



DSS and DCF report to the
Behavioral Health Partnership
Oversight Council

April 9, 2008

HUSKY Transition BHP/FFS enrollment

- HUSKY A 317,447
 - CHNCT 91,926
 - BCFP 181,689
 - Medicaid 43,832
- HUSKY B 16,344

HUSKY Transition BHP/FFS enrollment DCF Children

- Coordinated with Area Office social workers and foster families to identify best plan for medical/psych needs
- DCF health advocates assisted with timely enrollment
- Special attention paid to children with special health care needs

BHP Enrollment of DCF Children Out of State

- Historically, children out of state were automatically disenrolled from HUSKY
- Issues:
 - ASO management of residential continued, but not other BH services
 - Member ID discontinuity on ASO eligibility file
 - Difficulty contracting with out of state psychiatric inpatient providers
 - Inability to authorize aftercare services on return to CT and home community

BHP Enrollment for DCF Children Out of State

- Effective 4/1/08, all DCF committed children remain enrolled in HUSKY under Blue Care Family Plan
- Effective 4/1/08, all Voluntary services children remain enrolled and given option of BCFP, CHNCT, or FFS
- Currently executing out of state psychiatric inpatient agreements to support high volume residential providers

Pharmacy – Quality/Safety

- ASO contract provides for semi-annual pharmacy analyses
- Departments have begun planning to undertake these analyses
 - Child/Adult
 - Specialty/Primary Care

Pharmacy – Quality/Safety

- Seeking expert input into design of pharmacy analyses and quality or safety initiatives that might be undertaken by the Departments
- Presentation to DCF Psychiatric Management Advisory Committee (PMAC) which is currently considering whether to serve in this advisory capacity

Pharmacy – Quality/Safety

- Atypical Antipsychotic (AAPs) Use in Children Benchmarking Project
- A Medicaid Medical Director's Learning Network project sponsored by AHRQ and NASMD in association with Rutgers' Center for Education and Research on Therapeutics

Pharmacy - Operations

- New provider bulletin to educate prescribers and pharmacists
- Extensive Q & A
- Bulletin clarifies how pharmacist can override the “optimal dosing” denial if medically necessary

Pharmacy - Operations

- Bulletin also notes that DSS is working to provide more detailed information when claims denies for drug not payable/not covered
- E.g., new error message when claim denies for wrong diagnosis code (3302)
- PB 2008-20 is available at www.ctdssmap.com

Implementation of SFY08 Rate Increase Package

- Rate/fee system updates, policy transmittals and rate letters under development
- More time required due to entirely new process under interChange and combined demands of implementing Medicaid FFS rate increases
- Projected completion: May 2008
- Mass adjustment: June 2008

InterChange

- Claims are paying
- Claims issues are being addressed
- Claims payment/denial reports not yet available, pending translation to data warehouse
- Authorization look-up – TBD
- Internet claims submission portal – TBD
- New website live: www.ctdssmap.com

InterChange

- Providers with issues should contact EDS Provider Assistance Center at 800.842.8440 (860.269.2028,local)
- If unable to reach EDS, providers may call DSS Provider Relations at 866.277.5321

Pay for Performance

- Hospital Inpatient ALOS
 - Program model to be reviewed by BHP OC Hospital Task Force 4/29/08
- ED diversion/EMPS
 - Measurement methods under development
- ASO target – Delay day reduction

Charter Oak

	Charter Oak Plan Design
Behavioral Health (BH)	<ul style="list-style-type: none">■ Subject to Limitations■ <i>Specialty BH Provided by ASO</i>
BH Inpatient Visits	<ul style="list-style-type: none">■ Mental Health:100% w/Limitations■ Substance:100% w/Limits Drug 20 Day /Alcohol 15 Day
BH Outpatient Visits	<ul style="list-style-type: none">■ Mental Health:\$35 Co-pay w/ Stipulations■ Substance:100% Covered w/ Some Limits (30 Visits/ Yr)

Charter Oak – MH Coverage

Provider Type	Service type	Member	Limitations
		Requirement	
Hospital Inpatient	Inpatient	10% co-insurance	Auth
Hospital Outpatient	PHP, IOP, Routine	\$35 copay	Auth/Reg
Freestanding MH clinic	PHP, Day tx, IOP, Routine	\$35 copay	Auth/Reg
Independent Practitioners	MD, PhD, APRN, LMLC	\$35/\$25 copay	Auth/Reg
Home health	Medication administration	None	30 visits
Rehabilitation services		Not covered	
PRTF		Not covered	
Case management		Not covered	

Note: No out of pocket maximum for co-payments; co-insurance maximum varies by eligibility category

Charter Oak – SA Coverage

Provider Type	Service type	Member	Limitations
		Requirement	
Hospital Inpt/Res Detox	Inpatient	10% co-ins	Auth
Hospital Outpatient	PHP, IOP, Routine	\$35 copay	Auth/Reg
Alcohol and Drug Center	Ambulatory Detox	\$35 copay	Auth/Reg
Freestanding SA clinic	PHP, IOP, Day, Routine	\$35 copay	Auth/Reg
Independent Practitioners	MD, PhD, APRN, LMLC	\$35/\$25 copay	Auth/Reg

Rehabilitation services	Not covered
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Methadone maintenance	Not covered
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Note 1: No out of pocket max for copays; co-ins max varies by eligibility category

Note 2: Hosp Inpt/Res detox: 20 day limit drug; 15 day limit alcohol

Note 3: Ambulatory services: 30 visit limit

Charter Oak – Administration

- CT BHP infrastructure
 - Authorization and claims requirements specific to Charter Oak benefits and limitations
 - Charter Oak clients will benefit from ASO resources including:
 - Customer service
 - Utilization management
 - Intensive care management
 - Quality management
 - Reporting

Charter Oak – Rates and Fees

- Payment rates
 - Allowed fee same as CT BHP for covered services
 - Paid amount adjusted to reflect co-pay

Questions?