Connecticut Medicaid Managed Care Council

Meeting Summary: April 12, 2006
Co-Chairs: Senator Chris Murphy & Jeffrey Walter
Next Meeting: Wednesday May 10, 2006 at 2 PM in LOB RM 1D

Attendees: Jeffrey Walter (Co-Chair), Sheila Amdur, Karen Andersson & Greg Messner (DCF), Mark Schaefer (DSS), Lori Szczygiel (VOI/CTBHP), Richard Sheola (VOI), Paula Armbruster, RoseMarie Burton, Cheryl Resha (Carotenuti), (SDE), Connie Catrone, Thomas Deasy (Comptroller's Office), Dorothy Lucas (Health Net), Lorna Grivois, Sharon Langer, Judith Meyers, Patrick Monahan, Pat Naylor, Sherry Perlstein, Pat Rehmer (DMHAS), Kevin Coleman (CHNCT), Gail Digoia (Anthem), Robert Diaz (WellCare), Dana-Marie Salvatore, Steven Larcen, Ramindra Walia, MD., Susan Walkama, Beresford Wilson, M. McCourt (Leg. staff).

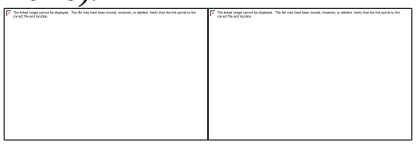
Council Administrative Issues

• The March meeting summary was accepted with the addition of Dr. R.Walia, RM. Burton to the attendance list.
• BHP Oversight Council report was sent to the General Assembly committees of cognizance at the end of March. Council recommendations were included in 2006 proposed legislation.

Behavioral Health Partnership Agencies' Report

IICAPS Rates & Grant Conversion

Karen Andersson, with Greg Messner (DCF fiscal Officer), reviewed the status of the IICAPS grant awards for FY07. (C*lick on 1st icon for DSS/DCF presentation & 2nd icon to view DCF memo).*



Highlights of report/Council discussion:

- ✓ The DCF grants will remain whole for the entirety of FY 06 (% *grant reductions were proposed to begin April 2006).*
- ✓ Data computation was based on IICAPS provider monthly data submitted to Yale. The rate is based on an estimated cost ($24,000/yr) to fund a single IICAPS team. Funds were apportioned among providers according the number of "unentitled" children served (*see 'IICAPS grant awards' icon*). It was noted that some of these cases may have commercial insurance that is not reimbursing for this service or is the primary payer.
- ✓ 10% of the total IICAPS funding is to be preserved for grants to support FFS-ineligible clients. Funding prorated by number of ineligible cases/program.

Council questions:

• *Given the small cases loads/provider, why wouldn't the grant reduction be 25% rather than 10% of the total current grant amount?* DCF responded that the data was for one month and the grants are a small portion of the IICAPS funding. DCF will assess

grants/FSS dollars to see if there are billing shifts.
• *Dr. Larcen noted that in earlier discussions the question was raised that unentitled cases should be paid on the FFS scale rather than grants.* Mr. Messner said this could be discussed further.

✓ CCPA study identified travel as a key component of provider variations in productivity. Using the Yale (urban) data, average trip time for each team was calculated using Mapquest. The remaining 5% of the total IICAPS funding that was reserved for the grant was prorated based on the time each team's average trip time exceeded the average Yale time. So the grant becomes 15% of the projected total IICAPS funding.

Council comments:
• Over the next 6-12 months there needs to be an assessment of administrative time/services. Providers can be encouraged to establish services closer to their patient population. The current methodology reinforces non-treatment expenditures.
• Data is needed to monitor model assumptions closely in order not to put providers at risk. After 6–12 months it will be important to re-evaluate fairness of the grant conversion model, established rates, cost effectiveness and utilization. VOI/CTBHP will have this data as will DCF. The Subcommittees will continue to include outcomes and financial evaluation of model in their agendas.
• The actual rates have been implemented without BHP Oversight Council action (although concept, methodology had been reviewed and there were recommendations from the DCF SC); the Chair reserved the topic and Council action for the May meeting.
• Measurement of outcomes for particular intermediate programs can be done through data review; however cannot compare effectiveness among intermediate service programs as there is no random treatment modality assignment.

DCF stated this model (IICAPS) is complex and the agencies have looked at multiple variables that contributed to the rates and grant conversion percentages. Both agencies committed to reviewing the fairness of the rates and grant funding assumptions, cost effectiveness, utilization patterns and service access in 6-12 months after the July 1 changes are implemented.

Observation Bed Rates (pg 5, 1st icon): the rates under managed care varied by MCO and provider. The proposed observation bed rate is set at 80% of the IPA rate. The rates will be finalized pending the BHP Oversight review and comment. The Council, by statute, has a 90-day time period to review the rates, make recommendations to the BHP and, if needed to the CGA.

Claims Resolution Process
Dr. Steve Larcen, Chair of the Transition subcommittee, summarized the SC activities regarding the outstanding claims. At the request of the Council Co-Chairs, DSS will be sending letters to each of the MCOs outlining steps required by DSS for the MCOs to address resolvable claims.

• DSS will analyze a sample of disputed claims from each MCO to determine reasons why timely-filed claims for authorized services remained unpaid.
• MCOS will relax the appeals time frame by 60 days for denials resulting from MCO or subcontractor errors.

• MCOs will provide guidance to providers regarding the format and types of claims issues to be included in the resolution process.

Outstanding claims that meet the criteria should be submitted to the MCOs by June 1; however this date does not supercede the MCO standard timeframes for more recent claims, which may fall later than June 1st.
(See summary of claims issues, provider report template in Transition April SC meeting summary below)

Dr. Larcen stressed that it is important that providers know about the timelines and appropriate actions for submitting outstanding claims that meet the identified criteria within the June 1 timeline. Both CCPA and CHA are asked to continue their work on this issue.

Enhanced Care Clinics (ECC) Status

Substantive feedback from the Council, the Provider Advisory Subcommittee and others has been added to the ECC RFP, which has been sent to the Deputy Commissioners for review and approval. A half-time contractor will be hired to oversee the RFP application process. The agencies believe they have been responsive to specific concerns about the ECC RFP.

VOI/CTBHP Report (click on icon below to view presentation)

• VOI hiring: 97% of key positions have been filled.
• Authorization process was implemented for residential services 2/1/06 and for inpatient/detox/obs. on 4/1/06.
• Rapid Response Team (EDS, DSS & VOI/CTBHP is reviewing live claims data, identifying claims problems and intervening to help the provider. More detail will be provided at the Transition Subcommittee meeting May 5, 2006.
• Network development (pg 5): of the 302 unknown providers from the managed care files, 247 have been "found", of which 87 are physicians, 34 PhD, 106 Master-level and 24 APRNs.
• Disruption analysis (pg 6): Clients impacted by providers whose status remains uncertain or providers that declined enrollment in CMAP was approximately 224; however many of the patients may have completed treatment at the time of this report.

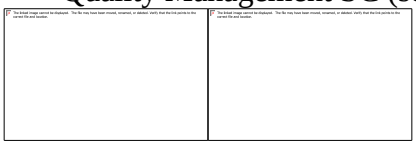
• Community outreach activities continue (pg 8) and Intensive Case Management (ICM) cases are increasing with 28 mid to long term and 34 short-term, high risk cases. VOI/CTBHP can provide vignettes on the outcomes of the ICM "short term" cases and will be able to provide data on demographics and disposition in the future. The Quality

Management SC has completed their review of the ICM criteria and approved the criteria with recommendations.
• VOI/CTBHP System Managers have been meeting with the community collaboratives, gathering data for the service development report due to the BHP agencies in July 2006.

Council Subcommittee Reports:

✓ (*Please see Transition Subcommittee report above)*

✓ Quality Management SC (see meeting summaries below)



Activities have included review and approval of the ICM criteria and the outpatient registration screens with recommendations and continued work on the HSRI program performance indicators.

✓ DCF Advisory SC: Kathy Carrier, parent advocate, is the new Co-Chair of the SC with Heather Gates. The SC has been meeting about the IICAPS issues and had a presentation by VOI/CTBHP on the interactive roles of the system managers, provider relations and DCF local offices.

The BHP Oversight Council will meet **Wednesday May 10, 2006 at 2 PM in LOB RM 1D.**