

Report to the Operations Sub-Committee January 12, 2006

## **Network Operations**

#### Web Registration

- Security Access/User ID Requests
  - 2,095 User Id's generated as of 12/29/2006
    - 8 Requests currently in process
    - Increase of 61 since 11/2006
- Winfax Non Web/Paper Registrations
  - 142 Providers currently using paper registration as of 12/29/06
  - Increase of 38 since 11/2006. Efforts continue to engage providers in the web process vs paper process

#### Web Registration continued

#### Total Web Registrations since 9/1/06

Outpatient Services......24,604

Methadone Maintenance.....1,267

Ambulatory Detoxification ......91

Family Support Team......143 (Home Based Service)

Psychological Testing......43

26,148 - Registrations completed as of December 31, 2006 (2,718 entered between 12/4/06 - 12/29/06)

## **Provider Relations Phone Stats**

#### October 2006 - December 2006

1923 Calls (increase of 300 calls since 11/2006) Web Registration Inquiries General Provider Inquiries

#### Rapid Response Team Findings

- Reviewed authorization related claims issues for 62 providers
  - Reviewed 30 in November, December saw a significant increase in analysis at the RRT
  - Volume of outreach doubled to individual providers
  - Outreach to group practices and facilities consistent with previous month
- Provider outreach letters sent to providers to offer assistance in the authorization process

## Rapid Response Team

#### **Provider Outreach Correspondences**

- 32 PH.D. level
- 18 MD level
- 10 APRN level
  Provider Site Visits
- 1 Group Practice
- 4 Facilities

# Provider Data Verification Stats 2005

PDVs Received	1300
PDVs Keyed	1300
PDVs mailed to date	3142
Number of changes completed for the second – fourth qtr	919
New providers added to Network for the second – fourth qtr	275

## Network Status for September 2006 – December 2006

Provider	Additions	Deletions	Reason
Clinicians	48	6	Lack of Claim Activity, Voluntary Withdrawal, Have not Re-Enrolled;
Hospitals and Clinics	10	6	Lack of Claim Activity, Voluntary Withdrawal, Did Not Re-Enrolled, Administrative Action;
Groups	11	4	Lack of Claim Activity, Did Not Re-Enrolled;
Individual Practioners	24	6	Lack of Claim Activity, Voluntary Withdrawal, Did Not Re-Enrolled, Became MCO Provider.
Residential Treatment Facilities/Group Homes	2	1	Voluntary Withdrawal

## **Individual Practioners**

Туре	Additions	Deletions	Reason	Total In-Network as of 12/25/06
Physician, MD Psychiatry – 20/26	12	5	Voluntary, Moved, MCO Provider, Lack of Claim Activity	352
Physician, MD Osteopath – 20/37	1	0		6
Nurse Practioners, Psychiatry – 23/26	11	3	Did not Re-Enroll, Deceased	115

## **Clinical Operations**



#### Average Length of Inpatient Stay not including Riverview (not including discharge delays)



#### Admissions to Medical Units 4th Quarter 2006



## Percent Per Facility of Discharge Delays



## **Discharge Delay Reason Codes**





#### Inpatient Discharge Delay Status December, 2006

- Resources developed to assist clinicians in the early identification of Discharge Delayed stays
- Marked increase in Discharge Delay cases identified in December as clinical focus brought to discussion during concurrent reviews
- Increase focus on clinical reviews of the discharge delayed children will explore opportunities for alternative planning
- Data gathered regarding the delay reason will assist in identifying system needs

#### Number of Members in ED Delay Tracking Status per Month



#### Average Days Stuck in ED Delay Tracking Status per Month **8.0** 7.20 **JUNE** - '06 7.0 <del>6.60</del> JULY - '06 6.0 **AUG** - '06 # of Days 5.0 **SEPT** - '06 4.0 2.90 OCT - '06 3.0 <del>2.47</del> <u>2.18</u> 1.99 1.58 NOV - '06 2.0 DEC - '06 1.0 0.0 July Aug Sept Oct Nov Dec June

#### Number of DCF vs. Non DCF Identified Members in ED Delay Tracking Status per Month





#### **ED Delayed Discharge Activity**

- There was a marked increase in the number of non-DCF members presenting to the ED in December. Non – DCF members typically represent < 20% of members presenting to the ED
- December marks an increase of non DCF members to 48% of total in ED
- Lack of movement in inpatient settings in December strained the system's ability to find an inpatient bed for ED delayed children resulting in increase in ED delays





#### **Residential Care Team Transition**

- Averaging 29 CANS referrals weekly
- 60+ matches have been made in the twice weekly rounds
- Children are entering Facilities where CANS was the referral mechanism – 5 authorized
- Modified Direct Review Process with Area Offices/Probation/Parole to Expedite Process
- IT Department has begun daily report of tracking progress through the process

# Customer Service/Call Center Activity

#### 2006 Call Volume YTD



#### Calls answered in < 30 seconds YTD



## Types of Service Connect Inquiries December, 2006

- **39% Provider Referrals for Members**
- **17% Member Eligibility Verification**
- 40% Provider Related/Authorization/Enrollment/Billing
- 4% General Information

**43% = Member Inquiries** 

#### CT BHP CALL MANAGEMENT Incoming Calls Totals: December, 2006

- Member Calls: 1956
- Provider Calls: 3232
- Crisis Calls: <u>24</u>

**Total 5212** 

11% decrease from November likely due to seasonal variation

## **Quality Management**

# **On-going Quality Initiatives**

- Adult and Child Studies underway
- Final analysis of Provider Satisfaction survey underway
- Member Satisfaction close to completion
- Mercer Post-Implementation evaluation held January 3-5, 2007
- Continues to support all departments at the CT BHP

## Total Number of Complaints Monthly 2006



## Complaints per 1,000 members



## Complaints

- Increase in provider calls in fourth Quarter related to the use of the Web Registration
- Majority of the issues related to providers wanting to back date authorizations beyond the allowed timeframe



 No Grievances have been filed since first Quarter 2006

## **Percent of Denials**



## Appeals

- Overall appeal rate is less than 1% of authorizations
- A typical denial (>90%) is generated by failure to adhere to administrative process rather than a Medical Necessity determination

## System's Management

#### System Managers Update

- LADP presentation to the Oversight Committee 12/13/06
- Collaborative work with the Department regarding statewide initiatives
- Implementation of LADP action steps across the 15 plans
- Work with many Community Collaboratives to enhance their infrastructures
- Research related to LADP objectives
- Provider related recruitment efforts to address general/Geo Access identified issues

Community Interaction: Peer/Family Services

#### Peer Support Unit

#### ➢Peer and Family Peer Specialists attended:

- ➤3 Home visits with members
- ➤1 Child Specific Team Meeting
- ≻5 Treatment/Discharge Planning Mtgs with Members/families
- ➤1 Conference Call to assist family to prepare for school meeting
- 20 Referrals given to various agencies and organizations
- ➤10 Community Collaboratives, Area Advisory Council and MSS mtgs
- ≻14 Community Outreach mtgs
- >1 CT BHP Consumer and Family Advisory Sub-Committee mtg

≻96 Case Consultations in December (27% increase from November)

#### **Outreach Activities for Peer Unit**

- Meeting with member's parent to assist with HUSKY application
- Introductory Meeting with Help Me Grow Program
- Attended Help Me Grow Networking Breakfast in Hartford
- Attended the Families United Support Groups in Enfield and Plainville
- Attended Helping Hands Support Group in Manchester
- Attended Eastern Connecticut Cooperative Workgroup
- Attended Assessing and Intervening Suicidal and Self-Injurious Youth Training
- Attended Juvenile Justice Legislative Breakfast in Waterbury
- Attended Presentation on Restraint and Seclusion held at the Legislative Office Building

#### **Referrals Given by Peer Unit**

- Access Agency
- > African Caribbean American Parents of Children with Disabilities, Inc. (AFCAMP)
- Birth to Three Program
- Children's Law Center of Connecticut
- Connecticut Autism Spectrum Spectrum Resource Center
- Connecticut Family Support Network-Northwest and Northeast Regions
- Connecticut Lifespan Respite Coalition
- > Department of Children's and Families Voluntary Services, DCF Ombudsman
- Department of Mental Health and Addiction Services (DMHAS) Young Adult Unit
- Families United for Children's Mental Health
- FAVOR Advocacy Program
- Grandparents Raising Grandchildren Support Group
- Housing Authority
- Infoline 211
- KUHN Employment Agency
- Meriden VNA
- Middletown Youth and Family Services
- National Alliance for Mental Illness of Connecticut (NAMI-CT)
- North Star Support Group
- Neil Quatrano's Parenting Workshop
- Office of Protection and Advocacy
- Padres Abriendo Puertas (PAP)
- Parent Leadership Training Institute for upcoming training
- Special Education Resource Center
- Statewide Legal Services of Connecticut
- Systems of Care
- Tri-State Support Network for Families Raising Children with Bipolar- The Connecticut Group