



Information for DSS clients and service partners about The HUSKY Health eligibility redetermination process

- **The Department of Social Services is resuming annual benefit redeterminations** in the Medicaid/HUSKY A and D programs, beginning with those due for completion by September 30, 2014. (The department previously extended redetermination periods for most enrollees, in part to support transition under the Affordable Care Act. Now, we are resuming the redetermination schedule.)
 - As background, the **Affordable Care Act has made changes in the process** of how eligibility is determined in Medicaid for HUSKY A- and D-eligible households.
 - The new process is based on tax filing status, who lives in the household and household income. This is the so-called **MAGI (modified adjusted gross income) process**.
 - **Clients are being sent a new form** (labeled 'AH3') to use in completing their redetermination. Clients are receiving information on how to complete the redetermination.
 - We have **various options for clients to use in completing their redeterminations:**
 - **Online option** -- the quickest way to complete your renewal is to go to Access Health CT, www.accesshealthct.com. Access Health CT works with DSS to see if you qualify for HUSKY Health. If you already have an online account with Access Health CT, log-in and select "Create an Application." If you do not already have an online account, go to the website and select "Get Health Coverage."
 - **Phone option** -- clients can choose to complete the redetermination over the phone by calling Access Health CT at 1-855-805-4325.
 - **Mail option** -- clients can also complete the 'AH3' form they receive in the mail, and return it using the envelope provided.
- [We do not recommend that people go to the DSS field offices because we may not be able to fully process the redetermination form there.]
- A similar process is in place for enrollees in **HUSKY B** (Children's Health Insurance Program).
 - The new process does not apply to clients in **HUSKY C** (Medicaid for the aged/blind/disabled) and the **Medicare Savings Programs**.

Thank you for your participation as a DSS health coverage beneficiary; and, if you are a service partner, for your help in advising our mutual customers about the redetermination process.