



TO: Hospital Providers
 RE: HUSKY Health Program Transition

The purpose of this provider bulletin is to give hospital 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 has selected Community Health Network of Connecticut (CHNCT) to be the Department's medical administrative services organization (ASO) who 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 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 Advices
- ✓ 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

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 on the eligibility file will be eliminated.

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 MCOs 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

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, Qualidigm will no longer process new prior authorization requests. The Department will honor authorizations for service approved by the Qualidigm and the MCOs prior to 12/31/2011 for dates of service on or after 1/1/2012. Please refer to the Qualidigm memo of 11/30/2011, posted on the Qualidigm portal, for additional information.

Hospitals must contact CHNCT for new inpatient admissions by telephone at 1-800-440-5071 (follow prompts for authorization) or by fax at (203) 265-3994.

Prior authorization requests for outpatient professional services will also be authorized by CHNCT. At this time these requests, for HUSKY and Charter Oak clients, should be submitted to HP via the existing prior authorization form located at 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

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

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.

All inpatient medical stays including Medicare crossover claims that overlap 2011 and 2012 need to be split and billed to the appropriate entity. DOS in 2011 will need to be submitted to the appropriate MCO and for DOS in 2012 claims will 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

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.