Behavioral Health Partnership Oversight Council
Coordination of Care Subcommittee

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Meeting summary: December 10. 2007

"This subcommittee will work with the DSS and the four HUSKY plans to identify and monitor key issues in assuring close coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of the health plans. These include primary care, specialty care, pharmacy, and transportation."

Chair: Connie Catrone

Next meeting: Wednesday January 23, 2008 @ 2:30 – 4 PM in LOB Room 3800

Last meeting summary: accepted with inserting "certain" HIV drugs under PDL exemptions.

Transportation: Logisticare Customer Survey Results – Robin Hamilton, Director of Operations

Robin Hamilton reviewed the results of the survey prepared by the Eidex Group. Members (6600) that used non-emergency transportation services from Logisticare during the 1st Quarter 2007 were surveyed about their experience with the local transportation service and the transportation call-in center. Summary of results:

- 80.2% of riders were satisfied with their trip: other states report low 70% satisfaction rates.
- 86.2% reported the driver was neat/clean and courteous (88.9%); 87.3% satisfaction with drivers.
- 83.4% were satisfied with the condition of the vehicles.
- Overall 86.9% of the respondents were satisfied with their call-in experience. 89% were satisfied with the helpfulness of the Logisticare customer service representative.
- 84.9% arrived on time for their appointments: for those delayed, average delay was 32 minutes.
    - 68.7% of respondents arranged their own travel.
    - 54% were using the transportation for routine medical or mental health (14%) visits.
    - 66% used round-trip services.

Logisticare will use the survey results to identify local and state goals for improvement as part of the corporate Logisticare process. In addition Logisticare monitors local transportation provider performance, assesses problem areas, requires the owner to develop and implement a corrective action plan. Failure to do this results in removal from the provider list. In 2007 one provider was required to do a corrective action plan and did remain in the local network. Logisticare also has on-line provider training for sensitivity training, code of behavior, etc.

Ms. Hamilton discussed ***the "no-show" pilot*** in which Logisticare called members with a reminder one day prior to the transportation appointment. There was a reduction of member "no-shows" from 6% to 4% (national average is about 10%). Anthem reported less missed transportation/medical

appointments subsequent to this pilot. Logisticare identified the specific pick-up location with the member, which reduced confusion about the meeting place. Logisticare works with the MCO when a member has a high missed appointment rate with subsequent reduction in "no-show" member rate.

HUSKY Program Changes

Rose Ciarcia (DSS) discussed the major changes in the delivery of services in the HUSKY program subsequent to the Governor's directive to DSS November 19th to terminate all DSS/MCO contracts and have MCOs that have agreed to the FOIA provisions (CHNCT & WellCare) to take on an ASO function only effective December 1, 2007. Key changes discussed were:

- ✓ Effective Jan. 1, 2008 CHNCT & WellCare will function as non-risk Administrative Service Organizations (ASO). At this time, Anthem and Health Net will maintain transitional ASO functions without FOIA agreement through Feb. 29, 2008. The MCOs will be paid a PMPM administrative fee.
- ✓ DSS will apply to CMS for a waiver change to contract with the remaining MCOs on a non-risked basis as Prepaid Inpatient Health Plans (PIHP) through the end of the current waiver term (HUSKY A – June 30, 2008). DSS will amend the Title XXI State Plan for HUSKY B (SCHIP program).
- ✓ DSS is the process of planning for the transition of HUSKY membership to two MCOs and Medicaid fee-for-service (FFS). Clients will have a choice to enroll in either CHNCT or WellCare within 30 days. There will be a default assignment after that time period to FFS. DSS will implement past transition plans by having Anthem & Health Net identify their 'high risk' patients (i.e. hospitalized, high risk pregnancy, chronic diseases) and ACS will identify the member's new plan.
- ✓ Provider network capacity in the remaining plans is a significant issue:
  - CHNCT & WellCare have provider network capacity in Tolland and Middlesex Counties. Membership mailings will start in these counties.
  - DSS review of provider networks/plan showed that about 750 primary care providers and 1000-2000 specialists are not in the CHNCT or WellCare networks. DSS will be sending out a HUSKY provider written communication at the end of this week.
- ✓ FFS/MCO provider rate differences will be addressed in that CHNCT & WellCare will be able to pay transitional existing provider higher rates. The biennial budgeted Medicaid FFS rate increases will be applied in 2008.
- ✓ Providers credentialed by Anthem and Health Net that are not Medicaid providers will meet the Medicaid credentialing criteria, which is less stringent than the MCO criteria. CHNCT & WellCare can authorize out-of-network services.
- ✓ DSS is working with the HUSKY enrollment broker ACS, HUSKY Infoline and CHNCT & WellCare on preparations to address provider network capacity.
- ✓ DSS is looking at medical criteria for service authorization (PA) that will be applied to HUSKY services. Dr. Zavoski, the DSS Medical Director is working with the MCOs on this.
- ✓ ***Pharmacy services will be carved-out*** of the HUSKY program delivery system into the Medicaid FFS system at the end of January 2008; HUSKY pharmacy claims will be processed by the new MMIS "Interchange" system beginning Feb. 1, 2008.

Subcommittee discussion:

- FFS members eligible for HUSKY A but not enrolled remain ineligible for BHP services. This

currently includes children deemed presumptively eligible for HUSKY but not yet enrolled in the program/plan, children exempted from MC into FFS, pregnant women in the expedited eligibility process, and would impact members that enter into Medicaid FFS during the program system change. DSS will be working on this to allow these members participation in BHP program.

- Based on the December 1, 2007 enrollment reports (see below HUSKY A, B enrollment by plan/county), the State would be transitioning approximately 70.8% (220,940 members) of the HUSKY A membership, 84% of DCF HUSKY A children (5087 of 6,068 DCF children) and 68% of HUSKY B enrollees. *Do the two remaining smaller HUSKY MCOs have the administrative capacity to manage such an influx of members?* CHNCT stated their systems can manage data increase; the challenge is enhancing the capacity of member services to deal with this. Of note, CHNCT commented on their successful inclusion of the growing SAGA population. (WellCare was not present at the meeting).
- Primary concerns about:
    - Managing DCF children in this system change – Rose Ciarcia and DCF Medical Director are meeting about how to do this.
    - Coordination/integration of medical and behavioral health services remains critical to these members, especially for those members enrolled in Medicaid FFS and not in one of the two remaining MCOs. CTBHP/VO was asked to identify the number of BHP participants that are in Anthem or Health Net and VO may need to take a more expanded role in connecting members in the BHP program with primary care services.
    - Transportation services will be available to HUSKY A members whether in a MCO or FFS.
- Other questions/comments:
    - Rose Ciarcia stated that Anthem and Health Net had wanted to remain in HUSKY but time constraints on adherence to the FOIA contract provisions became problematic for them. These plans reportedly had concerns about FOIA and exposure of their commercial line of business.
    - Sheldon Toubman outlined the benefits of this system change and noted that legislation on PCCM provides a mid to long term alternative delivery system of care.

The BHP OC is meeting 12-10-07 @ 2PM in LOB RM 2D and DSS has been asked to outline the HUSKY changes and impact on BHP program. The Medicaid Managed Care Council will meet 12-14-07 at 9:30 AM in LOB RM 1D: the program changes will be the primary item on the agenda.

Pharmacy Update

- ✓ The Mercer draft report should be sent to Rose Ciarica next week; she will forward to the SC and the report will be discussed in January. At this point, the report may provide information that could be applied to the pharmacy carve-out.
- ✓ Health Net corrected their 'temporary drug supply' local pharmacy screen again to be in compliance with DSS HUSKY policy. WellCare had not identified problems with their screen change to DSS. Rose Ciarcia will send a copy of their screen message to the SC.
- ✓ The SC and agencies will look at how HUSKY members' medications are managed under the carve-out for the non-managed care members. DCF's Central Medication Unit model will be further looked at. Once the pharmacy system is in DSS, EDS will assume payment for FFS members. Unclear what role EDS has in drug utilization review vs. payment. The remaining MCOs will input the DSS Preferred Drug List (PDL) into their system in place of their drug

formularies.

January 23, 2008 meeting topics include transition issues, pharmacy carve out, Mercer draft report and member issues.

Enrollment

HUSKY A as of December 1, 2007

NET ENROLLMENT REPORT TOTAL ENROLLMENTS AS OF 12/01/2007					
County	**Blue Care**	**CHN**	**Health Net**	**Preferred One/FC**	**Total**
Fairfield	13,661	11,461	29,274	8,668	**63,064**
Hartford	59,550	12,162	13,436	7,065	**92,213**
Litchfield	6,277	781	4,291	600	**11,949**
Middlesex	5,137	1,143	1,746	427	**8,453**
New Haven	31,082	27,873	20,893	14,512	**94,360**
New London	7,773	2,637	11,202	824	**22,436**
Tolland	3,982	468	2,117	241	**6,808**
Windham	4,490	1,767	6,029	550	**12,836**
Total	**131,952**	**58,292**	**88,988**	**32,887**	**312,119**

HUSKY B as of December 1, 2007

County	**Anthem Blue Care**	**Health Network**	**Preferred One/FC**	**Total**
Fairfield	2,183	1,183	702	**4,068**
Hartford	3,376	462	266	**4,104**
Litchfield	1,001	75	240	**1,316**
Middlesex	648	101	54	**803**
New Haven	2,221	1,070	701	**3,992**
New London	788	105	59	**952**
Tolland	569	38	37	**644**
Windham	415	95	71	**581**
Total	**11,201**	**3,129**	**2,130**	**16,460**