



## **Behavioral Health Partnership Oversight Council**

### **Operations Subcommittee**

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### **Meeting Summary: September 21, 2007** *Co-chairs: Lorna Grivois and Stephen Larcen*

#### ***CTBHP/VO Report***

##### **Report Highlights:**

- ✓ Local Area Development Plans (LADP) final reports will be submitted to BHP agencies September 25, 2007. Year two focus will be on service capacity development and Quality & Access.
- ✓ Recommendation for provider "batch" submission process on hold for now as only 2 of 16 respondents to VO survey had software capacity to do this. Possible budget option in SFY 09 after EDS system up grade in place.
- ✓ Provider profiling discussions will be held with CT Hospital Association; expected production late Fall.
- ✓ ECC programs started September 1, 2007. ECC profiling baseline testing will be done in November followed by monthly ECC profiling feedback to the clinic in winter/spring 08.
- ✓ Continue to outreach to hospitals to encourage use of voluntary bed tracking system. When 2/3 of 8 hospitals are using the system, CTBHP/VO will train all hospitals, PRTFs.
- ✓ Adjustments to IOP/EDT authorization timelines expected to start Oct. 1, 2007 – provider bulletin will be sent out.
- ✓ Testing concurrent review (CCR) within the registration system and expect this to be available mid-November. Completed CCR project for Methadone maintenance reauthorization through Dec. 13, 2007.
- ✓ Reviewed reimplementation of support to CCMC in anticipation of autumn volume peak.

#### ***BHP Claims Review***

##### **Highlights, discussion:**

- ✓ Paid claims percentage (77%) reflects a rebound from problems associated with the National Provider Identification (NPI) during the summer.
- ✓ Primary reasons for denials continue to be Prior Authorization (PA) required and timely filing of claim.
- ✓ The summary of denied claim detail by provider type from 9/11/-7 cycle shows:
  - Highest number of denials for MH clinics, followed by Hospital outpatient clinics

- FQHCs denial number reflects the secondary billing code as well that really is informational only. The SC suggested the 28b report be consistent, allowing the secondary code to be removed from the report.
- ✓ The report suggests need to identification of system issues vs. individual clinic errors. Rapid Response Team does work with individual providers to reduce administrative denials.
- ✓ The new EDS claims system (change from “MMIS” to “Interchange”) will provide real time adjudication feedback to providers that will alert providers to administrative errors. The system may be ready at the end of 2007.

Christine Rizzo (Natchaug hospital) provided an update on issues related to processing secondary claims within the expanded time frame that a small work group addressed. The group will continue to work to identify the issues.