

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

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*The Subcommittee will work with DSS, DCF, ValueOptions and the HUSKY plans to identify and monitor key issues in ensuring coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of DSS/ health plans. Health Plan responsibility includes primary care, specialty care and transportation services. DSS is responsible for pharmacy services starting 2/1/08 and dental services 9/1/08.*

**Next meeting: Wednesday Oct. 22 @ 2:30 PM in LOB Room 2600**

*Attendees: Maureen Smith (Co-Chair), Sheila Amdur, Rose Ciarcia (DSS), Hilary Felton-Reid, James MacDonald (Aetna), Dr. Roy Erickson (Americhoice/UHC), Sandra Quinn (CTBHP/VO), Kimberly Sherman (CHNCT), Dr. Federicka Wolman & Cheryl Wamuo (DCF), Dr. Sweets Wilson, Kathleen Jacob (CT Transit) (M. McCourt, Legislative staff).*

*Introductions: Maureen Smith reviewed the Subcommittee (SC) activities. The process has been a collaborative one that respects different views and focuses on integrative efforts toward a resolution of issues.*

*DSS Update: Rose Ciarcia outlined the HUSKY transition status:*

- Middlesex county member letters regarding *voluntary* plans changes for Anthem & FFS were sent at the end of August. To date 6% of beneficiaries have voluntarily changed plans. It is too early to have data on new enrollee choices/default to FFS.
- Next three counties in the transition are Litchfield, New Haven and Tolland. Member notices will be going out 9-23 for this voluntary change (new members are required to choose one of the 3 plans or be defaulted into FFS for now) to start Oct. 1, 2008.
- The last 4 county transition will start November 2008.
- Next steps: *mandatory* beneficiary enrollment will be completed by Dec. 1, 2008. Letters to Anthem/FFS beneficiaries will go out Oct 24; members have 30 days, until Nov. 25, 2008, to choose to enroll in one of the 3 plans – Aetna, Americhoice or CHNCT. Non- choosers will be assigned to one of the plans, based on DSS assessment of network adequacy/county.
- Rose Ciarcia stated there is growth in the new plans' networks, primarily in Hartford, Fairfield counties. Five to six hospitals have contracted for the 3 product lines (HUSKY A, B and Charter Oak Health Plan). DSS is calling contracted providers to determine if they have an "open" (accept new HUSKY patients) or "closed" (see only current Medicaid patients) practice. DSS stated network adequacy is not an issue under the *voluntary process* because the MCO contract requires prior authorization (PA) for out-of-network services by non-participating (non-par) providers and hospitals. SC questions on this:
  - How will MCOs reimburse the non-par providers? Americhoice stated they have a one-hour turn around time for PA for out-of-network services. The plan is ensuring their system will pay these claims. CHNCT and Aetna will provide information on their processes for out-of-network service reimbursement. The three plans were asked to identify what happens if out-of-network services PA are denied.
- *How are the new plans coordinating case management with CTBHP/VO?* All plans are working with VO on the co-management process. This is part of the new plan's DSS readiness review. Sandy Quinn (VO) stated

the BHP agencies will re-convene agency level meetings with the MCOs and VO on the co-management process in October; the outcome of the meetings will be conveyed to the Coordination of Care and Quality Subcommittees.

- DSS will be providing MCOs with their member's pharmacy, behavioral health and dental data, now that these services are 'carved-out' from managed care. Dr. Erickson (Americhoice) noted that this information is necessary for the plan to implement medical management and ensure quality care for their members. CTBHP/VO has not yet received pharmacy data for BHP members.
- *What are the triggers for co-management?* This had been included in the initial MOU with BHP and MCOs developed for the start of the Behavioral Health Partnership program. The DSS/MCO RFP section 4 that has the contractual obligations of the MCOs includes some criteria for member identification for co-management. VO will bring any changes back to the SC. Aetna and Americhoice also use a predictive model as part of member health care management.
- The Subcommittee identified key areas for co-management:
  - Consistency in how the MCO identifies "high risk" members for co-management,
  - Consistency in performance targets and data collection
  - Determine quantitative measurement of the effect of co-management initiative on client outcomes.
- Sandy Quinn (CTBHP/VO) distributed contact information for specified services (*Click icon below*)



mco plansrev.xls

- DSS and DCF were asked about DCF children's enrollment plan during and after the HUSKY 'transition. Dr. Wolman state the two agencies have been collaborating on this.
  - DCF children/families are exempt from the process until December 2008.
  - New in-state and out-of-state (~ 600) DCF HUSKY children can still enroll in Anthem
  - DCF has identified their current children's plan and health providers. Anthem has worked with DCF to ensure out-of-state clients receive primary care rather than rely on ED use for medical services. The two new plans have business product in several of the states where DCF children reside in institutional facilities.
  - DCF/DSS/CTBHPVO and the 3 MCOs will continue to work toward a plan for DCF children's health care and care coordination. The agencies will update the SC on progress at the October meeting.
- Kathleen Jacob from CT Transit (CTS), a transportation subcontractor for HUSKY members in CHNCT provided an overview of their processes to ensure members get to BHP services that include appointment verification with the family. Transportation is part of co-management process.

October 22 agenda items will include:

- ✓ DSS update on HUSKY transition
- ✓ MCO claims management of PA for out-of-network services
- ✓ BHP/VO/MCO co-management October meeting report
- ✓ Update: DSS/DCF/CTBHP/VO and MCO plans for DCF children's health care and care coordination.
- ✓ DSS will obtain final Mercer report on HUSKY prescriptions (prior to pharmacy carve-out).