

Behavioral Health Partnership Oversight Council

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Meeting Summary: October 10, 2007 Co-chairs: Rep. Peggy Sayers Jeffrey Walter Next meeting: Wednesday November 14, 2007 at 2 PM in LOB Room 1D

Attendees: Jeffrey Walter (Co-Chair), Karen Andersson (DCF), Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Connie Catrone, Elizabeth Collins, Anthony DelMastro, Stephen Frayne, Lorna Grivois, Sharon Langer, Stephen Larcen, Melody Nelson, Sherry Perlstein, Maureen Smith, Susan Walkama, Beresford Wilson. *Also attended*: Jean Hardy (Health Net), Mickey Kramer (OCA), Paul Potamiamos (OPM), Cristine Vogel (Comm. OHCA), M. McCourt (Legislative staff).

Council Administrative Issues

- Acceptance of the September Council meeting summary, motion by Stephen Larcen, seconded by Dr. Davis Gammon, was approved by voice vote.
- Maureen Smith, Office of the HealthCare Advocate, has joined the Council as designee for Sen. Andrew Rorback, Ranking member of the Public health Committee.

BHP Oversight Council Subcommittee Reports

✓ Coordination of Care Chair Connie Catrone (Click on icon below for Sept. summary)
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BHP OC Coordination Care SC 9-07.doc

Subcommittee highlights include:

- Discussion of proposal that DCF committed BHP members be exempt from the managed care (MCO) drug formularies now that the DCF centralized medication unit is in operation. Rationale is that DCF medical staff review and approve prescribed medication for DCF children; it is an added administrative task for providers to then adhere to the MCO formulary rules that include prior authorization of some medications.
- The results of the DSS Mercer pharmacy study that essentially evaluates the extent to which children and adults receive prescriptions versus those that don't when required prior authorization (PA) is not done, will be reviewed at the November meeting.
- Three of the four MCOs have revised their PA local pharmacy screens that instruct

the pharmacist to provide a temporary supply of a medication when PA has not been obtained by the prescribing practitioner. WellCare changes will be added in December 2007.

✓ DCF Advisory SC Co-Chairs Heather Gates & Kathleen Carrier.



✓ Operations Co-Chairs Lorna Grivois & Dr. Stephen Larcen



BHP OC Operations SC 9-21-07.doc

Dr. Larcen reviewed the SC activities over the summer and in September (*Click on icon above to view the Sept summary*) *that included:*

- Claims payments under BHP: on average 77% of the submitted claims are paid. Denials are attributed to *administrative* claims submission errors. The BHP Rapid Response Team has diligently worked with providers that either demonstrate a pattern of administrative claim denials or with practices that request assistance in solving claim problems. The majority of denied claims involve hospital outpatient clinics and other clinics. A subgroup is working on BHP secondary (TPL) claims problems.
- The psychiatric pediatric inpatient bed tracking initiative (not adult), has begun with voluntary participation of some of the 8 child/adolescent hospitals. At the point when 6 of the 8 hospitals participate, CTBHP/VO will place the information on their website.

Council family representative asked how the BHP program is doing overall in paying provider claims as this impacts service availability for families. Several Council practitioner members noted the BHP system is a vast improvement over the managed care delivery model, with more timely payments, fewer dollars withholds and the BHP team that works directly with individual providers to resolve claim issues.

- ✓ Provider Advisory -Chair Susan Walkama: The subcommittee, which did not meet in September, will meet October 17th at CCPA in Rocky Hill to review the Enhanced Care Clinic (ECC) provisions for the new contract that include coordination with primary care.
- ✓ *Quality Management & Access Chair Dr.* Davis Gammon, Vice-Chairs Robert Franks and Paula Armbruster (*Click on icon below for the Sept SC meeting summary*).



Dr. Gammon reported highlights on the SC review of residential care (RTC) and capacity:

- Administrative barriers to RTC level of care as part of the continuum of care in BHP.
- CT length of stay in RTCs is twice that of states that ValueOptions is working in.

- Out-of-state RTC costs are higher than in-state; CT has limited capacity in-state for certain complex children/youth that require RTC services.
- DCF is looking as bed capacity and service gaps in the RTC system. Dr. Karen Andersson thanked the SC for their work and DCF will continue the discussion about how to best manage the current resources and assess what is needed in the future.

Behavioral Health Partnership Reports

BHP expenditure report for HUSKY A & B (Click on icon below for report)



Discussion points:

- ✓ DSS will provide a BHP per member per month analysis to the Council.
- ✓ Relationship of BHP expenditures and HUSKY enrollment trends. OHCA will look at their 2006 home survey for health insurance to identify family insurance coverage at the HUSKY B income eligibility level. These surveys were grant funded: OHCA will consider if the survey process can/will continue.
- ✓ CMS proposed rule on rehab services while adversely impacting school based child health, birth to three services, supports community based rehab services such as home based services. DSS will provide the BHP OC with the agency's communication with the CT congressional delegation. (*click on icon below to review a summary of the proposed rules from the Brazelton Center – includes connection to CMS proposed rules*)



- ✓ Karen Andersson (DCF) reported on the increased volume of pediatric BH visits to the CCMC ED in September 2007 compared to June, July and August 2007 and the re-implementation of CTBHP/VO and EMPS on-site consultation availability. The 6 bed CARES unit at the Institute of Living will open in October to provide evaluation and assessment of children in crisis, which will remove or divert them from the ED.
- ✓ DSS fiscal analysis unit is completing the SFY08 plans. In September DSS presented SFY08 strategic rate investment proposals. The biennial budget allocated 2% increase to managed care organizations; MCO *negotiated* increases had been applied to BHP program in the past 2 fiscal years.
 - It was noted that the biennial budget allocated a pool of dollars that included the 2% MCO increase plus \$10M (related to the Medicaid FFS budget increase) plus the Medicaid FFS budget increase. DSS had not finalized the decision for BHP dollars beyond the 2% MCO increase until the DSS analysis is done.

- Dr. Larcen stated that not including BHP in the FFS increases by service type puts the BHP program at a disadvantage. This becomes an issue of parity if the Medicaid rates are increased but are not reflected in the BHP rates beyond the MCO rate increase.
- In <u>March 2006</u> the BHP OC recommended that CTBHP SFY 07 provider rates be no less than the average percent increase in MCO negotiated rates At this time the MCO negotiated rate for SFY08 is unknown.
- Mr. Walter asked the Council to revisit the BHP budget at the November meeting, considering:
 - Action on policy to be established to move the BHP program forward and improve access to care.
 - Define "parity" between Medicaid and BHP rates and make recommendations on BHP rates for SFY 08.

Other Business

- ✓ Future Council reports:
 - Expenditures related to specific programs.
 - Quarterly BHP performance reports (i.e. ED/inpatient delays), others as suggested by the Council.
 - Impact of initiatives on CCMC ED delays and overall program "stuckness" issues.
- ✓ Consumer focus groups: Jeffrey Walter is working with Karen Andersson (DCF) to identify consultant funding. Beresford Wilson, Lorna Grivois and Connie Catron will work with Mr. Walter in an ad hoc work group to facilitate the development of the research – based focus groups.
- ✓ BHP OC independent evaluation of the program is funded in the biennial budget. Beresford Wilson and Davis Gammon, MD will work with Jeffrey Walter and the BHP agencies in developing a Request for Qualifications (RFQ) for entities interested in performing the independent evaluation.