



Behavioral Health Partnership Oversight Council

Operations Subcommittee

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www.cga.ct.gov/ph/BHPOC

Meeting Summary: August 24, 2007

Next meeting: Friday September 21 before, after or with the QA SC at 1 PM

CTBHP/ValueOptions (VO): Lori Szczygiel

(Click on icon below to view detailed presentation)



Operations
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Discussion highlights:

- **Provider profiling:** CTBHP/VO proposes to set up formal meetings in October with providers of different levels of care to determine what providers are interested in, for example identifying:
 - Where case mix adjustment are needed (i.e. hospital percentage of DCF versus non-DCF patients)
 - Percent of members in services that migrate to higher care levels, identifying demographic & clinical differences of these members with the BHP population.
 - SC participants suggested looking at collaborative processes of Emergency Mobile Crisis Service Teams (EMPS), hospital/EDs and Enhanced Care Clinics (ECCs).

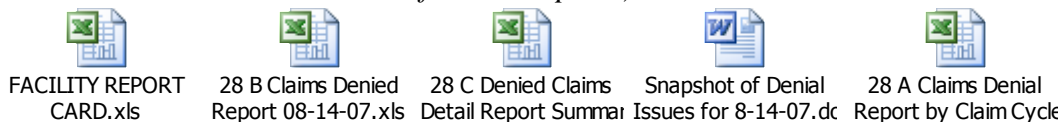
The goal of this profiling process is to create a partnership with providers to achieve the best outcomes for the membership.

- **Local Area Development Plans (LADP):** all LADPs will focus on service capacity development and quality & access in year 2 of the BHP program. This involves ECCs, redesign of EMPS procurement and profiling as this relates to program quality. Annual presentation of LADP plans to the BHP agencies is September 15th.
- **Efficiencies in Concurrent Review (CCR) process** has been assessed with upcoming changes planned that include:
 - **Methadone maintenance (MM) and FST additions to web-based system.** Current MM authorizations will be extended through Dec. 31, 2007: VO plans to establish one year authorization for MM.. **FST CCR** and MM CCR will move to the Web. These updates to the system are scheduled for a November release date.
 - **CTBHP/VO could consider 'batch transmissions'** for upcoming web-based CCRs, however, feedback to date on the survey has been minimal. It is unclear that there is the interest in the network to invest in this technology.
 - Overall review of average length of stay by level of care to determine if adjustments to initial PA parameters are needed. These adjustments would assist in avoiding

- administrative denials for intermediate levels of care and improve efficiency of process.-
- Extended Day treatment (EDT) and intensive outpatient treatment (IOP) services PA adjustments and web based CCR will be considered next.
- **2007 Provider Satisfaction Survey** is underway; results expected in November.
- **CTBHP/VO 2007 performance targets** were reviewed.
 - The ASO will send letters to families with hospitalized BHP members with CTBHP contact information for additional assistance in arranging discharge follow-up care.
 - Care management clinical documentation will be worked on in the coming year.
 - Overall Residential clients are not a significant part of the ED volume. Yale noted that 42% of ED pediatric psychiatric visits are residential clients. Lori Szczygiel asked Ms. Collins (YNNH) to discuss this with her. ED/hospitals are encouraged to contact the ASO when utilization patterns are identified. The ASO would be interested in assuring a meeting occurs with DCF and identified programs to address these concerns.
 - Adult BHP member services will be addressed in the member satisfaction survey and service utilization reports.
- A CTBHP/VO internal Quality of Care Committee has been formed.

BHP Claims: Paul Piccione (DSS)

(Click on icons below to details of claims reports)



Key discussion points:

- Implementation of the National Provider Identity (NPI) number in claims initially created reimbursement delays/denials for individual providers. After a lot of work in July, the most pressing issues are resolved. Providers who needed interim payments because of NPI-related claim denials were issued checks by DSS.
- Claim denial reasons were reviewed: the top reason remains “prior authorization denied”. Many are related to claim form omissions. The BHP Rapid Response Team provides assistance as requested but also offers assistance to providers that demonstrate high denial rates.
- Natchaug Hospital will coordinate a meeting with EDS and other interested providers to address the EDS system BHP timely filing problems associated with secondary payer issues.

CTBHP/ValueOptions Referral Connect Program

The Subcommittee viewed the internet-based system for practitioners and members that identify BHP practitioners and type of services offered. This VO national web-based system for CT contains provider information based on what was submitted in for provider registry. It is ‘user-friendly’ and includes a ‘feedback’ mechanism for provider connection results. VO will monitor this within their system for changes in provider capacity and assist members in connecting to care. The SC suggested adding EMPS teams and peer family specialist contacts/region as well.

Operations/Quality Subcommittee

There was discussion about either having the two subcommittees meet on the same day or combine the 2 subcommittees. The latter met with general approval, given that at this point in the program some Operation SC issues also relate to quality and access. It was suggested that the Co-Chairs of each SC would continue to provide leadership to single SC, the SC would meet for 2 hours and a portion of the meeting would be reserved for claims and other system operations. The BHP OC Executive Committee will consider the proposal at their September meeting.