

Behavioral Health Partnership Oversight Council

Adult Quality, Access & Policy Committee

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Co-Chairs: Heather Gates and Pat Rehmer

Meeting Summary July 11, 2017 3:00 – 4:30 p.m. 2nd Floor CCNA 35 Cold Springs Road Suite 522, Rocky Hill, CT

*NOTE: August Meeting-CANCELED: Next Meeting: Tuesday, September 12, 2017 @ 3:00 PM at CCNA, Rocky Hill

<u>Attendees:</u> Co-Chair Heather Gates, Co-Chair Pat Rehmer, Lindsay Betzendahl (Beacon), Alyse Chin (DMHAS), Susan Coogan, Kathy Flaherty, Colleen Harrington, Dr. Charles Herrick, Bonni Hopkins (Beacon), Evelyn Melendez, Katherine Michael, Marie Mormile-Mehler, Kim Nelson, Kelly Phenix, Maureen Reault (DSS), and Erika Sharillo (Beacon)

Opening Remarks and Introductions

Co-Chair Pat Rehmer convened the meeting at 3:05 PM, welcomed everyone and introductions were then made.

Adult Annual Report 2016- Membership and Utilization Data with a Focus on Higher levels of Care and Demographics–Lindsay

Betzendahl and Erika Sharillo (Beacon) http://www.ctbhp.com/reports/Adult-Semi-Annual-Summary-2016.pdf

Lindsay Betzendahl (Beacon) and Erika Sharillo (Beacon) gave the presentation. Included blow is the General Overview and Methodology for the report. For further information, see the link above.

General Overview

On at least a semiannual basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the State for review. The shift to semiannual reports was designed to minimize noise created by quarter-to-quarter fluctuations that do not reflect a true trend in the data. The March deliverable serves as the annual report and covers four consecutive years of utilization data. The September deliverable covers 10 consecutive quarters with a focused analysis on the most recent two quarters, but may include the past four if there is information necessary to review that had not been analyzed previously. This report focuses on the utilization statistics such as admissions per 1,000 members (Admits/1,000), days per 1,000 members (Days/1,000), and average length of stay (ALOS).

Within this interactive report, all utilization data is available via drop-down filters, but the narrative highlights the areas of interest related to certain utilization trends. In some cases, demographic breakouts are available to enhance the understanding of utilization. Additionally, the narrative identifies the underlying factors, which drive the trends and associated programmatic responses taken by Beacon Health Options to impact/mitigate or support the trend. Beacon also presents recommendations to address remaining challenges and reports progress related to these planned recommendations. The areas of focus for this deliverable are listed on the following page.

Methodology

The data contained in this report are based on authorization admissions and are refreshed for each subsequent set of updates during the year. Due to changes in eligibility, the results for each quarter or year may change from the previously reported values. The reports and analyses for all levels of care are affected by this change. Please note that utilization metrics may change with the refresh of the data. Therefore, the reader should be cautious when interpreting the latest quarter of data. The contractor will monitor the post-refresh changes closely. If warranted, methodology will be revisited. The methodology for membership totals remains unchanged. For the Total Membership counts, each member is only counted once per quarter, even if he/she changes eligibility groups or experiences gaps in eligibility. For instance, if a member changes benefit groups within the quarter, that member is included in the totals for each benefit group, but only once for the total membership. This methodology is referred to in the graphs as "Unique Membership". For the benefit groups, members are counted in each group in which they were eligible during the time period (quarter or year). This means that the individual benefit group membership counts cannot be added to obtain an overall total since members can shift between benefit groups.

The methodology for calculating age has changed, resulting in a slight shift in adult and youth membership totals. Previous to this report, counts for adults and youth were based on if a member met that age criteria during the time period. This meant that youth who were both 17 and 18 years old in a quarter were counted in both the adult and youth totals. In order to allow for the drill-down of demographic and age information, it was required that members be counted in only one group during a time period. Age group is now based on the age that a member was for the majority of the time period (quarter or year). Other demographics such as gender and race/ethnicity are based on the most recently updated eligibility. These demographics will update as needed as we want to report on the most accurate gender or race/ethnicity that a member identifies with.

Additionally, while unchanged from previous reporting periods, it is worth noting that the per 1,000 measures compare the utilization rates of the population to the population's "member months". This means that when viewing the Admits/1,000 of HUSKY D members the rate is based on the number of admissions within the HUSKY D population, not the entire adult population. This helps to analyze which populations are potentially more chronic, acute, or in need.

New Business, Announcements, and Adjournment

Co-Chair Heather Gates thanked Lindsay Betzendahl and Erika Sharillo for their presentations and reports and asked for new business or announcements. There is a rolling admission for providers for Project ECHO. Hearing nothing else, she announced the August meeting is CANCELED and the next meeting will be Tuesday, September 12, 2017 at CCNA in Rocky Hill. She then adjourned the meeting at 4:24 PM.

<u>*NOTE: August Meeting CANCELED: Next Meeting: Tuesday,</u> September 12, 2017 @ 3:00 PM at CCNA (formerly CCPA), Rocky Hill, CT