

# Behavioral Health Partnership Oversight Council

**Operations Subcommittee** 

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*Draft* Meeting Summary: Nov. 21, 2008 Co-chairs: Lorna Grivois & Stephen Larcen

# Next meeting-<u>December 12, 2008</u> @ 2:30 PM at VO, Rocky Hill

Attendees: Stephen Larcen (Co-Chair), Lois Berkowitz (DCF), Mark Schaefer (DSS), Ann Phelan (ValueOptions), Susan O'Connell (Chr health), Elizabeth Collins (YNHH), Louise Ladden (CCCFS), Blair MacLachlan, Tiffany Rodriques (St Vincent's-Hallbrooke), Linda Russo (Wheeler), M.McCourt (Legislative staff).

## **BHP** Report

### <u>Claims</u>

DSS discussed the BHP claims issues, in particular recoupment payments and Third Party Liability (TPL) claims processing. There are significant problems with these two claim areas and Subcommittee participants' information provided to DSS has been helpful in addressing these issues. Both Dr. Schaefer and Teddi Creel (DSS) have been working with EDS on the hospital impact of these claims issues; there is no resolution yet. Unclear about the impact of these two claims issues on outpatient clinics. DSS has suspended the timely filing established for BHP until Feb. 1, 2009, extending timely filing to 365 days.

- While DSS has contacted several hospitals requesting they resubmit claims, may want to hold on this until a resolution has been identified to avoid repeat denials. The issues seem to be more significant for BH inpatient claims compared to Medicaid medical inpatient claims.
- TPL claims issues for inpatient care are probably the more difficult and prominent issue. These claims currently are manually processed by EDS/their subcontractor but will eventually be electronically processed by an EDS subcontractor. Of the 1,400 change requests, 600 are being processed manually now. High volume hospital providers are encouraged to call Eric Lecko (860-424-5977) to set up a secure email that will allow the hospital to identify high priority TPLs in the 600 requests being manually processed. AT DSS's request, Stephen Larcen will communicate this DSS contact to the high volume hospital leadership for those facilities not represented on the committee.

#### Claims Report

As noted in previous meetings the new claims system has encountered glitches that has delayed (accurate) BHP claims reporting to the Council/subcommittee. DSS stated a 'system fix' involving the data warehouse will be completed in two weeks that will allow a BHP claim report to be ready the 2<sup>nd</sup> week of December, 2008.

#### Charter Oak Health Plan BH Services: provider impact of cost shares

Dr. Larcen has queried providers of about 11 facilities (inpatient and outpatient) on their experience with collection of commercially insured client co-pays. He expects to have a report by Dec. 12<sup>th</sup> on the commercial business do-pays. This query will inform the Subcommittee and Council as to reasonable rate adjustments for Charter Oak behavioral services going forward, since the COHP rates are based on the Medicaid fee-for-service 'floor' before accounting for co-pay and deductibles not collected.

<u>CTBHP/ValueOptions Report</u>(Click icon to view report details)



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In the course of discussion of the presentation, Dr. Larcen (Natchaug Hospital) asked how the Enhanced Care Clinic timeliness of an initial appointment is measured. Does the measure include when the client has their first Psychiatry appointment for medications? He stated hospitals remain frustrated in their patients securing timely post discharge Psychiatry appointments. Jeffrey Walter suggested the BHP data should allow measurement of psychiatric medication visits claims post discharge. The BHP OC program evaluation process will look at this. Hospital discharge planning team (and family) work closely together when the patient is discharged to intermediate level of care. A similar process could be applied to hospital or intermediate level of care discharge planning/coordination with outpatient services.

Next meeting: date changed to Friday Dec. 12 at 2:30 PM. Agenda items will be:

- BHP claims report
- Co-pay experience commercially insured
- CTBHP/VO monthly report