

Subject: Introducing the New Charter Oak Health Plan

Dear Behavioral Health Provider:

The State of Connecticut is pleased to provide you with the following important information concerning the new Charter Oak Health Plan that begins August 1, 2008.

PLAN GOAL

The goal of the Charter Oak Health Plan is to provide universal access to affordable health care coverage to Connecticut adults of all incomes, age 19 to 64. Proposed by Governor Rell in December 2006, the Charter Oak Health Plan will offer credible, affordable health coverage to adults who lack medical benefits through work and don't qualify for a public program such as the HUSKY Plan, Medicaid or Medicare. Client applications became available on July 1, 2008.

The new members of the Charter Oak Health Plan will enroll in one of the following health plans: Aetna Better Health, AmeriChoice of Connecticut, or Community Health Network of Connecticut. These health plans will coordinate benefits and medical providers. The pharmacy benefit will be provided by the Department of Social Services via our claims processor, Electronic Data Systems (EDS). Psychotropic medications are, for the most part, not subject to Preferred Drug List (PDL) restrictions and corresponding prior authorization requirements.

ValueOptions will serve as the Administrative Service Organization for the Charter Oak Behavioral Health benefit under contract with the Department of Social Services. ValueOptions will be responsible for member services such as referral assistance, provider services and for authorizing and managing behavioral health services. EDS will process behavioral health service claims. Providers can obtain information about Charter Oak Behavioral Health Services by going to www.charteroakbehavioralhealth.com or by calling ValueOptions at (877)286-2524 Monday through Friday, from 9:00 a.m. to 7:00 p.m.

Charter Oak Behavioral Health Benefits & Member Cost Sharing

The following tables provide a summary of covered mental health and substance abuse services and applicable cost-sharing requirements. Providers can obtain a more detailed list of payable codes for each provider type and specialty by going to www.charteroakbehavioralhealth.com, provider information, and clicking on the covered services table.

MENTAL HEALTH SERVICE COVERAGE

PROVIDER TYPE	SERVICE TYPE	MEMBER COST SHARING
Hospital Inpatient	Inpatient	10% co-insurance after deductible is met
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	\$35 copay
Freestanding Mental Health Clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	\$35 copay
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	\$35 copay

Independent Practitioners	Licensed Clinical Social Worker, Licensed Marital & Family Therapist, Licensed Professional Counselor, Licensed or Certified Alcohol & Drug Counselor	\$25 copay
Home Health	Medication administration	None
Psychiatric Residential Treatment Facilities		Not covered
Case Management		Not covered

Limitations:

- Home health medication administration coverage is limited to 30 visits per benefit year.

SUBSTANCE ABUSE SERVICE COVERAGE

PROVIDER TYPE	SERVICE TYPE	MEMBER COST SHARING
Hospital Inpatient / Residential Detoxification	Inpatient / 20 day limit for drug, 15 day limit for alcohol	10% co-insurance after deductible is met
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	\$35 copay
Alcohol and Drug Center	Ambulatory Detox	\$35 copay
Freestanding SA clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	\$35 copay
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	\$35 copay
Independent Practitioners	Licensed clinical social worker, licensed marital and family therapist, licensed professional counselor, licensed or certified alcohol and drug counselor	\$25 copay
Methadone Maintenance		Not covered
Case management		Not covered

Limitations:

- Coverage of hospital inpatient and residential detoxification services for the treatment of drug related conditions is limited to 20 days per benefit year.
- Coverage of hospital inpatient and residential detoxification services for the treatment of alcohol related conditions is limited to 15 days per benefit year.
- Coverage of ambulatory substance abuse services provided by hospital outpatient clinics, freestanding clinics and independent practitioners is limited to a combined maximum of 30 visits per benefit year. Use of services provided by any of these provider types will count against the combined 30 visit maximum. Services for which the copayment represents payment in full (e.g., group therapy) will not count against the ambulatory substance abuse benefit maximum.

For both mental health and substance abuse coverage there are no out of pocket maximum for copayments; co-insurance maximum varies by eligibility category. The member is responsible for the co-payment amount or the Charter Oak Behavioral Health fee schedule amount, whichever is less. The co-payment may represent 100% of the payment for the covered service.

What rates and fees apply to services provided under Charter Oak Behavioral Health?

Rates and fees for services covered under Charter Oak Behavioral Health are the same as those under the Connecticut Behavioral Health Partnership (CT BHP). However, payments will be adjusted to reflect applicable deductibles, co-insurance, and/or co-payments. Providers may obtain a copy of the CT BHP rates and fees by going to www.ctbhp.com, provider information, covered services table.

How do I enroll to provide services to Charter Oak Behavioral Health clients?

Providers who participate in the Connecticut Medical Assistance Program today will be able to accept Charter Oak clients effective August 1, 2008. Providers who are currently enrolled to provide services to Medicaid FFS or CT BHP clients do not need to take any action.

Providers who wish to enroll should obtain an enrollment application by contacting the EDS Provider Assistance Center at the numbers listed at the end of this bulletin or by writing to: EDS, Provider Enrollment Unit, P.O. Box 5007, Hartford, CT 06104. Enrollment questions should be directed to the EDS Provider Assistance Center at the telephone number listed at the end of this bulletin.

Will Charter Oak clients receive identification cards?

Yes, Charter Oak members will receive an identification card from their managed care plan which will carry their member number. This member number can be used in combination with the member's date of birth or social security number to verify eligibility through the EDS Automated Eligibility Verification System. The Department will also issue a separate Charter Oak Health Plan card to members to be used in obtaining services. This card will also include a magnetic strip on the back for use by those providers using point of service devices. The member number will be the same as the number on the managed care card. The member number must be used to submit behavioral health services claims to EDS for processing and payment.

How do I verify member eligibility?

Charter Oak member eligibility verification is the same process as verifying client eligibility in the Connecticut Medical Assistance Program. EDS has the following tools available for providers to verify eligibility:

- Web Eligibility Verification located at www.ctdssmap.com

Enrolled providers may verify member eligibility through the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. Providers may perform a client eligibility verification by logging on to their Provider Secure Web site using their Web User ID and password and clicking on the Eligibility tab.

- Provider Electronic Solutions Software

Provider Electronic Solutions is free software provided by EDS to enrolled Trading Partners for the batch submission of eligibility verification and claim transactions. This software is extremely helpful to those providers who, over time, will verify eligibility multiple times for the same client. A client database is developed which allows the provider to resubmit an eligibility request for the same client or batch of clients with a different date of service with little effort. The software may be downloaded from the Web site www.ctdssmap.com by clicking on the Trading Partner tab, then EDI. This software can also be ordered on CD by calling the EDS EDI Department at 1-800-688-0503 or local to Farmington at 860-269-2026. To become a Trading Partner, go to www.ctdssmap.com and click on the Trading Partner tab, then Trading Partner Enrollment/Profile.

- Automated Voice Response System

Enrolled providers may verify member eligibility through EDS' Automated Voice Response System (AVRS). Providers must be actively enrolled in the Connecticut Medical Assistance

Program and must use their assigned AVRS ID and PIN # to utilize the automated system. The AVRS can be accessed by dialing in-state toll free at (800) 842-8440 or local to Farmington, CT at (860) 269-2028.

How do I know if a client is eligible for Charter Oak Health Plan services?

It is critical to verify client eligibility prior to rendering a service. The following eligibility response will be returned for clients eligible for Charter Oak Health Plan services:

“Charter Oak Client with “*MCO Plan*” call “*telephone number*”. For behavioral health services call CT BHP at 1-877-286-2524.”

Are there diagnosis code requirements on Charter Oak Behavioral Health claims?

Yes, there are specific diagnosis code requirements that correspond to specific Charter Oak Behavioral Health procedure codes/services payable under Charter Oak Behavioral Health. Providers can obtain a detailed list of payable codes with diagnosis code requirements for each provider type and specialty by going to www.charteroakbehavioralhealth.com, provider information, and clicking on the covered services table. If the client does not have a diagnosis in the required range for the procedure code/service then the claim should be submitted to the appropriate Managed Care Organization instead of EDS.

Which Charter Oak Behavioral Health services require Authorization or Registration?

Most behavioral health services will require authorization or registration under Charter Oak Behavioral Health. Providers can obtain a detailed list of services that require authorization or registration by going to www.charteroakbehavioralhealth.com, provider information, and clicking on the authorization schedule.

How do I verify if an Authorization is on file with EDS?

Providers will have access to Charter Oak Behavioral Health authorizations and registrations via EDS' Authorization file located on the Web site www.ctdssmap.com. Providers may view their authorizations by accessing their Provider Secure Web site and clicking on the Prior Authorization tab. Authorizations that have been approved or denied will be available to view. The Authorization record will also display units used, which will be updated after each claim is processed.

What is the timely filing requirement for submitting Charter Oak claims to EDS?

Providers rendering Charter Oak Behavioral Health services to eligible clients have 120 days from the date of service for submitting claims to EDS. In addition, providers will have 120 days from the denial of a Charter Oak Behavioral Health claim (for other than timely filing) to resubmit the claim for payment.

Where do I report the client's copay on the claim?

The client's copay does not need to be entered on the claim. When processed, the claim will automatically deduct the appropriate copay from the claim allowed amount. Providers are required to bill their usual and customary charges.

How do I submit claims electronically to EDS?

Electronic claim submission is the most efficient method of claims submission. EDS' free Provider Electronic Solutions software is a great tool to submit your claims electronically. This software allows providers to copy previously submitted claims, change dates of service or procedure codes, and submit the new claim with little effort. Providers interested in electronic claims submission may contact the EDS EDI department at 1-800-688-0503 or local to Farmington at 860-269-2026, or access our Web site www.ctdssmap.com by clicking on the Trading Partner tab for more information.

Where do I submit my paper claims?

Providers rendering behavioral health services to Charter Oak clients may send their paper claims to the following addresses:

UB-04 Claims: EDS
P.O. Box 2961
Hartford, CT 06104

CMS-1500 Claims: EDS
P.O. Box 2941
Hartford, CT 06104

Provider Remittance Advice (RA) and Publications:

Charter Oak Behavioral Health claims processed by EDS will be reported to the provider on the bimonthly RA which currently reports claim activity for the CT Behavioral Health Partnership. RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted. Charter Oak claims will be designated by a 'C' in the very first column in the paid section of the RA under 'FP'. Providers can view, search, download and print their RA on the Web site www.ctdssmap.com by accessing their Provider Secure Web site and clicking on the Trade Files tab. For information about the RA, refer to Chapter 5 of the provider manual, Claim Submission Information located on the website www.ctdssmap.com by clicking on Information, Publications, then Provider Manuals.

Providers may also receive the HIPAA compliant electronic ASC X12N 835 Payment/Advice. For information about electronic RAs, refer to Chapter 6 of your provider manual, Electronic Data Interchange Options.

Providers can also utilize the Connecticut Medical Assistance Program Web site to access bulletins, forms, and other resources by clicking on Information, then Publications. Questions regarding accessing or using the Connecticut Medical Assistance Program Web site can be directed to the EDS Provider Assistance Center.

MEMBER RESOURCES

Members can visit the www.charteroakhealthplan.com Web site at any time for more information or call 1-877-77-CT-OAK (1-877-772-8625) during the listed hours to:

- Learn more about the Charter Oak Plan
- Receive an application
- Apply by phone

9:00 a.m. to 8:00 p.m. Monday – Thursday

9:00 a.m. to 6:00 p.m. Friday

10:00 a.m. to 2:00 p.m. Saturday

PROVIDER RESOURCES

Providers can visit the www.ctdssmap.com Web site for claims processing, drug prior authorization and enrollment information or call EDS Provider Assistance Center Monday through Friday between 8:00 AM to 5:00 PM at:

1-800-842-8440 (toll free in-state)

(860) 269-2028 (in Farmington, CT area)