



Behavioral Health Partnership Oversight Council

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Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter

Draft Meeting Summary: **Oct 8, 2008**

Next meeting: Wednesday November 12, 2008

Attendees: Jeffrey Walter (Co-Chair), *Lois Berkowicz* (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Deborah Gannon (Peer Support, VO), Rose Marie Burton, Richard Calvert, Molly Cole, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Davis Gammon, MD., Heather Gates, Charles Herrick, MD, Mickey Kramer (OCA), Stephen Larcen, Jocelyn Mackey (SDE), James McCreath, Melody Nelson, Sherry Perlstein, Galo Rodriguez, Maureen Smith (OHA), Christine Vogel (Comm., OHCA), Susan Walkama, Beresford Wilson, (M. McCourt, staff).

BHP OC Administrative Issues

- Members without dissension passed the motion by Dr. Gammon, seconded by Susan Walkama to accept the September Council meeting summary.
- Mr. Walter discussed the BHP OC Behavioral Health Partnership program evaluation progress.
- Consumer representation recruitment and support materials have been developed. Mr. Walter is working with the Transformation grant Behavioral Health Workforce on this initiative.
- Dr. Schaefer appraised the Council of Dr. Karen Andersson's (DCF) recovery from surgery. Council members can obtain Dr. Andersson's address from staff.

Council Subcommittee Reports

Coordination of Care SC: Co-Chairs Sharon Langer & Maureen Smith



BHP OC Coord Care
SC 9-08.doc

Focus areas included:

- Prior Authorization and HUSKY & Charter Oak practitioner payment for out-of-network services: MCOs are making system changes to ensure payment for these PA services.
- HUSKY MCO and BHP/ValueOptions co-management policies and procedures review now that two new plans are participating in HUSKY, identify benchmark data and ensure consistency of application. The BHP agencies, VO and MCOs will be meeting regularly to

re-look at service integration and report to the SC.

DCF Advisory SC: Co-Chairs: Kathy Carrier & Heather Gates

Heather Gates described primary focus of the SC that included:

- IICAPS (intensive home-based BH services for children) compliance consultant has been working on billing and the program model. The Consultant will respond to provider questions and will provide the SC with a draft report and final report to the BHP OC at the end of November 2008.
- The Family Focus Group is working with a consultant to design the study and develop request from VO database.

Operations – Co-Chairs: Lorna Grivois & Stephen Larcen



BHP OC Operations
SC 9-08.doc

Dr. Larcen reviewed key issue taken up by the Subcommittee that included:

- BHP provider “timely filing” to 365 days for one year (10-07 – 10-08) had not been programmed into the claims system. DSS extended the end date to 12-31-08 for providers to clear up denied claims, in particular when BHP is the third party payer (TPL).

Addendum: click icon below to view document sent by Dr. Schaefer to Subcommittee and Council 10/20/08.



PB 2008-61 Timely
Filing Requirements.p

- Claims payment issues under the new Interchange system remains challenging as the new system began implementation early in 2008. Dr. Schaefer (DSS) noted the percentage of claims paid is ~70%, similar to the historical rate under the old billing system. In response to the Chair’s questions, DSS stated the percentage of paid claims is similar for medical services. Dr. Larcen suggested that comparing the BHP denial rate to FFS rate under the new system would be informative.
- Providers have reported lack of access to VO on-line authorization data since the new claims system started.

Addendum: Please see Dr. Schaefer’s 10-16-08 communication to the SC below:



BHP web review PA
10-08.doc

- Dr. Larcen has requested information from providers on the percentage of non-Medicaid client cost share they collect as part of the process to work with DSS on rate methodology for Charter Oak Health Plan BHP services.

Provider Advisory SC: Chair- Susan Walkama

Susan Walkama reviewed the SC focus and presented the revised Psychiatric Residential Treatment Facility (PRTF) level of care guidelines for Council approval.

- The subcommittee has reviewed and recommended changes in the “Mystery Shopper” survey of Enhanced Care Clinics (ECCs) that will focus on timely access to routine ECC services (Oct. 2008), to be followed with a survey on urgent/emergent service access based on ECC contractual responsibility.
- A summary of the PRTF revised guidelines was sent out to the Council ~ 2 weeks prior to this meeting. Susan Walkama said there was significant input from PRTF providers before the guideline revision were done and brought to the Council for approval.

Motion: Susan Walkama made the motion, seconded by Rose Marie Burton, that the Council approve the revised guidelines.

Discussion:

- ✓ Maureen Smith asked if the initial 30-day authorization was based on the client care plan. ValueOptions stated it was possible for authorization for PRTF services beyond 30 days if indicated.
- ✓ Members asked for a copy of the final guidelines; they will also be posted on the BHP VO website: www.ctbhp.com

Council Action: The Council unanimously approved the guideline revisions.

Quality Management, Access & Safety: Chair Davis Gammon M.D. Co-Chairs: Robert Franks & Melody Nelson

Dr. Gammon formally welcomed Melody Nelson, Family Advocate, as Subcommittee Co-Chair with Dr. Franks. Dr. Gammon outlined topics covered that included:

- Do the client satisfaction survey in “real time” rather than as an annual survey to obtain more immediate client response.
- Looking at BHP utilization trends and the PARs sample report.
- Will have more discussion on the Pay-4-Performance details (reduce hospital discharge delay).

Council discussion points included:

- ✓ Are in-home services defined separately so consumer can identify what programs are more effective for which clients? Dr. Schaefer suggested in Nov. to separate out four programs when looking at in-home service prior authorizations.
- ✓ Mr. Walter asked if there was increased volume in ECCs with timely access requirements. Dr. Schaefer noted there was a 5% increase overall in outpatient services. He noted the Council had asked to look at ECC/non-ECC volume that will be done. It is expected that when timely access increases, the volume and number of services would also increase. ECC clinic perspective: one clinic is seeing a decline in the number of client but an increase in the number of hours of services. Dr. Gammon said this could be discussed at the Nov. Quality SC meeting.

BHP Agency Report *(Click icon below to view presentation)*



BHPOC Presentation
10-8-08-E.ppt

Peer Family Support Specialists

Debra Gannon, Director of Peer Support, ValueOptions, described the Peer Specialist Support Department program. Member involvement is voluntary. The program is the heart of the BHP program and the goal is “Helping children be children, families be families”. There are seven specialist assigned to geographic areas within the State. Referrals come from a variety of places and peer specialists work with families on a myriad of issues that include behavioral health and medical services, identifying natural supports and non-traditional community resources, socioeconomic unmet needs, etc. Since 2006, the Peer Specialist program has served 3000 clients. Monthly open cases have increased from ~ 100 in Oct. 2007 to 249 cases in August 2008 with an individual caseload of about 24 clients. Duration of Peer Specialist involvement is a few months to longer, depending on family needs. Lori Szczygiel said VO is considering joining the New England consortium of peer specialist that is developing a credentialing process so peer specialists can work in professional settings. Council members commended Ms. Gammon on this holistic family approach.

Emergency Mobile Psychiatric Services (EMPS) Procurement Update

Lois Berkowitz (DCF) reviewed Phase I for Greater Hartford & Eastern CT (*see above handout*) that starts October & November 2008. The RFP for Phase II (western & Greater New Haven regions) has been posted; contractor selection in November 2008, start up **Jan – Feb. 2009**. Phase III (Southwest & central regions) startup is **March – April 2009**. Existing EMPS providers are funded through May 30, 2009. Council questions included:

- ✓ Does EMPS system still include 211 as statewide single point of contact or has that been modified? What are the 211 credentials for EMPS?
- ✓ When does the existing EMPS contract change in Eastern CT? Dr. Berkowitz will report back on both of these questions.
- ✓ Are providers that will lose contracts less enthusiastic in participating during the transition? Dr. Gammon commented that in one area observation has made that it is more difficult to obtain EMPS services and more children/youth are being seen in the ED. Dr. Berkowitz suggested Dr. Plant (DCF) could review EMPS with the Council but noted that the EMPS RFP requires the applicant to outline community outreach prior to the change in vendors.

ECC Primary Care Memorandum of Understanding (MOU)

Dr. Berkowitz stated that of the 37 ECCs, 31 have a signed MOU with a PCP, 3 are in process and 3 ECCs have not yet submitted the MOU. ECC/PC coordination policy transmittal was released March 1, 2008 (www.ctdssmap.com click on publications, then PB). Dr. Herrick asked if PCP liability is a disincentive for participation in the ECC/PC MOU and EMPS. Dr. Schaefer noted that the hospital/EMPS MOU raises some issues of liability unlike the ECC/PC MOU. The former is very different from the ECC/PC collaboration that provides streamlined consultative process and support to PC willing to do stable medical management for their patients.

BHP Claims: Dr. Schaefer stated the timely filing edit is temporarily suspended effective for dates of service 10/1/07 forward and would be restored to 120 days 2/1/09. Providers should not resubmit claims until they receive the official provider bulletin.

BHP Rate increase (See details in handout above): CMS has approved the upper payment limit (UPL) demonstration, accepting the 115% of Medicare fees for MD/APRN/LCSW. All SFY08 rates were implemented except MD and other practitioners that require program edits. The SFY09 package will be revised to exclude from the 1% increase those rates in excess of the UPL. DSS will provide a revised package in November if completed.

DSS stated only when fees are greater than Medicaid FFS the State has to submit UPL; BHP is a 'grey area' in that it does not operate like Medicaid. BHP UPL cannot pay more than Medicare. Dr. Larcen stated IOP services (\$180) are more than 75% of PHP rates (\$240) and has hospital data to support this, which he will provide to DSS.

ED Delays: the volume of Emergency Dept. (ED) patients in delay status remains about the same in 2007 & 2008, the average length of stay in the ED is lower than 2006 prior to BHP/VO initiatives to managed ED stays and admissions. There are two initiatives that address system jams:

- Hospital initiative to reduce hospital stays beyond medical necessity, under way now.
- Incentives for EMPS and EDs for diversion from the ED or limit delayed ED disposition.

Dr. Gammon suggested looking at the number of cases in delay adjusted for the number of children admitted to the ED might show a greater effect of the BHP/VO initiative.