Connecticut BHP
Supporting Health and Recovery

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Adult Quality, Access, and Policy (QAP)

Access and Quality of Behavioral Health Services

September 13, 2022

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Beacon Health Options

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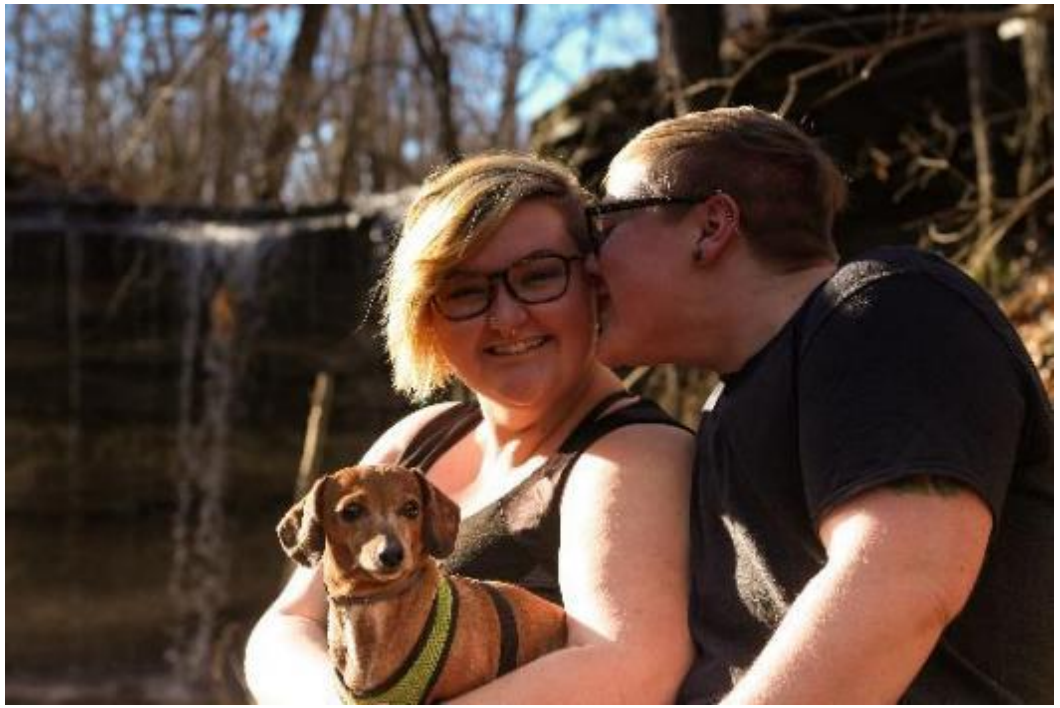
Agenda of Today's Presentation

1	CT BHP Contract Components to Improve Care
2	Access to Care
3	Quality Monitoring
4	Quality Assurance
5	Summary and Discussion

Chapter

01

CT BHP Contract Components to Improve Care



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Clinical Support Programs and Philosophy

CT BHP/Beacon addresses its goals by supporting clinical care management, case management, coordination, assessment, triage, and utilization review, which are based on the premise that individuals are more likely to access appropriate services and remain engaged in treatment when they feel that they are empowered and that their needs are understood and met.

The clinical philosophy is based on the principles of recovery and resiliency, as well as on a systems-of-care approach.

The CT BHP/ Beacon supports an array of clinical services that are offered by numerous providers throughout the state and range from inpatient to wraparound outpatient services, and all serve to support members so they can remain in their community to the greatest extent possible.

Quality Management Program

- The primary goals of the CT BHP are identified as enhancing the access to, quality of, and efficiency of behavioral health care administered under the HUSKY Health program.
- These goals are overarching and apply to the entire engagement center but are a particular focus of the Beacon Quality Management (QM) Department.
- The QM Program focuses on improving the performance and quality of our own internal operations (turn-around times, speed to answer, compliance, utilization management standards, etc.) and the external services and system of care (the full continuum of services, as well as transitions between levels of care as indicated by rates of connect-to-care, follow-up, readmissions, etc.).

Continuous Quality Improvement Framework to Drive Excellence in Performance

CT BHP Standards

15 quarterly performance standards covering call management, timeliness of authorization processes, denials, complaints, and appeals, etc.

Performance Over Time

Since 2006, Beacon has performed >98% on all contractual standards.

Report	Description of Report	Performance Standard Expectation	Met/Not Met Standard		Standard Met at		If Standard Not Met - Rationale	
Call Management								
					1Q '22	2Q '22		
1.B. Average Speed of Answer (ASA)	Average number of seconds to answer all calls with a live person coming into the call center including after hours calls and authorization lines, measured by the selection of a menu option (e.g. crisis queue).	30 seconds - clinical and customer service queues. 15 Seconds - Crisis queue.	MET	MET	Provider: 7 Seconds Member: 2 Seconds Crisis: 4 Seconds	Provider: 11 Seconds Member: 5 Seconds Crisis: 3 Seconds		
1.C. Call Abandonment Rate (CAR)	Percent of calls abandoned coming into the call center including after hours calls.	5%	MET	MET	Total: 0.35%	Total: 0.70%		
1. D. Calls Answered with in 30 Seconds	Percent of calls coming into the call center answered within 30 seconds.	90%	MET	MET	Total: 97.80%	Total: 95.13%		
1. F. Number and Percentage of calls placed on hold and average length of time on hold for Clinical Services.	Average length of time on hold for clinical calls.	5 minutes	MET	MET	Provider: 1:32 Minutes	Provider: 1:34 Minutes		
1. G. Number and Percentage of calls placed on hold and average length of time on hold for Customer Services.	Average length of time on hold for member calls (customer service and crisis).	3 minutes; 1 minute for crisis calls	MET	MET	Member: 1:01 Minutes Crisis: 0:10 Minutes	Member: 0:50 Minutes Crisis: 0:09 Minutes		
Utilization Management								
2.A. Higher Levels of Care Timeliness Summary for Initial Auths - With & Without Peer Review	Percent of cases that met the required timeframe broken out by approved, denied, partially denied, suspended or terminated. For those cases which did not meet the goal, the report shall include average time frame for completion. (Without Peer Review - 60 minutes: Psych IP , General IP, IP Detox, Resi Rehab, Intermediate, Obs Beds, Crisis Stabilization, PRTF, and PHP. With Peer Review - 120 minutes: Psych IP, General IP; 180 minutes: IP detox; 1 business day: Resi Rehab, Intermediate, Crisis Stabilization, Obs Beds, PRTF, and PHP)	95% of decisions communicated within designated timeframe	MET	MET	99.67%	99.26%		
2.B. Lower Levels of care Timeliness Summary for Initial Auths - With and Without peer Review.	Percent of cases that met the required timeframe broken out by approved, denied, partially denied, suspended or terminated. For those cases which did not meet the goal, the report shall include average time frame for completion. (Without Peer Review - 1business day. With Peer Review - 1 business day)	95% of decisions communicated within designated timeframe	MET	MET	99.55%	97.43%		
2.C. Higher levels of Care Timeliness Report for Concurrent Reviews - With and Without Peer Review	Percent of cases that met the required timeframe broken out by approved, denied, partially denied, suspended or terminated. For those cases which did not meet the goal, the report shall include average time frame for completion. (Without Peer Review - 60 minutes: Psych IP, General IP, IP Detox, Resi Rehab, Intermediate, Crisis Stabilization, PRTF, and PHP; With Peer Review - 120 minutes: Psych IP, General IP; 180 minutes: IP detox; 1 business day: Resi Rehab, Intermediate, Crisis Stabilization, PRTF, and PHP)	95% of decisions communicated within designated timeframe	MET	MET	99.68%	99.69%		

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Example of Performance Target Outcomes: Changing Pathways

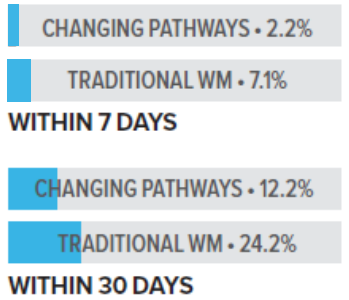
32%

Connection to MOUD

The number of members discharged from withdrawal management who successfully connected to an MOUD provider in the community **increased 32%.**

Reduction in readmissions

A significantly lower percentage of engaged participants re-admitted to an inpatient facility within 7 and 30 days of discharge than individuals in traditional withdrawal management (WM).



Reduction in other behavioral health (BH) episodes

In 2020, over **41% of engaged participants** adhered* to MOUD for the three-month period following discharge. That is nearly a **162%** increase over the percentage of individuals who remained adherent after traditional withdrawal management. These individuals experienced the following positive outcomes when comparing the three months prior to, and following, discharge:

54%

reduction in the average number of BH ED visits per member

40%

reduction in the average number of inpatient days per member

56%

reduction in the average number of withdrawal management episodes

74%

Reduction in overdoses

Individuals who engaged in Changing Pathways in 2020 and remained MOUD adherent* for 90 days following discharge, experienced a 74% reduction in rate of overdose, from 8.2% to 2.1% of members.

*"Adherence" means using MOUD at least 80% of days for the three months following discharge.

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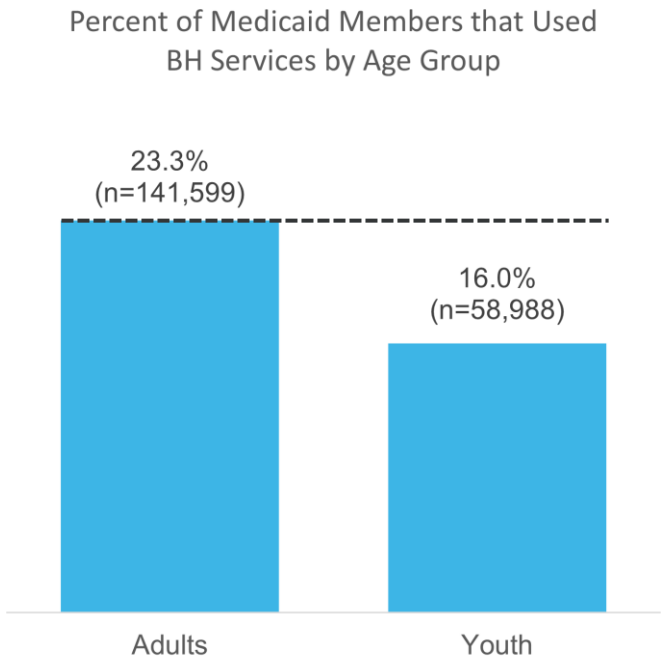
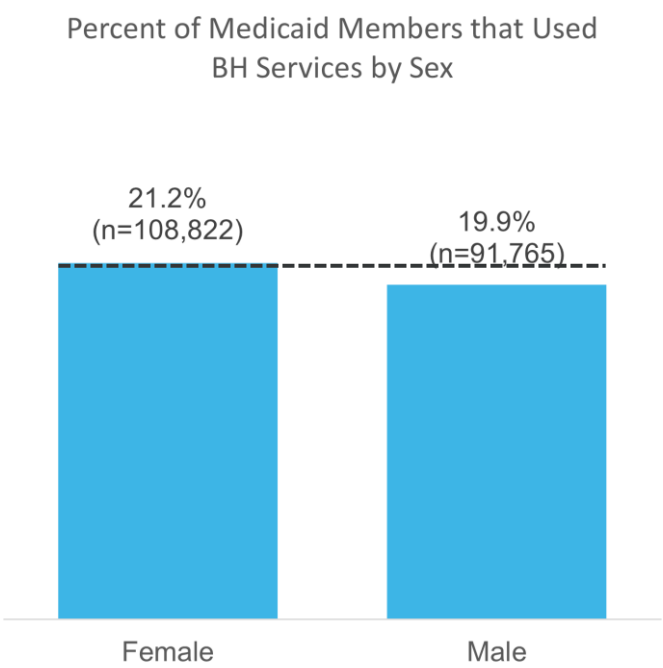
Chapter

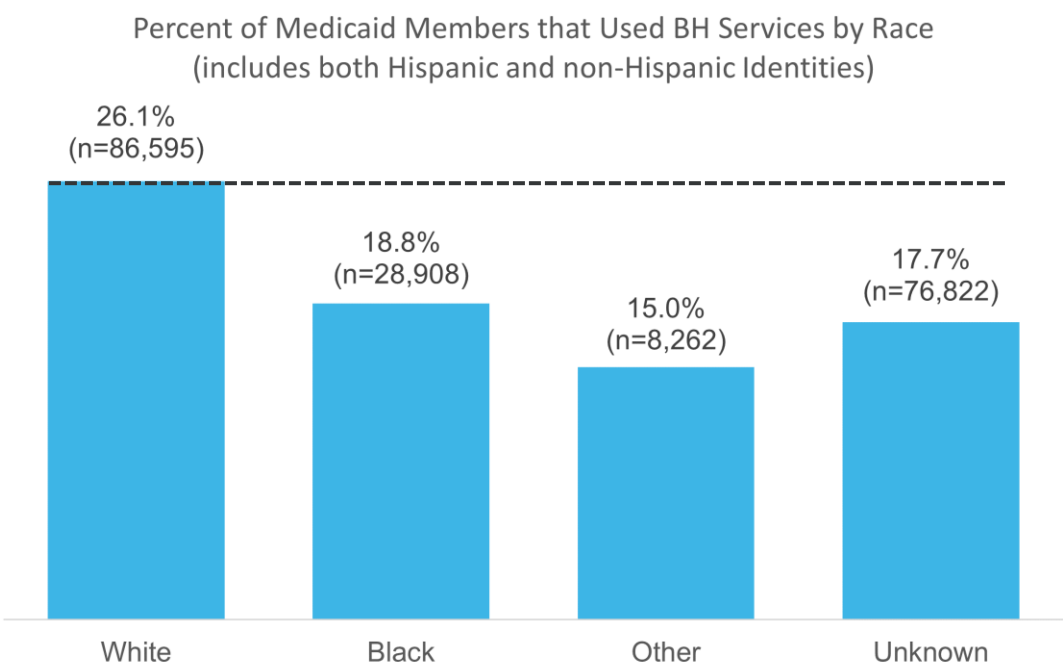
02

Access to Care

Use of Any Behavioral Health Service: CY 2021*







---------- = Reference line of the subpopulation with highest BH Service Utilization

* = 2021 Data are not quality checked and should be considered as draft data

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Provider Types and Specialties

359+ Facilities / 1,228+ Practice Locations

- Hospitals
- Mental Health Outpatient/Medical Clinics (Enhanced Care Clinics (ECCs)/Federally Qualified Health Centers (FQHCs), Rehabilitation and School Based Health Centers)
- Substance Use Treatment Centers (including Withdrawal Management, Intensive Outpatient Programs (IOP), Outpatient)
- Methadone Maintenance Clinics
- Home Health Agencies
- Adult Group Homes
- DCF Congregate Care
- Psychiatric Residential Treatment Facilities (PRTF)
- Autism Spectrum Disorder (ASD) Providers
- CT Housing Engagement & Support Services (CHESS) Providers

7,971+ Individual Practitioners/Group Practices

Psychiatrists, Psychologists, Advanced Practice Registered Nurses (APRN), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Professional Counselors (LPC), Licensed Alcohol and Drug Counselors (LADC), Board Certified Behavior Analysts (BCBA)

Access and Availability – Network Growth

Provider Type	2016	2017	2018	2019	2020	2021	% Growth 2017	% Growth 2018	% Growth 2019	% Growth 2020	% Growth 2021
Facility	305	317	324	329	344	359	3.9%	2.2%	1.5%	4.6%	4.4%
Facility - Practice Locations	990	1,051	1088	1124	1162	1228	6.2%	3.5%	3.3%	3.4%	5.7%
Individual Practitioners/ Group Practices/ Performing Providers	4119	5007	5808	6604	7378	7971	20.7%	16%	13.7%	11.7%	8%
TOTAL	4,454	5,324	6,132	6,933	7,722	8,330	19.5%	15.2%	13.1%	11.4%	7.9%

Challenges in Access to Care for Adults

- **Medication for Opioid Use Disorder (MOUD)**– MOUD is the most effective treatment for opioid use disorders; and while we have seen a growth in access, it remains underutilized due to shortages of willing/qualified providers, entrenched practice patterns, and myth/stigma associated with its use
- **BH Access/Use and Ethnic & Racial Disparities** – Individuals who identify as Black, Hispanic, or Unknown have lower rates of any BH service use, demonstrating that disparities continue to exist even though we may not understand the exact pattern of contributing factors
- **Workforce shortage**, specifically around access to prescribers and culturally and linguistically diverse employees
- **Inpatient** – Pandemic has resulted in increased demand for inpatient psychiatric care but neither additional capacity nor alternatives are sufficient
- **Increase bed capacity,** especially for members who have complex medical/ psychiatric co-morbidities

Chapter

03

Quality Monitoring

Service, Quality & System Monitoring

Beacon conducts a variety of quality and service monitoring of the BH System – Major categories and examples are provided in the table below.

Category	Example (s)
Quality Metrics	HEDIS, CMS & Custom Indicators such as Follow-up After Hospitalization or adherence or use rates for various medications
Utilization Indicators & Trends	Indicators of rates of admission, discharges, ALOS, BH utilization over time with analysis of clinical context
Population Profile and PMPM Dashboards	Interactive Dashboards that provide a population level analysis across demographics, diagnosis, utilization, cost, SDoH, etc. and trending of costs by various indicators
Provider Performance Dashboards	Dashboards tracking key indicators by provider by level of care for use in the PAR performance improvement dashboard
Beacon Performance Standards & Targets	Tracking of performance against contract standards regarding internal operations (call answering, appeals, quality of care, etc.) and targets embedded in negotiated major performance targets.

HEDIS®, CMS, and Other Quality Metrics

- We use standard measurements: Healthcare Effectiveness Data and Information Set (HEDIS®), Center for Medicaid Services (CMS), and other quality measures to objectively measure, report, and compare quality and outcomes across time and health plans.
- Compared to the previous measurement year, we improved on 10 (50%) measures and remained stable on two (10%).
- CT was more favorable than (or equal to) both national and regional comparison rates for 10 (50%) measures and more favorable than (or equal to) one comparison rate for five (25%) of the measures.

More detail on the HEDIS® measures was discussed at a prior QAP meeting

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Annual HEDIS® Rates Summary
Connecticut Medicaid Trends & Comparisons

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Key for Connecticut Trend Comparisons
- ↑ Improved Rate from Previous Year*
- ↓ Declined Rate from Previous Year*
- ◆ No Change from Previous Year (less than 0.5% change)
- ✳ Previous Year Not Available For Comparison

Key for National & New England Average Rate Comparisons
- CT was more favorable than (or equal to) both comparison rates
- CT was more favorable than (or equal to) only one of the comparison rates
- CT was less favorable than both comparison rates
- ○ Benchmark rates unavailable

How is Connecticut Medicaid performing year-over-year?
Hover for additional details

						CT Annual Change			Comparison to National/New England Rates		
Measure Name	Measure Subset	Measure Age Group	2018	2019	2020	2018	2019	2020	2018	2019	2020
Antidepressant Medication Management	Effective Acute Phase Treatment	Total (18+)	51.6%	58.5%	61.2%	↑	↑	↑	●	●	●
	Effective Continuation Phase Treatment	Total (18+)	32.6%	41.9%	45.0%	↑	↑	↑	●	●	●
Follow-up for Children Prescribed ADHD Medication	Initiation	6-12	44.4%	43.4%	43.0%	✳	↓	◆	◑	◑	●
	Continuation	6-12	52.2%	49.9%	50.7%	✳	↓	↑	●	●	●
Follow-Up After Hospitalization for Mental Illness	7-Day	Total (6+)	48.0%	48.7%	47.6%	↓	↑	↓	◑	●	◑
	30-Day	Total (6+)	67.6%	69.3%	67.1%	↓	↑	↓	◑	●	◑
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	7-Day	Total		18.8%	17.3%	✳	✳	↓		◑	◑
	30-Day	Total		32.6%	30.0%	✳	✳	↓		●	◑
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Total Rate	Total (18-64)	63.8%	64.1%	67.3%	↑	◆	↑	◑	◑	◑
Use of Opioids at High Dosage	Total Rate	Total (18+)	6.4%	8.9%	8.9%	↑	↓	◆	◑	●	●
Use of Opioids from Multiple Providers	4+ Pharmacies	Total (18+)	3.3%	3.1%	1.8%	↑	◆	↑	●	●	●
	4+ Prescribers	Total (18+)	28.4%	24.2%	22.1%	↑	↑	↑	●	●	●
	4+ Prescribers & Pharmacies	Total (18+)	2.2%	1.9%	1.1%	↑	◆	↑	●	●	●
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment	Initiation	Adolescents (13-17)	42.3%	42.8%	46.5%	↓	↑	↑	●	●	●
		Adults (18+)	45.4%	44.6%	43.1%	↓	↓	↓	●	◑	●
		Total (13+)	45.3%	44.5%	43.2%	↓	↓	↓	●	◑	●
	Engagement	Adolescents (13-17)	28.3%	23.9%	24.5%	↓	↓	↑	●	●	●
		Adults (18+)	28.3%	24.4%	21.9%	↓	↓	↓	●	●	●
		Total (13+)	28.3%	24.4%	22.0%	↓	↓	↓	●	●	●
Pharmacotherapy for Opioid Use Disorder	Total Rate	Total		37.2%	39.0%	✳	✳	↑		○	●
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Total Rate	Total			80.2%	✳	✳	✳			●

NCQA does not publish Regional and National benchmarks for first year measures.

*Note that for the Use of Opioids from Multiple Providers (UOP) and Use of Opioids at High Dosage (HDO) measures, a decreased rate is an improvement.

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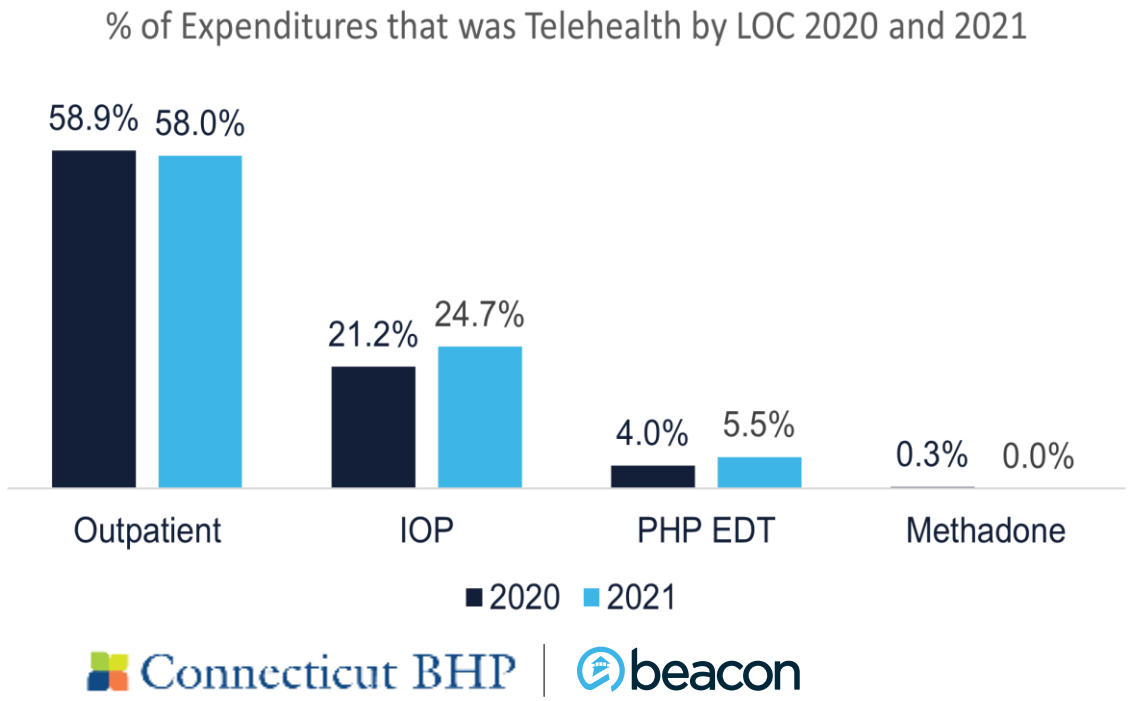
Utilization Trends & Indicators

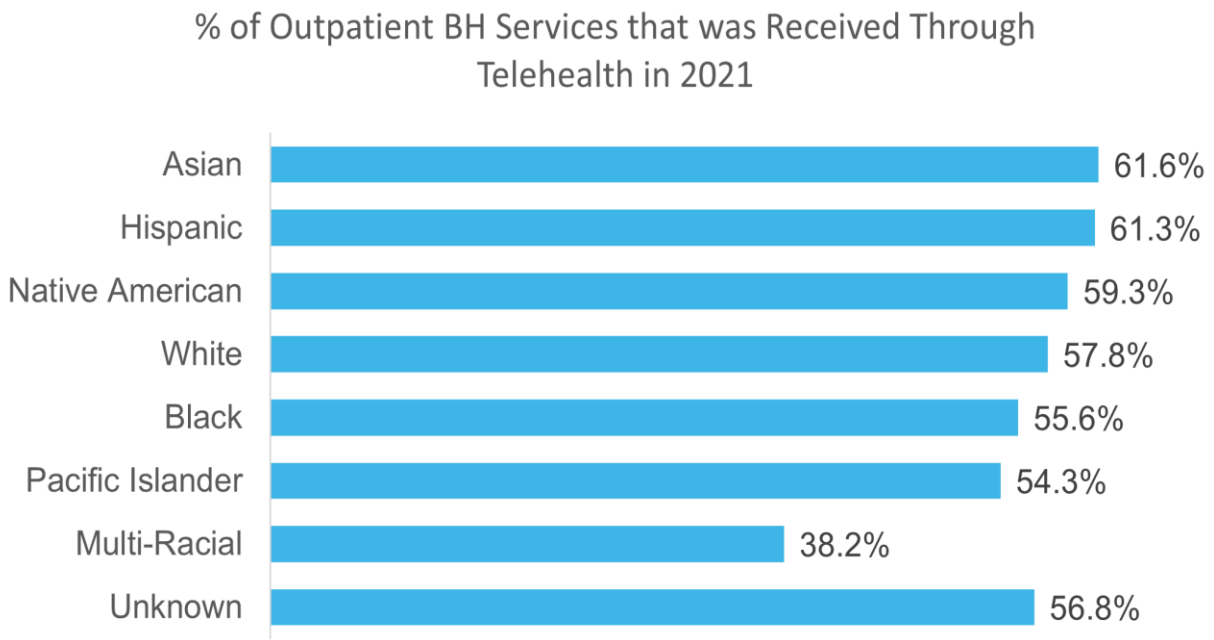
- Due to lifting of prior authorization (PA) traditional utilization reporting was not available for many levels of care for calendar year 2020
  - Inpatient Psychiatric
  - Inpatient Withdrawal Management
  - Methadone Maintenance
  - Mental Health Group Home
  - Ambulatory Withdrawal Management
  - Intensive Outpatient
  - Outpatient
  - Partial Hospitalization
  - Home Based Services (excluding ASD)
- The development of a Claims PMPM[1] dashboard and analysis by level of care provided an alternative for insight into trends in utilization
- For those levels of care for which PA was not lifted, the full suite of utilization reporting was available for 2020
- In addition to the impact of lifting PA on the availability of utilization data, the pandemic also directly impacted utilization due to reductions in capacity to manage COVID, time needed to ramp up telehealth provision, reductions in care seeking due to member concerns of being infected etc.

[1]Per Member Per Month cost

Adult Utilization Highlights

- For male adults, the overall PMPM (including Acute Inpatient, IOP, and Outpatient) and most behavioral health services under the purview of the CT BHP, continued to drop between 2019, 2020, and 2021. For female adults there was a drop between 2019 and 2020 but a slight increase in 2021.
- In 2021, there was a slight increase in total expenditures for adults, bringing it almost to the same level as 2019. The total expenditures in CY 2019 were 1.184 billion, which dropped to 1.140 billion in CY 2020. In CY 2021, the total expenditures were 1.177 billion (a 3.2% increase from 2020).





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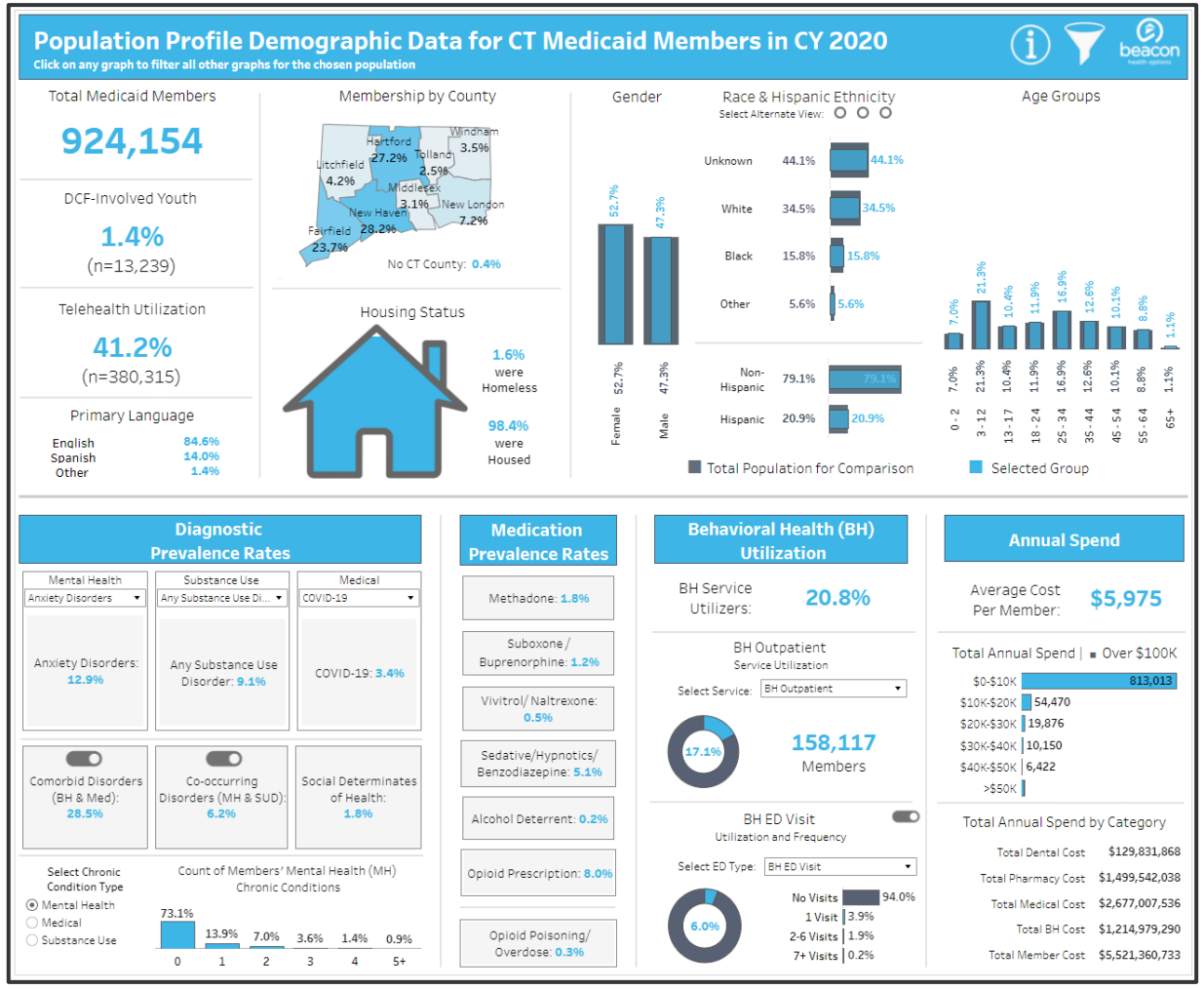
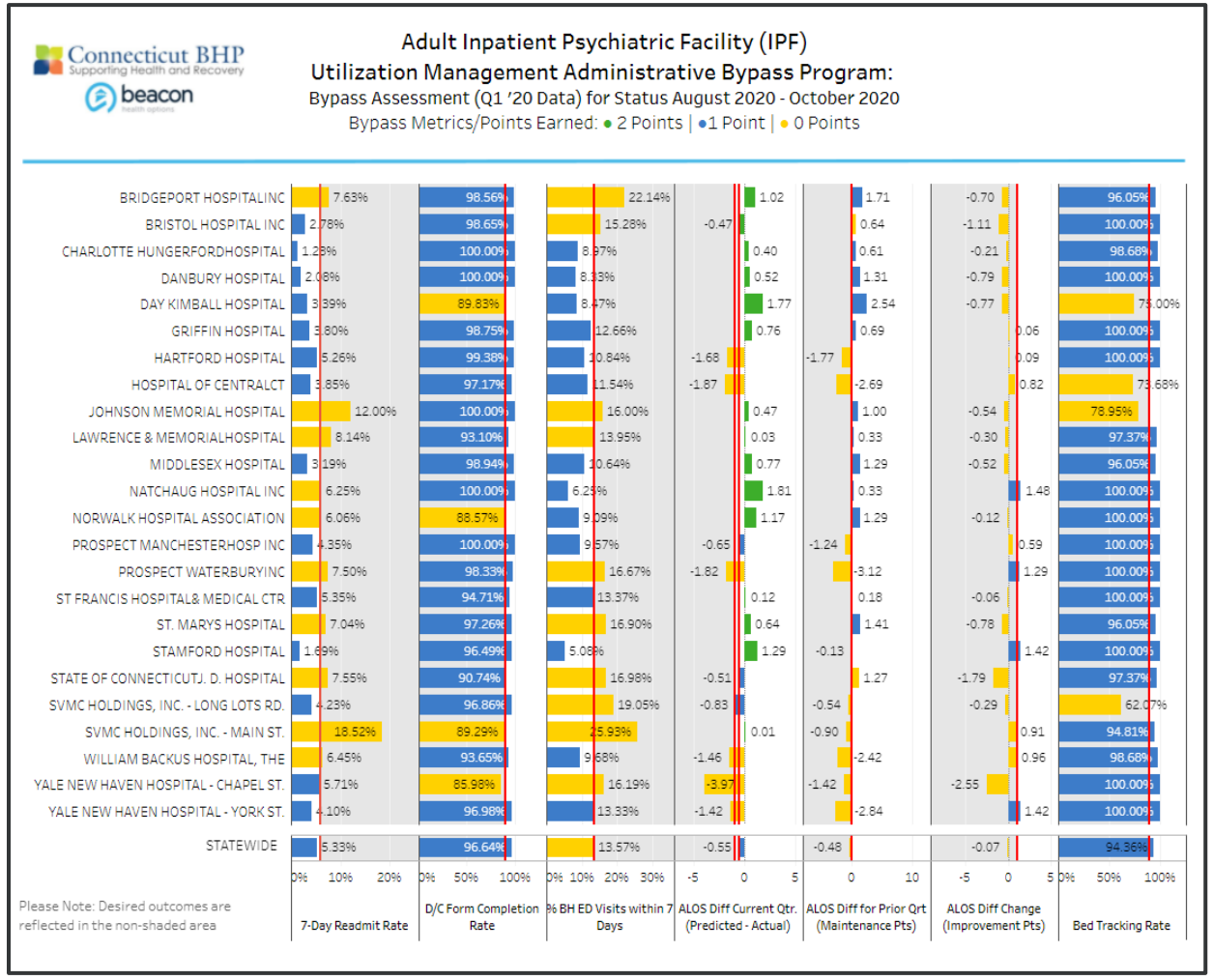
Population Health & Clinical Dashboards





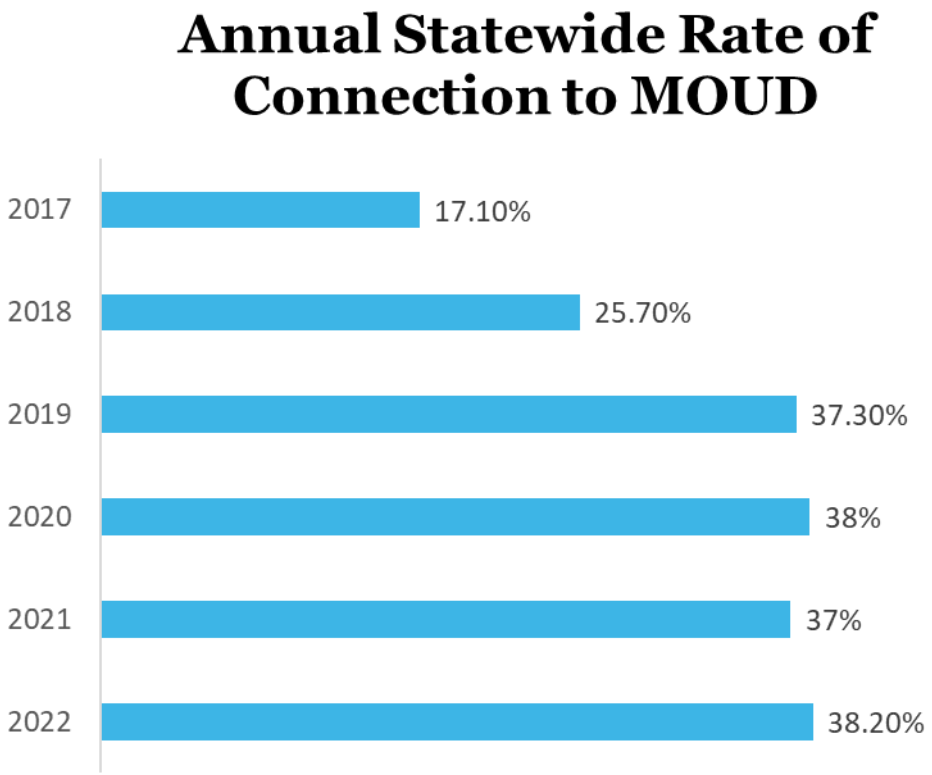
Provider Support and Practice Improvement

Regional Network Managers

- Facilitate system improvement and provider performance via the Provider Analysis and Reporting (PAR) program, informed by and in conjunction with, Beacon's Medical Affairs and Clinical Department, state partners and providers
- Use data to inform performance improvement and work with providers and stakeholders to identify and address needs within regional networks and the statewide system of care
- Through provider data analysis and reporting, identify best practices and promote their dissemination
- Compile, analyze, and deliver data through the PAR on various levels of care to drive practice improvement ~ practice improvement initiatives include:

Inpatient (Child and Adult)	Methadone Maintenance
Psychiatric Residential Treatment Facilities (PRTF)	Emergency Departments
Home Health	Freestanding Withdrawal Management
Intensive Outpatient Treatment (IOP)	Enhanced Care Coordination

Example: Freestanding Withdrawal Management



Activities Contributing to Increasing Medications for Opioid Use Disorder (MOUD) Connect to Care (C2C) Rates:

- Post-PAR system enhancement meetings in collaboration with DMHAS to establish warm hand-off connections and new referral resources
- Cross-departmental collaboration with Clinical, Peer, and Provider Relations Departments to eliminate access barriers, improve engagement post-discharge, and promote enhancements to MAT Map to assist with locating providers in real time
- Sharing of best practices for effective discharge planning through PAR and workgroup platforms to improve member experience, enhance connect-to-care practices and reduce rates of readmission, relapse, and overdose

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Chapter

04

Quality Assurance

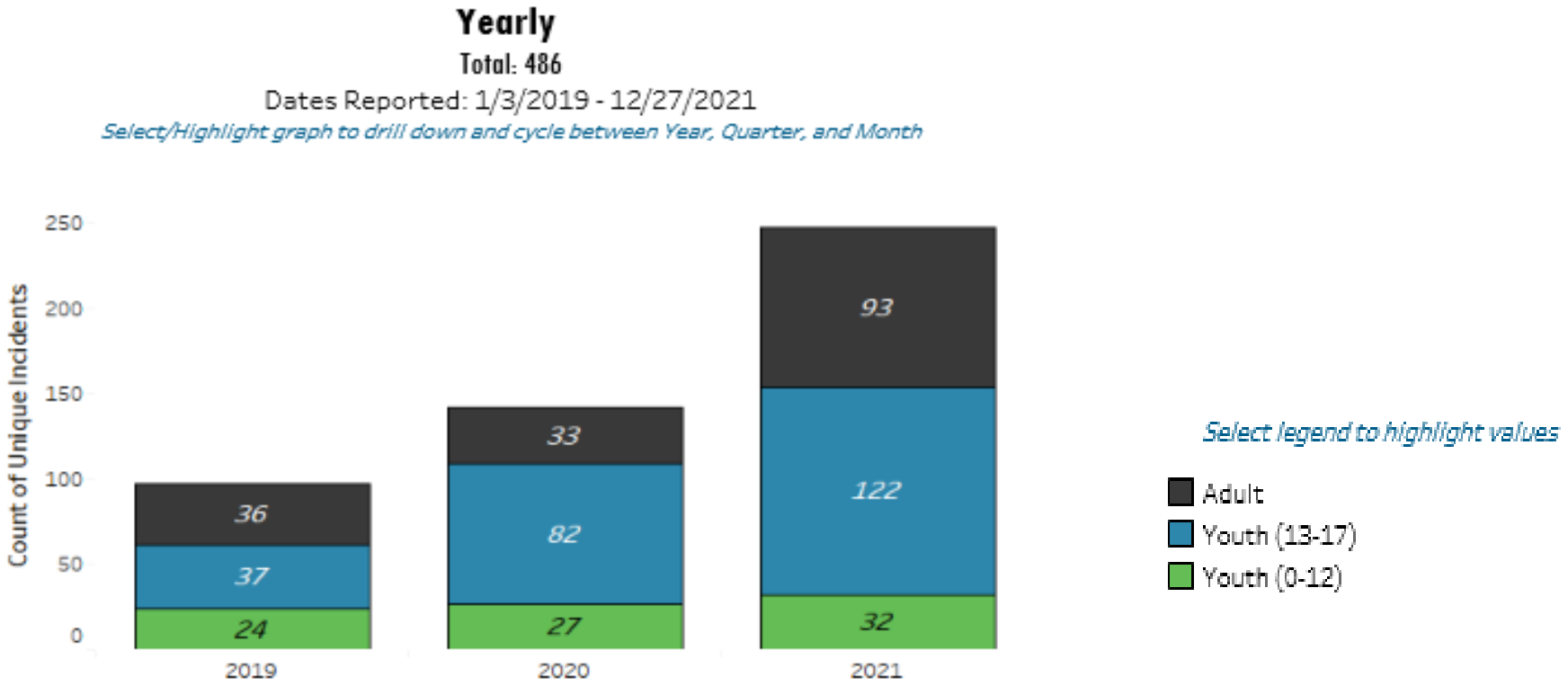
Serious Reportable Events and Trending Events

- Beacon investigates Potential Quality of Care (PQOC) concerns reported to Beacon by members, providers, clients, and other stakeholders to determine if concerns are able to be reasonably founded (provider actions or negligence directly impacted member safety or care) or unfounded.

- Concerns are categorized as either a Serious Reportable Event (SRE) or Trending Event (TE).*
- An **SRE** is an event that involves major injury or death.
- A **TE** refers to most other events (i.e,. inappropriate provider behavior, access issues, injury, suicide attempts, sexual behavior, elopements, etc.)

*The definitions of these categories were revised in 2020.

Trending Events



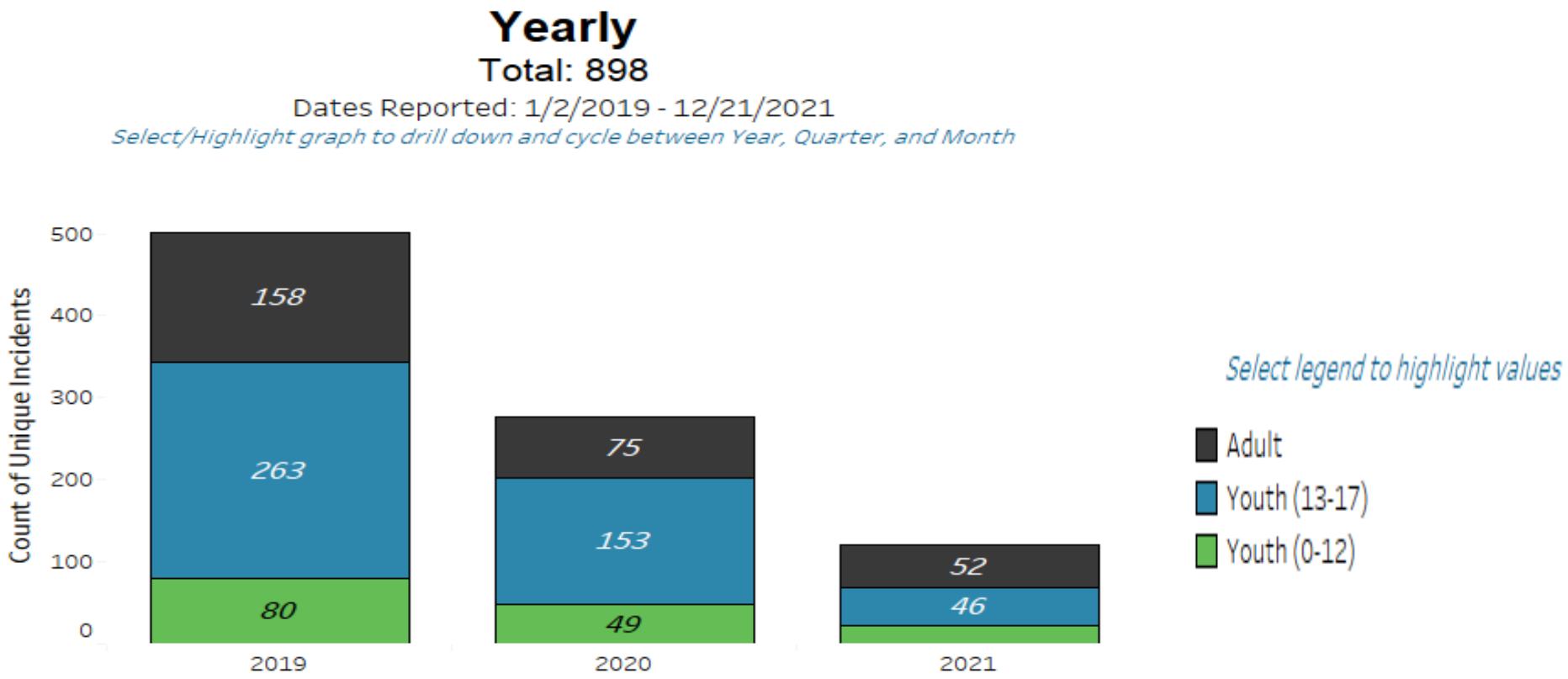
The increase in total number of TEs was impacted by the change in definition in the Member Safety Program that took place in 2020, resulting in most Violent/Assaultive Behaviors now being classified as a TE.

Trending Events

Number of Trending Event Service Concerns by Age and Category Type

Age Group	Subgroup	CY '19	CY '20	CY '21
Adult	Access to Care-Related Issues	2		
	Attitude and Service-Related Issues	1		
	Clinical Practice-Related Issues	31	11	12
	Other Monitored Events	1	22	80
	Provider Inappropriate/Unprofessional Beha..	1		1
	Total	36	33	93
Youth (13-17)	Access to Care-Related Issues		1	
	Attitude and Service-Related Issues	2	1	3
	Clinical Practice-Related Issues	34	40	25
	Other Monitored Events	1	39	93
	Provider Inappropriate/Unprofessional Beha..		1	1
	Total	37	82	122
Youth (0-12)	Access to Care-Related Issues	2		
	Clinical Practice-Related Issues	18	17	14
	Other Monitored Events	2	10	18
	Provider Inappropriate/Unprofessional Beha..	2		
	Total	24	27	32
Grand Total		97	142	247

Serious Reportable Events



The change in definition in the Member Safety program that took place in 2020 impacted the volume of events. To qualify for a Serious Reportable Event under the new definition, the member must incur a major injury or death. If these do not apply, the event becomes a Trending Event.

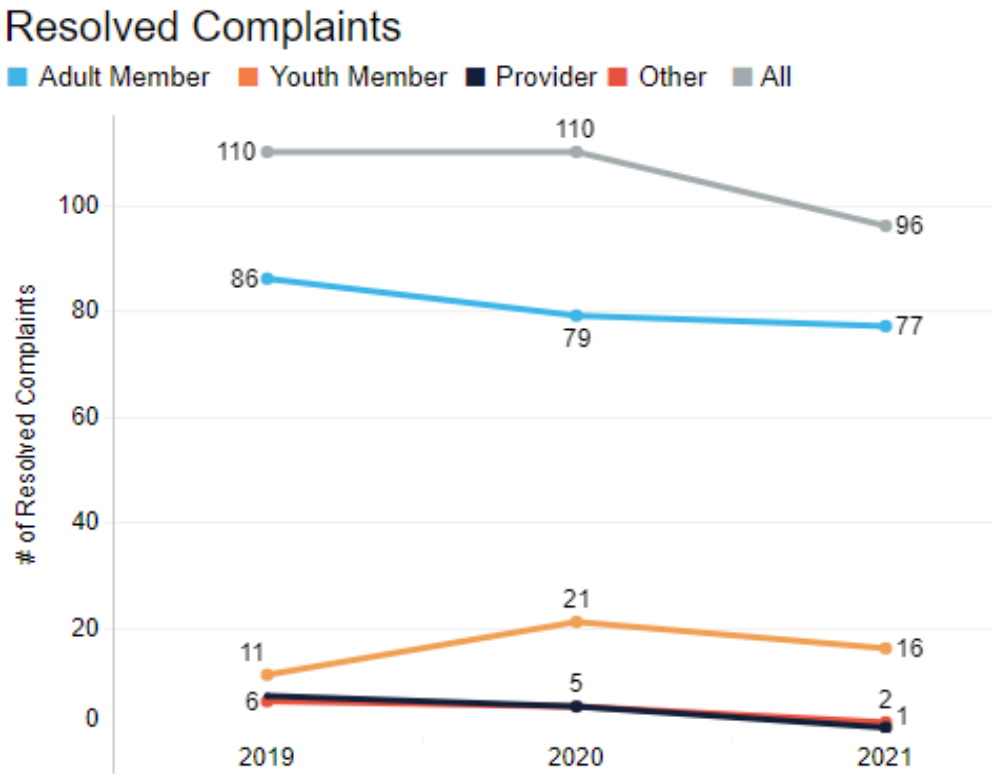
Serious Reportable Events

2021 Barriers, Opportunities and Next Steps

Barriers	Opportunities for Improvement	Intervention/next step
The lifting of Prior Authorization Requirements reduced the clinical information received through Precertification Reviews through Care Connect, impacting the report of information regarding PQOC issues.	Increased communication with clinical teams and providers regarding Potential Quality of Care issues impacting members	Most Prior Authorization requirements have been reinstated
Increased acuity of members mental health and substance use issues and concurrent provider challenges of staffing shortages and long wait lists for many levels of care due the pandemic.	Collaboration with Clinical teams and Regional Network Managers regarding provider trends and Performance Improvement Plans for providers with identified quality of care concerns.	Ongoing collaboration among Beacon, State partners, and the provider network in order to counter issues of youth stagnating in emergency departments awaiting care and other throughput barriers exacerbated by COVID-19.

Member Complaints

- There were 96 total complaints in 2021, a slight decrease from past years.
- In CY '21, the most frequent complaint and grievance reasons were service (50) and access (27) issues.
- Themes related to service issues included: complaints about provider rules and requirements of certain programs; complaints about the provider not returning phone calls and/or rude behavior; and difficulty feeling comfortable with telecommunication services.
- Themes regarding access issues included: members having difficulty getting appointments; members' ability to access medical records; and issues obtaining medication refills.



Chapter

05

Summary & Discussion

Summary of Performance in 2021

Performance Standards – Met all of the 15 requirements regarding our call management, utilization management, notice of actions/denials, and appeals in each quarter throughout the 2021 contract year.

Access: The provider network grew 7.9% from 2020 to 2021.

Performance Targets & Clinical Studies: Accomplished 100% of our goals and delivered all expected reports on time.

HEDIS®, CMS, and other Quality Metrics: Compared to last year we improved or remained stable in 60% of our HEDIS® measures and were more favorable or equal to one or more measures in 75% of our measures.

PAR Programs: In 2021, we added a new PAR program and four providers and continue to see improvement in various metrics across programs.

Remaining Challenges

- With a **rise in clinical acuity** and **shortage of providers** sparked by the pandemic, the Beacon and Husky Provider Network continues to struggle with access to key services (inpatient, Residential rehab, etc.) and issues of throughput across levels of care.
- **Opioid Crisis-** Despite significant improvements in utilization of MOUD and adherence the opioid crisis continues to accelerate with year over year increases in overdoses and deaths and increased use of synthetics.
- Despite relatively high numbers of prescribers compared to other states, management of **psychoactive medications** regularly falls short of guidelines for follow-up care (AMM and ADHD measures)
- Although we have far better understanding and data on health equity, **reducing and eliminating disparity** remains a challenge
- **Integrated Care –** Opportunity to continue to explore program models and VBP strategies to drive increased integration throughout the delivery system
- **Inpatient –** Pandemic has resulted in increased demand for inpatient psychiatric care but neither additional capacity nor alternatives are sufficient

Questions? Comments?

Thank You

Contact Us

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