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: Jan. 16, 2009
Co-chairs: Lorna Grivois & Stephen Larcen
Next meeting: Friday Feb. 20, 2009 @ 2:30 at VO, Rocky Hill

ValueOptions Monthly Report
Intensive Case Management (ICM) & Peer Support Services

- One ICM staff has been added to Residential Treatment Facilities and Therapeutic Group homes.
- ICM staff in general has about 30-40 member case load: 2 ICM staff are involved in managed care organization/ValueOptions ***co-management***.
- HUSKY members can request ICM services. Of the annual 1450 case load, expect about 250 of these cases (17%) to be HUSKY adult members.
- VO identifies youth in transition: DCF, DSS and DMHAS need to talk about the process, disposition plans. Yale NH Hospital observed increasing numbers of young "adults" (represent uninsured, SAGA clients) with ED discharge delays.
- Peer Support case load is ~ 30-50 members/staff.

Hospital Inpatient Performance Incentive

- This incentive workbook methodology just recently signed off by DSS
- Dr. Larcen asked about the plan within the incentive of sharing cost savings (reduction of inpatient discharge delay) with hospitals: he will follow up with DSS on this.
- VO 2009 performance target is reduction of discharge delays by 29%

Emergency Dept (ED) & Emergency Mobile Psychiatric Services (EMPS)
This performance incentive program, in development, seeks to divert ED admissions through EMPS onsite services and reduce percentage of ED pediatric psychiatric ED patients admitted to inpatient services. DSS was asked when families will begin participating in the planning process. VO suggested inviting members from the VO consumer subcommittee participate.

BHP: DSS Report
Claims Report Status

- DSS reported that if transition system changes have been successfully

implemented there can be a data query to assess alignment with pre-Interchange system.

- Dr. Schaefer requested information from hospitals after the next payment cycle on outstanding claims (ARs over 90 days). At the end of Dec, 2008 YNHH/Bridgeport hospitals had $1 million in ARs, with ~ 50% as aged claims.
- The Chair will ask hospitals to provide the SC/DSS with TPL system recoupment status; those claims outstanding 90 days & under, 90-360 days and 360 days above.

Providers Reports of Commercial Cost Share Payments

Dr. Larcen will hold on a final report from participating providers on client cost share recoupment pending an effort to get more hospital data for this analysis. A COHP BH provider rate adjustment may be a problem with the biennial budget dilemma, therefore DSS could consider:

- Increasing the timely filing period to 365 days even after the data fix- may be a compromise issue.
- Determine if the BHP Charter Oak MCO per member per month (PMPM) capitation rate that may be under utilized in the first full year, could be used to offset COHP cost share provider risk.

Subcommittee would like provider network adequacy report sent to the Medicaid Council.

Subcommittee focus/meetings

In the interest of time efficiency, BHP asked the Operation SC to consider frequency of their meetings, reports required from VO, etc. The Subcommittee suggestions included:

- ✓ A preference to continue monthly meetings with focus on operations/claims. VO would attend meetings but not produce operations monthly reports.
- ✓ ValueOptions could provide SC with quarterly reports or exception reports.
- ✓ Meeting duration could be shortened, allowing Operations participants to attend Quality SC, where utilization data is provided.

Dr. Larcen will discuss the above with Dr. Gammon, Chair of the Quality SC.