



Roderick L. Bremby, Commissioner

Effective Date: Immediately  
Contact: PRE.DSS@ct.gov

**TO: General Hospitals**

**RE: Payment for Inpatient Hospital Care Provided to Inmates**

This policy transmittal notifies hospital providers of changes regarding procedures to obtain payments for inpatient medical services provided to inmates.

Guidance from the Centers for Medicare and Medicaid Services (CMS) indicates that inmates lose their “inmate status” when treated in an inpatient hospital that is not under the control of the state’s correction system. Accordingly, the Department of Social Services (DSS) has determined that inmates admitted for inpatient care in general can be covered by Medicaid. The DSS currently enrolls individuals requiring hospital care in the custody of the Department of Corrections in Connecticut Medicaid when eligible.

Inmates must follow the directions below when submitting an application for one of the existing Medicaid programs. In assisting individuals, hospitals must follow the procedures below in order to apply for medical assistance through DSS on behalf of inmates admitted for inpatient hospital care.

- Hospital staff must check for current eligibility using the Automated Eligibility Verification System (AEVS).
- If currently eligible, the hospital staff should send an email to the Department’s Pre-Release Entitlement Unit at [PRE.DSS@ct.gov](mailto:PRE.DSS@ct.gov) with the following information:
  - Client Name
  - Date of Admission
  - Date of Discharge
  - Billing Address
  - Medicaid Provider ID Number

- If the inmate is not currently eligible, hospital staff should assist the inmate with completing and signing the Application for Individual Health Coverage and Cost Savings Program (AH2). To request an AH2 application, please send an email to [PRE.DSS@ct.gov](mailto:PRE.DSS@ct.gov). Please do not apply online or over the telephone for these individuals.
- Hospital staff must eFax the completed application to the Department’s Pre-Release Entitlements Unit at [PRE.DSS@ct.gov](mailto:PRE.DSS@ct.gov). If eFax is not available please fax to 860-424-4939.
- In addition to the application, the hospital staff should email the Department’s Pre-Release Entitlement Unit at [PRE.DSS@ct.gov](mailto:PRE.DSS@ct.gov) with the following information:
  - Client Name
  - Date of Admission
  - Date of Discharge
  - Billing Address
  - Medicaid Provider ID Number

Assuming that a client is eligible for Medicaid, the award notice of eligibility will be sent to the billing address reported in this email.

- For extended inpatient hospital admissions, the application must be faxed no later than the end of the fourth month following the date of admission as this may impact Medicaid coverage.
- Upon receipt of the application, the Pre-Release Entitlement staff will determine

eligibility for medical assistance for the period spanning the inpatient admission.

- Once eligibility has been granted, the hospital will need to request a retroactive authorization from CHNCT.

Hospital providers must submit claims for Medicaid eligible inmates to Hewlett Packard Enterprise for adjudication in accordance with existing Medicaid payment methods.

**Posting Instructions:** Policy transmittals may be downloaded from [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

**Responsible Unit:** For procedural questions regarding eligibility please contact the Pre-Release Entitlement Unit at [PRE.DSS@ct.gov](mailto:PRE.DSS@ct.gov)

**Date Issued:** May 2016