



Report to the Operations  
Sub-Committee  
April 13, 2007

# Network Operations

# Provider Relations Phone Stats

**February 2007**

291

Web Registration Inquiries

General Provider Inquiries

# Rapid Response Team

- Reviewed authorization related claims issues for 180 providers (11/2006-present)
- Provider outreach letters sent to providers to offer assistance in the authorization process

## Rapid Response Team, cont'd

- Provider Outreach Correspondence
  - 39 PHD Level
  - 25 MD Level
  - 15 APRN Level
- Provider Site Visits
  - 2 Group Practices
  - 19 Facilities

# Web Registration

- Batch Process Update: Draft survey 3/15/07  
Awaiting feedback on draft survey
- Security Access/User ID Requests
  - 2,236 User Id's generated as of 3/30/2007
- Winfax – Non Web/Paper Registrations
  - 153 Providers currently using paper registration as of 3/31/07
  - Efforts continue to engage providers in the web process vs paper process
  - 289 Faxes Received - Nov 06
  - 379 Faxes Received - Dec 06
  - 250 Faxes Received - Jan 07
  - 249 Faxes Received - Feb 07

## Web Registration cont'd

- Effective May 1, 2007 for dates of service May 1 and forward, no future dating will be allowed, must register for services after the initial face to face evaluation.
- Effectuate our ability to track true access.
- Cannot bill until services are registered.
- Electronic Network Alert issued on 4/2/07

# Inpatient Psychiatric Bed Availability Roster

- The CT Inpatient Bed Tracking module will give Inpatient and PRTF providers the ability to update their inpatient bed availability in *real time* in a system called ABSolute. Inpatient users will be able to edit their own sites' bed availability based on a security code assigned to their user ID.
- **When?**
- July 1<sup>st</sup> is the current estimated go-live date.
- Bed Tracking trainings is TBA
- Planning for later inclusion of ED's conducting their own search
- **Participating Facilities**
- All CT inpatient psychiatric facilities (IPF and IMD)
- Several border hospitals
- Psychiatric Residential Treatment Facilities (PRTFs)



# Why? What are the benefits of CT Inpatient Bed Tracking?

- Inpatient providers can indicate accurate bed availability as admissions and discharges occur, 24/7
- The Bed Search module in ABSolute will be able to “pull up” the appropriate matching inpatient facility based on available bed(s) a provider has indicated. This will save valuable time when a Member is in crisis and in need of inpatient level of care
- Multiple phone calls to hospitals to search for an available bed will not be necessary. One call to CT BHP to 1) review the case for a level of care decision and 2) to have a bed search conducted to locate an appropriate available inpatient bed (*a typical bed search takes less than 15 seconds*)
- Matches/bed searches can be made based on gender, age, specialty, populations served and County
- CT BHP Care Managers will begin using the Bed Search module on July 1<sup>st</sup> 2007.

# Network Status

# Prescribing and Non-Prescribing Providers

## 1<sup>st</sup> Quarter 2007

<b>Beginning of Quarter</b>	<b>Beginning</b>	<b>Added</b>	<b>Deleted</b>
Psychiatrists – 20/26	862	8	4
Psychiatric APRN – 23/26	210	5	0
Psychologist – 81/92	589	6	6
Social Workers – 81/9A	358	14	2
Marriage/Family Therapist – 81/9B	139	10	0
Alcohol/Drug Counselors – 81/9D	30	2	0

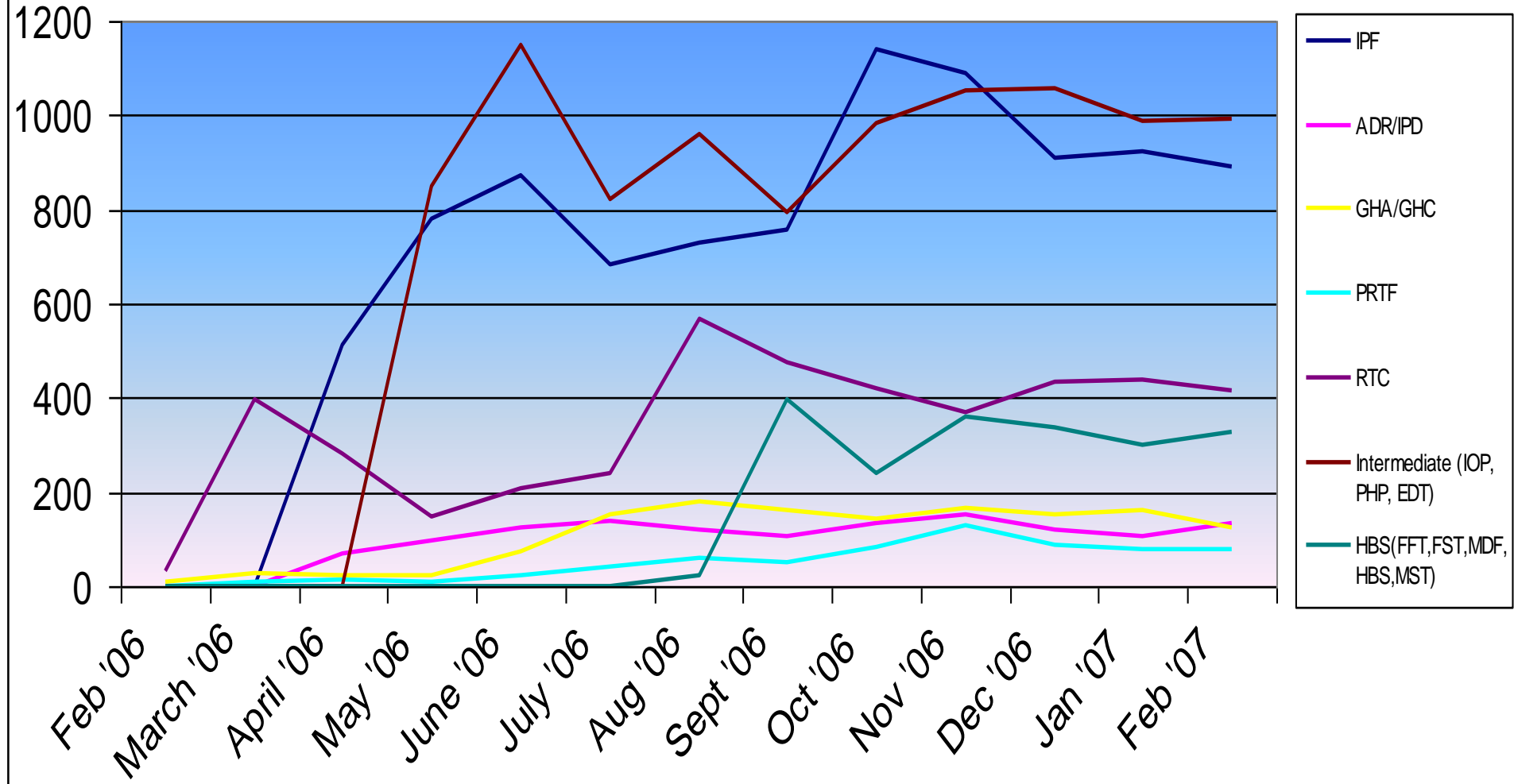
# Clinical Operations

# Timeliness of Pre-cert and CCR Process

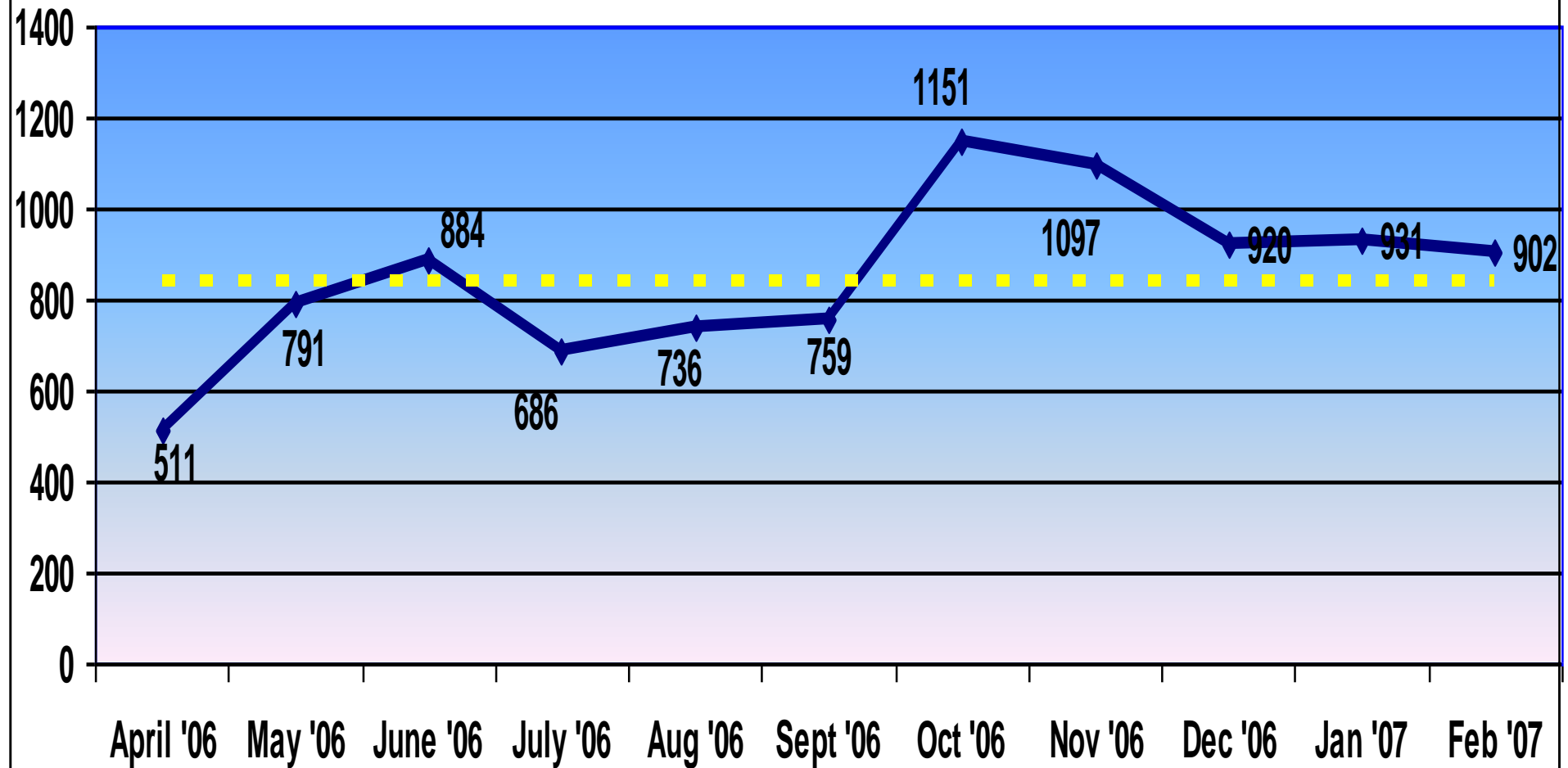
- January and February analysis:
  - Pre certifications average = 15 minutes (1 outlier at 44 minutes)
  - Concurrent review average = 8-15 minutes (averaging a random sample from all four teams)
- This improvement is attributed to the following:
  - Four Teams: East, West, Residential and Home based
  - Providers being better prepared to conduct reviews
  - Increased comfort level with AIS screens, final revisions complete
  - Modified Outpatient CCR form complete

# Authorizations and Concurrent Review

## Auths per LOC for '06



# Authorizations and CCR for Acute Levels of Care (IPF, & IPM)

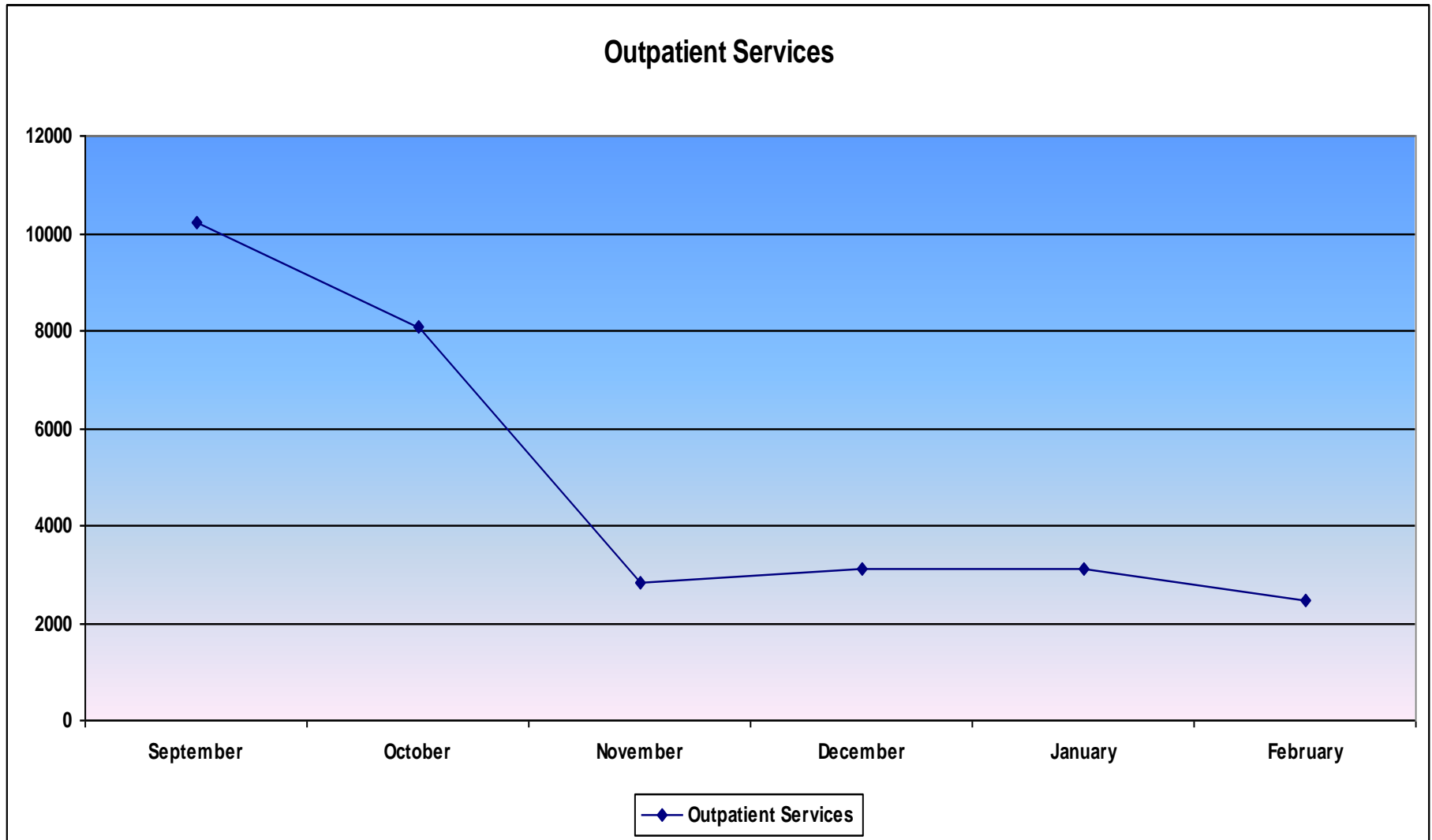




# Outpatient Utilization

# Outpatient Services

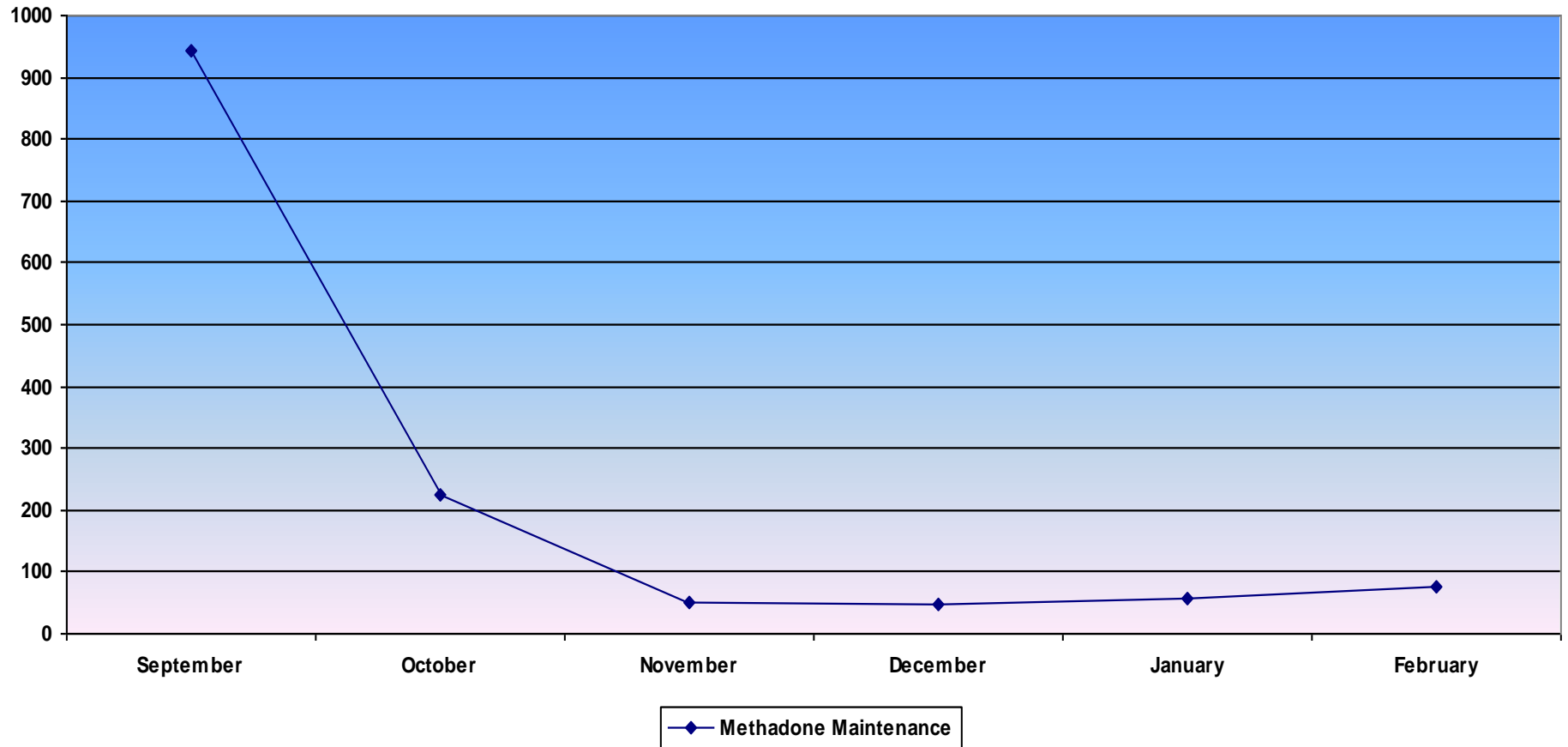
## September 2006 – February 2007



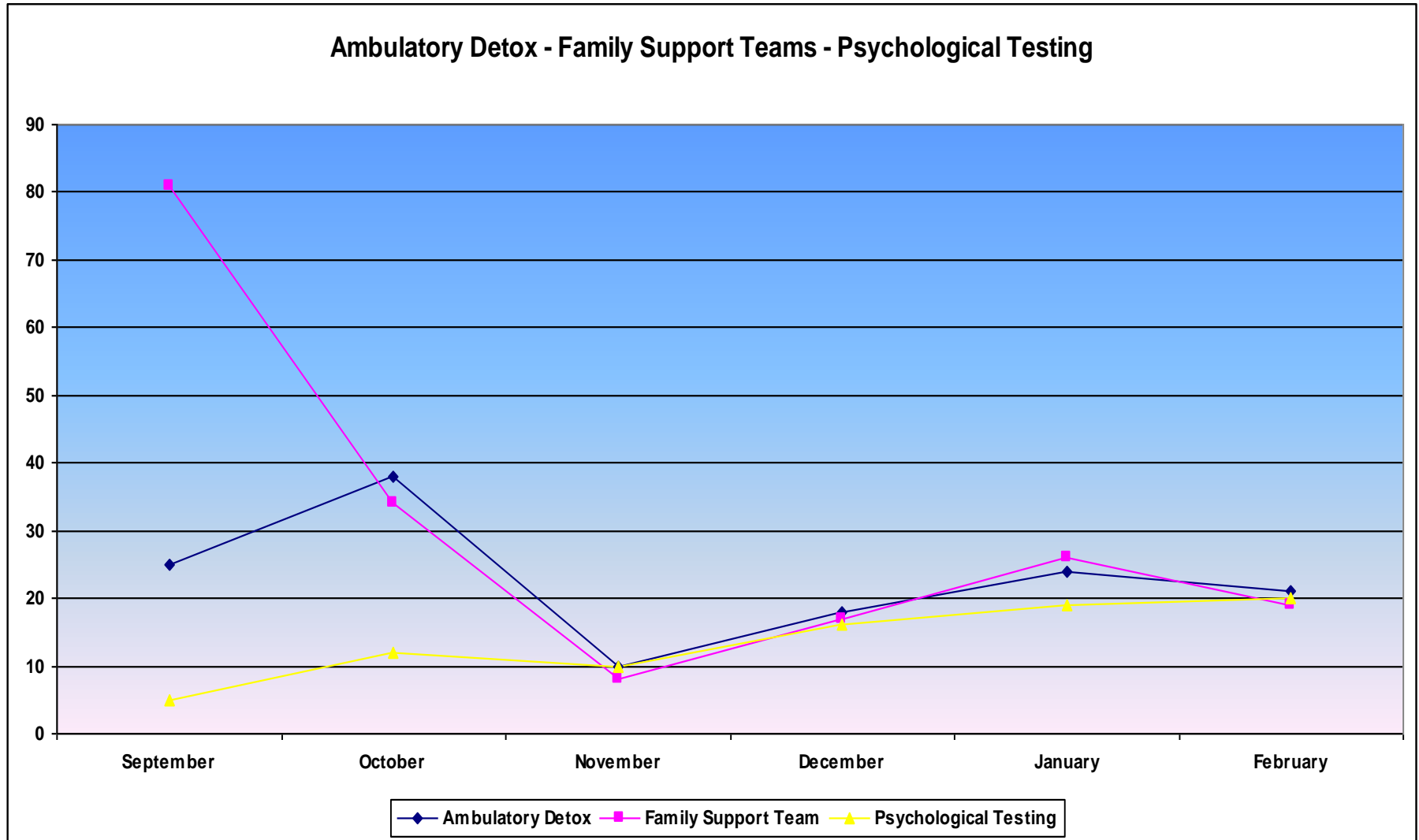
# Methadone Maintenance

## September 2006 – February 2007

Methadone Maintenance



# Ambulatory Detox – FST – Psych Testing September 2006 – February 2007

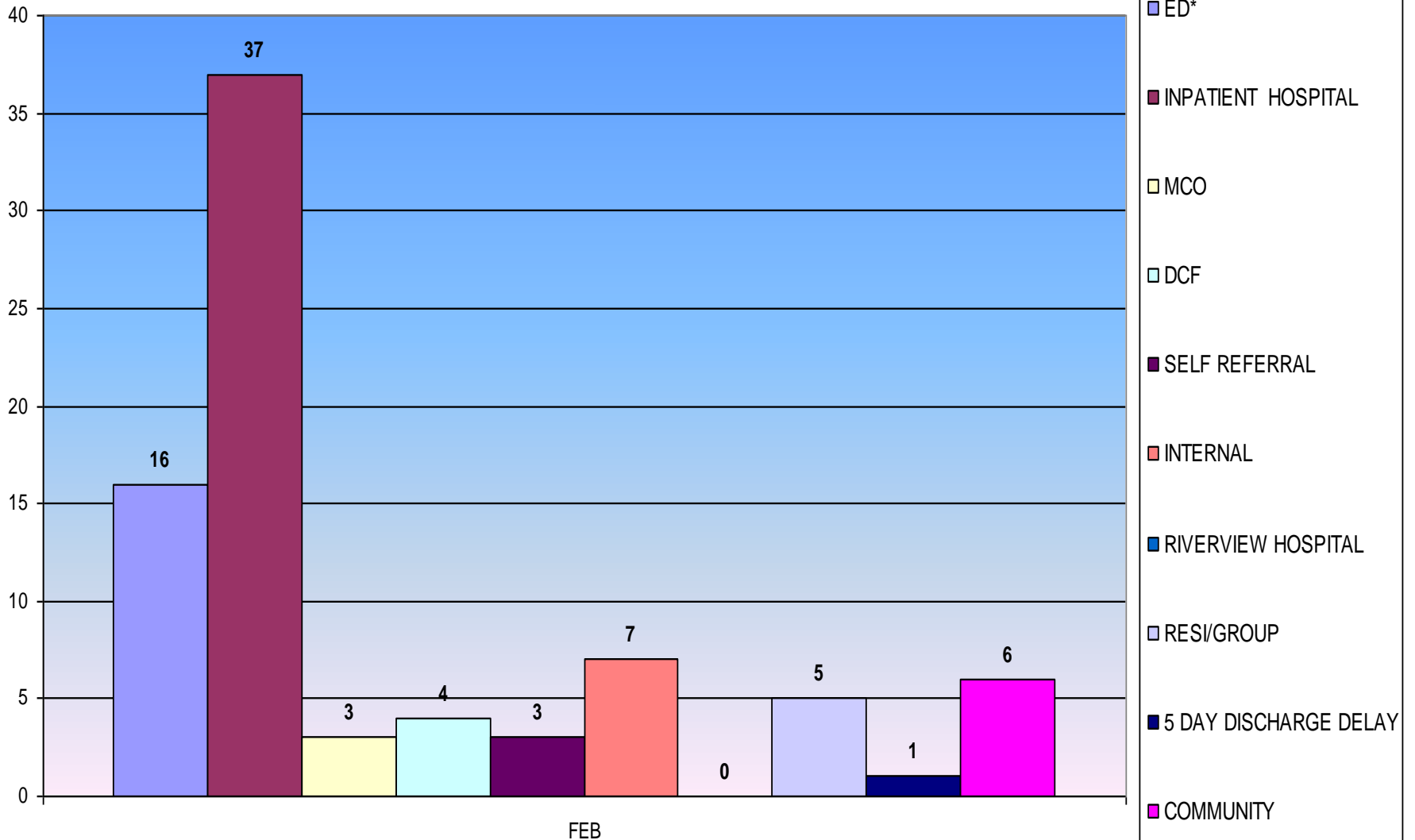


# ICM Services

# ICM Referrals February 2007

- ICM Referrals were down from previous month as a reflection of a shortened month rather than a change in trending with 82 new referrals accepted throughout the month of February 2007
- The highest source of referrals continued to come from inpatient hospital units as a result of heightened efforts to assist with disposition efforts
- The second highest source of referrals are coming through the EDs identified through daily calls in an effort to proactively divert members from inpatient levels of care
- DCF and MCO referrals remained steady in February

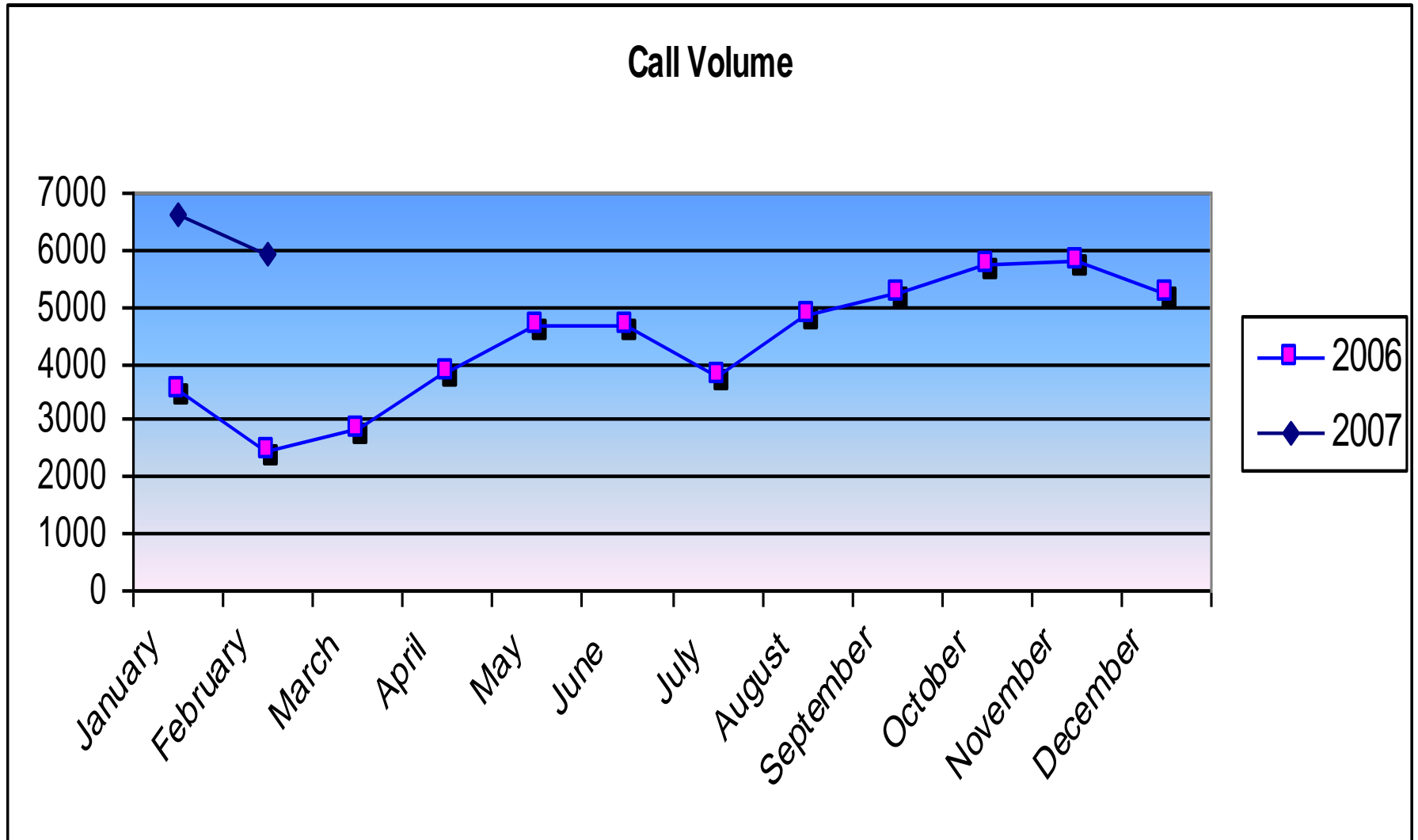
# ICM Tracking Referral Source February 2007



# Customer Service/Call Center Activity

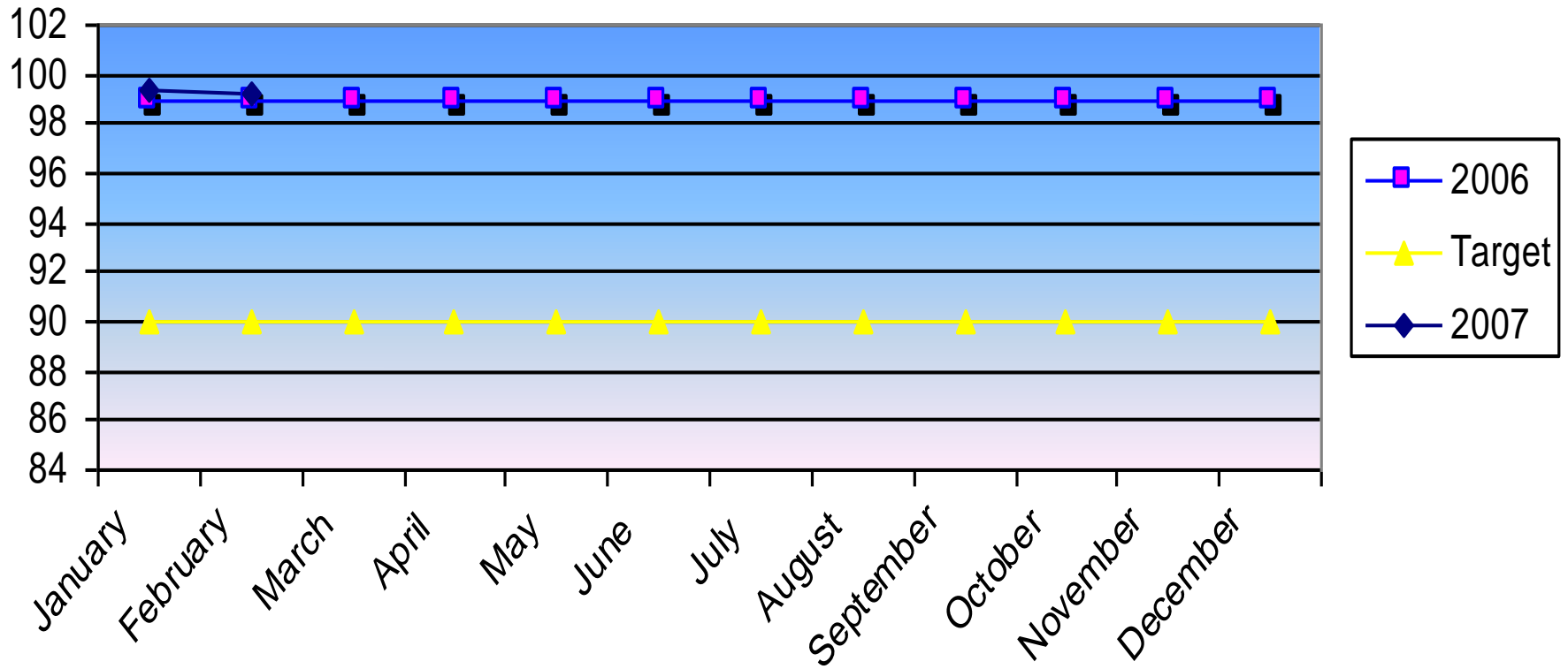


# 2006 and 2007 Call Volume YTD



# Calls answered in < 30 seconds YTD

% Answered in < 30 Seconds



# CT BHP CALL MANAGEMENT

## Incoming Calls Totals: February, 2007

**Member Calls: 1857**

**Provider Calls: 4016**

**Crisis Calls: 29**

**Total 5902**

# Types of Service Connect Inquiries

## February, 2007

**33% - Provider Referrals for Members**

**11% - Member Eligibility Verification**

**53% - Provider Related/Authorization/Enrollment/Billing**

**3% - General Information**

**36% = Member Inquiries**

# Community Interaction: Peer/Family Services

# Peer Support Unit

➤ Peer and Family Peer Specialists attended 50 community meetings, examples include:

- Home Visits with Members
- DCF Meeting with Members/Families
- Child Specific Team Meeting
- Meeting with Family at Hospital
- Meeting at School
- Discharge Planning or Treatment Team Meetings with Family and Providers
- Community Collaboratives, Area Advisory Councils, and MSS Meetings
- Community Outreach Meetings

➤ 173 Consultations in March 2007

# Outreach Activities for Peer Unit

- After Hours Evening for the Southeast Area
- Informational Meeting with Aspira Parent Support Group
- Children's Behavioral Health Advisory Committee Meeting and Sub-Committees Meetings
- CT BHP Consumer and Family Advisory Sub-Committee Meeting
- DCF Citizen Review Panel Meetings
- Families United Support Group in Plainville
- Focus Group for Foster Family Support Group in Thomaston
- Fourth Annual Summit Meeting in New Haven
- Helping Hands Support Group
- Help me Grow Networking Breakfast
- HBO Premier *Addiction Recovery* at CCAR
- Local Area Development Plan Workgroups
- Meeting with FAVOR
- Meeting with East Hartford Board of Education
- NAMI-CT Walk Kick-Off Luncheon
- Riverview Advisory Committee Meeting
- Youth Suicide Advisory Board Meeting
- Youth Suicide Prevention Initiative Meeting

# Examples of Referrals Given by Peer Unit

- AFCAMP
- Alcoholics Anonymous (AA)
- Access Agency
- Autism Spectrum Resource Center (ASRC)
- Blue Care Family Plan
- Care-4-Kids
- Connecticut Association of Foster and Adoptive Parents (CAFAP)
- Connecticut Family Support Network (CFSN)
- Connecticut Parent Advocacy Center (CPAC)
- The COVE
- Department of Children and Families (DCF)
- Department of Education – Transportation
- Department of Mental Health and Addiction Services (DMHAS)
- Department of Social Services (DSS)
- Early Childhood Consultation Partnership
- Families United for Children's Mental Health
- FAVOR
- Grandparents Raising Grandchildren
- Helping Hands Support Group
- Malta House of Care
- Narcotics Anonymous (NA)
- Mary's Place
- National Alliance for Mental Illness of Connecticut (NAMI-CT)
- New Haven Diaper Bank
- New London PDD Support Group
- New Opportunities - Pantry and Energy Assistance
- North Star Support Group
- PEETA/AFCAMP Support Group
- State Department of Education's Special Education Resource Center (SERC)
- Statewide Legal Services
- Systems of Care
- Thompson Ecumenical Empowerment Group (TEEG)
- Tourette's Support Group
- Tri-State Support Network for Families Raising Children with Bipolar- The Connecticut Group
- WIC Program
- YMCA