

# HUSKY Tips

## Verifying HUSKY Eligibility

Here are some basic steps providers can use to check a HUSKY patient's eligibility. Providers ***do not*** need a client's medical card or identification number to check eligibility.

### If you know a patient's HUSKY health plan, contact:

Aetna Better Health	1-866-742-3120
AmeriChoice	1-866-604-3267
Community Health Network	1-800-440-5071

For HUSKY A members of HUSKY Primary Care, Connecticut's primary care case management program: contact the patient's primary care provider or HP (a Connecticut Medical Assistance Program contractor) at 1-800-842-8440.

### To determine HUSKY B eligibility

Call ACS, the enrollment broker, at 1-800-656-6684.

### To determine HUSKY A eligibility

Providers do need their own Medicaid identification number to access HUSKY A eligibility information through the Connecticut Medical Assistance Program.

The AEVS (Automated Eligibility Verification System) can be used to verify a patient's eligibility through

- touchtone telephone
- computer software
- the OMNI (POS) device, or the
- World Wide Web

As long as the provider has two of the following three items, AEVS can verify eligibility:

- Social security number
- Date of birth
- Medicaid ID number

With an AEVS Verification Number, payment is guaranteed for approved services. AEVS will verify HUSKY A eligibility for the date of service or a previous date. Providers who are enrolled in Medicaid bill HP directly for services to HUSKY Primary Care members. Providers can also get information on the patient's HUSKY health plan and any additional third party commercial coverage. However, no information is available on the member's primary care provider,



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unless the member is enrolled in HUSKY Primary Care. Training on AEVS is available from HP (a Connecticut Medical Assistance Program contractor). Here are instructions for four ways to verify HUSKY A eligibility:

- 1) **Automated Voice Response System (AVRS) 1-800-842-8440 (in Farmington, 1-860-269-2028)** . AVRS allows providers with a touchtone telephone to verify client eligibility. There are verbal prompts and responses as service date, provider, and client data are entered.
- 2) **Personal computer software - Provider Electronic Solutions (PES)**. PES software is HIPAA compliant and available at no charge. PES can be used to verify eligibility as well as to submit claims. Download this software from the EDI page at [www.ctdssmap.com](http://www.ctdssmap.com), or order it on CD-ROM by calling the HP Provider Assistance Center (number below).
- 3) **OMNI (POS) device (swipe gray "Connect" card)**. The OMNI point of sale eligibility device allows providers to verify eligibility two ways: a) swipe the client's plastic "Connect" card through the POS device so that no data entry is required, or 2) enter client information using the POS device keypad. To obtain a swipe device, call 1-800-688-0503 (in-state toll free).
- 4) **World Wide Web**. Providers can verify client eligibility in an interactive mode on the Web. The first time you access this site, you will log in using your nine-digit Connecticut Medical Assistance Program provider number and an initial password. The Web page is at [www.ctdssmap.com](http://www.ctdssmap.com).

### Questions?

- **HP Provider Assistance Center: 1-800-842-8440** (in-state toll free) or **1-860-269-2028 (Farmington area)**. Dial "0" for a Provider Assistance specialist, available Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m.
- **EDI Help Desk: 1-800-688-0503** (in-state toll free) or visit on [www.ctdssmap.com](http://www.ctdssmap.com) to find out more about the different ways to verify eligibility.