

# Concurrent Review for Psychiatric Inpatient Hospital Services - Workgroup Takeaways

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At the intersection of health care policy, politics and communications.

# Purpose of Workgroup

- Convene representatives from counties, hospitals and DHCS to discuss considerations and identify strategies to effectively implement concurrent review requirements.
- Operationalize the concurrent review structure for psychiatric inpatient hospital services to ensure:
  - Access to effective psychiatric treatment
  - Capacity of psychiatric provider networks
  - Timely communication with beneficiaries as well as treatment staff
  - The beneficiary's right to appeal
  - Transition and discharge plans are developed with the participation of the beneficiary, treating provider, and MHP.
- Identify key behaviors/diagnoses that would meet each criterion for medical necessity for inpatient hospitalization.
- Discuss benefits and challenges of different strategies for communicating/documenting inpatient hospital decisions.

# Operationalizing the Current Review Structure Discussion

## Notification from hospital to MHP

- For an emergency admission to a hospital or psychiatric health facility, the facility would send notification to the MHP within 24 hours.
- The notification would include a face sheet which contains basic demographic and Medi-Cal eligibility information, as well as information about the admitting hospital and provider.



## Authorization request from hospital to MHP

- After the initial notification, the facility would send the MHP a formal request for authorization.
- The request would include an authorization request form, face sheet, and clinical documentation such as the patient's evaluation and provider notes.



## MHP approval, denial or modification

- Following receipt of the request, the MHP would have 24 hours to inform the provider and beneficiary of the decision to approve, modify or deny.
- Approval should include basic information about the patient, admission date, days approved, services, and contact information for further communication.
- A denial should be sent to the hospital for provider and beneficiary. It should contain an explanation for the denial.

# Methods for Communicating Psychiatric Inpatient Hospital Services Decisions – Phone Consultation

Pros	Cons
<ul style="list-style-type: none"><li>• Fast—Hospitals may find this method more efficient</li><li>• Familiar to hospitals</li><li>• Provides immediate feedback</li><li>• Can ask follow-up questions</li><li>• Can record answers</li><li>• Can have hospital read directly out of the record</li><li>• Initial approval via phone—if there are questions hospitals can submit resources and then have the MHP provider review</li></ul>	<ul style="list-style-type: none"><li>• MHP concerns about whether phone communication stands up well in an audit</li><li>• Additional documentation requirements may be difficult for MHPs</li><li>• Would require additional staffing from MHPs and hospitals</li><li>• Expertise required for approvals</li></ul>

# Methods for Communicating Psychiatric Inpatient Hospital Services Decisions – Electronic Health Record Decision Tools

Pros	Cons
<ul style="list-style-type: none"><li>• Helpful in documenting medical necessity</li><li>• Nationally aggregated data provides guidelines for length of stay, etc.</li><li>• Provides consistency in decision making</li><li>• Provides a back-up to authorization decisions</li><li>• Can modify guidelines to make it work for local procedures</li></ul>	<ul style="list-style-type: none"><li>• Based on a commercial market rather than Medicaid</li><li>• Need to use a multiplier or some other formula that makes it work for Medicaid</li><li>• Not always customizable</li><li>• Slower to make changes</li><li>• Proprietary<ul style="list-style-type: none"><li>- Costly</li><li>- Price based on beneficiary count</li><li>- Requires extra work to integrate EHR</li></ul></li></ul>

# Workgroup Takeaways

- Agreement on information/documents needed for inpatient admission notification and initial authorization request.
  - More discussion is needed on developing the process.
- Further discussion needed on balancing timely review and the need for appropriate documentation.
  - More information is needed about what counties must have in order to approve inpatient stays.
- Support for the development of decision-making protocols or guidelines that could be used to streamline determinations of medical necessity for authorization.

# Contact

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