



Connecticut Medical Assistance Program
Policy Transmittal 2010-15

PB 2010-38
June 2010

Michael P. Starkowski, Commissioner

Effective Date: April 1, 2010
Contact: Barbara Fletcher 860-424-5136

TO: All Providers

RE: National Health Reform - State Administered General Assistance Program Becomes Medicaid for Low Income Adults

Pursuant to section 2001 (a)(40(A) of the Patient Protection and Affordable Care Act, the State Administered General Assistance Program (SAGA) is being discontinued and individuals formerly covered under SAGA will be covered under Medicaid effective **April 1, 2010**. This change transfers the 45,000 single, low-income adults covered by SAGA into the Medicaid program. These adults will now have access to the fee-for-service Medicaid health care benefit package. This will have a positive impact on the state budget as the state will now receive federal reimbursement for what were previously all state expenditures.

The program name for this new Medicaid population is "Medicaid for Low Income Adults", which will be referred to as "Medicaid L-I-A."

The following provides important information on the changes in the management of the new Medicaid LIA program.

Managed Care Coverage Discontinued

Community Health Network of CT (CHNCT) will discontinue managing the medical component of the SAGA medical program effective July 1, 2010.

In order for the state to receive Federal reimbursement for services provided to this client population retroactive to April 1, 2010, CHNCT will be recouping claims from providers that were paid on behalf of SAGA clients for dates of service on or after April 1, 2010. ***Beginning July 1, 2010***, providers should submit claims for dates of service on or after April 1, 2010 to HP Enterprise Services for processing under the Medicaid program. Authorizations provided by CHNCT for dates of service April 1, 2010 through June 30, 2010 will be honored. Claims will be paid in accordance with Medicaid fee-for-service reimbursement rules.

Effective with dates of service July 1, 2010 and forward, providers should follow the existing Medicaid fee-for-service prior authorization protocol for services formally managed by CHNCT, for Medicaid LIA clients.

Behavioral Health Management Changing

Advanced Behavioral Health (ABH), under contract with the Department of Mental Health and Addiction Services (DMHAS), will continue to operate as their Administrative Services Organization for non-Medicaid covered services. However, they will discontinue managing the Medicaid covered behavioral health component of the SAGA medical program effective July 1, 2010.

The Department of Social Services (DSS) will assume responsibility for behavioral health services as the clients are now covered under Medicaid. Qualidigm will authorize inpatient general acute care hospital admissions in the same manner as they do for Medicaid.

In order for the state to receive Federal reimbursement for services provided to this client population retroactive to April 1, 2010, ABH will be recouping claims from providers that were paid on behalf of SAGA clients. Providers should submit those claims with dates of service on or after April 1, 2010 to HP Enterprise Services for processing under the Medicaid program ***beginning July 1, 2010, except for claims for inpatient, partial hospital and adult day treatment. Claims for behavioral health inpatient, partial hospital and adult day treatment may be submitted beginning July 15, 2010.*** Authorizations provided by ABH will be honored and if necessary modified to reflect the correct coding for Medicaid payment. Claims will be paid in accordance with fee-for-service Medicaid claims submission requirements, procedure codes and reimbursement rules. In some instances the claim submitted to HP will need to be modified to reflect different billing rules under Medicaid and GA BHP:

- Federally Qualified Health Centers must submit claims with the encounter code as well as the procedure code;
- Hospitals must submit claims using Revenue Center Codes (not CPT codes);
- Ambulatory Detoxification services must be billed using code H0014;

- Freestanding clinic providers that are not federally designated Community Mental Health Centers must submit claims for day treatment services using code H2013 for both mental health and substance abuse programs.

Methadone providers will retain SAGA payments received from ABH for claims with dates of service between March 28, 2010 and April 3, 2010.

Department of Mental Health and Addiction Services Continues Coverage

DMHAS will continue to provide prior authorization and payment for residential substance abuse treatment, Institution for Mental Disease (IMD) services for clients aged 21-64 and Recovery Supports Programs services for Medicaid LIA clients. Providers should call ABH at 1-800-606-3677.

Behavioral Health Prior Authorization Changes

The Department is temporarily suspending the requirement for prior authorization of intensive outpatient program services and of outpatient psychotherapy services in excess of 13 visits within a 90 day span. This change effects ALL Medicaid clients. Authorization of the following codes is suspended effective April 1, 2010:

Mental Health Clinics
90804 – 90815, 90846, 90847, 90853, 90857, H0015, S9480

Rehabilitation Clinics
90804 – 90909, 90846, 90847, 90853, 90857

Medical Clinics
90804 – 90908, 90846, 90847, 90853

Independent Practitioners
90804 – 90819, 90821 – 90824, 90826 – 90829, 90846, 90847, 90853, 90857

General Hospitals

- Outpatient clinic visit (513) and
- Intensive outpatient programs (905 and 906)

Psychiatric Hospitals

- Individual therapy (914),
- Group therapy (915),
- Family therapy (916) and
- Intensive outpatient programs (905 and 906)

Non-Emergency Medical Transportation

Medicaid LIA clients can now receive non-emergency medical transportation to a Medicaid covered appointment. Coordinated Transportation Solutions (CTS) will coordinate all rides to scheduled

appointments. **Medicaid LIA clients should contact CTS at 1-877-423-6794.**

Client Eligibility Information

Eligibility verification responses for this population will be “Client eligible for Medicaid L-I-A” for dates of service inquiries of April 1, 2010 forward. For dates of service inquiries prior to April 1, 2010 you will continue to receive “Client eligible for State Administered General Assistance Program.”

Remittance Advice

Until changes can be made to provider remittance advices, Medicaid LIA claims will continue to report as fund payer “S”. Any such claims for DOS on or after April 1, 2010 are actually Medicaid LIA claims. In the near future Medicaid LIA claims will report under a new fund payer designation.

Posting Instructions: Policy transmittals can be downloaded from the web site at www.ctdssmap.com

Distribution: This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP Enterprise Services.

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