



**Behavioral Health Partnership
Oversight Council**

Operations Subcommittee

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Meeting Summary: **Jan. 18, 2008**
Co-Chairs: Lorna Grivois & Stephen Larcen

CT BHP Report:

Discussion points included:

Clinical:

- Improvement in 1) pre-cert average call time from 19.5 minutes in 11-07 to 17.5 minutes and 2) concurrent review average call time reduced from 17 minutes in 11/07 to 13.5 minutes in Dec.
- AIS enhancements (elimination of several sub-forms) have decreased length of time for telephonic reviews.
- Adjustments to authorization timelines for services such as IOP, EDT are under review.
- Psychiatric Residential Treatment Facilities (PRTFs) have 70 beds (Children's Center, boys & Girls Village, Klingberg) with an overall average length of stay (ALOS) of 218 days. BHP will propose incentives to PRTFs to reduce their ALOS. BHP and ValueOptions plan to rethink how to effectively look at program indicators as part of creating provider profiles.

ED Status December 2007:

- During **Dec. 2007** 38 children were in delay status in 15 hospital EDs. The ALOS dropped to 1.3 days. *(Based on past reports to the Quality SC, ALOS days in all EDs ranged from 3.0 to 2.5 days in 1Q07, 2.5 to <1.5 in 2Q07 and 1.0 to >2.5 days in 3Q07.)* CTBHP/VO stated that at this time the ED capacity crisis for child psychiatric visits has been reduced; however the challenge of reducing ED stays may, based on previous BHP history, re-emerge during the peak service demand times beginning mid-Feb.
- CCMC/IOL CARES Unit has an ALOS of < 3 days and has shown a positive impact on reducing CCMC ED delays. The SC noted it is important to identify the percentage of all children admitted to the CARES unit from hospital EDs and disposition percentages to community services versus hospital inpatient.

System Management:

- Community Collaboratives should have all received their BH resource guides.
- Local Area Development Plans (LADP) 2008 focus is on system capacity (gridlock) & quality access.
- Provider performance comparisons with hospital data are developed. BHP will share the methodology of the performance profiling at the **February SC meeting**. Dr. Larcen stated internal/external benchmarking would be helpful to making practice changes.

BHP Claims Report: Paul Picionne (DSS) *(click on icons below to view presentation)*



28 B Claims Denied
Report 12-26-07.xls



28 A Claims Denial
Report by Claim Cycle



Report Card 28 E-F
Claims Status Report

Subcommittee comments/recommendations:

- Continued discussion from previous meetings about problems with Medicaid BHP secondary claims denials. Dr. Larcen stated this is a major problem for Natchaug Hospital. DSS noted the new ‘Interchange’ claims system may help in that electronic transmission with the EOB data may reduce the denial rates.
 - ***Recommendation: BHP will pay all providers the outstanding secondary claims accumulated during the 2 years of the BHP program.*** DSS stated that the amount of outstanding secondary BHP claims must be reviewed first before committing to paying these outstanding claims.
- The report “claims denial details sorted by denial reason groupings” *(see last report above)* shows that 1293 claims were denied because of invalid prior authorization (PA) number for the 12-26-07 claims cycle. The new “Interchange” system will not require PA number on claims, thus reducing the administrative claims denials.
 - ***Recommendation: BHP will allow providers to resubmit denied claims for this reason in the new system at the end of January (1-25-08) 2008. This will resolve the denials and re-cycling of claims because of incorrect PA number.*** DSS would like to look at the dollar amount associated with this specific denial reason before committing to acting on the SC recommendation.
- Based on the current authorization system, each ***satellite clinic*** of a main clinic must complete a registration screen for each client receiving services in the satellite site. Some clients may be referred to several sites for different services as part of their treatment plan; this registration process makes it difficult for the main site to track all PAs. DSS stated that each PA from a completed registration (main clinic/satellite site) is associated with 26 sessions. Each clinic has a national provider identification (NPI) number. In the future it will possible to authorize PA linked to the NPI; this is not possible now. ***DSS will review this with an update at the Feb. SC meeting.***
- Number of details on an authorization under the new prior authorization system: Paul Piccione sent a clarification about this after the meeting: ***Value Options will be able to issue 99 details segments per prior authorization.***

Next meeting dates:

- ✓ **Friday Feb. 15**
- ✓ **Friday March 14 (the third Friday, Mar. 21, is a State holiday)**

The Operations SC will meet at **2:30 PM** after the Quality Management & Access SC at CTBHP/VO in Rocky Hill. The Feb. agenda will include the usual Operations reports as well as discussion of the HUSKY delivery system changes and impact on BHP, the “Interchange” system, provider performance profiling methodology, updates on claims issues raised at the Jan. meeting.