

## Connecticut Department of Social Services Medical Assistance Program

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Provider Bulletin 2013-75 December 2013

TO: Pharmacies, Physicians, Nurse Practitioners, Nurse Midwives, Physician Assistants, Optometrists, Podiatrists, Long Term Care Providers, Clinics, Home Health Agencies, Behavioral Health Clinicians, Medical Transportation, Therapists, Hospice, and Hospitals

RE: Shutdown of Charter Oak Health Plan and ConnPACE Programs

Due to recent changes in legislation, Section 156 of Public Act 13-234, both the ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled) and the Charter Oak Health Plan programs will be ending on December 31, 2013. This bulletin serves to notify providers of the termination of these programs effective **January 1, 2014**. Clients have been sent notification making them aware that these programs will be eliminated.

## **ConnPACE:**

ConnPACE will continue accept applications through November 30, 2013, for individuals who meet one of enrollment criteria exceptions. If approved for the program, benefits will only be in effect until the program's closure on December 31, 2013. Individuals currently enrolled in the program will continue to be eligible through December 31, 2013 or until they become eligible for whichever Medicare. occurs Pharmaceutical claims received with dates of service on or after January 1, 2014 will deny and post an Explanation of Benefit (EOB) code 0777 ConnPACE benefit not covered after 12/31/2013.

## **Charter Oak:**

Charter Oak clients have received notification of the elimination of this program and are encouraged to apply for new coverage through Access Health CT, directly through a licensed health insurance company, or enroll in an employer based plan. Any claims received

with dates of service on or after January 1, 2014, will deny and post an **EOB code 0778** Charter Oak benefit not covered after 12/31/2013.

Please note that there is no official cut-off date for submitting claims after these programs have terminated, however, all claims are subject to timely filling guidelines. For current guidelines and exceptions, providers should refer to Chapter 5, Section 5.6, located in the Provider Manual. From the homepage at <a href="www.ctdssmap.com">www.ctdssmap.com</a>, click on Publications, Provider Manuals, and select Chapter 5.

