



CT BHP FREQUENTLY ASKED QUESTIONS

Overview

Q. What is the CT Behavioral Health Partnership?

A. The CT Department of Social Services (DSS) and the Department of Children and Families (DCF) formed the CT Behavioral Health Partnership (CT BHP) to implement an integrated public behavioral health services system for children and families enrolled in the state's Medicaid program (HUSKY A), S-CHIP program (HUSKY B), and for other children with complex behavioral health needs and DCF involvement.

Q. What are the goals of the behavioral health partnership?

A. The primary goal of the BHP is to provide enhanced access to and coordination of a more complete and effective system of community-based behavioral health services and supports and to improve member outcomes. Secondary goals include better management of state resources and increased federal financial participation in the funding of behavioral health services.

Q. How is the program administered?

A. DSS and DCF has contracted with ValueOptions® as the administrative services organization (ASO) for the BHP, which authorizes and manages behavioral health services for all HUSKY A, HUSKY B or Limited Benefit (DCF involved individuals with complex behavioral health needs). DSS has contracted with Electronic Data Systems (EDS) as the fiscal agent for the CT BHP. All claims for CT BHP services must be submitted to EDS.

Q. What populations does the BHP serve?

A. HUSKY A and HUSKY B members and Limited Benefit (DCF involved individuals with complex behavioral health needs) programs.

Q. What is HUSKY?

A. HUSKY stands for Healthcare for Uninsured Kids and Youth. The HUSKY Plan offers a full health insurance package for children and teenagers up to age 19, regardless of family income. HUSKY Plus offers additional services for children with special physical health care needs, while mental health and substance abuse treatment services are available through the Connecticut Behavioral Health Partnership. HUSKY can also provide health coverage for parents, relative caregivers and pregnant women, depending on income. Getting further information about HUSKY is easy. Just call 1-877-CT-HUSKY (1-877-284-8759) or visit the HUSKY website at <http://www.huskyhealth.com/>

Q. Are adults included in this population?

A. Yes, there are about 100,000 HUSKY A adults.

Enrollment

Q. How do I know if I am already a Medicaid Provider?

A. If you currently can be paid directly by EDS for services to CT Medicaid members, you are considered a Medicaid provider. If you are unsure whether you are enrolled with the CT Medical Assistance Program, contact the EDS Provider Assistance Center at 1- 800-842-8440 (in state toll free) or 1-860-269-2028 (out of state or Farmington area) or by writing to: EDS, Provider Assistance Unit, P.O. Box 5007, Hartford, CT 06104.

Q. If I am treating a Husky client, do I have to enroll in the partnership?

A. If you are providing services to a HUSKY A/B member and do not enroll into the CMAP (Connecticut Medical Assistance Program) network as a Medicaid provider, you will be unable to obtain reimbursement for services rendered.

Q. How do I enroll in the CT Behavioral Health Partnership Network?

A. Providers not enrolled with DSS can visit the EDS website: www.ctdssmap.com and enroll on-line or print an enrollment application. Providers without computer access can contact the EDS Provider Assistance Center at 1-800-842-8440 (in state toll free) or 1-860-269-2028 (out of state or in the Farmington area).

Q. How long does the credentialing/contracting process take?

A. The credentialing process takes approximately 6 – 8 weeks from the date that the *completed* application is received by EDS.

Client Eligibility

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.***

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Q. How do I verify the client's eligibility?

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 EDS' Automated Voice Response System (AVRS) by calling 1-800-842-8440 or (860) 269-2028 (Farmington Area).
3. **Provider Electronic Solutions Software** - Free software provided by EDS to actively enrolled Trading Partners for the batch submission of eligibility verification and claim transactions. The software allows users to print the eligibility or claim verification response if desired. The software may be downloaded from the Web site www.ctdssmap.com by clicking on the Trading Partner tab, then EDI.
4. **Point of Sale Device (POS)** - A POS device allows providers to swipe the client's gray CONNECT Card through the POS device or by entering the client ID, and service date information using the POS device keypad. The POS device displays or prints the response.
 - a. Providers can find general information about the *MedData* POS device on the Web site at www.spotcheck.com. EDS is not the contact for *MedData* product support. Any questions regarding the *MedData* POS device should be directed to *MedData*.
5. **ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response Transaction** - The 270/271 is a HIPAA compliant paired transaction set used to send and receive eligibility verification requests and responses. The technical transaction specifications are available at www.wpc-edi.com.

For additional information regarding these methods to verify client eligibility, please refer to Chapter 4 in the Connecticut Medical Assistance Program Manual. To view this chapter, go to www.ctdssmap.com and click on the Information tab, then Publications.

Q. Who should members contact if their grey Connect Card is lost or stolen?

A. HUSKY A members should contact their DSS Social Worker. HUSKY B clients will need to contact ACS at 1-800-656-6684 to request a connect card. Any returned mail (if the connect card cannot be delivered as addressed) will need to go to ACS.

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.

Claims and Billing

Q. Who will pay my claims?

A. Electronic Data Systems (EDS) will process behavioral health claims for CT BHP clients. All claims for CT BHP services must be submitted to EDS.

Q. What is the timely filing requirement for CT BHP claims?

Providers rendering CT BHP services to eligible HUSKY A, HUSKY B and DCF clients have **120-days** from the date of service, or 120 days from the date of payment from a third party payer, for submitting claims to EDS. In addition, providers will have **120-days** from the denial of a CT BHP claim (for other than timely filing) to resubmit the claim for payment. *Timely filing requirements for non-CT BHP clients under Medicaid or the State Administered General Assistance Programs remain unchanged.*

Q. How often will EDS pay claims?

A. Twice a month. Provider bulletins detailing the schedule of EDS' billing cycles can be found on the EDS website: www.ctdssmap.com

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Q. Will EDS pay providers separately for CT BHP activity or will payment be combined with other EDS checks?

A. EDS will be making a combined payment. All claims processed by EDS will appear on one remittance advice (RA). Since Behavioral Health is not a 'program' like Medicaid, SAGA, ConnPACE, Charter Oak or CADAP, claims will not be differentiated on the RA. They will appear as Medicaid.

Q. How do I submit claims electronically to EDS?

Electronic claim submission is the most efficient method of claims submission. EDS' free Provider Electronic Solutions software is a great tool to submit your claims electronically. This software allows providers to copy previously submitted claims, change dates of service or procedure codes, and submit the new claim with little effort. Providers interested in electronic claims submission may contact the EDS EDI department at 1-800-688-0503 or visit the EDS website: www.ctdssmap.com.

Q. Will providers be able to submit bills on an 837 form?

A. For providers who bill electronically, they are required to bill in the HIPAA compliant 837 format. Providers, submitting paper claims, are required to use standard CMS 1500 (formerly HCFA) or UB-92 claim forms, whichever is appropriate for their provider type. Providers will use the same requirements that are used to bill fee-for-service claims.

Q. Is place of service required when I bill?

A. Place of service *is* required. Place of service was actually renamed Facility Type Code with the introduction of HIPAA and *is* required. However, there are no restrictions on the code used. If the services are being performed in the home, providers can certainly use a 12, if the treatment is taking place in the office or at the facility, providers may use the appropriate facility code, but location codes will not be built into the authorization.

Q. What is a modifier?

A. Modifiers are used with CPT® codes and HCPCS codes when a service requires more definition or explanation. The following providers must use the modifiers below on all claim submittals to ensure proper reimbursement

Provider Type/Specialty	Modifier
Advanced Practice Registered Nurses	SA
Licensed Clinical Social Workers	AJ
Licensed Marital & Family Therapists	HO
Licensed Professional Counselors	HO
Licensed Alcohol & Drug Counselors	HO
MH Clinics when billing for Intensive in-Home Child and Adolescent Psychiatric Services (IICAPS)	HK

Q. Can I bill a CT BHP member (HUSKY A/B or Limited Benefit client)?

A. CT BHP providers are not permitted to bill CT BHP members unless the following conditions are met:

- A provider shall be permitted to charge an eligible Member for goods or services which are not coverable **only** if the Member knowingly elects to receive the goods or services and enters into an agreement in writing to pay for such goods or services prior to receiving them.
- For purposes of this section non-covered services' are services not covered under the Medicaid state plan, services that are provided in the absence of appropriate authorization, and services which are provided by a non-CMAP enrolled provider unless otherwise specified in policy or regulation (e.g., family planning, mental health or emergency room services).
- A provider must treat Medicaid FFS and HUSKY A and B clients the same. In other words, they cannot have a policy of charging HUSKY clients for non-covered services, but not charging Medicaid FFS clients.

Q. If an inpatient psychiatric stay has diagnostic tests (MRI, labs, etc) should the bill be split?

A. CT BHP rates for inpatient psychiatric services are all-inclusive. Hospitals should bill the Inpatient Rev Codes identified on the Hospital Authorization Schedule with a BH primary diagnosis. If the claim includes lab, x-ray, or other ancillary services, these details will be denied.

Covered Services/Rates

Q. What services are covered under the CT Behavioral Health Program for HUSKY A and B clients?

A. The CT BHP covers specific procedure codes/services that your provider type/specialty can provide. A full listing of covered services by type and specialty can be found on www.ctbhp.com – click on "For Providers" - then click "Covered services/fees".

Q. Which CT BHP services require Authorization or Registration?

A. Behavioral health services that require authorization or registration can be located at www.ctbhp.com – Click on "For Providers" - then click "Authorization Schedule".

- Authorized Services require telephonic review with a CT BHP clinician
- Registered Services are authorized through the CT BHP Web Registration System

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Q. What services are covered under the CT Behavioral Health Program for non-HUSKY DCF Funded Clients who have been granted “limited behavioral health services”?

A. The CT BHP will only cover Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) provided by DCF certified providers. Providers will be notified as other services are added to the benefits available to non-HUSKY DCF Funded Clients.

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

A. A listing of covered services and fees is available on the CT BHP website: www.ctbhp.com (Click “For Providers” and then on the “Covered Services/Fees” link). Generally speaking, the rates and fees are based on a weighted average of rates and fees under the HUSKY program.

Q. Can a paraprofessional or master’s level clinicians provide services?

- **In independent practice settings**, neither paraprofessionals nor unlicensed master’s level clinicians can provide CT BHP covered services.
- **In freestanding mental health and substance abuse clinics**, the Department reimburses services provided by allied health professionals, which may include non-licensed masters level social workers and other masters level individuals including trainees whose education, training, skills and experience has prepared them for any of the professional and occupational license or certification categories covered in Title 20; and Bachelors level individuals who have met the supervised practical training requirement and the education requirement to be eligible for certification as an Alcohol and Drug Counselor by DPH and who are in the process of amassing the required years of work experience. The services of paraprofessionals are only reimbursable as part of selected home-based child rehabilitation programs. The services of paraprofessional are not reimbursable in clinic settings.

Allied health professionals must be qualified to perform any particular service and their scope of services is identified in the licensure/certification that they hold. Allied health professionals should be supervised by licensed personnel and this supervision should be notated or signed off on in the treatment record. Providers must always be compliant with HIPAA in their billing submissions. For example, they should not use 90801 (psychiatric diagnostic interview) for services provided by an allied health professional who is not qualified to diagnose.

Q. What is the definition of case management?

A. Services whose primary aim is assessment, evaluation, planning, linkage, support and advocacy to assist individuals in gaining access to needed medical, social, educational or other services.

Q: I have noticed procedure code T1016 (Case management) on the fee schedule. What is this for and how is it billed?

A: Code T1016 can be used by licensed independent practitioners and freestanding mental health clinics to bill for case management services. Case management services are not direct treatment but rather services provided to assist a client or family gain access to needed medical, mental health, social, educational or other services as part of the client’s treatment plan. Examples of billable services include time spent coordinating a treatment plan or interpreting psychological findings to school or court personnel, time spent monitoring a client or explaining the treatment plan to family members, time spent attending discharge planning meetings or coordinating transitions in care with the CT BHP staff or with responsible parties at DCF, etc. This code is billable in 15 minute units. You can provide up to 3 hours/12 units per client without authorization. Case management in excess of 3 hours/12 units requires prior authorization from the CT BHP. These authorizations can be obtained telephonically by contacting the CT BHP 1-877-552-8247. As with all services, the time spent performing them should be documented in the client’s record and there should be an indication that the services are part of the client’s treatment plan.

Q: How is code 90887 used?

A: Code 90887 (Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons) can be used when a clinician holds a treatment or discharge planning conference on behalf of a client or otherwise provides services consistent with the 90887 description so long as these services are provided on-site at the clinic (i.e., not at school or by phone). Providers can bill for two units of service per client without prior authorization but can not bill more than one unit per day. As with all services, the time spent performing them should be documented in the client’s record and there should be an indication that the services are part of the client’s treatment plan.

Q. When should codes T1016 and T1017 be used?

A. T1017 should be used to bill for targeted case management provided as part of a home-based service program or in association with emergency mobile psychiatric services. T1016 should be used for targeted case management services provided by behavioral health clinics and independent

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or group practitioners. These services are only reimbursable for individuals under 19 years of age.

Q. Can case management codes be billed for the following?

1. Related discussions with client while transporting in the car?

A. Provider's may bill for case management services while driving so long as the activity qualifies as targeted case management as is appropriately documented in the client's file.

2. Time spent writing letters to DCF or the courts providing treatment summaries and recommendations that include living arrangements and treatment options?

A. If the treatment notes and recommendations already exist in the client's chart, billing is not appropriate for this normal documentation of care. The master treatment plan (and updates to it) should suffice but if they do not and there is need to create a new document, services could be billable.

3. Time spent in court supporting families in the court process, advocating and making treatment recommendations.

A. Time in court that is actually testifying or working with the family would be fine. Time spent simply waiting for the court appearance would not.

Q. Are authorizations for H2019 (Therapeutic Behavioral Service) and T1017 (Targeted Case Management) going to be blended under one authorization, or authorized separately?

A. Providers will receive one authorization using the appropriate class to identify which Home Based Service it is (IICAPS, MST, and MDFT etc). That way they can use the two procedures interchangeably the way they historically have.

Authorization/Registration

Q. What are the authorization requirements?

A. *Registration* is required for all outpatient, psychological testing, methadone maintenance, ambulatory detox and FST (Family Support Team) Home Based services. These services need to be registered through the CT BHP's Web Registration system. *Authorization* is required for other levels of care. For a complete listing of those services that require authorization please review the Authorization Schedule located at www.ctbhp.com (click on "For Providers",

and then click "Authorization Schedule"). Authorized Services require telephonic review with a CT BHP clinician.

Web Registration

Q. How do I register services?

A. The CT BHP Web Registration system is available on the CT BHP website: www.ctbhp.com. Click on "For Providers", and then click "Registration System". Links to the Security Access Form, Installation Guide, and User Manual are provided.

Q. Will I need an ID or password to use the web-registration system?

A. Yes. To establish secure access to the system a User ID and password will be required. A Security Access Request form must be completed. The form and form instructions can be obtained on the CT BHP website (see above) or by calling the Provider Relations Department @ 1-877-552-8247.

Q. Will I need to obtain an ID and password for every user?

A. Yes. A Security Access Request form will need to be completed by each user that will be either entering or viewing your registrations. A form does not need to be completed for every practice location. One form containing either your only or primary EDS/CMAP ID (Medicaid Provider ID) will allow access to your practice location(s).

Q. What if the system states my user id & password have been suspended for violations?

A. Web registration users are locked out if: 1) The id/password is entered incorrectly three times. 2) If a user does not log into the system for more than 45 days. Users should contact the Technical Desk 1-866 817-6306 to reset their password over the phone, or provide you with your id.

Q. What information will I need to register a client?

A. Users of the web registration system will initially need the same basic member information that is used for eligibility verification: The member's 9 digit Medicaid ID number, and date of birth or Social Security number. For clinical information requirements, see the Registration manual on the CT BHP website: www.ctbhp.com

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Q. Is an outpatient registration tied to a member or a provider?

A. An outpatient registration is tied to both a member and a provider. A provider will get 26 visits for a particular member. Any two separate outpatient providers would each be granted 26 visits. If a clinic/facility gets 26 visits for a particular member, any of the performing clinicians *within the clinic* would use the single 26 visit authorization. Claims submitted by the clinic, regardless of who performed the service, would decrement against the 26 unit authorization.

Q. What if I have additional questions or concerns?

A. All other questions can be directed to the CT BHP Provider Relations Department by calling 1-877-552-8247.

Appeals

Q. Should all clinical and claim appeals go to the CT BHP address?

A. No. Please note: Not all appeals would be sent to the Partnership address:

Claim appeals would be sent to EDS – You should contact EDS directly at 1-800-842-8440 to confirm address for the Behavioral Health Partnership.

Administrative Clinical Appeals and Medical Necessity Level I & II initiated by a provider should be submitted to the CT BHP – CTBHP, 500 Enterprise Dr. Suite 4D, Rocky Hill, CT 06067 Attn: Denials and Appeals Department. The CT BHP Provider Handbook also outlines appeal procedures and can be found on the CT BHP website: www.ctbhp.com. Member appeals or provider appeals on behalf of the member must be submitted directly to the Department of Social Services.

Q. What is the appeal process if Value Options denies inpatient days and we believe the stay is medically necessary?

A. Providers may appeal decisions of the CT BHP ASO to deny, partially deny, reduce, suspend or terminate services based on the lack of medical necessity of those services. The complete process for Provider Level I & Level II appeals is outlined in the Rights & Responsibilities section (Chapter VII) of the CT BHP Provider Handbook. <http://www.ctbhp.com/provider/handbook.htm>

Referrals

Q. What is a PDV?

A **PDV** is the CTBHP Provider Data Verification Form. This submitted data form ensures consistency and integrity of the providers file. The information which is collected during the credentialing process includes all areas of education, training, certification, and specialty and will assist CT BHP staff and external customers to locate network providers through a searchable online database.

Q. What is Referral Connect?

A. ReferralConnect is a web-based application that enables CT BHP staff and external customers to locate network providers through a searchable online database. Users of this application can log on to ReferralConnect through the CT BHP website www.ctbhp.com and search for network providers and facilities with specific clinical specialties, languages, disciplines, and program types located within an acceptable driving distance. ReferralConnect also provides available details for each provider, along with a map that shows the location of a provider's office in relation to a member's location.

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