SOP - Medicaid Provider Enrollment and Re-enrollment

1. All passwords need to be current in the CMS I&S system before starting the application:
   1. Authorized Official – Master User
   2. Delegated Official
2. Medicaid enrollment/re-enrollment will be completed electronically.
   1. Provider portal: [Provider Enrollment (ctdssmap.com)](https://www.ctdssmap.com/CTPortal/Provider/Provider-Enrollment)
   2. Username –
   3. Password
   4. Re-enrollment every 2 years
3. is registered as an outpatient clinic.
   1. Medical Clinic
      1. Copy of current DPH license as an Outpatient Clinic (OPC)
      2. Where applicable, current Outpatient Clinic license must reference CT Public Health Code Sections 19- 13-D54 and 19a-116-1(approval to provide abortion services)
      3. Copy of Medical Director’s current physician license
      4. Statement from Medical Director accepting full professional responsibility for services (standard form provided by Gainwell Technologies as part of the provider’s follow-on document)
      5. List of satellite clinics and current DPH license for each site
      6. Description of the services provide
   2. No application fee
4. Applications that need to be completed:
   1. Authorized Official and Delegated Official will need to electronically sign document
5. Information needed:
   1. License # -
      1. Effective date
      2. Expiration date
   2. NPI# -
   3. Tax ID# -
   4. PTAN
   5. CLIA
   6. Taxonomy – Primary -2– Clinic/Center - Community Health – on
      1. Secondary– Clinic/Center/Public Health State or Local
         1. This in on the NPI but will not be added to the Medicaid application
   7. Organization legal business name –
   8. Doing business as name –
   9. Copy of previous application
   10. Confirm NO Federal or State convictions.
   11. Verify any new electronic storage for patient medical records
       1. CT WIZ
   12. Confirm locations (zip codes) when rendering services in a home and types of services
   13. Organization chart
   14. Mayoral attestation
       1. May only be needed for initial application
   15. Effective date of ownership/establishment of
   16. Authorized Official – Director of Health
   17. Delegated Official – Director of Nursing
   18. EFT Contact Person – Treasurer/Payroll Administrator
       1. If banking information changes, will need to have Finance Department complete CMS 588 but Director of Health signs the form.
       2. Voided checks are no longer possible – will need Account Verification latter from the bank, on bank letterhead, with all banking information for the checking account and a contact person and information for the bank.
   19. Billing Agency information – TBD
6. Secure site – Trading partner
   1. Eligibility information
   2. Remittance advice
7. Demographic Maintenance
   1. Organization Members
      1. Maintain organization members
         1. Watch enrollment dates for clinicians, they periodically need to re-enroll with Medicaid
         2. Add new Medical clinicians or else you can’t bill
         3. All Medical clinicians need an NPI
   2. Clerk Maintenance
      1. Add clerks (access) and assign roles
      2. Account administrator – Master User – assigns a password and username. Clerk can change password.
8. Third party biller will work with you to establish the ***Billing Agency/Agent information.***
9. Medicaid Provider Enrollment questions – Gainwell Technologies – 1-800-842-8440
10. Have 1 year to file a claim.