

## BHH Designated Provider Agency Implementation Session April 7, 2017 • 1:30pm – 3:00pm Beacon Health Options, Crandall Room, 4<sup>th</sup> Floor



Attendees: DMHAS (Jessica DeFlumer-Trapp, Lauren Staiger); BHcare (Sandy Lombardi, Alex Kosakowski, Pat Curley); Bridges (Dawn Silver-DeAngelis, Trish Kramer, Valerie Mallard); CHR (Donna Wertz); CMHA (Lisa Daley); CMHC (Nancy Watsky); CRMHC (Kristen Russell, Judy Moran-Lounsbury); Rushford (Jennifer Williams, Matt Wall); Sound (Enrique Juncadella, Bryan Trapp); SWCMHS (Dorothy Washington, Anthony Cretella); United Services (Lori Behling, Jennifer Rossi); WCMHN (Arlene Arias); ASO (Bonni Hopkins, Amy Miller, Denise Roberts)

Call-In: SMHA (Karen Butterworth-Erban); WCMHN (Jocelyne Karam)

- 1. Introductions
- 2. Provider Spotlight-BHcare
  - a. Agency discussed new and creative ways to increase their BHH enrollment number
    - i. After filtering out those already enrolled or declined from BHH eligibility list, only a handful of new names are left
    - ii. How to approach outside clients:
      - 1. Educate community organizations
      - 2. Integrate into primary care
        - a. Choose community PCPs based on highest number of BHH referrals. Only downside is not sure how many clients will end up being BHH eligible.
      - 3. Be program-specific during outreach
  - b. Other methods to increase BHH enrollment
    - i. Send list of new intakes to ABH to check eligibility
    - ii. Reach out to substance use providers in the community
    - iii. Build relationships with hospitals
    - iv. Attend community healthcare events
    - v. The Coordinated Access Network Channels
    - vi. Crisis workers
    - vii. Jessica can provide number of BHH eligible clients at DMHAS-funded organizations if emailed a request
- 3. Highlights from NATCON
  - a. Some out-of-state providers administer the PHQ-9 during every office visit. This is done to track patient progress
  - b. The conference revealed that the process for reimbursement for services is changing
  - c. There was a lot of positive feedback for the CT Behavioral Health Homes
  - d. If anyone still hasn't seen the NATCON17 BHH poster, it will be available for viewing through the end of the year at <a href="http://bit.ly/2ctbhhnatcon17">http://bit.ly/2ctbhhnatcon17</a>
- 4. Billing
  - a. Reminder about missing data reports, Lapse in Medicaid report, and scrub report as tools for ensuring services provided are billable.

- b. Reviewed DSS CTMAPS screenshots to illustrate what it looks like if clients are QMB or dually eligible. If a provider finds a client with full active Medicaid (not QMB) and Medicare, they should notify ABH to investigate further.
- c. Reminder from Jessica that enrollment and services have been going down over the last few months. Providers mentioned some reasons why:
  - i. Less staff
  - ii. High drop rates (cleaning up Medicaid and BHH payor IDs)
  - iii. Focusing on all areas (enrollment, services, reporting, etc)
  - iv. Nurses more integrated into client care-backs things up

## 5. Citrix/Tableau

- a. Anyone that submitted a form late will be getting access soon
- b. Six training days being provided in the last two weeks so this month, at two locations. Everyone encouraged to attend.
- c. Users who do not log in at least every 30 days will have their account deactivated.

## 6. Other

a. DMHAS hoping rosters will be out within the next couple of weeks

## 7. Upcoming Meetings

- a. April 21<sup>st</sup> IS & LC-BHH Policies and Procedures CRMHC 500 Vine Street, Hartford BRING YOUR POLICIES AND YOUR POLICY THINK TANK
- b. May 5<sup>th</sup> Implementation Session Beacon Health Options 4<sup>th</sup> Floor, Crandall Room 500 Enterprise Drive