



**BHH Designated Provider Agency
Implementation Session**
July 20, 2018 1:30pm to 3:00pm
Beacon Health Options
4th floor- 500 Enterprise Drive, Rocky Hill



Attendees: BHcare (Carrie Ann Liddel); Bridges (Trish Kramer, Valerie Mallard); CHR (Donna Wertz); CMHA (Amanda Stango, Lisa Daley); CMHC (Donna Blake, Karsten Olsen); CRMHC (Kristen Russell, Judy Moran-Lounsbury); InterCommunity (Colleen Mastroianni); Rushford (Kimberly Whipple); SMHA (Jesus Silva, Tracey Edwards, Monique Allgood); SWCMHS (Anthony Cretella, Victoria Hoey); United Services (Holly Fish); WCMHN (Ellen Severn)

Call-In: CHR (Courtney Sheehan, Susan O’Connell); RVS (Anne Ntate); WCMHN (Arlene Garcia, Rose Fogelman)

Absent: Sound Community

1. DSS Project Notify

Guest Speaker: Minakshi Tikoo, Director, Business Intelligence & Shared Analytics

a. Background

- i. ADT – stands for admissions, discharge and transfer. Hospitals already have this information and are submitting it to DSS. With the ADT system DSS receives information about Medicaid members’ hospital status.
- ii. An “ADT alert” is sent in real-time to a care coordinator or a primary care physician (PCP).
- iii. Has been used to help manage the care of patients.
- iv. CT’s system has been up and running since 02/04/18; started with Yale Hospitals, with Hartford Healthcare Hospitals starting soon.
- v. ADT alerts are transmitted for the purposes of treatment, payment, and health care operations, as permitted under §45 CFR 164.506 of HIPAA.
- vi. Currently, 48 states are doing this/using something comparable.

b. Purpose

- i. Improves management, care and transition of patients
- ii. Want to support patient networks outside of PCP to be notified of the patient’s status
- iii. The focus is on preventable readmissions
- iv. Alert is designed to increase likelihood that follow-up action will be taken by receiving provider

c. Process

- i. Providers can contact Minakshi Tikoo, Director, Business Intelligence & Shared Analytics, to begin the implementation process; PNP BHH providers may contact Minakshi directly and State Operated BHH providers will work thru Alyse.
- ii. There are several ways to receive notification. Did not want people to break their work flow to get the message.

- iii. May have to meet with EHR vendor to include data properly in EHR.
 - iv. While training can occur immediately, an agency's feed cannot go live until they sign the Provider Addendum found on the website:
<https://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Project-Notify>
 - v. Providers then have to submit their rosters that will be used by the engine for appropriate alerting.
- d. Beacon's experience with system
- i. Beacon currently uses Project Notify for Adult ICM teams. Supervisors have access and break it out to give to the appropriate staff members.
 - ii. Teams have found it very helpful in improving care coordination and outreach.
 - iii. Has been used to get more up-to-date contact information for clients.
 - iv. Don't know how they were managing the ICM population without it.
 - v. Very user-friendly.
- e. Questions
- i. Does a client need to give consent?
 - 1. DSS is not getting patient consent because it is covered under the concepts of care coordination and delivery of service. That is the umbrella DSS uses.
 - 2. Some agencies may decide to get consent on a per agency basis. May be better to have consent for this population.
 - ii. Are there any HIPPA violations with receiving information via email?
 - 1. DSS uses direct protocol encrypted, which is a HIPAA compliant system. The direct message goes to this encrypted account. The email received just notifies you that you have a message to view.
 - iii. Does it include treatment for substance use?
 - 1. No, that is protected; substance use disorder data is not transmitted through the ADT notification system.
 - 2. The diagnosis is blank for these clients. However, you should not assume that all blanks mean a client has a substance diagnosis because there are other reasons the system might leave the diagnosis field blank.
 - iv. Can you use for Non-BHH clients?
 - 1. Yes, as long as a client has Medicaid – even dual-eligible clients – providers will be able to receive information on their hospital status.
 - v. Is there a chance to ever add Medicare clients to the system?
 - 1. It is not impossible for DSS to add Medicare clients to the system at this time. If providers would like to add Medicare client to their ADT roster, agency needs to send a letter to DSS. DSS will then send a letter to CMS to start the chain of approval.
 - vi. How often should rosters be updated?
 - 1. At a minimum DSS says to do it monthly, but they leave it up to the agency. Some people have changes that occur quite often, so they have to update their list more frequently and that is okay.

- vii. Do agencies just send in the changes, or should they send in a completely new roster?
 - 1. You can send in a new file and DSS will just delete the old file. There will be more flexibility once EMPs and provider registries are in place.
- f. Other comments
 - i. DSS has developed a way to measure usage. The hope is that providers and state agency work to develop process to successfully monitor system.
 - ii. Currently has Yale New Haven and Bridgeport Hospital. In the testing stage with Hartford Hospital. The hope is that Saint Francis and Children Medical will join next. Once these hospitals are added, 70% of CT's hospitals will be included in the ADT feed.
 - iii. Can help with HEDIS measures and compliance.
 - iv. Has potential to improve overall patient care.
 - v. When deciding who should be included in the roster, think about agency, workflows, and how this program will be implemented. If you are technically and resourcefully able to implement throughout entire agency then you can, but you might want to start small if you do not have the resources to include your entire population in the roster.

2. DMHAS, ASO, and Provider Updates

- a. DMHAS
 - i. Billing
 - 1. RMTS/TCM training is scheduled for Friday, August 17 from 9am-12pm at CVH in Lee Auditorium in Merit Hall. Agencies should contact Ryan Grealis to confirm number of attendees at ryan.grealis@ct.gov.
 - 2. Any questions should be directed to Lauren Staiger at lauren.staiger@ct.gov or Ryan at the email above.
 - ii. Consumer Satisfaction Survey
 - 1. Kate Parr shared SFY18 BHH Consumer survey results summary data with attendees.
 - 2. 1,624 surveys were collected.
 - 3. Overall, BHH clients are as satisfied as the participants of the 2017 DMHAS survey on accessibility, appropriateness of services and participation.
 - 4. BHH clients are less satisfied than participants of the 2017 DMHAS survey in terms of satisfaction with outcomes, recovery, and respect.
 - 5. Providers can refer to the BHH Consumer Survey Results SFY18 PPT for more information on summary data.
 - iii. DMHAS Outpatient Claims and FUH Outcomes Measure (Handout)
 - 1. Since DMHAS is able to include Outpatient claims in this outcome measure, the percentages on the HEDIS outcome dashboard for most state-operated agencies have increased.

- b. ASO
 - i. Staffing – Jennifer Goodwin is the new BHH Director of Analytics at Beacon Health Options

3. Upcoming Meetings

- a. No August meeting
- b. 9/7/18 BHH Picnic – 12pm – 2pm
Sullivan Pavilion – CVH – Silver Street, Middletown
- c. 9/21/18 IS and Learning Collaborative – location and Topic TBD