



Connecticut Medical Assistance Program
Policy Transmittal 2011-08

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Michael P. Starkowski, Commissioner

Effective Date: April 1, 2011
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TO: Hospitals, Clinics, Physicians, Nurse Practitioners, Psychiatric Residential Treatment Facilities, Mental Health Group Homes, Behavioral Health Clinicians, Alcohol and Drug Abuse Centers, Home Health Agencies, State Institutions and Managed Care Organizations

RE: New Connecticut Behavioral Health Partnership

This policy transmittal provides important information about modifications to the existing Connecticut Behavioral Health Partnership (CT BHP) which is an integrated behavioral health system currently operated by the Departments of Children and Families (DCF) and Social Services (DSS). The CT BHP, by law, already serves children and families receiving services under the HUSKY A and B programs; children enrolled in DCF's voluntary services program; and at the DCF and DSS Commissioners' discretion, other children and families that DCF services. Pursuant to Sections 1 through 10 of Public Act 10-119, the Department of Mental Health and Addiction Services (DMHAS) has been added to the CT BHP and the Partnership is expanded to include Medicaid clients not enrolled in HUSKY A. The Medicaid clients not enrolled in HUSKY A are those individuals typically referred to as 'Medicaid fee-for-service' (FFS), 'traditional', 'unmanaged', and those who are covered by the Medicaid for Low Income Adults (MLIA) program. The CT BHP has also been expanded to include individuals enrolled in the Charter Oak health plan.

The CT BHP seeks to increase access to quality behavioral health services through:

- (1) Expansion of individualized, family-centered, recovery-oriented, community-based services;
- (2) Enhanced care management services for individuals with complex behavioral health service needs;
- (3) Maximization of federal revenue to fund behavioral health services;
- (4) Reduction in the unnecessary use of institutional and residential services;
- (5) Improved administrative oversight and efficiencies;
- (6) Monitoring of individual outcomes and provider performance; and
- (7) Improved coordination of physical and behavioral health care needs.

Beginning April 1, 2011, the CT BHP Administrative Services Organization (ASO), ValueOptions (VO), will begin to authorize behavioral health services for the expanded member populations. Please note that Charter Oak individuals are currently being managed

by VO and will continue to be managed by VO. The covered services and authorization requirements can be viewed on the CT BHP website at www.ctbhp.com.

Payment rates, timely filing requirements for claims submission and member liability for CT BHP covered services follow the rates and rules for the member's coverage (i.e., HUSKY A, HUSKY B, DCF Voluntary Services, Charter Oak, Medicaid FFS or MLIA) and are not changed by the expansion of the CT BHP.

ELIGIBILITY VERIFICATION:

The Automated Eligibility Verification System (AEVS) will identify the individual's eligibility group so that providers can determine the payment rates, timely filing rules and member liability rules that apply and will indicate the telephone number that providers should use to contact the CT BHP Provider Assistance Center. For example, a response will state, "Medicaid Services. For Behavioral Health Services, call BHP at 877-552-8247" or "MLIA. For Behavioral Health Services, call BHP at 877-552-8247".

COVERED SERVICES:

Behavioral health services for all Medical Assistance program clients are unchanged. The exception is that mental health group home providers will now be reimbursed for services provided to individuals covered by HUSKY A in addition to those covered by Medicaid FFS or MLIA.

Independent practice, licensed masters-level behavioral health clinicians and certified alcohol and drug counselors are able to be reimbursed for services to individuals covered by HUSKY A, HUSKY B and Charter Oak, but not Medicaid FFS or MLIA.

Independent practice, licensed psychologists are able to be reimbursed for services to individuals covered by HUSKY A, HUSKY B and Charter Oak regardless of age but can only be reimbursed for services to individuals covered by Medicaid FFS or MLIA who are under age 21 or when Medicare made a payment for the service.

PAYMENT RATES:

Payment rates for CT BHP covered services follow the rules for the individual's coverage (HUSKY A,

HUSKY B, Charter Oak, DCF Voluntary Services, Medicaid FFS or MLIA) and are not changed by the expansion of the CT BHP. Currently there is one set of rates for services provided to individuals covered by HUSKY A, HUSKY B, DCF Voluntary Services or Charter Oak, and a different set of rates paid for services to individuals covered by Medicaid FFS or MLIA. The different rates will continue under the expanded CT BHP. Rates can be viewed by going to the "For Providers" section of the CT BHP website at www.ctbhp.com.

CLAIMS:

HP Enterprise Services (HP) will process behavioral health claims for all CT BHP covered services. However, providers need to be aware that a claim cannot span different coverage programs. For example, if a member changes from Medicaid FFS to HUSKY A during an episode of treatment, a single claim cannot be submitted spanning the date of the coverage change. Separate claims need to be submitted for the Medicaid FFS dates and the HUSKY A dates of service. Please note that a single authorization can span the change in coverage program.

TIMELY FILING:

The timely filing requirements for claims submission for individuals covered by HUSKY A, HUSKY B, DCF Voluntary Services and Charter Oak is 120 days. The timely filing requirement for claims submissions for individuals covered by Medicaid FFS or MLIA is 365 days.

MEMBER LIABILITY:

Member liability for co-payments and deductibles are unchanged by the expansion of the CT BHP. HUSKY B and Charter Oak members continue to be subject to co-payments.

PRIOR AUTHORIZATION:

The procedures and requirements for Prior Authorization (PA) and registration for all CT BHP covered populations will be identical. To implement this, there will be some changes to the requirements under both the existing CT BHP and the existing Medicaid FFS and MLIA authorization systems. To learn which services require PA and which require registration, providers should review the Authorization Schedule on www.ctbhp.com.

For Medicaid FFS and MLIA covered services, a registration process for behavioral health visits will be implemented and required for:

- methadone maintenance
- ambulatory detoxification
- routine outpatient services
- Federally Qualified Health Center (FQHC) services

- Intensive Outpatient Programs (IOPs)
- home health agency services

For the existing CT BHP coverage groups, the requirement for IOP is being modified; providers will no longer need to obtain PA for entry into IOPs but instead will be able to register.

No PA is required to receive payment for applicable co-payments and deductibles for claims paid by Medicare.

All requests for authorization of services initiated on or after April 1, 2011 must be made to CT BHP.

Existing Authorizations:

Authorizations approved prior to April 1, 2011 for service dates on or after April 1, 2011 will be honored. The following authorization guidelines will be used for existing authorizations by level of care:

Inpatient Hospitalization:

Existing authorizations for Medicaid FFS or MLIA members initiated prior to April 1, 2011 will end on the member's date of discharge.

Partial Hospitalization Program (PHP)/Day Treatment/Electroconvulsive Therapy (ECT)/Adult Mental Health Group Home/Psychological Testing:

Existing authorizations for Medicaid FFS or MLIA members initiated prior to April 1, 2011 will be honored as issued. Any requests for continued length of stay must be made to CT BHP.

Home Health:

Existing authorizations for behavioral health services for Medicaid FFS or MLIA clients initiated prior to April 1, 2011 will be honored. **Providers who wish to modify an existing authorization must contact CT BHP. Any requests for continued length of stay after the existing authorization expires must be made to CT BHP. Note: Authorization for home health agency services will also be required for HUSKY and Charter Oak members beginning April 1, 2011.**

New Authorizations or Registrations of Services:**Routine Outpatient (OP):**

Providers will be allowed up to 60 days following April 1, 2011 to enter OP authorization requests to continue services for existing patients who entered treatment prior to April 1, 2011.

Intensive Outpatient Treatment (IOP)/Extended Day Treatment (EDT):

Providers will be allowed up to 30 days following April 1, 2011 to enter IOP and EDT authorization requests to continue services for existing patients who entered treatment prior to April 1, 2011.

Residential Detoxification:

Providers will be allowed up to 14 days following April 1, 2011 to secure an authorization to continue

services for existing patients entering treatment prior to April 1, 2011.

Ambulatory Detoxification:

Providers will be allowed up to 30 days from April 1, 2011 to enter authorization requests to continue services for existing patients who entered treatment prior to April 1, 2011.

Methadone Maintenance:

Providers will be allowed up to 60 days following April 1, 2011 to enter authorization requests to continue services for existing patients who entered treatment prior to April 1, 2011. Authorizations will be approved in the following manner before requiring re-registration for continued services, patients with:

- 0-3 yrs of continuous service will be approved for 3 months (13 units)
- 3-5 yrs of continuous service will be approved for 6 months (26 units)
- more than 5 yrs of continuous service will be approved for 12 months (52 units)

Provider By-Pass Program:

The existing CT BHP provider by-pass program includes two levels of care: inpatient hospitalization and Intensive Outpatient Program.

Inpatient Hospitalization:

- a. There is no change in the providers who currently participate in the by-pass program.
- b. The new populations will be included in the program.
- c. Initial authorization will be modified from six (6) days to five (5) days.
- d. In order to remain in the by-pass program, hospitals will be expected to collaborate with the CT BHP regarding discharge planning for individuals who remain in the hospital beyond what is medically necessary.

Intensive Outpatient Treatment (IOP)

- a. The IOP by-pass program will terminate on March 31, 2011.
- b. IOP registration will commence on April 1, 2011.

NOTE: All authorizations or registrations must be approved and entered into the system prior to billing.

PROVIDER ENROLLMENT:

Providers that wish to be reimbursed for behavioral health services under the CT BHP must be enrolled with DSS as a Connecticut Medical Assistance Program provider. Those providers who currently can be paid directly by HP for services to Connecticut Medical Assistance Programs clients are already Connecticut Medical Assistance Program providers and **do not need to take any action** at this time.

Fee schedules and information about covered services under the CT BHP as well as answers to frequently

asked questions can be found at www.ctbhp.com as they become available. Questions about the CT BHP can be directed to the CT BHP at 1-877-552-8247.

Information about claim submission is available in Chapters 5 and 8 of the Connecticut Medical Assistance Program Provider Manual which is available at www.ctdssmap.com.

PROVIDER ORIENTATION MEETING:

An informational forum will be held on February 28, 2011 to provide additional information about the expansion of the CT BHP.

Date: February 28, 2011
 Time: 8:30 a.m. – 12:00 noon
 Location: Crowne Plaza, Cromwell
 100 Berlin Road
 Cromwell, CT 06416

To register for the forum please go to www.ctbhp.com

PRE-IMPLEMENTATION ACTIVITIES:

The CT BHP will initiate several activities before the implementation of authorization and registration processes on April 1, 2011. Beginning March 1, 2011:

- The Provider Assistance and Member Assistance telephone lines (1-877-552-8247) will be staffed;
- The CT BHP staff will call residential detoxification providers daily to offer disposition assistance and potential referral resources;
- The CT BHP staff will contact hospital emergency departments daily to determine if there are any members who need assistance with diversion or coordination of care;
- The CT BHP staff will call hospital psychiatric inpatient units to assist with dispositions and referrals.

Billing Questions: For questions, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440 or locally in the Farmington, CT area at (860) 269-2028.

Posting Instructions: Provider bulletins can be downloaded from the HP Web site at www.ctdssmap.com. Refer to the Behavioral Health Partnership Expansion Important Message on the Home page for more information

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

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