



DSS and DCF report to the  
Behavioral Health Partnership  
Oversight Council  
January 16, 2008

# HUSKY Transition Update

# Recap

- Governor Rell directed DSS to terminate the MCO contracts for those that had not agreed to our FOI language
- WellCare had previously accepted contract language about FOI.
- CHN has now accepted contract language on FOI.
- All four MCO's have now transitioned to non-risk contracts with medical decisions and rate determinations returned to the Department.
- Pharmacy services were to be carved out January 25<sup>th</sup>.

# Updates

- WellCare has now notified DSS that for business reasons it is leaving HUSKY, along with HealthNet and Anthem.
- Plan choices are now CHN and Medicaid FFS
- Given additional (WellCare) clients transitioning and concerns over the amount of time to insure adequacy of the provider networks in CHN and Fee-For-Service, the end date for the Transitional Agreements with Anthem, HealthNet and WellCare are being **extended from February 29<sup>th</sup> to March 31<sup>st</sup>**.

# Pharmacy

- In order to allow adequate time for client notice, reduce confusion that would be caused by an in-month change, and provide time for the issuance of Connect Cards, the carveout date for Pharmacy services **has been pushed back from January 25<sup>th</sup> to February 1<sup>st</sup>.**
- Members of Anthem, CHN and Preferred One will be able to present their MCO member cards which include their EMS ID's.
- HealthNet members and any other eligible HUSKY clients can request a replacement Connect Card by calling 1-877-CTHUSKY (284-8759).
- **Pharmacists can obtain Client ID's on-line or over the phone using the Automated Eligibility Verification System (AEVS).**

# Pharmacy (Continued)

- HUSKY clients will receive pharmacy benefits according to Fee-For-Service policies, including the Preferred Drug List (PDL).
- Given the expansive nature of the PDL with no PA requirement for behavioral health drugs or anti-retrovirals, we expect that requests for Prior Authorization will be kept to a minimum.
- In the event a temporary supply is requested, DSS will direct the pharmacists to grant a full 30-day supply for the first refill. After that, the standard 5-day temporary supply rule will apply.
- Pharmacists will be directed to contact the prescribing physician in the event that a temporary supply is dispensed, so that the provider will know that PA will be required for any subsequent refills.

# Notices

- Client and provider notices about the Pharmacy carveout will be mailed out starting next week.
- Notices about Plan Choice (CHN or Fee-For-Service) will be mailed beginning on or around January 29<sup>th</sup>.
- Notices will be staggered over a 2 to 3 week period to limit the initial call volume impact at DSS, ACS, and HUSKY Infoline.

## Notices (continued)

- Notices will direct clients to choose between CHN and Fee-For-Service.
- The Department is still open to participation by any other plan that agrees to abide by FOI in time to allow for client notification for April 1 enrollment.
- Clients may choose voluntarily to move to CHN or Fee-For-Service as early as March 1.
- Non-choosers will default to Fee-For-Service effective April 1.

# Medical Necessity

- All MCO's should immediately refer any recommended denials of service to Dr. Zavoski at DSS.
- HealthNet, Anthem, and Preferred One may continue to use their own proprietary criteria as the basis for their recommendations, **but the final decision rests with the Department.**
- CHN should immediately use DSS criteria.
- If Dr. Zavoski has not responded within 48 hours agreeing to a denial, the service shall be deemed to be approved.

# DSS Outreach and Contingency Planning

- DSS has received lists of approximately 2,000 MCO providers who are not currently enrolled with either CHN or Fee-For-Service.
- All providers will be targeted for a mailing to encourage enrollment.
- CHN will accept credentialing from any other MCO or DSS enrollment.
- New providers will enroll into CHN based on DSS requirements.

## DSS Outreach and Contingency Planning (Cont)

- DSS to meet with the State Medical Society next week to request their support and assistance in the transition.
- DSS has a designated in-house transition team to respond to calls to 1-877-CTHUSKY from clients and providers during the transition.

# Hospital Rates

- Hospital per diems increased effective 10/1/07.
- CHN following new per diems effective January 1, 2008.
- Intent is that any differential between hospital per diems paid by CHN, HealthNet, Anthem or WellCare retroactive to 10/1/07 will be paid directly by the Department via a supplemental DSH payment.

# Physician Rates

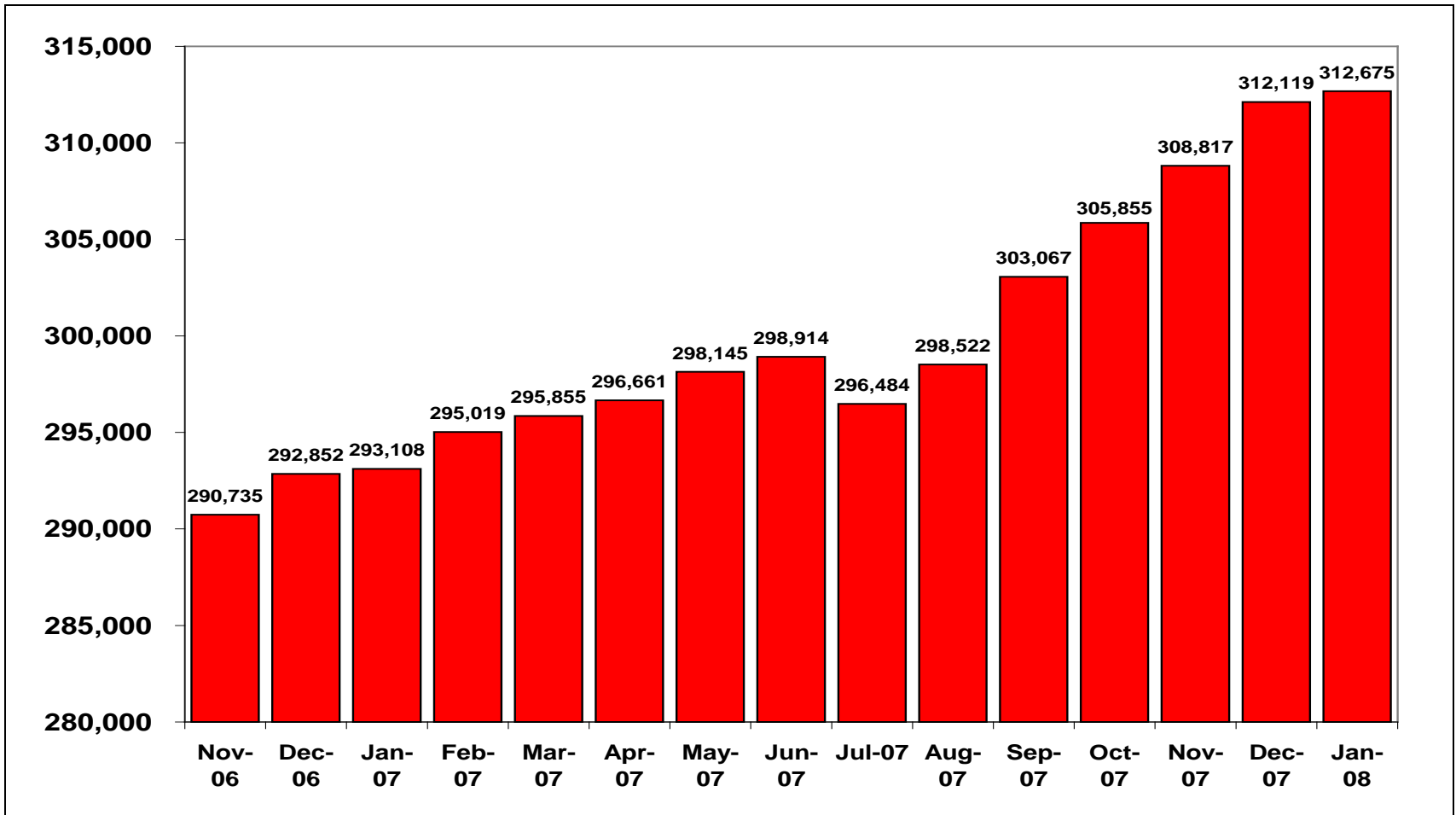
- The new physician fee schedule was issued effective 1/1/08; no retroactive payment
- CHN currently following the physician fee schedule for HUSKY and SAGA
- Balance of the appropriation will be paid to physicians by means of supplemental payments in SFY09

# Dental Rates

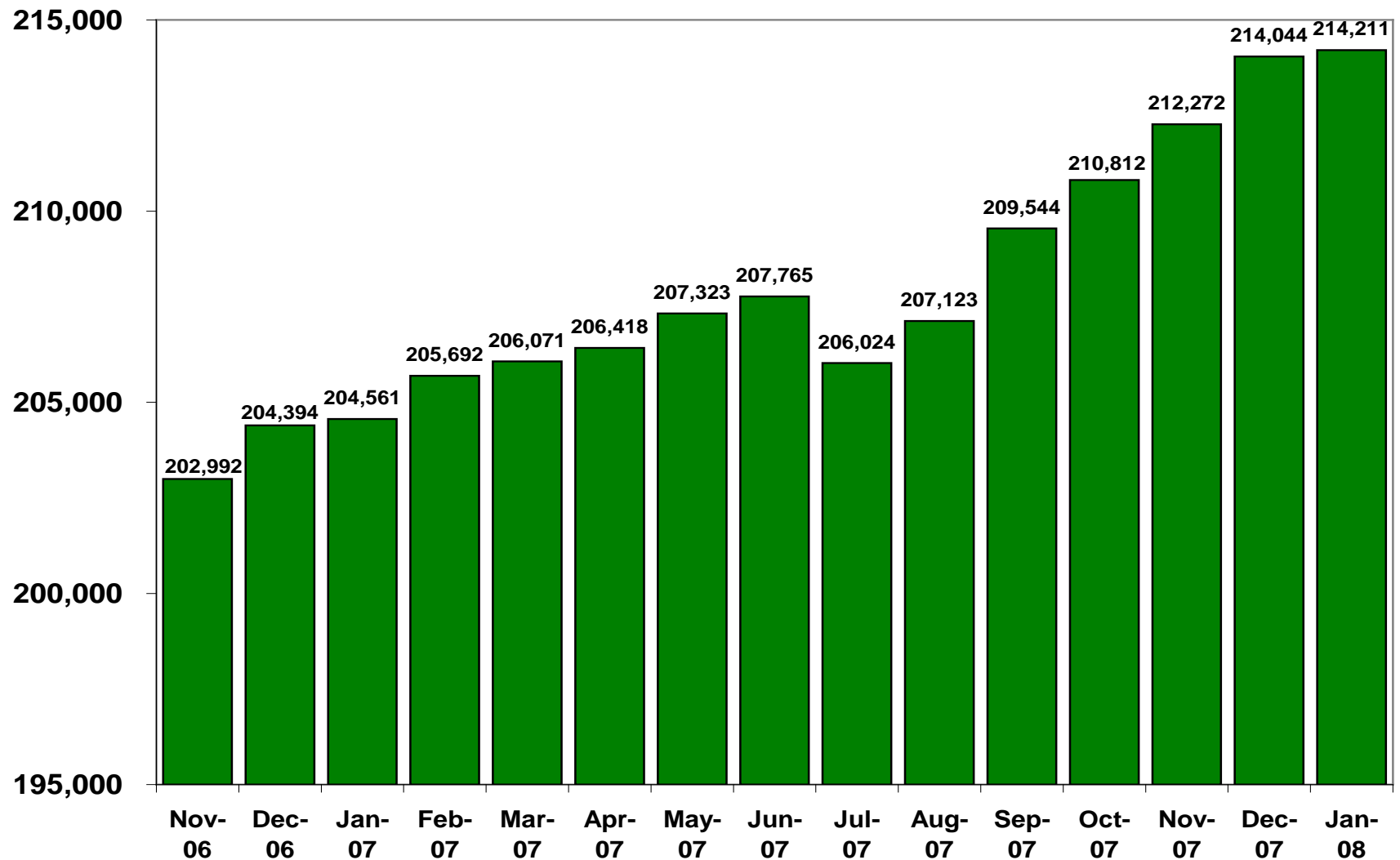
- We are now in agreement with the plaintiffs on the revised fees to increase reimbursement for pediatric procedures by \$20 million a year.
- We are waiting for the agreement to be formally approved.
- RFP to carveout dental to an ASO will be issued shortly for a 7/1/08 implementation date.

# HUSKY Enrollment Growth

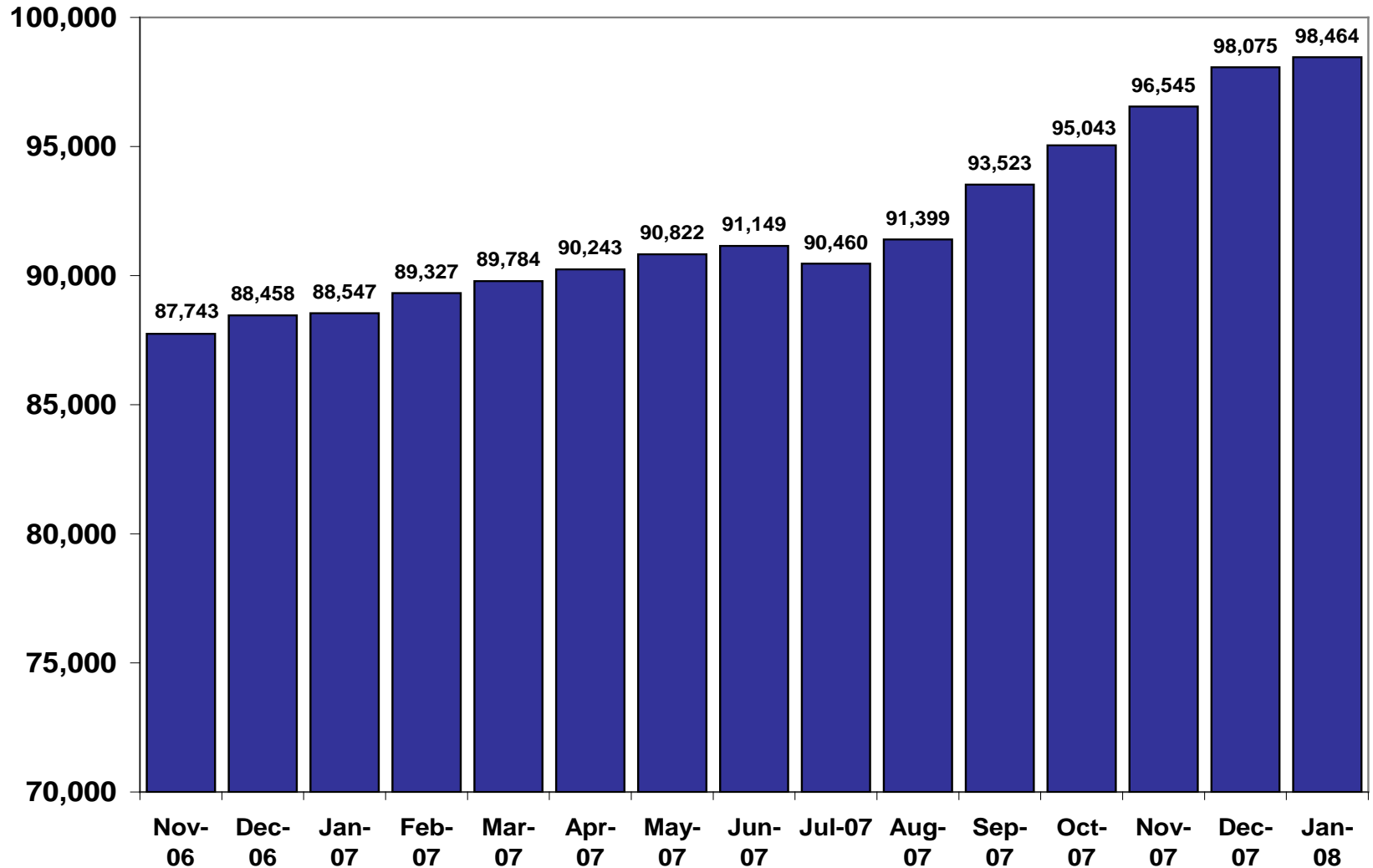
# HUSKY A Enrollment Growth - All



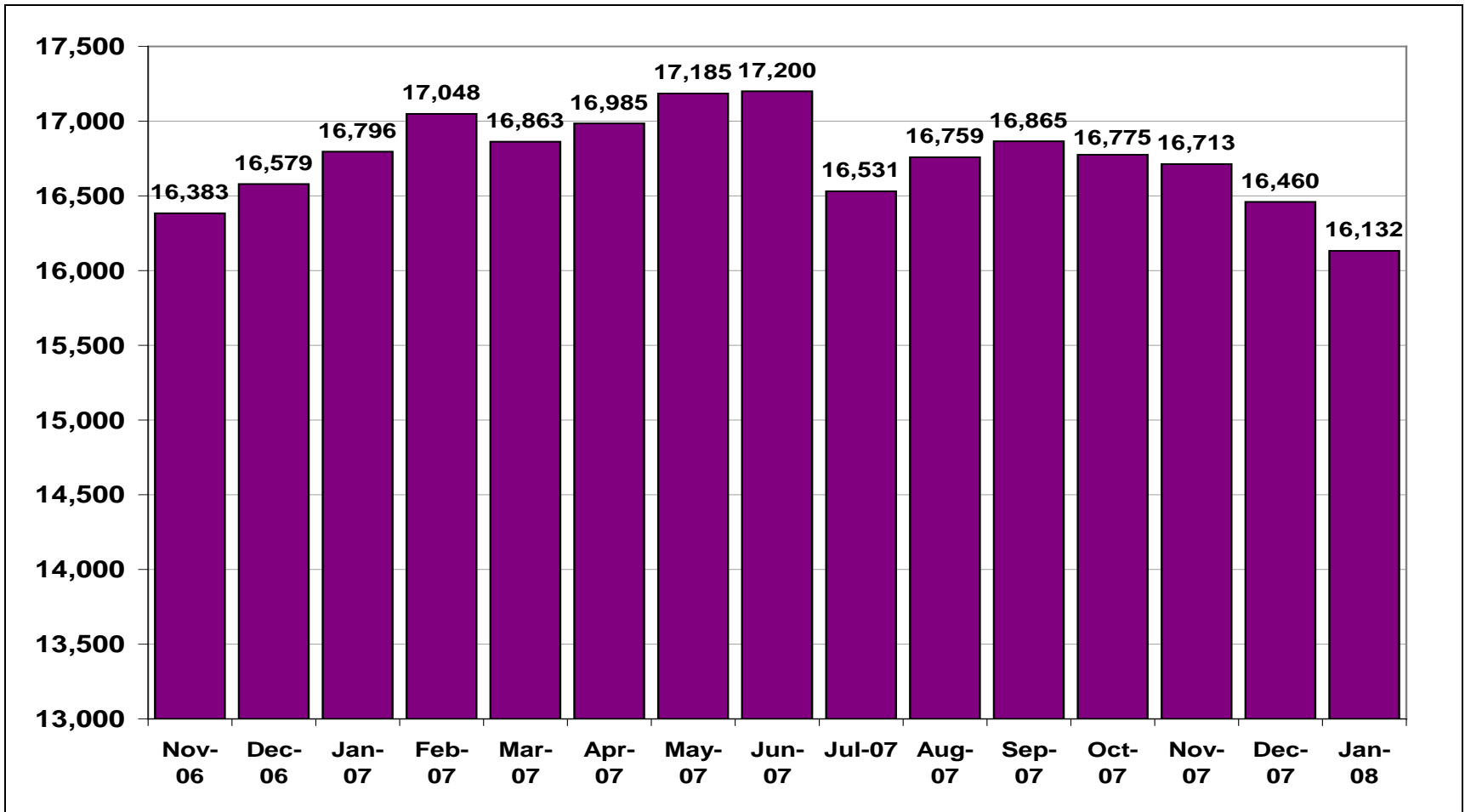
# HUSKY A Enrollment Growth <19



# HUSKY A Enrollment Growth Adults



# HUSKY B Enrollment Growth



# Enhanced Care Clinics

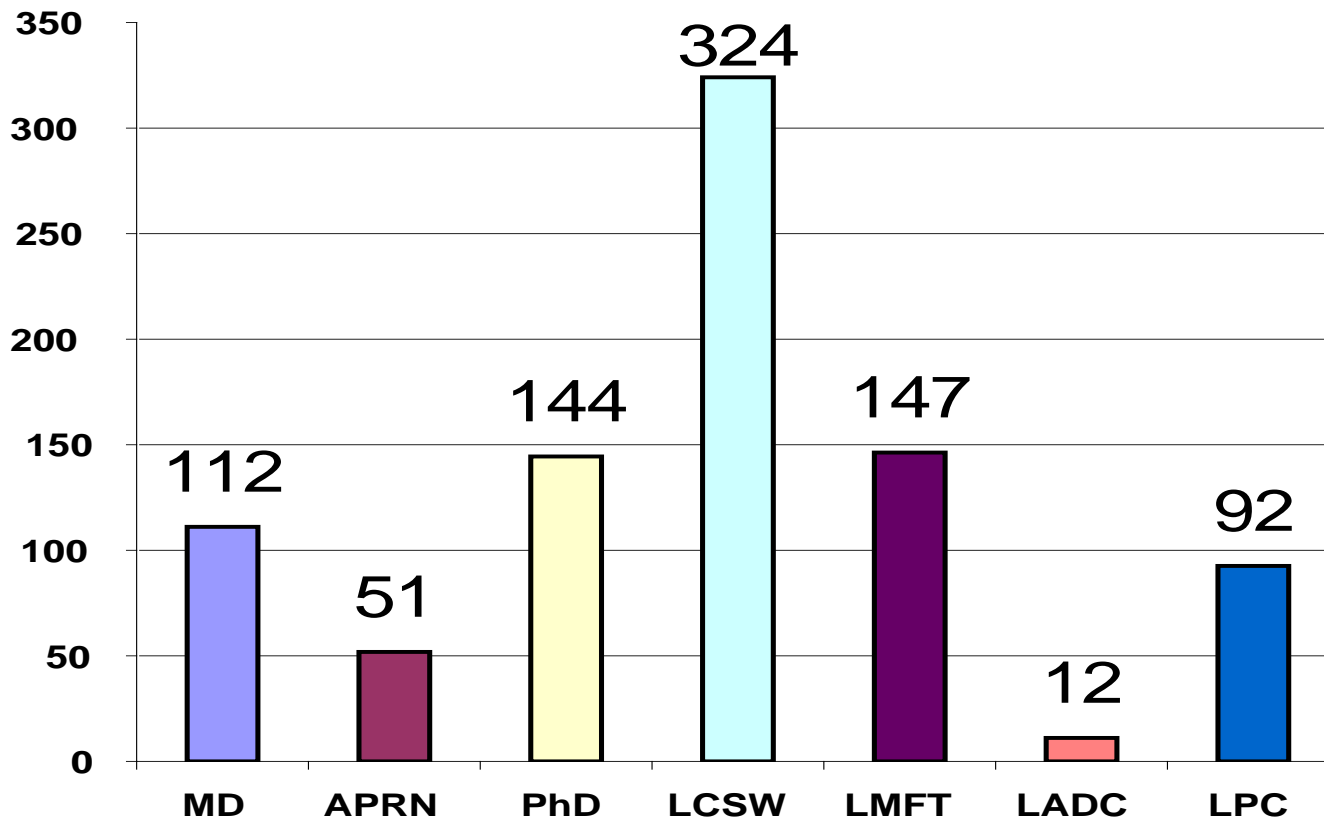
# Enhanced Care Clinics

- Primary care – behavioral health coordination policy draft is under review by Provider Advisory Subcommittee
- New RFA released September 2007
- 27 letters of intent received
- 11 applications received by deadline
- Many successful applications
- Letters to go out within two weeks

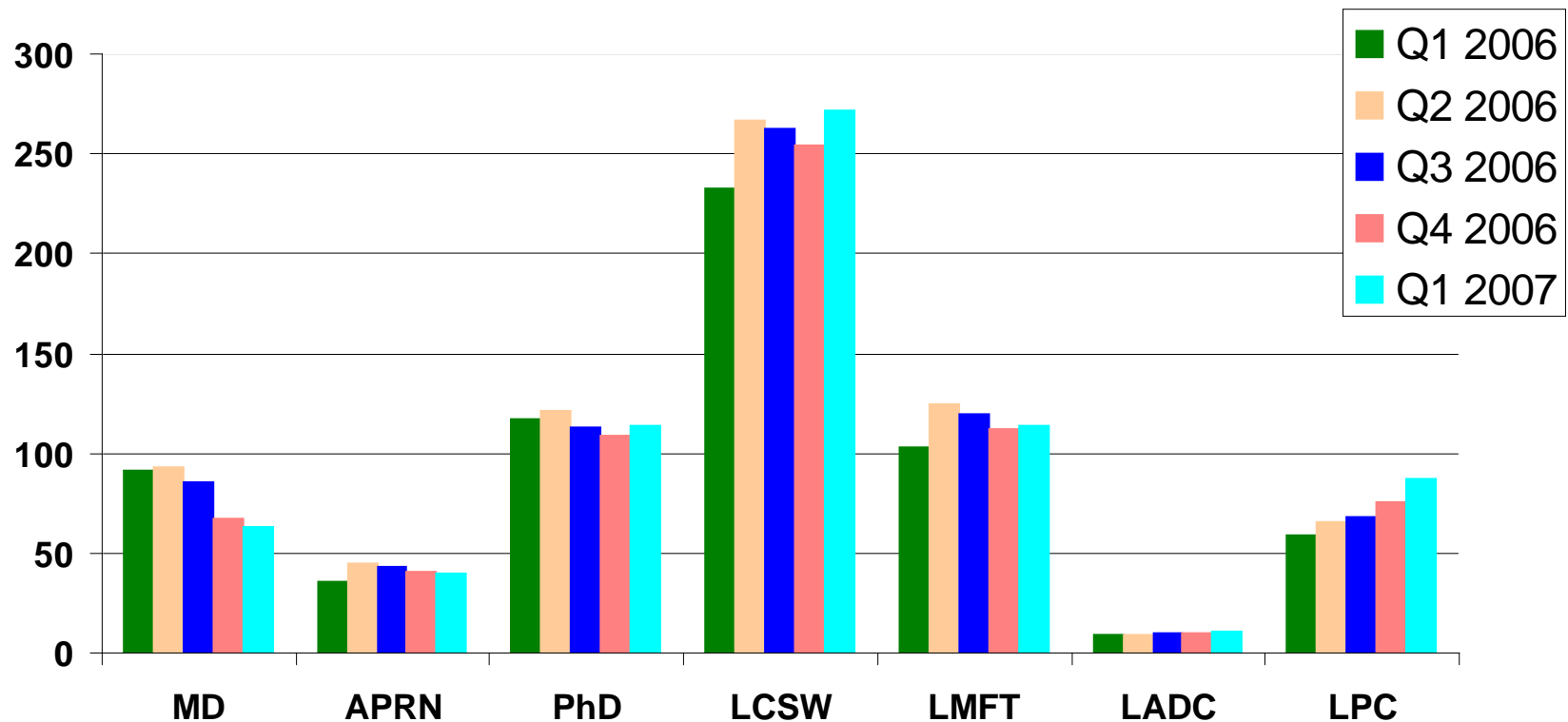
# Network

Access to Independent Practitioners

# Access to Independent Practitioners - Total CY06 Unduplicated



# Access to Independent Practitioners - Unduplicated Providers by Type and Qt



# Services Provided by Independent Practice Psychiatrist by Quarter

	Q2'06	Q1'07	Difference
Unduplicated Psychiatrists	93	63	30
Unduplicated Child Psychiatrists	18	11	7
Unduplicated Adult Psychiatrists	75	52	23

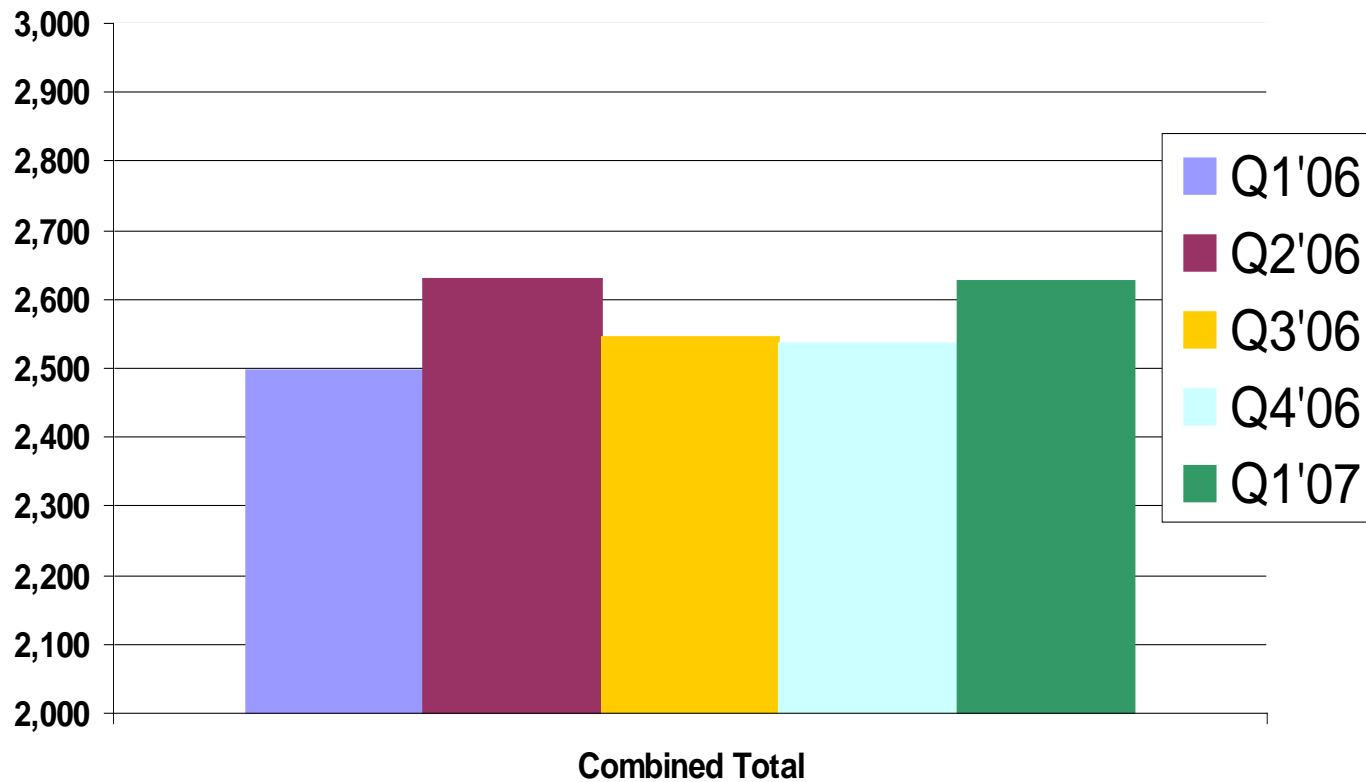
# Access to Independent Practitioners - Unduplicated Providers by Type and Qt

- The 63 psychiatrists who had paid claims in Q1'07 includes 58 who also had paid claims in Q2'06 and 5 new providers
- 35 psychiatrists stopped billing for BHP clients
- Of the 7 child psychiatrists who discontinued from the previous year, 5 were with an academic faculty practice that began billing its claims through a freestanding clinic
- Most of the psychiatrists that stopped billing were seeing only 1 or two clients. There was only one high volume provider and we believe he discontinued practice in CT for other reasons

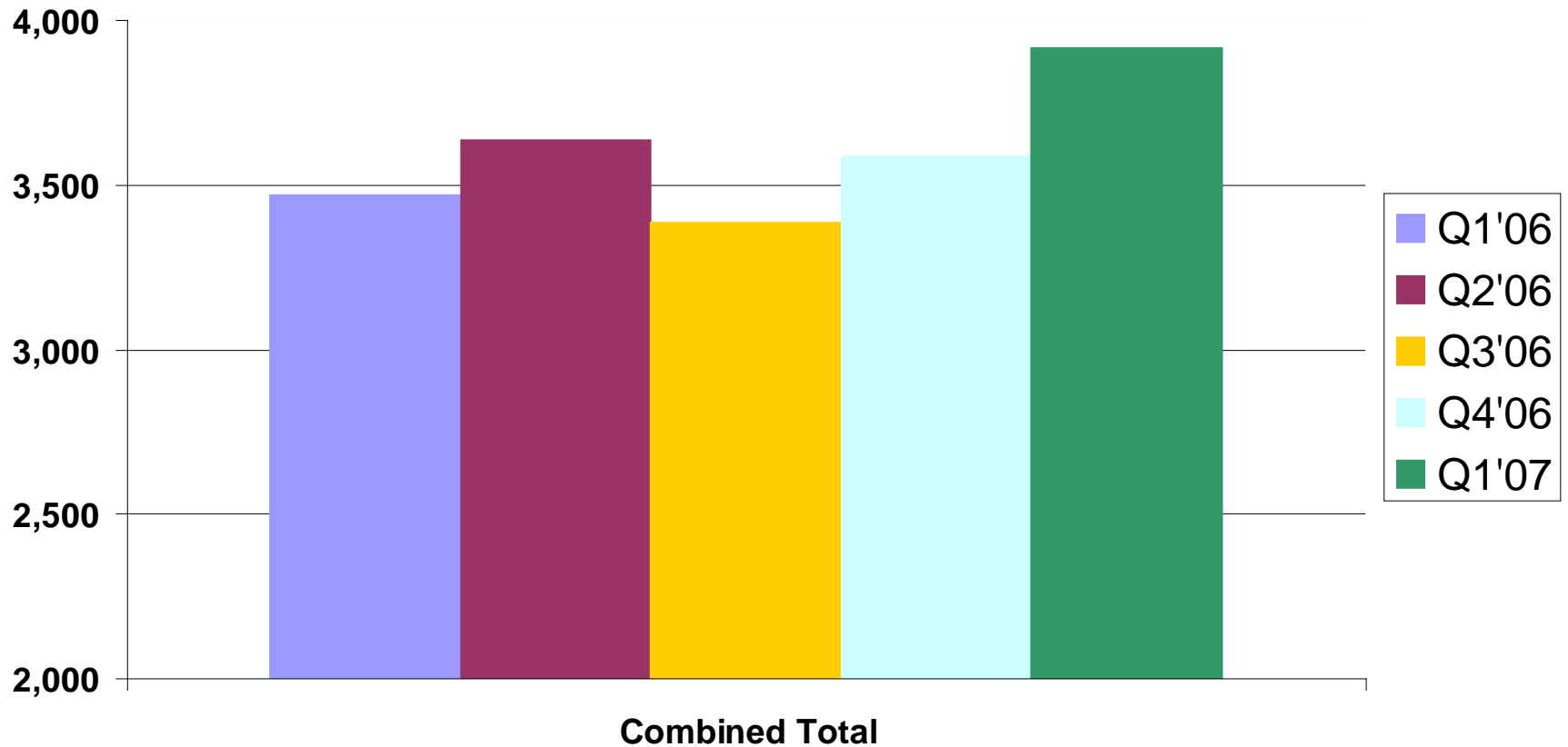
# Utilization

Medication Services

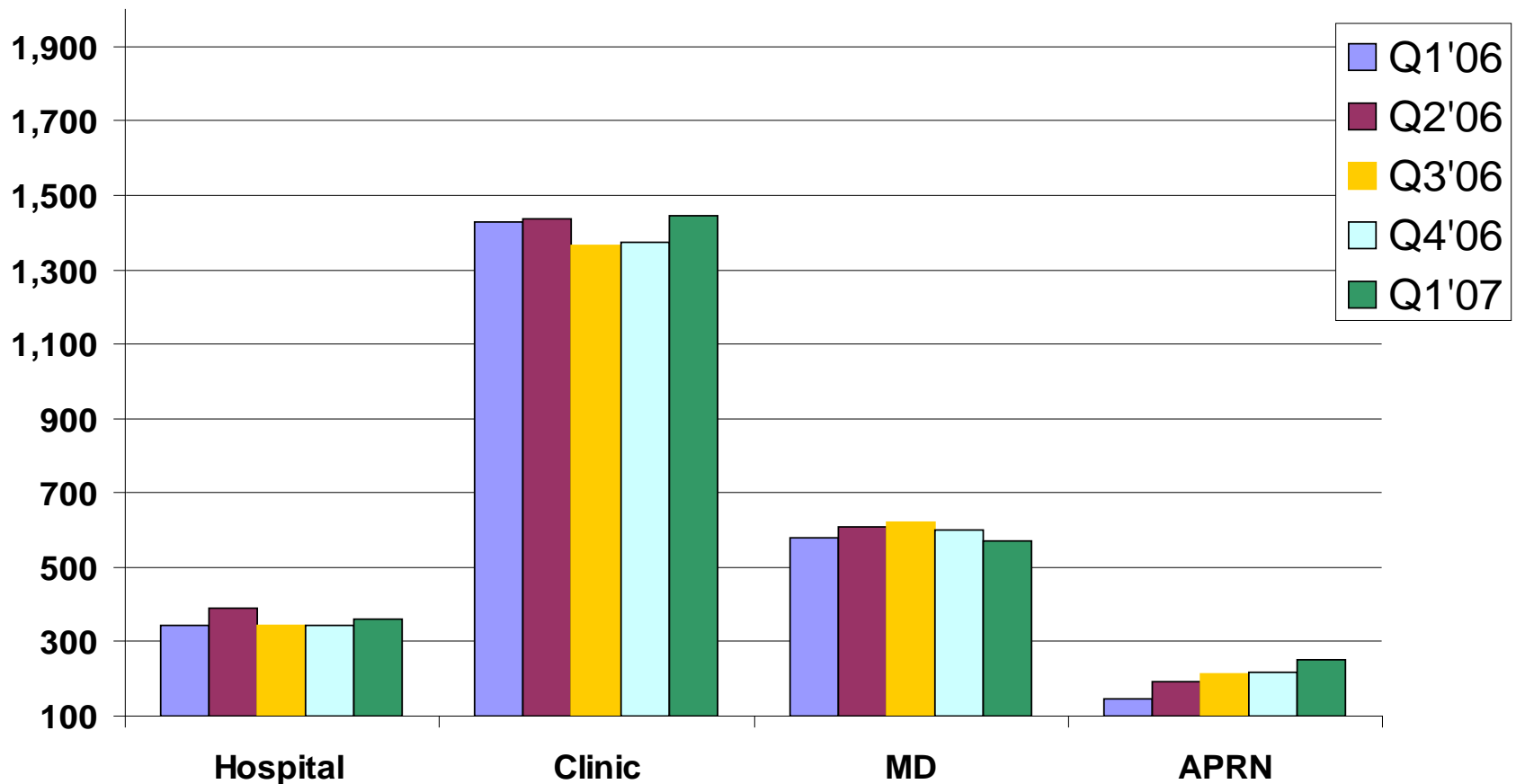
# Medication Services – Total Undup Recipients 18 and Over



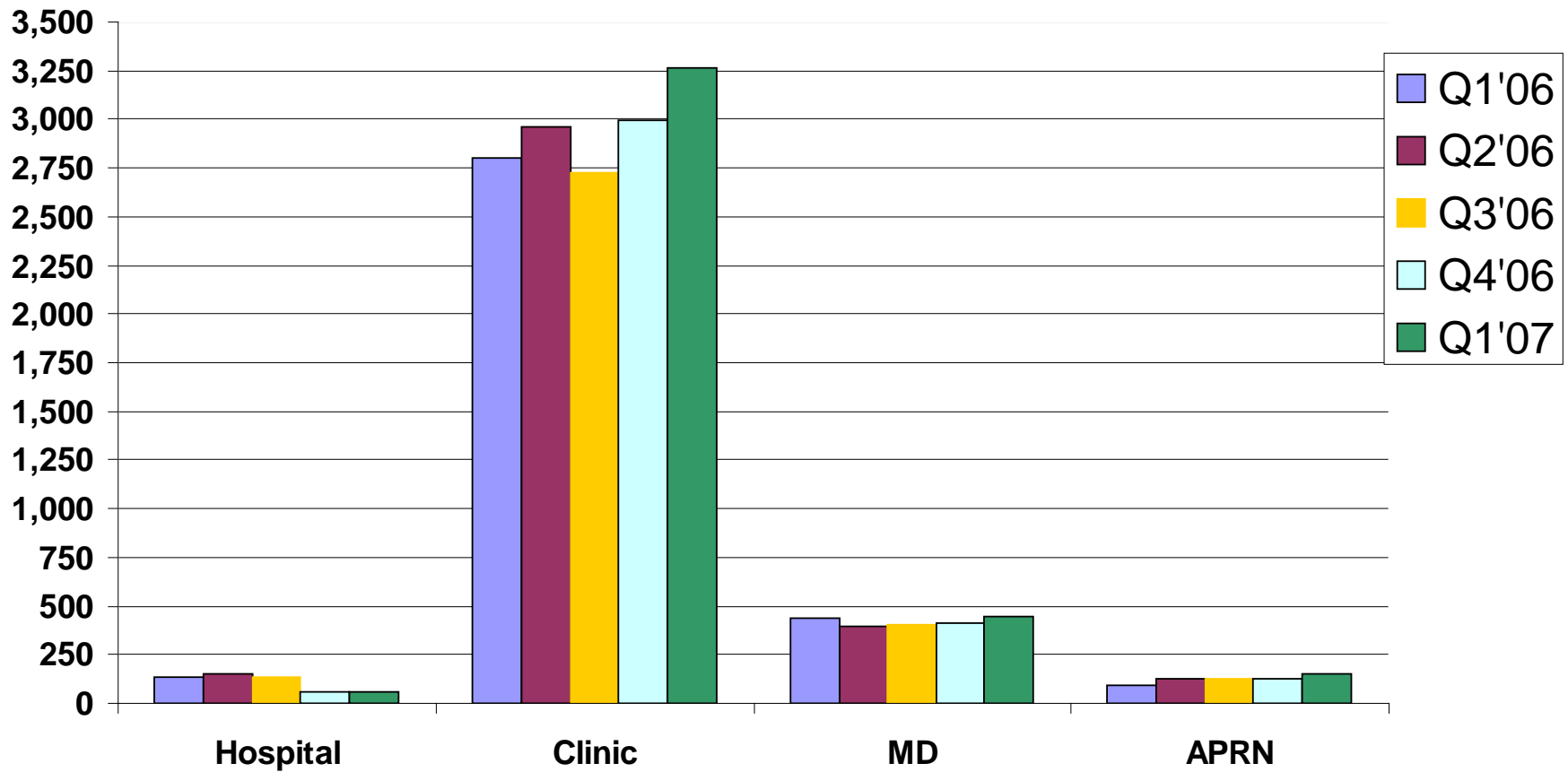
# Medication Services – Total Undup Recipients Under 18



# CT Medication Services – Undup Recipients 18 and Over by Provider Type



# CT Medication Services – Undup Recipients Under 18 by Provider Type



# CT BHP Strategic Investment Package

- Complete package for SFY08/09 has been developed; fiscal impact is under review
- Package needs to fall within available appropriations

Questions?