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New health care insurance ID cards slow to arrive

By Judy Benson Day Staff Writer

Some Connecticut residents seeking health care, along with medical offices and pharmacies, have been dealing with the effects of "growing pains" from the influx of customers to health insurers through the state's new online marketplace, encountering problems in getting coverage verified.

"It's a carrier issue, not an Access Health CT issue," Kathleen Tallarita, spokeswoman for the insurance marketplace, created by the state under the federal Affordable Care Act, said Thursday. "There have been some growing pains."

As of Tuesday, 126,653 state residents had signed up through the marketplace, which became active in October. Open enrollment for those without insurance is being offered through March 31.

At www.accesshealthct.com, people can sign up to be covered by one of three private insurance companies, or learn whether they

qualify for Medicaid or HUSKY A and apply for the government-subsidized programs. Coverage was to start on Jan. 1 for those who signed up by Dec. 23, and on Feb. 1 for those who signed up for the next month. Tallarita said.

But insurance cards with identification numbers have in some cases been slow to arrive, and letters from insurers meant to verify coverage in the meantime haven't been accepted at some physicians' offices and pharmacies, Tallarita said. In some cases, medical offices and pharmacies try to verify coverage but can't because patients hasn't yet paid their first bill from the insurer, she said.

She said the problems are working themselves out as the companies and the state Department of Social Services, which is handling the new Medicaid and HUSKY clients, catch up with the backlog. Most of the problems occurred with customers who signed up for Anthem Blue Cross Blue Shield insurance, which saw the biggest influx of new customers. Anthem accounts for about 60 percent of those newly insured with private coverage through Access Health CT, while ConnectiCare Benefits accounts for about 37 percent and Healthy CT is about 3 percent. A total of 53,673 of the new enrollees have private insurance, and 72,980 are newly enrolled in Medicaid or HUSKY.

Anyone newly insured who is having problems getting coverage that should have started should contact their insurer, whether it's Anthem, ConnectiCare, Healthy CT or HUSKY, Tallarita said.

Elizabeth St. Louis, pharmacist at Fort Hill Pharmacy in Groton, said part of the problem is that people received two letters about their new coverage, one from Access Health CT, which cannot be used for verification, and the other from their insurance company, which can. In some cases, people brought the wrong letter to the pharmacy when they tried to have prescriptions covered.

"We're asking them to bring in the right letter," she said. "Sometimes we're just rebilling in a couple of days. The insurers just couldn't handle the influx of people."

To ask a question

People newly insured through Access Health CT are urged to contact their insurance carrier about any problems with coverage.

- For questions about Anthem Blue Cross coverage, call (855) 738-6644.
- For questions about ConnectiCare Benefits coverage, call (860) 674-5757 or (800) 251-7722.
- For questions about Healthy CT coverage, call (855) 458-4928.
- For questions about HUSKY coverage, call the state Department of Social Services at (855) 626-6632.

At United Community & Family Services, Yolanda Bowes said there has been a lag at DSS in processing the new HUSKY applications that has caused problems processing claims. UCFS, which since October has signed up 278 people for coverage through Access Health CT and 374 for HUSKY through another system, has had to intervene with pharmacies, the DSS and insurers in several cases so that newly insured patients can be covered.

"The letter is not always being honored, especially by pharmacies," said Bowes, who is director of community outreach at UCFS. "But it is getting better."

At the Community Health Center, which operates 13 clinics around the state including those in New London and Groton, newly insured patients are being warned that the carriers are lagging in processing some of the new applications, said Shannon Bali, outreach and eligibility associate.

The health center is still seeing patients whose insurance coverage can't yet be verified, she said, putting them into the clinic's computer system as "coverage pending." But some specialists and pharmacies have been unable or unwilling to accept patients without verified coverage, Bali said.

"We're telling our patients ahead of time that they may have to pay up front" and get reimbursed later, she said.

Newly insured patients at Lawrence + Memorial Hospital and its affiliated physician practices are receiving care, even if there are still questions about verification, L+M spokesman Mike O'Farrell said.

"We have been taking the letters. Some have ID numbers and some don't," he said.

"Pharmacies seem to be struggling with this as well. But at L+M, no one's been turned away." The physician practices are asking these patients for any co-pays required under their plans, and that they notify their offices as soon as their insurer sends them a card or other verification, O'Farrell said.

He said most of the problems occurred in the first part of January, and that more of the newly insured patients in the last few weeks have had the insurance cards or other verification.

"Obviously, this is a new thing, and there are going to be hiccups and processing issues," he said. "But it seems to be getting better."

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