
PROVIDER NOTICE

Alert#: **PN 2012-05**

Issued: **May 2, 2012**

To: **CT BHP Licensed Clinical Social Workers, Licensed Marital and Family Therapists, Licensed Professional Counselors, Licensed Alcohol and Drug Counselors, Certified Alcohol and Drug Counselors**

Subj: **Clarification of Behavioral Health Clinician Coverage for Individuals under 21 in HUSKY C & D programs**

Dear Provider,

This provider notice is being sent to Behavioral Health Clinicians (LCSW, LMFT, LPC, LADC and CADC) as clarification of recent changes to the expansion of coverage for individuals under 21 years of age in Fee-for-Service Medicaid (HUSKY C) and Medicaid for Low Income Adults (HUSKY D) programs. The details of changes to the Medicaid Fee-for-Service Program were outlined in the DSS Provider Bulletin 2011-77.

Effective January 1, 2012, independent practice licensed or certified behavioral health practitioners (LCSW, LMFT, LPC, LADC, CADC) are now eligible for reimbursement for covered behavioral health services to HUSKY C and HUSKY D members that are under 21 years of age. Prior to January 1, 2012, master's level clinicians were only able to be reimbursed for HUSKY A, HUSKY B and Charter Oak members. The details of the expansion of coverage for behavioral health clinicians were outlined in the DSS Provider Bulletin 2012-04.

The CT Behavioral Health Partnership has created the attached Frequently Asked Questions to further clarify some of the inquiries received since the expansion in January of 2012.

If you have any questions, please feel free to contact the Provider Relations Department at 877-552-8247.

We thank you for your participation.

Provider Relations Department
Connecticut Behavioral Health Partnership

CT BHP Independent Practitioners (LCSW, LMFT, LPC, LADC, CADC)

PROVIDER Frequently Asked Questions

Q: How do I determine if a member has Charter Oak or HUSKY A, B, C or D coverage?

A: A. Providers can access the Automated Eligibility Verification System (AEVS) in the following way:

1. **Web Eligibility Verification** – Actively enrolled providers may verify client eligibility through the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.
2. **Automated Voice Response System** – Actively enrolled providers may verify client eligibility using a touch tone phone and their assigned AVRS ID and PIN # through HP's Automated Voice Response System (AVRS) by calling 1-800-842-8440.

Q. Do I need to verify the client's eligibility?

A. Providers will only be reimbursed for covered services by the CT BHP that is provided to members who are HUSKY eligible at the time the services are provided. Because members' eligibility may change each month, providers are advised to verify eligibility each time services are provided.

Q. Can I be reimbursed for HUSKY C and D clients that are 21 years of age or older?

A. No. Independent Practitioners (LCSW, LMFT, LPC, LADC, CADC) cannot be reimbursed by CT Medicaid for HUSKY C or D members aged 21 or older, except for cross-over claims for which Medicare has made payment.

Q: What if I check eligibility status of a member through AVES and the member has third party insurance, even though the member/family assures us that this is not or no longer the case?

A: Providers should fill out a TPL (Third Party Liability) form and send the completed form to Health Management Systems, Inc. (HMS). HMS is the Department's third party liability contractor. Providers may obtain TPL forms by:

1. Internet: www.ctdssmap.com under information - publications, provider manual chapter 5 - claim submission information where you may download and print the form.
2. Phone: 866-277-4271; HMS staff will either mail or fax you the form.
3. Email: you may submit a request to ctinsurance@hmsy.com and the form will be sent to the email address supplied.

Q: What are the changes to the HUSKY A, HUSKY B and Charter Oak Health Plans?

A: There are no changes. For HUSKY A, HUSKY B and Charter Oak Health Plan members, services provided by independent practitioners (LCSW, LMFT, LPC, LADC, CADC) continue to be reimbursable for individuals of any age.

Q: Will services billed still require modifiers?

A: Yes. Providers must continue to bill using modifiers identified in DSS Provider Bulletin PB 2005-79 on all claims for all client coverage groups.

Q: Will HUSKY Health members have financial responsibility for behavioral health services rendered?

A: HUSKY B and Charter Oak members DO have to pay co-payments, and may have out of pocket (deductible) expenses. For information about behavioral health co-pays, please call the Connecticut Behavioral Health Partnership at 877-552-8247.

Q. How do I know which services require authorization?

A. A complete listing of services that require authorization can be found on the CT BHP website at www.ctbhp.com. From the home page, go to 'For Providers', then click on 'Covered Services' on the left-hand navigational menu. The Provider Covered Services page offers Authorization Schedules by provider type and specialty.

Q. What are the rates and fees under the Behavioral Health Partnership?

A. The fees for behavioral health clinicians are available on the DSS web site at www.ctdssmap.com. Select 'Providers' and then 'Provider fee schedule download'. After accepting the end user agreement you can choose 'Behavioral Health Clinician' from the list of fee schedules offered and then you can view the current rates. These recently established rates are effective for dates of service on or after January 1, 2012. Please note: The Departments and the Behavioral Health Oversight Council have melded the different rates previously paid for services to HUSKY A, HUSKY B and Charter Oak members with those paid to HUSKY C and HUSKY D members to minimize the impact on providers and the state. Any claims for dates of service on or after January 1, 2012 that have already been paid at the previous rates will be reprocessed using these newly established rates. Providers do not need to initiate this reprocessing, the Department will automatically handle that.