Kentucky Mental Health Coalition
Meeting with Medicaid Managed Care Organizations
Capitol Annex Room 149, Frankfort
August 3, 2011

Introductions by the MCOs

Frank Siano, Coventry and Kevin Middleton, Mental Health Network: Coventry has been in business for 26 years and provides care in 29 states; most of the coverage provided is commercial care. Coventry provides Medicaid plans in 9 states. The two reasons Coventry is providing care in Kentucky are to improve quality outcomes and to administer benefits, not to deny care.

Mental Health Network has provided commercial Behavioral Health, Medicaid and Medicare services for 25-26 years. MH Net is looking forward to the unique opportunity to partner with providers, consumers, advocates and legislators to provide quality care in Kentucky. It sounds like there are many good things already in place in Kentucky and the plan is not to bring in other programs from other states and retrofit them for Kentucky. MH Net is very interested in getting consumer feedback and will begin making additions to advisory boards, including consumers and representatives of advocacy organizations.

Mike Minor and Jennifer True, WellCare: WellCare has provided 25 years of government-sponsored care and is currently serving 8 states and 1.4 million Medicaid recipients. WellCare realizes that there are big differences between the urban and rural, east and west, etc. parts of the state. There will be 3 main offices located in Louisville, Lexington and Bowling Green. Additional regional offices will be in Ashland, Owensboro, Paducah and other rural areas. It is WellCare's intent to bring in folks who already know the local providers to work in these regional offices.

WellCare believes in the Behavioral Health Medical Home model and feels that it is important that this model be preserved. These services will be in sourced. All claims and prior authorizations will be handled in-house.

WellCare understands that there are many questions that consumers and advocates have and plans to create a point person at each of the regional offices. It is WellCare's hope to make the transition as easy as possible. They will focus on customer service where individuals are, not on corporate approaches.

Amy Williams, Kentucky Spirit and Sam Donaldson, Cenpatico: Kentucky Spirit realizes that things are moving very quickly and is looking forward to beginning further conversations with the Cabinet to improve the continuity of care. Centene, the KY Spirit parent company, only provides public sector care with a focus on Medicaid. KY Spirit believes that one of its strengths will be the ability to share and integrate client information well because of its belief in integrated care.

Centene has provided services for 27 years. Currently Centene serves 14 states. In 11 of those states, Cenpatico is the provider of Behavioral Health services. In the other 3 states, Behavioral Health services are carved out. Their management team includes clinicians.

Cenpatico understands that there is a lot of anxiety about managed care coming. The three primary questions among folks in Kentucky are: Will I continue to get services? Will I get paid? Will I continue to get the same care? Cenpatico is aware of where it is starting and that is to begin to gain trust. When asked, Cenpatico employees are most proud that they are innovative clinically and that they treat the most vulnerable populations.

Cenpatico philosophy: 1) here to improve quality, 2) integrated care (focus on the "whole person"), 3) local aspect (establishing relationships locally), and 4) engaging consumers, family members and advocates (to make it meaningful). www.cenpatico.com

Open Question & Answer Period

Theresa Walton, NAMI Lexington: Will advisory councils be made up of local folks?

KY Spirit: Yes, there will be multiple locations and local reps. We believe that we can't and should not do this from afar.

WellCare: Yes, local offices will be set up across the state; regular contact with members both scheduled and unscheduled.

Coventry: Yes, will focus in on member, provider and consumer advocates. This needs to be a local approach. CMHCs need to be the medical home for their members. I believe I speak for all 3 organizations when I say that we both want and need your help.

Sheila Schuster, Kentucky Mental Health Coalition: How have you worked with consumer groups in other states? There are very strong NAMI and other groups in Kentucky, and we feel that these are natural partners.

Coventry: Yes, we have a history of working with NAMI's. They and the consumer groups will be the first groups that we work with.

KY Spirit: We are very involved with NAMI and other organizations in the states where we manage the care. We want to keep talking with everyone.

WellCare: We believe in building an inside-to-out perspective. Feedback from consumer groups provides exactly that.

Sheila Schuster, KMHC: How will the MCOs improve the integration of physical and mental health care for people with severe and persistent mental illnesses, specifically, comprehensive annual physical examinations, and the sharing of information between primary care providers and psychiatrists?

WellCare: We look forward to going through innovative ideas and being able to do some things that aren't currently reimbursable. We welcome having conversations on options/innovations that providers and consumers would like to see.

KY Spirit: It is our belief that the state is open to meeting and listening to options and having continued communications. We are meeting with the Cabinet next week. The state has a big challenge to get the plans up and running by October 1st.

Coventry: We will all be meeting with the Cabinet next Thursday. So far, the Cabinet has been good about talking with all 3 MCOs. There hasn't been much information sharing and educating being done yet.

Bonnie Cook, Kentucky Psychiatric Medical Association: Some of our members have been proactive and gone online to download the provider sign-up information. Many have

submitted the requested information but haven't been getting responses. What should they be doing to get a response?

WellCare: Have anyone contact me directly if they are not getting responses. Jennifer.True@WellCare.com

Coventry: Please have them contact me as well, kmiddleton@mhnet.com.

KY Spirit: Please have folks call me (Mike Minor) directly, our number is on website, or from our website click on the "Contact CEO", these communications come directly to me and are not filtered.

Liz Ferguson, Family & Children's Place: How do interested/willing providers enter the system if they are not currently Medicaid approved providers?

KY Spirit: The way that the contracts are currently written, it depends on the type of provider. Currently any non-psychiatrist must contract through the CMHC.

Coventry: That is our understanding as well.

Bruce Fane, Bowling Green Psychologist: Will IMPACT Plus be able to continue to be an approved provider? Will non-psychiatrists be able to provide service? As it appears now, the program will have to morph so that we can continue to provide care.

KY Spirit: IMPACT Plus is required through the current contract. Right now, the question is how the money flows through to sub-contractors. This and similar issues are up in the air and we will know more after meeting with the Cabinet.

Marsha VanHook, The Arc of Lake Cumberland: A lot of folks do not have internet access and others have difficulty translating phone numbers from letters to actual numbers. What do you plan to do to make points of service more accessible?

KY Spirit: We recognize that there isn't one single path for information sharing and we plan to use a multi-pronged approach; phone, web and face-to-face. We plan to hold community meetings as well as offer one on one coaching for consumers. We plan to bring what's working in other states and adapt it to best serve Kentucky.

Coventry: I would assume that we are all taking similar approaches. We will have a dedicated toll-free number for members. But, more importantly Marsha, what would you like to see from us?

Marsha: How about a large refrigerator magnet with simple large print?

WellCare: That's a great idea and I'm sure that all three of us will be putting out magnets. I'm sure that I speak for the others when I say that we would like folks from the consumer perspective to review materials before they are sent out.

Charlotte Stogsdill, NAMI Somerset: What should you do if you cannot access your CMHC or providers? What's the waiting period for services when released from hospitalization? What are the pathways to service?

Coventry: Our model is that the first appointment and follow ups are scheduled before one leaves the hospital. We understand that some bump up against restrictions, but we are committed to care management and will have people in place to help consumers with access to care issues.

KY Spirit: We follow a "triage" model for our clients, addressing everything from level of need to accessible transportation. Within this model, each client is assigned a case manager when released from a hospitalization. We plan to implement a tele-medicine

system. We plan to work with the CMHCs to triage and/or to get providers from the CMHCs out into the communities to meet with clients.

WellCare: We will put a significant focus on our case management staff. Once someone is a member we don't foresee them having a problem getting an appointment. We monitor our members as a part of their care and are member-centered.

Fr. Pat Delahanty, Catholic Conference of Kentucky: How do you plan to address the difficulties associated with providing care to immigrants? How do you plan to address language barriers, culturally sensitive care and information? Comply with Title VII?

Coventry: When 2% of the population in a given area speaks another language, all materials are translated into that language. All materials are available in other languages upon request, as well as in Braille. We do provide translation services.

WellCare: We also provide materials in a variety of languages and in Braille, and any other language upon request. We also provide translation services.

KY Spirit: We are in the process of recruiting a diverse network based on the makeup of the communities that we will be serving. Cultural sensitivity and appropriateness are a high priority for us.

Cathy Epperson, NAMI Kentucky: I know that I speak for many when I express concerns about access to medications. Specifically, will folks have to fail on one drug before being able to switch to the atypical anti-psychotic drugs? Will the formulary change from what we have fought to protect? Will there be limitations placed on the number of medicines one can be prescribed?

[Note: Each MCO can set its own formulary and each will have its own P&T Committee.]

KY Spirit: We firmly believe that interruption of medication and care are neither good practice nor acceptable. For that reason we have built in "reasonability tests" with the goal of patient success. We are currently working to schedule meetings to talk with pharmacists to maintain consistent client care.

WellCare: We understand that when things are working that they are working. We want to work with providers to maintain that. We plan to start a new treatment plan with new members and agree that changes right out of the gate are not good for members.

Coventry: We don't want to disrupt services or lives either. The state will provide us with historical care data on all recipients.

Sheila Schuster: I would strongly suggest that each of the three MCOs work with the KPMA about the concerns that many of us have around the prescribing of psychotropic drugs for children and the prior authorization needed for non-psychiatric prescribers around that issue.

Sheila Schuster, KMHC: Who makes the decision on reducing the number of days of hospitalization? How are those decisions made? Who makes the decision about when a patient is ready to be discharged?

KY Spirit: Clinicians, facility representatives and family members make collaborative decisions on release with regard to both inpatient and community-based services. We do from time to time have concerns about inpatient care when alternative care in the community is appropriate. We have a role at the macro level as far as total care of the person and we want to reduce the "revolving door". We have a particular concern about excessive hospitalization of children and that "causing irreparable damage".

Coventry: For the most part, our process is also a collaborative process. We ask why they are there, what we can do to help and then look at other community-based services that can serve the member's needs.

WellCare: Sometimes there are clear-cut timelines and other times there are not. The primary decision-makers are the clinicians. We want to avoid the "revolving door".

Nina Eisner, The Ridge: Could the representative from KY Spirit/Cenpatico please explain what they meant by "irreparable damage" to children?

KY Spirit: It is my belief that children are placed in psych units too often and we want to make sure that children go into a unit only for mental health reasons – not because a parent/guardian/school doesn't know what else to do.

Nina Eisner: We have requested information on suggested length of stay guidelines and have yet to receive any response. We see in other states with managed care a reduction in hospital lengths of stay of 50 – 70%. Could you please provide us with that information?

WellCare: The length of stay will depend on what is to be accomplished with that member. We see the more time between inpatient stays as the most important thing.

KY Spirit: I believe that 95% of practitioners have the best interests of their patient at the forefront of the care that they provide. The national averages from states with managed care include 4-5 days for adults with mental illness, 10-14-28 days for substance abuse and children's stays tend to be longer.

Coventry: I believe that we have shared our 2010 data. We like to work from a pretty hands-off approach and work with facilities so that everyone is "happy".

Gina Burns, NAMI Lexington: What are the criteria for admission for the SPMI population? How do you plan to stop the revolving door with regard to Corrections?

KY Spirit: Community outreach and education for first responders to establish alternatives and making sure that the first responders have access to the MCOs is very important. It will be important for managed care to give evidence-based information to the state to identify gaps and to show successes.

WellCare: We would like to talk specifics with you at a later time.

Coventry: Sounds like this is a statewide issue, but each case is complex and responses should be judged on a community by community basis. We would like to be supportive on first responders.

Sheila Schuster, KMHC: Currently, substance abuse and other addictive disorders services are not covered under Medicaid for adults other than pregnant women. Are the MCOs planning to cover SA treatments?

KY Spirit: SA services will not be provided by MCOs because not currently provided by Medicaid. The Cabinet has been very clear about not expanding services for the time being. I know it's not what you want to hear, but we see things being very similar to what you have now.

Sheila Schuster: Does that also include reimbursement for services provided by Peer Support Specialists?

KY Spirit: It is our understanding that Peer Support will be covered. We will confirm this at our meeting with the Cabinet on August 11, 2011.

Chris Whittington, Participation Station/NAMI Lexington: Will KPS tracks at Participation Station be reimbursable?

KY Spirit: Will ask at the August 11th meeting.

Sheila Schuster, KMHC: Will MCOs require ECHO (the HEDIS behavioral health outcomes measure) from their major behavioral health care providers?

KY Spirit: It is our expectation that we will collect this data. We will follow up on this in our meeting on Aug. 11.

Shawna Wathen, Administrative Office of the Courts: What are the admissions criteria of Medicaid beneficiaries? How open are they? Who will know these criteria? What measures will be put into place to ensure transparency of admissions?

KY Spirit: Our company joined with InterQual, who will determine "medical necessity". We are willing to work with agencies about what we are looking for. Care managers make independent decisions; they are not done by a computer. You can order a copy of the InterQual criteria, but it is very expensive, I would suggest pooling resources.

Coventry: We will make this information available.

WellCare: We also use InterQual. We would like to have an additional conversation with you about this. Would suggest having as much information as possible available on each client.

Rebekah Cotton, Kentucky Protection & Advocacy: Criteria on voluntary vs. non?

KY Spirit: InterQual voluntarily administers needed court ordered requirements. The criteria are different for voluntary and involuntary admissions.

Cathy Epperson, NAMI Kentucky: Will there be limits on the numbers of medications for recipients?

WellCare: Will not be limited to four.

KY Spirit: Not currently aware of limits.

Coventry: No limits.

Debra Anderson, Baptist Regional Medical Center: What is your first priority if you are not allowed to try innovations? What can you do other than control lengths of stay?

WellCare: Certain things that aren't limited in the contracts will allow for conversation around innovation and create change.

Coventry: Forums like this are important. Send specific questions to Sheila and she will send them along to us.

Ramona Johnson, Bridgehaven Mental Health Services: Do the contracts prohibit working with providers other than the CMHCs?

KY Spirit: We will need more clarification. Coming out of the gate, the Cabinet says we must only work with the CMHCs as the traditional providers and that we can also contract with psychiatrists. All others are seen as program expansions and not in play now.

Jon Copley, Bluegrass Regional MH/MR Board: I feel that it is important to share that all of the CMHCs are members of the Kentucky Mental Health Coalition and that the CMHCs have not had increases in General Funds since 1998 and their Medicaid rates have been frozen since 2001. The Community Mental Health system has been and continues to be willing to serve everyone who needs services.

Organizations Represented at KMHC Meeting with MCOs*
August 3, 2011

ACAD

Adanta

Administrative Office of the Courts

Advocacy Action Network

Arc of Lake Cumberland

Arc of Kentucky

B/K Public Affairs

Baptist Regional Medical Center

Bellewood

Bluegrass Regional MH/MR Board

Boys Haven

Bridgehaven Mental Health

Brooklawn

Catholic Conference of Kentucky

Children’s Alliance

Children's Home of Northern KY

Eastern State Hospital

Family & Children's Place

Foundation for a Healthy Kentucky

Holly Hill Children's Services

Home of the Innocents

Johnson & Johnson Healthcare System

Kentucky Mental Health Coalition

KVC

KY Association of Regional MH/MR Programs

KY Coalition of Nurse Practitioners & Nurse Midwives

KY Council of ADDs

KY Council on Developmental Disabilities

KY Department for Medicaid Services

KY Hospital Association

KY Nurses Association

KY Protection & Advocacy

KY Psychiatric Medical Association

KY Psychological Association

KY River Community Care

LifeSkills

Lincoln Trail Behavioral Health

Mental Health America of Kentucky

MML&K Government Solutions

NAMI Kentucky

NAMI Lexington

NAMI Louisville

NAMI Somerset

Necco Center

Participation Station

Rivendell BHS

River Valley Behavioral Health

Spectrum Care Academy

Seven Counties Services

Southern Strategies

Sunovion

Sunrise Child Services

The Brook Hospitals

The Ridge

Transformations

United 874K Disabilities Coalition

Wellspring

MCO Representatives

Centene / Cenpatico dba KY Spirit Health Plans

Coventry Cares / MH Net

WellCare

*Some attendees represented more than one organization, while some organizations had more than one representative. Several individuals not affiliated with any specific organization were in attendance. The meeting attendance was approximately 80 persons representing 57 organizations. In addition, nine individuals representing the three MCOs were in attendance.