

III. Verifying HUSKY Health Member Eligibility

OPTIONS FOR VERIFYING MEMBER ELIGIBILITY FOR HUSKY Health SERVICES

HUSKY Health providers will only be reimbursed for behavioral health services covered by CT BHP that are provided to HUSKY Health members who are eligible for the dates when services were provided.

Verifying CMAP Eligibility

Prior to beginning a course of treatment, before any admission to a facility or program, and at the time of each session, it is important that the HUSKY Health provider verify the member's eligibility. HUSKY Health providers cannot be reimbursed for services provided to a person who is not eligible at the time the services are rendered.

Eligibility verification must be completed through one of the Automated Eligibility Verification System (AEVS) tools maintained by Gainwell Technologies, the fiscal agent for the CMAP. In addition to eligibility, the AEVS eligibility inquiry will also indicate whether the member in question has a third-party payer who may be liable for some or all of the member's behavioral health care costs; Medicaid is the payer of last resort. If a HUSKY health member has applicable third-party coverage, the benefits of these policies must be fully exhausted prior to claim submission.

Accessing AEVS

HUSKY Health provider can access the Automated Eligibility Verification System in the following ways:

Web Eligibility Verification

Enrolled HUSKY Health providers may verify HUSKY Health member eligibility through the CMAP website at www.ctdssmap.com. Go to the public website at www.ctdssmap.com, navigate to the Provider page and click on the hotlink for SECURE SITE. HUSKY Health providers may verify a member's eligibility by logging on to their Provider Secure website using their web User ID and password and clicking on the Eligibility tab. Please note, the website only accepts one submission at a time and the response is immediate. Other insurance coverage that exists for the member will be returned for the specific date of service entered on the eligibility transaction. User ID and passwords may be requested by calling 800-842-8440.

For more information regarding HUSKY Health member eligibility, please visit the www.ctdssmap.com website. From the home page, click on "Publications," "Provider Manuals," and then "Chapter 4, Client Eligibility" and refer to section 4.4.

- **Automated Voice Response System (AVRS)**

Enrolled HUSKY Health providers may verify HUSKY Health member eligibility through Gainwell Technologies' Automated Voice Response System (AVRS) using a touch-tone phone. HUSKY Health provider must be actively enrolled in the Connecticut Medical Assistance Program and must use their assigned AVRS ID and PIN # to utilize the automated system. The AVRS can be accessed by dialing 800-842-8440.

The system interacts with callers in a series of verbal prompts and responses as a caller enters data. The system will prompt a caller to enter their AVRS ID and PIN and then the pound key (#).

The AVRS prompts HUSKY Health providers to verify eligibility using a variety of inputs such as:

- HUSKY Health Member ID
- Social Security Number
- Date of Birth

Two pieces of information are required for eligibility verification. The valid combinations of HUSKY Health member identification information are listed below:

- HUSKY Health Member ID AND
 - Social Security Number OR
 - Date of Birth
- Social Security Number AND Date of Birth

HUSKY Health providers can verify eligibility for dates of service up to the present date but cannot verify future eligibility since a HUSKY Health member's status may change on any date. HUSKY Health providers are also able to verify eligibility retroactively for dates of service up to one year before the current date. For eligibility verification for dates of service greater than one-year, HUSKY Health providers must call the Provider Assistance Center during business hours at 800-842-8440.

It is important to listen to the entire message, as the AVRS line will specify if a member has other insurance. In addition, HUSKY Health providers may verify one date or multiple dates of service within one call. If verifying multiple consecutive dates, the dates must be within the same month.

For more information regarding HUSKY Health member eligibility, please visit the www.ctdssmap.com website. From the home page, click on "Publications," "Provider Manuals," and then "Chapter 4, Client Eligibility" and refer to section 4.5.

The AVRS line will first indicate the member's benefit coverage (i.e. HUSKY A, B, C & D) and then indicate, *"For Behavioral Health Services call CT BHP at 877-552-8247."* *If the client is a DCF Limited Benefit Member, the message will indicate: Limited Benefit Member - "Client eligible for limited behavioral health services only. Contact CT BHP at 877-552-8247."*

- **ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response Transaction**

The 270/271 is a HIPAA compliant paired transaction set used to send and receive eligibility verification requests and responses. HUSKY Health providers who wish to have this eligibility verification function incorporated into their vendor's software program may do so. The technical transaction specifications are available at www.wpc-edi.com.

For additional information regarding these methods to verify HUSKY Health member eligibility, please refer to Chapter 4 in the Connecticut Medical Assistance Program Manual. To view this chapter, go to www.ctdssmap.com and click on the Information tab, then Publications.

Children not eligible for HUSKY

Children who have complex behavioral health needs but are not eligible for HUSKY may be eligible for participation in the CT BHP through the Limited Benefit program. The Limited Benefit program does not guarantee access to all Medicaid services covered under HUSKY.

- Non-HUSKY children who **are** DCF involved simply need to inquire with their caseworker;
- Non-HUSKY children who **are not** DCF involved will need to apply through the DCF Voluntary Care Management Program. HUSKY Health providers can obtain instructions on the referral and application process by contacting the DCF Care Line at 800-842-2288. A referral will then be made to Beacon Health Options for review for Voluntary Care Management Services.

Changes in Member Eligibility

Due to the frequent changes that may occur in a member's eligibility, it is a HUSKY Health provider's responsibility to review the HUSKY Health member's coverage and verify that it is in effect. If a HUSKY Health member's eligibility becomes inactive for a period of time and then becomes active again, the HUSKY Health provider must ensure that there is either an authorization still in place with available units or must contact the CT BHP for a new authorization. See additional information in Retroactive Eligibility section in Chapter IV.