DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Behavioral Health Homes

Practice Guideline #1

BHH Practice Guideline:
Insurance Guidelines for BHH Enrollment

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Purpose:
Outline the expectations for determining when a BHH client is no longer enrolled, due to changes in Medicaid status.

Original Effective Date:
9/12/2016
Version Updates:
4/24/17, 9/3/19

Target Group:
BHH Directors
BHH Admin Support
Billing Contacts
Quality Management or Quality Assurance Contacts

Contacts for Questions:
Lauren Staiger at 860.418.6617 or lauren.staiger@ct.gov for general questions.

BHH Customer Service at 1-844-551-2736 for questions related to back end dating payors.

Practice Summary:

This practice guideline identifies the provider expectations for checking Medicaid insurance, the various insurance combinations BHH clients might have, and instances when changes to the BHH Medicaid insurance payor are required.

Definitions:

Qualified Medicare Beneficiary (QMB)-A category under the Medicare Savings program. It will cover the costs of the deductibles or co-pays of Medicare Part A and Medicare Part B up to the Medicaid approved rate.

Spend-down- the process by which people who apply for Medicaid and are over the income limit may become eligible for Medicaid. If the applicant's out-of-pocket medical expenses reduce that applicant's income to a level within the Medicaid eligibility limits, the applicant becomes eligible.

HUSKY Health-offers coverage to eligible children, parents, relative caregivers, elders, individuals with disabilities, adults without dependent children, and pregnant women. In CT, HUSKY Health encompasses Medicaid and the Children's Health Insurance Program.

CTDSSMap-website provided by DXC, on behalf of the CT Department of Social Services, which contains information about the Connecticut Medical Assistance Program. This site contains a wealth of resources for providers including enrollment, billing manuals, bulletins, program regulations, plus information on Electronic Data Interchange and the Automated Eligibility Verification System.

Expected Steps for Provider Implementation:

1. Providers will verify the Medicaid status of a BHH eligible client before enrolling the client. If they are QMB at the time the roster is released to the provider, they should not be enrolled into BHH. BHH eligible clients on a spend-down can be enrolled.
2. Providers will obtain and maintain information on Medicaid eligibility, for BHH enrolled clients, on a quarterly basis at a minimum.
3. Providers will update a BHH enrolled client's BHH insurance payor according to the process flow and guidelines on pages 2 and 3, to identify and indicate when a client is no longer enrolled in BHH due to current Medicaid status.
4. Providers should use the Lapse in Medicaid report made available to them to monitor Lapses in Medicaid and the number of days lapsed.
5. Providers will assist clients with getting and/or maintaining Husky (Medicaid) insurance coverage if they are eligible for Medicaid.
6. To minimize issues caused by making changes to services already billed, providers are encouraged to contact BHH Customer Service before back dating insurance end dates.

Data and Reporting Requirements or Changes:

7. The BHH Medicaid or BHH Medicaid-Waiver insurance end date should be added, to end BHH enrollment, if indicated in the guidelines on pages 2 and 3. BHH insurance end dates should be the date you are entering the end date.
8. If a provider's EHR ends Medicaid as an active insurance when a client is on a spend-down, the BHH Medicaid insurance should still be kept active, according to guidelines below. Please note these clients will then show up as fixable errors on the BHH Missing Data report because they have open BHH but not open Medicaid, but you may not be able to fix them.

Available Tools/Resources:

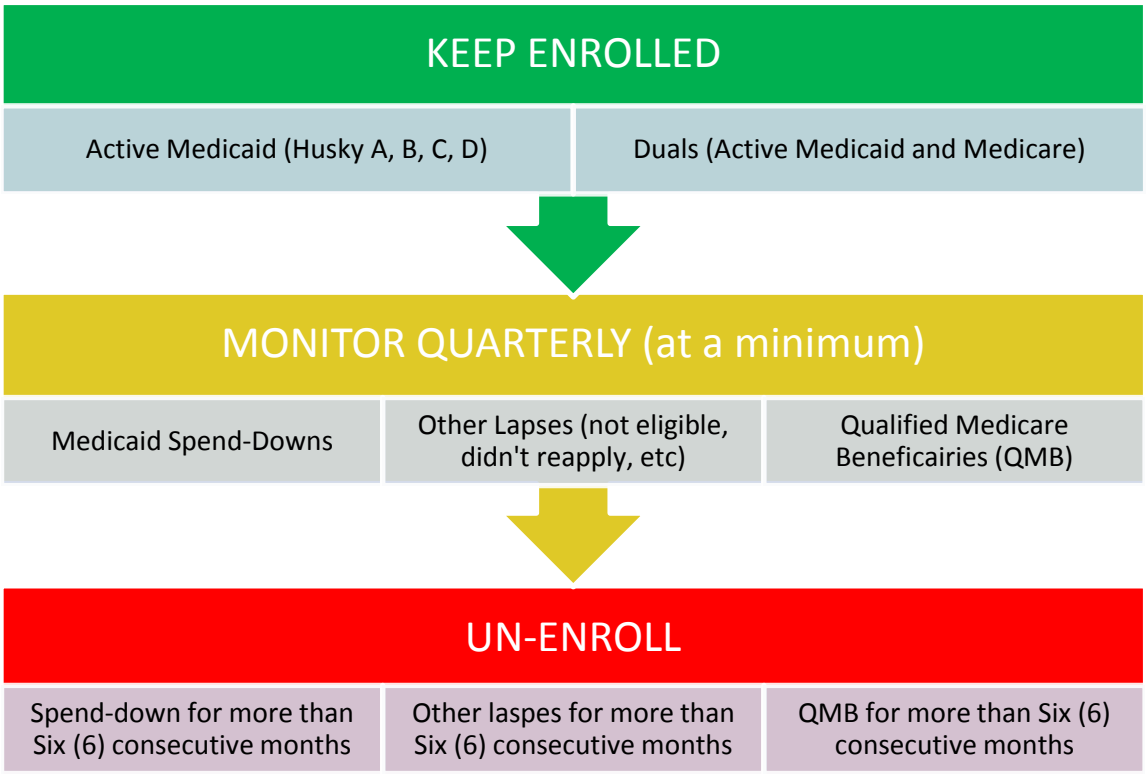
Updating Insurance Payors in WITS for state operated BHHs-

- WITS User Guide

Current Client Medicaid Status-

9. Lapse in Medicaid Eligibility Report on Beacon's FTP site
10. DSS Eligibility Response Quick Reference Guide
11. CT DSS Medical Assistance Program (CTDSSMAP) Website
12. Automated Voice Response System (AVRS)-1-800-842-8440
13. ConneCT-secure client access to their Husky account information

Medicaid & BHH Enrollment Flow for Clients Already Enrolled in BHH:



Insurance Type(s)	BHH Enrollment Status	Provider Action Required
Medicaid (Husky) Only	Active/Enrolled	1. Keep BHH Insurance Open/Active. 2. Add, or keep Medicaid Open/Active 3. Change Husky type based on CT DSS Map dates of eligibility
Medicaid (Husky) & Medicare	Active/Enrolled	1. Keep BHH Insurance Open/Active. 2. Add, or keep Medicaid Open/Active 3. Change Husky type based on CT DSS Map dates of eligibility 4. Add, or keep open, all Medicare parts, (using clients SSN if Medicare ID number is not available) shown at the bottom of the CT DSS Map website
Spend Down Not Met	Active/Enrolled if in spend down less than 6 consecutive months OR Un-enroll if spend-down is for more than 6 consecutive months	1. Keep BHH Insurance Open/Active. 2. Add, or keep Medicaid Open/Active 3. Add/Keep/Update Husky Type (that will be active if spend-down is met). 3. Close/End BHH, effective the date eligibility is checked, **if spend-down is 6 consecutive months or more**
QMB and Medicare	Active/Enrolled if QMB effective less than 6 consecutive months OR Un-enroll if QMB effective more than 6 consecutive months	1. For all, add QMB, or keep open, using the date shown on CT DSS Map 2. For all, add, or keep open, all Medicare parts, (using clients SSN if Medicare ID number is not available) shown at the bottom of the CT DSS Map website 3. Keep BHH Insurance Open/Active **if QMB has been effective for less than 6 consecutive month** OR 3. Close/End BHH, effective the date eligibility is checked, **if QMB has been effective for 6 consecutive months or more**
Not Eligible for Medicaid (Husky or QMB) for 6 consecutive months	Deactivate/Un-Enroll	1. Follow your agency practice for closing/ending Medicaid when it is no longer active. 2. Close/End BHH, effective the date eligibility is checked. 3. Keep Medicare open if client has open Medicare 4. Add, or keep open, other insurance client has
QMB, Full Medicaid, and Medicare		1. Contact Customer Service at 1-844-551-2736.