

**Connecticut**  
**Medicaid Managed Care Council**  
**Behavioral Health Subcommittee**

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**Meeting Summary: March 16, 2004**

**Chair: Jeffrey Walter**

## **Claims Reports**

The MCOs regularly report timely claims payments for ‘clean claims’ for HUSKY services to the Medicaid Council. At the Council meetings, providers that represent BH providers have observed that there are denied/rejected claims that are not included in the reports. The Medicaid Council requested the DSS include a contract provision in the DSS/MCO contract extensions that include a report on the ‘universe’ of claims for each health plan for all services. The DSS reviewed this with the MCOs and then requested the Council create a work group to focus these reports. Jeffery Walter suggested we start with the BH issues. A copy of a commercial claims inventory report that includes claims denial categories was provided to the SC. Mr. Walter requested:

- The BH subcontractors review their claims denial reasons, identifying codes that could fit into common categories that would provide a vehicle for claim problems identification and then,
- MCOs, providers, including SBHC & FQHCs, and their billing staff, and DSS, DCF and DMHAS form a work group that would work on process barriers and MCO rules that may create barriers to timely claims adjudication. Mr. Walters requested 1) the MCOs use the example distributed as a basis for their sample reports, and 2) meet as a work group to identify some commonality among the reports before the May 18 SC meeting.

This process will expand to other areas of medical services, not just be focused on BH.

## DSS Update

Dr. Schaefer briefly described the last in the series of legislative OPM meetings on the Behavioral Health Partnership (BHP). The meetings identified the goals of the BH, quality management and rate setting. Access Mercer report on the BHP web site: [www.Ctbhp.state.ct.us](http://www.Ctbhp.state.ct.us). Specific questions from legislators were addressed: the DCF consent decree will not financially impact other agencies in the partnership, 17-18 year old clients will transition from DCF to DMHAS, including placing new patients in DMHAS, rate adjustments that will be further discussed in smaller private group meetings. There is every intention, according to DSS, to mitigate rate losses experienced by some providers through other adjustments.

(The Appropriations Committee budget proposal of March 25 did not include the BHP re-allocation of funds into the agencies BHP category because at this time there is no legislation to allow this.)

## SBHC Mental Health Services

Mental health services in schools are funded by two primary funding mechanisms: through the Board of Education that funds social worker, psychologists and MH staff in SBHC, which receive funding from the Department of Public Health. School social worker funding has been reduced and positions have been eliminated. This may overload the SBHC behavioral service capacity and students in some areas may have difficulty finding MH providers outside the education or SBHC system. Will identify problems at a future BH SC meeting.

Next meetings:

- Dr. Alan Kazdin is available late in the afternoon of **May 5** to review the BH Outcomes Study. The date is set, the time and LOB location will be updated as available.
- The BH subcommittee at it's regular time on **Tuesday May 18 at 2PM** in LOB RM 1A

Still need to schedule:

- Pharmacy Work group meeting: dependent upon the MCOs review of possible changes in their PA forms.
- Claims Work Group: dependent on when MCOs are prepared to present samples of their common claims denial reasons.