



***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: Feb. 25, 2009

Next meeting: Wednesday March 25, 2009 2:30-4 PM in LOB Room 3800

Introductions

Muriel Tomer, CT Behavioral Outreach not-for-profit organization, has joined the Subcommittee representing a consumer perspective. Ms. Tomer works with individuals and families with pervasive mental illness, providing family education, assisting individuals/families in obtaining services for their identified needs. An overarching goal of Ms. Tomer's work is to helping the client develop skills of self advocacy to manage their illness, obtain services as needed and become familiar with resources in the state.

Department of Social Services (click icon below to view MMCC presentation)

The Subcommittee requested an update on the HUSKY transition outcome of mandatory enrollment in at-risk managed care organizations (MCOs).



MMCC 02-09 DSS
draft v2.ppt

Discussion included:

- PCCM pilot began in Waterbury & Windham areas Feb. 1, 2009
- Default process, created by DSS to initially support new MCOs' financial viability, was narrowed to AmeriChoice as the default assignment plan during Feb. The initial default rate (HUSKY members that did not choose a health plan) was 50%.
- CHNCT will continue to enroll new members based on their network capacity: their enrollment in Windham County is ~90% member/PCP ratio and they have to recruit additional provider in that county in order to enroll members from that area.
- Member Out-of-network (OON) process (access to a provider not in their health plan's provider network) may be sidelined when the member hears from the practice front desk staff "we don't participate" in X plan". DSS & MCOs will create a message to inform members and HUSKY

providers about the OON process. Member (or provider) should call their plan's customer service number to for OON services.

- Sandy Iwaniec and Penny Fennell (CT Transit Company) described the HUSKY A transportation vendor's challenges during the transition. Higher call volume than anticipated was managed as CHNCT new enrollees from Anthem increased and had prescheduled transportation services scheduled with Anthem's transportation vendor.

CTBHP & ValueOptions reports

Benchmarking of co-management service delivery

The BHP, DSS, DCF, MCO, VO internal operations committee is looking at benchmarks in the absence of national data, looking at expected number of HUSKY members with medical & BH needs, refining diagnostic categories for BHP/MCO co-management and identifying how to measure the outcome of the co-management service. Continue this discussion with the Subcommittee.

Maternal Depression Project: VO & CHNCT

- CHNCT identified pregnant members/those who had delivered & sent information to VO.
- These members were mailed educational information about perinatal depression and the Edinberg depression scale that is to be returned to VO.
- Those scoring >10 on the scale were contacted by VO regarding BH services; VO contacted their medical provider and CHNCT for co-management.
- This project has just begun: of the ~ 300 CHNCT maternal health members identified, to date ~ 11 have returned the depression scale.

This project provides an opportunity for MCO/VO 'co-intervention' with HUSKY pregnant women in patient education about depression, assessment of depression and possible linkage to BH services. In the SC discussion it was noted that screening can best be done with encouragement at the provider level and connection to MCO/VO for referral, co-management for connection to care. This project is a positive step given that provider level screening hasn't been embraced yet. The SC looks forward to hearing more about the project results.

Next meeting agenda items for March 25, 2009

- DSS information on OON services/processes
- BHP/VO/MCO Operations (care integration) meeting update
- Focus items that will be on each SC meeting agenda" transportation, pharmacy, BHP and ED use.