



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

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“This subcommittee will work with the DSS and the (four) HUSKY plans to identify and monitor key issues in assuring close coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of the health plans. These include primary care, specialty care, pharmacy, and transportation.”

Meeting Summary: **April 23, 2008**
Chair: Connie Catrone

February Meeting Summary: accepted without change

Medicaid & HUSKY Transportation

General comments from DSS:

- There currently are 3 transportation brokers for CT Medicaid:
 - CTS: CHNCT HUSKY and SAGA members
 - First Transit: Medicaid FFS & HUSKY FFS in a designated geographic area
 - Logisticare: Anthem BCFP (HUSKY) and Medicaid & HUSKY FFS
- Local drivers, under contract with a transportation broker, may participate with more than one broker.
- All transportation brokers have a dedicated line for clients to call about no-show or late show pickups. Members can call the broker immediately with concerns, complaints and if the member is unhappy with the resolution of issue, they can 1) call their managed care customer service or 2) contact Mr. VanderBaan (DSS) for Medicaid & HUSKY FFS problems.

Connie Catrone, Chair of the Subcommittee, brought forward several questions from the Provider Advisory SC respondents (4 clinics) in response to her query about transportation issues:

- ✓ Providers have been told transportation can be expedited within 72 hours, versus 48 hours identified in the transportation policy matrix. The Department was asked to clarify the policy:
 - An urgent transportation request is expedited within 48 hours: the broker will accept verbal confirmation from the provider regarding ‘urgency’ of the request.
- ✓ Securing ‘livery’ versus ‘public’ transportation services: DSS stated the Medicaid policy is: *transportation to the provider closest to the client’s address, using the least costly mode of transportation based on client need*. Approval of livery services rather than public transportation is based on provider documentation of medical need/transportation type requested.
- ✓ *How do DSS & the transportation brokers monitor local vendor performance?* Several monitoring processes were outlined by DSS:

- Transportation broker monitors performance of their local vendors & reports to DSS/managed care.
- DSS records incidence of direct complaint calls to DSS
- DSS generates a monthly Medicaid FFS report.
- Health plans follow up and monitor member transportation complaint calls to the plan.

The two transportation brokers discussed some of their proactive activities to minimize transportation difficulties:

- ✚ Logisticare has discussed their vendor monitoring in detail at previous meetings:
 - Vendors report to Logisticare member behavior (i.e. youth chooses to go to their appointment via other transportation - clinic & parent notified; member chooses to participate in another activity, missing scheduled appointment), no parent/adult on the premises when a young member is returned home: Logisticare said they will call the parent/guardian and if unable to make contact the vendor would bring client to police station.
 - Logisticare does on-site visits to clinics to assess & resolve issues with services.
- ✚ CTS provides services to the CHNCT and SAGA population. Dave White noted that many CTS local drivers have experience with transporting children with special needs for various boards of education and are sensitive to the needs of their clients.
 - CTS tells members, when they call for transportation services, to contact CTS if the ride is 5-10 minutes late so the company can respond with alternative transportation to help client make their appointment.
 - CTS will call the clinic to alert them that member will be late.
 - CTS performs 'spot' checks on local drivers with the provider relations team and random brief satisfaction survey of members after using a service.
 - CHNCT maintains a relationship with BHP and CTS has been calling clinics and will be doing on-site visits to discuss transportation issues with providers.
- ✓ Both Logisticare and CTS monitor local vendor performance and have terminated local contracts for recurrent problems. Both work with CTBHP/VO to identify and resolve issues.

Connie Catrone observed that most Bridgeport transportation problems seemed to be resolved and questioned of the process can be replicated elsewhere. Ann Phelan (CTBHP/VO) stated the VO regional network managers (RNM) have worked closely with the Bridgeport community collaborative to address transportation issues and apply this process to other collaboratives and regional areas.

The Chair suggested the BHP OC focus groups, being organized by Heather Gates, DCF Advisory SC, include two questions about transportation: 1) what has the participant's experience been with transportation services and 2) who would the member call for late or missed 'pick-ups'.

HUSKY Co-Management: ValueOptions Report *(Click on icon below to view report)*




MCO 1st Q
Slides.mco.4.23.08.p

Sandy Quinn (BHP/VO) reviewed the MCO/CTBHP/VO co-management for 4th Q07 & 1st Q 08.

Observation:

- Most of the referrals come from CHNCT to BHP/VO: CHNCT has the highest number of high-risk pregnancy referrals.
- Anthem, that has the highest member enrollment pre & post transition, has actually had a decrease in MCO to BHP/VO referrals; most referrals are internal(from BHP/VO to Anthem)
- Compared to previous reports, there was a decrease in overall referrals and high risk pregnancy referrals from the two exiting plans in 4Q07 & 1Q08. This raises the question of where these members are now enrolled (Anthem, CHNCT or HUSKY FFS) and appropriate connection of current and new members to health plan/ FFS and CTBHP/VO co-management services.
- CTBHP/VO will continue to track co-management, adding in new/current HUSKY FFS members (not carried over from departing plan) and is planning to assess co-management outcomes, perhaps focusing on adult (? pregnant) members.

Pharmacy Topics

 *The Pharmacist Perspective:* Connie Catrone invited pharmacists to attend the SC meeting to describe their experience with the HUSKY pharmacy ‘carve-out’. The pharmacists in attendance have independent pharmacies, one in an urban setting in which 99.2% of the customers are insured with 60% Medicaid as the payer source and one in a suburban setting. Their experience with the *HUSKY pharmacy carve-out* to the DSS Preferred Drug List (PDL) has been very positive despite some initial system change implementation “glitches”.

- The PDL system rules are more flexible for both customers and the pharmacies.
- Pharmacists can obtain answers to questions more quickly than from managed care.
- HUSKY program 30-day temporary supply is not an issue for the independent pharmacy and the pharmacists noted infrequent (about 2-3 time/M) problems for the non-mandated 5-day supply for non-HUSKY Medicaid FFS members.
- The April 1, 2008 partial implementation of the federal law on “tamper-resistant prescription pads” with the full requirement taking effect Oct. 1, 2008 will impact Medicaid members (law only applies to Medicaid) while providers secure the appropriate pads, etc. Local pharmacies’ Medicaid reimbursement would be at risk for scripts not in compliance with the federal law provisions. Find this DSS provider bulletin at www.ctdssmap.com PB 2008-12.

Mercer Pharmacy study: Upon completion of DSS internal review of the draft Mercer report, the report will be distributed. DSS will talk with Mercer to schedule a phone conference for May 28th meeting.

Subcommittee Co-Chair

Connie Catrone, Chair, announced Sharon Langer, a member of the BHP OC has agreed to be Co-Chair of the Subcommittee. All but one BHP OC SC has a Co-Chair. Ms. Catrone announced that she may not be able to continue on the Council as the SBHC representative beyond June 2008 if the Bridgeport City Council de-funds the municipality’s contribution for School-based Health Centers as part of the City’s attempt to deal with budget deficits. If this occurs, SBHCs, a critical part of the safety net provider system, may not continue in Bridgeport. For now, Ms. Catrone will continue to chair the SC with Ms. Langer.