CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

Date: August 28, 2014

TO: Ms. Kelly Munson, State President, WellCare

RE: IPRO Report July 2014 – Kentucky Behavioral Health Study

Dear Ms. Munson:

With the implementation of managed care, the Department for Medicaid Services (DMS) has shifted its approach to healthcare to focus on quality outcomes. We created the Division of Program Quality and Outcomes whose purpose is to ensure that the health of our members is improved through Medicaid managed care. As part of this partnership with you, we have contracted with IPRO to conduct several studies and issue recommendations for both Kentucky DMS and the MCOs to implement in an effort to improve outcomes.

IPRO recently released a report on Behavioral Health in Kentucky. (See Attached Reports) The reports show that Kentucky has an opportunity to improve upon the identification and treatment of behavioral health conditions within the Medicaid population. In particular, the report indicates the need to collaborate with MCOs and providers to identify and share current gaps and best practices and to improve quality of treatment for members with behavioral health conditions.

Based on the findings in the report regarding Behavioral Health in Kentucky for members of WellCare, IPRO suggests the recommendations listed below. Behavioral Health services are now included in the contract between DMS and all MCOs. We strongly encourage you to consider making these recommendations a priority to ensure better health outcomes for your members.

1. Target care coordination/case management to susceptible subpopulations as indicated by risk factors and high volume with high utilization diagnostic subgroups.

2. Identify best practices among providers.

3. Evaluate access to a follow-up visit after mental health hospitalization.

4. Offer provider continuing education on clinical guidelines for the treatment of depression and other serious mental illness, as well as medication monitoring.

5. Collaborate with providers to screen for substance abuse and depression among both inpatients and outpatients, and refer early for treatment.

6. In addition to existing HEDIS measures, such as "Diabetic screening for people with schizophrenia or bipolar disorder who are using antipsychotic medication" (NCQA, 2014a), consider potential new measures for 2015 currently under review.

7. Conduct Performance Improvement Projects to improve the integration of physical and behavioral health care in accordance with clinical guidelines recommendations. Recommended topics for consideration include the following:

    - Implement evidence-based early intervention and prevention approaches that target conduct disorders early in the life course as a means to reduce overall behavioral health morbidity and, more specifically, substance abuse and related morbidity.

    - Consult the SAMHSA CAPT Decision Support Tool: Strategies to prevent the non-medical use of prescription drugs to guide the selection of prevention interventions for Performance Improvement Projects (SAMHSA, 2013a).

8. Collaborate with providers, enrollees and their families for regular review and update of KASPER treatment plans for patients with a history of controlled substance prescriptions.

9. Collaborate with providers, enrollees and their families for regular care plan monitoring and updates for patients on other psychotropic medications.

DMS will be taking the recommendations that IPRO issued for our organization into consideration and we urge WellCare to do the same so we may work together to ensure that our members are empowered to lead healthier lives.

Sincerely,

Lawrence Kissner
Commissioner
Department for Medicaid Services
Cabinet for Health and Family Services

cc: Dr. Howard Shaps, Medical Director, WellCare
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