

CT Medicaid ReEnrollment Process - Renew 2 months prior to Due Date Minimum
Documents need to be mailed to Hartford CT
Only part is online.

Connecticut Department of Social Services
Making a Difference

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oos instructions/information fingerprint criminal background check info e-mail subscription secure site Claim Level Detail

Log In to Your Re-Enrollment Application

Log In to Your Re-Enrollment Application ?

- Please enter your Application Tracking Number (ATN) found on your re-enrollment notification letter or contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN.

Required fields are indicated with an asterisk (*)

Complete Provider Re-Enrollment 2 months before Due (Minimum). Letter is sent 6 months then 3 months prior to renewal.
Access Top Right "Trade Files > Download" to get letter for ATN #

ATN*

NPI/Non medical provider identifier (ARS ID)* 11:

Next Exit

To Locate ATN Number

1. Log into CTDSSMAP Portal
2. Click on "Trade Files" in upper Right tab area
3. Click on "Download" to access letters for renewal
4. ATN Number is on this form.

Letters are sent out 6 months then 3 months prior to Due Date via Trade Files > Download