HUSKY Health Program and Charter Oak Health Plan Provider Webinar
Welcome

Introductions:

• 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 (HP) – the Department’s Medicaid Management Information System fiscal agent contractor

• CT Dental Health Partnership (CTDHP) - the Department’s dental care program
HUSKY Health Program and Charter Oak Health Plan

• Starting January 1, 2012, all DSS medical assistance clients will get services through a single, statewide HUSKY Health and Charter Oak Health Plan 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
What’s New?

• Services that were only available to HUSKY and Charter Oak members are expanded to Medicaid/FFS clients

• Person-Centered Medical Home implemented

• Providers must be enrolled as part of the CMAP network in order to see HUSKY Health Program or Charter Oak Health Plan members
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? (Continued)

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

• If a member has both Medicare and Medicaid, there are no changes to the way benefits are coordinated between programs

• Eligibility: No changes in eligibility requirements, application and/or renewal process

• Behavioral Health, Pharmacy, Dental and Transportation are still considered a carve-out benefit

• Premiums and cost-share remain for 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
Provider Enrollment

• If you are unsure whether you are a CMAP enrolled provider, please contact the Hewlett Packard (HP) Provider Assistance Center at 1.800.842.8440

• 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 more than 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.
Provider Enrollment

• If you are not currently a fee-for-service Medicaid provider (i.e., you receive payment only through Community Health Network of Connecticut, Inc. or the other managed care organizations for services you provide to Medicaid clients) and wish to continue to treat clients after January 1, 2012 and to be reimbursed for services you provide to HUSKY A, HUSKY B and Charter Oak Health Plan clients, you must enroll with DSS/HP.

• You may enroll online at www.ctdssmap.com by clicking on Provider, then Provider Enrollment. Questions may be directed to the HP Provider Assistance Center between the hours of 8 a.m. and 5 p.m. Monday through Friday at 1.800.842.8440.
Provider Enrollment Enhancements

• New and improved provider enrollment wizard for individual sole practitioners and performing providers

• Web portal improvements
  • More efficient
  • No more paper submissions
  • No additional documentation (Out of state providers are still required to submit copy of license)
  • Easier navigation
  • Quicker turnaround time
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?

• The identification numbers for members have not changed. The identification card number and number on the grey connect card or white Charter Oak card are the same.

• New ID cards were mailed to all HUSKY Health members during the last week of January and the first week of February. However, members may also continue to use their grey connect card for visits to providers.

• Charter Oak Health Plan member identification cards have not been mailed. Members may continue to use the white Charter Oak card they use for pharmacy and behavioral health services until their card is mailed.
Identification Cards

- The new HUSKY Health ID Card:

Members will not have a provider name on the ID card. Once a member chooses a primary care provider, the provider should affix a sticker to the card indicating the primary care provider name or simply write the name on the card.
When do you contact CHNCT?

Providers may contact CHNCT:

• To help locate a CMAP provider

• For authorization of a service

• Translation Services

• To identify a member who may need intensive care management or a disease management program

• Person-Centered Medical Home information
Prior Authorization

Outpatient Services Requiring Prior Authorization:

• As of January 1, 2012, outpatient services requiring prior authorization for:

• HUSKY A, HUSKY B, HUSKY C (ABD), HUSKY D (MLIA) and Charter Oak members must be faxed to Hewlett-Packard Enterprise Services (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 Hewlett-Packard Enterprise Services HP at 860.269.2137
Prior Authorization

Outpatient Services Requiring Prior Authorization:

• 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

Prior Authorization forms can be found at www.ctdssmap.com under Publications ➔ “Authorization/Certification Forms” and click on “Prior Authorization Request Form”
Prior Authorization

Outpatient Services Requiring Prior Authorization:

• The list of services requiring prior authorization as of January 1, 2012 is currently available on www.ctdssmap.com

• All requests must include the AVRS ID (previously known as the Medicaid ID)
Submission of Claims

• 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 clients 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 clients to CHNCT.

• For deliveries on or after *January 1, 2012* with prenatal care prior to January 1, 2012, providers should not submit global obstetric codes to CHNCT or HP. Instead providers should submit prenatal care codes to CHNCT or appropriate MCO and delivery codes to HP.
Submission of Claims

Electronic Claim Submission

• HP accepts electronic claims submission in the Health Insurance Portability and Accountability Act (HIPAA) compliant formats, 837I for institutional claims, 837P for professional claims and 837D for dental claims.

• To be able to submit claims electronically to HP, you will be required to enroll as a trading partner.

• You can enroll online at www.ctdssmap.com by clicking on Trading Partner, then Trading Partner Enrollment/Profile.
Submission of Claims

Electronic Claim Submission

• For information regarding the exchange of electronic transactions, including claims, please refer to Provider Manual, Chapter 6, Electronic Data Interchange (EDI), located on the HP Web site at www.ctdssmap.com. Click on Information, then publications, then click on the Electronic Data Interchange link.

• Questions may be directed to:
  HP Provider Assistance Center 1.800.842.8440
  or
  Electronic Data Interchange (EDI) help desk 1.800.688.0503.
Submission of Claims

Online Web Claim Submission – www.ctdssmap.com

• Submit claims to HP directly from the provider’s secure website.

• Receive immediate response to claim submission
  – Pay
  – Deny
  – Suspend

• Copy claim for new submission; adjust claim (correction to paid claim); void claim (cancel/recoup paid claim); and/or resubmit claim
Submission of Claims

Online Web Claim Submission – www.ctdssmap.com

• For information on how providers can gain access to their secure Web Portal account and submit web claims, please refer to Provider Manual, Chapter 10, Web Portal/AVRS.

• Once you have access to your secure site, you will also have access to quick links, which provides instructions for submitting claims for each claim type.
  • Institutional
  • Professional
  • Dental
Submission of Claims

Paper Claim Submission

• Paper Claim Submission Information can be found in the *Provider Manual, Chapter 8* Provider Specific Claims Submission Instructions. Click on Information, then publications, scroll to Chapter 8, select a provider type using the drop down button and click on View Chapter 8.

• Additional information regarding claim submission can also be found in the Provider Manual, Chapter 5.
Submission of Claims

Timely Filing Guidelines

Effective for Dates of Service on or after January 1, 2012:

• HUSKY A, B, C, D and Charter Oak non-behavioral health services timely filing will be 365 days

• HUSKY A, B, C, D and Charter Oak behavioral health services timely filing will be 120 days

• Refer to Provider Manual Chapter 5 for more information on timely filing guidelines. Provider manuals can be found under the www.ctdssmap.com website under Publications.
Submission of Claims

Claim Submission / Claim cycle

- The Department of Social Services (DSS) and HP publishes the Connecticut Medical Assistance Program Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 Schedule for the benefit of the provider community.

- The provider’s schedule is located on the www.ctdssmap.com website under “Provider” -> “Provider Services” scroll down to “Schedules”

- Click on the link for “2012 Cycle/Claim Submission Schedule Jan–June” or “2012 Cycle/Claim Payment Schedule Jan–June”.

Importance of Good Oral Health

• Medical and dental are connected

• Dental disease is chronic and infectious

• Good oral health is important for overall disease management: – Diabetes, heart disease, organ transplants, healthy term pregnancy

• Prescribed medications increase dry mouth and can impact dental disease
What Medical Providers Can Do

- Anticipatory Guidance: Good nutrition, good oral hygiene (brush & floss instruction), regular dental care (dental home)
- Refer for regular dental care 866.420.2924
- Refer for age one dental visits
- ABC training oral health 860-525-9738
  E-mail: oralhealth.ctaap@gmail.com
Secure Web Portal – April 2012

- Secure provider sign up and sign on
- Ability for PCPs to see their member panels
- Ability for PCPs to see their attributed members’ claims
- Ability to Prior Authorize services on-line
- Ability to search the iDirectory
- Ability to see reports
- Notification via email when reports are available or notifications are available for the providers
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.*

- **HP Provider Assistance Center**
  **1.800.842.8440**
  *Open Monday through Friday from 8 a.m. to 5 p.m.*

- **Behavioral Health**
  CT Behavioral Health Partnership
  **1.877.552.8247**
  The TTY/TDD telephone number is 1.866.218.0525
  *Open Monday through Friday from 9 a.m. to 7 p.m.*
  [www.ctbhp.com](http://www.ctbhp.com)
Important Phone Numbers (Continued)

• **Dental**
  CT Dental Health Partnership
  **1.866.420.2924**
  or
  **1.855 CT DENTAL (1.855.283.3682)**
  The TTY/TDD telephone number is 1.866.218.0525
  *Open Monday through Friday 8 a.m. to 5 p.m.*

  [www.ctdhp.com](http://www.ctdhp.com)

• **Prescriptions**
  Pharmaceutical Benefits or Authorization Requirements
  **1.866.409.8386**
  [www.ctdssmap.com/CTPORTAL/Pharmacy](http://www.ctdssmap.com/CTPORTAL/Pharmacy)
Husky Health Program and Charter Oak Health Plan-Provider Relations Representatives

Connecticut State Regions (DCF)

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Question & Answers