Concurrent Review for Psychiatric Inpatient Hospital Services - Workgroup Takeaways

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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

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<th>Pros</th>
<th>Cons</th>
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<tr>
<td>• Fast—Hospitals may find this method more efficient</td>
<td>• MHP concerns about whether phone communication stands up well in an audit</td>
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<td>• Familiar to hospitals</td>
<td>• Additional documentation requirements may be difficult for MHPs</td>
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<td>• Provides immediate feedback</td>
<td>• Would require additional staffing from MHPs and hospitals</td>
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<td>• Can ask follow-up questions</td>
<td>• Expertise required for approvals</td>
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<td>• Can record answers</td>
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<td>• Can have hospital read directly out of the record</td>
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<td>• Initial approval via phone—if there are questions hospitals can submit resources and then have the MHP provider review</td>
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## Methods for Communicating Psychiatric Inpatient Hospital Services Decisions – Electronic Health Record Decision Tools

<table>
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| • Helpful in documenting medical necessity  
• Nationally aggregated data provides guidelines for length of stay, etc.  
• Provides consistency in decision making  
• Provides a back-up to authorization decisions  
• Can modify guidelines to make it work for local procedures | • Based on a commercial market rather than Medicaid  
• Need to use a multiplier or some other formula that makes it work for Medicaid  
• Not always customizable  
• Slower to make changes  
• Proprietary  
  - Costly  
  - Price based on beneficiary count  
  - Requires extra work to integrate EHR |
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.
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