Behavioral Health Partnership Oversight Council

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Meeting Summary: November 12, 1008
Co-Chairs: Rep. Peggy Sayers Jeffrey Walter

Next meeting: Wednesday Dec. 10, 2008 @ 2 PM in LOB Room 1D

Attendees: Jeffrey Walter (Co-Chair), Lois Berkowicz (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Rose Marie Burton, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Heather Gates, Mickey Kramer (OCA), Sharon Langer, Stephen Larcen, Jocelyn Mackey (SDE), Patricia Mardsen-Tish, James McCreath, Judith Meyers, Randi Mezzy, Sherry Perlstein, Galo Rodriquez, Maureen Smith (OHA), Susan Walkama, (M. McCourt, staff).

Council Administration
Galo Rodriquez moved acceptance of the October meeting summary, seconded by Sherry Perlstein and accepted by the Council without change.

BHP Council Subcommittee Reports

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

BHP OC Coord Care SC 10-2-08.doc

Key topics at the Oct. 22 meeting included the DSS transition plan for HUSKY Anthem and FFS members, mandatory enrollment, DSS plan to provide the new plans with member data from the DSS data warehouse and identification of at risk members to the new plans.
Discussion:
Mr. Walter asked if the Anthem contract has been or will be extended beyond 12/31/08, given the development of adequate provider networks in Aetna and AmeriChoice. Dr. Schaefer stated:

- HUSKY *mandatory enrollment* in one of the three current contracted health plans has been delayed by the Governor to Feb. 1, 2009 to allow the 2 new plans to develop their networks.
- If the Anthem contract does not continue beyond 12/31/08, Anthem members that do not chose a new plan would be defaulted into traditional Medicaid fee-for-service (FFS). *(Addendum: Anthem contract extended thru Jan. 31, 2009).*

Mandatory enrollment projected for Feb. 1, 2009 means that:

- In HUSKY B, ~10,000 Anthem members would need to choose a new plan with default into one of the 3 plans depending on their network adequacy at that time.

- HUSKY A: based on current (11/6) enrollment ~ 193,270 Anthem plus FFS members need to be moved into one of the 3 plans or FFS (there are 39,202 FFS and 154,068 members as of 11/6/08).

Mr. Walter said that coordination of care with the HUSKY health plans and the service carve-outs is critical during this transition period and appreciates this subcommittee's attention to these issues.

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

Heather Gates summary of the Subcommittee activities included:

- November 25 meeting will be a forum for Extended Day Treatment (EDT) providers with a presentation by Bert Plant (DCF) on the proposed EDT program changes.
- Consumer focus groups will take place in Nov. with at report on the group findings January 2009.
- The IICAPS consultant report will be available December 2008.

Mr. Walter stated both the DCF and Provider Advisory SC will be involved in any EDT changes with the DCF SC focusing on BHP and DCF grant funding and the Provider SC on changes in the level of care criteria.

Provider Advisory SC: Chair Susan Walkama

23_hour_obs_summary.doc

Susan Walkama reviewed the level of care criteria for BH 23-hour observation bed care that had been sent to the Council for review one week prior to this meeting. This service, often provided in the Emergency Dept (ED) is used bill for these services.

Council Motion: Susan Walkama made a motion, seconded by Sharon Langer to approve the 23-hour level of care guidelines.

Discussion points:

- ✓ Service requires prior authorization. ValueOptions has a call access line, connection with a clinician, for after hours and weekend authorization of BH services.
- ✓ Service reimbursement: Dr. Schaefer stated the reimbursement is 80% of the per diem hospital rate. This rate was established in 2006 as a temporary rate until the guidelines were approved. These rates were updated along with the other BHP rates and there will be retroactive final rates. Dr. Larcen stated the rates for this service need to be discussed because the first day of inpatient services tend to have the highest cost (i.e. labs, evaluations, etc).
- ✓ Dr. Schaefer clarified that the 23-hour observation bed care can be available in hospitals with or without inpatient psychiatric services. A hospital without child psychiatric inpatient services could contract for psychiatrist services for the patient.

Council Action: unanimous approval of the motion to approve the level of care guidelines.

Operations – Co-Chairs: Lorna Grivois & Stephen Larcen

Dr. Larcen described three areas covered in the 10-17 meeting:

1. Updated timely filing edits for claims – the waiver period for timely filing is now extended thru Feb. 1, 2009.
2. Percentage of unpaid claims (paid claims average about 70%) reports have been delayed and the SC urged DSS to develop reports for the Subcommittee. Current DSS focus is on Third Party

Liability (TPL) delays and recoupment payment errors. Elizabeth Collins reported that data related to these claims have been submitted to DSS to assist in resolution of the problems.

3. Providers have been asked to submit data on their recent experience collecting commercial client co-pays/cost share in order to evaluate the impact of the Charter Oak cost share on behavioral health partnership providers. Eight providers have sent data to the SC Co-Chair.

Mr. Walter identified several items for the ***December BHP OC agenda*** that include:

- ✓ EDT program and care coordination.
- ✓ Emergency Mobile Psychiatric Services (EMPS) update including the 211 call system

Behavioral Health Partnership Report *(click icon below to view data presented)*

BHPOC Presentation 11-12-08-D.ppt

Highlights of the report and Council questions and comments included the following:

- ***HUSKY enrollment*** (first slides) increased by 5000 in Oct. 2008 while HUSKY B enrollment decreased between August and Oct. DSS is reviewing reasons for the latter enrollment decline.
- Are there ***differences in BH services for HUSKY FFS*** clients compared to MCO clients? Dr. Schaefer stated there are not differences in services or reimbursement for FFS VS MCO clients. In general, HUSKY A FFS clients lose the customer services available in MCOs and the CT Medical Assistance Program (CMAP) may have fewer providers to service families.
- Is there ***ongoing DSS communication with members*** during changes in the transition plan? DSS stated notices are sent out to Anthem/FFS members when the landscape changes.
- Is the ***Primary Care Case Management (PCCM***) pilot being implemented during the HUSKY mandatory enrollment period? DSS stated the pilot is expected to be ***implemented Jan. 1, 2009.***
- ***Charter Oak Health Plan (COHP***):
    - Enrollment, currently at 2,307 members, is projected to reach 6000 enrollees in Dec. 2008.
    - COHP BH range of expenditure estimates by DSS was a high of ~$25 PMPM to low of ~$17 PMPM while the MCO projected range was a high of ~$21 PMPM and low of ~$18 PMPM. The estimate ranges include pharmacy and BH services.
    - The financial analyst used expenditures by service type across COHP income bands (*the bands are used for determining member cost share, not program eligibility).* CTBHP/ValueOptions administration of BH services in COHP will be the same as BHP program (i.e. timely access to care, medically appropriate services). The estimate of COHP members that use BH is about 5000, too small a number to make utilization assumptions in the analysis.
- **Quarterly Reports routine adult/child outpatient services** were reviewed. Dr. Schaefer noted there were modest gains for Enhanced Care Clinics (ECC) number of recipients served and independent practitioner numbers also increased. Sherry Perlstein asked if claims would show longer client stays leading to > services provided VS > number of clients served. Dr. Schaefer stated this data will presented to the Quality Subcommittee in November.
- **Residential Treatment Centers (RTC):**
    - Management by ValueOptions and DCF in place with full implementation 8/08 of tying claims to authorizations.

- Concurrent review is done every 30 days and looks at ongoing medical necessity, treatment planning, staffing in RTC. DCF schedules regular onsite visits for DCF out-of-stated children; plans to incorporate out-of-state CTBHP/VO onsite reviews.

- SFY 09 Performance Initiatives updates:
  - ***Hospital average length of stay (ALOS***) ($300,000): 3Q 08 performance review meetings are being scheduled; preliminary data suggests ALOS is improving. DSS expects to have more information in December.
  - ***Psychiatric Residential Treatment Facility (PRTF)*** initiative ($140,000) initial focus is on process measures incorporating Focal Treatment Planning. Outcome measures will include ALOS changes. Mr. Rodriquez stated the reduction in LOS and impact on PRTFs needs to be looked at. Council suggested further discussion on the PRTF initiative at the December meeting.
  - ***Hospital ED initiative ($400,000)*** goal is to improve triage and use of community services including EMPS. The performance dollar pool is limited at about $30,000 per hospital and there are 6 EMPS teams per 30 hospitals. A task force is being formed with the first meeting scheduled on 11/24/08. Maureen Smith asked if there are plans to involve HUSKY parents in the task force. Dr. Schaefer stated he would discuss this with CT Hospital Association.

In response to other questions about this initiative – Dr. Schaefer outlined the three-fold purpose of the hospital/EMPS memorandum of understanding (MOU):

- ✓ Profile ED clients: EMPS can assess client risk, and where appropriate reduce volume of children referred to the ED.
- ✓ Maximize use of appropriate level of diversionary services in the community for the lower risk child.
- ✓ EMPS is a disposition resource for both the hospital ED and the child "stuck" in the ED.

Other Business

Steve Larcen asked DSS when the SFY09 BHP rate adjustment will be available. Dr. Schaefer expects to present this at the Dec. 10 BHP OC meeting.