

GUARANTEE OF REIMBURSEMENT FOR URGENT/EMERGENCY MEDICAL SERVICES

Date: _____

Subject to the terms and conditions of the Medical Service Policy of the State of Connecticut's Medical Assistance Program, the Departments of Social Services and Children and Families guarantee reimbursement for urgent/emergency medical service provided to the following child for a period of fifteen (15) days from the date shown above.

Identifying Information

Child Name	Gender	Date of Birth	Social Security Number (if available)	Last Town of Residence
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		

Authorized By: _____
DCF Social Worker

Phone: () _____

INSTRUCTIONS TO THE DCF SOCIAL WORKER

- Verify HUSKY A or B information by contacting the HUSKY enrollment broker (EB) at 1-800-656-6684. Inform them that you are a DCF social worker and provide them with identifying information above. If the child is receiving either HUSKY A or B, the EB will provide you with the Client ID and MCO enrollment.
- **A guarantee of reimbursement form should not be used for a child who is already on HUSKY.**
- This payment form should only be used when a child who is not a HUSKY recipient comes into care and the Medicaid coverage needs to be activated.

INSTRUCTIONS TO THE PROVIDER

Check the Automated Eligibility Verification System (AEVS) 800-842-8440 (409-4500 in the Hartford area) to determine if there is an active client ID number for Medicaid (HUSKY A) or HUSKY B. AEVS will also inform you of health plan coverage (if any). If a child has a valid Medicaid (HUSKY A) ID or HUSKY B number, this form should not be used.

If the child is enrolled in a Managed Care Organization (MCO) contact the MCO at the phone number indicated by AEVS regarding payment.

If the child is in Fee-for-Service Medicaid submit your Medicaid claim using the child's Medicaid number.

If there appears to be no valid Medicaid ID for the child, 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
Direct Services Unit
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 urgent service provided.)

INSTRUCTIONS TO CARETAKER

Use this form to secure medical services for the child listed above. You should use this form only until you receive the child's valid Medicaid ID or HUSKY B number and you know which plan the child is enrolled in (if applicable).

Use esta forma para obtener servicios médicos para el niño arriba mencionado. Usted debe usar esta forma solamente hasta que usted reciba un número válido de Medicaid o HUSKY B para el niño y usted sepa en cual plan médico está inscrito el niño (si aplicable).

INSTRUCTIONS FOR COMPLETION AND USE OF THE REVISED W-1621 FORM

For the DCF Social Worker:

The DCF Social Worker should complete a W-1621 for any child in DCF care who needs their Medicaid coverage activated because there is no active Medicaid or HUSKY B ID number. The W-1621 guarantees reimbursement to the provider for emergency or urgent medical services provided to the DCF client for 15 days from the date issued.

Before the W-1621 is used, the social worker should attempt to verify eligibility for Connecticut Medicaid or HUSKY B by calling the HUSKY enrollment broker (EB) at 1-800-656-6684. If eligibility for HUSKY A or B is found, it is not necessary to complete a W-1621.

For the Provider:

A provider can verify Medicaid or HUSKY B eligibility using the Automated Eligibility Verification System (AEVS) at 1-800-842-8440 (409-4500 in the Hartford area) even if the child or responsible adult does not have the child's Medicaid or HUSKY B card. AEVS will also tell the provider which managed care plan the child is in (if applicable).

The provider should contact the relevant managed care organization at the phone number indicated on the AEVS system regarding reimbursement for services to a client who has a valid Medicaid or HUSKY B ID number. For a child who is on Medicaid but not in a managed care organization, the provider can bill EDS using the child's Medicaid ID number. In any case, do not use a W-1621 when eligibility for HUSKY A or B is found.