



TO: Pharmacy Providers

RE: Updated Pharmacy Billing Notification Regarding Newly Eligible Clients under the Affordable Care Act

The purpose of this bulletin is to provide clarification and updated billing guidelines to pharmacies that have rendered services to individuals determined to be newly eligible through Access Health CT (AHCT) and who presented an “Eligibility Decision for Health Care Coverage” notice which guarantees payment to Medicaid enrolled providers.

In the event that a recipient of the AHCT “Eligibility Decision for Health Care Coverage” notice does not have an eligible client ID in the Automated Eligibility Verification System (AEVS) or the Secure Web portal, pharmacies may contact HP to have a temporary client ID issued. This temporary client ID will allow a provider to submit claims to the Connecticut Medical Assistance Program (CMAP) via the pharmacy Point of Sale (POS).

Please note that neither the Application ID nor the Person ID listed on the “Eligibility Decision for Health Care Coverage” notice can be used to submit claims via POS.

Pharmacies can contact the HP Pharmacy Prior Authorization Assistance Center toll free at 1-866-409-8386, Monday-Friday between 8 a.m. and 5 p.m., and select option #2 for Access Health CT Eligibility in order to obtain a temporary client ID.

The call center agent will collect the following information from the pharmacy in order to validate eligibility and issue a temporary client ID:

- Client Name
- Client DOB

- SSN (if available)
- Gender
- Person ID
- Application ID
- Benefit Plan
- Begin Date of Coverage

In order to activate the temporary 9 digit client ID, which begins with a leading “8,” pharmacies will be required to fax the client’s AHCT Eligibility Notice to the toll free fax at 1-877-413-4241. The fax cover sheet should contain the pharmacy’s contact information in case follow up is needed. Once the necessary information is received, HP will activate the temporary client ID which can then be used to submit claims to CMAP via POS.

Please Note: Only HUSKY A and HUSKY D eligible individuals will be granted temporary identification numbers.

Pharmacies should discontinue the use of the temporary client ID once a regular 9 digit CMAP ID beginning with a “00” number sequence becomes available.

In anticipation of questions providers may have in regard to temporary IDs a Question and Answer document has been posted under Important Messages on the home page of the www.ctdssmap.com Web site.

Authorizations

The HP Pharmacy Prior Authorization Assistance Center will assist pharmacies in obtaining retroactive payment for medications dispensed to newly eligible individuals in good



faith under the AHCT guarantee of payment notice. In the event that retroactive authorization is necessary to process a pharmacy or compound claim for such an individual, the pharmacy may contact the HP Pharmacy Prior Authorization Assistance Center at 1-866-409-8386 or 1-860-269-2030.

The call center agents will honor retroactive pharmacy authorization requests for medications dispensed to newly eligible HUSKY A and HUSKY D individuals from the date of the eligibility notice, until the date that client eligibility first appears in the system.

