



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Audrey Tayse Haynes
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Lawrence Kissner
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April 25, 2014

TO: Medicaid Advisory Committee (MAC) Board Chairwoman Partin and MAC Board Members

RE: Response to Behavioral Health Technical Advisory Committee (TAC) Testimony Presented at the March 27, 2014 MAC Meeting

Dear Chairwoman Partin and MAC:

We are writing to address testimony presented by the Behavioral Health TAC at the MAC meeting on March 27, 2014.

- 1) Recommendation that representatives of the Behavioral Health TAC (or their designees) be invited to attend a meeting of the Managed Care Organizations (MCOs) Medical Directors convened by Dr. John Langefeld.

The appropriate forum for TACs to discuss issues and make recommendations is the process that is currently in place where TACs submit their recommendations to the MAC for DMS to respond. However, Dr. Langefeld will be convening a Project Planning Team with the clinical behavioral health leadership at each of the MCOs to work through documentation, coding and continuum of care issues. The meeting will be convened later this spring and Dr. Langefeld will invite stakeholders from the Behavioral Health community.

- 2) Recommendation that data for prior authorizations and their outcomes for psychotropic medications be presented to the TAC.

We conducted an ad hoc analysis of prior authorizations which we presented to the MAC at the January 23, 2014 MAC meeting. The report showed that of the 10,068,417 prescriptions filled from November 2012 through October 2013, only

1.62% required a prior authorization. This was an ad hoc report that showed that nearly all drugs may be filled without a prior authorization. We do not have plans to continue to track prior authorizations for prescriptions medication. We will ask that the Department for Behavioral Health, Intellectual and Developmental Disabilities (DBHDID) review ongoing reporting.

- 3) Recommendations that Kentucky DMS review carefully the comments made by providers in response to the published rates, and in particular, examine the rates for such services as intensive case management and outpatient therapies which could prevent higher-cost, more restrictive treatment approaches from being needed.

DMS will review comments made by providers in response to the published rates.

- 4) Recommendation that a Behavioral Health Ombudsmen be established to provide easily-accessed personal responses to consumers who are experiencing difficulty with the Medicaid managed care system.

The Cabinet for Health and Family Services (CHFS) does have an ombudsman for the entire Cabinet. By law, this office serves as an advocate for citizens and works to ensure those seeking various public services are treated fairly. The Office of the Ombudsman answers questions about CHFS programs, investigates customer complaints and works with CHFS management to resolve them, advises CHFS management about patterns of complaints and recommends corrective action when appropriate. Currently, the office consists of three branches: Complaint Review, Performance Enhancement and the Institutional Review Board. We are working to integrate all the functions of the Ombudsman's Office within a proactive, data-driven agency whose contributions to the Cabinet will be essential to overall quality improvement. The Ombudsman may be contacted through an online form at <http://chfs.ky.gov/dail/kltcopcontact.htm>, by phone at 1-800-372-2973 or 1-800-627-4702 (TTY), through email at AndreaT.Day@ky.gov or by mail at:

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Sincerely,

Erin Hoben
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cc: Lawrence Kissner, Commissioner, Department for Medicaid Services
Mary Begley, Commissioner, Department for Behavioral Health, Developmental
and Intellectual Disabilities
Neville Wise, Deputy Commissioner, Department for Medicaid Services
Lisa Lee, Deputy Commissioner, Department for Medicaid Services
Dr. John Langefeld, Medical Director, Department for Medicaid Services
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