Behavioral Health Partnership Oversight Council Coordination of Care Subcommittee

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Meeting Summary: March 28, 2007

Co-Chairs: Sheila Amdur & Connie Catrone

Next meeting: Wednesday May 23, 2007 at 2 PM at the LOB

February meeting summary & Mercer phone conference summary: approved without changes.

Review of Mercer Prescription Services Study

Questions and Answers 3 27 07.doc

DSS provided Mercer Q&A responses for the prescription services study that will assess the extent to which HUSKY members have had access to prescribed medications for medical and behavioral health problems and assess the effectiveness of the "temporary supply" medications process. The study, with parameters of 7/1/06-21/31/06, will be done in two phases:

- MCOs will submit formulary information & pharmacy claims data to Mercer, then Mercer will build a migration list of appropriate drug substitutes through their proprietary electronic program. A uniform protocol will be applied to all 4 MCOs to avoid data being skewed. Rejected scripts will be run against the migration file.

- If no alternative drug was dispensed, Mercer will do a manual review. MCOs can review the manual review from Mercer data. Mercer will report automated and manual review of drugs. For those enrollees provided a temporary supply of a maintenance drug, Mercer will look forward to the next month(s) to identify an associated denial. If a denial exists, this would indicate a lack of appropriate follow up with the prescribing practitioner for the original denial.

Subcommittee questions/comments:

- ✓ Anthem changed their prescription process in Feb. 2007 followed by Health Net March 6, 2007. It is important to capture the impact of these changes. DSS committed to a limited study after this initial study. DSS has extended the contract with the Medicaid EQRO, Mercer, for two years. Ad Hoc study funding will be available. CHNCT noted their experience with process changes, in that it takes a minimum of 60 days to ensure all contractors have implemented changes before measuring impact of such changes.

- ✓ How does the practitioner know a script has been rejected because of industry limitation on dosage or number of pills dispensed?

    - CHNCT stated the plan uses the FDA/manufacturer's limits as part of a safety process. When the script is outside these limits, the member receives 1 script of the standard amount and the MCO follows up with the practitioner with a medical exception form.
    - Health Net applies the industry limitations as part of the PA process and the PBM follows up with the prescribing practitioner.
    - WellCare does not apply quantity limits in PA but follows up with the practitioner when scrip is outside manufacturer's limit.

- ✓ How are practitioners made aware of the MCO policy regarding these issues? Health Net and CHNCT post the information on their website and include in practitioner quarterly formulary communications. Well Care stated the plan communicates with the provider by phone/fax, their web site, newsletters to providers.

CT BHP & MCO Care Coordination Process for Physical and Behavioral Health Care
(click on icon below to view handout)


MCO Power Point.ppt

Sandra Quinn, Director of Utilization Management for CTBHP/VOI reviewed the care coordination process between the MCOs and VOI for individuals that access BH services and also have special physical health care needs. The goals of this coordinated care process is to ensure member services are coordinated, duplication is eliminated, best practices are applied and lead management is established between the two entities where both BH and medical needs are serious/complex. Subcommittee comments/questions included:

- ✓ Perinatal co-management program is separate from the general co-management program.
- ✓ Co-management uses peer specialists as part of the clinical team and often time-limited Intensive Care Management (ICM) is used.
- ✓ Data trends were discussed:
    - VOI will present more thorough data within the next several months.
    - BHP will consider monitoring the proportionality of the MCO/VOI referrals going forward.
    - Measuring the impact of co-management is challenging, but necessary, at the administrative level and at the provider-provider level through the Enhanced Care Clinic data. Want to identify what the state is buying for co-management and does this service relate to health outcomes.
- ✓ VOI will include case examples of MCO/CTBHP co-management in a future report to the SC.

Primary Care and BH Integration Progress Report

- ✓ The CTBHP primary care (PCP) committee continues to meet:
    - The CHDI pilot sites have been determined to support primary care psychotropic drug

prescribing.
  - Some Enhanced Care Clinics have developed relationships with community primary care providers as part of the initial ECC process. This will be a mandatory requirement for ECC criteria in the next phase, Fall 2007.

- ✓ Discussion related to questions about MCO/PBM monitoring of appropriateness of prescribing medications for children. The three plans present each noted similar medication monitoring for medication scripts for medical/BH problems and member adherence to prescribed meds (i.e. asthma meds).
- ✓ The ASO contract requires a bi-annual study of prescribing practices for psychiatric meds. The first report will be released in mid-2007.
- ✓ Sheila Amdur noted the national trend away from psychotropic medications, as well as an increase in adolescent suicides. (*DCF had assessed poly- pharmacy, appropriateness of meds prescribed for DCF-committed children that the SC may find informative).*

Transportation Update

Logisticare discussed a planned intervention for transportation "no-shows, using a pilot transportation vendor reminder call of scheduled transportation for a health care visit. Pilots in other states revealed an impact from these calls on client participation in medical care. Logisticare will assess "no-shows" by member and facility, followed by interventions with both.

Next Subcommittee meeting and agenda items

The Subcommittee will meet on Wednesday May 23 at 2 PM at the LOB. The agenda items will include:

- CTBHP co-management case examples
- ASO pharmacy "best practices" assessment (contract) study