



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2006-59

July 2006

TO: Select Connecticut Behavioral Health Partnership (CTBHP) Providers

SUBJECT: Reprocessing of Paid and Denied HUSKY Spenddown Claims

The purpose of this bulletin is to notify providers of an upcoming claims reprocessing. This affects claims submitted for HUSKY eligible clients whose claims inappropriately paid and/or denied.

Claims for dates of service January 1, 2006 thru June 5, 2006 impacted by this issue have been identified and will be reprocessed in the July 7, 2006 claims processing cycle. The reprocessed claims will appear with an Internal Control Number (ICN) beginning with region "50" for paid claims and a region "40" for denied claims on your Remittance Advice.

We apologize for the inconvenience this may have caused and appreciate your patience as we work to resolve this processing issue.

This bulletin and other program information can be found at www.ctmedicalprogram.com.

Questions regarding this bulletin may be directed to the EDS Provider Assistance Center - Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In-state toll free **800-842-8440** or

Out-of-state or in the

local New Britain, CT area **860-832-9259**

EDS

PO Box 2991

Hartford, CT 06104

