Behavioral Health Partnership Oversight Council
Operations Subcommittee

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Meeting Summary: May 11, 2007
Co-Chairs: Stephen Fahey & Lorna Griviois

Next meeting: Friday June 29, 2007 at 1 PM at CTBHP/VO Rocky Hill

CTBHP/VO Report

Operations SubCommittee May11

Report/discussion highlights

- These reports show authorizations (PA), not utilization management data. Overall, see increases in inpatient PA that reflect the March/April surge in BH services.
- Intermediate services (pg 10) show a large increase in Intensive Outpatient program (IOP) authorizations, followed by partial hospitalization (PHP). Over time any increased uptake in these services may indicate success in planned inpatient diversion. The work force issues related to intermediate care staffing is being addressed in the State Transformation Grant.
- Residential treatment centers (RTC) authorizations peaked in August 2006 with slight upward trend in January 2007. At this time RTC is not fully integrated into the BHP program. While the CTBHP/VO works with DCF to authorize RTC, claims payment is through the DCF LINK system and 4E for federal match; payment is not based on authorization. An unrealized goal of the program is to assess RTC length of stays (LOS) and discharge plans that may allow a client to return home earlier, with the appropriate level of care available in the community. It was noted that families and some RTCs prefer to keep the child/youth in the RTC during the school year rather than discharging them during the year, necessitating another adaptation challenge for the child and family. This in part contributes to the LOS in RTCs.
- Psychological testing (pg 12) remains flat though there were a decreased number of outpatient registrations at the end of the 1st Q 07. Most tests are done in schools as it is difficult to obtain testing services outside the school system.
- Intensive care management (ICM) referral volume in 1Q07 totaled 308 with 36% of the referrals for BHP members in discharge delay status at the hospital level of care, 23% of the referrals were identified through the EDs and 10% of referrals were made by HUSKY MCOs. Health Net has the highest referral volume with WellCare the lowest, possibly related to the MCO relocation of their base operations to Florida. The MCO ICM referral volume will be reviewed at the coordination of care SC.
- CTBHP/VO call volume has tripled in 2007 compared to last year. The mix of calls changed in 1st Q07 with two-thirds from providers and one-third from members; CTBHP/VO related this to

provider questions about re-authorization of Outpatient services. Member "crisis calls" are immediately connected to a VO clinician.

- Provider recruitment (pg 21): VO is working with Northeastern Health District to plan a tele-health network for the County to provide children's BH services. Other states have used this technology, engaging a diverse provider network of retired professionals and university-based psychiatrists. Pennsylvania has found this model helpful in schools whereby the child can stay in the school and attend a session with staff at the school debriefed to work with the family and the school RN after the session. The technology has the potential to provide BH services in the client's spoken language.
- CTBHP goal is to link VO and DCF with the acute hospital inpatient manager and UM staff to plan a DCF child's discharge with DCF administration involved in dealing with any community resource constraints. Dr. Karen Andersson (DCF) is working with a hospital to develop "best practice" disposition protocols. Identified effective protocols could then be applied elsewhere in the state.
- Enhanced Care Clinics (ECC) progress was reviewed by Dr. Mark Schaefer (DSS). The required criteria will be implemented 9/07 and profile data will be collected in Nov/Dec. 2007. A new RFP will be issued within the next two months and hopefully additional clinics will qualify and be prepared to participate in October 2008.
    - BHP will list the ECCs on the CTBHP website, indicating other non-ECC providers available for BHP services. Hospital perspective was expressed that it would be helpful to identify the ECCs as this would allow a hospital to build a team of ECC, emergency mobile psychiatric service team (EMPS) and hospital staff.
    - Some ECCs are already responding to crisis delay areas such as Children's Medical Center (CCMC).

BHP Claims


28 A Claims Denial Report by Claim Cycle


28 C Denied Claims Detail Report Summar


28 E-F Claims Status Report - Facilities 04-

Claims payments are fairly stable. Practitioners noted the significant improvement of claims payment and accountability compared to that of under managed care. The speed and accuracy of claims payments has greatly improved.

- Third Party Liability still remains an issue related to timely filing.
- BHP has extended the timely filing period to 120 days for resubmitted claims; this begins with the next claim cycle May 18th. Expectation that resubmission denials will decrease. Still is a significant difference in timely filing deadlines in BHP compared to other Medicaid programs that allow 365 days. DSS acknowledged that while these time frames provide BH parity with filing deadlines in MCO medical system but are different from general Medicaid programs. The shorter timely filing period in BHP helps with utilization evaluations and overall program goal attainment.

Upcoming Challenge

National Provider Identification (NPI) is looming as a complicated issue that, coupled with the new MMIS system that will meet federal match claims processing requirements, will present new challenges and frustrations within the system. Initially the Subcommittee considered meeting every

other month as more quality issues are taken up by the QA Management & Access SC; however the technical challenges of the NPI and upcoming new MMIS system necessitate monthly meetings in June and July.