

interChange Provider Important Message

Frequently Asked Questions (FAQ): Access Health CT (AHCT) Newly Eligible Clients - Updated as of 03/02/2015

❖ All red text is new for 5/13/2014

What should I do when a patient presents an “Eligibility Decision for Health Care Coverage” notice that indicates that he/she is eligible for Medicaid (HUSKY A or HUSKY D)?

The “Eligibility Decision for Health Care Coverage” notice serves as a guarantee of payment for covered services including but not limited to hospital, medical, dental, behavioral health, prescription, laboratory, and radiology. Providers are encouraged to verify the identity of the individual before rendering goods or services. The “Person ID” listed on the AHCT notice should not be used to submit claims to the Connecticut Medical Assistance Program (CMAP). Providers should perform an eligibility verification to obtain a valid client ID in order to submit claims to CMAP.

How can I verify whether the patient has a client ID number?

Eligibility verification can be performed via the Secure Web portal at www.ctdssmap.com, the AEVS, e-Prescribing using SureScripts as well as vendor software utilizing the ASCX12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction.

What should I do if the patient is not found in the system or does not have an active client ID assigned to him/her?

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, providers may contact HP to have a temporary client ID issued. Please note that only HUSKY A and HUSKY D eligible individuals will be granted temporary identification numbers. This temporary client ID will allow a provider to submit pharmacy claims as well as claims for other services in limited circumstances to the Connecticut Medical Assistance Program (CMAP).

Providers can 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.



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What information will I have to provide to obtain a temporary ID for a newly eligible patient?

Please refer to the patient's "Eligibility Decision for Health Care Coverage" notice for the necessary information. The call center agent will collect the following client information from the provider in order to validate eligibility and issue a temporary client ID:

- Name
- Date of Birth
- 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 required to fax the client's AHCT Eligibility Notice to 1-877-413-4241. The fax cover sheet should contain the provider's contact information in case follow up is needed. All temporary IDs will be 9 digits and begin with the number "8".

When should I stop using the temporary client ID?

Providers should continue to verify each client's eligibility on the date of service, prior to performing the scheduled service, and discontinue the use of the temporary ID once a "regular" 9 digit CMAP client ID becomes available. When the CMAP client ID becomes available, HP will 'link' the two IDs. Once the IDs are linked, eligibility verification responses **will return the CMAP client ID** (even if the request was submitted with the temporary ID). The temporary client ID which begins with the number "8" should be discontinued once it is replaced by a CMAP 9 digit ID which begins with a "00" number sequence. Once the IDs are linked claims will process using the CMAP ID by default.

Will I have to resubmit claims which paid using the temporary client ID?

No. HP will systematically identify and reprocess claims that were submitted with a temporary client ID. Once the claims are reprocessed, providers will see EOB 8239 on their RA which states the following: "Recouped. ACA Client Temp ID replaced with CMAP ID. New claim will be systematically generated."

