



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: December 17, 2008

Next meeting: Wednesday Jan. 28, 2009 2:30 – 4 PM in LOB Room 2600

HUSKY Program Transition

DSS reviewed their HUSKY transition plan pending CMS approval to move to mandatory enrollment (CMS approved this 12-30-08).

- DSS expects to first transition Anthem members to mandatory MCO enrollment Feb. 1 followed by the HUSKY fee for service (FFS) members March 1, 2009.
- The HUSKY A/B provider networks have increased subsequent to separating the provider contracts for HUSKY and Charter Oak.
- Aetna health plan stated they expect to have contracted with at least one hospital in the Middlesex and New London county by 12-18-08.
- DSS and DCF are identifying DCF children's enrollment in managed care; prior to the final transition most DCF children were enrolled in Anthem, all out of state DCF children were in Anthem. DCF will continue a single MCO coverage for out of state DCF children ~300 children). Until the transition has been approved by CMS, DCF will hold on transitioning their children to new MCOs (in state ~ 4000 of 6000 children). DCF has identified their children's primary care provider, specialists and hospitals in order ensure continuity of care in the managed care system. The DCF child multidisciplinary exam (MDE) is part of the DSS, DCF, VO, MCO operations meetings.
- The MCOs have discussed with DSS the information they would like to receive from the transitioning plan for their member (i.e. members in case management, disease management, inpatient services and pregnant members). The MCOs state they are beginning to get this information.
- ACS identifies plan change/member, receive timely files of MCO network changes.
- Rose Ciarcia was asked to provide the Subcommittee/Council with DSS staff responsibilities.

Agencies/MCO Operational meeting

Monthly meetings look at coordination of care issues with carve-out services and MCOs. This group will report back to the SC on issues for the SC. Discussion of CTBHP program changes (i.e.

EMPS/ED memorandum of understanding for the hospital/ED performance initiative that would affect ED “gridlock” through ED diversion. Lois Berkowitz discussed the groups that may present at the ED (service is paid by MCO) for psychiatric pediatric ED patients that:

- Require inpatient admission
- Appropriate for referral to community services
- May be best served with solid wrap around services
- Diversion from ED through EMPS intervention.

The MCOs discussed their intent to use their member risk assessment to identify who may benefit from CTBHP and include that member (voluntary) in the MCO/CTBHP co-management process.

The MCOs will receive dental and pharmacy data from EDS –a work in progress. Dr. Scalettar (Aetna) commented that software is available to query carve-out data on clinical questions on appropriate care.

Value Options reviewed the co-management process and triggers that are being reviewed in the operations meetings. CTBHP is working on maternal depression: suggested VO contact the Medicaid Council chair of the Women’s Health SC to participate in the VO PCP advisory work group.

DSS was asked about the Anthem data issues that may contribute to incomplete data reporting and data available for HUSKY FFS client utilization. The latter requires a flag that will need to be done for PCCM patients as well. When this identification process is complete, DSS will be able to assess HUSKY FFS data.

Continue discussion on the limitations of the PCCM pilot in two areas of the state to start. At the Nov. 2008 Medicaid Council meeting DSS stated the expectation that PCCM would be available statewide by the end of SFY 09.

Discussion on how best to reach MCO members as their client response is about 35%. Continues to be a challenge.