Connecticut Department of Social Services
Medical Assistance Program

Provider Bulletin 2014-01

January 2014

www.ctdssmap.com

TO: All Providers

RE: Newly Eligible Clients under the Affordable Care Act

The purpose of this bulletin is to inform providers that additional individuals will be eligible for Medicaid effective on or after January 1, 2014 as a result of the Patient Protection and Affordable Care Act (ACA). The Department wants to ensure that these new clients are able to access services in a timely fashion.

Effective January 1, 2014, the income limit for the HUSKY D eligibility group is increased from its current level to 138% of the federal poverty level. As a result, a significant number of additional adults will become eligible for Medicaid.

The Department is asking providers to review the following information to help ensure that clients are able to get prompt access to health care after they are determined eligible for certain types of Medicaid coverage (specifically, HUSKY A, and D).

MAGI ELIGIBILITY RULES

Effective January 1, 2014, state Medicaid and CHIP (Children's Health Insurance) programs are required to use a new methodology for determining income eligibility known as the Modified Adjusted Gross Income (MAGI). Individuals applying to Connecticut Medicaid for an effective date on or after January 1, 2014, have their income eligibility calculated using the new MAGI rules. For current Connecticut Medicaid members, the MAGI rules will be applied at the time of their annual redetermination.

CLIENT ELIGIBILITY VERIFICATION

Eligible clients, including HUSKY D clients, will continue to receive a standard gray State of Connecticut Connect Card. The HP Automated Eligibility Verification System (AEVS) will return client information that identifies if a client is eligible for HUSKY A, B or D.

ELIGIBILITY NOTICES – PAYMENT GUARANTEE

The procedures for determining and granting eligibility to HUSKY A, B and D have changed. All applications for those eligibility groups will be processed by the eligibility system that the Department shares with Connecticut's State Based Marketplace, Access Health CT. Access Health CT will issue eligibility determinations, "Eligibility Decision for Health Care Coverage' for HUSKY A, B and D clients, in addition to clients seeking health plans through the Marketplace. These notices will contain combined determinations of eligibility for HUSKY A, B and D and the qualified health plans offered through the Marketplace. The subject line for these notices is: "Eligibility Decision for Health Care Coverage." Attached is a sample notice (first page).

The notices also contain the following language for an individual determined eligible for Medicaid:

Attention newly eligible Medicaid members and Medicaid Enrolled Providers: For a period of 10 days from the date of eligibility shown above, this notice serves as proof of Medicaid coverage. This temporary notice acts as a guarantee of payment of health care services when presented to Medicaid enrolled providers. It guarantees only 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 10 days.

If a client does not appear in the AEVS system, but presents an "Eligibility Decision for Health Care Coverage" notice that indicates the client is eligible for Medicaid or CHIP (HUSKY A, B or

D), the Department asks providers to accept that notice of a guarantee of payment and render services to the client. **Please note**: More information will be forthcoming shortly to describe the process for submitting claims to HP Enterprise Services for payment when there is no eligibility response after 10 days.

CLIENT REIMBURSEMENT

As a reminder, clients may not be billed or charged for covered goods or services, except such cost sharing as is permitted under the HUSKY B program. If a client has paid for goods or services that are covered and subsequently becomes eligible for the date of service or the provider is able to subsequently confirm that the client was eligible on the date of services, payment made by the client (or by a representative on the clients behalf) shall be refunded by the provider. Only after the payment has been refunded to the client may the provider bill the Department for the goods or services. The provider must obtain proper documentation that the refund was made.

POLICIES AND PROCEDURES NOT CHANGING

The processes and eligibility rules for HUSKY C (Medicaid for the aged, blind and disabled) have not changed; thus, HUSKY C is not impacted by the notice and payment guarantee described above.