



**BHH Designated Provider Agency
Implementation Session**
April 27, 2018 1:30pm to 3:00pm
Beacon Health Options
3rd floor- 500 Enterprise Drive, Rocky Hill



Attendees: DMHAS (Alyse Chin, Kate Parr, Lauren Staiger, Lenore Kuhn); BHCare (Crystal Cochrane, Carrie Liddel); Bridges (Dawn Silver-DeAngelis, Trish Kramer, Valerie Mallard, Deb Soracco); CHR (James Morro, Donna Wertz); CMHA (Chris Porcher, Lisa Daley, Anna Vitale, Amanda Stango); CMHC (Nancy Watsky, Donna Blake, Karsten Olsen); CRMHC (Kristen Russell, Pam Hebert); InterCommunity (Colleen Mastroianni); Rushford (Kimberly Whipple); RVS (Anne Kiwanuka); SMHA (John Connor, Syed Masood Asghar, Heidi Potter, Denyce Thomson); Sound (Jaimi Vann, Lucy Rivera); SWCMHS (Anthony Cretella, Victoria Hoey); United Services (Holly Fish); WCMHN (Ellen Severn); ASO (Bonni Hopkins, Jeannie Wigglesworth, Qiyao Zhang, Amy Miller, Denise Roberts)

Call-in: SMHA (Monique Allgood); WCMHN (Jocelyne Karam)

1. Introductions

2. DMHAS, ASO and Provider Updates

- a. TCM and BHH re-enrollment
 - i. Lauren Staiger received 4 applications so far. Received the following updates on applications not yet received:
 1. InterCommunity – Colleen Mastroianni already contacted Lauren in regards to the re-enrollment
 2. CMHA – Received the letter
 3. Rushford – Valerie Walton sent to billing department.
- b. Consumer Satisfaction Survey
 - i. Over 500 completed surveys – much more than previous years
 - ii. FAQs indicates sample sizes needed
 - iii. Spanish version of survey is on the DMHAS website
 - iv. Providers should select the program in which the client is receiving services because the BHH survey counts for the DMHAS consumer satisfaction survey
- c. BHH Provider Activities Survey
 - i. Providers responded quickly to the survey
 - ii. Almost all agencies provide health and wellness activities
 - iii. Everyone offered nutrition activities
 - iv. Information used for NATCON18 poster presentation
- d. NATCON18 BHH Poster
 - i. Bonni Hopkins reviewed contents of the NATCON18 BHH poster with attendees
 - ii. Information included on the poster: activities survey results, LOB display posters, I Am a Whole-Person video, BHH background, data and reporting resources, and purpose
 - iii. BHH poster stood out at the conference because it was very person-centered
 - iv. CT unique because there is not one model for the BHH initiative
- e. Tableau Navigation Dashboard
 - i. Designed to give providers information on all available reports. Will assist providers in understanding what reports are available and when to use the reports, along with providing an easy way to navigate to all from one page.

- f. Daily medical inpatient report also available in Tableau. Amy Miller sent out an email on Tuesday, April 24.

3. Medicaid and BHH Insurance Payors

- a. CT Department of Social Services Medical Assistance Program (CTDSSMap)-is used for checking client Medicaid eligibility. Reviewed a few important things:
 - i. Access:
 - 1. There is a designated master user per agency who can add other users who need to check Medicaid eligibility
 - 2. To add other users, master user can click account → clerk maintenance → add user
 - 3. It is advised users set up security questions to reset password
 - ii. Medicaid Eligibility Checks:
 - 1. To check if a client has active Medicaid, users only need access to the “Client Eligibility Verification” page
 - 2. Using social security number or Medicaid ID and date of birth is the easiest way to search for someone, using names isn’t usually successful
 - 3. Must check eligibility on a month-to-month basis. Cannot check for an entire year or multiple months at a time.
 - 4. CTDSSMap allows users to see if a client is on most DSS waivers and if the client has QMB
 - iii. There are times when syncing between CTDSSMAP and DSS’s Impact database is off, resulting in different results for Medicaid status. Providers can keep a record of verification codes, as verification of the status seen when checking. Some providers do this already in case a client’s claim does not go through.
- b. Qualified Medicare Beneficiary (QMB)
 - i. QMB is a Medicaid Savings Program that allows Medicaid to cover deductibles, copays, etc. for Medicare covered services
 - ii. Discussed possibility that people are opting for QMB because it is a shorter application. Unfortunately, some clients can lose some of their benefits such as dental.
 - iii. QMB clients should have the regular BHH Medicaid insurance payor.
 - iv. Clients who have lapses in QMB coverage, or those who are off and on QMB, do not need to be unenrolled. QMB clients need to be unenrolled from BHH after six consecutive months of being on QMB.
 - v. Reviewed what QMB looks like in CTDSSMAP.
- c. Waivers
 - i. Reviewed what DSS waivers that appear in the CTDSSMap system look like. DSS waivers include:
 - 1. Home Care 1915i Case Managed Waiver
 - 2. Home Care Community Based Case Managed
 - 3. Acquired Brain Injury (ABI)
 - 4. ABI II
 - 5. Connecticut Home Care Program Limited
 - 6. Personal Care Assistant Waiver

- ii. The mental health waiver and the DDS waivers do not appear on CTDSSMAPs, although a client might be on one.
 - iii. Waiver clients must have the BHH Waiver insurance payor when they are on a waiver.
 - iv. Clients on a waiver have Medicaid benefits. Therefore, there is no need to un-enroll waiver clients after 6 months, as is done with QMB.
 - v. DMHAS will only bill psycho-education services face to face and group, in the office location, and psycho-education by phone.
- d. Other
- i. MRO group homes-clients should not be enrolled in BHH (unless they are receiving assistance to discharge).
 - ii. DMHAS group home clients (that DMHAS is paying for) can be enrolled, with the regular BHH Medicaid insurance
 - iii. Clients who receive service codes that count under BHH, but are not BHH clients, will appear on Missing Data report. This doesn't necessarily mean there is an error.

4. Upcoming Meetings

- a. 5.02.18 – 1pm-2pm Webex
- b. 5.18.18 – 1:30pm-3:00pm Implementation Session – Beacon Health Options