

State of Connecticut



Department of Mental Health and Addiction Services

Interdepartmental Cost Containment Initiatives

The Department of Mental Health and Addiction Services (DMHAS) continues to work on initiatives related to federal health reform implementation and the development of an integrated health care system. DMHAS is examining its healthcare delivery system and working on identifying its processes and areas of transformation. In doing so, DMHAS has identified three areas which fall under the Health Cabinets objectives, in which we can work interdepartmentally on cost containment.

Healthcare Finance:

1. Standardize billing procedures
 - a) Using the Governor's initiative on Lean, DMHAS will work to standardize billing processes within the Department. This will allow for streamlining of the process, and ensuring that the Department is capturing all possible revenue. This will increase revenue maximization for the State of CT, General Fund. The Department will explore the billing process through DAS. (DAS)
 - b) DMHAS will conduct analysis of third party billing entities (DAS/commercial vendors) and analyze the degree to which commercial insurance is billed, or can be billed, for the behavioral health care received by DMHAS clients. The purpose of this analysis and change in process is to allow the maximization of revenue for DMHAS services. DMHAS is working with the Office of the Health Care Advocate to ensure third party claims payment. (DAS, DSS and OHA)
 - c) DMHAS is working towards bringing on a new Electronic Health Record (EHR,) Epic, that will provide integrated financial decision support. This system will reduce administrative overhead and increase total revenue for DMHAS Services. University of Connecticut Health Care (UCHC) investment has been leveraged by DMHAS and potentially other State agencies to provide cost savings. (UCHC)
2. Explore additional cost savings that could be realized by combining contracts with other State departments for either the cost of the goods or services.

Data Sharing:

1. DMHAS will continue to collaborate on the implementation of Integrated Eligibility System (IES) in order to share data, avoid duplication of services and ensure early intervention to prevent more costly use of acute care services.
2. Develop a Universal Memorandum of Understanding (MOU) between State Agencies to allow for data sharing which will increase efficiency and guide policy decisions.
3. Develop an interagency task force to analyze healthcare cost, quality and outcomes across shared populations.

Population Health:

1. Expand Behavioral Health Homes to include Substance Use Disorders. Increased care coordination potentially reduces health care expenditures while improving health outcomes.
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