



Behavioral Health Partnership Oversight Council Operations Subcommittee

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www.cga.ct.gov/ph/BHPOC

Meeting Summary: November 16, 2007

Co-Chairs: Lorna Grivois & Stephen Larcen

Next meeting: Friday Jan. 18, 2008 at CTBHP/VO, Rocky Hill

CTBHP/VO Report (*Click icon below to view presentation*)



Operations
Subcommittee November

Discussion points related to presentation:

- ✓ *See* Clinical Operations for added web registration dates for concurrent review (CCR) for outpatient (11/15/07), Methadone Maintenance and Family Support Team (12/1/07) and added field for 90801 Evaluation only (11/15/07). VO provider training on the web system has been very helpful. There remain a number of private providers and large group practices that do not use web registration. CTBHP/VO will survey providers to identify barriers to using the web system.
- ✓ CCR average time is 17 minutes; pre-cert average phone time 19.5 minutes. More questions are asked related to the detail required from the Mercer audit. Mercer will review CTBHP/VO process in January. Dr. Gammon, Chair of Quality Management & Access SC requested:
 - Copies of the full screens, including drop-downs, for both processes for the SC review prior to the December 14th meeting.
 - Mercer participates by phone at the Dec. meeting to discuss the basis of items added to the processes.
- ✓ BHP has addressed CCMC Emergency Department (ED) autumn volume with re-implementing interventions that includes on call coverage and onsite consultation 7 days a week. CTBHP/VO continues to support all EDs for disposition assistance. The CARES unit opened October 15, 2007.
- ✓ ***Family perspective:*** Lorna Grivois described families that are not prepared to bring the child/adolescent home from ED or hospital (i.e. because of risk to other children in the family) but do not want to have their refusal to accept home discharge result in family “abandonment” of child/youth in health facility that would trigger DCF commitment. Karen Andersson (DCF) will work with Ms. Grivois on this important issue. DCF has developed peer support EMPS services in Hartford area and would like to replicate this elsewhere. Basic support for families that feel pressured into accepting a family member’s discharge:
 - Ensure parents know their rights.
 - CTBHP web site has family-based discharge planning best practices that could be focus of discussion in family/advocacy meetings. www.ctbhp.com
 - Contact CTBHP/VO for assistance.
 - Have a frank discussion with clinical team about family discharge concerns

- BHP provisional authorization for services could be looked at if practitioner agrees with delayed disposition or alternative disposition.
- ✓ BHP proposed regulations includes:
 - Hospitals will call VO for assistance in ED disposition, after 12 hours ED stay, for inpatient services. Dr. Schaefer noted that typically an ED has a hospital in mind when they request PA from commercial carriers or call BHP. Dr. Larcen stated the current model of VO initiating calls to the ED seems to work well and questioned why the return to original process. DSS stated BHP could exert discretion in this process.
 - YNHH expressed interest in timely linkage of ED patients to intermediate level services. The hospital can contact VO for such assistance. BHP will need to think about how to provide such support on weekends and holidays.
 - Hospitals will participate in inpatient psychiatric bed tracking: BHP stated the system would be implemented and the impact evaluated. It would be a missed opportunity to not apply this now as amending regulations takes more than a year.

CTBHP Claims Report



28 C Denied Claims
Detail Report Summar



28 B Claims Denied
Report 10-30-07.xls



28 A Claims Denial
Report by Claim Cycle



28 E-F Claims Status
Report - Facilities 10-

- ✓ Paul Piccione (DSS) discussed the new MMIS system, ***Interchange that will be implemented in January 2008***. If providers submit claims electronically, there is “real time” adjudication; any claim administrative errors will be communicated to the person submitting the claim for correction and resubmission. BHP is organizing training workshops for the new system.
- ✓ Secondary (TPL) claims timely filing is 120 days from the date of payment by the primary carrier.
- ✓ Jeff Walter asked what percentage of administrative claims denials are paid over time. BHP estimated that 15-20% of rejected claims eventually are paid. Mr. Walter commented that reducing administrative claim denials is a combined provider in-house and external BHP process. The new system, if used electronically, will reduce these claim errors/denials.

Other

- ✓ Region 5 service gaps will be addressed in LADP service grid being sent to BHP in December. Dr. Larcen stated it is important to identify how many Region 5 children are going outside the region for services. Dr. Andersson commented that it is difficult to craft higher level community-based services outside a client’s district.
- ✓ Foster care disruption: parent training, therapeutic mentoring and childcare are needed to reduce this. A northwest collaborative grant is linking such efforts with education, as behaviors in the home may represent pent up issues in the school setting.