

Behavioral Health Partnership Oversight Council

Operations Committee

Legislative Office Building Room 3000, Hartford CT 06106
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Co-chairs: Susan Walkama & Elizabeth Collins

BHP Operations Committee Minutes

Date: November 4, 2011 2:30 – 4 p.m.

Recorder: Elizabeth Collins

Present: Review attendance sheet



BHP Operations
11-4-11 Attendees.pr

Meeting Handouts:



BHP Operations
Committee slides11-4

Agenda Item	Discussion	Next Steps
DSS Provider Bulletin (PB) 2011-77 Medical ASO for the entire Medical Assistance Program, to replace Managed Care Organizations	Bill Halsey highlighted details about the PB on the new medical ASO, Community Health Network effective 1/1/12. See attached PB for details.	Liz Collins will contact the BHP Coordination of Care Committee Chairs Sharon Langer and Maureen Smith to request the quality indicators and communications be available for the standards of the non-emergency medical transportation vendor.

<p>Cost of Compliance with New IOP Authorization Requirements</p>	<p>CTBHP's requirement for concurrent reviews after only 10 units has caused some organizations to consider adding UM staff to keep up with the additional work.</p> <p>Providers have begun to experience administrative denials when the concurrent review is not performed prior to the 11th session (volume and timely tracking requirements, and the margin for error has shrunk significantly under the new rules).</p> <p>Web registration is working well; it is the process and frequency of the reviews after 10 authorized visits.</p> <p>Majority of commercial carriers authorize up front 15-18 visits.</p>	<p>DSS, DMHAS & Value Options will evaluate if any improvements can be made and update the Operations Committee on Friday, Dec. 2nd.</p>
<p>Partial Billing</p>	<p>DSS informed the Committee there is a mechanism for Providers to submit claims, if clients only attend a partial day of an IOP or PHP level of care.</p> <p>It is a manual process for partial billing or if a Provider submits a claim electronically, then the Provider completes a PCARD and adjusts the amount to be received as half of the current fee, as noted on the Providers fee schedule.</p>	
<p>Interface of Qualidigm/BHP for General Hospital Inpatient Admissions</p>	<p>Medical denial/admission to general hospital psychiatric services</p> <p>If a patient has Medicaid or Medicaid LIA, the medical Conncur will apply to the psychiatric admission. At the time of the psychiatric admission, the Conncur can be pending.</p> <p>If later, it is learned the medical authorization was denied, and the patient is still inpatient, precertification can be done with BHP. The precert will be effective from the date of the call and subsequent days, not for days prior to the precert call. For days prior to the precert call, the hospital will need to submit the record for review. If the patient is already discharged from general hospital then the hospital will submit the chart with a copy of the Qualidigm denial or a copy of the UMP.</p>	<p>Operations Committee has requested to be updated on the time standards for CHN, medical ASO.</p>

BHP MD “conversations” for inpatient LOC	BHP has seen an increase statewide on the average length of stay of the Medicaid and Medicaid Low Income Adults (MLIA) clients. Initiated Doc to Doc “conversations” not an MD to MD inpatient review on the 12 th day of the clients’ inpatient admission. Exceptions include psychotic, waiting to clear; waiting for probate.	Value Options will update Committee on 12/2.
Update on Authorization Process of Precert and Concurrent Reviews for Inpatient LOC	Review Value Options slides for the average time for reviews.	

Next Meeting, Friday, Dec. 2, 2011 at 2:30 - 4 P.M. at Value Options, Rocky Hill