



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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PROVIDER ALERT

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES
General Assistance Behavioral Health Program (GABHP)

PROGRAM UPDATE

Issued On June 25, 2010

GA BHP Conversion to Medicaid

Pursuant to section 2001 (a)(40)(A) of the Patient Protection and Affordable Care Act, the State Administered General Assistance (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 which will have a positive impact on individuals since Medicaid offers more services than SAGA. This change will also 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 LIA".

The following provides important information on the conversion of the GA Behavioral Health Program to the Medicaid LIA program.

(AC 860) 418-7000
410 Capitol Avenue, P.O. Box 341431, Hartford, Connecticut 06134
www.dmhas.state.ct.us
An Equal Opportunity Employer

Effective July 1, 2010:

Authorizations:

- Advanced Behavioral Health, Inc (ABH®) will continue to provide utilization management, including prior authorization, continued stay reviews, and claims payment for the following levels of care:
 - Institutions for Mental Diseases (MH/SA IV.2)
 - Intensive Residential Treatment (III.7R)
 - Co-Occurring Intensive Residential Treatment (III.7R[E])
 - Intermediate Residential Treatment (III.3)
- ABH® will discontinue managing the Medicaid covered behavioral health services. Providers will no longer need to contact ABH® for prior authorization for Medicaid covered services.
- Qualidigm will authorize inpatient general acute care hospital admissions in the same manner as they do for Medicaid.
- All Medicaid prior authorization rules are in effect except for intensive outpatient program services and outpatient psychotherapy services. DSS will temporarily suspended prior authorizations for intensive outpatient program services and outpatient psychotherapy services.
- Authorizations provided by ABH® with service dates between April 1, 2010 and June 30, 2010 will be honored by Medicaid and if necessary modified to reflect the correct coding for Medicaid payment.

Claims Submission

- Claims will be paid in accordance with fee-for-service Medicaid claims submission requirements, procedure codes and reimbursement rules.
- 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 on **July 1, 2010, except for claims for inpatient, partial hospital and adult day treatment.** Claims for inpatient, partial hospital and adult day treatment may be submitted beginning **July 15, 2010.**
- ABH® will not accept claims for dates of service on or after April 1, 2010 for Medicaid covered services after June 30, 2010.
- ABH® will continue to process claims and appeals for service dates prior to 4/1/2010 for all services/levels of care. ABH® customer service staff will be available to respond to claims and authorization inquiries at (800) 606-3677, Option 2.
- The GA Intensive Case Management Program provided by ABH® will continue, as will the GA Recovery Supports Program.
- Providers or provider sites currently contracted by the GA Behavioral Health Program and not currently enrolled as a Medicaid service provider should initiate the enrollment process if they wish to continue providing services and receive reimbursement from Medicaid. To enroll as a Medicaid provider, visit the HP website (www.ctdssmap.com) or contact the HP provider assistance center at 1 (800) 842-8440 (toll-free in state) or (860) 269-2028 (in Farmington, CT area).
- In some cases 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 Health Centers must submit claims for day treatment services using code H2013 for both mental health and substance abuse programs.

Claims Recoupment Process

- DMHAS will initiate a recoupment process for claims paid by DMHAS for Medicaid covered services provided on or after April 1, 2010.
- Providers will receive a claim-line detail report of Medicaid covered services paid by DMHAS with dates of services on or after April 1, 2010. The report will include a total recoupment amount.
- Providers will have until October 31, 2010 (120 days) to remit a check to DMHAS for the recoupment amount.
- Methadone maintenance providers will retain SAGA payments for claims with dates of service between March 28, 2010 and April 3, 2010.

DMHAS is in the process of updated the Frequently Asked Questions document regarding the GA conversion to Medicaid. Information related to the conversion, including the Frequently Asked Questions document can be found at the following site: www.ct.gov/dmhas/gaconversion

If you have questions, feel free to contact Bill Halsey at (860)418-6747 or William.halsey@po.state.ct.us.