



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2005-64

December 2005

TO: All Providers and Managed Care Organizations

SUBJECT: Presumptive Eligibility Certification and Guarantee of Payment Form

This bulletin is being sent to all enrolled Connecticut Medical Assistance Program providers to inform you of the W-538 form which will be used to guarantee payment for medical services for children. The Department of Social Services (DSS) has reinstated use of the form, W-538 "Medicaid Presumptive Eligibility Certification and Guarantee of Payment", (copy on reverse side) for Qualified Entities to grant presumptive eligibility for children. Presumptive eligibility is a simplified eligibility process for children under the age of nineteen. The form is good only for a period of five days from the date listed at the top of the form and is used when a child has been determined to be presumptively eligible for Medicaid.

Before submitting a claim to Electronic Data Services (EDS) for processing, every effort should be made to identify if the child has an eligible Medicaid 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 client ID, the W-538 form should not be submitted and the claim should be submitted directly to EDS.**

If the child does not have an eligible Medicaid client ID number, leave the Medicaid Identification section of the claim form blank and submit a copy of the form with the Medicaid claim form to:

Department of Social Services
Bureau of Assistance Programs
Family Support Team, 10th floor
25 Sigourney Street
Hartford, CT 06106-5033

Please note that only active Medicaid Providers will be reimbursed at the fee established by the Department of Social Services for the service provided.

This bulletin and other program information can be found at **www.ctmedicalprogram.com**.

Questions regarding this bulletin may be directed to the EDS Provider Assistance Center - Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In-state toll free **800-842-8440** or

Out-of-state or in the

local New Britain, CT area **860-832-9259**

EDS

PO Box 2991

Hartford, CT 06104



MEDICAID PRESUMPTIVE ELIGIBILITY CERTIFICATION AND GUARANTEE OF PAYMENT

Date: _____

The children listed below have been determined to be presumptively eligible for Medicaid (HUSKY A). The Department of Social Services guarantees payment* for medical services provided for these children for a period of five days from the date shown above.

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

VOID

VOID

Authorized By: _____

Qualified Entity Worker/Organization

Telephone Number: _____

INSTRUCTIONS TO THE PROVIDER

Make every effort to identify if the child has an eligible Medicaid (HUSKY A) client ID number through the Automated Eligibility Verification System (AEVS) 1-800-842-8440 (832-9259 in the Hartford area).

DO NOT USE THIS FORM if the child has an eligible Medicaid (HUSKY A) client ID number.

If the child does not have an eligible Medicaid client ID number, leave the Medicaid Identification section of the claim form blank and submit a copy of this form with your Medicaid claim form to:

Department of Social Services
Central Processing Division
Presumptive Eligibility Unit
25 Sigourney Street
Hartford, CT 06106-5033
Fax # 860-424-4970

****(Please note that only active Medicaid Providers will be reimbursed, at the fee established by the Department of Social Services for the service provided.)***

INSTRUCTIONS TO CARETAKER – INSTRUCCIONES PARA EL GUARDIAN

Use this form to secure medical services for the child(ren) listed above. Remember this form is only valid for five days from the date listed above. You should receive an eligibility approval notice and a Medicaid CONNECT card by the end of this period. If you do not receive the approval notice and CONNECT card or if you have any questions, please call 860-424-4935.

Use esta forma para asegurar servicios médicos para él/los niño(s) listado(s) arriba. Recuerde esta forma es solamente válida por cinco días desde la fecha listada arriba. Usted deberá recibir un aviso de elegibilidad aprobada y una tarjeta CONNECT para el final de este periodo. Si usted no recibe el aviso de elegibilidad y la tarjeta CONNECT o si usted tiene preguntas, favor de llamar al 860-424-4935.

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS. PHONE (800) 842-1508 OR TDD/TTY (800) 842-4524.