



**TO: All Providers**

**RE: Eligible Clients under the Affordable Care Act Part V (Temporary ID Notice Update)**

The purpose of this provider bulletin is to provide an update to the information regarding temporary client IDs as well as a reminder for billing and prior authorization guidelines to providers rendering services to individuals determined to be eligible through Access Health CT (AHCT). This bulletin supersedes all previously published provider notifications (PB14-01, PB14-15, PB14-29, PB14-31 and PB15-60)

Providers may continue to contact Hewlett Packard Enterprise to have a temporary client ID issued in the event that an individual presenting an AHCT "Application Results" eligibility notice does not have an eligible client ID in the Automated Eligibility Verification System (AEVS) or the Secure Web portal.

Please note the notice that declares eligibility for individuals under the HUSKY Medicaid programs has changed. Examples are included with the bulletin. These new letters went into effect as of May 14<sup>th</sup>, 2016. Any letter in the old format with a date later than May 14<sup>th</sup>, 2016 will not be accepted for issuance of a temporary client ID.

The page of the new AHCT Eligibility Notice that must be faxed to Hewlett Packard Enterprise in order to activate a temporary client ID will have AHCT and HUSKY logos on it, the name and address of the head of household and the "Mailed" date on it. The notice states, "**Here are the Results of your Health Care Application**" If it is a renewal the word application will be replaced with the word renewal.

These letters have a section titled "Your Application Results" which will include the individuals' names, the health coverage program the individual has qualified for, a check mark accompanied by the statement "**You selected this coverage**" and coverage start and stop dates.

The new approval letters also include a separate page titled, "**HUSKY Temporary Proof of Coverage**," which states:

*This notice is provided for the clients below to cover the period between the initial granting of HUSKY coverage and the update of the Department of Social Services' (DSS) medical systems. During this time period new HUSKY members can expect to receive their medical cards which will provide their Client ID number.*

The HUSKY Temporary Proof of Coverage page must be accompanied by the "**Application Results**" page. If an individual presents this page without the "**Application Results**" page, then you will need to request that they bring you the other page.

The Hewlett Packard Enterprise Provider Assistance Center is only authorized to issue a temporary client ID within 45 days of the "Mailed" date on the "Application Results" letter. **If a provider is presented with a letter in which the current date is more than 45 days after the "Mailed" date on the notice, then they will need to contact the escalation unit at Xerox at 1-800-656-6684 to facilitate processing of eligibility under the permanent Client ID.**

The Hewlett Packard Enterprise Provider Assistance Center agent will collect the following information from the provider in order to validate eligibility and issue a temporary client ID:

- Client Name
- Client Date of Birth (DOB)
- Client Social Security Number(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 asked to fax the client's "Your Application Results" page of the AHCT Eligibility Notice to 1-877-413-4241. The fax cover sheet should contain the provider's contact information, including contact name and phone number, in case follow up is needed.

**Please note that only HUSKY A and HUSKY D "Approved Individuals" will be granted temporary identification numbers.**

Clients who have previously received a temporary client ID, and have either (1) never received an eligibility segment, or (2) only received a partial eligibility segment under the permanent client ID, will not be eligible to receive a second temporary client ID. Clients who fall in these categories must contact the escalation unit at Xerox at 1-800-656-6684 to facilitate processing of eligibility under their permanent client IDs.

Providers should continue to verify a client's eligibility on the date of service, prior to performing the scheduled service, and discontinue the use of the temporary ID once a valid permanent 9 digit Connecticut Medical Assistance Program (CMAP) ID becomes available.

Temporary IDs (9-digit client IDs that begin with a leading "8") are valid for a number of transactions. Eligibility verification may be performed using these ID's via the Secure Web Portal at [www.ctdssmap.com](http://www.ctdssmap.com), the AEVS, or e-Prescribing using SureScripts, as well as vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response Transaction.

Please note the following information regarding use of a temporary ID for claims and prior authorization (PA) requests:

- **Any claim for a service that does not require a PA** may be submitted with a temporary client ID.
- **Pharmacy claims that require PA** – Once the PA is approved, the pharmacy claim may be submitted with the temporary client ID.

For other services that require PA, please contact the appropriate administrative services organization (ASO) as noted below:

- **Medical services that require PA** – Contact Community Health Network of CT (CHNCT) for PA at 1-800-859-9889. Claims may only be submitted with a valid permanent ID. Claims will deny if submitted with a temporary ID if the services require PA.
- **Behavioral Health Services that require PA** – Contact Beacon Health Options for PA at 1-877-552-8247. Claims may only be submitted a valid permanent ID. Claims will deny if submitted with a temporary ID if the services require PA.
- **Dental Services that require PA** – Contact BeneCare for PA at 1-855-283-3682. Claims may only be submitted with a valid permanent ID. Claims will deny if submitted with a temporary ID if the services require PA.

Please note that claims associated with goods or services prior authorized by one of the above ASOs must be billed with the client's permanent CMAP ID. Doing so may require providers to delay billing until a permanent ID becomes available.

Examples of the above referenced letters can be found below.

Person ID: XXXXX  
 Client ID:  
 Application ID: XXXXX

**Betty Janet**  
 132 Terry Road  
 Hartford, CT 06105

Mailed: August 02, 2016

**Here are the Results of your Health Care Application**

Dear **Betty Janet**,

We received your new health care application on March 28, 2016. This letter has the results of your application and lists any follow-up steps that you may need to take.

**Your Application Results**

Person	Health Coverage	Coverage Start	Coverage End
Betty Janet	Qualified for <i>HUSKY A - Parents &amp; Caretakers.</i> ✓ You selected this coverage.	August 01, 2016	July 31, 2017
Judy Paula	Qualified for <i>HUSKY A - Parents &amp; Caretakers.</i> ✓ You selected this coverage.	August 01, 2016	July 31, 2017
Harold Maria	Qualified for <i>HUSKY A - Children.</i> ✓ You selected this coverage.	August 01, 2016	July 31, 2017

**What are my next steps?**

Here is what you will need to do to get or keep your health care:

1. You will get another letter and it will have the title “*You Need to Send Us Some Documents to Support Your Application*”. This letter will explain the documents you need to send to us to keep your coverage.

**Who did NOT qualify to buy a health insurance plan?**

**Betty Janet, Judy Paula and Harold Maria** do not have a reason to enroll in health insurance coverage outside of the annual Open Enrollment period. If this is a mistake, please contact us. Otherwise, you can apply during the next Open Enrollment period. We used this rule: 45 CFR 155.420.





## HUSKY Temporary Proof of Coverage

This notice is provided for the clients below to cover the period between the initial granting of HUSKY coverage and the update of the Department of Social Services' (DSS) medical systems. During this time period new HUSKY members can expect to receive their medical cards which will provide them their Client ID number.

### Attention HUSKY Members

For the period and member(s) specified below, this notice serves as proof of HUSKY coverage. This temporary notice acts as a guarantee of payment of health care services when presented to HUSKY providers. It guarantees only medically necessary goods and services that are covered by HUSKY.

### Attention HUSKY Providers

Providers are required to verify the identity of the individual before rendering goods or services to the member. Eligibility status and client identification number will be updated in the *Automated Eligibility Verification System* within 45 days.

**This notice may be used as proof of coverage for the dates below**

Application ID: XXXXX

Person	Client ID	Notice may be used as proof	
		From	To
Betty Janet	Not Yet Assigned	August 01, 2016	September 14, 2016
Judy Paula	Not Yet Assigned	August 01, 2016	September 14, 2016
Harold Maria	Not Yet Assigned	August 01, 2016	September 14, 2016

