



***Behavioral Health Partnership
Oversight Council Coordination of Care Committee
Council on Medical Assistance Oversight
Consumer Access Committee***

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Co-Chairs: Maureen Smith & Sharon Langer, and Christine Bianchi
BHPOC & MAPOC Staff: David Kaplan and Olivia Puckett

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and Charter Oak Health Plan receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and the Charter Oak Health Plan receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: November 28, 2012
1:30 – 3:00 PM
1E LOB**

Next Meeting: **January 23, 2013 @ 1:30 PM in 1E LOB**

Attendees: Co-Chairs Christine Bianchi, Sharon Langer and Maureen Smith. Lois Berkowitz, Michelle Chase, Gail DiGioia, Angie Feliciano, Livia Fiordelisi, Maureen Fiore, Deby Gould, Brenetta Henry, Judith Jordan, Ellen Mathis, Quiana Mayo, Sabra Mayo, James McMellon, Dr. Steven Moore, Trevor Ramsey, Kimberly Sherman, Eunice Stellmacher, Benita Toussaint, Darylle Willenbrock, and Lakisha Young

Introductions

Co-Chairs Sharon Langer and Christine Bianchi opened the first joint meeting of the BHPOC Coordination of Care Committee and MAPOC Consumer Access Committee convened at 1:35 PM. They welcomed all members and asked them to introduce themselves. A sign-in membership list was passed around and Sharon said that if anyone was not already on the list and wanted to be, all they needed to do was to write their names with an e-mail address and they would receive the agendas, announcements and summaries of the Committee on a monthly basis.

Update on Non-Emergency Medical Transportation (NEMT) by DSS-Judi Jordan and Logisticare - Jim McMellon

Judi Jordan, who began this past September as the DSS Representative for Medicaid Transportation, gave a brief overview from last spring when Logisticare became the sole administrative services organization (ASO) for Medicaid Transportation in the State. She also informed the Joint Committee that the contract with Logisticare was officially signed in November 2012, although Logisticare began their duties in the spring of 2012. Although she declined to go into detail about the contract, she emphasized that there are definite Performance Targets the company must meet every month and it affects how much money the company can earn. The performance targets are designed as a financial incentive to do the job well for everyone involved. "Profits" are earned once the performance targets are met. The performance targets concern the following four areas: 1) the call center (i.e., how quickly calls are answered, 2) service and member satisfaction (ex., complaints and their resolution, 3) management of the vendor network (i.e. Are there sufficient number of qualified livery/taxis? do the vendors meet timeliness standards?) 4) payment of claims (Logisticare pays the vendors).

Jim McMellon, Director of Operations at Logisticare also gave an update. Regarding issues with non-emergency medical transportation, it is particularly important that Medicaid recipients, who wish to report a problem with transportation, give the date and their member ID Number so that Logisticare can track down the particular day and particular driver. Members should not fear reprisals that giving this information will result in future retribution. If Logisticare staff determines that the transportation provider was at fault, they will require the provider to undergo mandatory re-training. Provider score cards are tracked monthly by complaints that are placed by consumer members against the transportation companies. Pass backs are also tracked. "Pass backs" are situations in which the provider has too many rides scheduled, requiring Logisticare to seek additional companies to handle the work overflow. There are two full-time Field Monitors that follow the progression of the trip. If there are any inaccuracies; they will be detected by Logisticare. All complaints are relayed to the providers and they have 48 hours to respond to Logisticare. All complaints should go to Logisticare and not to the transportation provider. Co-Chair Sharon Langer asked if Logisticare had its website up yet and Jim replied that the Facility website where facilities can request rides on behalf of patients is up, but the Member website is not. The Member website should go live sometime in the first calendar quarter of 2013.

Discussion

Co-Chair Sharon Langer asked if bus passes were a part of the responsibilities of the ASO and the answer is yes, but at this time there are no performance targets for issuing bus passes as yet. If a doctor's office is within a four block radius of a bus route, a bus pass will be issued unless the doctor supplies a note stating that alternate transportation is necessary for medical reasons. Brenetta Henry asked under what circumstances may consumers receive transportation through Logisticare? Judi replied that any medically necessary appointments covered by Medicaid will be serviced. Brenetta then asked who to call at DSS or Logisticare if people were not getting picked up for a Medicaid service appointment? Judi said if there are questions of eligibility, consumers can call HUSKY Infoline number: 1-877-CT HUSKY (press 1 or 3). Consumers can also call 2-1-1 generally and ask for help with HUSKY eligibility or benefits. Jim McMellon of Logisticare said that if transportation is

denied, a Notice of Action (NOA) will be sent out to the consumer and the consumer has the right to appeal the denial. Consumers can call Logisticare at 1-888-248-9895; HUSKY Health at 1-800-859-9889 for accessing health services and coordination of care. Michelle Chase expressed concern that 1) sometimes children were being transported in the same vehicle as the elderly and 2) that through no fault of their own children are getting into the wrong vehicle. Jim replied that Behavioral Health programs for children after school are the toughest trips and that he would look into this. Co-Chair Sharon Langer ended the discussion with saying the goal was to fix the problems, not just to air the problems.

Update on Care of coordination Pilot (Value Options and McKesson) Dr. Steven Moore-Value Options



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Wellness and Care Coordination Program

In 2011, ValueOptions entered into an agreement with McKesson, a Fortune 500 health care services and information technology company, to pilot a Disease Management project for more than 300 members with co-morbid medical and psychiatric conditions. The partnership targeted the group with a cohesive, whole health management approach, providing more positive outcomes for individuals and a more cost-effective way of managing limited budget dollars. ValueOptions and McKesson deliver intensive behavioral and physical care coordination for those with complex conditions, such as coronary artery disease, diabetes, and Bipolar Disorder. As the initial pilot outcomes demonstrate, this enhanced care coordination helps decrease long-term care spending, reduce unnecessary emergency room visits, and lower hospitalization rates. The program uses indicators, based on published research and clinical protocols, as benchmarks for members to meet or exceed by the time they graduate from the pilot. The program's initial outcomes, from September 1, 2011, through June 30, 2012, show promise.

Discussion

Dr. Moore said that as a result, today, 330 people in Connecticut have better healthcare because they were enrolled into this program. He called the McKesson Pilot a disease management program. Leslie Woods asked whether the program saved any money. Dr. Moore said that the study has not tracked whether savings have been realized but in terms of real dollars, people are being seen less and less in emergency rooms and chronic care expenses have gone down. He did indicate the pilot program does not include dental care. Co-Chair Christine Bianchi asked Dr. Moore to present this information to the Council on Medical Assistance Oversight (MAPOC) at a future meeting.

Other Business

Kate McEvoy, Interim DSS Medical Director will give a presentation on Eligibility and Re-Determination in January 2013. *(From Oct. 2012) Regarding Eligibility and the Re-determination process, when consumers go to DSS, they are supposed to get a receipt reflecting their visit from the Department that they were there.* Co-Chair Sharon Langer

reminded consumers that this was still a paper process and any time stamped documents or proof given to DSS, multiple copies should be made of it on their own behalf as documented evidence were given to DSS. If there are any questions regarding any issues including Re-determination of Status, consumers can call HUSKY Infoline number: 1-877-CT HUSKY (press 1 or 3). Consumers can also call 2-1-1 and ask for help with HUSKY eligibility or benefits.

Hearing no other comments or questions, Co-Chair Sharon Langer adjourned the meeting at 3:01 PM.

Next Meeting: January 23, 2013 1E LOB 1:30 PM-3:00 PM