

Connecticut  
Medicaid Managed Care Council  
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**Meeting Summary: May 20, 2003**

**Chair: Jeffrey Walter      Co-Chair: Donna Campbell**

## **BH Partnership**

DCF: Karen Andersson, PhD:

- Reports: The BHP quarterly reports and the April 2003 report to the General Assembly can be found on the DCF web site. The annual Emergency Mobile Psychiatric Team Service report will be available in August 2003 and will be presented to the Medicaid Council BH Subcommittee in September.
- The BH Advisory Committee of the DCF State Advisory Committee (SAC) meets on the first Friday of each month. It was suggested that meeting notices be placed on the DCF web site; can call Dr. Andersson @ (860) 550-6683 for date/place.
- The KidCare evaluation report by the Health Services Research Institute and the Child Health & Development Institute of CT is being finalized. The report will assess the funding, expenditures and services provided through the KidCare program for the first year.
- The second stage of KidCare provider training will include evidenced-based practice guidelines.
- The DCF is revising provider contracts to include HIPAA compliance provisions and enhance data collection in order to track children /outcomes for DCF-funded services.

**DMHAS: Terry Nowakowski**

The major issue is the development of rehab options (adult) that target MH & substance abuse residential treatment. The DMHAS is working with DSS on regulations, including certification requirements and provider readiness in billing and data collection. The rehab option will be included in the State Plan. Dr. Schafer (DSS) stated the provider IFS rates should be known within a week and discussed at the MH Strategy Board meeting.

**DSS: Mark Schaefer PhD**

- The BH carve-out: implementation is still planned for July 1, 2004. The ASO contract has not yet been awarded. Despite extraordinary efforts, Dr. Schaefer cannot present the Mercer financial analysis for the carve-out at this meeting; final work remains to complete the report. Regulations for utilization management under the ASO are being developed with input from the children's BH advisory Committee and DMHAS advisory committee. Licensed providers such as social workers, marriage/family counselors will need to be added to the Medicaid State Plan. The DSS and DCF are working to develop performance management measures for the BH carve-out contract.
- Intensive Home Based Services (IHBS): The HUSKY MCOs, BH subcontractors, clinics, DSS & DCF have reached agreement on HIPAA-compliant service codes. The work group will meet in June, with the goal of having contract/system changes ready for the 7/1/03 HUSKY contracts. The MCOs & providers need to resolve the rate issues; the State agencies will not interfere with this process. In general, current contracts with IHBS providers & the BH vendor will be amended with the new codes. New providers interested in IHBS will need to contact the subcontractor for new contracts. Providers wishing to contract with ABCFP/ValueOptions can contact Anthem's provider relations department.
- BH Outcomes Study: The DSS has extended the contract with Yale to 11/30/03. Another study project staff person has been hired; data analysis will take about 5 months. Deirdre Stowe (YCSC) will be the subcommittee liaison with Yale, providing progress reports at the meetings.

## **HUSKY Managed Care Issues**

- Service claims: it is crucial that providers document and communicate claims payment issues as early as possible in the 13 months before the BH carve-out is implemented July 2004. Jeffrey Walter and Dr. Schaefer (DSS) suggested that:
  - Providers call the BH subcontractor or the parent MCO if they are experiencing claims processing delays.
  - Document correspondence with the subcontractor to the parent MCO and DSS (David Parrella, Rose Ciarcia).
  - 2002 legislation required DSS to ensure the main MCO include, in their risk-based subcontractor contracts, provisions for 'withhold' money to cover outstanding claims and plans for contract termination. The DSS will hold MCOs accountable for the subcontractor's claims payment.
  - Mr. Walter encouraged the Trade Associations to assist their providers in managing AR's, as individual providers are often too busy to track their AR's.
  - The Medicaid Managed care Council will remain a forum for these issues.

Dr. Schafer commented that the ASO design would promote timely payments and acceptance of electronic claims.

- BH Provider matrix: an information matrix for billing/prior authorization has been revised now that the BH Outcomes Study data collection is complete, as well as the case

management (CM) criteria for provider reimbursement. The draft matrix has been sent to the trade associations (no changes made) & MCOs are responding with completed matrixes. Follow up at the July BH subcommittee meeting.

**Other:**

- The Magellan Chapter 11 process is on target (an update from CHNCT was emailed to SC in June). Providers can obtain updated information at [Magellanprovider.com](http://Magellanprovider.com).
- Anthem BCFP was asked to provide a brief update on the CCMC pilot for BH & primary care integration.
- HUSKY adult eligibility changes were discussed. At the June 27 Medicaid Council meeting, the DSS announced they had just been informed by the AG's office that the US Court of Appeals for the 2<sup>nd</sup> Circuit had issued an injunction pending the appeal filed by the Legal Aid Associations to the State of CT not to terminate the HUSKY adult parent/caregiver coverage for those adults with earned income (eligible for TMA) scheduled for July 1, 2003. The DSS expects these adults (now about 18,000) to remain covered until at least the end of August or when the Court rules on the appeal. The DSS began reinstating benefits subsequent to the injunction issued 6/26/03.

**The Subcommittee will meet Tuesday July 15, 2 PM at the LOB.**