

Connecticut Department of Social Services (DSS)
Division of Health Services

Medicaid Provider Enrollment/Re-Enrollment Instructions
for the School Based Child Health Program

1. For New Enrollees Only: The school district must submit, on school letterhead, a request for the school to become a Medicaid Provider under the School Based Child Health (SBCH) program. This letter should be signed by the Superintendent /Administrator. The letter should be addressed to the attention of our division Director, Christopher Lavigne, and sent either by email (as a scanned pdf file) to DSS.SBCH@ct.gov , or by postal mail, to:

The Department of Social Services
Reimbursement and Certificate of Need, 9th floor
SBCH Program
55 Farmington Avenue
Hartford, CT 06105

2. If a school district does not have a National Provider Identifier (NPI) number, it will need to file for one. Please refer to the following SBCH webpage and follow the “Apply Online for an NPI Number” link to register for an NPI number:
<http://www.ct.gov/dss/cwp/view.asp?a=2349&q=526938>
NOTE: schools will need the SBCH ‘**Provider Taxonomy**’ number to complete the NPI registration which is **251300000X**.
3. For Re-Enrolling Providers Only: The SBCH Program will send to *re-enrolling* Providers (via email) an Application Tracking Number (**ATN**) to be used in the Application Package (explained below).
4. The Medicaid Provider Enrollment/Re-Enrollment Application and Agreement for the School Based Child Health Program can be found on the SBCH webpage at:
<http://www.ct.gov/dss/cwp/view.asp?a=2349&q=526938>
5. Print the application.
6. Fully complete the Medicaid Provider Enrollment/Re-Enrollment Application and Agreement.
7. Please use the ‘SBCH Provider Enrollment Application Questions and Answers’ document, found at the above listed webpage, to help you complete the Application package.
8. For Re-Enrolling Providers Only: Please write the school district’s Application Tracking Number (ATN) on the top right-hand corner of every page of the application package (refer to 3. above).

9. **PLEASE NOTE:** Medicaid Reimbursement checks sent to school districts will be sent to the address provided in the '**Provider Pay-To Location**' field in Section C of the Application.

10. For New Enrollees Only: 'Provider Effective Dates' entered in Section B that are greater than 6 months old will need to be approved by the SBCH Program within the Department of Social Services; if this applies to your School District, please contact the SBCH Program. Note that School Districts may submit Medicaid claims only for Medicaid services rendered for dates of service starting with the Provider Effective Date.

11. Completed Application packages should **not** be stapled, but instead paper-clipped together.

12. Completed Application packages should be sent to:
HP Enterprises
P.O. Box 5007
Hartford, CT 06104

13. **PLEASE NOTE:**
 - a. The school district will have an initial **30 days**, from date of notification of ATN and re-enrollment procedures, to submit the Application package (Re-enrolling Providers will be notified by SBCH staff of their ATN. New Enrollees will be assigned an ATN by HP staff upon submission of their application).
 - b. If after this period of **30 days** HP has not received the Application package from the school district, HP will send a reminder Notice to the district prompting submission of the Application package.
 - c. If after an **additional 30 days** from the date of that reminder Notice HP has still not received the Application package, the enrollment Application will be at risk of being denied.

14. **PLEASE NOTE:**
 - a. Once an Application is received by HP, if HP Enrollment Specialists find that information is missing or incorrect, the incomplete Application pages will be sent back to the district with a 'corrective letter' explaining what information needs to be completed and/or fixed.
 - b. Upon revising the returned pages, the school district should send the corrected pages back to HP along with a copy of the 'corrective letter'.
 - c. However, if after a period of **30 days** HP has not received the requested corrected documentation from the school district, HP will send a reminder Notice to the district prompting submission of the incomplete pages.
 - d. If after an **additional 30 days** from the date of that reminder Notice HP has still not received the requested information, the enrollment Application will be at risk of being denied.

15. **PLEASE NOTE:** If at any time you receive an enrollment notice from HP (for example, a 30-day reminder as noted above), **please ignore any directions in that letter that instruct you to access the school's enrollment/re-enrollment application through the HP website (www.ctdssmap).** A specifically tailored SBCH Program Enrollment Application has been developed for the SBCH Program and is available **only on the DSS SBCH webpage** at:
<http://www.ct.gov/dss/cwp/view.asp?a=2349&q=526938>