



TO: Hospitals, State Institutions, Physicians and Nurse Practitioners, Physician and Nurse Practitioner Groups

RE: New Connecticut Behavioral Health Partnership Changes

The purpose of this bulletin is to provide information on the New Connecticut Behavioral Health Partnership for the Medicaid fee-for-services (FFS) and Medicaid for Low Income Adults (MLIA) clients, including modifications to the existing Connecticut Behavioral Health Partnership (CT BHP). Please refer to Policy Transmittal 2011-15 "New Connecticut Behavioral Health Partnership" for additional information.

Beginning April 1, 2011, the CT BHP Administrative Services Organization (ASO) Value Options (VO) will authorize behavioral health services for Medicaid FFS and MLIA clients, and is reinitiating Prior Authorization (PA) requirements for the intensive outpatient program and outpatient psychotherapy services.

Inpatient Behavioral Health Services

Effective April 1, 2011, all inpatient behavioral health PA requests will be made through CT BHP. Qualidigm will no longer be handling any PA request for inpatient admission with a primary diagnosis of 291-316, excluding 291.0, for inpatient admissions on or after 4/1/2011. Qualidigm will continue to handle non-behavioral health PAs for FFS and MLIA clients. Existing Qualidigm authorizations with an admit date prior to 4/1/2011 will end upon discharge date allowing for claims that overlap 4/1/2011 to be processed.

Inpatient admissions for HUSKY A, HUSKY B and Charter Oak clients with the primary diagnosis of 291.0 (Alcohol withdrawal delirium), with a Revenue Center Code (RCC) other than 114, 116, 124, 126, 134, 136, 144, 146, 154, 156 or 204, will be considered a non-behavioral health admission; therefore hospitals will need to contact the client's Managed Care Organization (MCO) to handle both PA requests and the processing of these claims.

Outpatient Behavioral Health Prior Authorization Changes

PA requirements for intensive outpatient program and outpatient psychotherapy services that were temporarily suspended as reported in Provider Bulletin 2010-38 "National Health Reform – State Administered General Assistance Program Becomes Medicaid for Low Income Adults" will be reinstated effective with dates of service April 1, 2011 and

forward. FFS and MLIA clients will be required to follow CT BHP authorization requirements. These requirements can be viewed on the CT BHP Web site at www.ctbhp.com.

All psychiatric services beginning with the first visit will now follow CT BHP authorization requirements for FFS and MLIA clients.

Intermediate Duration Acute Psychiatric Care Hospital

Hospitals enrolled as an Intermediate Duration Acute Psychiatric Care Hospital (IDAPC) are required to request PA through CT BHP and must submit claims using RCC 124.

Payment Rates

Payment rates for CT BHP covered services remain unchanged for the individual's coverage group (HUSKY A, HUSKY B, Charter Oak, FFS or MLIA).

Timely Filing Guidelines

The timely filing guidelines remain unchanged for all benefit plans. The timely filing requirement for claims submission for HUSKY A, HUSKY B and Charter Oak plans is 120 days; for FFS or MLIA benefit plans the timely filing requirement is 365 days.

Additional Resources

For more information regarding the CT BHP expansion, go to www.ctdssmap.com and click on the New Connecticut Behavioral Health Partnership Important Message on the Home page. This Important Message will provide links to previously published bulletins as well as a link to the CT BHP Web site at www.ctbhp.com.

