



Example

06/04/2025

Dear

We are pleased to advise you that in accordance with the Department of Social Services' policy, your application for enrollment in the Connecticut Medical Assistance Program has been approved:

NPI/Non-medical Provider Identifier: NPI 11*****
Program Participation/Effective Date: CT Home Care (Date Given)
AVRS/Initial Web User ID*: 008*****
Re-enrollment Due Date: (Date Given)

Based on the information provided on the enrollment application, you are enrolled with the following provider type, specialty, and primary taxonomy, as well as any additional taxonomies you provided. Please notify us in writing on office letterhead should any of these taxonomies change. Billing providers are required to submit claims for reimbursement using your National Provider Identifier (NPI) and taxonomy. If the billing provider is an atypical provider who does not have an NPI, claims must be submitted with the non-medical provider identifier. Claims may be submitted for dates of service on or after the effective date indicated above.

<u>Type Description</u>	<u>Specialty Description</u>
CT Home Care Program	CHC Service Provider
Primary Taxonomy	----- Taxonomy Not Applicable (non-medical services)

Provider Agreement

If you are a billing provider or a performing provider within an organization, the effective date of your Provider Enrollment Agreement is (Date Given) and the Provider Enrollment Agreement shall thereafter be in effect until (Date Given), unless terminated by either DSS or the Provider prior to the stated ending date. As stated in the Provider Enrollment Agreement, this approval letter containing your enrollment period is incorporated into and made part of your Provider Enrollment Agreement. Please note that you will be required to successfully re-enroll by the re-enrollment due date provided above, which reflects the end date of this application/agreement. You must allow at least 30 days for processing by both DSS and Gainwell Technologies. If your application is not finalized by your reenrollment due date, you will be dis-enrolled. A letter will be sent six (6) months in advance notifying you when you are due for re-enrollment. Nursing Home and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) providers will receive their notice eight (8) months in advance of their re-enrollment due date.