

Behavioral Health Advisory Committee Meeting Minutes

February 2, 2024

10:00am

Walker Building Room 274/Remote option

In person attendees: Lynn Stanley, Peter Mason, Meagan Shae, Courtney Tanner, Sabrina Dunlap, Dr. Lefleur, Holly Stevens, Lindsey Courtney, Bernie Seifert (NAMI NH)

Remote attendee: Julie Wolter, Dr. Jorge Hernandez-Chaple, Kathryn Skouteris, Brooke Belanger, Christopher Kennedy, Katja Fox, Christopher Kozak, Emma Sevigny, Shira Irizarry, Kelley Capuchino, Roland Lamy, Marty Bolden, Michele Merrit, Krista Morris, Stefani Reardon, Shira Irizarry

NHID attendees: Commissioner Bettencourt, Michelle Heaton, Jason Aziz, Leigh Curtis, Jason Dexter, Keith Nyhan, Sandra Barlow, Jennifer Smith, Sarah Cahn (remote), Maureen Belanger (remote)

Summary:

Item	Description	Lead	Notes
I.	Opening Statement	Commissioner Bettencourt	The Commissioner welcomed attendees and remarked that the work we do is important to improve our mental health system.
II.	Presentation by NH Office of Professional Licensure and Certification	Lindsey Courtney	<p>Their office's purpose is to license people and enforce the laws. Licensure is typically a more restrictive form of regulation.</p> <p>There are several boards that oversee license types. With mental health, the newly categorized license types were already able to perform services under supervision of a licensed person. This is specifically for reimbursement purposes.</p> <p>The complaint process for OPLC: they receive complaint, review complaint, issue a response, then the board will decide next steps (proceed with adjudication, etc)</p> <p>Lindsey is seeing an increase in regulation related to reimbursement.</p> <p>Julie Wolter asked what happens when an unlicensed practice is investigated? Lindsey answered there is nothing to take away per se, but they can fine someone. They can also ask the Dept of Justice for an injunction. There can also be a criminal complaint.</p> <p>Michelle Heaton: are their education training requirements for new license types? Lindsey: yes, and allowing people to enter the field at a lower level (with different scope of services they able to provide), allows more people enter the field in a safe manner.</p>

			<p>Dr: Hernandez: What happens when if you have license in another state? Lindsey: the OPLC office confirms through such mechanisms as the National Practitioner Databank.</p> <p>A Clinical Mental Health compact was passed by NH, but it takes a while to stand up. A Social Worker compact has been drafted. A Physician Assistant compact is also pending.</p> <p>Compacts promote portability, and there is an argument in favor of it. But there is a question of if they are constitutional.</p> <p>Lindsey is happy to have further conversations and answer any follow up questions in the future.</p>
III.	Discussion re: Anthem's perspective on quality-of-care concerns/introduction of new BH provider licensure categories and BH network development	Dr. Richard Lefleur and Dr. Jorge Hernandez-Chaple	<p>Dr. Lefleur: the first step is you have to be licensed. Then it's a credentialing process, so requires board certification.</p> <p>Another piece is quality monitoring- looking at frequency of visits, codes, etc. This work can identify some flags. For both Medical and Behavioral Health, they can look for under or over coding.</p> <p>Discussed complaints when looking at quality.</p> <p>Lastly, Utilization Management is a real time analysis of what's going on with the member/provider interaction. Red flags are referred to quality team.</p> <p>Also important is understanding who is doing the service? A MH counselor in training needs 2 years of supervision. They can bill with a modifier. PA and NP can bill under a supervising provider.</p> <p>Shira: master level clinicians are now being reimbursed in the last year. They talked with provider community around quality, which led to that decision to move forward- with an eye to opening up access.</p> <p>Dr. Lefleur: they are promoting a new approach to BH care. Create the collaborative relationship between medical and BH providers to move the needle to a bundled reimbursement arrangement. We've seen improved quality of care with this model.</p> <p>Roland: in the mental health centers they are doing the work Dr. Lefleur described. Lots of case management.</p> <p>Michele Merritt: does Anthem have the ability to do site visits? What would they look at?</p>

			<p>Dr. Lefleur: not physical site visits but can audit for billing review. And also look out outcomes.</p> <p>Michele: what about complaints from a member?</p> <p>Dr. Lefleur: If provider was removed from the network, would go to case management. From there, the member is connecting with staff who can look for providers in the geographic area, specialty area and then help connect the member with that provider.</p> <p>Regarding urban vs. rural considerations, Dr. Lefleur indicated telehealth has helped with access to rural areas. Now we have to analyze outcomes with this. Anthem is continuing to build out the BH model.</p> <p>Sabrina highlighted the In Stride program that Anthem offers for kids up to age 22. It has a broad array of providers who perform telehealth services, and it has diverted a lot of kids from going to the ED. Anthem is excited about this partnership.</p>
IV.	Pending Legislation	Commissioner Bettencourt	<p>SB411: emergency MH health services to kids under 21. Goal of working group is to try to drill down into legislation to get an outcome that is actionable and will materialize and avoid additional legislation. NHID is bringing parties together to understand what the specific services are under the broad descriptions in the legislation. To make progress, we need to understand what the services are and then match to a specific CPT code. We are also doing a deep dive into Fast Forward program. Once we have gathered info, we would put it out as a department bulletin.</p> <p>SB561: Insurance Department has made great strides in working with the carriers. Discussed turnaround standards for Prior Authorizations, to ensure care and also not slow down the process of who is providing the PA. Also, it will give ability to request a peer-to-peer review before it's denied if it's a complex case. Commissioner Bettencourt noted it is building off concepts that are being implemented federally. Carriers will have a streamlined application and data requirements. We believe we have consensus from everyone.</p> <p>Some non-profit behavioral health organizations serving children are having a difficult time finding affordable</p>

			<p>liability insurance- or finding it at all. Many companies are scaling back their insurance offerings; however, these BH organizations must have those coverages.</p> <p>Senate Bill 462 might further harden this market. More to come on this.</p>
V.	Public Comment	All	<p>Kelley: regarding multiple services rendered in a day and commercial carrier reimbursement- generally speaking providers are limited to billing one service a day. It is not in the best interest of the patient/family to send them home only to return the next day to see a different BH provider. Kelley will ask the plans to consider this issue.</p> <p>Commissioner Bettencourt brought up SB235 intended to increase collaboration in co-located practices for BH and Primary Care practices. Julie Wolter wants to encourage education from carriers to be sure the bulletin instructions get put in practice.</p> <p>Julie: we have hosted an educational forum in the past to bring providers in to ask questions, and they are happy to do again. Or she can send out each carriers' policies.</p> <p>Commissioner Bettencourt advised her to please reach out directly to carriers and cc him on this.</p>

Next meeting: TBD