



***Behavioral Health Partnership
Oversight Council
Coordination of Care Subcommittee***

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Meeting Summary: October 31, 2007

Chair: Connie Catrone

Next meeting Wednesday December 19, 2007 at 2:30 PM in LOB Room 2600

September meeting summary was accepted.

CTBHP/VO Care Management Quarterly Report: Sandy Quinn



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Discussion highlights:

- The CTBHP/VO quarterly report contains the number of referrals to CTBHP/VO for co-management with the MCO for members with medical and behavioral health needs. Anthem reported that they referred 286 members to CTBHP during Jan 1 through October 26, 2007. Many referrals come from Anthem outreach calls to members where a ‘non-clinical’ Anthem staff will screen the member for behavioral health needs and when appropriate, Anthem will contact VO while the member is on the line or refer the member to CTBHP/VO for an evaluation for services. It was suggested that *future* CTBHP/VO reports include:
 - Total number of MCO BH referrals to CTBHP/VO and of those, referrals that are assigned care management in CTBHP/VO and co-management with the MCO.
 - Identify the percentage of MCO–referred members to CTBHP/VO that required BH services and were *connected to services*.
- Health Net uses a health risk questionnaire to assess a new member’s service needs (new members they are successful in contacting by phone). ValueOptions is working with Health Net to ‘fine tune’ their MH screening questions. Each HUSKY MCO uses a risk assessment form. ***The SC suggested:***
 - The MCOs work together to share their experiences with and about the effectiveness of their health risk assessment forms in identifying member service needs including case management.
 - Identify the impact of parental MH problems on the child’s health care needs. (*Quality Management SC will be receiving a report on HUSKY adult BHP service use. The outpatient registration form does have questions about other family members in treatment.*)
- Kimberly Sherman (CHNCT) described a case example of co-management by the MCO and CTBHP/VO. The member had multiple social, medical and mental health problems that were addressed through the co-management process. Connie Catrone thanked CHNCT for the presentation and asked to receive a future

follow-up on this member's (and newborn's) continued connection to care.

- DCF representative said that some DCF staff that work with children with medically complex needs are unfamiliar with the HUSKY MCOs' case management services. The SC suggested that DCF bring this to Dr. Wolman's (DCF Medical Director) attention; DSS and DCF will meet to consider this issue. Request an update at the Dec. 19th meeting.

HUSKY Pharmacy

- ✓ Mercer pharmacy study draft should be available to be shared with the SC at the Dec. 19th meeting.
- ✓ HUSKY MCO local pharmacy screen message for temporary supplies - update:
 - Anthem and Health Net have implemented their new messages.
 - WellCare reported at the last meeting that they planned to implement their changes December 1st, using November to assess quality assurance issues associated with the system changes. WellCare has done onsite training with high volume pharmacies in their network. DSS required the plan to implement the message change by November 1st. Mr. Diaz said the plan will do so but there is the potential for errors. WellCare was asked to update the SC with any identified problems/resolution of these at the Dec. 19th meeting.

HUSKY/Charter Oak Reprocurement RFI

The Request for Inquiry (RFI) can be found on the DSS website. www.ct.gov/dss, click on "Charter Oak prospectus". The RFI describes changes in service delivery as of July 1, 2008:

- A 'carve-out' of dental services in HUSKY A & B. Charter Oak dental coverage, not included in the carve-out, will be offered with additional member premiums.
- Pharmacy 'carve-out' in which all pharmacy services for HUSKY A & B and Charter Oak would be included in the Medicaid fee-for-service preferred drug list (PDL) that is managed by a pharmacy administrative service type entity. Under the Medicaid PDL psychotropic medications and certain HIV drugs are exempted from the PDL process. There will be a linkage of HUSKY pharmacy claims data with the managed care plans.

Subcommittee recommendations:

- ✓ Establish a BHP OC and Medicaid Council "transition" work group that can identify issues specific to these changes and coordination of all the member's services. Connie Catrone will discuss this with the BHP OC Co-chair Jeffrey Walter. Sheila Amdur and Sharon Langer offered to organize and co-chair this transition work group of BHP OC and Medicaid Council representatives.
- ✓ Connie Catrone requested DSS consider exempting DCF children from the PDL process in the 'carve-out' as there is consistent medical oversight through the DCF Centralized medical unit. DSS stated the DCF and DSS Commissioner will be asked to discuss this further.

Other

Connie Catrone will discuss with the BHP OC Executive Committee the potential areas of collaboration of the BHP OC and the state wide Health First Authority and Primary Care Authority (task forces that will bring a report to the Legislature Dec. 2008 about CT health coverage and access to primary care).