

Behavioral Health Partnership Oversight Council

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Operations Subcommittee

Draft Meeting Summary: **July 18, 2008**

Co-Chairs: *Lorna Grivois & Stephen Larcen*

Next meeting: Friday September 17 2 2:30 PM at VO, Rocky Hill, CT

Attendees: Elizabeth Collins Acting Co-Chair(YNHH), Mark Schaefer (DSS), Lois Berkowitz (DCF), Laurie VanDer Heide & Ann Phelan (VO), Hilary Felton- Reid (R & C), Christine Quintiliani (Children's Center – Hamden), Linda Roderick (Village for Children), Tiffany Rodriques (Hallbrooke Hosp), Linda Russo (Wheeler Clinic), Mariette McCourt (Council staff).

CTBHP Report

ValueOptions Report (Click on icon below to view *ValueOptions report*) Report highlights include:

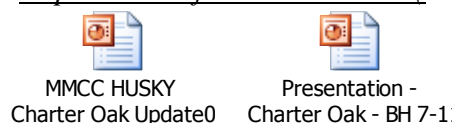


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- **Precert** average call time down by 2 minutes to 16 minutes & Concurrent Review unchanged at 15 minutes.
- **On-site reviews** and work with Psychiatric Residential Treatment Facilities (PRTFs) in progress. On-site reviews for Residential Treatment Facilities (RTF) scheduled for July/Aug.
- Director of Peer/Family Services is acting Intensive Case Management Director (ICM).
- **ED total days in June** were 23 compared to about 40 days in May (*see graph*). June ED average length of stay (ALOS) was 1.0 days, down from 1.86 in April 08 (excludes CARES Unit).
- **VO Foster Care Study 2008**: VO working with DCF on pilot projects to decrease disruption rates. Literature review shows that while BH issues influence disruption rates, frequent disruptions have a negative impact on mental health of foster care children.
- VO has **five 2008 Performance targets** (*see report above*), one of which is a focus on children “high utilizers” (i.e. 4 hospitalizations in a 6 month period).
- **Enhanced Care Clinic (ECC) provider advisory group** formally met for the first time June 25 to further discuss questions/concerns raised at the April ECC meeting that included data reporting challenges, identifying best practices timely access to care, managing no-shows and future follow up care data using claims data.

- Ms. Collins, a member of the CTBHP/hospital work group that developed the hospital ALOS pay-for-performance (P-4-P) reported:
 - The BHP OC approved the initiative at the July 9th meeting. DCF will be meeting with this hospital group to develop a strategic plan for DCF hospitalized children.
 - The work group will be reconstituted to develop a P4P initiative for ED utilization that will involve hospitals, EDs, Emergency Mobile Psychiatric (EMPS) teams. The group was encouraged to recruit BHP parent/families to participate in the group at the beginning, when the initiative's concept is being developed. Dr. Schaefer suggested family vignettes would be informative to the group. Family participation in this workgroup was referred to the BHP OC Executive Committee.

Department of Social Services (see below BHP/Charter Oak presentations July 11, MMCC)



- BHP Claims payments:
 - Reports will be available when interchange system retrofit changes have been completed.
 - Denied claims have been reprocessed without provider having to take further action. MMIS has reprogrammed providers identified as FFS in the system to BHP providers: incorrect identification impacts service reimbursement levels.
 - YNNH representative noted a positive experience of TPL claims reprocessing and found the EDS provider relations staff responsive to their claims issues.
- ***Statewide enrollment of Charter Oak members in a MCO will start August 1, 2008.*** Charter Oak Health Plan (COHP) BH services (see 2nd icon for DSS report on Charter Oak BH):
 - COHP BH claims will be paid by EDS.
 - BHP providers enrolled in CT Medicaid in CMAP will provide COHP services; there will be no contract amendments with BHP providers. The ASO will amend their contract with DSS to managed BH services under COHP. It was noted that Medicaid medical providers can opt out of HUSKY participation whereas BH providers in CMAP would, as Medicaid enrolled providers, serve COHP members for BH services.
 - BHP Enhanced Care Clinic rates would apply to COHP adult clinics and the access standards for BHP ECCs would apply. DSS will create a letter of agreement with the ECCs for this population.
 - BHP rates will be adjusted for COHP for member co-pays that are not applied in CTBHP HUSKY. Co-pays apply for non-inpatient services; deductibles are applied to inpatient services.
 - Member ambulatory BH co-pays are \$35/visit or \$25/visit for Master's level clinician. Clinics decide how this would be applied (i.e. sliding fee scale for those that cannot afford the full co-pay or choose not to provide services if member doesn't pay co-pay).

- There are limits to the Substance Abuse treatment benefits (see 2nd report above) that were made to manage the cost of services/reduce adverse selection in COHP enrollment. The BH per member per month costs is estimated to be \$20 PMPM. If the COHP BH expenditures are less than the estimate, the State could address the benefit package in the future.
- COHP regulations notice of intent will be published in the CT Law Journal next week. Go to www.CTkidslink.org for a link to the regulations.
- While Prior Authorization and web registration will continue in COHP:
 - There will not be a separate COHP web registration at this time
 - There will be no web registration for Ambulatory SA treatment.
- BH Provider bulletin will be for COHP will be sent out within the next 2 weeks. Check this site for the bulletin: <http://www.ctbhp.com/providers.htm>
- VO will have a record of PA for substance abuse treatment but will not have paid claims information to identify the number of service left under the benefit. The challenge will be for the provider and client to track the number of services used within the benefit. This was discussed at the Quality SC preceding this meeting and the ***Operations SC will address the tracking of these services in September.***
- COHP members will be issued a new green swipe card. Non-payment of monthly premiums will lead to member dis-enrollment and 3 month 'lock out' from COHP when the person pays current and past-owed premiums. ACS, the Medicaid enrollment broker will be enrolling COHP members and monitoring premium payments and paid deductibles for COHP.
- Freestanding hospitals cannot receive Medicaid reimbursement for 'adult' services. VO system currently does not allow adult admissions to Hallbrooke or Natchaug freestanding psychiatric hospitals. In the near future Natchaug will be the only freestanding hospital as Hallbrooke will merge with St. Vincent's Hospital.

Look for 1) COHP regulations at the www.CTkidslink.org site and 2) BHP provider bulletin for COHP at the VO site by the last week in July.

Upcoming 2008 Operations SC meetings on the 3rd Friday of the month:

- ✓ ***September 19***
- ✓ ***October 17***
- ✓ ***November 21***