Behavioral Health Partnership Oversight Council

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Meeting Summary: **June 11, 2008**

Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter
Next meeting date: Wednesday July 9, 2008

Attendees: Jeffrey Walter (Co-Chair), Dr. Karen Andersson (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Ellen Andrews, Rose Marie Burton, Elizabeth Collins, Connie Catrone, Thomas Deasy (Comptrollers Office), Stephen Frayne, Davis Gammon, MD., Heather Gates, Lorna Grivois, Mickey Kramer (OCA), Sharon Langer, Stephen Larcen, Sherry Perlstein, Paul Potamianos (OPM), Maureen Smith, Susan Walkama, (M. McCourt, staff).

Council Administrative Activities

- The May BHP OC meeting summary was accepted without changes.
- BHP OC evaluation project of the BHP program will be done by the University of South Florida Research & Training Center for Children's Mental Health. The CT General Assembly biennial budget included funding for the evaluation ($100,000/year for SFY 08 & 09). The development of the final contract with USF will go beyond SFY 08 deadline. The Council has asked DCF to request OPM allow the SFY 08 $100,000 be carried forward into the SFY 09 budget. If this is not possible, the scope of the evaluation may need to be changed.
- The BHP OC statutory appointing authority has changed effective October 1, 2008; current members have been provided an outline of their current participation category and appointing authority.

Subcommittee Reports

Coordination of Care – Co-Chairs: Connie Catrone, Sharon Langer (click icon below to view last meeting summary)

BHP OC Coord Care SC 5-28-08.doc

Highlights of Subcommittee activities include:

- Health plan and CTBHP/VO co-management of cases have been regularly reviewed by the SC: recent data show that VO is taking the initiative in reporting Anthem cases- there is a reduction in cases reported to VO from Anthem. CHNCT continues a robust process for co-management.
- Mercer Pharmacy study on temporary supply of drugs will be presented at the June 26th SC meeting at 1 PM in LOB RM 3800.
- Connie Catron will be leaving the Council and Subcommittee since changes in the Bridgeport School Based Health Centers (SBHC) result in her no longer able to represent SBHCs. Jeffrey

Walter thanked Connie for her very hard work on the SC and the Council and stated she is always welcomed back. Dr. Schaefer thanked Ms. Catrone on behalf of both agencies for her work that resulted in movement and change in the integration of both programs.

DCF - Co-Chairs; Heather Gates & Kathleen Carrier

Heather Gates reported the SC will meet June 17th: family members have been invited to provide input into the focus group process.

Provider Advisory – Chair: Susan Walkama (click icon below to view last meeting summary)

BHP OC PAG SC 5-21-08.doc

Next meeting is June 18th to review **ECC Psychiatry Access Criteria Review**

Quality Management, Access & Safety: Co-Chairs: Davis Gammon M.D. & Robert Frank (click icon below to view presentation)

BHP OC Quality SC 5-16-08.doc

Dr. Gammon outlined main points of the May meeting: CTBHP/VO presented key accomplishments from VO Quality Management program evaluation (*see above*). Beginning to see service utilization changes over 6 Quarters of BHP program of increased home-based service use and reduction of DCF hospitalizations (admits/1000- slide 6: *DSS stated this slide is incorrect*). Three agencies (DSS, DCF & DDS – formally DMR) have been meeting to discuss clients with co-occurring diagnoses of behavioral and development delays, their service needs, service availability and individual agency vs. inter-agency responsibility in providing services. DCF can identify DDS clients in residential care but not in other levels of BHP services. Wrap around services for this special population such as specialized crisis stabilization and intensive home-based services as well as out-of-home, in-state treatment are lacking within the State. These service needs are outside existing Home &Community-Based waivers.

Operations – Co-Chairs: Lorna Grivois & Stephen Larcen (click icon below to view last meeting summary)

BHP OC Operations SC 5-16-08.doc

Stephen Larcen reviewed key issues that included ED discharge delays, the impact of the CARES Unit on CCMC delays and average ED delays in Region 5 hospitals. While ED delays are declining overall, there may be some hospital-specific delays that need to be identified. VO was asked to report ED delays/hospital. Practitioners were asked to provide DSS with information that describes the scope of problems of third party liability (TPL) claims prior to 10/1/07 related to timely filing rejections.

BHP Reports *(Click icon below for presentation)*


BHPOC Presentation
6-11-08 Final.ppt

Dr. Schaefer (DSS) presented information on HUSKY enrollment, targeted case management (TCM), BHP rates, HUSKY/Charter Oak, and utilization patterns. Highlights of presentation and Council comments include:

Targeted Case Management

- ✓ CMS ruling on ***TCM regulations*** due out August 2008. TCM cannot be claimed unless all components of TCM are provided; other aspects of the regulations will be clarified 8-08. CMS may allow the existing CTBHP CM rate methodology if there is no cost increase.
- ✓ Medicaid State Plan Amendment is expected to be published June 24th that includes BHP TCM, elimination of an unused Birth -3 item and DMHAS and DDS case management requirements. DSS was asked to alert the Council when the SPA is published in the Law Journal.
- ✓ Only three of the seven Medicaid regulations remain in a congressional bill calling for moratoria on these regulations. TCM may not be included in the bill. While there are concerns about the impact of these regulations on state federal revenue and on clients, DSS stated CT may not see a large loss of federal revenue and TCM service delivery may improve under the new regulations.

BHP Rates

- ✓ *SFY 08:* all rates loaded May 2008 with the exception of physician, other practitioner, home-base services and new ECCs; retroactive mass adjustment June 21st. Upper Payment Limit (UPL) calculation not yet submitted to CMS. DSS hopes CMS will allow Medicare level reimbursement for MA level clinicians that are not reimbursed under Medicare. Heather Gates stated that service costs in ECC are substantially higher than the MD fee schedule under Medicare and more is required of these clinics than for MDs. Adequacy of UPL impacts service quality and access, which CMS advocates.
- ✓ *SFY 09:* 1% across the board increase delayed pending UPL approval.
- ✓ *Hospital average length of stay (ALOS)* pay-for-performance (P4P) program design is completed. This P4P rewards providers for meeting LOS targets or progress toward improving performance. The total P4P award is about $435,000, about 1.5% of inpatient expenditures. Comments on the measure:
  - This P4P was approved in concept by the Council in the SFY 08 rate package.
  - The Council Co-Chair and Executive Committee vested a workgroup with the charge to design the P4P incentives and report back to the Council on this.
  - Council members stressed the importance of assessing the impact of lowering inpatient ALOS on patients (i.e. readmission rates, ED use). Mark Schaefer stated the hospital work group that developed the P4P design is committed to 'doing no harm" to patients in that the design would not be detrimental to the patient/family. Part of the design includes measures of hospital-specific readmission rates. Risk adjustment targets and exclusion of outliers with the longest stays are part of design.

Council Motion: A motion was made by Stephen Larcen (chair of the hospital work group), seconded by Maureen Smith, ***to approve the allocation of $435,000 for P4P designed to reduce aggregate inpatient length of stay through encouraging providers to meet risk adjusted targets***.

Discussion of motion:
Key issues raised on the motion included:

- Supportive of the sensitivity toward "do no harm" in the process of reducing aggregate inpatient LOS.
- One hospital perspective: commended CTBHP for a methodology that resulted in a fair reimbursement level and appreciation of clinical perspectives.
- Council members requested information through an executive summary to understand the P4P design and implementation; without more specific details, members felt they were still voting on a 'concept' and/or issue without being fully informed.
- Mr. Frayne (CHA) had voted to develop the concept of this P4P program expressed concern about a precedence that this process to adopt a P4P program presents. He stated a P4P program clouds the underlying facts of hospital financial losses while serving the community with.

Council Action: Stephen Larcen withdrew his motion to adopt the P4P for aggregate reduction of LOS, will provide the Council with a written report one week prior to the July 9th meeting and the Council will then vote on this P4P initiative at the July 9th meeting.

Charter Oak Health Plan (COHP) BH *(see slides "HUSKY/Charter Oak" in doc above)*
DSS reviewed the HUSKY/COHP enrollment periods. Applications for COHP will be available July 1 with enrollment after eligibility determination in August 2008. DSS stated the program will meet the requirements of MH parity. Questions/comments included:

- ✓ Since BH services are under the BHP system, who is contracting for COHP's network? DSS stated it will use the medical assistance provider network in Medicaid/EDS, pharmacy will be under the Medicaid PDL system and rates, fees and claims processing will be same as Medicaid HUSKY/BHP.
- ✓ CHA noted that COHP is characterized as a non-Medicaid commercial product with high member cost share, including high member cost share for first inpatient visit. This concerns hospitals in that the hospital will be paid by the member for this, a major difference from Medicaid/SAGA where the hospital at least receives the Medicaid rate. Mr. Frayne stated it is troubling to use a Medicaid network and rates for a commercial-type benefit package. DSS noted that HUSKY B, a non-Medicaid program, is similar to COHP in that the program uses the HUSKY network and same rates.
- ✓ There will be further discussion about the underpinnings of the COHP program at the June 13 MMCC. Regarding BHP, the Council is interested how CTBHP plans to administer the COHP BH benefits and impact of this program on BHP funding and timely service access.

Other

- BHP Strategic Response to hospital delays are outlined in the handout above. Beside the Hospital ALOS performance incentive program, DCF area office response includes enhanced EMPS to focus on hospital diversion, gradual reduction of ALOS in residential treatment centers to 9 months, DCF to develop specialized strategies to track DCF children admitted to hospitals. The performance incentive program to reduce ED delays include EMPS/ED P4P that may be phased in by geographic area as the EMPS is rolled under the new reprocurement. The BHP OC hospital work group will report on this incentive design in September