



TO: Providers  
RE: HUSKY Health Program Transition

The purpose of this bulletin is to give providers important information regarding the transition to the new HUSKY Health program. On January 1, 2012, the Department of Social Services (DSS) will restructure its medical services delivery system for all medical assistance clients enrolled in the HUSKY A, HUSKY B, Charter Oak, Low Income Adults and Fee for Service populations. DSS selected Community Health Network of Connecticut (CHNCT) to be the Department's medical administrative services organization (ASO). The ASO will authorize and manage the medical health services of all clients. The managed care organizations (Aetna Better Health, AmeriChoice, Community Health Network of CT), and their subcontractors, will not manage or pay claims for services for dates of service after December 31, 2011.

### **Roles and Responsibilities**

CHNCT will coordinate the medical care for all clients and provide support services such as:

- ✓ Referral assistance and appointment scheduling
- ✓ Health Education
- ✓ Case management including intensive case management
- ✓ Utilization management including prior authorization
- ✓ CHNCT Provider Call Center  
1-800-440-5071
  - Case management referrals
  - Web site and transaction assistance

- ✓ CHNCT Client Call Center  
1-800-859-9889
  - Covered services inquiries
  - Assistance with finding a participating provider
  - Appointment scheduling assistance
  - Client eligibility inquiries

HP will continue to perform fiscal agent responsibilities which include services such as:

- ✓ Provider enrollment and re-enrollment processing
- ✓ Process claims for all HUSKY Health program (HUSKY A, B, C, D) and Charter Oak Health Plan clients
- ✓ Issue EFT/Remittance Advice
- ✓ HP Provider Assistance Call Center  
1-800-842-8440
  - Provider enrollment status and inquiries
  - Claim denial inquiries
  - Claim submission inquiries
- ✓ HP Client Assistance Call Center  
1-866-409-8430
  - Client pharmacy claim inquiries

### **Provider Enrollment**

Providers who are currently paid directly by HP for services to Connecticut Medical Assistance Program (CTMAP) clients are enrolled with DSS. Such providers do not need to enroll or re-enroll in order to receive payment for services rendered to HUSKY Health program (HUSKY A, B, C and D) clients.



Providers who are not currently paid by HP need to enroll and can access the enrollment application online at [www.ctdssmap.com](http://www.ctdssmap.com) (go to the provider box on the left side of the screen and click on provider enrollment). Please follow all applicable directions and note you must send additional documentation to HP. If you have questions about enrollment, you may call the Provider Assistance Center at HP, between 8 am and 5 pm, Monday through Friday toll free at 1-800-842-8440.

### **Changes to the Client Eligibility Verification Response**

Beginning with dates of service January 1, 2012, the following changes will be made to the Automated Eligibility Verification System (AEVS):

#### *HUSKY A, HUSKY B and Charter Oak Health Plan*

Although the benefit plan descriptions will remain the same, the managed care provider association assignments will be eliminated from the client's eligibility file.

#### *HUSKY C*

The Medicaid Services (Fee for Service) benefit plan description will be changed to HUSKY C.

#### *HUSKY D*

The Medicaid LIA benefit plan description will be changed to HUSKY D.

### **Retroactive Client Eligibility**

Clients who are granted retroactive eligibility, for dates prior to 1/1/12 in the HUSKY A program will be not be enrolled in a managed care organization but instead will be enrolled in Fee for Service.

Clients who are granted retroactive eligibility in the HUSKY B or Charter Oak Health Plan will be enrolled in one of the three MCO's through December 31, 2011.

Effective October 26, 2011, HUSKY A, HUSKY B and Charter Oak Health Plan clients were no longer permitted to change MCO plans.

### **Prior Authorization**

The Department will honor authorizations for service approved by the MCOs prior to 12/31/2011 for dates of service on or after 1/1/2012.

CHNCT will manage inpatient hospital services and other medical health services such as independent therapies, certain surgical procedures, medical equipment devices/supplies and home health agency services, which are currently managed for these populations by Qualidigm and the Department, respectively.

Effective December 28, 2011, prior authorization requests for outpatient professional services will be authorized by CHNCT. At this time PA requests, for these services, for all HUSKY and Charter Oak clients should be submitted to HP via the existing prior authorization form located at [www.ctdssmap.com](http://www.ctdssmap.com). From the home page, go to Information and then to Publications, Forms. Prior Authorization forms must be faxed to the following:

(860) 269-2137 – For non-urgent outpatient professional services, homecare, rehab services, professional surgical services etc.).

(860) 269-2135 – For urgent DME

(860) 269-2138 – For initial authorizations for Occupational Therapy, Speech/Audiology Therapy, Physical Therapy and homecare.

A new CHNCT fax number has been established for homecare modifications to an existing prior authorization or to submit clinical documentation to support requests for an increase in home care services. The new CHNCT fax number is (203) 265-3994. Questions regarding homecare authorizations should be directed to 1-800-440-5071.

In the coming months, the Department will continue to provide additional information concerning the implementation of the new HUSKY Health program and the introduction of a new Person-Centered Medical Home program. Please share this communication widely with your staff and stay tuned for updates.

### **Behavioral and Dental Health**

There are no changes to the behavioral and dental health delivery systems. The Connecticut Behavioral Health Partnership (CTBHP) and the Dental Health Partnership will continue to manage behavioral and dental health services, respectively, for all medical assistance clients.

### **Claim Submission**

Effective with dates of service January 1, 2012, all claims for clients in the HUSKY Health Program and Charter Oak Health Plan must be submitted to HP.

### **Timely Filing**

Effective January, 1, 2012, the following timely filing rules will apply:

Claims submitted for non behavioral health services for all clients will be subject to the 365 day filing limit.

Claims submitted for behavioral health services for all clients will be subject to the 120 day filing limit.

This policy is currently under review by the Department and may result in a change in the future.

### **More to come**

