



The *New*
HUSKY Health Program
and
Charter Oak Health Plan



Welcome

Introductions:

- Department of Social Services
- Community Health Network of Connecticut, Inc. – the Department's Administrative Services Organization for the HUSKY Health Program and Charter Oak Health Plan
- Hewlett-Packard Enterprise Services – the Department's Medicaid Management Information System fiscal agent contractor



What's New and Why?

- We are expanding the services that were only available to HUSKY and Charter Oak members to Medicaid/FFS clients
- Smoking cessation services
- Focus on preventive care – **right care at the right place and at the right time**



The New HUSKY Health Program and Charter Oak Health Plan

- Starting January 1, 2012, all DSS medical assistance clients will get services through our single, statewide HUSKY Health & Charter Oak administrative services organization (ASO)
- DSS has chosen Community Health Network of Connecticut, Inc. to be the administrative services organization for the new HUSKY Health Program and Charter Oak Health Plan



Who Will Participate in the HUSKY Health Program and the Charter Oak Health Plan?

- **HUSKY A members**
 - Children and qualified adults, including pregnant women
- **HUSKY B members**
 - Children (0-18) whose families are over income for HUSKY A
- **HUSKY C members**
 - Single eligible adults in the Aged, Blind and Disabled category;
 - This includes people who have both Medicare and Medicaid



Who Will Participate in the HUSKY Health Program and the Charter Oak Health Plan? (Cont.)

- **HUSKY D members**
 - Low-Income Adults (former SAGA clients)
- **HUSKY Limited Benefit members**
 - Individuals who have been diagnosed with tuberculosis and do not qualify for full Medicaid coverage and the inpatient inmate program
- **Charter Oak Health Plan members**
 - Adults ages 19-64



What is Not Changing

- Benefits stay the same
- Eligibility – no changes in eligibility requirements, application and renewal process
- Premiums and cost-share – HUSKY B and Charter Oak members



What is an ASO ?

- It will replace the current managed care delivery system with a single administrative services organization (ASO) model beginning with dates of service January 1, 2012
- This model of care covers all of the Department's medical assistance clients
- All HUSKY Health and Charter Oak members will be getting all health services only from CMAP-enrolled providers



Am I a Medicaid-CMAP Enrolled Provider and how do I enroll?

- If you are unsure whether you are a CMAP enrolled provider, please contact the Hewlett Packard (HP) Provider Assistance Center at: In state callers: **1.800.842.8440**, out of state providers call: **1.860.269.2028**.
- If you are currently a fee for-service Medicaid provider (i.e., you are reimbursed directly by HP for services you provide to non-managed care Medicaid clients), you do not need to take any action at this time.
- Note, if you previously enrolled but have not submitted a claim for over one year, you may have been disenrolled from the CMAP network.
 - Please contact the HP Provider Assistance Center at: **1.800.842.8440** for help with determining if you are enrolled or not.



ASO: Roles and Responsibilities

- Member and Provider Services
- Referral assistance and appointment scheduling
- Provider Recruitment
- Health education
- Utilization management including prior authorization
- Case management including intensive care management
- Quality management
- Health Data analytics and reporting



Will clients use their current ID cards and number?

- Members will continue to use their current ID card, they will receive new identification cards in the near future.
- The identification number will not change; HUSKY members may use their grey CONNECT card and Charter Oak members may continue to use their white card until the new card is received.



When do you contact CHNCT?

- Call CHNCT when you:
 - To locate a CMAP provider
 - For authorization of a service
 - To identify a member who may need intensive care management or a disease management program
 - To verify a member's eligibility
 - Smoking Cessation
 - Translation Services
 - Person-Centered Medical Home



Prior Authorization

•Outpatient Services Requiring Prior Authorization

Dec. 28, 2011 – Feb. 29, 2012: Outpatient services requiring prior authorization for:

HUSKY C (ABD) and HUSKY D (MLIA) members must be faxed to Hewlett-Packard Enterprise Services (HP) at 860.269.2138

Jan. 1, 2012 – Feb. 29, 2012: Outpatient services requiring prior authorization for HUSKY A, HUSKY B and Charter Oak members must be faxed to HP at 860.269.2138

Re-authorization and all other service requests (including outpatient surgeries, DME, O&P, Med/Surg supplies, oxygen, etc.) must be faxed to HP at 860.269.2137

Requests for initial authorization for home health and therapy services must be faxed to HP at 860.269.2138

Requests for changes to existing home health authorizations must be faxed to CHNCT at 203.265.3994



Prior Authorization

Outpatient Services Requiring Prior Authorization

Requests for Synagis authorization must be faxed to CHNCT at 203.774.0549

Urgent DME requests:

– Fax: 860.269.2135

All provider inquiries

– Phone: 1.800.842.8440

The list of services requiring prior authorization (as of January 1, 2012) will be found on the following website: www.huskyhealth.com

All requests must include the AVRS ID (previously known as the Medicaid ID)



New Process, Effective March 1, 2012

- Web portal will be available allowing a secure automated process for providers to request authorizations
- During the month of February, CHNCT will outreach to providers to provide more detail and training on the new process

Submission of Claims

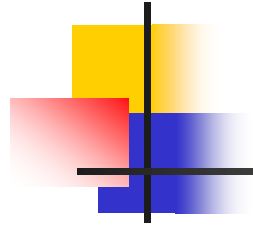
(processed daily, payments are run every 2 weeks)

- Claims for dates of service December 31, 2011 and prior must be submitted to the appropriate MCO.
- Effective with dates of service January 1, 2012, all claims for members in the HUSKY Health Program and the Charter Oak Health Plan will be submitted to HP.
- For deliveries on or before December 31, 2011, provider may submit global obstetric codes for CHNCT member to CHNCT.
- For deliveries on or after January 1, 2012 with prenatal care prior to January 1, 2012, providers should submit prenatal care codes to CHNCT or appropriate MCO, and delivery codes to HP rather than bill global obstetric codes.



Important Phone Numbers

- Member and Provider Call Centers
 - Member phone number: **1.800.859.9889**
 - Provider phone number: **1.800.440.5071**
Open Monday through Friday from 9 a.m. to 7 p.m. beginning January 3rd.
- **Behavioral Health**
CT Behavioral Health Partnership
1.877.552.8247 *Open Monday through Friday from 9 a.m. to 7 p.m.
The TTY/TDD telephone number is 1.866.218.0525
www.ctbhp.com
- **Dental**
CT Dental Health Partnership
1.866.420.2924*Open Monday through Friday 9 a.m. to 7 p.m.
The TTY/TDD telephone number is 1.866.218.0525
www.ctdhp.com
- **Prescriptions**
Pharmaceutical Benefits or Authorization Requirements
1.866.409.8386 or 1.860.269.2030 in the Farmington, CT area.
www.ctdssmap.com/CTPORTAL/Pharmacy
- HP Provider Assistance Center *Open Monday through Friday from 8 a.m. to 5 p.m.
- **1.800.842.8440** (in-state callers)
- **1.860.269.2028** (for out-of-state callers)



Question & Answers