

**Members**

Sen. Connie Lawson, Chairperson  
Sen. Vi Simpson  
Rep. Charlie Brown  
Rep. Cindy Noe  
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Chuck Clark  
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Caroline Doebbling  
Kurt Carlson  
Chris Taelman  
Jane Horn  
Abigail P. Flynn



# COMMISSION ON MENTAL HEALTH

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Authority: IC 12-21-6.5

## MEETING MINUTES<sup>1</sup>

**Meeting Date:** September 11, 2007  
**Meeting Time:** 1:30 P.M.  
**Meeting Place:** State House, 200 W. Washington St., Senate Chamber  
**Meeting City:** Indianapolis, Indiana  
**Meeting Number:** 3

**Members Present:** Sen. Connie Lawson, Chairperson; Sen. Vi Simpson; Rep. Charlie Brown; Rep. Cindy Noe; Loretta Kroin; Kathleen O'Connell; Chuck Clark; Stacy Ryan; Margie Payne; Valerie N. Markley; Bryan Lett; Caroline Doebbling; Chris Taelman; Jane Horn; Abigail P. Flynn.

**Members Absent:** Ronda Ames; Kurt Carlson.

**I. Call to Order:**

**Senator Connie Lawson, Chairperson,** called the meeting to order at 1:30 P.M.

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.in.gov/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

**II. Discussion of Department of Education Expenditures for Mental Health Services for School-Age Children, Mr. Bob Marra, Associate Superintendent, Indiana Department of Education:**

**Mr. Marra** explained that it is hard to collect data on mental health services provided to school age children. It is difficult to isolate emotional handicaps from other issues children have. He did provide the Commission with data on community supported and residential services provided by the Department of Education. (Exhibit 1) When school age children require services in residential settings, local districts are responsible for paying for services in an amount equal to the per child cost paid by the district for all children, plus the costs associated with transportation to get the child to the place where the child will receive treatment. The State is responsible for any costs above the costs paid by the local districts.

**III. Behavioral Health Carve-in of Hoosier Healthwise, Dr. Jeff Wells, Director, Office of Medicaid Policy and Planning (OMPP):**

**Dr. Wells** told the Commission that in January of 2007 the State changed health management plans and went from five to three management companies. The change was designed to help integrate mental health services with other health care services. There were, as with any transition, initial difficulties with billing and provision of services. There is a quality improvement committee to deal with transition issues. According to Dr. Wells, frustration levels reached a peak in April, and the system is working more smoothly as providers and clients become more familiar with the new managers.

**IV. Presentations from the Three Managed Care Organization (MCO's) Providing Mental Health Care under Hoosier Healthwise:**

The following individuals represented the MCO's in the presentation:

**Katherine Wentworth, Vice President Compliance and Regulatory Affairs, MDWise**  
**Cindy Peterson, Vice President Clinical Operations, Cenpatico**  
**Dr. Walter Butler, Medical Director, Magellan Health Services**  
**Tracy Lewandowski, General Manager, Magellan Health Services**  
**Michelle Bochu, National Director of Account Management, CompCare**

The MCO representatives provided the Commission with information concerning their operations. (Exhibit 2) Additionally, Doctor Wells provided the members with information on some 2007 measures for Hoosier Healthwise behavioral health. (Exhibit 3) The Commission members expressed a number of concerns about how the MCO's are operating. The presentation generated a number of questions from Commission members to be addressed at a future meeting. (The MCO follow up issues will be dealt with at the October 30, 2007, meeting of the Commission.) Members indicated that when the agenda for the meeting became available to the public, they received a number of calls from providers and clients who had problems with the MCO system. The questions requiring follow up information from OMPP include the following:

- (1) How many initial denials of inpatient and outpatient claims for services have occurred?
- (2) What is the re-admission rate for clients, and how do the re-admission rates compare to re-admission rates prior to the MCO's taking over?
- (3) If a patient is being denied in-patient care, is the patient being referred to a

community mental health center or another provider?

(4) What are the accreditation standards for each MCO, and are the standards the same for all MCO's?

(5) Does each MCO cover the entire State so that an individual can seek services anywhere in the State, or do the MCO's concentrate in specific parts of the State? Even if a contract states that an MCO serves the entire State, as a practical matter are there geographical areas of concentration of services?

(6) Are there geo-access maps, broken down by managed behavioral health organization, for behavioral health providers? The Commission wants to see geographical data on access broken down by (a) children versus adults, and (b) by ethnicity of those receiving services.

(7) If there is a denial of a claim and a provider is seeking a review, how accessible are the MCO's in reviewing requests for additional care? Is there a plan to deal with situations that have arisen in the past where a doctor or other provider who is providing services has been given a specific time period during which the doctor or other provider must be available to speak with the MCO or risk losing the opportunity to discuss a patient?

(8) If services have been denied, and the client or provider appeals the decision, does the client receive services during the time the appeal is pending?

(9) Concerning provider appeals, how many are related to prior authorization and how many are related to denied claims; and for each plan what are the percentages of appeals that are:

(A) refused;

(B) forwarded to the State; and

(C) overturned?

(10) Is there data on disabled clients in Hoosier Healthwise?

(11) Are there benchmarks on the utilization of Medicaid programs in other states, and how do those benchmarks relate to Indiana for all payors? How do the national averages compare to Indiana averages?

(12) What is the cap rate determination used by each provider?

(13) What is the number of provider appeal requests to each plan by input and output that are upheld or denied?

(14) What is the average length of stay approved by MCO's broken down by child, adolescent, and adult for Hoosier Healthwise compared to other Medicaid programs and to national averages?

(15) What is the process for utilization management by payor type, and does commercially managed care differ from the MCO's used by Hoosier Healthwise?

## **V. Comments on Delivery of Services:**

**Mr. Joe Vanable, National Alliance for the Mentally Ill (NAMI)** discussed concerns with access to mental health treatment available to residents of Indiana. (Exhibit 4)

**Mr. Tim Kennedy, Indiana Hospital and Health Association**, expressed concerns with the facility fees for hospital based community mental health centers. Hospitals have suffered a monetary loss under the new payment schedule now in use. Mr. Kennedy does not feel that the hospitals had an adequate opportunity to discuss the new method of reimbursement with the Family and Social Services Administration (FSSA). **Mr. Mitchell Roob, Secretary of FSSA**, indicated that FSSA had made several attempts to discuss this situation with the Hospital Association.

## **VI. Discussion of Care Select Program: Dr. Jeff Wells, Director, OMPP:**

**Dr. Wells** updated the Commission on the Care Select Program. (Exhibit 5)

**VII. Update on State Hospitals: E. Mitchell Roob, Secretary, FSSA:**

**Secretary Roob**, discussed care in State hospitals. (Exhibit 6) Secretary Roob discussed issues that have arisen with staffing the hospitals within the confines of the State merit system. Concerns were expressed by members of the Commission about the number of individuals being served and the sufficiency of funds to provide needed services.

**VIII. Adjournment:**

The meeting was adjourned at 5:10 P.M.

**The next meeting of the Commission is October 9 at 1:30 P.M. in the Senate Chamber.**