

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
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Meeting Summary: May 18, 2004

Chair: Jeffrey Walter

(Next meeting: June 29, 2 PM in LOB RM 1A)

BH Work Groups

- ***BH Claims Work Group:*** The BH claims WG and the reporting format was developed when the DSS requested the Medicaid Council clarify the broader DSS/MCO contractual language for claims reports that include denied claims. The BH WG will develop a report template that could be used for other services and use information specific to denied BH claims to identify claim problems and intervention points with MCOs and practitioners. Mr. Walter hoped the information could be provided in a month.
 - The Anthem BCFP stated they did not know if or when the plan could provide the report. The ABCFP would end up reporting on denied claims for all services. Further, Anthem requested DSS clarify the specifications of this contractual provision. Mark Schaefer will discuss this with Rose Ciarcia (DSS-HUSKY) and inform the SC. The other two MCOs (Magellan and CompCare) attending the meeting stated they would be able to report on the data requested (see below) and Mr. Walter verified this is not intended as a one-time report.
 - ***The report parameters are:***
 - Dates of service from July 1, 2003 through December 31, 2003.
 - Top reasons for denials by category, broken out by level of care – hospital-based and non-hospital based intensive outpatient and other outpatient services.

- Identify denial reasons for the most common denial category by level of care.
 - For denials in the “no or incorrect authorization” category, identify reasons within this category by level of care.
 - It was agreed that the report on the percentage of denied claims overturned during this time period and denial reasons would be on hold for now, as several MCOs noted that gathering this information in a timely manner is difficult.
- ***Pharmacy Claims Work Group:*** The last meeting was March 16. Rose Ciarcia will speak with the MCOs, then a future meeting will be set up focused on uniformity of PA forms and common provider-useful common PA drug reference guide.

DSS Update: Dr. Mark Schaefer

Dr. Schaefer introduced Stacy Gerber, the DCF director of administration for the Bureau of BH & Medicine. Ms. Gerber is responsible for the DCF transitioning of clients with the Dept of Mental Retardation (DMR) and DMHAS, residential referrals, grants, and contracts.

Dr. Schaefer stated the State is anticipating carving out BH services within the HUSKY A & B programs, likely to include children and adults. The proposed service carve-outs – dental and BH -require an amendment to the 1915(b) (HUSKY A) waiver and changes in the State Plan (HUSKY B). Implementation of waiver and State Plan changes for HUSKY A & B dental & BH administration are dependent on approval by the Centers for Medicare & Medicaid (CMS) and the legislative Committees of Cognizance.

Options for moving forward remain under review. No timeframes have been established. The DSS may provide additional details at the June BH subcommittee meeting. Ms. Gerber (DCF) noted that KidCare is the BH program that is related to HUSKY children and the DCF voluntary populations. Ms Gerber (DCF) stated that therapeutic foster care and group residential care, and family support teams are part of the overall agency exit plan. The DCF hopes to have contracts for these services in place July 1, 2004.

BH Outcomes Study Report

Dr. Alan Kazdin reviewed the report with the Medicaid Council on May 14 and Council discussion highlighted the importance of the implementation of evidenced practice in the various levels of care, the development of an evaluation of the effectiveness and efficacy of BH services, and the identification of a more feasible pre-post treatment assessment and client demographics process. Videos on parenting techniques were identified as on tool that is an example of low cost interventions to help families manage BH issues. However, Susan Zimmerman from the parent advocacy group FAVOR cautioned that families receive multiple treatment types and are often frustrated with the lack of integration among these various treatment approaches. The advocacy group is working with family focus groups about treatment issues and will share those findings with the Subcommittee when available. It is important to preserve assessments of family involvement in treatment planning.

Mercer Quality EQRO Special Reports.

Jeffrey Walter reported on the phone conference with the Mercer representatives that focused on special quality projects beyond Mercer's required operational audits, as the current contractor of the HUSKY program quality review organization. Mr. Walter reviewed the BH projects, requesting subcommittee input. Mr. Walter noted potential BH special projects:

- Using the recent report on the HEDIS measure, follow-up after psychiatric hospitalization, a chart audit could be one tool to identify the barriers to connecting patients to outpatient care.
- Assess the impact of intensive home-based services on re-hospitalization and length of stay and indirect impact on BH expenditures.
- Look beyond the gross penetration rate as a measure of access to BH services, given the difficulties often described at the Council and subcommittee meetings on accessing child psychiatry, specialty BH services.

Discussion:

- Anthem BCFP endorsed the study on home-based services. The health plan is looking at this area of intervention now.
- FAVOR noted two areas:
 - Since children often enter the BH system from different points (I.e. schools, the primary care provider, Juvenile Justice (JJ) system) could Mercer look at the impact of BH services in the JJ system? Mercer only has access to HUSKY encounter data; this would require a broader study looking at data within other state agency systems.
 - What is the impact of psychiatric medication on intensive services? Dr. Schaefer stated a poly pharmacy study has been done in CT. A Mercer study in this area

would require more specific questions. However, if BH services are carved-out of HUSKY, the State could receive the RWJ performance measurement grant for KidCare, which would allow for interagency data collection of key indicators. The State must decide whether it can receive this grant by June.

Intensive In-Home Services Update (IHBS)

These services may have three different funding sources depending upon the population served by the contracted provider: The DCF provides support dollars for DCF committed children, the Mental Health Strategy Board funds a portion of IHBS provided to non-DCF children for 6 of 7 programs and the MCOs pay a portion of the costs. Approximately 12-13 programs are funded by DCF, some of which DCF fully funds for these services. Stacy Gerber will provide a chart of authorized providers for IHBS at the next meeting.

Next Meeting: The BH subcommittee will meet Tuesday June 29th at 2 PM in LOB RM 1A. The agenda will include the claims report and pharmacy work group status, and the HUSKY A & B BH service carve-out status. A discussion about the HUSKY carve-out and questions raised could then be answered at the September subcommittee meeting. Mr. Walter stated that the subcommittee could outline its role in the transition to the carve-out. Dr. Schaefer stated DSS has been working with the MCOs on transitions issues since March to prepare for the possibility of the service carve-out.

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