



**TO: All Providers**

**RE: Newly Eligible Clients under the Affordable Care Act (Part II)**

The purpose of this bulletin is to provide an update regarding individuals newly eligible for Medicaid effective on or after January 1, 2014 as a result of the Patient Protection and Affordable Care Act (ACA).

As previously announced in Provider Bulletin 2014-01, a significant number of additional adults will become eligible for Medicaid as a result of the increase in the income limit for the HUSKY D eligibility group.

Individuals determined to be eligible through Access Health CT will receive a notice with the subject line "Eligibility Decision for Health Care Coverage". These notices will guarantee providers payment for covered services including but not limited to hospital, medical, dental, behavioral health, prescription, laboratory, and radiology.

**The Department of Social Services (DSS) had previously guaranteed payment for ten (10) days for individuals determined eligible for Medicaid (both HUSKY A and HUSKY D) who receive this eligibility notice. Until further notice, DSS has extended this period from ten (10) to thirty (30) days from the date on the top of the eligibility notice.**

Providers are encouraged to verify the identity of the individual before rendering goods or services. Eligibility status containing the client's identification number will be updated in the Automated Eligibility Verification System (AEVS) or Secure Web portal within 30 days, at which time the claim should be submitted directly to HP Enterprise Services for processing.

After 30 days, if no client identification number is available in AEVS or the Secure Web portal, providers are asked to submit a paper claim with a copy of the eligibility notice to the following address:

HP  
Written Correspondence Unit  
P.O. Box 2991  
Hartford, CT 06104

Please note that only active Connecticut Medical Assistance Program (CMAP) providers will be reimbursed at the fee established by DSS for the goods and service(s) provided.

The "Eligibility Decision for Health Care Coverage" notice also serves as a guarantee of payment for pharmacy providers. If an individual does not have an eligible client identification number at the time the notice is presented at a pharmacy or to any other provider that require immediate assistance to provide services to a client, providers may contact the HP Provider Assistance Center at 1-800-842-8440 for information on how to submit claims.

