



Connecticut Medical Assistance Program
Policy Transmittal 2012-22

PB 2012-68
December 2012

Roderick L. Bremby, Commissioner

Effective Date: December 1, 2012
Contact: Barbara Jarzyna @ 860-424-5878

TO: School Based Child Health Service Providers

RE: School Based Child Health Service Providers Re-enrollment process in the Connecticut Medical Assistance Program.

The purpose of this policy transmittal is to inform Connecticut School Districts participating in the Medicaid School Based Child Health Program of a change in the current procedure to process an application to re-enroll as a Provider in the Connecticut Medical Assistance Program.

School Districts enrolled in the SBCH program are required to re-enroll as a Provider in the Connecticut Medical Assistance Program once every three years.

New procedure:

Upon receipt of a notification from HP to re-enroll in the Connecticut Medical Assistance Program, a School District is required to notify DSS Reimbursement and CON of a receipt of such notification and request that DSS Reimbursement and CON provide the School District with a re-enrollment application packet. Requests for re-enrollment applications may be sent via e-mail to DSS.SBCH@ct.gov. Completed re-enrollment applications should be sent back via posted mail to the following address:

State of Connecticut
Department of Social Services
Reimbursement and CON
25 Sigourney Street
Hartford, CT 06106

Posting Instructions: Policy transmittals can be downloaded from the web site at www.ctdssmap.com

Distribution: This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by Hewlett-Packard (HP) Enterprise Services.

Responsible Unit: Reimbursement CON and Rate Setting; Barbara Jarzyna 860-424-5878

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