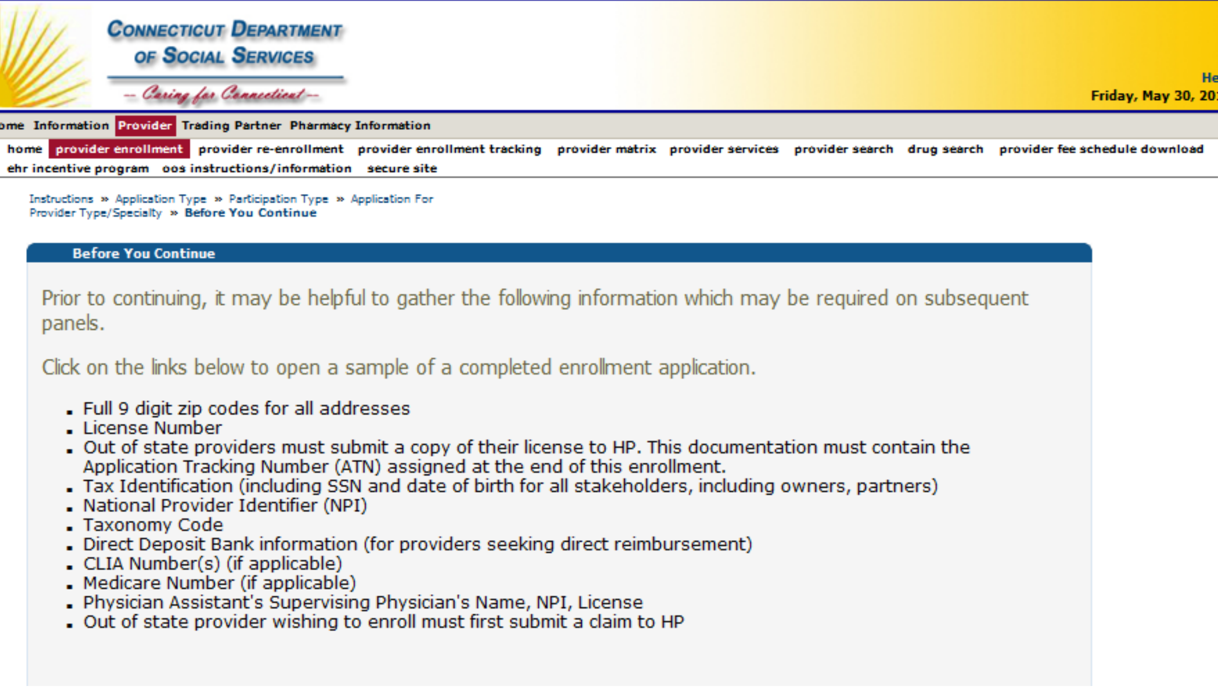
7. On the Provider Type/Specialty panel, use the drop down arrow on the Provider Type field to display the list of provider types. From that list, select Resident. (resident = resident/fellow)

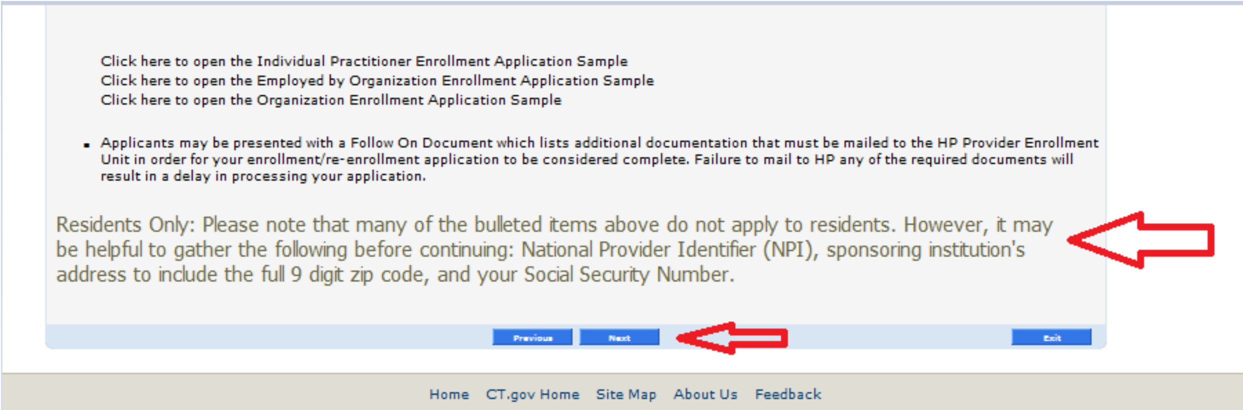


8. Click on any space in the Provider Type/Specialty panel again (or select Next) to display the Provider Specialty field as shown below. Use the drop down arrow on the Provider Specialty field to display the list of provider specialties. From that list, select either Medical Resident or Dental Resident and then select Next. ALL RESIDENTS/FELLOWS (EVEN SURGICAL RESIDENTS) SHOULD CHOOSE MEDICAL RESIDENT

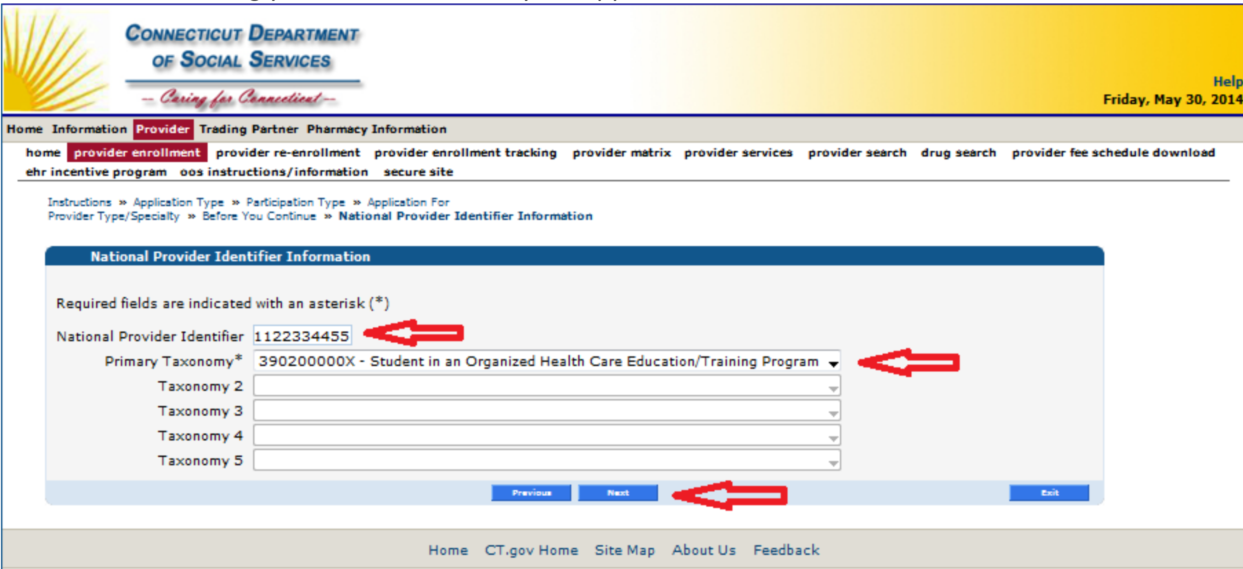


9. The Before You Continue panel is then displayed. Please review the section indicated below for Residents, ensure you have all necessary information, and select Next to continue with your application.



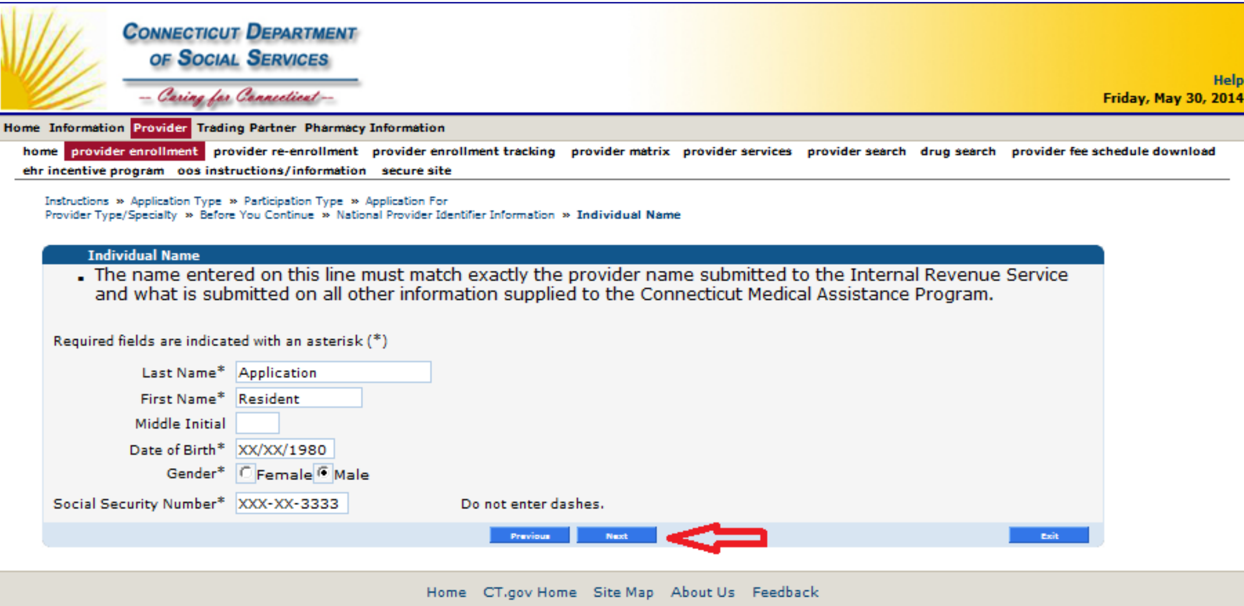


10. On the National Provider Identifier Information panel, enter your NPI in the National Provider Identifier field. Please note that the Primary Taxonomy field defaults to the Student Taxonomy. No additional updates are required to this field or any of the other Taxonomy fields. Click Next after entering your NPI to continue your application.

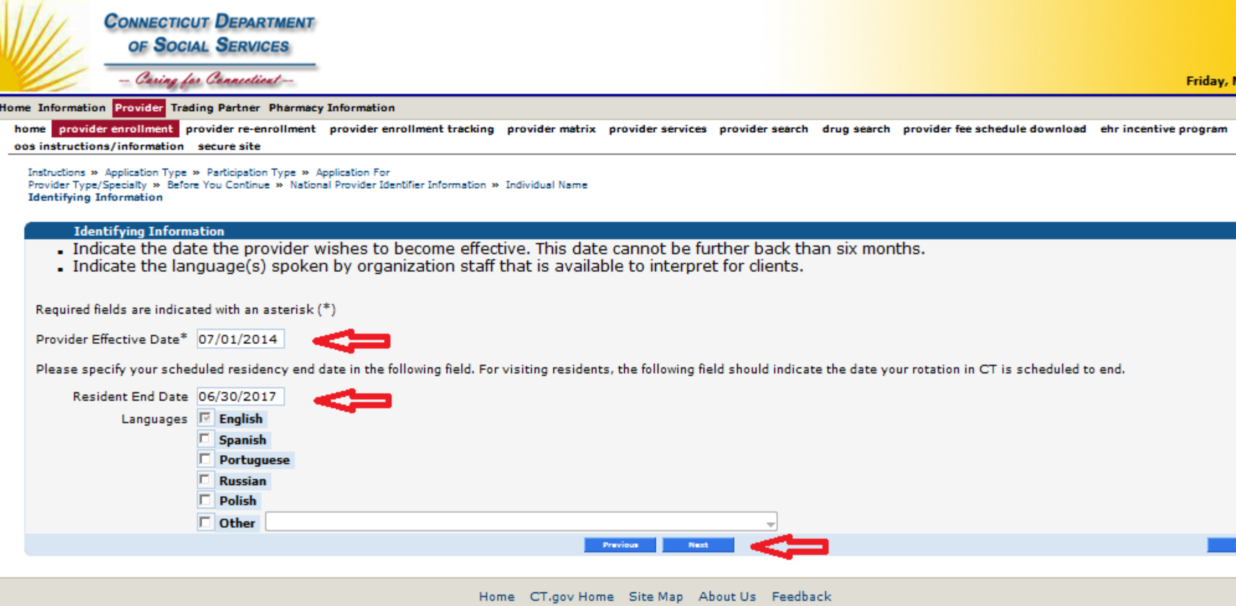


11. On the Identifying Information panel, enter the following fields as shown below and select Next:
    - Last Name
    - First Name
    - Middle Initial (optional)
    - Date of Birth (please use month/date/year format)
    - Gender
    - Social Security Number (SSN)

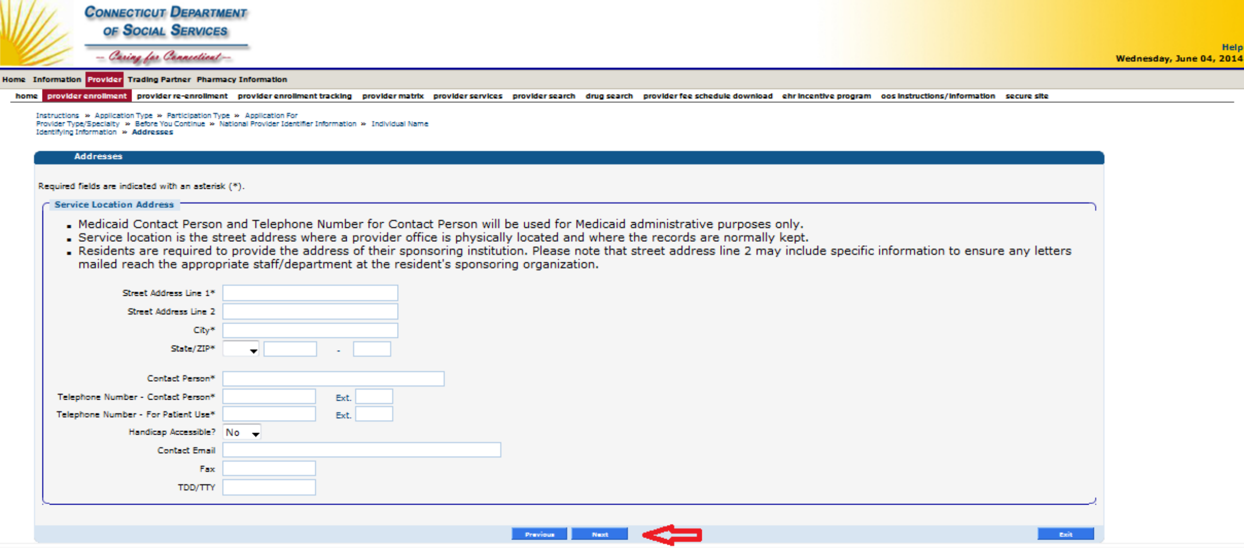
    Please note that (after entry) the date of birth and SSN fields appear masked with "X"s to protect Personally Identifiable Information (PII).



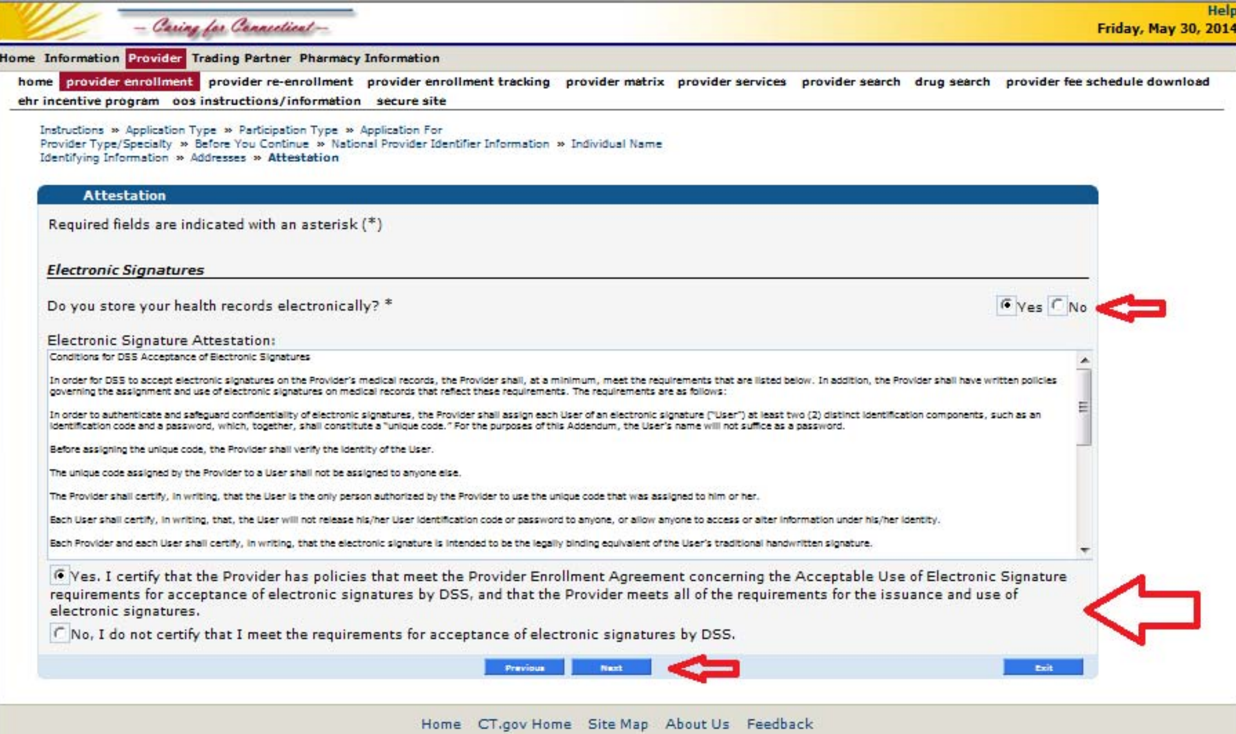
12. On the Identifying Information panel, enter the following fields and then select Next.
    - Provider Effective Date (Please note that this cannot be any earlier than June 1 of the current residency year.) For example 6/28 or 7/1. Please use when your training begins.
    - Resident End Date (Please note that this should reflect the length of your residency. For visiting residents, this should indicate the date your rotation in CT is scheduled to end.) The end date should encompass the maximum length of time that you plan on being at UConn. If you are in a prelim year and will be doing, or hope to be doing, your residency here, list the end date as the end of the residency. Please use end date of 6/30 (except for Sports Medicine/off cycle residents) even if your program may end on 6/28.
    - Languages (optional)



13. On the Addresses panel, enter your program's address. Enter your Program Director as the contact name, with associated telephone number (Program Coordinators' phone #) and email address. Once those fields have been completed, select Next as shown below.
    - Street Address Line 1 Please refer to Program Address document
    - Street Address Line 2 (Please note that this address line may include specific information to ensure any letters mailed reach the appropriate staff/department at your sponsoring organization/program.)
    - City
    - State/Zip Code with +4 Zip Code Extension – Mailcode #
    - Contact Person – Program Director
    - Telephone Number – Contact Person – use Program Coordinator's #
    - Telephone Number – Patient Use (A telephone number for patient use is helpful when a client needs to contact a provider. This allows the provider to store both their business and patient use telephone numbers.) – use Program Coordinator's #
    - Handicap Accessible (optional)
    - Contact Email
    - Fax (optional)
    - TDD/TTY (optional)

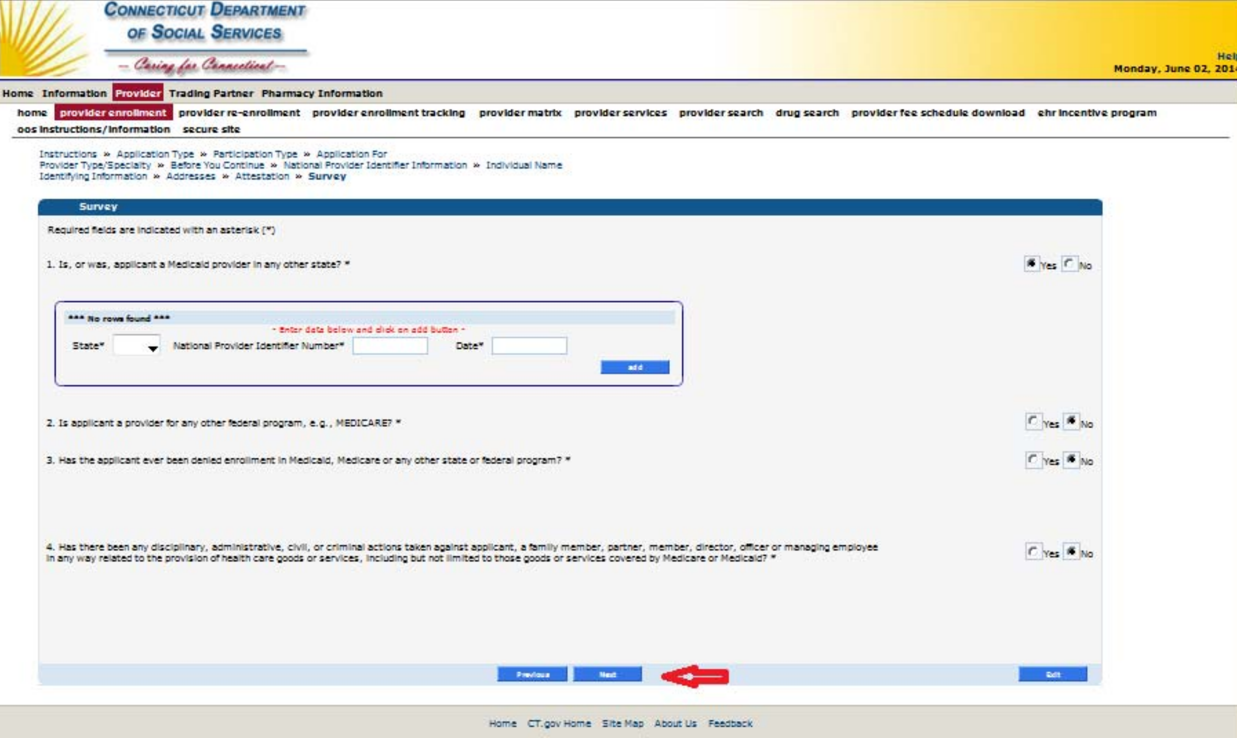


14. On the Attestation panel, respond to the question about whether health records are stored electronically. Yes must be selected if any of this sites at which you currently perform services store their health records electronically. If Yes is selected, additional text as shown below under "Electronic Signature Attestation:" is presented for review.* Respond accordingly to the statements at the bottom of the panel and then select Next as shown below.

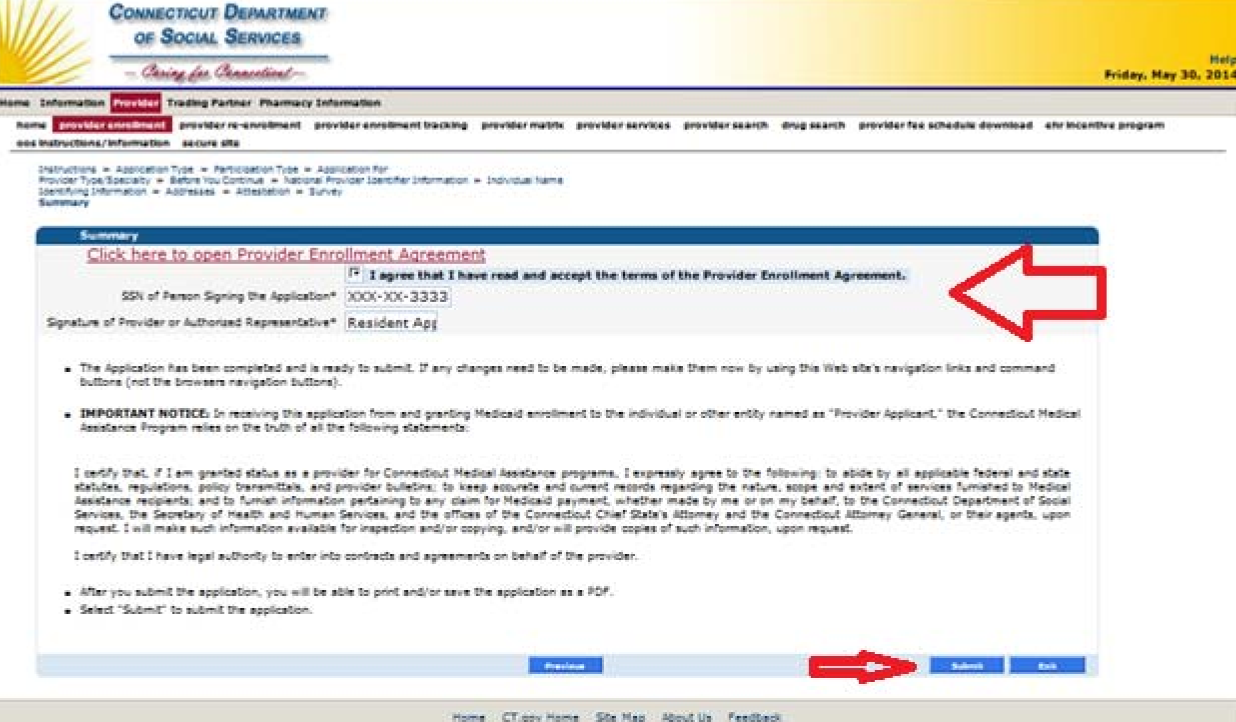


*** Please check "YES" to this question. All of our programs use electronic records at some or all of their site rotations.**

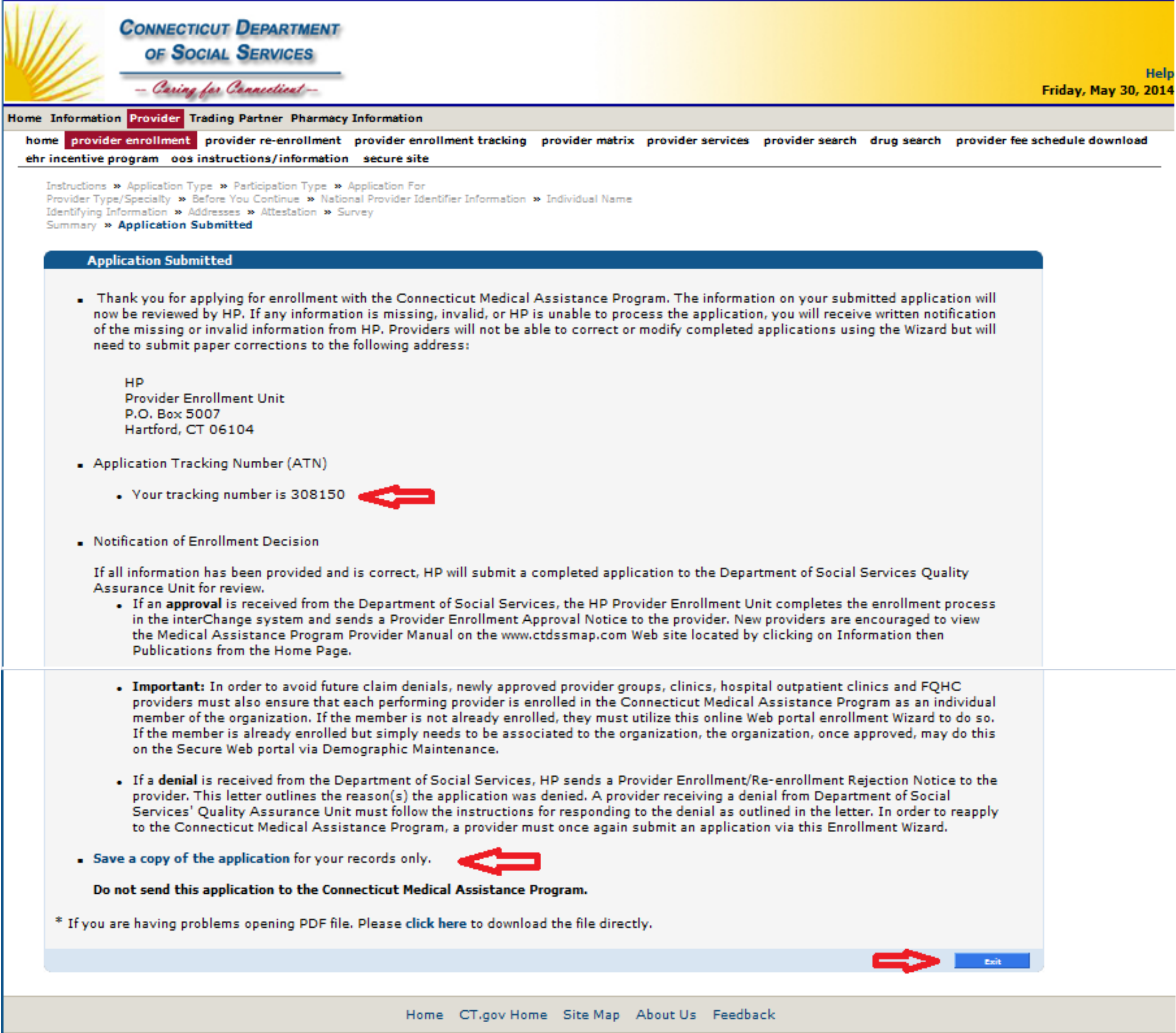
15. On the Survey panel, respond Yes or No to each of the four questions and select Next as shown below. Please note that a response to each question is required. If you select Yes to any of the questions, another text box may be displayed prompting you for more detailed information, as shown after the first question below.



16. On the Summary panel, you must select “Click here to open Provider Enrollment Agreement” and fully review the document that is displayed. Once reviewed, you are required to acknowledge that you have read and accept the terms of that agreement. You must again supply your SSN and a signature, review the additional language on the panel, and select Submit as shown below.



17. Once your application has been submitted, you will see an Application Tracking Number (ATN) on the Application Submitted panel, shown below. From this panel, you have the option to save a hard copy of the information saved via the Web application. You may now select Exit. Please provide your ATN to the GME Office.



Please do not send a hard copy of this application to HP once you have submitted it via the Web. Once your application has been submitted, no additional action is needed by the resident or the hospital for enrollment in the Connecticut Medical Assistance Program. Hospitals **are not required** to associate residents under the hospital's AVRS ID.

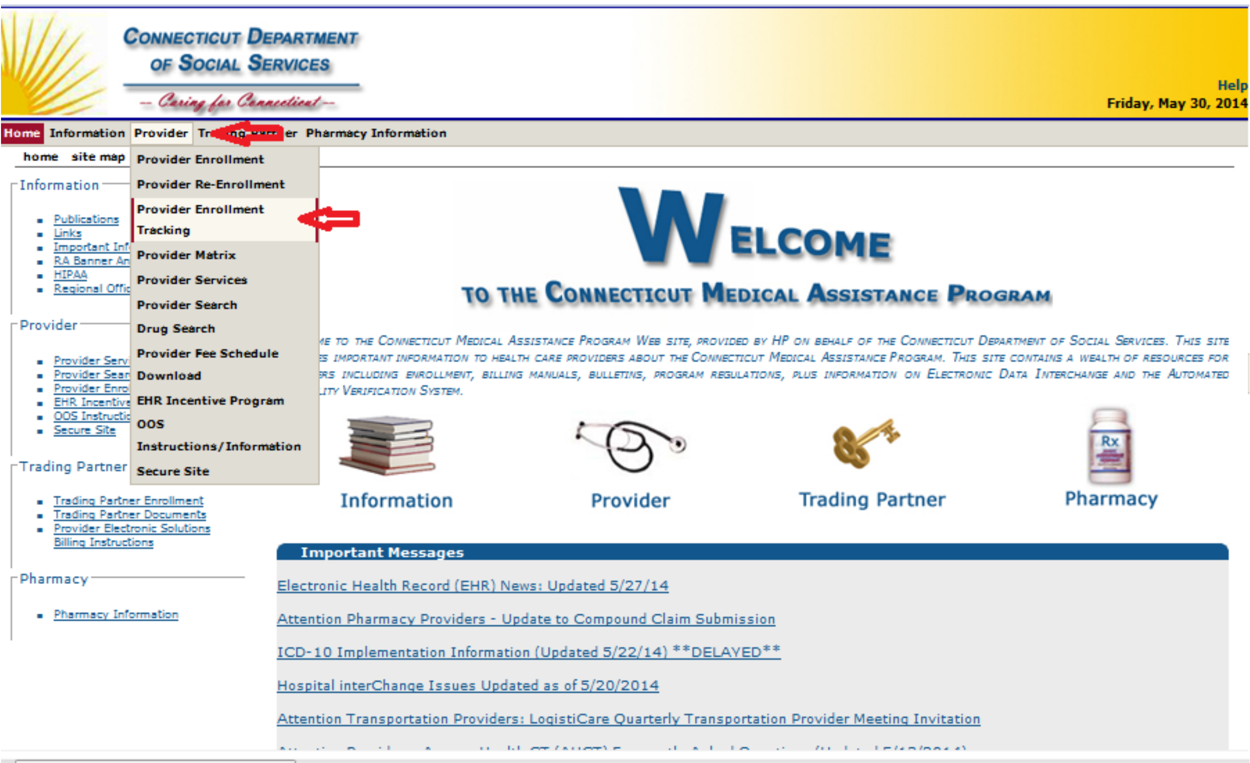
Once submitted, the application will be reviewed by DSS' Quality Assurance Unit and you will be notified via a letter of your approval or denial for participation in CMAP. The reasons for denial are minimal, but may include the following:

- Resident not registered on NPPES as a student. You must supply a valid NPI that exists on NPPES with a student taxonomy.
- Resident found to not be in compliance with any federal regulations (For example, DSS' Quality Assurance Unit will validate any provider that appears on the Office of Inspector General's sanction list. Any providers found to be on this list are denied enrollment in CMAP.)

Please note that, while not a reason for an application to be denied, in order for a resident to participate in CMAP, they must be issued a permit through the Department of Public Health. Your sponsoring organization, the hospital, is responsible for submitting to DPH their list of residents. If you attempt to enroll in CMAP and are not present on the DPH permit file, your enrollment application will be suspended until such time that you have been issued a permit. Your sponsoring organization should obtain instructions for submission of the resident file on DPH's Web site at http://www.ct.gov/dph/cwp/view.asp?a=3121&q=543188.

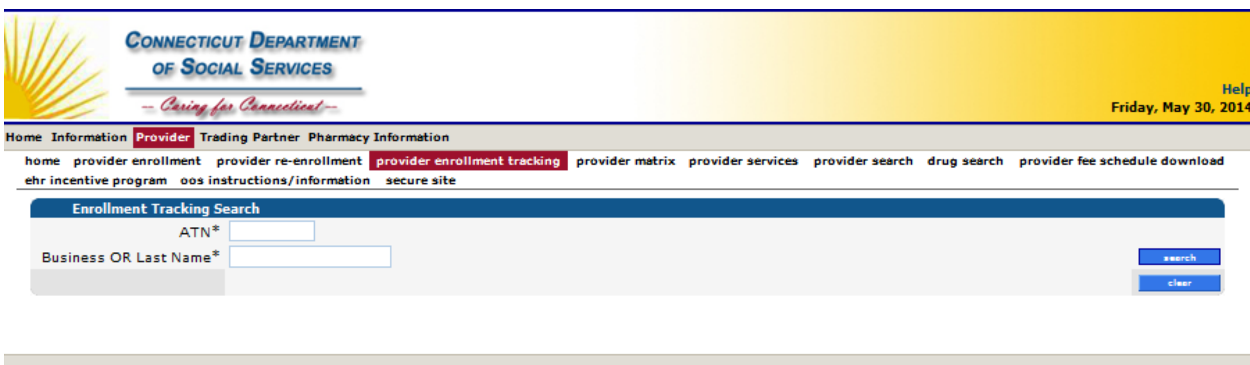
Tracking the Status of an Application

You may track the status of your application at www.ctdssmap.com by selecting Provider > Provider Enrollment Tracking.



On the Provider Enrollment Tracking panel, enter your ATN and name to obtain a status of your application. Possible statuses include:

- HP Reviewing Resident Application – Your application has been received by HP and is currently being reviewed to determine what required information is missing.
- Awaiting DPH Permit Info – Your application is in a pending status because your NPI could not be located on the Department of Public Health's permit file. In these instances, please request your sponsoring organization to submit an updated permit application to DPH, using the instructions found on DPH's Web site at http://www.ct.gov/dph/cwp/view.asp?a=3121&q=543188. DPH will then forward the permit information to HP. Once the permit information is received from DPH, your application will automatically be sent to DSS for review. No additional action is required from you or your sponsoring organization at that time.
- DSS Review of Resident Application – Your application has passed the HP review process and is currently with DSS' Quality Assurance Unit for review.
- Waiting Application or Information from Provider – A request has been sent requesting additional information necessary to finalize your application.
- DSS Approved – Your application has been approved by DSS. You will soon be receiving a letter indicating that approval.
- Denied/Letter Needed – Your application has been denied by DSS. You will soon receive a letter indicating the reason for denial.
- HP Denied – HP has denied your application for reasons such as: The sponsoring organization is located outside of Connecticut.
- DSS Denied – DSS has denied your application and a denial letter has been mailed.
- Enrollment Completed – You have successfully enrolled in CMAP.



Please note that it may take up to 14 days for your application to be finalized.

Annual Resident Validation and Provider Re-enrollment

Once enrolled, an annual validation will be done to ensure you continue to be present on the DPH permit file. No action is required by the resident to complete this validation process. Residents with a residency period greater than three years will be required to re-enroll every three years via the on-line Re-enrollment Web Wizard. A notification will be sent as you approach your re-enrollment due date with instructions on how to re-enroll.

Obtaining Full Licensure

If you are a currently enrolled resident and become fully licensed through the Department of Public Health prior to the time you are due to re-enroll, you must enroll in CMAP as a fully-licensed provider. To enroll, please select Provider Enrollment via the www.ctdssmap.com Web site. At this time, you will select the appropriate provider type (such as “Physician” or “Dentist”) and the appropriate specialty. You will then be asked to supply all relevant provider information, including your DPH license number. Upon enrollment under your newly licensed specialty, you will receive a new AVRS ID.

For Hospitals: List of Ordering/Prescribing/Referring Providers

To verify if the resident is going through enrollment or is already enrolled, hospitals can view the list of ordering/prescribing/referring providers on the Home page of the provider’s secure Web site at www.ctdssmap.com. Once logged on to the secure site, the link to the list is in the upper right corner under Quick Links.