



Behavioral Health Partnership Oversight Council

Operations Subcommittee

Legislative Office Building Room 3000, Hartford CT 06106
860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Meeting Summary: **February 15, 2008**

Co-Chairs: *Lorna Grivois & Stephen Larcen*

Next meeting: March 14, 2008 @ 2:30 PM at ValueOptions, Rocky Hill

BHP Report (*Click on icon below to view full presentation with VO changes*)



Operations
Subcommittee Februa

Report highlights include:

- ✓ Pre-cert average call time currently at 16 minutes compared to 19.5 minutes in 11-07 & 17.5 minutes in 12-07. Concurrent review current average call time is 12.5 minutes, reduced from 17 minutes in 11/07 to 13.5 minutes in Dec. 2007.
- ✓ Clinical care managers fully staffed; continuing to hire and train Intensive Care Manager (ICM). All 12 of the present ICM staff have DCF Area Office assignments. Several have begun attending facility-based rounds.
- ✓ CCMC ED Plan ongoing and the CARES Unit is fully operational. CARES Unit web registration planned for 3-1-08.
- ✓ Provider Quality Improvement Initiatives include:
 - The Provider Analysis & Reporting (PARs) that is initially working with the 8 child/adolescent hospitals to develop and finalize methodology (process will be applied to adult inpatient programs if variation/trends noted, psychiatric residential treatment facilities (PRTFs) and Enhanced Care Clinics-ECCs).
 - Service Center transformation initiated to support Quality initiatives: contract changes made and System Management resources realigned to 6 managers for Network improvement initiatives, 2 clinicians. Staff is now reporting to Ann Phalen, V.P., Recovery & Clinic Operations.
 - Hospital units understand “gridlock” issues and want to have a MOU with DCF for official rounds with DCF staff and hospital staff.
- ✓ Provider relations:
 - Spring through Nov. 2008 trainings that will include Medication Reconciliation (part of JACHO 2008 requirements as well) that ensure inpatient MS contact with outpatient prescribing practitioner.

- Rapid response team 4Q outreach to 105 providers and 1,639 recruitment letters to MD and PhD practitioners.
- Letter will be sent from CTBHP/VO to providers about the HUSKY transition.

BHP Claims

- ✓ New claims system ***InterChange*** has been in place as of January 25, 2008. First claims cycle processed the weekend of 2-9-08. System went down Sunday at midnight, work around implemented Monday, system resumed Monday evening.
 - EDS will reprocess some of the denied claims so that providers do not need to resubmit them.
 - Providers with issues should contact EDS Provider Assistance Center @ 800-842-8440, local – 860-269-2028. If unable to reach EDS, call DSS Provider Relations at 866-277-5321.
 - Diagnosis edit lifted: this should reduce denials.
 - Providers should individually communicate with Paul Piccione (DSS) on problem trends so he can bring this to EDS attention @ paul.piccione@ct.gov
 - Interim provider payments for the new system start-up will be made to providers as requested.
 - Paul Piccione will follow up on lifting ‘timely filing’ requirement during this transition period.
 - The Automated Eligibility Verification System (AEVS) is still in use.
- ✓ Mark Schaefer requested the Subcommittee discuss at the **March meeting** proposed options to deal with clinic satellites currently having to separately registering patients as well as the main clinic. One option is tying PA to the related National Provider Identification (NPI) for all providers. Look at single PA and bill the services to the service site address with that site service fee schedule.