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.

Co-Chairs: Sharon Langer Maureen Smith

Meeting Summary: ***October 22, 2008***

Next meeting: Dec. 17 from 1-2:30 PM in LOB RM 2600 (*note earlier meeting time)*

Attendees: *Maureen Smith & Sharon Langer (Co-Chairs), Sheila Amdur, Robert Scalettar MD & James MacDonald (Aetna), Susan Lanesey (Americhoice/UHC), Kimberly Sherman (CHNCT), Lois Berkowitz (BHP-DCF), Sandra Quinn, Jennifer Quinn & Debra Gammon (CTBHP/VO), Kimberly Sherman (CHNCT),Lisa Honigfeld (CHDI), Dr. Federicka Wolman & Cheryl Wamuo (DCF), Kathleen Jacob (CT Transit), Alejandro Vazquez (R&C), (M. McCourt, Legislative staff).*

Administrative Issues

- The recently passed federal mental health parity law allows state law with broader parity to take precedence over federal law.
- Sept meeting summary accepted without change.

MCO/BHP Process to Coordinate Care in HUSKY/BHP Programs

Sandy Quinn, ValueOptions (CTBHP/VO) and Lois Berkowitz Dept. Children & Family (BHP-DCF) discussed the October "operational" meeting of managed care organizations (MCO), BHP agencies (DSS & DCF), CTBHP/VO, HUSKY Traditional Medicaid. The participants identified future meeting topics for service coordination among the various "carved-out" services (dental, mental health and pharmacy) and the HUSKY MCOs (Aetna Better Health, AmeriChoice, CHNCT). As discussed in previous Subcommittee (SC) meetings, the HUSKY transition phases to a capitated MCO delivery system with two new MCO contractors provide the opportunity and necessity to review coordination of care processes among DSS contractors. The agency/contractor group will address broad topics:

- Out-of-state Medicaid DCF clients
- Primary care initiatives
- Emergency Mobile Psychiatric Services (EMPS)
- Provider performance (PARS) initiatives
- ED reporting

Dr. Berkowitz stated the group will be re-looking at the following:

- Co-management design and criteria
- The logistics of data collection and identification of co-management benchmarks
- New MCOs' co-management experience in other state Medicaid programs
- Identify what information from this group will be brought to the Subcommittee

The Agency group will meet again December 3 and will provide updates to the SC at the Dec. 17th meeting.

HUSKY Transition

DCF client transition: Dr. Wolman discussed this from the DCF perspective, as DSS was unable to attend this meeting. There are challenges in transitioning Anthem's 3,972 (78% of ~ 5055 HUSKY A DCF clients – ***10/08***) DCF members into the 'new' capitated system. DCF children can be identified by the DCF identifier in the enrollment system; however, there are some DCF clients in a different category that are not easily identified. Dr. Wolman said the transition process worked well in the spring of 2008 through collaboration with DSS and ACS. The goal during this transition is the same as in the first transition: no disruption of a DCF child's care and maintain provider continuity. DCF and their health care advocates, ACS and DSS are working with the foster families to ensure these goals are met. ***It was suggested that DCF meet weekly with MCOs to operationalize successful member transition.***

HUSKY Transition: MCO Perspective

The health plans are receiving HUSKY members that have voluntarily changed plans during the county transition. During Sept and Oct. about 6-8% of a county's HUSKY population made plan changes. The plans have approached these as they would a new member, with welcome calls and health need assessments. The MCOs are concerned that the mandatory plan change process unaccompanied by a policy/process for sharing client historical utilization data with the new plan will make it difficult for the new plan to meet member needs in a timely manner. The MCOs outlined basic information needs:

- Identification from previous plan to new plan of "high-risk" members (i.e. hospitalized, pregnant, serious chronic health care needs and care in progress, etc).
- Member claims data including data from carve-out services.

Sharon Langer will contact DSS about the agency's plans/policy for member transition to a new plan. Mandatory HUSKY enrollment is scheduled to begin Nov. 1, 2008. (*Addendum: the Governor instructed the DSS Commissioner to extend the HUSKY transition process to mandatory plan/FFS change from Dec. 1, 2008 to Feb. 1, 2009).*

Peer Specialist Support Program in CT BHP ValueOptions: Debra Gammon, Dir. of Peer Specialist Program, ValueOptions. *(Click icon below to view some of the slides from BHP OC 10-08 presentation).*

BHP OC Coord Care
Peer Support 10-17-0

Debra Gammon described the BHP ValueOptions Peer Family Support team and experience in the Behavioral Health Partnership program. The specialists are part of the BHP clinical team and have

provided services to ~2091 BHP members, which is about 10% of the BHP population, since September 2007. The MCO may refer to BHP Peer Specialist when there is a DSM Axis I diagnosis, Axis II or Axis IV indicator.

- MCO may identify a medical diagnosis or co-morbidity that may flag a BH problem. CHNCT noted that a complex medical diagnosis often drives their plan's referrals to VO.
- ValueOptions will be meeting with MCO case managers in November to present peer specialist services.
- Peer specialists work in tandem with other community family advocacy groups and collaboratives.

MCO Out-of-network (OON) Claims Management

At the previous Subcommittee meeting the MCOs were asked to be prepared in October to describe their OON claims management and available data on such claims. The plans reported:

- ✓ ***CHNCT:*** care managers have a two-day turn around for OON prior authorization (PA).
  - In August, of 1243 claims, 5 were denied.
  - Of 1207 HUSKY OON requests 1 was denied.
  - Charter Oak, there were 3 requests for OON services and no denials.

- ✓ ***Aetna:*** OON provided at the front end of the request.
  - The plan then seeks out the OON provider for PA request, recruitment into the plan network and uses this as an opportunity to identify member case management needs.
  - If the provider has not requested PA, the plan interim strategy is to review and pay the claim. There have been no denials for OON services.

- ✓ ***AmeriChoice*** stated they have a similar strategy that is working well.

The next Subcommittee meeting is ***Wednesday December 17 <u>from 1-2:30 PM</u>*** (earlier meeting time b/c of potential time conflict with another BHP OC Subcommittee) in ***Legislative Office Building Room* 2600.**