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EVENTS

**CT BHP Provider Workshops/
Trainings**

Web Registration Overview and Navigation

Sept, 20th 2007

10:00 - 11:30 a.m.

CT BHP
500 Enterprise Dr.
Rocky Hill, CT 06067

RSVP:
ctbhp@valueoptions.com

A complete schedule of our workshop series can be found on our website www.ctbhp.com.

"Click on "For Providers" & then on "Events/Trainings"

CT Behavioral Health Partnership

Partnership in Print

VOLUME 11, ISSUE 11

AUGUST, 2007

Commissioner's Message

by Mark Schaefer, Ph.D, DSS Director of the CT BHP & Karen Andersson, Ph.D, DCF Director of the CT BHP

Spring was a busy season for the CT BHP with many efforts focused on addressing the seasonal influx of children with psychiatric issues into the state's emergency departments. March through June saw a dramatic increase in visits and as well as overnight boarding. This prompted activity focused on assisting high volume EDs with discharge planning. During April and May alone, more than three hundred CT BHP members were seen in the Connecticut Children's Medical Center (CCMC).

This high volume in the CCMC ED resulted in the implementation of a specialized response plan that included on-site assistance from the Wheeler Clinic Emergency Mobile Psychiatric Services (EMPS) team and from ASO licensed clinicians. Through case conferencing and team work with hospital staff and staff from the Institute of Living, children who did not meet medical necessity criteria for inpatient care were helped to connect to crisis services in the community. Outreach to schools and other referral sources was also offered as a means to educate the community on

the services of the local EMPS. Intensive home based service providers were asked to flex their capacity to address immediate discharges from the Emergency Department. EMPS teams from Wheeler and Community Health Resources also provided crisis intervention and follow-up home based services to support discharge home. This series of interventions helped to divert children who may otherwise have needed inpatient psychiatric care. This may serve as a useful clinical model for replication elsewhere in the state.

Help for CCMC is on the way. In October of this year we anticipate that Hartford Hospital will establish the first Child and Adolescent Rapid Emergency Stabilization (CARES) service in Connecticut. The primary goal of this unit will be to help with the assessment and disposition of many of the children who present at the CCMC ED and whose discharge is delayed.

We are pleased to note that the Enhanced Care Clinic (ECC) initiative is also under way. Twenty-nine child and/or adult outpatient clinics have achieved

status as ECCs following a comprehensive Request for Application Process. New ECC access requirements will be in effect as of September 1, 2007. ECCs will offer access to walk-in emergent care within 2 hours, urgent care within 2 days and routine care within 2 weeks. It is our hope that the launch of the ECC initiative will promote ED diversion by offering timely access to outpatient crisis intervention services. The Partnership will organize informational forums in local communities to assist in getting the work out to parents and consumers about this new resource.

Finally, we hope you will join us in welcoming our newly appointed Commissioners, Susan Hamilton of the Department of Children and Families and Michael Starkowski of the Department of Social Services. We believe that Commissioners Hamilton and Starkowski will provide excellent leadership in our efforts to improve quality and access for children and adults served under the Connecticut Behavioral Health Partnership.■

Quick & Easy, Low Cost Organizational Tips

The CT BHP has gathered a few tips from experienced office managers and network practitioners at busy behavioral health offices to help get you organized.

**Obtain Patient Insurance/
Demographic Information**

Be sure to obtain key patient information prior to the first visit, including managed care plan, insured's name, employer and insurance ID#, member's full name (no nicknames), address, and date of birth. This information can be obtained over the phone but be sure to make a quick copy of the front and back of the insurance card when the member arrives for the initial visit.

**Verify Eligibility with the
Managed Care Plan Prior to
Each Scheduled Appointment**

For HUSKY Medicaid clients, provider's can verify eligibility through the EDS website www.ctmedicalprogram.com or by using the Automated Eligibility Verification Line: 1-800-842-8440. Most plans allow providers to verify if the member is enrolled and covered under the plan, check co-pays and confirm benefits. You can also call the managed care company directly. (phone #'s for most plans is on the back of the member's insurance card.)

Create a Payer Profile

Compile a profile of each managed care plan, which summarizes the key information including plan name and phone number, Web site, mailing address for claims, address for correspondence, coverage limits, any pre-authorizations required, co-pay, and claim filing deadlines. Keep these profiles handy in a binder or use

color-coded index cards for each plan.

**Track Number of Sessions
Authorized and Used**

Create a form by hand or in Excel to avoid a denial of services due to lack of authorization. Be sure to track the following information: visit #, date of appt, visit type (individual, family), authorization number, authorization dates, number of visits authorized, insurance payment and comments (i.e., OTP Concurrent Review due after 24th visit). A sample form is shown on Page 2.

These are just four suggestions that can be incorporated into your routine. It will keep you organized, allow you more time to spend with your patients and may increase your cash flow. (cont. pg 2)

Kant's Corner by Dr. Steven M. Kant, Medical Director, CT BHP



In my last update I took the opportunity to talk some about how we at CT BHP are continuing to encourage and cultivate treatments that represent best practices or are identified as an Evidenced Based Treatment. While the ability of providers to apply these treatments can be influenced and sometimes limited by factors beyond their control, it still speaks to the increasing expectation in all fields of medicine that we be able to measure what we are doing and show that it is indeed effective. This effort towards measurable performance is also shared by CT BHP in our work here on behalf of our members. Every year the CT BHP has a number of performance targets which allow us to make sure we are providing the services we need in order to support our members.

I want to use this opportunity today to familiarize you with three of these measures in particular that we will be using here at CT BHP to enhance the services our members receive. Certainly one of the areas of great need is to find ways to intervene earlier in the lives of children who are at risk for multiple disruptions while in foster care. CT BHP in conjunction with DCF is collecting and reviewing data to determine if there is a correlation between disruption of a first or

second foster home placement and an identifiable behavioral health indicator during the preceding six months. Examples might include a call to EMPS or an ED visit or a use of a particular level of care, or perhaps finding the lack of use of such services. Hopefully we will be able to find such an identifier(s).

If we are able to find a correlation we will then look to establish a framework for clinical intervention to rapidly and comprehensively intervene prior to a potential disruption.

“Certainly one of the areas of great need is to find ways to intervene earlier in the lives of children who are at risk for multiple disruptions while in foster care.”

The second of these measures has to do with making sure that when our members leave an inpatient or a PRTF setting that they have a follow-up appointment as soon as possible, and no later than 30 days after discharge for all our members. With that in mind we will be providing “tip sheets” with recommendations that may be helpful to providers to make sure this happens. Our care managers will also be asking prior to discharge when the follow-up appointment is scheduled and what contact has occurred with the provider in the community. If there are barriers to access, whether availability of openings or practical issues, such as transportation we would support those services either by using a peer special-

ist or by “troubleshooting” the problem with the provider.

The last of the three I wanted to highlight has been one of the core areas of focus for the CT BHP from the start, which is to positively impact the flow of children and adolescents through the behavioral health system of care. As part of this effort we will be conducting focus groups and informational interviews among many stakeholders throughout the State to evaluate and articulate best practice protocols for discharge planning. We will also be conducting a literature review to identify best practice in this area. All of this will culminate in a treatment improvement initiative focusing on Discharge Planning for Inpatient Care. While not strictly part of this performance measure, we are reviewing a more comprehensive approach to diverting children who present in EDs and for whom a community alternative is feasible.

All of these measures are interrelated and depend on building a system of care which allows children and families in need of behavioral health services to receive those services in the community they live in and in settings which will provide the most benefit. This is a challenging endeavor given how much work still needs to be done, and will require everyone's collaboration. Your participation in the forums and small focus groups I talked about above, as well as through the many committees and other avenues open to you is vital to inform our efforts at the CT BHP.

Quick & Easy, Low Cost Organizational Tips (cont. from pg 1)

ENCOUNTER FORM							
Member Name	John Smith	Member ID	001555555	MCO ID: J002555555			
VISIT #	DOS	Visit Type	Code	Auth #	Auth Date Range	Comment	Paid
1	1/5/2007	Initial	90801	U00055555	1/5/06-1/5/07	Auth obtained 1/9/07	✓
2	1/10/2007	Individual	90806	U00055555	1/5/06-1/5/07	25 OP units	✓
3	1/15/2007	Individual	90806	U00055555	1/5/06-1/5/07	24 OP units	✓
4	2/1/2007	Individual	90810	N/A		Title 19 elig for Feb Verification# 555555	✓
5	2/4/2007	Individual	90806	N/A			✓
6	3/2/2007	Individual	90806	U00055555	1/5/06-1/5/07	HUSKY reinstated	✓
7	3/9/2007	Individual	90810	U00055555	1/5/06-1/5/07	22 OP Units	✓

Provider Spotlight - Community Health Resources



Community Health Resources has been helping Connecticut people and communities achieve improved mental health for more than 40 years. Through the agency's service divisions, North Central Counseling Services and Genesis Center,

Community Health Resources has grown into a leading community behavioral health service provider in the state of Connecticut. As a provider of innovative individual and family-centered quality mental health care, Community Health Resources offers convenient and easy access to professional treatment and services through its office locations in Enfield, Manchester, Vernon, Willimantic and Windsor as well as at its new Bloomfield location.

CHR provides and manages

services for children, adolescents, families and adults in 41 towns north and east of Hartford, CT offering a comprehensive array of mental health services, including:

Clinical Assessment and Treatment

- Central access, triage, information and referral
- Outpatient mental health and substance abuse counseling
- Psychopharmacological assessment and management
- Intensive outpatient and partial hospitalization
- Mobile crisis and stabilization
- Assertive community treatment
- In-home clinical treatment and support
- Court assessments
- Family Support Team
- Treatment Foster Care
- Family Re-unification

Education and Prevention

- Structured recreational activities
- Child advocacy

- Parenting education
- Prevention
- Strengthening Families
- Suicide Prevention grant

Support and Rehabilitation

- Case management
- Psychosocial rehabilitation
- Residential treatment
- Homeless outreach
- Supported housing
- Pre-vocational and vocational training
- Respite services for adults
- Care coordination

Mental illness affects nearly 1 in 5 Americans without regard to age, race, religion or income. People can and do recover from mental illness. Community Health Resources helps those who are struggling with mental illness find hope and improved quality of life.

Additional information about CHR resources is available online www.chrhealth.org.

Find a Provider, On-line!

The CT BHP is introducing an Online Provider Directory that offers help in finding participating behavioral health providers in the CT BHP provider network. The directory can also narrow your search to select providers with a specific expertise, specialty, service, or program. The directory is updated daily to provide the most up to date information on the CT BHP provider network. If providers and members are unable to find a provider that matches their needs, or if you are looking for resources that cover specialized needs, please contact the CT BHP Call Center at 877-552-8247 to speak with a Call Center Representative who can help you.

Please visit our website at <http://www.ctbhp.com/> to locate a behavioral health provider that fits your needs!

Inpatient Bed Tracking Initiative

The CT BHP has been hard at work developing a web based system, similar to our current registration system, that will allow CT Inpatient Psychiatric Hospitals and Psychiatric Residential Treatment Centers to identify and track current or scheduled vacancies for inpatient levels of care .

The CT Inpatient Bed Tracking module will give Inpatient providers the ability to update their inpatient bed availability daily or in *real time* in a system called ABSolute.

System users will be able to

edit their own sites' bed availability based on a security code assigned to their user ID. We believe this innovative system will streamline and improve the referral and admissions process for HUSKY Medicaid children, families, providers and the CT Behavioral Health Partnership.

The CT BHP Bed Tracking System will require designated individuals of these facility's admissions staff to enter the web tracking system and update the number of beds available, whenever there is a vacancy or anticipated vacancies.

Trainings for admissions staff users will be conducted throughout the month of June at the CT BHP ASO Office and the CT Hospital Association. These trainings will provide an overview and a step by step tutorial of our inpatient bed tracking system for Inpatient Hospital and Psychiatric Residential Facility providers. We are also available to train users on-site, if traveling to Rocky Hill presents a barrier. We anticipate the system's go live through the Summer and Fall.■





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500 Enterprise Dr.\Suite 4D
Rocky Hill, CT 06067

TO: _____

CT BEHAVIORAL PARTNERSHIP - PROVIDER NEWSLETTER



YOU'VE GOT MAIL!

The Provider Relations Department of The CT Behavioral Health Partnership maintains a CT BHP Provider email distribution list for rapid notification of policy changes, procedures, Provider Alerts and EDS Provider Bulletins; as well as news, upcoming trainings and events. If you or a member of your staff is currently not a part of this distribution list, please email us at ctbhp@valueoptions.com.



Website: www.ctbhp.com
Phone: 1-877-552-8247 or 1-877-55 CTBHP

Bulletin Rewind

We here at the CT BHP wanted to take the opportunity to keep providers abreast of recent communications, alerts, bulletins and policy changes. With such a varied and robust network of providers, it is always a challenge to ensure that each provider is made aware of any and all updates.

Bulletin rewind will be a continuing feature of Partnership in Print and will highlight recent provider alerts and bulletins. Please note that all CT BHP Provider Bulletins and Alerts can also be found on the CT BHP and EDS websites.

PB07-43 (June)

Subject: CT BHP Implementation of Prior Authorization of Case Management Services

PB07-42 (June)

Subject: EDS Schedule of Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule.

PB07-38 (May)

Subject: National Provider Identifier (NPI) Temporary Extension Period

PB07-37 (May)

Subject: Correction to Billing Instructions for the CMS-1500 (v 08/05) Claim Form

PB07-36 (May)

Subject: Change in Timely Filing Requirements for CTBHP claims

PB07-31 (May)

Subject: Escorts for Minors – Non-Emergency

Medical Transportation

PB07-25 (April)

Subject: National Provider Identifier (NPI) - May 07 Implementation

PB07-23 (April)

Subject: CT BHP Increased Rates and Fees

A full listing of all CT BHP Bulletins and Provider Alerts can be located on the CT BHP website: www.ctbhp.com & on EDS' website: www.ctmedicalprogram.com