

**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: Maureen Smith & Sharon Langer

Meeting summary: July 22, 2009

Next meeting: Wednesday Sept 23, 2009 @ 2:30 PM Room TBA

Attendees: Maureen Smith (Co-Chair), Robert Zavoski, MD, Evelyn Dudley, Jason Gott & Lee VanderBaan (DSS), Henry Martocchio, Sabra Mayo (Family representatives), Susan Halpin (R&C), Robin Hamilton (Logisticare), Sandy Iwaniec (CTS transportation services), Sandra Quinn & Agnes Halarewicz (ValueOptions), Judy Blei, Sheldon Toubman (NHLA), Jennifer Morin for Carol Stone (DPH), Kate Lindenstruth (women's health SC), M. McCourt (Legislative staff).

Behavioral Health Care for New Mothers in HUSKY A (click icon below for presentation, full report at www.ctkidslink.org)



Behavioral Health
Care for New Mother:

Mary Alice Lee, CTVoices, presented this third study of maternal care, the treatment prevalence and behavioral health care utilization of behavioral health disorders among new mothers during the 'interconception' time period. The study looked at continuously enrolled women for 12 months after giving birth. The two previous studies looked at ED services during and after pregnancy and dental care following delivery for HUSKY women compared to a similar aged cohort of HUSKY women.

The data showed that:

- Of the total 41,725 CT births in 2005 there were 10,835 to HUSKY A enrolled women and 907 to Medicaid Fee-for-service enrolled women.
- Of the total HUSKY births, 6,851 (63%) were continuously enrolled in HUSKY 12 months after delivery.
- 1,329 (19.4%) of the 6,851 post partum continuously enrolled women (19.4%) received BH services during the year following delivery, compared to 18% of the same age non-pregnant cohort.
- Mood disorders (34%) were the most prominent BH disorders followed by Substance abuse (21.55), anxiety disorders (19%) and adjustment disorders (19%).

CT Voices would like to follow up with a more in-depth look at maternal data such as ED use for HUSKY mothers; however there is no current funding during the Governor's monthly funding for essential services

while the biennial budget is being negotiated.

CTBHP/VO Report:

Post Partum Depression (Click on 1st icon below for report details)



Post Partum Analysis
7-17-09.doc



Care Coord Mtg 7 22
09.ppt

The ValueOptions/CHNCT post partum project update data showed that:

- Of the 1,368 depression screens mailed to CHNCT women after delivery, 63 were returned (4.6%). Approximately 23.8% of women had possible depression based on the Edinburgh tool.
- Of the 36 women reached by phone who responded to the mailings (regardless of the depression score), 14 accepted behavioral health services.

VO will provide these reports quarterly. A cost based analysis has not been considered for this project. A description of their BH services would be helpful (I.e. identifying the number of women with elevated depression scores that received authorization for treatment, type and if outpatient, the number of sessions received). DPH noted that a 2005 nutrition survey that includes information about depression showed that 29% of women with moderate to severe depression had treatment.

Co-management Services (Click on 2nd icon for details of report)

Sandy Quinn presented the 2Q09 report on HUSKY & Charter Oak Health Plan (COHP) July numbers per MCO, and total MCO & CTBHP/VO referrals for the 2Q09 and medical/BH diagnoses for referrals (*click icon above for detail*). The 2Q09 HUSKY A & B, COHP eligibility and HUSKY A & B co-management referral data were presented, summarized below:

<i>Eligibility</i>	Aetna	AmeriChoice	CHNCT
HUSKY A/B eligibility as of 7-13-09	85,462 (24%)	39,018 (11%)	228,522 (65%)
COHP eligibility as of 7-13-09	3,921 (51%)	1,120 (15%)	2591 (34 %)
<i>Referrals</i>			
MCO to CTBHP	12	28	1
CTBHP referrals	7	9	0
<i>Total Co-management Referrals 2Q09</i>	19	37	1

- Primary referrals by medical diagnosis included pregnancy/post partum (15), and asthma, diabetes/obesity, eating disorder (6 in each diagnosis).
- Referrals by BH diagnosis: 29 with mood disorder, 15 anxiety, 5 eating disorder.

Subcommittee Action Step: Based on past discussions of these reports and interest in understanding expected/anticipated average number of voluntary co-management services in HUSKY A/B, ***at the Sept 23 meeting:***

- ***Identify barriers to the co-management process from the perspective of MCOs, CTBHP and CTDHP (BeneCare).***
- ***Define collaborative solutions to top 2 key barriers/service.***

HUSKY A Transportation Update

Lee VanderBaan (DSS) and the transportation contractors briefly described the status of transportation issues.

Mr. VanderBaan said the contracts have been extended by DSS and the MCOs continue to contract with the transportation brokers. There is no evidence of any patterns of transportation problems since the transition to the new plans and CHNCT. Mr. VanderBaan said the three transportation brokers and their 60-70 contractors worked well together to ensure members received scheduled and new transportation appointments.

CHDI funded coordination of care project

Maureen Smith had discussed the project with Lisa Honigfeld (CHDI) prior to this meeting and presented an overview of the 4 projects. One project identifies 6 common diagnoses associated with specialty service referrals. The goal of the project is to coordinate care between the PCP and the specialist. Both provider types design a plan of care that allows the PCP to gradually take over care from the specialist to maintain care coordination and reduce work force issues in Medicaid. There will be a report on the projects in Jan. 2010. (See press release for this at www.chdi.org, click on 1st item on the left)

Pharmacy

Evelyn Dudley (DSS, Pharmacy program) described the Pharmacy & Therapeutics (P&T) Committee that has 14 multi-disciplinary members appointed by the Governor. The Committee created and regularly reviews and revises the Medicaid preferred drug list (PDL) with a focus on clinical efficacy. The DSS pharmacy subcontractor **Provider Synergies**, evaluates claims data, identifies federal rebate opportunities and does a medical review of drugs for efficacy and drug safety. This information is sent to the P&T committee with recommendations for current or new additions to the PDL. The pharmacy subcontractor alerts Medicaid providers of changes in the PA process before the changes are made. This Subcommittee discussion was requested because psychotropic and HIV drugs inclusion in the PDL is pending in legislation/budget. If a prescribed drug is not on the PDL list, prior authorization is required. There is broad advocacy concern about the change in these two types of drugs.

Family representative discussed the non-coverage of certain meds and vitamins in Medicaid. It was noted that any medically necessary medication must be FDA approved for Medicaid authorization. DSS will discuss the member's specific concerns outside the meeting.

DSS was asked if there was a process in place to co-manage patients with complex pharmacy needs or BH poly-pharmacy. The Drug Utilization Review team looks at prescribing and pharmacy filling patterns. Further discussion as to how pharmacy management is integrated with the MCO medical management and BH services would be to clarify medication safety and appropriate use of medications.

Subcommittee Action Step: at the Sept. 23rd meeting, MCOs, CTBHP/VO and DSS pharmacy staff & subcontractor come prepared to outline process for medical/behavioral health pharmacy management.

Out-of-Network (OON) Services

DSS has send out a flyer clarifying the OON process to the MCOs for dissemination to their providers. This information needs to be sent, via professional organizations, in order to inform non-Medicaid participating providers. DSS noted that practice managers usually call the MCO when a patient is being seen by a provider outside the plan network and an OON service rate is negotiated (Medicaid rates is the floor rate).

Action step: DSS will send OON memo to the State Medical Society, other medical professional groups.