

GA Conversion to Medicaid Implementation Plan

April 30, 2010

DRAFT PLAN FOR DISCUSSION

General Information

1	Has the state plan amendment been approved?	No.
2	What is the effective date of the Medicaid eligibility, meaning when will SAGA clients be eligible for Medicaid?	Target date is April 1, 2010
3	What is the effective date that providers will need to stop billing ABH and start billing Medicaid for Medicaid covered services?	Medicaid providers must bill HP for Medicaid covered services starting on June 1, 2010

Medicaid Enrollment

4	We are a credentialed provider under GA BHP, but not under Medicaid, what should we do?	If your site is a credentialed GA BHP site and provides a Medicaid covered service, but is not an enrolled Medicaid site, providers should initiate the enrollment process for that site with an effective date of 4/1/10 . To enroll as a Medicaid provider, visit the HP website (www.ctdssmap.com) or contact HP provider assistance center at 1-800-842-8440 (toll free in-state) (860) 269-2028 (in Farmington, CT area).
5	What happens if our site is not enrolled in Medicaid on the cut over date? Can we continue to bill ABH until the site becomes enrolled?	Providers cannot bill HP on 6/1/10 if they are not an enrolled Medicaid provider. Providers cannot bill ABH for Medicaid covered services on or after 6/1/10.
6	How long does it take to enroll in Medicaid?	Providers should begin the process immediately. DSS will permit enrollment to be retroactive to 4/1/10 for providers who have applications in process so even if the process is not completed by 6/1/10 providers will be able to get paid for dates of service back to 4/1/10. For providers with a Medicaid number that need to enroll a new site:

		approximately 5-10 days. For a provider to enroll as a new Medicaid provider: approximately 60 days.
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Authorizations

7	Will our authorizations from ABH for dates of service on or after 4/1/10 for Medicaid covered services be honored by Medicaid?	Yes, authorizations made by ABH for Medicaid covered services on or after 4/1/10 will be put into the Medicaid claims system. DSS intends to retroactively suspend authorization requirements for dates of service on or after 4/1/10 for outpatient and intensive outpatient.
8	What levels of care require authorization under Medicaid? Is there any change to this?	<ul style="list-style-type: none"> • Hospitalization • PHP/Day Treatment • IOP • OP if you plan to exceed 13 visits in 90 days <p>DSS intends to retroactively suspend authorization requirements for dates of service on or after 4/1/10 for outpatient and intensive outpatient. Suspension of authorizations will continue until further notice.</p>
9	Should we still call ABH for authorizations?	Prior to June 1, 2010 providers should continue to obtain authorizations from ABH and may submit claims to them. Providers should not solicit authorizations from DSS for SAGA prior to 6/1/10. DSS will modify the authorization criteria to retroactively (4/1/10) exclude outpatient and intensive outpatient.

Claims submission/Rates

10	The GA BHP and Medicaid rules are different regarding physician review and sign off for outpatient. How will DMHAS and DSS reconcile this difference?	Providers should implement the transition to Medicaid rules as soon as possible. Providers should initiate a process whereby all GA BHP outpatient records are reviewed and contain a signature from a physician recommending the applicable level of care and frequency of service.
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		Providers have 90 days to comply with this rule. For example, if a client was admitted on 4/1/10 under GA BHP, providers have 90 days from 4/1/10 to update the medical record with the inclusion of physician's review and signature.
11	The GA BHP and Medicaid rules are different regarding group size. How will DMHAS and DSS reconcile this difference?	DSS is in the process of amending the state plan to increase group size to up to 12. This will go into effect on May 5, 2010.
12	What rate will we receive for dates of service on and after 4/1/10?	Medicaid enrolled providers that provide a Medicaid covered service on or after 4/1/10 will be paid the Medicaid rate once they submit the invoice to HP on or after 6/1/10. For invoices submitted to ABH the GA BHP rates will apply.
13	Should I wait to submit a GA BHP claim for a Medicaid covered service until 6/1/10?	Providers should not submit any claims to HP for SAGA clients prior to 6/1/10. Providers may submit claims to ABH until 6/1/10 however payments for dates of service after 4/1/10 will need to be recouped and new claims submitted to HP on or after 6/1/10. Providers who do not want to go through the claims recoupment process with ABH can hold their claims until 6/1/10 at which time they can submit to HP.
14	We have claims that span the Medicaid effective date of 4/1/10. What should we do?	Providers need to split their claims that span the effective date of 4/1/10. Methadone maintenance providers will be given further guidance on this issue.
15	Will ABH still pay claims for dates of service prior to 4/1/10?	Yes, as long as all timely filing rules are followed.
16	Are the billing rules different for PHP under Medicaid compared to GA BHP?	Yes, there are differences in procedure codes: Under Medicaid: PHP must be done by a hospital or a CMS certified Community Mental Health Center. PHP at a CMHC uses Code H0035. Hospital based PHP must use code 913. All other providers must bill for Day Treatment using code H2013.

		Providers with an approved Medicaid PHP rate may bill Medicaid for that site.
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Levels of care

17	What GA BHP levels of care are covered under Medicaid?	<ul style="list-style-type: none"> • Acute Hospitalization (MH & SA IV.2) • Residential Detoxification • Partial Hospitalization (hospitals and CMHCs) • Day Treatment (clinic) • Intensive Outpatient • Outpatient • Chemical Maintenance • Ambulatory Detoxification • Observation beds at hospitals
18	What GA BHP levels of care are not covered by Medicaid and what will happen to these levels of care?	<p>The current plan is to retain the following levels of care under DMHAS and support with state dollars:</p> <ul style="list-style-type: none"> • Intensive Residential and Intensive Residential Enhanced (III.7R, III.7RE) • Intermediate & Long Term Residential Treatment (III.3) • Recovery Supports Program • Institutions for Mental Diseases (IMD) for individuals between the ages of 21-65
19	Will SAGA funded programs that are not under claims payment (e.g. Recovery Houses, Road to Recovery), but are grant funded remain grant funded?	Yes.

Client Eligibility

20	Will clients have to meet eligibility for both SAGA and Medicaid or will we no longer be obtaining authorizations for residential levels of care?	Clients will only have to meet Medicaid eligibility requirements as there will be no SAGA program.
21	How will clients establish Medicaid eligibility?	The same way they do currently. SAGA clients will be automatically enrolled in Medicaid.

Miscellaneous

22	Will DMHAS ultimately manage the levels of care that DSS will be funding or will we still have FFS Medicaid?	DMHAS and DSS will jointly contract for an administrative services organization (ASO) to provide utilization management.
23	Who will we contract with under this new program, DSS or DMHAS or both?	For Medicaid covered services you will need to enroll in DSS's provider network. DMHAS will continue to contract with providers for non-Medicaid covered services.

Recoupment of GA paid claims

DMHAS and DSS are currently developing a methodology to recoup claims paid by ABH for services on or after 4/1/10 for Medicaid covered services that will ultimately be paid by Medicaid.