



Behavioral Health Partnership Oversight Council

Operations Subcommittee

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Meeting Summary: **December 12, 2008**
Co-chairs: *Lorna Grivois & Stephen Larcen*

Next meeting- Friday Jan. 16, 2009 @ 2:30 PM at VO, Rocky Hill

Claims Report:

Continuing work is being done to “fix” the claims processing problems under the Interchange system implemented Jan. 2008. Corrective changes in one area have created new system problems. Dr. Schaefer will inform the subcommittee when key “fixes” are completed. However the claims processing problems will not slow DSS’s work on resolving the two key claims issues: recoupment and Third Party Liability (TPL) claims problems. Providers (affects mainly hospitals) that have a large number of TPL claims unresolved should contact DSS Eric Lecko (860-424-5977) for assistance and claims ‘triage’. Further claims discussion included timely filing standard:

- DSS plans to extend the ‘timely filing extension’ period past Feb 2009, probably into April 2009 while claims problems are being corrected.
- Returning to a 120 day timely filing standard for BHP (compared to Medicaid FFS of 365 days) was questioned: what is the evidence to support this? Commercial carriers have 180 days. DSS outlined their perspective in that 120 days is longer than the current MCO medical timely filing period, absent current claims problems, most providers have been able to function within the 120 day period and extended timely filing periods are costly. Stephen Larcen suggested that if the next biennial BHP rates are not increased, there could be the argument for longer timely filing periods.

CTBHP Monthly Reports



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Discussion points related to the above report included:

- An analysis of Residential treatment facilities (RTF) services will be available in January 2009.
- ED delay monthly tracking shows an increase in the number of members in ED delay in Nov 2008 (~40) compared to 10 in 2006 and 20 in 2007. The average length of stay (LOS) in the ED in 2008 remains under or at 2007 levels. The reasons are unclear why

the Oct & Nov. 2008 ED delay numbers are elevated: this could be related in part to programmatic changes (outside DSS/DCF) or increased enrollment effect.

- Outpatient data: ValueOptions is looking at efficiencies that can be realized in Outpatient data management. (i.e. CANS evaluations must be provided electronically to CTBHP starting Dec. 15, 2008.)

Charter Oak Co-Pays- Impact on BHP rates

Dr. Larcen presented preliminary data from 12 inpatient and outpatient facilities on their collection performance for commercial co-pays and deductibles. Overall, the two year average for inpatient services was 44.8%, intermediate services (includes PHP, IOP & EDT) was 37.5%, outpatient clinic services (hospital or free standing clinics) was 43.9%. Intermediate services require a per visit co-pay for multiple days/week services. This may lower the collection rate as the member weekly co-pays are higher than for a single visit/week. Suggested that DSS consider waiving individual co-pays for frequent weekly services such as substance abuse services to ensure the member has access to the services.

- Dr. Larcen will review all the data received from the facilities and a Charter Oak BH net reimbursement analysis at the **January 16, 2009** meeting for Subcommittee consideration. It is important to identify the projected BH penetration rate, level of care utilization and BHP rates of the *projected* 19,000 enrollees in COHP in 2010 as part of discussions on COHP BH rate adjustments.
- The Chair noted that COHP *medical* providers can 1) negotiate rates with the COHP plans above Medicaid FFS base rates and 2) not participate in COHP while BHP providers, described as a ‘rental network’, have no “opt-out” option for COHP.
- DSS stated the COHP BH projected per member per month allocation is \$16-22 PMPM; Mr. Walter suggested there is room for BH rate adjustments for COHP with that PMPM amount.