



Executive Director's Meeting

April 5, 2017

CBH Updates

- Provider Communication
- Extrapolation
- EBP Program Designation
- Opioid Epidemic:
 - Treatment Capacity Surveys
 - Narcan Policy
 - Halfway House with MAT
- Pay-for-Performance Unblinded Results
- Pennsylvania Health Access Network (PHAN) and Insurepa.org

Provider Communication

Provider Communication

Includes:

- All content posted to the Provider section of the DBHIDS website, including but not limited to:
 - Bulletins
 - Notifications
 - Performance Standards
 - Provider Manual

- All CBH News Blasts

Bulletins and Notifications

Previous Process

- Once a Bulletin or Notice was posted, a CBH News Blast (the provider list) was sent summarizing the contents of the posting.
 - This was resulting in multiple emails being sent, sometimes in one day, to the Executive Directors at providers.
 - This was also likely keeping some providers from relying on the website as their primary source of CBH announcements.

New Process

- We are now sending only two blasts per week, summarizing the recent website postings.
- This will hopefully prompt increased use of the website and reduce the number of emails providers receive.

CBH News Blasts

Previous Process

- Used to consist of two address lists:
 - Provider Executive Director list that we managed and updated
 - 900+ stakeholder list – comprised of individuals who sign up the DBHIDS website.
 - Challenges with the previous process: 1- confusion between the two lists and individuals not being sure which list they should sign up for. 2 - Providers have not had the option of who and how many people at their agencies receive blasts.

New Process

- We will now use one list.
- Everyone on this list will be added by self-request on the website.
- While we will retain our 900+ email list during this transition, we will stop using the provider list. This will give providers control from the beginning about who is added to the Blast recipient list.

CBH News Blasts

- Providers, CBH Staff, and Stakeholders **must sign up** for News Blast on DBHIDS website: <http://dbhids.org/providers-seeking-information/community-behavioral-health/>
- The sign-up process requires the following information: your first and last name, organization's name, and your email address.
- If you do not receive an email within 2 weeks of subscription, please email Network Development at cbh.ndtechnicalassistance@phila.gov for assistance.

Extrapolation

Extrapolation

- In May 2016, a Bulletin was released announcing that CBH would begin to use extrapolation of results with large targeted compliance audits.
- Targeted audits are conducted based on a tip or data mining effort that suggests a potential billing/compliance problem.
 - Large audits are those with the total claim lines involved in the audit at 501 or more.
- *A follow-up notice is forthcoming that will provide additional details regarding the methodology that will be utilized.*

Extrapolation

- CBH will follow CMS auditing principles in deciding which audits will utilize extrapolation.
- CBH will utilize Rat-Stats to complete audits requiring extrapolation.
- Initial auditing will begin in the coming weeks:
 - Targeting day of discharge billing for inpatient services
 - Collateral therapy
 - Use of clock times
- Compliance staff will return to provider groups, such as the Alliance and Coalition, for follow-up presentations and trainings.
- **Training Requests or Questions:** contact the Compliance Department or Provider Relations Representative.

Evidence-Based Practices Program Designation

EBP Program Designation

- A mechanism to recognize providers that are supporting high-quality, sustainable EBPs
- The **goal** of the designation is to:
 - To identify and roster providers that are implementing and sustaining high-quality EBPs
 - To increase referrals and engagement for individual who could benefit from EBPs
 - To create a mechanism for tracking, monitoring, and incentivizing EBP delivery
 - It will also create a set of standards that will guide programs who are implementing EBPs and for those who would like to develop new EBP programs.

EBP Program Designation

- Will require agencies to:
 - Demonstrate how they have received expert training and consultation on the model
 - Identify EBP referral process
 - Implement mechanisms, such as supervision, to support the model.
- Launch timeframe: spring /summer 2017
- *Announcement about the online application process is forthcoming.*
 - Questions can be directed to EPIC – epic_dbhids@phila.gov

Opioid Epidemic:

Treatment Capacity Survey; Naloxone Policy; Halfway House with MAT

Daily Inpatient Bed Availability and Substance Use Disorder Treatment Capacity Survey

- The Inpatient Bed Availability and Substance Use Disorder Treatment Capacity Survey is a secure, cloud-based survey that was developed to collect, aggregate, and review data on the availability for in-network facilities on a daily basis.
- Effective **February 20, 2017**, all psychiatric inpatient and substance use providers were required to begin using the surveys on a daily basis, with the expectation to submit the surveys by **noon** each day.
- Initial Bulletin announcing this requirement was released on November 3, 2016.

Daily Inpatient Bed Availability and Substance Use Disorder Treatment Capacity Survey

- CBH is seeking real time data regarding treatment and the survey is intended to capture providers' best estimates of current availability.
- Webinars have taken place and the DBHIDS website also includes steps to take to complete the survey.
- *It is essential for all providers to complete the surveys by noon on a daily basis, as this provides us with accurate information on the daily assessment of the network capacity and access to treatment for our members.*

Naloxone Policy

- In August 2016, CBH released a Provider Bulletin for the on-site Maintenance, Administration, and Prescription of NALOXONE.
 - This Bulletin went into effect on **October 1, 2016**.
- **Intent:** to provide persons receiving any level of behavioral health treatment services in Philadelphia with immediate access to emergency treatment for an opioid overdose and access to appropriate medical and behavioral health treatment.
- The Bulletin clearly outlines the expectations for all levels of licensed and CBH and BHSI contracted behavioral health service providers.

Naloxone Policy

- If you haven't already submitted your organization's policy, please immediately send it to Natalie Charney at Natalie.charney@phila.gov.
- Once the policy is accepted, program adherence will be monitored through NIAC.
- Resources can be found in the Bulletin.

Halfway Houses and MAT

- Effective June 1, 2017, ALL CBH in-network providers who contract for halfway house (2B) level of care will be required to accept individuals on all forms of Medication Assisted Treatment (MAT).
 - This includes, but is not limited to, vivitrol, buprenorphine, methadone, or any other medication approved by the FDA for the treatment of a substance use disorder.
- Goal: to increase access to this level of care for individuals with opioid use disorder receiving prescribed medications to treat their condition. This is also upholding these consumers rights related to antidiscrimination under the ADA.

Halfway Houses and MAT

- This will dramatically increase access to this level of care for individuals stabilized in detox and rehab and it is an essential part of the continuum of services available to CBH members struggling with addiction to alcohol or other drugs.
- Providers will need to update their medication control policies and procedures, per DDAP regulations.

Medication Assisted Treatment Resources

1. <https://www.thenationalcouncil.org/MAT/>
2. www.overdosefreepa.pitt.edu/education-toolbox/medication-assisted-treatment-mat-2/
3. lac.org/wp-content/uploads/2016/02/Myth-Fact-for-MAT.pdf
4. lac.org/wp-content/uploads/2014/07/LAC-The-Case-for-Eliminating-Barriers-to-Medication-Assisted-Treatment.pdf
5. store.samhsa.gov/shin/content//SMA16-4892PG/SMA16-4892PG.pdf
6. www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24
7. eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece

MAT Consumer Rights

1. [www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Know Your Rights Brochure_0110.pdf](http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Know_Your_Rights_Brochure_0110.pdf)
2. lac.org/resources/substance-use-resources/medication-assisted-treatment-resources/

Pay-for-Performance: Unblinded Reports

Reporting Unblinded Results

- Phase One:
 - Pay-for-Performance (P4P) results will be submitted to the agency Executive Directors/CEOs.
- Phase Two:
 - Pay-for-Performance (P4P) results will be available to the public on the DBHIDS website.
- Both phases include input from internal and external stakeholders about content and appearance of results.
- Providers are encouraged to share their unblinded results with their Board of Directors.

Pennsylvania Health Access Network and Insurepa.org

Pennsylvania Health Access Network (PHAN) and Insurepa.org

- Organizing a statewide effort to protect all Pennsylvanians' access to affordable, high-quality healthcare coverage, preserve life-saving consumer protections, and ensure Medicare, CHIP, and Medicaid remain available for those who need them.
- By telling stories about what has been gained under the Affordable Care Act, you help put a face to how everyday people will be impacted by the threat to repeal the Affordable Care Act and dismantle Medicare and Medicaid. *Legislators have recognized the serious Opioid crisis in our state and Insurepa.org is looking for stories of how individuals have benefited from substance use services.*
- Please share your story or help people who have benefits from services at your agency tell their stories at: <http://www.insurepa.org/share-your-story>.
- See examples of the stories they've collected at: <http://www.insurepa.org/lives-on-the-line>