

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-8307
www.cga.state.ct.us/ph/medicaid

MEETING SUMMARY

JULY 19, 2000

Chair: Eva Bunnell Co-Chair: Jeffrey Walter

DSS Update: James Gaito

- The Department announced at the July 14 Medicaid Council meeting that beginning in August, reinsurance billing and payments will be done on a monthly basis.
- The Partial Denial Notice of Action Policy is in effect as of July 1, 2000 (please refer to the Medicaid Council April meeting summary for details of the policy). Martha Okafor (DSS) is finalizing the forms and process for the unified grievance/Fair hearing. The forms will include information to the client about the availability of an expedited fair hearing. The Department will present the total implementation process of the policy at a future meeting.
- Provider training sessions for the BH Outcomes study began with the first of three sessions on July 13. The Steering Group plans to schedule several more in September throughout the state. Data collection will begin with new families enrolled in outpatient care as of August 1. Mr. Gaito described the development of the study as an extraordinary, cooperative initiative among agencies, MCO's, providers and trade associations. Eva Bunnell thanked the providers at the first session for their general support and thoughtful attention to the study. The Steering group will review questions asked at the trainings, incorporate changes as needed and compile the questions and answers for the training packet.

DPH Report

The Department was asked to update the subcommittee on the progress of SBHC mental health contracts in HUSKY. Donna Christensen stated that final reports from the SBHC are due in August and she will share the results with the Council subcommittees in early fall. Preliminary reports reveal that significant progress has been made since last Spring when the MCO's, DSS,

DPH and SBHC met to address contract barriers. The following were identified as administrative strains and barriers for the MH safety net providers:

- Billing and follow-up with the MCO's for services provided remains cumbersome for many clinics. Few clinics show a net gain after billing and many have outstanding receivables for 60 days or longer. The New London clinic has experience in billing, yet has \$ 143,000 unpaid for 60 days. Recent funding issues may have been exacerbated by the PHS/PRO payment delays.
- Facility errors in claims submission.
- A laborious credentialing process.
- Individual facility computer system problems
- Tracking enrollee plan changes.

The discussion following the DPH update highlighted issues regarding payment delays:

- Clinics/providers may submit a claim based on the billable cost of the service, rather than the agreed upon amount in the facility/MCO contract, leading to difficulty in sorting the reasons for a number of unpaid receivable claims.
- The MCO has not identified the denial reasons in many of the denied claims, reported in a study by Mark Schaefer at the YCS center. Approximately 76% of the child day denied claims reasons were difficult to research because of the missing information from the MCO. Mark Schaefer suggested that providers and MCO's work together to trouble shoot the claims problem by looking at actual claims in real time rather than retrospectively. This assessment could identify information that could be presented at the Fall BH Administrative Forum. There was agreement to pursue this assessment.
- DSS has continued to work with the providers, MCO's and trade associations regarding outstanding claims. An update on this will be given in September to the Council and the BH subcommittee.

DCF Update

- Dorian Long reported on the following DCF initiatives:
- RFI for the legislative BH initiative is on the DCF web site.
- Hiring more staff for the DCF/DMHAS transitional program.
- Safe homes are continuing to be developed throughout the state. Multidisciplinary exams (MDE) for children in first time out-of-home placements are being done. Through these exams, earlier identification of medical and mental health problems will enable children to be connected to services before a crisis occurs.
- Eva Bunnell commented that it is important to have a process by which a mental health emergency assessment of children in ED's is done to reduce the prolonged time spent by some children in the ED's. Ms Long stated that emergency mobile services are available in the community, which should reduce ED admissions for mental health crises. In addition, INFOLINE will connect families to emergency services. **Families can access this information by dialing 211.**
- The Governor's Blue Ribbon Commission report is due shortly that further assesses the BH services changes needed in CT. There have been two BH summit meetings with

OPM, OCHA, providers and consumers to consider the short and long-term approaches to solving the "gridlock" in mental health services. Judith Jordan commented that one idea put forward that allocates more money to hospital-based services may, in fact, reduce the available funding for community-based services that are currently significantly under funded. Eva Bunnell commented that she understood the intent of OPM was to address the problems of access to inpatient services through short-term interventions that alleviate the current crisis while recognizing that long-term community-based services are key to ensuring access to MH services in CT.

Priority Work Group Update

Jeffrey Walter reported that the Work Group has:

- Worked with the MCO's in developing a MCO case management grid that will identify the MCO's criteria for provider case management reimbursement.
- Continued to work on the development of the BH Best Administrative Practices fall Forum. A subgroup will have a telephone conference on August 15 to complete the forum content, structure, dates and sites. It is expected the Forum will be held in the middle of October at two sites in the northern and southern parts of the state.
- Worked with the trade associations to develop a provider/consumer transportation survey to describe transportation availability/needs for families in intensive BH services.

Other

Chet Brodnicki, Executive Director of the Clifford Beers Child Guidance Clinic, described a collaborative process by which PRO BH and the Clinic developed a managed care authorization treatment approach for sexually aggressive children in the JOTLAB program that require longer-term outpatient treatment compared to other children seen at the clinic. Clifford Beers has been treating this special population for over 14 years and had developed a treatment model that required a longer period of treatment than was usually authorized by the BH subcontractors. The Clinic reviewed their program, revised the treatment phases and negotiated the program length with PRO. Mr. Brodnicki stated this process was helpful to the clinic in that it allowed the staff to re-evaluate their program goals and reshape the treatment process. This resulted in a program that better meets the needs of the families and reduces the administrative burden on the clinic staff. The MCO has approved a six-month pilot of the program, which includes a one-month LOS for the evaluation, 6 months for initial treatment, 6 months for intermediated treatment and a one-year follow-up period. The MCO goal is to move toward providing one authorization for an entire phase (i. e. one authorization for the six-month initial phase). Based on this experience, the MCO would hope to use this as a model to replicate with other providers that provide similar services.

Ms. Bunnell thanked the Clinic and PRO for their hard work, stating that this initiative is an excellent example of a provider/consumer/MCO partnership that will enhance BH services to families. This collaborative approach is a consumer/provider-driven one that includes accountability for all participants. The design of the program also presents a good opportunity for the measurement of treatment outcomes for a difficult-to-treat population.

The next meeting of the subcommittee will be on Wednesday September 27 at 2 PM in LOB RM 1A. The Priority Work Group will meet at 12: 30 in LOB RM 2600.

Hope everyone enjoys the rest of the summer - maybe the sun will shine!!