Behavioral Health Partnership
Oversight Council
Operations Subcommittee

Legislative Office Building Room 3000, Hartford CT 06106
860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Meeting Summary: **September 19, 2008**
Co-chairs: Lorna Grivois & Stephen Larcen

Next meeting- October 17, 2008 @ 2:30 PM at VO, Rocky Hill

Attendees: Stephen Larcen (Co-Chair), Christine Quintiliani (Children's Center-Hamden), Linda Russo (Wheeler Clinic), Jody Rowell (CliffordBeers Clinic), Blair MacLachlan (HSR), Jill Benson (CHR), Christine Ruzzo (Natchaug), Mark Schaefer (DSS), Ann Phalen (ValueOptions), Elizabeth Colling (YNHH), (M. McCourt, legislative staff).

BHP Report *(click icon below to view presentation)*

Op Subcomm FINAL 9 19.ppt

Subcommittee Discussion:

- ✓ DSS is working n BHP claims reports for October meeting. Dr. Schaefer noted that the percentage of provider claims submitted/ paid prior to the new InterChange system ranged from a low of 54% to a high or 82%. The recent rate is about 70% under the InterChange system. Attendees identified unresolved claim issues primarily associated with:
  - Timely filing: the 365 days has not yet been implemented into the system. Dr. Schaefer expects it to be put in the system in Oct. DSS has extended the 365 day timely filing to Dec. 31, 2008 for claims filed from 10/1/07 through 12/31/08/
  - Paid claims adjustment form process: there have been delayed recoupment payments to providers.
  - There has been a back log of 'third party liability' (TPL) claims processing. Yale New Haven Hospital noted they have ~ $500,000 in outstanding receivables related to this and the partial payment issue.
  - Providers cannot access BHP authorization data through ValueOptions once the new InterChange system was activate.

  Dr. Schaefer requested provider prioritize last Q07 claims resolution issues and send these to him: Mark.Schaefer@ct.gov

- ✓ ValueOptions report (see above) raised the following:
    - Need to revisit the procedure for clinical Group Home crisis planning and implementation that can de-escalate a client's problem before it reaches crisis level that requires ED admission.
    - As the state expands Group Home services and children/youth clients with more complex BH needs are placed in these, may see an increase in ED use.
    - Clarify role of EMPS for Group Homes.

- ✓ As noted in other meetings, it would be beneficial for the eight psychiatric hospitals and the Enhanced Care Clinics to develop agreement on a hospital discharge plan process that ensures the client's timely access to ambulatory services, in particular psychiatric medication management.
- ✓ The SC requested ValueOptions to describe children/youth placement prior to ED admission at the October meeting.

Charter Oak Health Plan

Dr. Larcen stated that the ***Charter Oak Health Plan*** (COHP) behavioral health services are provided by the existing BHP network of provider enrolled in the CT Medicaid program (CMAP). DSS did not sign initial contracts with BHP providers (rather, letters of agreement) and therefore there are no participation "opt-out" options for BHP providers for COHP behavioral health services. The BHP statutory language provides BHP OC review of rate methodologies developed for the BHP program. The BHP OC asked DSS to work with the Council (delegated to the Operations Subcommittee) on the impact of COHP member cost share on BHP provider reimbursement.

The Council and subcommittee have previously described issues of concern about design of the COHP BH benefit that includes:

- Mercer assumptions about BH/substance abuse service utilization
- Clients that require multiple sessions (i.e. in Intensive Outpatient – IOP – or partial hospitalization programs- PHP) are required to pay the $35 or $25 co-pay for each treatment session.
- Some program service reimbursement is less than the member co-pay, so the member would essentially be paying for the service: in order to receive payment for the services the provider would in these cases collect the member co-pay and not bill EDS.

Dr. Larcen asked the subcommittee members to provide information on their facility's average collection of co-payments per service type. Depending on the aggregate percentage collection of co-payments by provider/service type, the Subcommittee can work with DSS to create recommendations for COHP percent net reimbursement for behavioral health services by provider type to offset the anticipated loss related to a portion of member non-payment of their cost share.