

PROVIDER ALERT

Alert#: PA-2018-03
Issued: April 13, 2018
To: CT BHP Inpatient Hospitals
Subject: CT BHP Psychiatric Inpatient Bed Tracking Initiative

Dear Provider,

The Connecticut Behavioral Health Partnership (CT BHP) has been collaborating with the Connecticut Hospital Association (CHA), Emergency Departments (EDs) and inpatient units for many years to reduce lengths of stays in the EDs for Medicaid members. One barrier frequently raised by the EDs is the lack of real-time bed availability information across all hospitals, resulting in delayed admissions and redundancy while multiple hospitals search for beds. To partially address this concern, the CT BHP is excited to announce the implementation of a centralized bed tracking system for inpatient psychiatric hospitals. This system will be available through the current ProviderConnect registration/authorization portal.

The intent of the CT Bed Tracking System is to improve the efficiency of locating a psychiatric hospital bed for individuals who need inpatient treatment, resulting in quicker access to treatment and a reduction of time spent in the ED. This system will streamline and improve the referral and admissions process for HUSKY recipients, providers, and the CT Behavioral Health Partnership.

The CT BHP Bed Tracking System will give psychiatric inpatient providers the ability to update their inpatient bed availability in *real time*. It will require designated individuals at the hospital to enter the ProviderConnect application and update the number of beds available a minimum of twice daily to ensure accurate availability. It is critical that all CT and out of state but in network hospitals participate on a consistent basis in order for this program to have maximum value.

It is essential that we have accurate information in our system regarding your facility's appropriate demographic/contact information, a listing of staff members that would need access to this web based system, and the correct information regarding the total number and types of beds you currently manage (including the gender(s) and age range(s) served).

PLEASE COMPLETE THE ATTACHED FORMS AND FAX TO THE CT BHP WITHIN SEVEN (7) DAYS OF RECEIPT.

PLEASE NOTE: In the coming weeks, the CT BHP will distribute a training schedule, training materials and more information on a rewards program of administrative efficiencies for participating providers.



We thank you for your participation and look forward to working with you.

Scott Greco
Director, Provider Relations
CT Behavioral Health Partnership

Carl Schiessl
Director, Regulatory Advocacy
Connecticut Hospital Association

Inpatient Bed Tracking Information (Page 1 of 2)

(Please fax completed forms to 855-750-9862 or email to ctbhp@beaconhealthoptions.com)

Facility Name: _____

Address: _____

City _____ State _____ Zip _____ Tel: _____

Admissions Director: _____ Email: _____

TOTAL # OF DPH LICENSED BEDS: _____

LOCATION SPECIFIC INFORMATION:

1. ADDRESS IF DIFF THAN ABOVE: _____

Age (0-12), # of Beds _____, M/F/BOTH _____ Age (13-17), # of Beds _____, M/F/BOTH _____

Age (18+), # of Beds _____, M/F/BOTH _____

PLEASE CHECK ALL THAT APPLY:

Cultural/Language: Spanish Portuguese French Russian Italian

Specialty Needs: Deaf/HOH Psychiatric Services Addiction Services Medical Conditions

2. ADDRESS IF DIFF THAN ABOVE: _____

Age (0-12), # of Beds _____, M/F/BOTH _____ Age (13-17), # of Beds _____, M/F/BOTH _____

Age (18+), # of Beds _____, M/F/BOTH _____

PLEASE CHECK ALL THAT APPLY:

Cultural/Language: Spanish Portuguese French Russian Italian

Specialty Needs: Deaf/HOH Psychiatric Services Addiction Services Medical Conditions

3. ADDRESS IF DIFF THAN ABOVE: _____

Age (0-12) # of Beds _____ M/F/BOTH _____ Age (13-17) # of Beds _____ M/F/BOTH _____

Age (13-17) # of Beds _____ M/F/BOTH _____

PLEASE CHECK ALL THAT APPLY:

Cultural/Language: Spanish Portuguese French Russian Italian

Specialty Needs: Deaf/HOH Psychiatric Services Addiction Services Medical Conditions

Inpatient Bed Tracking Information (Page 2 of 2)

(Please fax completed forms to 855-750-9862 or email to ctbhp@beaconhealthoptions.com)

Please list the names and contact information of the admissions office staff members that would need to attend future training and would need access to the Bed Tracking System (We recommend at least one staff member per shift should be trained and have access to the system.)

Name: Title:
Dept: Email:

Name: Title:
Dept: Email:

Name: Title:
Dept: Email:

Name: Title:
Dept: Email:

Name: Title:
Dept: Email:

Name: Title:
Dept: Email:

Name: Title:
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