



DSS and DCF report to the
Behavioral Health Partnership
Oversight Council
January 10, 2007

Enhanced Care Clinics Update

- 43 applications reviewed
- 3 designated
- 27 provisionally designated
- 3 deferred for second review
- 10 did not meet requirements
- Notification pending

SFY07- Strategic Rate Investment Option Packages

Package #1

Strategic Investment Fund	\$	3,670,000
ECC Clinic	\$	1,928,616
ECC Hospital	\$	293,435
Across the board (.5%)	\$	505,694
IOP/PHP Clinic (\$120/\$140 floor)	\$	170,260
IOP/PHP Hospital (\$120/\$200 floor)	\$	120,867
Case Management (\$12.50/unit)	\$	49,542
Independent Practitioner	\$	76,432
ECC E&M Crisis Psychiatric Evaluation	\$	400,000
Balance Available	\$	125,154

Package #2*

Strategic Investment Fund	\$	3,670,000
ECC Clinic	\$	1,928,616
ECC Hospital	\$	293,435
Across the board (.5%)	\$	505,694
IOP/PHP Clinic (\$120/\$140 floor)	\$	170,260
IOP/PHP Hospital (\$120/\$200 floor)	\$	120,867
Case Management (\$15.00/unit)	\$	85,757
Independent Practitioner	\$	76,432
ECC E&M Crisis Psychiatric Evaluation	\$	400,000
Balance Available	\$	88,939

***DSS/DCF Recommended Package**

Package #3

Strategic Investment Fund	\$	3,670,000
ECC Clinic	\$	1,928,616
ECC Hospital	\$	293,435
Across the board (1%)	\$	1,011,388
IOP/PHP Clinic (\$120/\$140 floor)	\$	170,260
IOP/PHP Hospital (\$120/\$200 floor)	\$	120,867
Case Management (\$12.50/unit)	\$	49,542
Independent Practitioner	\$	76,432
ECC E&M Crisis Psychiatric Evaluation		n/a
Balance Available	\$	19,460

Package #4

Strategic Investment Fund	\$	3,670,000
ECC Clinic	\$	1,928,616
ECC Hospital	\$	293,435
Across the board (1%)	\$	1,011,388
IOP/PHP Clinic (\$120/\$140 floor)	\$	170,260
IOP/PHP Hospital (\$120/\$200 floor)	\$	120,867
Case Management (\$15.00/unit)	\$	85,757
Independent Practitioner	\$	76,432
ECC E&M Crisis Psychiatric Evaluation		n/a
Balance Available	\$	(16,755)

Package Notes

Note 1: All figures are annualized

Note 2: Across the board increase is .5% for packages 1 and 2 and 1% for packages 3 and 4

Note 3: IOP/PHP Clinic assumes \$120 floor for IOP and \$140 floor for PHP; increases minimum IOP duration to 3 hours

Note 4: IOP/PHP Hospital assumes \$120 floor for IOP and \$200 floor for PHP; increases minimum IOP duration to 3 hours

Note 5: Case management increase from \$9.08/unit to \$12.50/unit for packages 1 and 3 and \$15.00/unit for package 2 and 4

Package Notes

Note 6: Independent practitioner increase includes:

- increase in codes related to psychiatric prescribing
- increase in APRN/PHD fees from 80% of MD to 90% of MD (consistent with Medicaid FFS)
- increase in Licensed Masters Level Clinician fees from 70% of MD to 75% of MD (consistent with Medicaid FFS)

Note 7: The ECC clinic and hospital expenditures have been revised to include only the 30 providers that have qualified pending remediation of deficiencies and the 3 that may still qualify on second review

Note 8: Final rates and percentages will be adjusted to avoid over or under expenditures with respect to the \$3.67 million allocation

CT BHP Claims Update

- Timely filing for “Other Insurance”

As a result of receiving and reviewing a large volume of denials from Wheeler Clinic, the Departments changed the timely filing deadline for claims coming in with other insurance (OI) vouchers. Originally a claim with an OI voucher had to be received within 120 days of the date of service or it would deny. We now consider an OI voucher valid if it is within one year of the date of service (but should be within 120 days of the date of the OI's issuance).

- “Other insurance” edit for HUSKY B clients

This edit has been lifted for HUSKY B clients since by definition HUSKY B clients should not have other insurance and data suggesting that they did was typically residual information on MMIS from periods when the client might have had Medicaid.

CT BHP Claims Update

- Home-based services - HM/HN modifier

Requirement to use HM/HN modifier for home-based service claims for services rendered by bachelors or sub-bachelors level staff. Target implementation date is first claims cycle in April 2007

CT BHP Claims Update

Rapid Response Team

- Sent letters to providers with high denial rates to offer assistance
- Worked closely with PRTF on reprocessing claims denied because they came in originally on the wrong claim-form type or spanned hp authorization details. Team helped them develop capacity to submit claims electronically. They are now submitting electronically and routinely getting paid. They can quickly resubmit if they get denials (e.g. they failed to enter PA number on several claims in Dec.)
- Resolved claims issues from FQHCs that submitted claims under their medical FQHC number rather than the MH number
- Currently reviewing denied claims from a clinic that the provider identified as possibly related to a change in MMIS edits

CT BHP Claims Update

Rapid Response Team

- Working on the inpatient calculator error clean-up to reprocess hospital inpatient claims without provider needing to resubmit
- Reviewed denied claims from one psychiatric hospital for various levels of care and reasons (including provider error, authorization mismatches, inpatient underpayment)
- Reviewed claims from another psychiatric hospital for which HUSKY is secondary payer
- Performed site visits to providers needing assistance with the authorization/registration or claims processes
- Worked with individual clinicians on claims processing problems (e.g., one LCSW who has routinely used the HealthNet client ID # and put words rather than numbers in the Diagnosis field)

Questions?