



TO: All Providers

RE: Newly Eligible Clients under the Affordable Care Act (Part III)

The purpose of this bulletin is to provide additional clarification as well as updated billing and prior authorization guidelines to providers rendering services to individuals determined to be newly eligible through Access Health CT (AHCT).

Effective May 5, 2014, providers may contact HP to have a temporary client ID issued in the event that an individual presenting an AHCT “Eligibility Decision for Health Care Coverage” notice does not have an eligible client ID in the Automated Eligibility Verification System (AEVS) or the Secure Web portal. This temporary client ID will allow providers to submit claims to the Connecticut Medical Assistance Program (CMAP), with exceptions as noted below. Providers may contact the HP Provider Assistance Center at 1-800-842-8440 and select “Claim & Enrollment Assistance” from the main menu and then option #4 for Access Health CT Eligibility.

The call center agent will collect the following information from the provider in order to validate eligibility and issue a temporary client ID:

- Client Name
- Client DOB
- SSN (if available)
- Gender
- Person ID
- Application ID
- Benefit Plan
- Begin Date of Coverage

In order to activate the temporary client ID, providers will be asked to fax the client’s AHCT Eligibility Notice to 1-877-413-4241. The fax cover sheet should contain the provider’s contact information, including contact name and phone number, in case follow up is needed.

Please note that only HUSKY A and HUSKY D eligible individuals will be granted temporary identification numbers.

Providers should continue to verify a client’s eligibility on the date of service, prior to performing the scheduled service, and discontinue the use of the temporary ID once a valid (permanent) 9 digit CMAP ID becomes available.

Temporary IDs (9-digit client IDs that begin with a leading “8”) are valid for a number of transactions. Eligibility verification may be performed using these ID’s via the Secure Web portal at www.ctdssmap.com, the AEVS, e-Prescribing using SureScripts as well as vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction.

Please note the following information regarding use of a temporary ID for claims and prior authorization requests:

- **Any claim for a service that does not require a Prior Authorization (PA) may be submitted with the temporary ID.**



- **Pharmacy claims that requires PA** – Once the PA is approved the pharmacy claim may be submitted with the temporary ID.

For other services that require Prior Authorization, please contact the appropriate administrative services organization (ASO), as noted below:

- **Medical Services that require PA** – Contact Community Health Network of CT (CHNCT) for PA at CHNCT – 1-800-859-9889. Claim may only be submitted with a valid 9-digit CMAP ID (starts with leading “0”). Claims will deny if submitted with a temporary ID.
- **Behavioral Health Services that require PA** – Contact Value Options (VO) for PA at 1-877-55-CTBHP or 1-877-552-8247. Claim may only be submitted with a valid 9-digit CMAP ID (starts with a leading “0”). Claims will deny if submitted with a temporary ID.
- **Dental Services that require PA** – Contact BeneCare for PA at: 1-855-CT-DENTAL or 1-855-283-3682. Claim may only be submitted with a valid 9-digit CMAP ID (starts with leading “0”). Claims will deny if submitted with a temporary ID.

In anticipation of questions providers may have in regard to temporary IDs a Question and Answer document has been prepared and is available as an Important Message (IM) on the www.ctdssmap.com Web site. Providers may also access this Important Message by clicking on the following link:

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=AHCT+FAQs.pdf&URI=Important_Message%2fAHCT+FAQs.pdf

Please check this page frequently as the document will be updated as new information becomes available.

