

# Connecticut Medicaid Managed Care Council

## Meeting Summary: October 12, 2005

*Co-Chairs: Senator Chris Murphy & Jeffrey Walter*

***(Next meeting November 9, 2 PM in LOB RM 1D)***

Present: Sen. Chris Murphy & Jeffrey Walter (Co-Chairs), Rep. Peggy Sayers, Stacey Gerber, Karen Andersson, Scott McWilliams (DCF), Mark Schaefer, David Parrella (DSS), Ellen Andrews, Paula Armbruster, RoseMarie Burton, Thomas Deasey (Comptroller's Office), Dep.Comm. Pat Rehmer (DMHAS), Anthony DelMastro, Stephen Fahey, Heather Gates, Sharon Langer, Judith Meyers, Patrick Monahan, Pat Naylor, Sherry Perlstein, Marilyn Ricci, Dana Marie Salvatore, Barbara Sheldon, Vicki Veltri, Dr. Ramindra Walia, Dr. Robert Zavoski, Susan Walkama, Richard Sheola (VOI), M. McCourt (Council staff).

### **Behavioral Health Partnership Reports** *(click on meeting handout, information update below)*



BHOC presentation  
10-12-05.ppt

- Waiver status: DSS has submitted the waiver to remove behavioral health services from the current managed care delivery system and is awaiting questions from CMS.
- Administrative Service Organization (ASO) contract status: the contract is under final review by the agencies.
- Rate setting highlights:
  - DSS noted that rate/fee information will now come directly from the MCOs as provider disclosure of contract fees violates MCO/provider non-disclosure terms.
  - BHP proposes amending fee schedules to pay non-MD BHP practitioners at a percentage of MD fees, which would result in fee increases for the majority of APRN/PhD/LMLC practitioners.
  - Home-based services (multi-systemic family-MST, multidimensional family therapy – MDFT, functional family therapy-FFT and others will remain as fee-for-service (FFS) for HUSKY A/B and current grants will remain. Significant rate differences would be addressed either through provider specific rates or grant adjustments.
  - Intensive In-home Child & Adolescent Psychiatric Services (IICAPS) services *(see last two slides for rate methodology)* will convert to FFS for HUSKY A/B &

DCF clients for service dates after 12/31/05, full grant funding will continue for quarter ending 3/31/06 and some slots will remain grant funded. On completion of analysis of the FFS utilization, DCF/DSS will consider adjustment of rates/grants in October 2006. There are 14 IICAPs providers in the state. Yale provides extensive practitioner training paid by DCF. New providers outside the DCF system could receive training but would be paid for by that provider.

- By statute, intensive service rates are based on rates effective 7/1/05.
- DCF noted that the DCF services under the ASO as of January 1 will be residential treatment, group homes and the IICAPS program. DCF anticipates adding additional services going forward.
- Voluntary services will initially be unchanged. Enrollment continues through the “hotline”; however the agency will look at alternatives to this. VOI has been educated about voluntary services so the ASO can help connect families to the service.

Further discussion:

- ✓ The Enhanced Care Clinics proposal will be more complete within the next two months. Sen. Murphy asked how these new services will be funded. DSS stated the rate increases to the MCOs will also be applied to BH services and would fund these clinics. The additional dollars put in the biennial budget (\$4.8M SFY06 & \$7.6M in SFY07) would be applied to the anticipated 7-8% BH utilization rate increase and some net increases in gross administrative costs that have a 75% federal match instead of 50% match. Some services, such as therapeutic mentoring may be delayed in operationalization for a few months.
- ✓ Sen. Murphy stated the role of the BHP Oversight Council would be to review services added or delayed in the BHP and the amount of dollars associated with this process, as it is increasingly difficult to follow the dollars. In response to Sen. Murphy’s question, DSS noted that unexpended BHP dollars would lapse at the end of SFY06; if BH service utilization exceeds the projected increase, dollars would need to be added.
- ✓ The CT Hospital Association offered to host a forum for hospitals for the BHP to explain the established rate methodology distribution, distribute individual hospital rates and allow provider input into the rate process. DSS would welcome participation in such a forum.

**BHP Implementation: ValueOptions (VOI), Richard Sheola** (*click on presentation materials below*)



CT BHP VO BHOC 10  
11 05 v1.ppt

Mr. Sheola (VOI) highlighted key general implementation activities that include staff recruitment and recommendation to the BHP agencies of a selected Service Center Vice President. Provider/member orientation plans were outlined:

- Statewide provider forum, open to BH and non-BH providers, will be held on **December 1, 9AM-12 Noon at the Crown Plaza, Rocky Hill**. Five regional provider forums will be held in the Spring and Summer 2006 and trade association forums will be held in November & December 2005.
  - The website [www.ctbhp.com](http://www.ctbhp.com), under development, will provide more information to providers & members.
  - Providers can call the 1-800 EDS number to check their Medicaid enrollment status for billing under the partnership.
- Family advocate meetings with VOI have begun for participation in training, as well as development of the member brochure and handbook
- Member orientation will be scheduled statewide prior to January 1, 2006. Beginning 12/5/05, the 800# for member calls to VOI will be opened.

#### Highlights of Council discussion:

- ✓ *Recommended that VOI consider provider involvement in communicating the BHP program to members, similar to the Medicare part D approach. Mr. Sheola will bring this back to the VOI team.*
- ✓ *Why is there focus on independent providers in the recruitment process? Independent providers are less apt to be enrolled in Medicaid (CTMAP), rather part of the MCO networks; need to be enrolled in Medicaid for EDS payments. All hospitals, mental health clinics, IICAPS and home care agencies are already enrolled in Medicaid. Need to enroll psychologists and Master's level providers, non-hospital sub acute and residential providers and school-based clinics that are not enrolled Medicaid.*
- ✓ *The ASO IT system link with EDS for authorization and claims is in process. Mr. Walter requested VOI work with the Transition Subcommittee to recruit providers to test the claims system before January 1, 2006. This proved very helpful in the SAGA BH change.*
- ✓ *Suggest that independent practitioners have separate codes for clinic and private practice sites. Mr. Sheola will follow up on this.*
- ✓ *Understand that several hospitals have terminated their Anthem contracts; how will this impact provider network capacity in HSKY and the BHP program? DSS stated:*

- Contract issues are between the MCO and the provider. The department has contractual provisions for the MCOs to meet specific network capacity ratios.
- Regarding the BHP program, a provider (clinic, independent, hospital, etc) may leave a HUSKY network, but would still serve BHP clients as an enrolled Medicaid provider.

## Subcommittee Reports

➤ Transition Subcommittee, co-chaired by Steve Fahey & Susan Zimmerman. The first meeting focused on 1) the communication process with plans, providers and consumers and 2) MCOs' responsibility in ensuring ARs will be paid as the BH vendors exit the delivery system. This is basic to maintaining financial viability of the provider system. DSS is requiring MCOs and VOI send representatives to the October 25 meeting and subsequent meetings.



BHP OC  
tion SC 9-05

➤ Provider Advisory Subcommittee, chaired by Susan Walkama The Subcommittee has completed several more level of care guidelines for the BHP Oversight Council's approval and recommendation for acceptance by the BHP agency clinical management committee.



Adult BHP Psychological  
l of Care Guid Neuropsychc

Action: It was moved and seconded that the guidelines be accepted allowing the Subcommittee to edit the recommendations based on feedback received at the Oct. 19 meeting. The motion was passed. Mr. Walter asked the members to review the guidelines sent to them prior to this Council meeting and send comments to the Provider Advisory Subcommittee by **Oct. 19<sup>th</sup>**.

Concerns about the timing of the implementation of Medicaid "medical necessity" in the authorization process are outlined in the letters (see below) from Legal Aid and the Attorney General's Office and the DSS response.

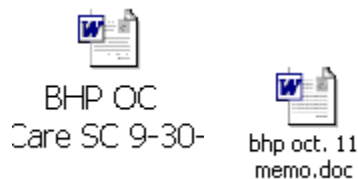


Mr. Walter stated that the Council would consider establishing a review process of the level of care guidelines implementation in the BHP program, once the program is underway.

➤ Quality Management & Access Subcommittee, chaired by Dr. Davis Gammon, Vice-chairs Paula Armbruster & Sheila Amdur. The Subcommittee has reviewed the list of performance indicators submitted by the subcontractor Health Services Research Institute (HSRI) that will create a 'report card' of the BHP program. A Subcommittee work group further distilled the list of indicators that will be reviewed by the full Subcommittee October 21.

➤ Coordination of Care Subcommittee, chaired by Sheila Amdur: This Subcommittee met for a final time to review the outcome of the Subcommittee's recommendations in the transitional document. See results of recommendations in 9/30/05 report below. Mr. Walter asked about how MCO members will know about the BHP program change. Dr. Schaefer responded:

- Following the BHP OC recommendation, all MCOs will put the VOI 1-800 number on the back of the HUSKY A/B member card. Since Anthem is in the process of reissuing card in June 2006, Anthem has modified their member services phone tree to allow a member to select the BHP option to connect to VOI.
- HUSKY B members will now receive the Connect Card and a Medicaid ID even though the program is not Medicaid. Providers can use the swipe card to identify if the person is an active member in HUSKY A/B on Jan 1, 2006.



➤ DCF Advisory Subcommittee, chaired by Heather Gates. The subcommittee reconvened remaining focused on DCF/ASO interface:

- Managed Services authorization by ASO
- Role of ASO in voluntary services
- Relationship of the ASO/regional DCF offices/the managed service system (MSS)/care management.

- Role of the peer engagement specialists.
- Role of the community collaboratives and MSS

Mr. Walter thanked all those participating in the Subcommittees and thanked Dr. Andersson (DCF) for providing a helpful overview of the BHP and the ASO. Dr. Andersson will provide her handouts to the full Council. Mr. Walter encouraged any questions or future agenda items be emailed to him at [Jwalter@rushford.org](mailto:Jwalter@rushford.org) or call him at 203-238-6805.