

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
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Meeting Summary

May 16, 2001

Chair: Jeffrey Walter

Department of Social Services

- Behavioral Health Outcomes Study: The purpose of the study is to look at the effectiveness of children's outpatient behavioral health care in HUSKY A. Two years of Qualidigm data was reviewed to determine the timeframe feasibility of the ongoing study. Mark Schaefer, Ph. D (DSS) reported that the data showed it would take 2 years to obtain pooled admission & discharge data for 3600 children. The most common number of visits is two, with 50% of children receiving 7 or fewer visits during this two-year data time period. Dr. Schaefer stated that the average number of visits was 10. 8 provided over 6 months. The study methodological and administrative processes were reviewed:
 - The end point of treatment for the study remains unchanged, at the point of the end of face-to-face treatment and will include those with two or more visits.
 - A Project Coordinator will be hired part time by the beginning of June to track completed sets, give DSS this information for monthly payment to the facilities/providers and provide technical assistance to MCOs and participating clinics/providers. The Coordinator will initially focus on obtaining information from Yale for 1) completed sets from a facility and 2) OTR's submitted and follow-up with the clinic for the discharge form.
 - A payment of \$ 40 will be made for each completed data set. DSS will be the intermediary for provider payments, which will begin with payment for the FY01 matched sets. The MCOs will receive approximately \$ 25,000 total for their administrative work.
 - The informed consent issue was reviewed; it was determined that the Yale Human Investigation Committee accepted the study

without requiring individual informed consent nor the need for individual discussion with each client. DCF will review the Yale materials as they relate to DCF children and give blanket consent for inclusion in the study, if necessary.

A letter outlining these points will be sent to providers by the Commissioners of DSS, DCF and Senator Harp within the next several weeks.

- KidCare Update: Since DCF was unable to attend, Mark Schaefer (DSS) reported the update:
 - Continuing work to elaborate plans with a projected start date of 7/1/02.
 - The South Central region will be the initial site for KidCare followed by another site in the North West region.
 - Ongoing training initiative for providers, regional offices.
 - The budget has not yet been approved in the 2001 session, but the amount of \$ 10M has been proposed for the first year of KidCare. Funds have been budgeted for the Lead Service Agency (LSA); however the LSA will not be responsible for provider contracts. Either the State or an ASO will contract with providers.
 - The Office of Policy and Management is reviewing the memorandum of understanding (MOU) between DSS and DCF. This MOU differs from the one outlined in the January report in that DSS will assume the program's administrative responsibility and DCF will be responsible for the programmatic tasks.

The final plans and budget for KidCare will be presented at the July Medicaid Council meeting.

Behavioral Health Subcontractor Transition

- Health Net/ValueOptions:
 - ValueOptions has assumed responsibility for Health Net (PHS) claims beginning 3/01/01; provider payment will begin 4/01 and interest will be paid for claims beyond 45 days.
 - A 10-visit pass thru will be allowed for commercial and Medicare clients. A 20-visit pass through will be allowed for HUSKY Medicaid clients.
 - Angelina Harmon will be the Value account executive for both Anthem BCFP and Health Net. Contact her with questions at (203) 619-0653 or 800 282-3837, Ext. 0653. Email address is Angelina.Harmon@Valueoptions.com

- FirstChoice/Comprehensive Care:
 - CompCare assumed responsibility for FirstChoice/Preferred One claims under a non-risk based contract 3/01/01, with a risk-based contract with FirstChoice/P-1 as of 4/01/01. Current claims are being paid out of the Tampa office. Customer & Providers Services are in Tampa. The BH Outcome OTR/discharge forms will be mailed to Tampa.
 - Beginning in June, Don Topor will be CompCare's in-state person for service design and trouble shooting problems. He can be contacted at (203) 239-7444.
 - Tom Clay, Sr VP Clinical Services, reported that CompCare is working with FirstChoice to consider processing (not the payer) the PROBH claims from 10/1/00 forward. FirstChoice is responsible for ensuring payment for the claims run out. Provider difficulties in securing payment from PROBH for earlier claims had been discussed at the April Council meeting and Tejas Patel (FirstChoice) stated the MCO was trying to resolve the issue with PROBH with little success. Jeff Walter expressed his appreciation to Mr. Clay for attending this meeting and his company's efforts to resolve the outstanding claims.

James Gaito (DSS) stated that Health Net continues to provide DSS with monthly reports on claims lag and payments, including interest payments. The lag time for claims payments is decreasing. Individual payment problems can be addressed with James Gaito (DSS) at (860) 424-5137 or email James.gaito@po.state.ct.us

Other

- Ann Bonney, Child Guidance Association, stated that payments for outstanding claims, based on the DSS audit and mediated by DSS have not been forthcoming. Reportedly, DSS sent letters to the MCOs indicating amounts owed. Of the current MCO contractors Anthem BCFP is the only plan that indicated to DSS that they had not agreed to the mediation process. It was suggested and Mr. Gaito agreed to provide an update on this matter at the June 22 Council meeting.
- Thomas Cushman, a consumer member of the National Alliance for the Mentally Ill (NAMI) spoke to his concerns about the Medicaid and Medicare system eligibility and service coverage system. Mr. Cushman advocates consumer choice in treatment modalities that include alternative care. Jeff Walter thanked Mr. Cushman for presenting his concerns and encouraged him to continue to attend the subcommittee meetings to present a consumer's voice in public programs.

The Behavioral Health subcommittee will next meet on Wednesday July 18th at 2 PM. Mr. Walter suggested that DMHAS and Donna Campbell from the Women's

Consortium be invited to participate in the discussion of HUSKY adult mental health services that the subcommittee agreed to address at the March meeting.

The Priority Work Group and the BH Outcomes Steering Group will meet individually in June on a date to be announced.