



TO: All Providers

RE: Eligible Clients under the Affordable Care Act Part IV (Temporary ID Update)

The purpose of this provider bulletin is to provide additional clarification as well as updated billing and prior authorization guidelines to providers rendering services to individuals determined to be eligible through Access Health CT (AHCT). This bulletin supersedes all previously published provider notifications ([PB14-01](#), [PB14-15](#), [PB14-29](#), [PB14-31](#)).

Providers may continue to 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.

Please note the notice that is presented must list the client name under “**Approved Individuals**” on the AHCT letter. Letters that list clients as “**Eligible Individuals**” are indicating that the client has started, but has not yet completed, the eligibility process. “Eligible Individual” letters do not serve as proof of Medicaid coverage and are not a guarantee of payment. “Eligible Individual” letters will not be accepted for creation of a temporary ID. “**Approved Individual**” letters include the following language:

Attention newly eligible Medicaid members and Medicaid Enrolled Providers: For a period of 30 days from the date of this notice, this notice serves as proof of Medicaid coverage. This temporary notice guarantees payment to the Medicaid enrolled providers when providing health care services. It only guarantees payment for medically necessary goods and services that are covered by Medicaid. Providers are encouraged to verify

the identity of the individual before rendering goods or services to the member. Eligibility status with client identification number will be updated in the Automated Eligibility Verification System within 30 days.

The HP Provider Assistance Center is only authorized to issue a temporary client ID if the notice date (located in the upper left hand corner of the notice letter) is within 60 days of the request for the temporary client ID. **Providers who are presented with letters that have notice dates greater than 60 days old for clients where the AEVS response does not return corresponding eligibility information will need to contact the escalation unit at Xerox at 1-800-656-6684 to facilitate processing of eligibility under the permanent client ID.**

The HP Provider Assistance Center agent will collect the following information from the provider in order to validate eligibility and issue a temporary client ID:

- Client Name
- Client Date of Birth (DOB)
- Social Security Number (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 “Approved Individuals” will be granted temporary identification numbers.

Clients who have previously received a temporary client ID, and have either (1) never received an eligibility segment, or (2) only received a partial eligibility segment under the permanent client ID, will not be eligible to receive a second temporary client ID. Clients who fall in these categories must contact the escalation unit at Xerox at 1-800-656-6684 to facilitate processing of eligibility under their permanent client IDs.

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 Connecticut Medical Assistance Program (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, or 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 (PA) requests:

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

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

Please note that claims associated with goods or services prior authorized by one of the above ASOs must be billed with the client's permanent CMAP ID. Doing so may require providers to delay billing until a permanent CMAP ID becomes available.

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: [AHCT FAQ](#).

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





State of Connecticut
Health Insurance Exchange

Person ID: 1234567890
Doc ID: 1234567

Notice Date: 06/22/2015

Application Date: 02/16/2015

JOHN SMITH
4 Privet Drive
West Hartford, CT 06117

Application ID: 0000001

Subject - Change Reporting Eligibility Decision for Healthcare Coverage

Dear JOHN SMITH,

We have received the changes you reported on your application. Based on this updated information, the following people in your household are eligible for the healthcare coverage listed below:

Please read this entire notice. You have the right to appeal the decision(s) on this notice. This notice has important information about your eligibility and appeal rights.

You and the household members listed are eligible for the healthcare coverage listed below:

Approved Individuals:

HUSKY D/Low Income Medicaid	Begin Date	Program Selected
JOHN SMITH	07/01/2015	X

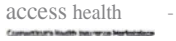
Attention newly eligible Medicaid members and Medicaid Enrolled Providers: For a period of 30 days from the date of this notice, this notice serves as proof of Medicaid coverage. This temporary notice guarantees payment to the Medicaid enrolled provider when providing health care services. It only guarantees payment for medically necessary goods and services that are covered by Medicaid. Providers are encouraged to verify the identity of the individual before rendering goods or services to the member. Eligibility status with client identification number will be updated in the Automated Eligibility Verification System within 30 days.

How We Made Our Decision(s)

We counted your household size and income based on what you told us and other information available to us from federal and other databases.

If you think we made a mistake, you have the right to appeal. You can keep your existing medical health coverage while you appeal. For information on how to appeal, see the Appeal Rights and Deadlines section of this notice.





State of Connecticut Health Insurance Exchange

Person ID: 1234567890 Doc ID: 123456

Notice Date: 6/18/2015

Application Date: 6/17/2015

JOHN SMITH
4 Privet Drive
West Hartford, CT 06117

Application ID: 0000002

Subject - Eligibility decision(s) for Health Care Coverage

Dear JOHN SMITH,

We received your application on 10/17/2014 for health care coverage through Access Health CT. This notice is to let you know if you and other people in your household are eligible for health care coverage through Access Health CT.

Please read this entire notice. You have the right to appeal the decision(s) on this notice. This notice has important information about your eligibility and appeal rights.

Eligible Individuals:

HUSKY A/Medicaid for Children

Begin Date

JOHN SMITH

7/01/2015

The following individuals are not eligible for certain health care coverage programs. Please see the eligibility decision(s) below:

Denied Individuals:

Table with 5 columns: Name, Program, Reason, Household Size, Income Standard, Household Income confirmed by applicant. Row 1: JOHN SMITH, Qualified Health Plan, Individual is not eligible to receive QHP during a Special Enrollment Period.

Select a program or choose a health plan

Please do one of the following to complete your program selection:

- 1. Login to: www.accesshealthct.com
2. Call: 1-855-805-HEALTH (1-855-805-4325)
3. For the HUSKY Health Program, you may complete the attached program selection form and return to: PO BOX # 670, Manchester, CT 06045-0670

If you are eligible for the HUSKY Health Program, you will receive your CONNECT Card within thirty (30) days of completing your selection.

