



Behavioral Health Partnership Oversight Council

Operations Subcommittee

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Co-chairs: Lorna Grivois & Stephen Larcen

Meeting Summary: June 19, 2009

Next meeting: Friday August 21 @ 2:30 PM at VO/Rocky Hill

No July meeting

Attendees: Steve Larcen & Lorna Grivois (Co-Chairs), Mark Schaefer (DSS), Lois Berkowitz (DCF), Lori Szczygiel & Ann Phelan (VO), Jill Benson, Elizabeth Collins, Blair MacLachlan, Christine Quintiliani, Christine Rizzo, Linda Russo, (M. MCCourt, staff).

BHP Claims Issues: Rapid Response Team: In attendance: EDS – Pau; Tom & Susan Pausmer & CTBHP/VO – Scott Greco & Kyra Lorde.

- ✓ The RRT provided a summary of EDS and ValueOptions responsibilities and contacts for CTBHP providers as requested by the Subcommittee (*Click icon below*).



BHP RRT summary
6-09.pdf

At previous Subcommittee meetings, participants suggested a basic quick reference guide on resolving basic CTBHP claims issues would be helpful to BH practices and perhaps lessen administrative work for providers and EDS/VO. Scott Greco will look at this and send a list to SC.

- ✓ Wheeler Clinic outlined a problem with Third Party payer (TPL) issues (*click icon below for a description of problem*). This involves a change on the EDS eligibility verification site: TPL codes are no longer available to the provider, only TPL description, which may result in the wrong code on the claim that would then be administratively denied and require resubmission.



issue for
tomorrow.msg

EDS stated the TPL codes are not currently in the system but will be added in the future.

Providers can obtain the TPL code from:

- The remittance which has the correct TPL code
- Call EDS @ **1-800-842-8400** (Provider Assistance) to obtain the code.

✓ EDS is researching the 'auto void' issue, how to create an override for timely filing system change. Topic for a future meeting.

✓ **Claims reporting:** DSS still may not have all CTBHP services in claims data. Some denials are not captured in the data and this may not be an 'easy fix'. Updated claims report will be submitted to EDS who will identify priority resolution areas.

✓ Several providers thanked EDS, in particular Paul Tom & Susan Pausmer, for their work with their institutions over the past several months that has resulted in an improvement in reimbursements. Outstanding receivable amounts are declining although those outstanding for > 90 days remain significant. DSS is convening a meeting with Qualidigm regarding Medicaid medical Fee-for-service ARs.

✓ Other comments on claims for the RRT included:

- Blair MacLaughlin commented that the small outpatient MH clinics have less of a margin to absorb delayed claims payments; any assistance CTBHP/EDS/VO could offer these smaller clinics on administrative billing would be beneficial.
- Can the original claim be attached to an appeal? *Per EDS – yes.*
- Appealing 'timely filing' claim denials for otherwise clean claims where HUSKY provides retroactive coverage that contributes to the denial is labor intensive for the provider.
- Steven Larcen reported that the lack of provider data on the impact of timely filing return to 120 days in April 2009 and now major DSS staffing changes had led him to reconsider requesting DSS delay implementing the 120 day filing period. The SC agreed to continue to assess the amount of timely filing ARs and determine the next step.
- Claims submitted through the CTBHP/VO web systems should simplify and reduce timely filing denials. In the future EDS can look at the use of the web claims process to override denied claims with adjustments that would reduce paper work.

CTBHP/VO Reports

✓ ECC web-based error "pop-up" (i.e. entering 5 days for emergent scheduled visit by mistake) will reduce administrative data errors the have contributed to contract non-compliance evaluations. Modification of the input screen is complicated; VO is testing specs and if the specs reveal errors, these can be fixed with a potential start ~ Sept. 2009.

✓ Prior Authorization (PA) for Home-based Services (HBS): continues to be phone lag time for the two parties to connect. VO expects to bring HBS into the web registration process sometime ~ September 2009. The Provider Advisory subcommittee needs to review and approve the specifications around this process before the BHP OC can sign off on this. The PAG SC is meeting July 15. The CTBHP will be looking at the possibility of applying a by-

pass authorization process to these services. Blair MacLaughlin noted that HBS have contributed to inpatient reductions in average length of stay (ALOS) and discharge delays. Reduction of administrative costs through web-based authorization and eventual by-pass option would free up dollars and staff time for clinical work.

✓ CTBHP & VO are looking at the feasibility of adding adult intermediate levels of care (IOP, PHP) and other children's intermediate levels of care such as EDT to the web-based registration process and possibly apply a by-pass process. This would reduce administrative work including reduction of some of the timely filing (clean) claim denials.

✓ Adult BHP inpatient by-pass (authorization) process first thought to be associated with increasing adult inpatient LOS but analysis now shows, with the exception of a few outliers, all hospital LOS is within a reasonable range.

- Participants asked if bypass could be applied to children's inpatient services. This would reduce staff administrative time & associated dollars. ValueOptions noted that it has taken time to improve the BH system "thru-put" and responsiveness to members' service needs. BHP & VO will continue to assess further steps that will reduce administrative time and costs such as a by-pass process that reduces the number of service re-certifications.

✓ The underlying themes in this meeting, that of optimizing efficiencies in the system within (CTBHP policies and impact on service delivery), yet separate from the budget issues, is an appropriate continued focus for this Subcommittee. As part of this ongoing discussion, it was suggested that the Subcommittee look at regional variances in the continuum of care. VO stated they are developing an interactive dashboard report by region that will allow analysis of geographic differences.

DSS Staffing Changes

DSS anticipates an overall agency staff loss of ~ 8% related to the retirement incentive program. The Medical management and EDS staffing levels remain intact, Medicaid Medical Policy area fairly unchanged but the HUSKY program and Medicaid medical administration areas are losing two senior staff. It is expected agencies, including DSS, will face a difficult 6 months with the loss of experienced staff.

The Chair suggested and the Subcommittee agreed to meet in August (21) rather than in July.