Behavioral Health Partnership Oversight Council

Operations Subcommittee

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Meeting Summary: ***May 1, 2009***
Co-chairs: Lorna Grivois & Stephen Larcen

Next meeting: **Friday June 19, 2009 @ 2:30 PM at VO/Rocky Hill**
(Note no meeting May 15)

CT BHP Claims

Rapid Response Team (RRT)

The Team participated by phone for this discussion (*see list below of Team members and areas of responsibilities*). The RRT meets every other week to trouble shoot payment/authorization issues, identify and work with individual providers with high claim denial rates, identify system issues and resolutions and coordinate issue resolution among the team members. The Team meetings provide an opportunity for open communication and the unique perspective of the various representative members on raised issues.

Discussion points included the following:

- *How would providers know which person to contact for which issue?(see list below)*

RAPID RESPONSE TEAM.doc

Any issue involving claims processing would be brought to the appropriate person on the attached list. Most of the CTBHP claims issues would probably go to Paul Tom (hospitals, individual practitioners) who refers issue to appropriate Team member. Prior Authorization (PA) issues would be referred to CTBHP/Options.

- *How does the provider know the status for resubmitted claims?* Providers can get information through the 1-800 – 842-8440 EDS provider relations number and EDS written correspondence.

- *Dr. Schaefer (DSS) asked the Team to comment on changes in claims issues since 2006 start of BHP compared to the claims system change in 2008*.
    - The RRT observed that the volume of claim problems has declined since 2008, observing that the claims problems have leveled off to the pre-Interchange

period.

- Natchaug stated their ARs over the last 12 months have been the lowest the institution has seen in CTBHP period, attributing this to their proactive billing/clinical staff communication and designated billing staff for CTBHP separate from FFS Medicaid. Dr. Larcen commented the extended timely filing period (365 days) has contributed to fewer outstanding claims problems from Oct. 07 – Mar. 09 as well as Interchange system corrections. Ongoing monitoring the high volume of hospital claims *resubmission process* within the 120 day timely filing period will be informative. About 5% of hospital claims issues cause 90% of the work in resolving the AR.

- The Subcommittee stressed the importation of resuming claims reports that had been received monthly prior to the InterChange system implementation. It is especially important to identify top 10 claims "denial reasons" in order for the Subcommittee to take action with the BHP to resolve commonly denied claims problems. Dr. Schaefer stated DSS had requested EDS to flag denial indicators: EDS was asked to check on the status of this 'system fix' and report back to the Subcommittee at the June 19th meeting.

- *Regarding the auto void issue noted at the last meeting,* Paul Tom (EDS) stated he is researching this, but what appears to occur is that a PA claim two years old *from the review date* that does not have claim tied to it will auto void. EDS needs to make changes to the 'auto void' process in order to approve payment; this process needs to be further tested.

The RRT will participate monthly in the Operations Subcommittee meetings for the first half hour to discuss claims issues with Subcommittee participants. Yvonne Jones (CTBHP/VO) will create a *flow chart on key claims issues*, provider resolutions steps. EDS is starting to build a document on edit codes/directions to resolve a claim issue.

Enhanced Care Clinic Compliance –Operational Issues

The focus of the discussion was on the issue of clerical errors that prevent an ECC from achieving 95% compliance with contract provisions. One ECC has requested the clerical errors not be part of the compliance rating (a rating < 90% compliance results in probation) and corrective action plans have been successfully implemented by the ECCs as evidenced by improved compliance percentage in subsequent quarters. DSS stated ECC monthly performance data reflects more real time performance to the ECC and DSS wants to keep clerical accuracy as part of the compliance measurement process. A VO system enhancement that will start in June 2009 will include a "pop-up' error message to allow the clinic to make corrections as indicated before submission to VO. The Provider Advisory Subcommittee will review/recommend revision of exemptions to ECC probation status. This topic can be discussed at a future meeting when other ECC providers can attend.

Update: Hospital Length of Stay Performance Incentive

The calculations by financial code, adjusted by utilization and removal of state funded clients, are about completed.