



## **Behavioral Health Partnership Oversight Council**

### **Operations Subcommittee**

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**[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)**

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Meeting Summary: **Friday March 14, 2008**

Co-Chairs: *Lorna Grivois & Stephen Larcen*

**Next meeting: Friday April 18, 2008 @ 2:30 PM at CTBHP/VO**

**CTBHP Report** (*click on icon below to view presentation details*)



Operations  
Subcommittee March

#### Comments/discussion:

- The reduction in Residential Treatment Center (RTC) average length of stay (ALOS) is attributed to RTCs work with DCF.
- CTBHP/VO and DCF met with the Ct Hospital Association Emergency Room committee to discuss 'gridlock' in the ED. CCMC reviewed their outcomes of the CTBHP support and Emergency Mobile Psychiatric Services (EMPS) support. Next steps include outlining the DCF statewide EMPS RFP provisions and the process/function of a collaborative memorandum of understanding (MOU) between the ED and EMPS team. BHP is looking at Pay-for-Performance inpatient targets and possible ED P-4-P initiatives. CTBHP will follow up with the group with email invitation to continue the dialogue.
- CARES Unit (IOL/CCMC) web registration began 3-3-08.
- Medication Reconciliation Process: VO provided information to the hospitals and have asked hospitals how they are implementing this JAHCO provision.
- Treatment planning: if we look at the child/family (*and adult member?*) that is not successful in treatment, how can hospitals work toward in making a positive change with client strength based treatment plans that may improve treatment 'success'?
- The development of a hospital /DCF Regional Office MOU for local DCF area agency regular involvement in facility rounds is in process.

#### **BHP Claims Report**

BHP claims were discussed related to the DSS large undertaking of the claims system change.

Comments included:

- There continues to be a claims problem with HUSKY B eligibility system verification in that

some claims are denied as if the client is ineligible.

- The 'old' eligibility system will convert to the new system by the end of the 3<sup>rd</sup> week in March.
- Some PRTFs are being paid the FFS rate rather than the BHP rates: this is being addressed.
- There is a low EDS call volume for some of these issues: a good first step is to go to EDS with claims (system) problems – **EDS provider assistance center 1-800-842-8440 (best times 8-8:30 AM or 5-6 PM) or DSS provider relations 1-866-2777-5321** if unable to reach EDS. Paul Piccione (DSS) will also alert EDS to system issues as they are identified.
- Providers can request interim payments from EDS while the system issues are being resolved.
- Providers will have access to web-based PA/claim status by the end of March 2008.

### **HUSKY Transition**

Members moving out of Health Net & WellCare have chosen other plans (pre-paid Inpatient Health Plans –PIHPs) or 'traditional Medicaid' and HUSKY A non-choosers are being defaulted to FFS. HUSKY B non-choosers are being defaulted into Anthem or CHNCT by rotating assignment, with the exception of HUSKY B Band 3 (full premium) members that will be disenrolled until they choose a plan and pay that plan the first month premium. *(At the Medicaid Council meeting 3-14-08, DSS reported that as of **March 12**, 88,181 HUSKY A Health Net and WellCare members have either made plan changes to Anthem (32,331-36.6%), CHNCT (15,596-17.7%), or were defaulted into FFS (36,239 -41%). The total number in Medicaid FFS is 40,254.*

The Subcommittee will continue to request information from DSS about the operational aspect of HUSKY FFS members' BH services and care coordination for medical and behavioral health services.