Connecticut Medicaid Managed Care Council

Meeting Summary: January 18, 2006
Next meeting: February 15 from 2-4 PM in LOB RM 1D

Present: Sen. Chris Murphy & Jeffrey Walter (Co-Chairs), Sheila Amdur, Paula Armbruster, Anthony DelMastro, Stephen Larcen, Davis Gammon, MD, Heather Gates, William Gedge, Sharon Langer, Patrick Monahan, Pat Naylor, Sherry Perlstein, Marilyn Ricci, Dana-Marie Salvatore, Vicki Veltri, Susan Walkama.
Also present: Dr. Mark Schaefer (DSS), Dr. Karen Andersson & Aurale Kamm (DCF), Lori Szczygiel (VOI, CTBHP), Lynn Childs (CHNCT), Dorothy Lucas for Janice Perkins (Health Net), Dr. Michael Orlosky (Anthem), Carla Taymens for Ellen Andrews, Robert Diaz (Preferred One), Cheryl Carotenuti (State Dept Education), M. McCourt (legislative staff).

General Business
Introduction of new Council member:
Cheryl Carotenuti from the State Department of Education will join the BHP Oversight Council as an ex-officio member.
December 2005 meeting summary was accepted without change.
Member Substitute attendance: Mr. Walter clarified this, stating the statute (PA05-280) defined the voting and ex-officio membership of the BHP Oversight Council; at this time there is no provision for a voting member to have a substitute attend meetings for them.

Behavioral Health Partnership (BHP) Agencies Report
Department of Social Services: Dr. Mark Schaefer
Highlights of handout (see 2nd icon) and questions:


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- ✓ Dr. Schaefer stated that rates have been issued for every level of care and about every service.
  - o Methadone service rates currently are temporary uniform rates. This service rate setting requires further review of the MCO/provider contracts as there are differences on the reported rates between the two.
  - o Hospital rates: about 20 hospitals have submitted letters to BHP grieving their rates, lack of rate end dates or specific issues related to calculations based on the weighted methodology. Mr. Starkowski (DSS) will be responding by letter to these hospitals.
  - o Sen. Murphy confirmed with DSS that the BHP Council will revisit program and rate issues in March or April 2006. The initial intent was to keep to the proposed CTBHP start date of 1/1/06 with a March 2006 review of the first several months of the program.

- ✓ Adequacy of the BHP provider network was discussed:

- *How does the number of enrolled/pending providers in CMAP* (providers have to enroll in the Medicaid program in order to have BHP claims paid) *compare to the number in the HUSKY MCO/BH vendor system?* Dr. Schaefer noted that the MCOs' provider recognition process differs from the BHP process so it is difficult to compare the two. The ASO (VOI) and BHP agencies will be sending follow up letters to clinics, hospitals and independent providers not yet in the CTBHP system. Dr. Larcen (Co-Chair of the Transition SC) stated that the SC has been concerned about the low numbers of enrolled medical providers (I.E. MD & APRN) to date. Timely access to psychopharmacological interventions, problematic in the HUSKY managed care program, appears be continuing in the BHP program. Dr. Schaefer noted that early warning signals that HUSKY providers continuing to treat HUSKY members after 1/1/06 but are not enrolled in CMAP are:

    - Providers realize their claims are no longer being paid by the BH subcontractor and rejected by EDS
    - Disruption analysis report, which will be presented at the BHP Transition Subcommittee meeting from 2-4 PM on 2-10-06.

- Those providers whose applications were incomplete at the end of January and continued to provide services to CTBHP members will be retroactively enrolled to 1-1-06; these retroactive enrollments in CMAP could extend beyond the month of January.

Department of Children & Families: Dr. Karen Andersson

Dr. Andersson reviewed the status of DCF Voluntary Services Program enacted through legislation in 1997 to provide children with complex behavioral health needs access to DCF funded behavioral health services without the family relinquishing custody to DCF. The regulation requires that children must meet certain behavioral health criteria that relate to severity and chronicity of symptoms.

Discussion points:

- ✓ Dr. Andersson stated that the DCF Voluntary Services Program remains intact, irrespective of the CT Behavioral Health Partnership. The CT BHP provides a new administrative structure through which VS clients can access some of the services they might need. Other services remain grant funded and outside of the CT BHP. Regardless of how a service is funded or administered, the service array offered to families who apply and are accepted into the VS program remains the same. There is no decrease in services available to children under Voluntary Services.
- ✓ The question was posed as to whether children with extraordinary needs can enroll in Medicaid regardless of family income. CT does not have such programs (other than Katie Becket Model Waiver that has capped enrollment). Voluntary Services (VS)was designed

to provide assistance to families who are unable to procure necessary behavioral health services for their children irrespective of coverage group

✓ Children not enrolled in HUSKY A/B or DCF involved and are commercially insured ("underinsured") can apply for voluntary services. Dr. Andersson stated that in this case DCF seeks reimbursement from commercial insurers for those services covered by the plans and then allows the child/family access to publicly funded programs.
✓ For families who are not HUSKY A/B eligible and who are not DCF involved or who do not wish to apply for Voluntary Services, DCF intends to set aside approximately 10-15% of the exiting grant dollars dedicated to the Intensive In Home Child and Adolescent Psychiatric Services Program. Dr. Schaefer noted that grant funded services are outside the range of the ASO-managed services.
✓ When considering funding streams, several points were made during the discussion:

- Children may actually be eligible for HUSKY A or B and families may not realize that and/or may not know they can be commercially insured and still eligible for Medicaid HUSKY A (not B) as the payer of last resort.
- For the *underinsured* families that qualify for Voluntary Services (Intensive & other community-based services), the State is the sole payer for many of these services with no contribution by the commercial carrier.
- From the provider perspective, a significant reduction of grant dollars (used for non-CT BHP client services) would create adverse incentives for providers to provide commercially-insured children with non-hospital community-based intensive services.
- The State is faced with fiscal challenges that require a broader discussion: 1) ensure that providers retain adequate grant dollars to treat underinsure/uninsured (non-HUSKY eligible, non-DCF committed) children outside the CTBHP, 2) assess the feasibility of accessing federal dollars through programs that provide (wrap) services to non-Medicaid eligible children with complex needs and 3) have more commercial carriers provide flexible benefits for non-hospital, community-based intensive services.
- CCPA is undertaking a survey of provider payer mix for intensive home services to begin to understand the provider risk in the grant/FFS conversion. DCF will be collecting data on non-CTBHP Voluntary Service children on the services used and dollars spent.
- There is a need to consider how to provide care coordination for complex needs children outside the CTBHP program.

Subcommittee Reports

Quality Management & Access SC: Dr. Gammon presented the recommendation (*see icon below)* regarding DSS and DCF agency assessment of common data element reports.


Recommendation from the QM & A Con

Council action: The motion to accept the SC recommendation was made by Paula Armbrusteer, seconded by Vicki Veltri and pasted without change by the voting members of the Council.

Provider Advisory SC: Susan Walkama reviewed the preliminary Provider Advisory recommendations that were endorsed by the Quality Management SC for Enhanced Care Clinics (ECC) standards (*click on icon for Subcommittee recommendations).*

Susan Walkama asked the BHP Council to approve the spirit of the preliminary recommendations and allow the Provider Advisory SC to continue to review the final ECC proposal with the BHP agencies and if approved by the subcommittee, allow the BHP to move forward on the ECC.

Council Action: Motion was so moved by Dr. Larcen, seconded by Paula Armbruster and approved by voice vote with 2 nays noted.

DCF/ASO Interface Subcommittee: Heather Gates (Chair) reported that the SC focused on the IICAPs rates and grants to fee-for-service conversion for this and other services. Concerned that the conversion would reduce grant dollars and thus access to services for non-CTBHP and non-VS clients, the Subcommittee recommended that **"DCF and DSS be requested to extend the period of time that the IICAPS teams are funded 50% by grants from 4/1/06-6/30/06 to 12/31/06".**

There was extensive discussion of the motion regarding the budget assumptions (an additional $1M) and the provider risk for services to underinsured/uninsured within the fee conversion. Short of asking to hold off on all rate conversions until more provider/service impact data is available, the SC recommendation focused on the IICAPs grant.

The Chair and a member questioned if there was a quorum present for a vote to be taken. There were 8 remaining voting members present; the Chair requested that the survey of IICAPS providers insurance case-mix be expedited with follow up discussion in the February Council.

Transitional Issues Subcommittee: Dr. Larcen provided an overview of the last SC meeting that included member education and outreach & outstanding claims issues (*see report below).*

The SC will hear further claims report updates and the CTBHP disruption analysis on Feb. 10, 2-4 PM in LOB RM. 1B

The BHP Oversight Council meeting was adjourned at 4:30 PM. The next meeting of the BHP OC is **Wednesday February 15 from 2-4 PM in LOB 1D.**