

## ***Frequently Asked Questions***

### **Q. What is the Behavioral Health Partnership?**

A. The Behavioral Health Partnership (BHP) is a new initiative between the Department of Social Services (DSS) and the Department of Children and Families (DCF) for the development and implementation of an integrated behavioral health services system for HUSKY A and HUSKY B members and for children served by DCF.

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

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. What populations does the BHP serve?**

A. HUSKY A and HUSKY B clients and children with complex behavioral health needs served by DCF..

### **Q. Are adults included in this population?**

A. Yes, there are about 90,000 HUSKY A adults.

### **Q. What is the effective date?**

A. January 1, 2006.

### **Q. How will the program be administered?**

A. DSS and DCF will contract with an administrative services organization for the BHP, which will authorize and manage behavioral health services for all HUSKY A and HUSKY B members. For dates of service on or after January 1, 2006, behavioral health claims for HUSKY members will be processed by Electronic Data Services (EDS).

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

**A. Medicaid Providers** - Providers who are already enrolled with DSS and can be paid directly by EDS for services to non-managed care Connecticut Medicaid clients are automatically enrolled as BHP providers and do not need to take any action at this time.

**Non Medicaid** - Providers who are enrolled with one or more MCOs but are not enrolled with DSS should obtain an enrollment application by contacting the EDS Provider Assistance Center at 1- 800-842-8440 (in state toll free) or at 1-860-832-9259 (out of state or in the New Britain area) or by writing to: EDS, Provider Assistance Center, P.O. Box 5007, Hartford, CT 06104.

**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 Connecticut Medicaid members you are considered a Medicaid provider. If you are unsure whether you are enrolled with CMAP, please contact the EDS Provider Assistance Center at 1- 800-842-8440 (in state toll free) or at 1-860-832-9259 (out of state or in the New Britain area) or by writing to: EDS, Provider Assistance Unit, P.O. Box 5007, Hartford, CT 06104.

**Q. Who do I contact to become a Medicaid Provider?**

A. Providers who wish to enroll as a Medicaid Provider or who have questions about enrollment should contact the EDS Provider Assistance Center at 1-800-842-8440 (in state toll free) or 1-860-832-9259 (out of state or in the New Britain area).

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

A. The credentialing process takes approximately 45 days from the date that the completed application is received by EDS.

**Q. Will there be new rates and fees under the Behavioral Health Partnership?**

A. Fee schedules and rates are being developed for services provided under the BHP. These fee schedules and rates will be different than the fee schedules and rates for non-managed care Medicaid clients. Generally speaking, the rates and fees will be based on a weighted average of rates and fees under the HUSKY program. There will be no changes for services and reimbursement for Medicaid Fee-for-service (i.e., non-managed care).

**Q. Who will pay my claims?**

A. Electronic Data Services (EDS) will process behavioral health claims for BHP clients. All claims for BHP services for dates of service on or after January 1, 2006 must be submitted to EDS. Managed Care Organizations or their subcontractors, will no longer manage or pay claims for behavioral health services for dates of services on or after January 1, 2006.

**Q. How often will we be paid by EDS?**

A. Twice a month.

**Q. Will EDS pay us separately for Behavioral Health Partnership activity or will the payment be combined with other EDS checks?**

A. EDS will be making a combined payment. All claims that EDS processes will appear on one remittance advice. Since the Behavioral Health Partnership is not a 'program' like Medicaid, SAGA, ConnPACE or CADAP, the claims will not be differentiated on the remittance advice. They will appear as Medicaid. Providers may use the "patient account number field" on the billing form to designate a client as FFS or BHP and the remittance advice will be sorted accordingly. Otherwise, a provider will need to consult its own records regarding program eligibility (i.e., HUSKY A/B vs. FFS) to determine whether the allowed amount is correct.

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

A. If the provider bills electronically, they are required to bill in the HIPAA compliant 837 format. If they bill on paper they would have to bill on the HCFA 1500 or UB92- whichever is appropriate for their provider type. These are the same requirements as if they were billing fee-for-service claims.

**Q. What are the authorization requirements?**

A. There will be no requirement for registration or authorization for routine outpatient services (i.e., individual, group and family therapy and medication management) provided during the first 4 months of the program. However, by May 1, 2006, all outpatient clients will need to be registered with the BHP ASO in order to provide for claims payment by EDS. Registration will typically result in an authorization for 26 outpatient visits. Services beyond 26 visits may be subject to prior authorization.

Most other services (e.g., inpatient, PHP, IOP) will require prior authorization beginning January 1, 2006. More information regarding the authorization procedures will be provided at a later date.

**Q. I am currently seeing Medicaid clients, what is the transition plan for existing authorizations?**

A. No transition plan is necessary for outpatient services since registration and authorization requirements will be suspended during the first 4 months of the program. It is anticipated that authorizations for intensive services (e.g., PHP) that extend beyond January 1, 2006 will be honored by the BHP ASO, which will receive this information from the current HUSKY MCOs or their behavioral health subcontractors. Of course, you must be an enrolled provider to receive payment. If you are not going to participate in the BHP you should make plans to transition your clients to providers who are participating.

**Q. Regarding IICAPS, does the \$24.26 rate apply equally to both procedure codes H2019 and T1017?**

A. Yes.

**Q. How do I find out more about the BHP?**

A. Additional information regarding the Behavioral Health Partnership is currently available at [www.ctbhp.com](http://www.ctbhp.com). Questions regarding BHP may be directed to 877-55-CTBHP (877-552-8247) or questions can be sent to [BHP.dss@po.state.ct.us](mailto:BHP.dss@po.state.ct.us).

**Q. When can I expect further information?**

A. As information becomes available, there will be additional, more detailed communication to all HUSKY and Medicaid providers.