

Connecticut Department of Social Services (DSS)

Division of Health Services

School-Based Child Health (SBCH) Provider Enrollment Application

Common Questions and Answers

Updated November 6, 2013

Guidance is provided below for completing selected sections of the SBCH Provider Enrollment Application package, which is necessary to participate in the SBCH program and be eligible to receive Medicaid reimbursement from DSS for SBCH services. This document will be modified with additional guidance as needed.

Section B

Q: What name should I enter under Enrolling Provider Name?

A: Enter the legal name of your entity, which must be the same as the name used on all legal documents including Federal and State Tax forms.

Q: Why is information already entered for Questions 2, 3, and 4? Do I have to add any additional information?

A: Because the data for these three fields is the same for all school districts enrolled in the SBCH Program, DSS has pre-populated these fields for you and you do not need to add any additional information.

Q: Where can I find our National Provider Identifier (NPI)?

A: One place to find this number is on the re-enrollment notification letter you received from Hewlett Packard (HP). You may also directly search the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov/>.

Q: Where can I find our Federal Tax ID number?

A: This number is found on Federal tax forms. Additional information is also available from the IRS at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Lost-or-Misplaced-Your-EIN>.

Q: Where can I find our Federal Tax ID Effective Date?

A: This date is found on Federal tax forms.

Q: Where can I find our State Tax ID?

A: This number is found on State tax forms. Additional information is also available from the State Department of Revenue Services at <http://www.ct.gov/drs>.

Q: What do I enter in the 'Requested Provider Effective Date' field?

A: School Districts that have been previously enrolled as SBCH providers and are *Re-enrolling* should not enter any date in this field and should leave the field blank. Their status as a Medicaid Provider under the SBCH Program will continue uninterrupted. However, School Districts that are *New Enrollees* in the SBCH Program should enter the date that they would like their status as a Medicaid Provider under the SBCH Program to take effect, which generally should not be any earlier than when the School District first asked the Department about joining the SBCH Program. *New Enrollees* may enter a date going back in time up to 6 months without Department approval required. Effective Dates entered 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. School Districts may submit Medicaid claims only for Medicaid services rendered for dates of service starting with the Provider Effective Date.

Section C

Q: What location should I enter as the Primary Service Location?

A: Enter any one of your district's school locations where SBCH services are provided.

Q: What location should I enter as the Provider Home Office Location? Do I have to enter a location for this field?

A: This is an optional field. You may wish to enter a headquarters or primary business office location, for example.

Q: What location should I enter as the Provider Pay To Location?

A: Enter the address (*if different than the Primary Service Location*) where the school wishes to have Medicaid reimbursement checks sent. If the Provider Pay To Location is the same as the Primary Service Location, leave blank.

Q: What location should I enter as the Provider Enrollment Address?

A: Enter the address where the school wishes all enrollment-related communications be sent (that are being sent from Hewlett Packard).

Section D

Q: What parts of Section D need to be completed if the answer is "**Yes**" to question 1: "Is the provider organized as a corporation?"

A: If the answer to this question is "Yes", you must complete all of section D.

Q: What parts of Section D need to be completed if the answer is "**No**" to question 1: "Is the provider organized as a corporation?"

A: If the answer to this question is "No", the only part of Section D that the must completed is the "Managing Employees" section.

Q: What is a Managing Employee?

A: As the Application explains, a Managing Employee is defined in federal regulations as “a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.” 42 C.F.R. § 455.101. While the school district needs to decide who meets this definition in their district and should be entered as “Managing Employees”, some potential examples that the school might include are the Superintendent, an Assistant Superintendent, the Director of Finance, the Director of Special Education, etc.

Q: How many Managing Employees does the school need to list?

A: The school district should list any employee that it determines to meet the definition of “Managing Employee”.

Q: What Address/Telephone numbers need to be provided for the listed Managing Employees?

A: Any valid Address and Telephone number for the given Managing Employee may be used.

Q: Why am I required to provide information about the provider’s managing employees, including name, address, date of birth, and social security number?

A: This information is required by federal regulations. Specifically, in order to prevent fraud, federal regulations implementing section 6401 of the Affordable Care Act require state Medicaid agencies to collect “the name, address, date of birth and Social Security Number of any managing employee” of each Medicaid provider. 42 C.F.R. § 455.104(b)(4). This information is also necessary because federal regulations require state Medicaid agencies to “confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases,” including several databases that use date of birth and social security number in order to perform those searches. 42 C.F.R. § 455.436(a).

The U.S. Centers for Medicare and Medicaid Services (CMS) explained its reasons for adopting this regulation as follows: “We [CMS] are sensitive to the concerns related to confidentiality of identifiable information such as SSNs. We are also concerned about issues that arise out of identity theft. We encourage States to institute appropriate safeguards to protect the information they gather as required by these rules. However, collection of disclosures including the SSNs and DOBs of persons with ownership and control interests in a disclosing entity, and of managing employees, is necessary to protect the integrity of the State Medicaid programs. Therefore, we are finalizing the proposal requiring provision of SSNs and DOBs.” Preamble to Final Rule, 76 Fed. Reg. 5862, 5897 (Feb. 2, 2011).

Section E

Q: How should I answer questions that are not applicable?

A: As indicated in the application form, answer “No” to every question that is not applicable.

Q: Regarding Section E Question 2, “Is applicant a provider for any other federal program”, should I list any federal programs that our school district participates in, including the federal lunch program?

A: Yes, you should list any federal programs that the school district participates in, including the federal lunch program.

Q: Regarding Section E Question 2, “Is applicant a provider for any other federal program”, do I need to list federal monetary awards that the school district has received?

A: No, you only need to list any federal programs that the school district participates in, for example, the federal school lunch program.

Q: When listing additional federal programs in which a school participate in, in Section E Question 2 of the application, do schools need to enter a “National Provider Identifier” (NPI) number for each federal program listed, as asked for in that question.

A: Schools may provide whatever information they have to complete this particular question. So, for example, if the school does not have an NPI number for the federal school lunch program, but instead an “agreement number”, the school may write in the agreement number instead of the NPI number, and make a note on the application that this is an “agreement number”.

Q: Could you please explain what Section E Question 4 is asking?

A: Question 4 asks if the school district contracts with private health insurance. A school district should answer Yes to this question if the school district is paid by a private insurance company for performing health services for student patients as one of the insurance company’s billing providers. That would be the case regardless of whether those students necessarily participate in the SBCH program (and including if the school district provides non-SBCH services, such as in a school-operated clinic that bills private insurance companies for providing services).

Q: For our school district, who do questions 5 and 6 apply to?

A: In general, questions 5 and 6 apply to the Managing Employees that you listed in Section D. If the school is organized as a corporation (*i.e.*, if you answered “Yes” to question 1 in section D), then these questions also apply to officers, directors, etc.

Q: For our school district, who do questions 7 and 8 apply to?

A: Questions 7 and 8 apply to the applicant (the school district applying to be a provider), and in general, to the Managing Employees that you listed in Section D. If the school is organized as a corporation (*i.e.*, if you answered “Yes” to question 1 in section D), then these questions also apply to officers, directors, etc.

Q: For our school district, who do questions 9 and 10 apply to?

A: Questions 9 and 10 apply to the applicant (the school district applying to be a provider), and if the school is organized as a corporation (*i.e.*, if you answered “Yes” to question 1 in section D) then these questions also apply to officers, directors, etc.

Q: Please provide an example of how Section E Question 10 may apply to a school district. Section E Question 10 asks: “Does the applicant and/or owner, partner, member or officer have an ownership or control interest in any other provider?”

A: An example of how this question may apply to a school district is when a school/board of education runs a school health clinic. In such a scenario, Question 10 asks whether the SBCH provider (*i.e.* school district) has any ownership or control interest in the clinic (regardless of any programmatic connections between the services offered in

the clinic vs. SBCH). If the clinic is truly a separate entity from the school / Board of Education / school district without any ownership or control connections, then the school can answer “No” to Question 10 (such as if the clinic is run by a Federally Qualified Health Center - FQHC - that simply rents space from the school district). The purpose of Question 10 is to identify any ownership or control connections between the SBCH provider (i.e. school district) and any other provider in order for the Department of Social Services (DSS) to be able to assess potential program integrity risks. That is still relevant even if (as would often be the case), the services provided by the clinic are not related to SBCH (special education-related) services.

Q: For our school district, who does question 11 apply to?

A: Question 11 applies to the applicant (the school district applying to be a provider), and in general, to the Managing Employees that you have listed in Section D. If the school is organized as a corporation (*i.e.*, if you answered “Yes” to question 1 in section D), then these questions also apply to officers, directors, etc.

Q: For our school district, who do questions 12 and 13 apply to?

A: Questions 12 and 13 apply to the applicant (the school district applying to be a provider).

Q: Please provide an example of how Section E Question 13 may apply to a school district. Section E Question 13 asks: “Does applicant provide contractual services to a hospital, clinic, or institution?”

A: An example of how this question might apply to a school is if the school district provides staff or other services to a clinic located at a school. That would presumably not be the case if a clinic simply rents space from the school in a completely arms-length relationship without any other contractual connections.

Q: For our school district, who does question 14 apply to?

A: If the school is organized as a corporation (*i.e.*, if you answered “Yes” to question 1 in section D), then this question could apply to your school.

Q: For our school district, who do questions 15 and 16 apply to?

A: Questions 15 and 16 apply to the applicant (the school district applying to be a provider).

Section H

Q: How should we fill out form W-9?

A: Here is a link to form W-9, including IRS instructions, as posted on the IRS website: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. Please contact your school district’s accountant or other tax advisor if you have any questions concerning how to complete form W-9.

A few excerpts from the on-line IRS Form W-9 instructions that may be helpful include:

- Name
 - “Other entities. Enter your business name as shown on required federal tax documents on the ‘Name’ line. This name should match the name shown on the charter or other legal document creating the entity....”
- Exemptions

- “If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code on page 3....”

“The following codes identify payees that are exempt from backup withholding...

1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2), ...

3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities...”

Section J

Q: Do I need to complete any fields in Section J?

A: No, there are no fields to fill out in Section J.

Q: Why is Section J included in the application package?

A: Section J is included because if a school uses electronic records to document services provided to SBCH recipients, it needs to follow the requirements in Section J to ensure that the electronic signatures in these electronic documents are valid. Section J contains basic electronic security guidelines. We anticipate that many providers may have stricter electronic security requirements. As long as the minimum requirements stated in section J are met, providers may use stricter requirements.

Section K

Q: What fields need to be completed in this section?

A: All fields must be completed. Please note the instructions in the application on page 12 that state: “The person signing this certification must be the same person whose signature appears on the Provider Agreement” (Section L). Generally, the person signing the Certification and Provider Agreement should be listed in Section D as one of the Managing Employees.

Section L

Q: What fields need to be completed in this section?

A: Please refer to the instructions in the application on Page 13 that describe the four fields that need to be completed in the Provider Agreement (pages 14-20). Note that the same four fields are included in the “Addendum to Provider Enrollment Agreement for School-Based Child Health Providers” (pages 21-22), and must be completed as well.

Q: Why is there an Addendum to Provider Agreement in addition to the Provider Agreement?

A: The Addendum to Provider Agreement contains provisions that are unique to the School-Based Child Health Program. The Provider Agreement is the standard, general agreement used for almost all Medicaid providers.