



TO: All Providers

RE: Presumptive Eligibility Certification and Guarantee of Payment Form, W-538

This bulletin is being sent to all enrolled Connecticut Medical Assistance Program providers to inform you of the revised W-538 form which will be used to guarantee payment for health care services for children under the age of nineteen, pregnant women and individuals seeking family planning services, under the family planning eligibility group. The W-538 "Medicaid/CHIP Presumptive Eligibility Certification and Guarantee of Payment", (copy on reverse side) is used by HUSKY Health Certified Entities (HHCE) to grant presumptive eligibility and to notify the CT Department of Social Services Regional Processing Unit.

This form is only good for a period of ten days from the date listed at the top of the form and is used when a child, pregnant woman or individual seeking family planning services has been determined to be presumptively eligible for Medicaid (HUSKY A), CHIP (HUSKY B) or Family Planning Services – Limited Benefit

Before submitting a claim to Hewlett Packard Enterprise Services (HP) for processing, every effort should be made to identify if the child, pregnant woman or individual has an eligible Medicaid/CHIP client ID number through one of the options provided by the Automated Eligibility Verification Systems (AEVS). To process eligibility verification without a client ID, providers should use the Identifying Information (Date of Birth and Social Security Number) found on the W-538. **If the client has an eligible Medicaid/CHIP client ID, the W-538 form should not be submitted and the claim should be submitted directly to HP.**

If after 10 days, no client ID is available in AEVS, submit a paper claim with the W-538 (sample attached) to HP. For specific claim billing information providers should reference Chapter 8 "Provider Claim Submission Instructions" of the provider manual. The provider manual can be accessed from the Connecticut Medical Assistance Program Web site, www.ctdssmap.com. From the Web site go to "Information," then to "Publications," scroll down to

Provider Manual Chapter 8, use the drop down menu to choose the applicable provider type then view Chapter 8.

Please note that only active Medicaid Providers will be reimbursed at the fee established by the Department of Social Services for the service provided. HUSKY B providers may collect any applicable co-payment or co-insurance.

The W-538 is a guarantee of payment. Participating providers are encouraged to provide goods and services covered by HUSKY A, HUSKY B and Family Planning Coverage – Limited Benefit when this form is presented.

Please note the W-538 form also **guarantees payment for pharmacy providers.** If the individual does not have an eligible client ID number at the time the form is presented to the pharmacy leave the Medicaid Identification section of the claim form blank and contact the HP Provider Assistance Center at 1-800-842-8440 for information on how to submit claims for pharmacy services.

Date Issued: February 2012.



STATE OF CONNECTICUT – DEPARTMENT OF SOCIAL SERVICES
**MEDICAID/CHIP PRESUMPTIVE ELIGIBILITY CERTIFICATION AND GUARANTEE
OF PAYMENT TO ALL HUSKY PROVIDERS**

Date: _____

The individuals listed below have been determined to be presumptively eligible for Medicaid (HUSKY A), the Children's Health Insurance Program – CHIP (HUSKY B), or the HUSKY Limited Benefit – Family Planning. **For active Connecticut Medical Assistance providers**, the Department of Social Services (DSS) guarantees payment for medically necessary health care services provided to these individuals for a period of **10 days** from the date shown above. Payment is made in accordance with the DSS fee schedule for the services provided, based on the program for which the client is eligible. Health care services include, but are not limited to, medical, dental, behavioral health, prescription, laboratory and radiology. Please note, however, that the HUSKY Limited Benefit – Family Planning program covers family planning and family planning-related services only.

IDENTIFYING INFORMATION			
Individual's Name	Gender	Date of Birth	Social Security Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	

The above individual(s) have been found presumptively eligible for the HUSKY Health program checked below:

HUSKY A **HUSKY B** **HUSKY Limited Benefit – Family Planning**

Authorized By: _____
Qualified Entity/Qualified Provider Worker/Organization

Telephone Number: _____

INSTRUCTIONS TO THE PROVIDER

Please make every effort to verify the identity of the individual requesting goods or services and determine whether there is already an active HUSKY client identification (ID) number for the individual by using the Automated Eligibility Verification System (AEVS) at 1-800-842-8440. You may also log on to www.ctdssmap.com to check on current eligibility.

The active HUSKY client ID will generally be available within 10 days from the date shown above. **If the client is granted eligibility, please put the client ID on the claim and submit it for processing as you would any other Connecticut Medical Assistance Program claim** If the client has not been assigned an active client ID within 10 days, you must bill with a paper claim and you must submit this form along with the paper claim. **DO NOT SUBMIT THIS FORM with paper claims if the individual has an active HUSKY client ID number.**

When HUSKY B is checked above, providers may accept applicable co-payments or co-insurance for any individuals.

When this form is presented to you by an individual seeking medically necessary service, DSS guarantees payment for such services. We encourage you, therefore, to provide all medically necessary goods and services covered by HUSKY A, HUSKY B, and HUSKY Limited Benefit – Family Planning when this form is presented.

INSTRUCTIONS TO PARENT/CARETAKER/RECIPIENT – INSTRUCCIONES PARA EL PADRE(S)/GUARDIAN/RECIBIDOR

Use this form to secure health care services for the individual(s) listed above. Remember that this form is valid **only for 10 days** from the date shown above. If you have not received an eligibility approval letter and your gray CONNECT card within ten days, please call your nearest DSS office if you are on HUSKY A or the HUSKY Limited Benefit – Family Planning program. **If you are on HUSKY B, please call 1-800-656-6684.**

Use esta forma para asegurar servicios de salud para él/los individuo(s) listado(s) arriba. Recuerde esta forma es solamente válida por **10 días** desde la fecha listada arriba. Si no ha recibido una carta de aprobación de elegibilidad y la tarjeta gris CONNECT en 10 días, llame a la oficina más cercana de DSS si es parte de HUSKY A o del Beneficio Limitado HUSKY, Planificación Familiar. **Si es parte de HUSKY B, llame al Programa HUSKY a 1-800-656-6684.**

This information is available in alternate formats. PHONE (800) 842-1508 OR TDD/TTY(800) 842-4524.