

# Connecticut Medicaid Managed Care Council

## Meeting Summary: May 10, 2006

Co-Chairs: Senator Chris Murphy & Jeffrey Walter  
(Next meeting: Wednesday June 14, 2006 in LOB RM 1D)

*Attendees: Jeffrey Walter (Co-Chair), Rep. Peggy Sayers, Sheila Amdur (Adult advocate), Dr. Karen Andersson (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (VOI/CTBHP), Ellen Andrews (Policy), Paula Armbruster (Child guidance clinics), Rose Marie Burton, Connie Catrone (SBHC), Thomas Deasy (Comptroller Office), Anthony DelMastro (Residential prog.), Robert Diaz (WellCare/PONE), Razia Hashmi MD (Anthem), Rich Spencer (CHNCT), Dorothy Lucas (Health Net), Heather Gates, Lorna Givois (Family advocate), Sharon Langer, Judith Meyers, Patrick Monahan (CHA), Sherry Perlstein, Pat Rehmer (DMHAS), Dana Marie Salvatore (Family advocate), Dr. Steve Larcen, Ramindra Walia MD (Primary Care), Susan Walkama (Adult clinics), Barbara Parks Wolf (OPM), (M. McCourt - Legislative staff).*

### Council Administrative Issues

- A motion was made by Judith Meyers, seconded by Thomas Deasy to accept the April BHP Oversight Council (BHP OC) meeting summary. The summary was accepted without change.
- Mr. Walter reviewed the discussion of the BHP OC Executive Committee (Council and Subcommittee chairs/co-chairs) related to the organization of future Council meetings. Since most of the oversight work is done at the subcommittee level, the Council agendas will be organized primarily by subcommittee reports/recommendations & related CTBHP reports.

### BHP OC Subcommittee Reports

DCF Advisory Subcommittee: Co-Chairs: Heather Gates & Kathleen Carrier

The Subcommittee has not met since the last Council meeting to further discuss the rate and grant conversion issues for IICAPS program discussed at the 4/12/06 Council meeting: July 1, 2006 implementation includes the approved Medicaid rate of \$26.40/15 minutes, preservation of 10% of total IICAPS funding for grants to support non-Medicaid eligible clients with prorated funding by number of ineligible cases per program and prorating the remaining 5% of total IICAPS funding reserved for grants for team travel to home-based clients. Heather Gates stated the Subcommittee asks the BHP OC to defer recommendations until after the subcommittee can meet.

DCF noted that the contracts are ready to be executed; while the agency did not intend to amend these contracts, cogent arguments would be considered. Dr. Schaefer (DSS) stated the agencies met the statutory grant conversion language in that the methodology, which represented reasonable service costs, was reviewed in the Council in the fall of 2005. If the methodology needs to be revisited, the Subcommittee would bring recommendations to the Council as the Council did not have the 90-day review time prior to implementation.

In the future the SC will continue to work on other DCF conversion issues, bringing methodology & rates/grant conversion issues to the BHP OC. The BHP agencies committed to honoring the 90-day review period prior to actual implementation.

*Provider Advisory Subcommittee:* Co-Chairs: Susan Walkama & Dana Marie Salvatore



*(See meeting summary with status of LOC guidelines & other SC recommendations)*

Highlights of discussion:

- The BHP agencies will report in June to the BHP OC on the agencies' response to the SC recommendations.
- Routine reports on authorizations/denials & reasons will be provided once the authorizations & claims are linked. There have been no denials to date.
- The provider handbook has not yet been issued.
- The Subcommittee wants the opportunity to review and comment on the Utilization Review (UR) protocols prior to finalization/implementation. Lori Szczygiel (VOI/CTBHP) stated the ASO questions/level of care is on the web site: [www.ctbhp.com](http://www.ctbhp.com). Specific questions will be added as the various levels of care UR are implemented.
- Mark Schaefer reviewed the status of the **Enhanced Care Clinics (ECC)**: the RFA has been approved by Mr. Starkowski (DSS) and is currently being reviewed by the DSS contract unit. When the RFA is released, it will be posted on the DSS website and providers will be informed as well. The ECC payments to ECC clinics will be made retroactive to July 1, 2006. Lois Berkowitz, formerly with Anthem BH program, is the DSS consultant for the RFA process. The outpatient registration forms include crucial ECC items that will allow assessment of timely service access.
- The BHP agencies have been working with the Child Health Development Institute (CHDI) on **coordination of BH services with primary care practices**. The draft plan will be presented to the Coordination of Care SC in June.

*Transition Subcommittee:* Co-Chairs: Dr. Stephen Larcen & Lorna Grivois *(see report below)*



Lorna Grivois, Family Advocate and BHP OC member was welcomed as the Co-Chair of the Subcommittee.

The subcommittee will continue as the Transition/Operations Subcommittee *(click on icon below)*



Recent subcommittee focus included:

- Resolution of outstanding claims from the BH managed care program. The MCOs have been working with providers that have submitted unpaid claims data, based on criteria outlined in the Council letter and DSS communication to the MCOs. Thus far the claims projects represent a fairly small subset of hospital (2-4 hospitals) and outpatient providers (8—10 of the 29 initially participating in the CCPA survey). Below is 1) an example of the initial claims information that should be sent to the MCO, provided by Rich Spencer of CHNCT and 2) the MCO claims contact staff.



The BHP agencies provided an aggregate report of CTBHP claims denials by reason (see above SC report for parameters).

- VOI/CTBHP precert activities included about 2000 authorizations with authorizations taking an average 28 minutes and concurrent reviews about 10-15 minutes. As both the VOI staff and providers become more familiar with these processes, the ASO anticipates the time to complete the authorizations/reviews will be reduced.
- The VOI/CTBHP operations update reports, provided to the Subcommittee will also be sent to the BHP OC in order to reduce redundant ASO reporting

*Quality Management & Access Subcommittee:* Chair: Dr. Davis Gammon, Vice-Chairs – Paula Armbruster & Sheila Amdur. (Click on icon below for 4/28/06 SC meeting.)



Key activities (please see above report for more information):

- Performance indicators: subcontractor HSRI is creating a “report card” of the program's progress and improvement in service access for children. The State intends to create similar adult measures, noting that 90% of the child indicators would be applicable to adults. The reports will be public. BHP anticipates quarterly reports for some indicators. Mercer, the DSS Quality Review Organization will do a special ED BH data extract. Future data from HUSKY MCOs and BHP (Medicaid data) as well as fee-for-service data will be available from the DSS data warehouse.
- Assessing how best to quantify & define 'non-traditional’ providers and services. The ASO plans to include questions related to this on the member and provider satisfaction surveys.

*Coordination of Care Subcommittee:* Chair: Sheila Amdur

The subcommittee had been on hiatus after providing the BHP OC and BHP agencies with recommendations related to care coordination between medical/BH programs while the program administrative processes were developed and implemented. The Subcommittee will reconvene Wednesday June 14, 12 noon in LOB RM 3800 to review status of the recommendations with BHP agencies.

## Behavioral Health Partnership Rate Increases SFY 06 & SFY 07

Dr. Schaefer discussed the rate increases outlined in the DSS memorandum (*see below*)



The memo addresses two fiscal years. The Council addressed each separately:

- **SFY 2006:** at March-May 2005 meetings of the BH Committee (the precursor to the legislative BHP Oversight Council) DSS outlined the proposal to grant fee and/or rate increases to be allocated to ECCS in both years under the CT BHP program equal in total to the capitation rate increases *appropriated* (in the budget) to the HUSKY MCOs in those years if the budget did not include separate dollars for Enhance Care Clinics (ECCs). The SFY 06 -07 budget did not appropriate dollars for ECCs. The BH Committee, which strongly supported the implementation of the ECCs that would improve timely service access for children and adults in the CTBHP program, agreed to this plan. During SFY 06:
  - Individual MCOs negotiated rate increases higher than the appropriated 2% capitation increase, based on “ risk-adjusted factors” . The increases ranged from 5.5% to 2% with an average increase of 4% to the MCO capitation rates.
  - The ECCs were not in place in SFY 2006 to receive the 2% allocation.

The BHP OC was asked to consider that a 2% across the board increase be implemented retroactive to January 1, 2006 and waive the statutory 90-day implementation requirement in order to implement the provider rate increase prior to June. Discussion about the DSS proposal included questions about applying a 4% rate increase (the *average of the negotiated* MCO rate increase) rather than that appropriated to the MCO for SFY 2006. The BH Committee had approved the 2005 proposal with the expectation that ECCs would be in place and having no knowledge/expectation that higher rates than what was appropriated in the budget would be negotiated in the HUSKY managed care program.

**Council Action: Motion was by Sherry Perlstein, 2<sup>nd</sup> by Paula Armbruster, to accept the department's plan to implement the proposed provider 2% rate increase across the board for SFY 2006, waive the 90-day implementation requirement and request DSS consider increasing the SFY rate to more closely resemble the average 4% MCO rate increase for SFY06.** Motion was passed by voice vote with 2 opposing votes and 1 abstention.

- **SFY 2007:** DSS expects the ECC application process to be completed in July 2006. Reiterating the initial 2005 proposal to “ strategically invest” in mental health services, DSS would allocate the rate increase appropriated to the MCOs (2% in SFY 07 budget) to the CT BHP program to freestanding mental health & substance abuse clinics under the ECC proposal. The qualified (ECC) clinics would receive rate increases effective July 1, 2006 (beginning of SFY 2007). Council concerns were raised similar to those raised in past meetings that while the Council participants fully support the ECCs, non-ECC providers will be “ locked in” to an unchanging rate beyond SFY 06. The SFY 07 budget did not create a vehicle or the dollars to specifically adjust CT BHP provider

rates. Under managed care, some providers were successful in periodically negotiating rate increases.

**Council Action: A motion was made by S. Larcen, seconded by S. Amdur that the CTBHP provider rates in SFY 07 be based on the average percent increase in capitation rates allocated to the HUSKY MCOs for SFY07.** Motion was approved by voice vote with no opposing votes, 2 abstentions.

At this time, the negotiations for the BH “carve-out” dollars from the MCO capitation rates have not been completed. The Council doesn't have information about the actual dollars that will be available for the CT BHP from the carve-out of BH services. Mr. Walter requested the Council members further discuss and develop specific language regarding provider rates for SFY 07 at the June 14<sup>th</sup> meeting, given that the Council agrees dollars be allocated to ECCs and recognizes the importance of rate flexibility for non-ECC providers in the 2<sup>nd</sup> year and beyond of the CT BHP. 