

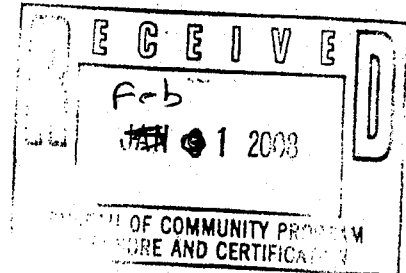
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INDEPENDENT REGULATORY  
REVIEW COMMISSION

January 28, 2008

#2654

Janice Staloski, Director  
Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104-1579



Dear Ms. Staloski:

Thank you for the opportunity to comment on the proposed changes to regulation 255.5.

Community Care, part of the insurance division of UPMC Health System, is a behavioral health managed care organization responsible for managing behavioral health services for Medicaid enrollees in 35 Pennsylvania counties. We believe that the current version of regulation 255.5 significantly hampers our ability to effectively manage members' care, to the detriment of the members. For example, it currently does not allow facilities to provide details of withdrawal symptoms. This lack of specificity makes it impossible for us to determine if members are in the appropriate level of care. Absence of information in other domains also makes it very difficult for us to insure that there is proper coordination of care planning after discharge as well as adequate attention to services such as family involvement while the member is in treatment.

The proposed revisions to 255.5 will allow us to receive additional information about what substances members have been using prior to admission. Also, the additional information that we can receive about levels of intoxication, vital signs, specific medical conditions, treatment history, and patterns of use and relapse history will greatly inform our level of care assessment and coordination of care activities. The absence of such information to date has made our work impossible at times.

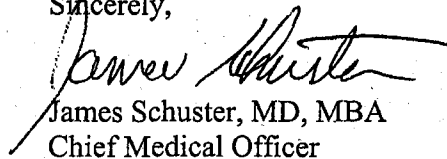
We are concerned that there is a comment on page 10 of the revised statute that indicates that quality assessments cannot have any patient identifiers. Our quality reports don't contain any patient specific data. However, we do need to have the capacity to identify our members to complete quality activities.

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In summary, we support continued attention to the confidentiality needs of members with drug and alcohol problems. However, about 50% of members with drug and alcohol problems have other mental health disorders, as well as vice-versa, so it is critical that this information flow into systems that coordinate other mental health care. For this reason, we strongly support the proposed revisions to 255.5.

Thanks again for the opportunity to comment on this issue.

Sincerely,



James Schuster, MD, MBA  
Chief Medical Officer

Cc: Joan Erney, Deputy Secretary  
Jim Gavin, President  
Mary Diamond, Medical Director