

# ***Behavioral Health Partnership Oversight Council***

## **Operations Committee**

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*Co-chairs: Lorna Grivois & Stephen Larcen*

Meeting Summary: **June 3, 2011**

**Next meeting: Friday July 8, 2011 @ 2 PM – 3:30 PM** followed by the Rate Work Group  
from 3:30-5 PM

➤ ***Prior Authorization/Pending Medicaid Eligibility (addendum: see final bulletin released 6-8-11)***



PA 2011-12 -  
Temporary Member C

DSS/DMHAS and the CTBHP have been working to reduce the difficulty a provider encounters in obtaining service authorization for ‘pending eligible members’ that requires the provider to submit medical record and wait for a PA response. DSS finalized a bulletin regarding ***temporary member certification*** (see above) that is an effort to streamline the process with updated procedures. Key points discussed at the June 3<sup>rd</sup> meeting included;

- PA is not a guarantee of payment.
- Medicaid cannot pay a claim if the member is ineligible.
- A claim should be sent only when eligibility status is confirmed.
- Do not use CTBHP web registration for pending eligible clients: call VO for PA request for all levels of care.
- VO will submit the authorization to HP when member is granted eligibility
- Provider questions: contact CT BHP Call Center: 1-877-552-8247

➤ ***Hospital Authorization Approval for Medicaid Members with Substance Abuse (SA) Diagnosis***



PA 2011-13 -  
Inpatient Behavioral I

Medicaid PA process for SA *hospital admissions* are done by ValueOptions for primary psychiatric admissions and by Qualidigm for primary medical hospital admissions. (See clarification above handout). The current process leaves gaps in hospital reimbursement and/or PA denials for incorrect codes. Reportedly VO uses DSM diagnosis codes while Qualidigm uses ICD 9 diagnosis codes that vary somewhat in their diagnosis description. Mr. Halsey (DSS) identified CTBHP agencies’ steps:

- DSS will schedule an internal meeting next week (week of June 6<sup>th</sup>) to review cases with VO & Qualidigm.
- Following that meeting, CTBHP will meet and then communicate resolution status with CHA

and BHP OC Operations Committee.

➤ ***Efficiency of Hospital PA and Concurrent Review process***

DSS said the CTBHP is reviewing PA/CCR for all levels of care. The Intensive Out Patient (IOP) changes will be reviewed at the July Operations committee meeting. The topic will be an open agenda item.

➤ ***Transportation***

Steve Larcen noted BH transportation problems have been raised; for example mileage limitation to the 'closest clinic' vs. referral clinic. The Committee agreed to discuss transportation issues at the **July 27<sup>th</sup> BHP OC Coordination of Care Committee meeting**

*(Addendum: click link below for RFP for Medicaid NEMT transportation single vendor: expectation to implement Jan. 2012 with the ASO Medical implementation.)*

[http://www.ct.gov/dss/lib/dss/pdfs/nemt\\_rfp\\_final\\_052611a.pdf](http://www.ct.gov/dss/lib/dss/pdfs/nemt_rfp_final_052611a.pdf)

➤ ***Other Business***

- **Site specific PAs:** DSS will not implement site specific (vs. PA through main clinic that includes satellite sites) authorizations on July 1, 2011, recognizing provider operational challenges. Wheeler Clinic noted 10 – 25% of OP children are seen by different sites. DSS goal is to be able to discern and report where services are rendered by site. Committee member suggested streamlined registration for all patients already in care; apply changes for new patient.
- **Transitional PA entry into the web registration system:** VO will have entered > 27,000 PA into the system by June 4. (the initial estimate was 6,000, then 21,000 member existing PA information as of April 1, 2011). Providers can check the VO website by June 6<sup>th</sup> to see if their clients have been entered into the system.
- **Inpatient concurrent review updated information** required by providers for chronically ill members could be streamlined to ask the question of “changes since last call/continuous review” rather than the provider entering in redundant information that may not change for that client. Elizabeth Collins (YNNH) said that while the review is important, the level of detail of the questions that are required for Inpatient daily review (unless the hospital is in the by-pass program) could be reflect key changes for the Medicaid clients with chronic/co-morbid illnesses. DSS noted the same CCR questions regardless of population: CTBHP & VO can review this and continue discussion at the July meeting.