

CT BHP Operations Committee

November 4, 2011

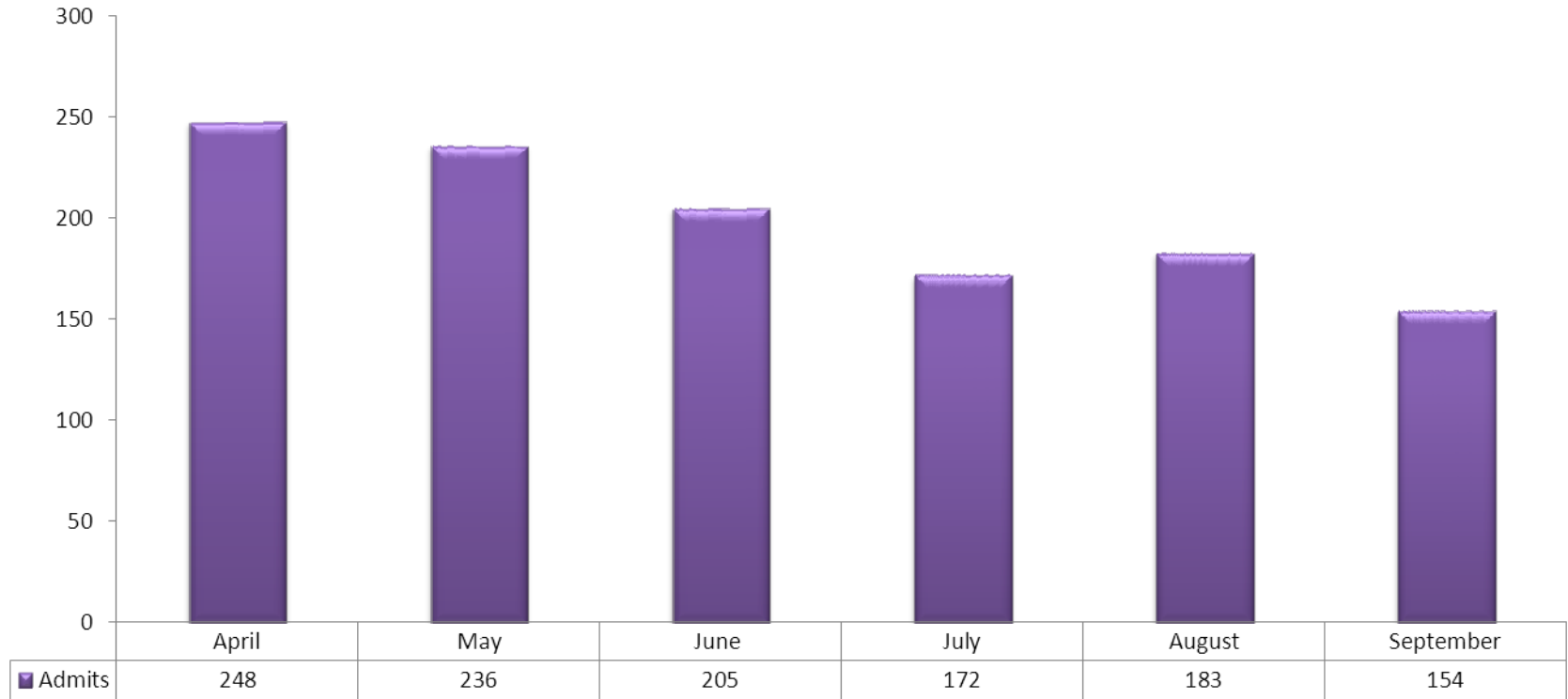
Agenda

- PB 2011-77 Medical ASO **[DSS]**
- IOP Authorization Requirements **[VO]**
 - Resource concerns
- Partial Billing **[DSS]**
- Qualidigm/BHP Auth Requirements **[DSS]**
 - Medical denial/admission to psych services
 - Qualidigm time standards
- BHP MD Consultation calls **[VO]**
 - Adult LOS trending upward
 - Opportunity for shaping/providing assistance
- Precertification and CCR Review Update **[VO]**

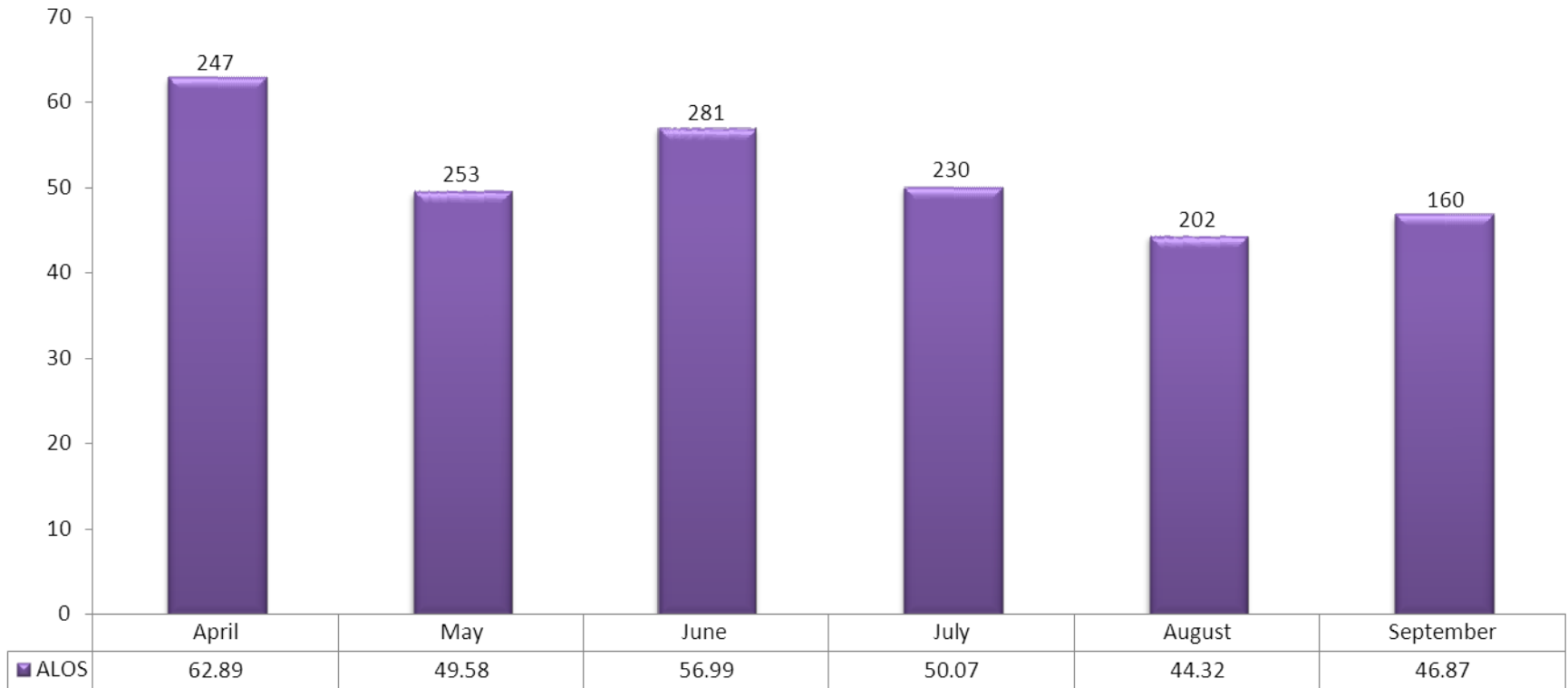
PB 2011-77 Medical ASO

IOP Authorization Requirements

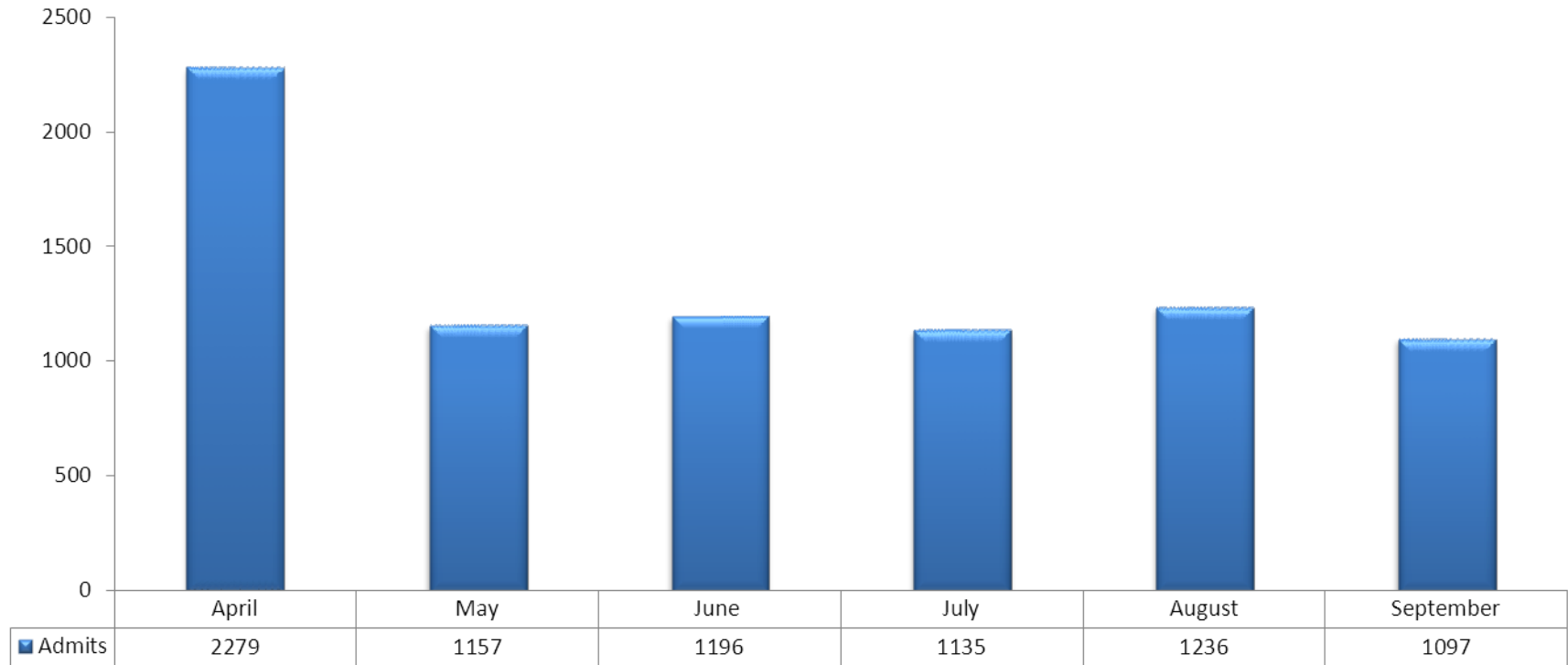
Number of IOP Admissions Youth (0-18)



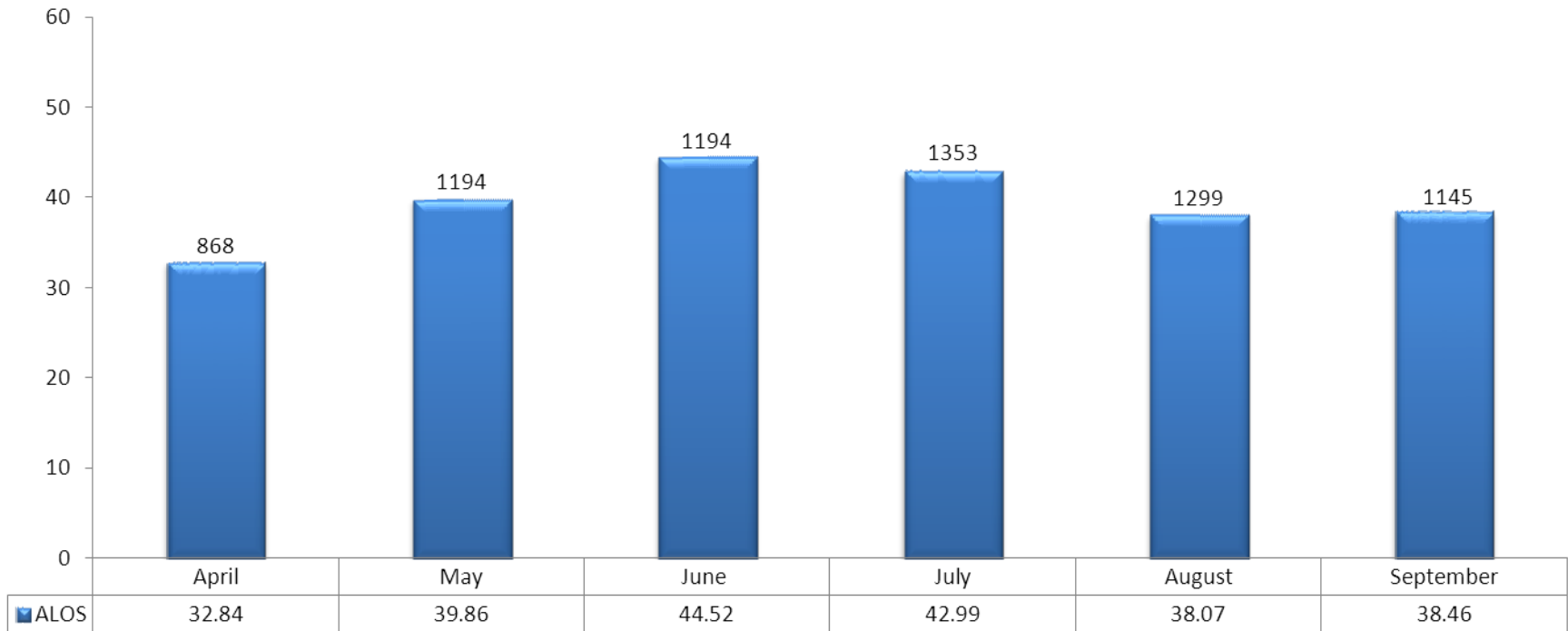
IOP Average Length of Stay Youth (0-18)



Number of IOP Admissions Adults (19+)



IOP Average Length of Stay Adults (19+)



Partial Billing

Qualidigm / BHP Authorization Requirements

Qualidigm/BHP Auth Requirements

- Medical denial/admission to psychiatric services
- Qualidigm time standards

BHP MD Consultation Calls

Consultation Calls

- Initiated October 20th as a member driven UM strategy
- Adult LOS trending upward
- Clinicians to facilitate Doc to Doc calls when a member has been inpatient for 12 days
(*Exceptions: psychotic, waiting to clear; waiting for probate*)
- Instruction “clinicians should continue to authorize if LOC is met”

Consultation Calls cont'd

- Hospitals contacted to date:
 - St Vincent's
 - Yale
 - Bridgeport
 - Hospital of Central Connecticut
 - Danbury Hospital
 - Middlesex Hospital
 - IOL
 - Waterbury

Precertification and CCR Update

Factors Continuing to Impact CCR Review Times

- The first CCR following Overnight/Weekend admissions must be treated and completed like an initial pre-certification which adds to the time to complete the authorization
- Inexperienced, and unprepared hospital reviewers may take longer in the review process, and at times significantly longer

Reduced Length of Inpatient Concurrent Reviews

Pre-September 19, 2011:

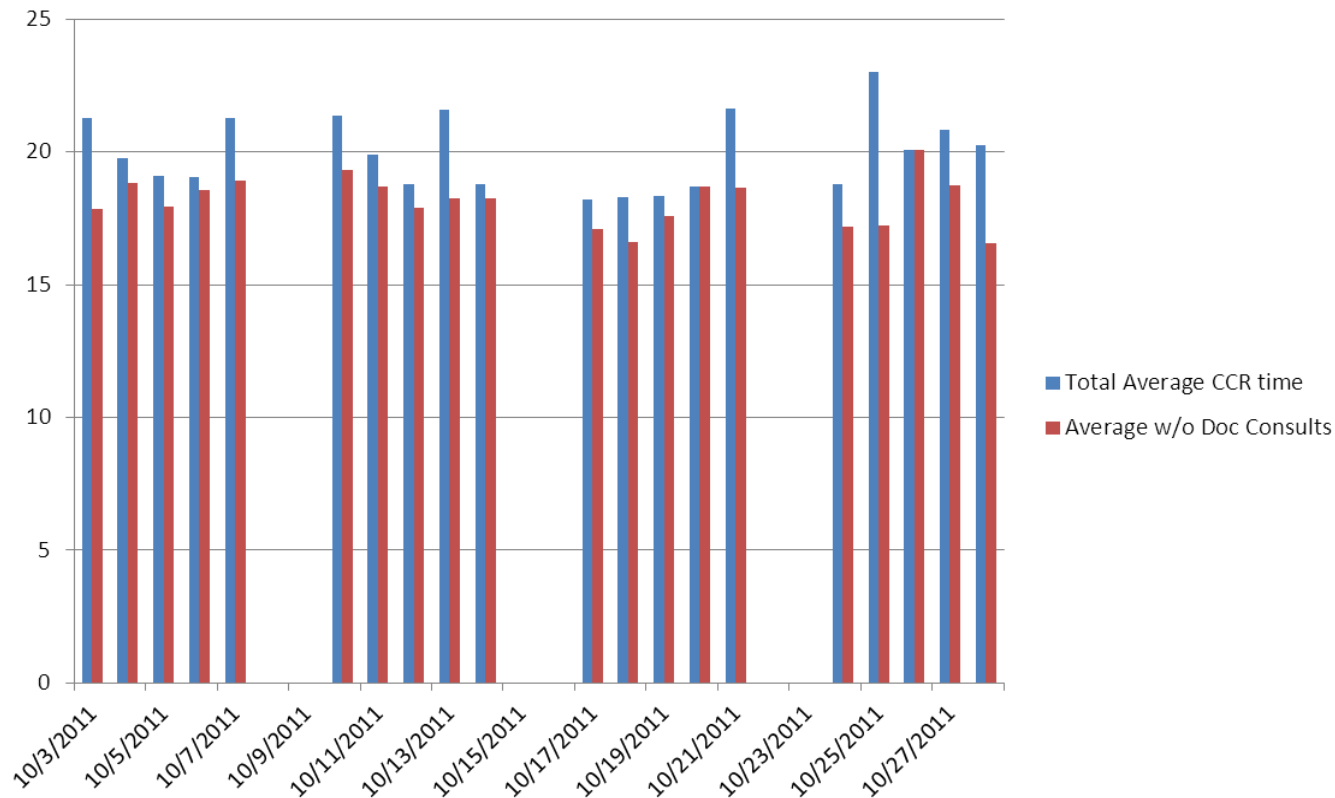
- Clinical reviews taking 25-40 minutes on average to complete

Post-September 19, 2011:

- Streamlined CCR form implemented, resulting in 15-18 minutes on average to complete

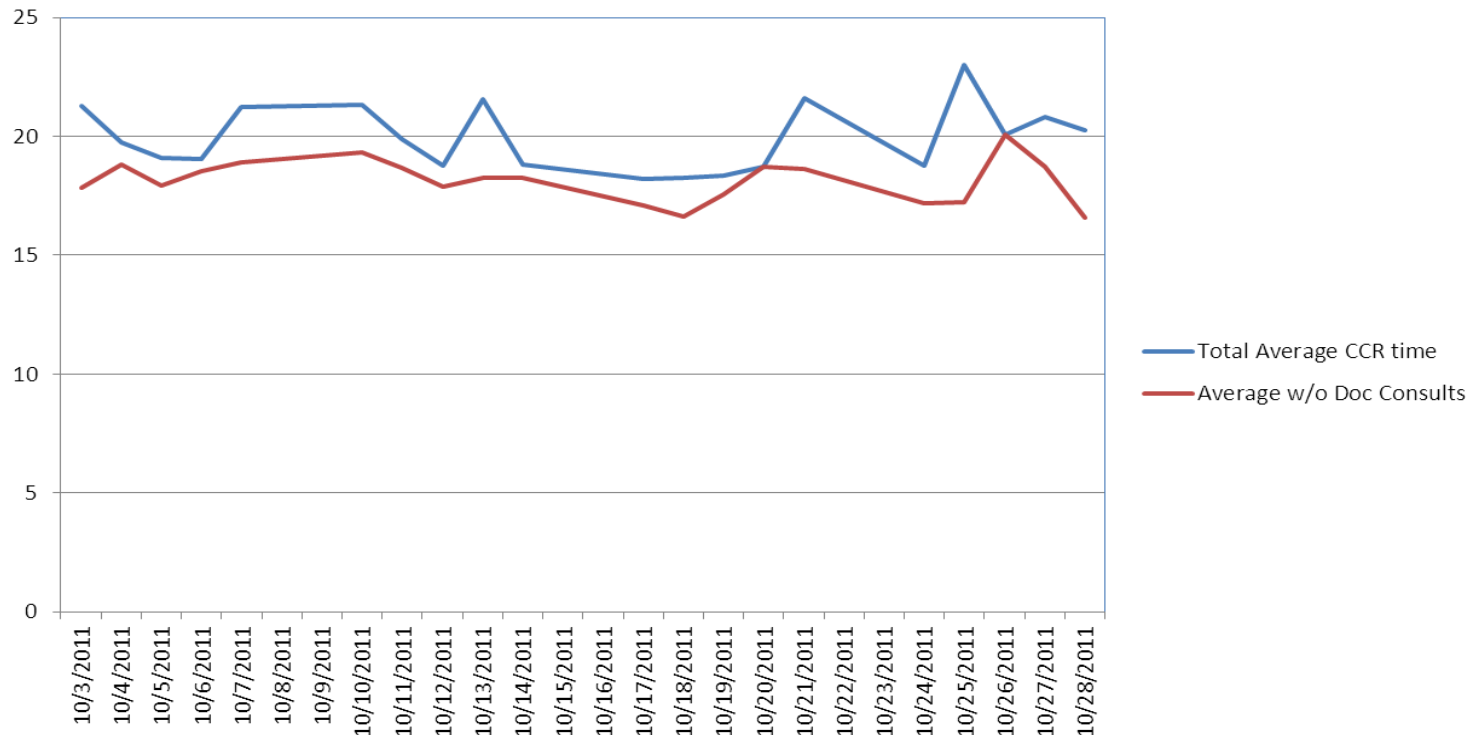
A diverse team of clinical staff and medical directors examined the existing CCR form and worked to allow more efficiency without compromising the key information needed to make an appropriate level of care determination

Concurrent Review Time of Completion Totals for October 2011



This data is based on a sample taken each day from 15-20 clinicians who track and record the amount of time it takes to complete a higher level of care concurrent review. Average times are calculated for the total number of reviews each day, as well as for the average of reviews minus ones that required a doc consult and ones in which Central Night Service completed the initial precertification, as the time of completion for those is consistently impacted and found to be outside the norm.

Concurrent Review Time of Completion Totals for October 2011



This data is based on a sample taken each day from 15-20 clinicians who track and record the amount of time it takes to complete a higher level of care concurrent review. Average times are calculated for the total number of reviews each day, as well as for the average of reviews minus ones that required a doc consult and ones in which Central Night Service completed the initial precertification, as the time of completion for those is consistently impacted and found to be outside the norm.

Questions Please