

## ***Behavioral Health Partnership Oversight Council Operations Subcommittee***

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### **Meeting Summary: January 12, 2007**

*Co-Chairs: Stephen Fahey & Lorna Grivois*

**Next Meeting: Friday February 9, 2007 1-2:30 PM at VOI in Rocky Hill**

**CTBHP/ValueOptions Report** (*click on icon below to view full report to the SC*)



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#### Discussion points:

- **Total Outpatient web registrations** since 9/1/06 are 24,604. The average provider time to complete the screen is about 10 minutes, with an ideal (no screen freeze, etc) time of 3 minutes; the goal would be 6 minutes per screen.
- **Network status** 9/06-12/06 shows addition of 95 providers, 23 deletions (24%) primarily for lack of claim activity, voluntary withdrawal. For individual practitioners, there was a gain of 24 with 8 deletions. There are a total of 352 physician/psychiatry, 6 Osteopath MD and 115 psychiatric nurse practitioners in the BHP network as of 12/25/06.
- **Level of care authorizations** (pg 6) from Feb. through December 2006 showed a decline in inpatient auths in December, there was a peak increase in residential care in August (566) followed by a decline until Dec to 433 auths and home based service auths increased from Sept through Nov. with a decline in Dec (<27), intermediate care services were generally higher than inpatient auths except for Oct. and Nov. 2006.
- **Top 3 hospital discharge delay reasons** are: awaiting RTF (38.35), PRTF (19.1%), and group home 2 (12.8%). The SC agreed that quarterly reports on this measure would be useful to assess trends. VOI worked with a hospital focus group to ensure discharge delay numbers are consistent with VOI reports. Resources developed to assist clinicians in early identification of discharge delays, there is increased focus on clinical reviews of the discharge delayed children to explore alternative planning and assist in identifying system gaps. CTBHP/VOI is meeting monthly with inpatient units to discuss discharge delays and identify “best practices” in reducing delays.
- **ED delays** for non-DCF members markedly increased (48% of the delays) in December (generally <20% of pediatric ED delays). Reportedly the static inpatient census led to disposition problems for ED patients during that period.

- **Residential Care Team administrative transition** to CTBHP/VOI that will work closely with DCF, was implemented 12/06. Prior to the change, more than 60 matches were made for these referrals in the twice weekly rounds. DCF/VOI are receiving on average 29 CANS referrals weekly. DCF is working closely with the Judge and the juvenile justice system to facilitate the RCT changes, ensuring appropriate placement for each referral.
- In the future, the reports will include data on HUSKY adults as well as children where appropriate.

## Department of Social Services

- ✓ **Managed Care Claims Resolution Projects:** The Health Net St. Francis Hospital project has remained open since Sept. 2006. Late December HN/VOI reviewed the details of unresolved claims. The provider is awaiting VOI action based on DSS guidelines.
- ✓ **Claims Update:** *(click on meeting handouts below)*
  - Timely filing for other insurance (OI): a voucher will be considered 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.
  - HUSKY B OI edits have been lifted since by definition HUSKY B clients should not have other insurance.
  - Home-based HM/HN modifier will be required for home-based claims for services rendered by bachelors or sub-bachelors level staff. **Target implementation date is the first claims cycle in April 2007.**
  - Stephen Larcen requested BHP review the tight timely filing (60 days) for the 2<sup>nd</sup> claims submission. DSS agreed to look at this.
  - The claims system allows concurrent claims; questions, contact the RR Team.
  - **Rapid Response Team activities** were reviewed.
    - The Team has sent letter of assistance to providers with high denial rates.
    - Working on reprocessing hospital inpatient claims that were underpaid without provider having to resubmit claims.
    - The Team is in the process of or has resolved some entities denials.
    - Worked with individual clinicians on claims processing problems.



28 A Claims Denial  
Report by Claim 11-2



28 B Claims Denied  
Report 11-21-2006.p



28 C-1 Header Denial  
Report by Reason Su



28 C-2 Denial Report  
by Reason Summary