

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

Co-chairs: Lorna Grivois & Stephen Larcen

Meeting Summary: **March 19, 2010**

Next meeting: Friday May 21, 2010 @ 2:30 @ VO.

CTBHP Rapid Response Team (RRT) (*Click icon below for RRT phone numbers*)



RAPID RESPONSE
TEAM 3-31-10.pdf

Paul Tom, Scott Greco, Yvonne Jones discussed:

- Recent project reconciliations that identified billing issues that included wrong Medicaid ID # that may be related to new staff, hospital mergers/service transition and administrative denials/timely filing that high volume hospitals in particular experienced.
- Answered timely filing questions, especially inpatient and PHP admissions- 10 business days allowed from time of provider call to VO.
 - Question if 10 days is too tight a timeline; commercial carriers allow 90 days appeal period.
 - Providers may believe they have to wait for actual discharge to send records.
 - ED coverage information may take 3-4 days to obtain and some patients refuse to give their SS# for AEVS system verification for Medicaid coverage.
- VO stated there doesn't seem to be a high volume of complaints; will look at the number of denials and the percentage that were not overturned.
- Providers can contact the RRT team (*see contact information in above handout*) for isolated claim questions and providers with high volume claim issues can request the template from RRT that will provide information for the team to resolve the problems.
- See above handout for upcoming HP (previously EDS) claims workshops, CTBHP web registration (3-25) and April 13 GAIN – SHORT SCREENER FOR Enhanced Care Clinic (ECC) providers as part of the co-occurring requirement.

CTBHP Claims Reports

Dr. Schaefer has signed off on “fixes” and running reports; these reports are top priority for finalizing CTBHP rate package rather than make interim payments. Claims report problems included dealing with Medicaid (HUSKY) 40,000 FFS members during the managed care transition and bucketing Medicaid/CTBHP claims for PCCM FFS.

CTBHP/ValueOptions Report



Operations SC VO
March2010.ppt

Clinical Operations

- ✓ Child/Adolescent Inpatient ‘Bypass’ program, begun **March 1, 2010**, allows initial authorization of a longer inpatient stay (less one concurrent review).
- ✓ Intensive Outpatient (IOP) Child/adolescent/Adult substance Abuse “Bypass” program will begin **April 5, 2010**. Providers need to call in new admits (no web registration yet) and if medical necessity criteria met, 30 units over 8 weeks will be authorized. This should reduce CCRs by 35-40%.
- ✓ RTC facilities can now access the Web registration system. DCF Quality division and RTC providers are working toward reducing redundant RTC reports. A Master Treatment Plan can now be placed on the secure web site.
- ✓ CTBHP membership trends show 23% increase since 2006. This has increased VO call volume, clinical authorizations/registrations (*See graphs in icon above*).
- ✓ Intensive Case Management (ICM) served 1,486 members and Peer/Family specialists outreached to 1,424 families in CY09. While it seems difficult to quantify the impact of ICM, Steve Larcen noted that ICM played a critical role in the success in decreasing inpatient discharge delay days and reduced readmissions.
- ✓ The Peer Specialists are now certified as Recovery Support Specialists through DMHAS sponsored training.
- ✓ Liz Collins commented on the positive provider response to the PARS feedback.

Other Business:

- Meeting frequency every other month; SC can convene more frequently based on need.
- SC members were asked to submit meeting agenda items to the Chairs 3 weeks prior to a meeting so the agenda can go out 2 weeks before the meeting.
- Standing agenda items will include Rapid Response Team participation, claims reports and VO ‘exception’ reports.