



BEHAVIORAL HEALTH

PROVIDER ALERT

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TO: General Hospitals, Psychiatric Hospitals, Freestanding Mental Health Clinics, Federally Qualified Health Centers, Alcohol and Drug Abuse Centers, Home Health Agencies, Psychiatrists, Psychologists, Advanced Practice Registered Nurses, Licensed Clinical Social Workers, Licensed Marital and Family Therapists, Licensed Professional Counselors, Licensed Alcohol and Drug Counselors

SUBJECT: Charter Oak Health Plan - Behavioral Health Services Effective August 1, 2008

Dear Provider:

The Department of Social Services (DSS) and ValueOptions are pleased to announce the new Charter Oak Health Plan which includes Charter Oak Behavioral Health. Charter Oak Behavioral Health (COBH) will be administered by ValueOptions beginning August 1, 2008.

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.charter oak behavioral health.com or by calling ValueOptions at (877)286-2524 Monday through Friday, from 9:00 a.m. to 7:00 p.m.

This bulletin provides important information specific to Charter Oak Behavioral Health. Below are questions and answers related to the provider network, rates, claims, customer service, authorization and registration procedures.

1. I am currently enrolled with the CT State Medicaid Program as a behavioral health service provider. Do I automatically qualify to provide services for Charter Oak members?

Yes, as a provider enrolled in the Connecticut Medical Assistance Program, you are able to accept Charter Oak Health Plan clients effective August 1, 2008. If you are not enrolled as a participating provider and wish to enroll, you may contact the EDS Provider Assistance Center at 800-842-8440 or 860-269-2028 (local exchange). All newly enrolled providers will receive a Provider Data Verification (PDV) form in the mail from Charter Oak Behavioral Health. For assistance with completing the PDV please contact the COBH Call Center at (877) 286-2524 to be connected with a Provider Relations Representative.

2. What are the reimbursement rates for behavioral health services?

The rates and fees 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. For more information and to view the rate schedule, visit our web site at www.ctbhp.com under Provider Information, Covered Services table.

3. I understand there are limitations, co-payments, and co-insurance associated with Charter Oak Behavioral Health, as well as registration and authorization requirements; what are the limitations and requirements?

For both mental health and substance abuse coverage there is no out of pocket maximum for co-payments, however there is a co-insurance maximum that 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.

MENTAL HEALTH SERVICE COVERAGE

PROVIDER TYPE	SERVICE TYPE	MEMBER COST SHARING	REGISTRATION OR TELEPHONIC AUTHORIZATION
Hospital Inpatient	Inpatient	10% co-insurance after deductible is met	Authorization
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	\$35 copay	Routine OP = Registration PHP, IOP = Authorization
Freestanding Mental Health Clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	\$35 copay	Routine OP = Registration PHP, IOP, ADT = Authorization
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	\$35 copay	Registration
Independent Practitioners	Licensed Clinical Social Worker, Licensed Marital & Family Therapist, Licensed Professional Counselor, Licensed or Certified Alcohol & Drug Counselor	\$25 copay	Registration
Home Health	Medication administration	None	N/A
Psychiatric Residential Treatment Facilities		Not covered	N/A
Case Management		Not covered	N/A

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	REGISTRATION OR TELEPHONIC AUTHORIZATION
Hospital Inpatient / Residential Detoxification	Inpatient	10% co-insurance after deductible is met	Authorization
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	\$35 copay	Routine OP = Registration PHP, IOP = Authorization
Freestanding SA clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	\$35 copay	Routine OP = Registration PHP, IOP, ADT = Authorization
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	\$35 copay	Registration
Independent Practitioners	Licensed clinical social worker, licensed marital and family therapist, licensed professional counselor, licensed or certified alcohol and drug counselor	\$25 copay	Registration
Alcohol and Drug Center	Ambulatory Detox	\$35 copay	N/A
Methadone Maintenance		Not covered	N/A
Case management		Not covered	N/A

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.
- The copayment for ambulatory detoxification equals the Charter Oak Behavioral Health fee schedule amount. Authorization/registration is not required for ambulatory detoxification. .

*Providers who temporarily fax registration forms may continue to use the current CT BHP forms

* For more information and a list of services, call the COBH Call Center at (877)286-2524

Please note: The current web registration screens will NOT prevent exceeding the 30 visits combined/benefit year limit for the substance abuse services. If the 30 visits combined/benefit year limit is exceeded and a web registration or authorization for any units exceeding 30 visits combined/benefit year limit, this authorization is NOT a guarantee of payment. EDS will not reimburse for services if the member's benefits have been exhausted.

4. *What if the client is already receiving care at my facility, and then becomes Charter Oak eligible?*

For the covered services that require an authorization (telephonic or web registration), it is necessary to obtain an authorization as described above as of the effective date of the client's Charter Oak enrollment.

5. *What if the client is receiving care on an inpatient unit and then loses their coverage?*

Charter Oak Behavioral Health Services does not provide continuity of behavioral health coverage beyond the date of eligibility termination. The client would be responsible for any costs incurred beyond this point.

6. *Where can I get more information on behavioral health payable codes with diagnosis code requirements by provider types and specialties?*

In the near future, you may obtain a detailed list of payable codes for each provider type and specialty by going to www.charteroakbehavioralhealth.com For more information call the COBH Call Center at (877)286-2524.

For further questions, please contact the ValueOptions Provider Relations Department at (877) 286-2524.

Provider Relations Department

Charter Oak Behavioral Health
Connecticut Behavioral Health Partnership