

**Behavioral Health Partnership Oversight Council** 

## Quality Management, Access & Safety Subcommittee

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# Co-Chairs: Dr. Davis Gammon & Robert Franks

Meeting Summary: <u>April 18, 2008</u>

# BHP & CTBHP/VO Reports

2007 Mercer Member Satisfaction Survey Results(Click on icon below to view results)



This survey assessed CTBHP/VO performance with members that was a SFY07 performance target associated with financial incentive to VO; *a 90% satisfaction rate was achieved* compared to 83.7% in 2006 survey.

- Survey pool: 750 members that had contact with the ASO within past 120 days.
- Survey response: 37.7% 283 of 750 members initially identified.
- Survey method: predominately telephonic, some mailed surveys to members that could not be contacted by phone. Member incentive to participate: \$15 Wal-Mart gift card. The tool was the same as 2006 with the exception of adding in satisfaction with the member handbook (not available in 2006, the first year of the BHP program).
- BHP observations:
  - Only 27 members spoke with *peer specialist with overall rating of 100% satisfaction*.
  - Question #2 may be ambiguous: (pg 4): unclear if the respondents (N=280) are referring to "getting help" as receiving services or receiving assistance from ASO. VO changed the call process in 2007 to all calls going directly to customer services.
  - Question #6: re-scripted the question from 2006 because members often are reluctant to make a formal appeal & were encouraged to explain their complaint: still a small N of 11/283.
- Subcommittee questions & comments:
  - Of the respondents, what are the percentages of ethnic groups and geography (i.e. urban vs. non-urban respondents) represented in the survey respondents? VO stated 18.6% were Hispanic.
  - Relationship of the survey respondents ? 60% were members, 37.7% were parents and 2.5% were spouse/family member. Future survey, consider asking respondent's age.
  - Given concerns stated last year that results may have been inflated during a roll-out

year, these results are viewed as being very positive and encouraging

#### 2007 CTBHP/VO Provider Survey by FactFinders (Click on icon above to view provider results)

- Survey response: 114 individual providers and 99 facility providers (N=213) completed the interviews. The primary respondents were administrative staff and social workers (pg 9).
- Survey methodology: telephonic interview with 123 questions that took about 15 minutes to complete. Up to 10 repeat calls were made to providers. The 2006 survey tool was used with some additional questions. The content was designed to be compliant with the BHP/ASO contract.
- BHP/VO observations:
  - Despite a phase-in of authorization process during 2006, there was overall little change in the 2007 satisfaction survey results compared to 2006.
  - Response patterns showed increased use of the ASO web site, less customer service contact. Primary use of the web site was downloading forms, checking member eligibility and outpatient registration.
  - Denials generally were thought to be administrative in nature. The SC suggested more focus on medical necessity denials in the future, two questions in this area.
- Subcommittee comments:
  - Several of the items had very low response rates and therefore should not be considered as representative of the population
  - Overall provider satisfaction seemed quite high. This is significant since the roll-out has been completed and most providers are fully engaged in the partnership.
- SC discussion on how both surveys would be presented to the Council: agreement that items with small number of respondents not be included and present bulleted survey conclusions.

### Subcommittee Discussion: issue at last BHP OC meeting

The role of the Council related to services that directly impact the BHP program yet are not 'officially in the program' raised the issue of the role of the Council related to broad BH services. Agencies will be submitting 5 year plans to OPM. Will these be available to the public? The SC noted that discussion at the BHP OC may avoid unintended consequences and agreed that the BHP OC Executive Committee address long term and short term approaches :

- Review the Council statutory language about oversight areas such as grant funded programs, RTC and other services managed that are not in BHP.
- Recommend processes for Council input into policy/regulations/program design changes before a discussion is constrained by an agency process.
- The Executive Committee request a formal response from DCF Commissioner regarding EMPS.

### Next meeting: May 16, 2008: agenda items will include:

- ✓ Final ASO SFY 08 Performance Targets
- ✓ HSRI indicator status
- ✓ Annual BHP program report CY 07
- ✓ Out patient registration review of data & items.