

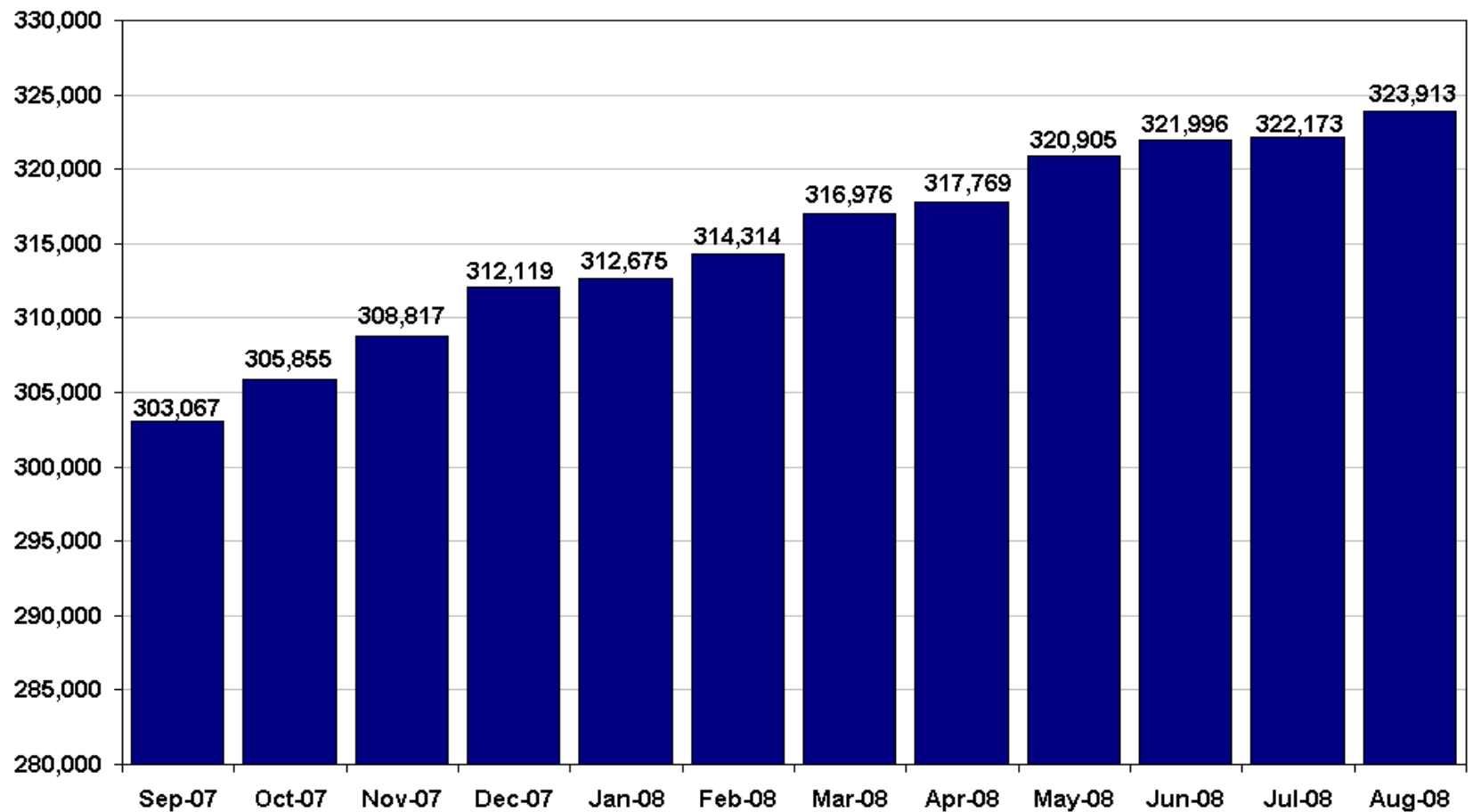


DSS and DCF report to the
Behavioral Health Partnership
Oversight Council

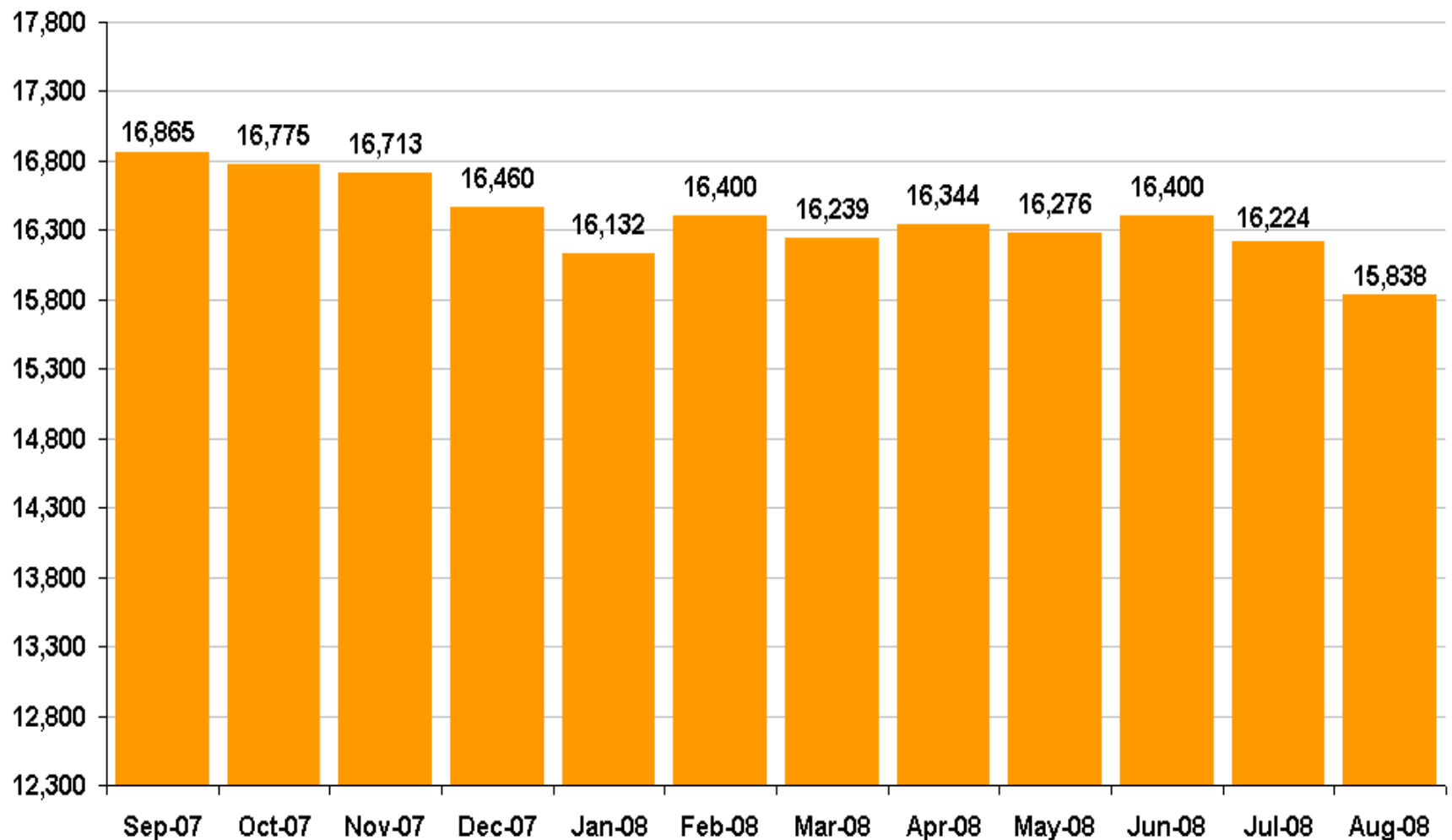
September 10, 2008

Enrollment

HUSKY A Enrollment Growth - All



HUSKY B Enrollment Growth



HUSKY Transition BHP/FFS enrollment

	06/01/08	07/01/08	08/01/08
HUSKY A	321,996	322,173	323,913
MCO	284,178	284,465	285,819
Medicaid	37,818	37,708	38,094

HUSKY B	16,344	16,224	15,838
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HUSKY Transition

Middlesex Enrollment – Sept 08

Blue Care

to:		
Health Plan Name	Number	%
Aetna Better Health	170	40.9%
AmeriChoice	28	6.7%
Traditional Medicaid	0	0.0%
Community Health Network	218	52.4%
Total	416	100.0%

HUSKY Transition

Middlesex Enrollment – Sept 08

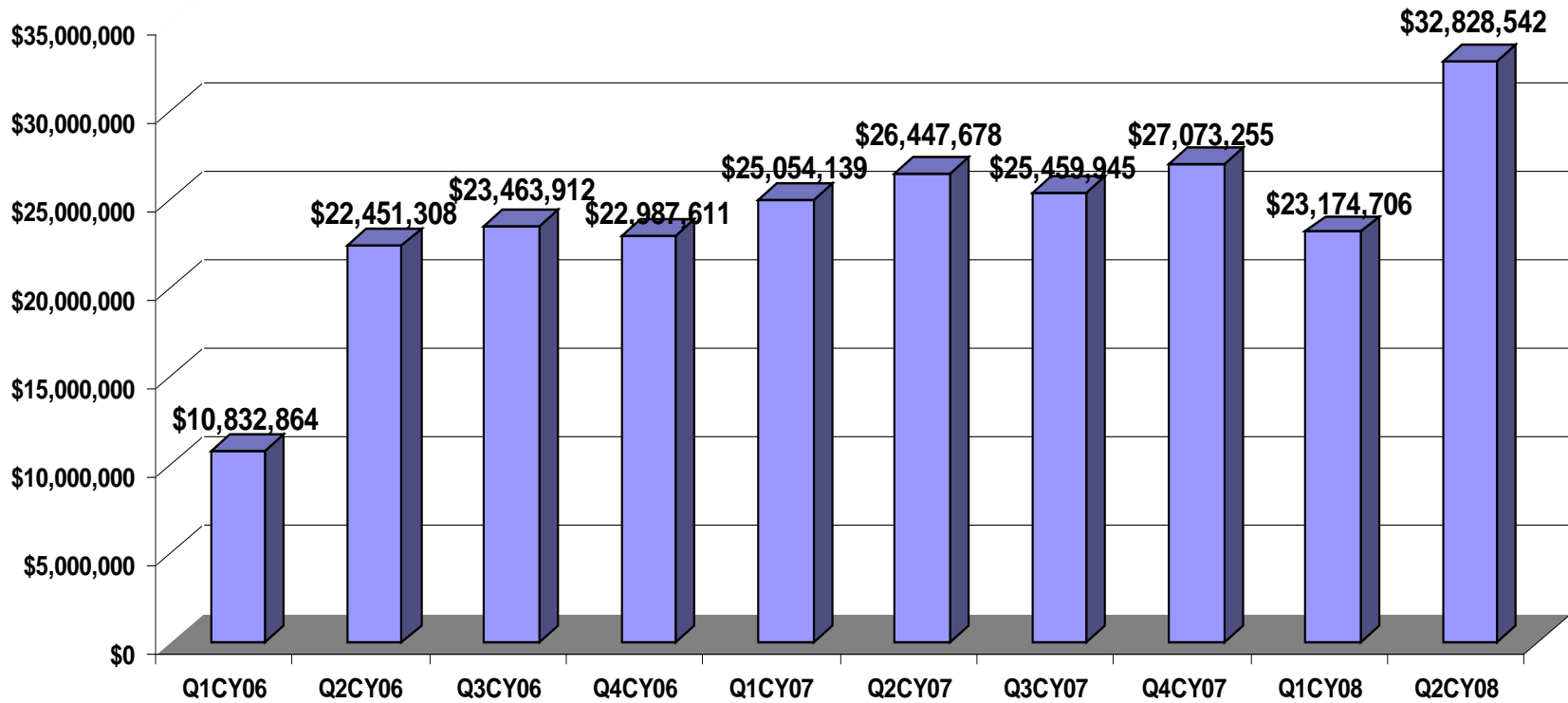
Traditional Medicaid

to:

Health Plan Name	Number	%
Aetna Better Health	18	24.7%
AmeriChoice	1	1.4%
Traditional Medicaid	0	0.0%
Community Health Network	54	74.0%
Total	73	100.0%

Expenditures

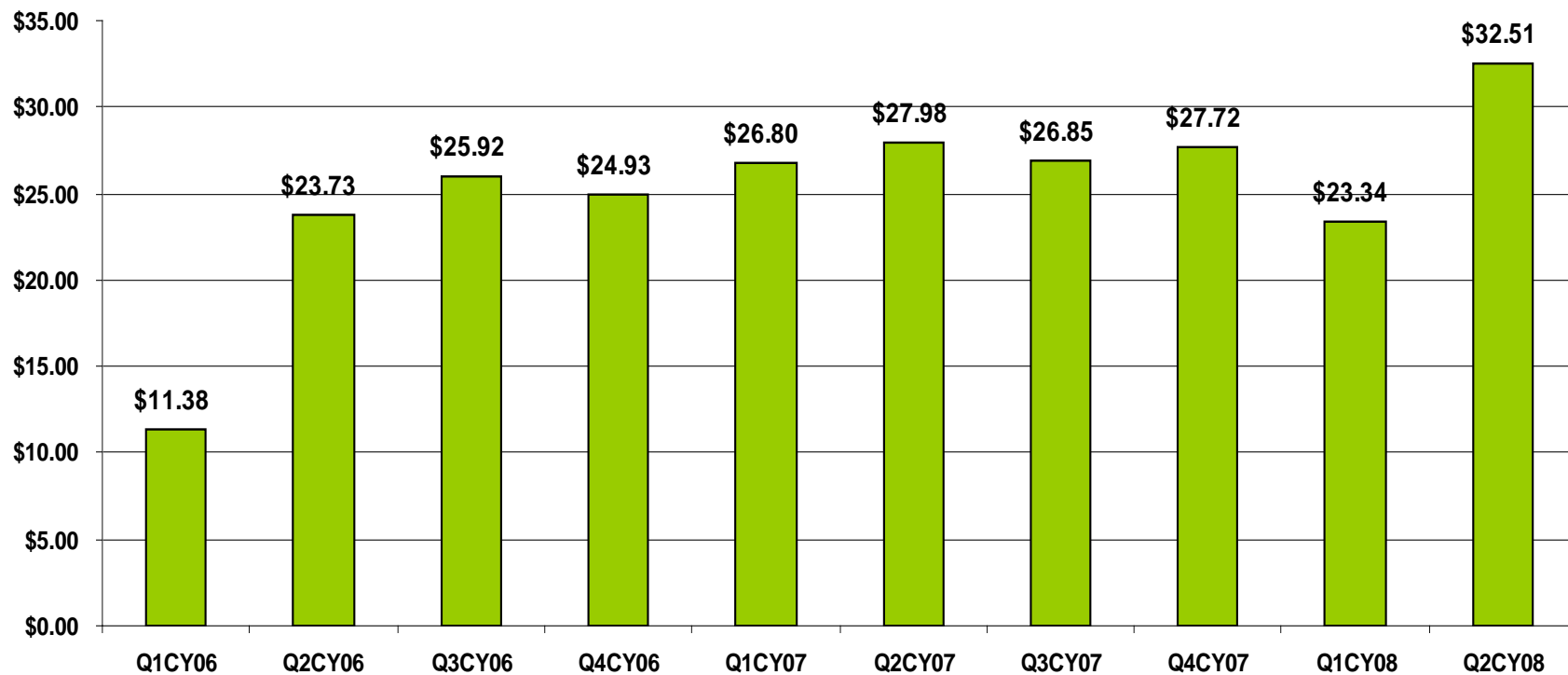
CT BHP DOP Expenditures by Quarter



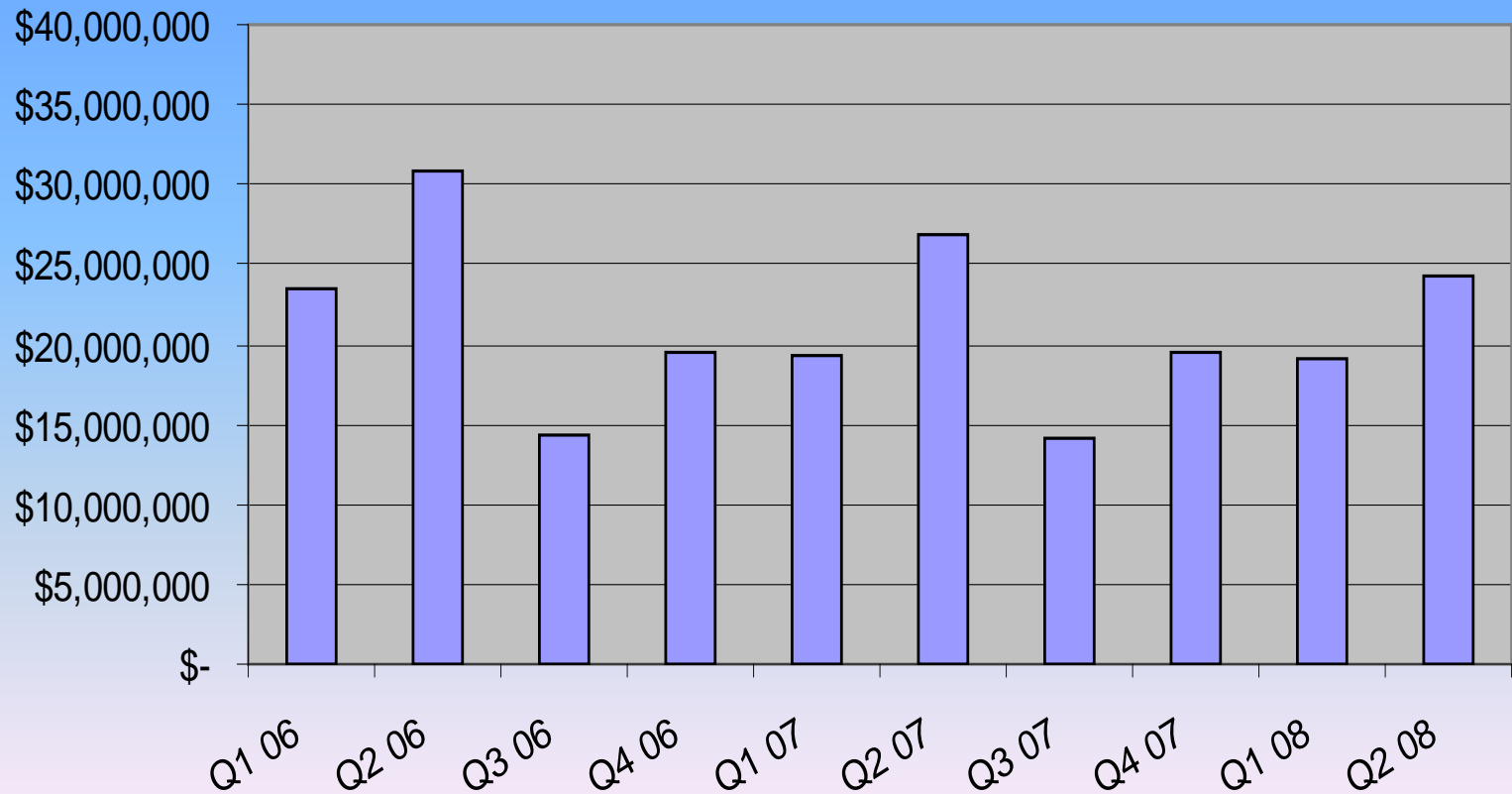
Annual CT BHP Expenditures by State Fiscal Year

	SFY06	SFY07	SFY08
HUSKY A	\$32,560,572	\$94,563,848	\$104,931,636
HUSKY B	\$723,599	\$3,389,493	\$3,604,812

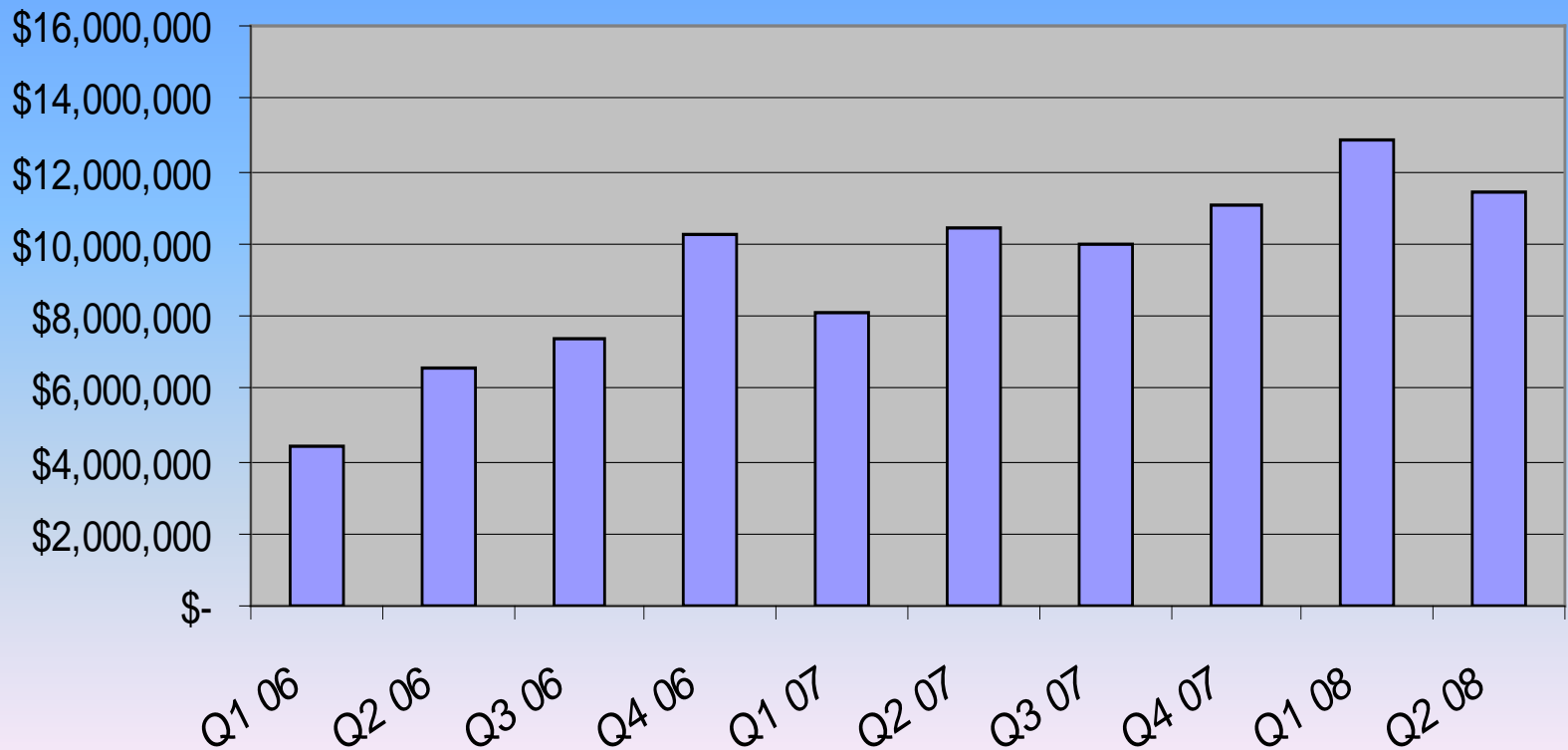
CT BHP DOP PMPM by Quarter



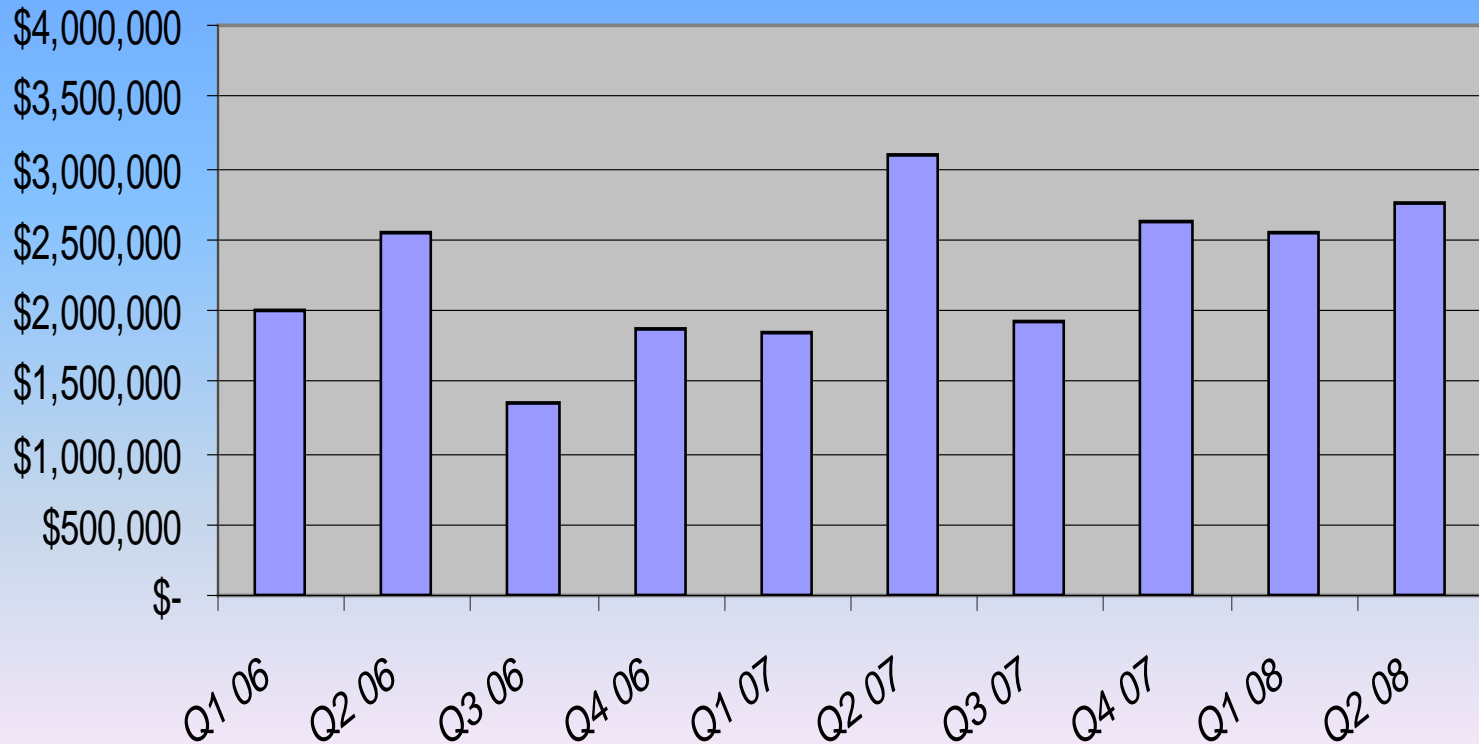
Residential Expenditure by Quarter



Group Home 2 Expenditure by Quarter



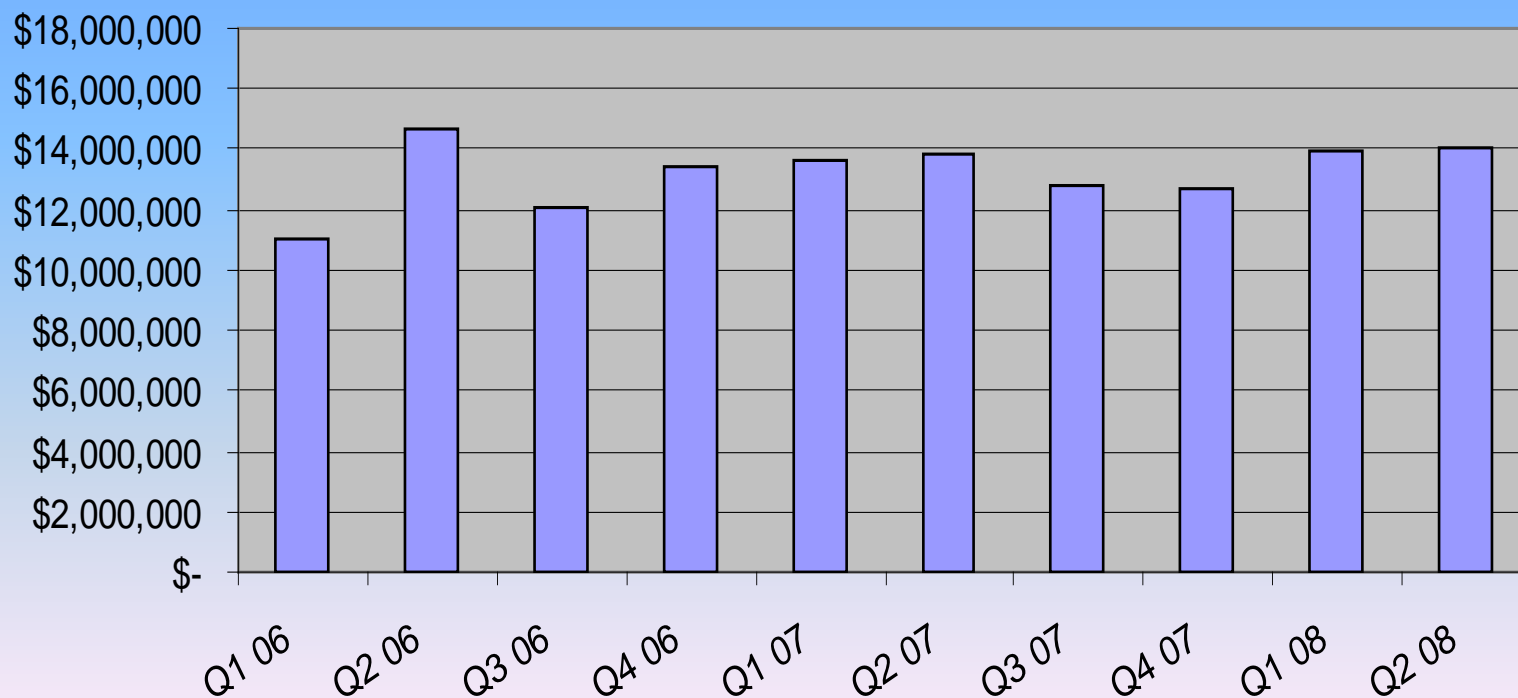
PASS Group Home Expenditure by Quarter



Community Based Programs*

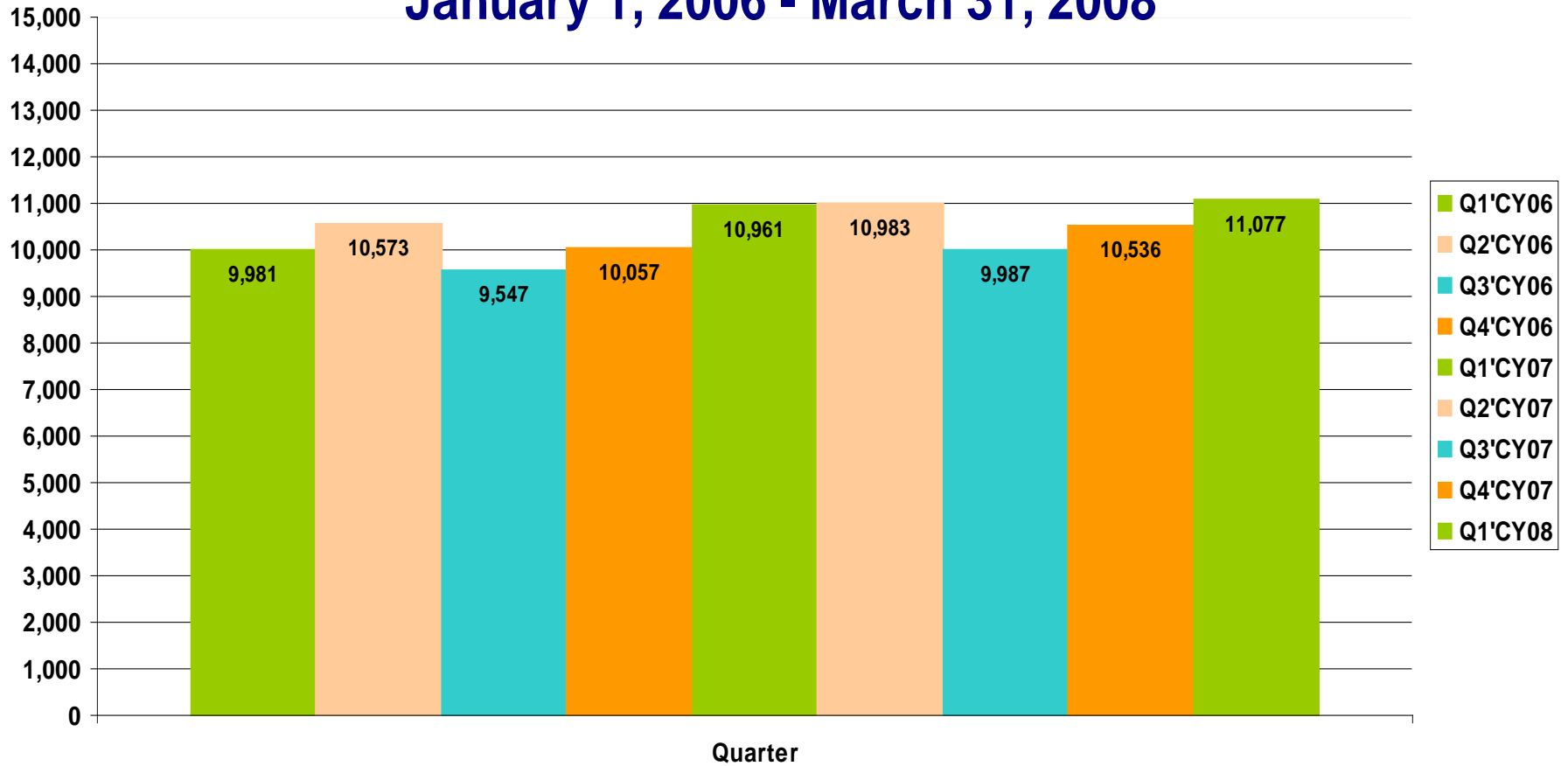
- Crisis Stabilization
- Care Coordination
- EMPS
- Enhanced Care Coordination
- Extended Day
- Home-Based
 - FST
 - IICAPS
 - FFT
 - MDFT
 - MST
- OP Child Psych
- OP Adolescent Substance Abuse

Community Based* Services Expenditures by Quarter

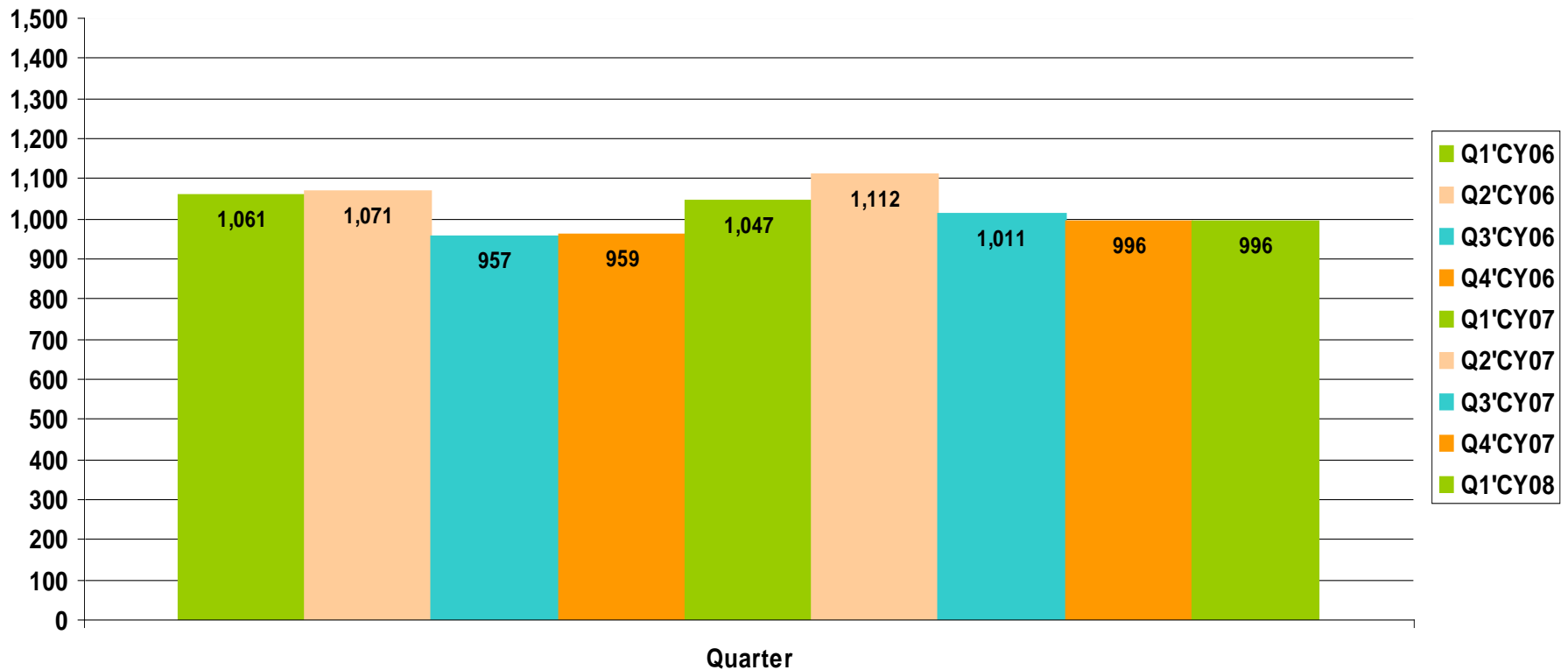


Access to Community Services

How Many Children Used Outpatient Services? January 1, 2006 - March 31, 2008

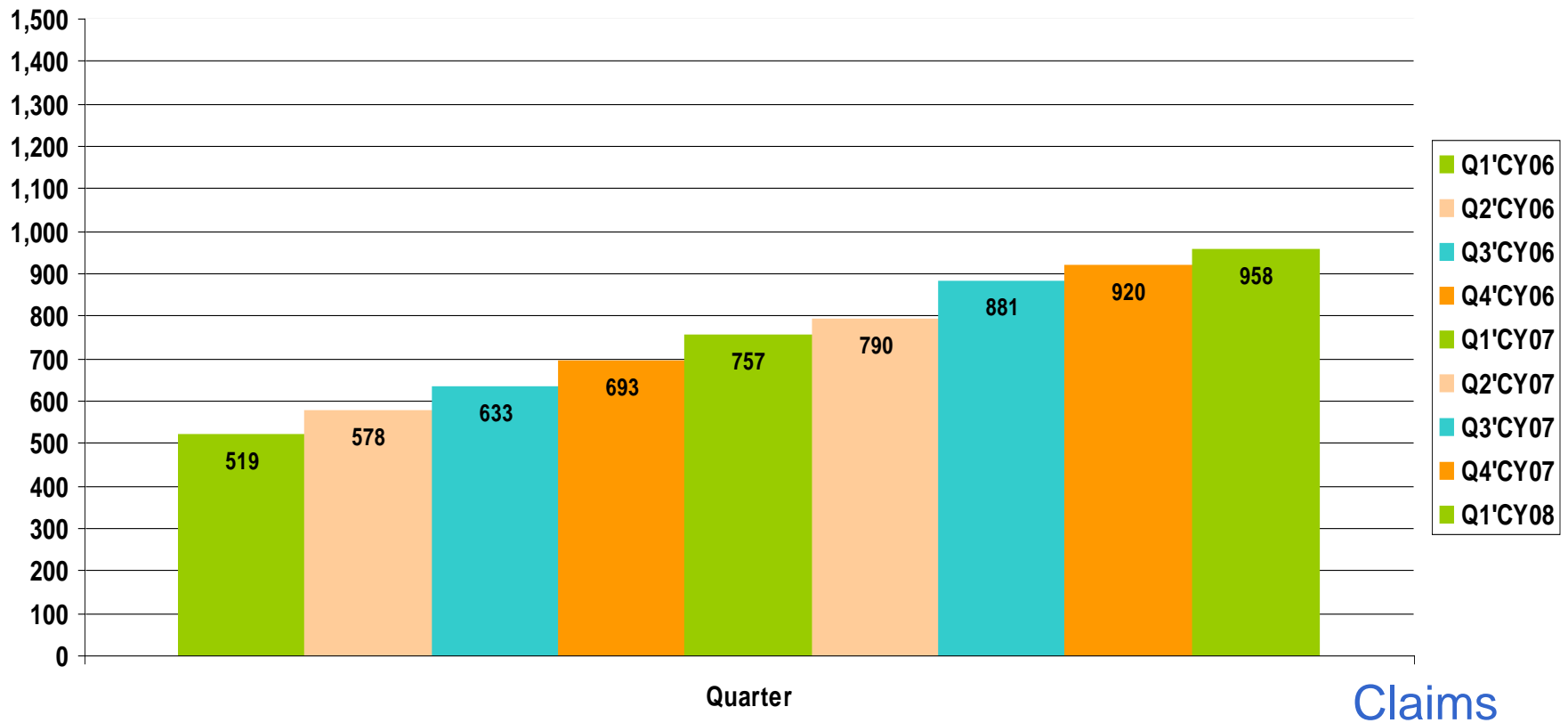


How Many Children Used Intermediate Care Services? January 1, 2006 - March 31, 2008

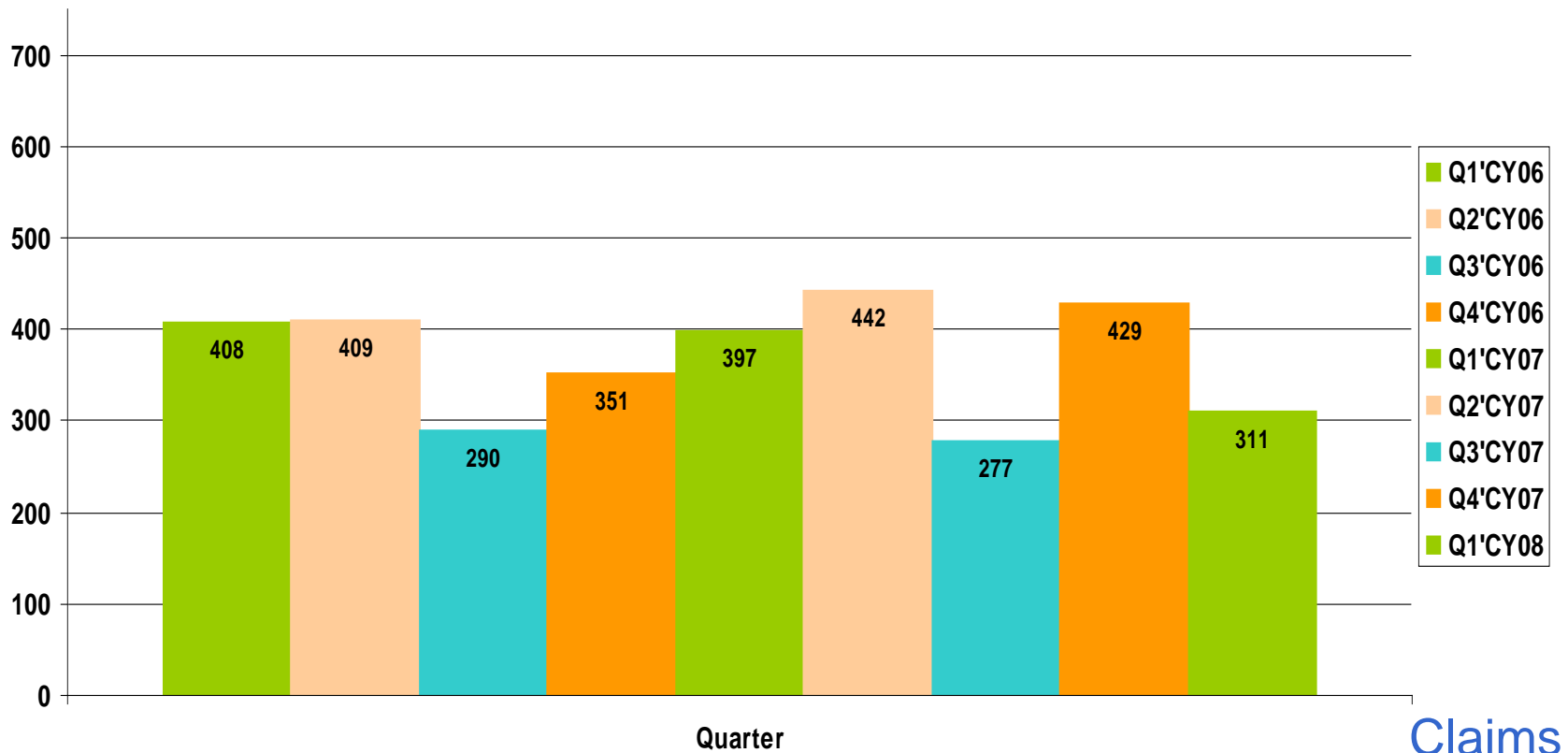


Claims

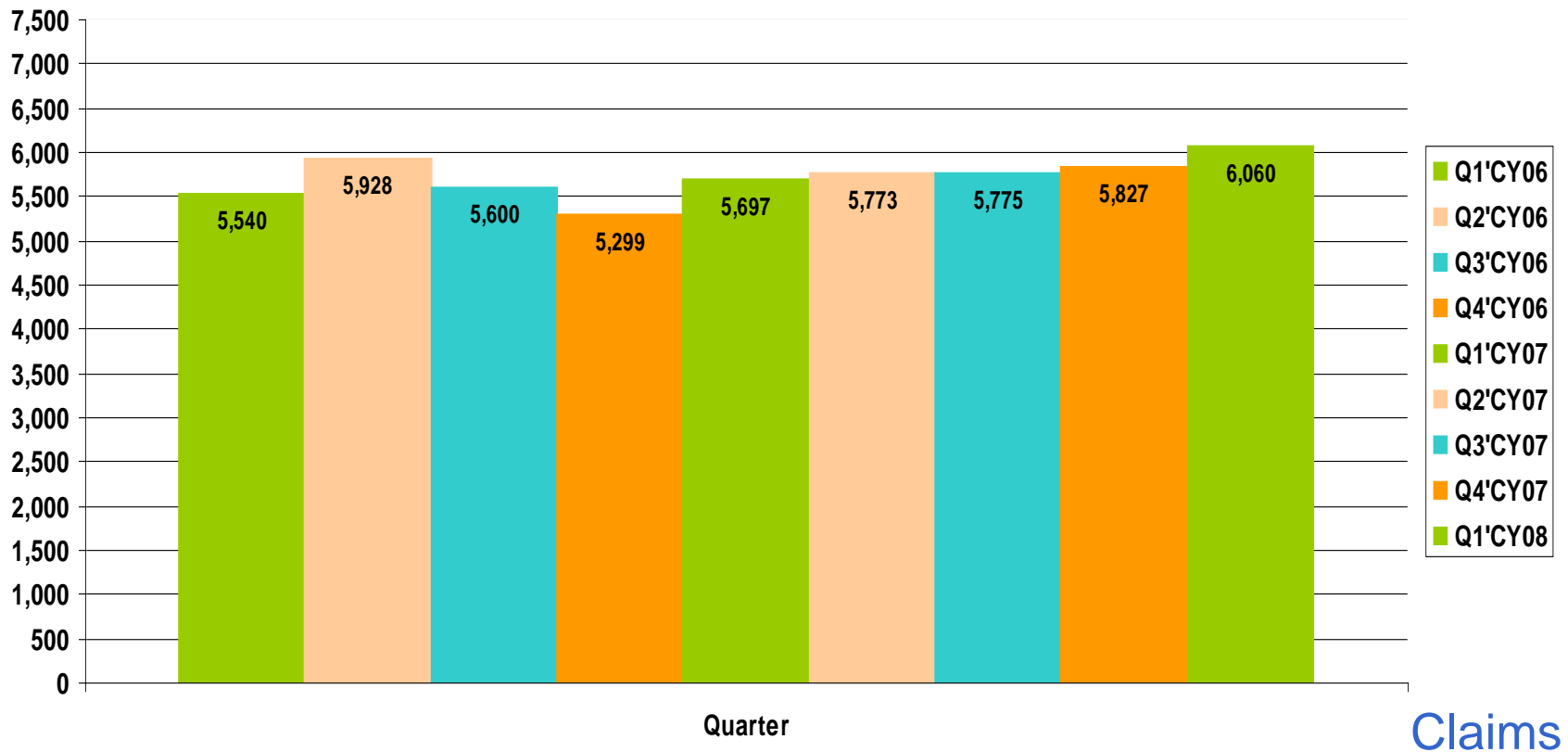
How Many Children Used Home-Based Services? January 1, 2006 - March 31, 2008



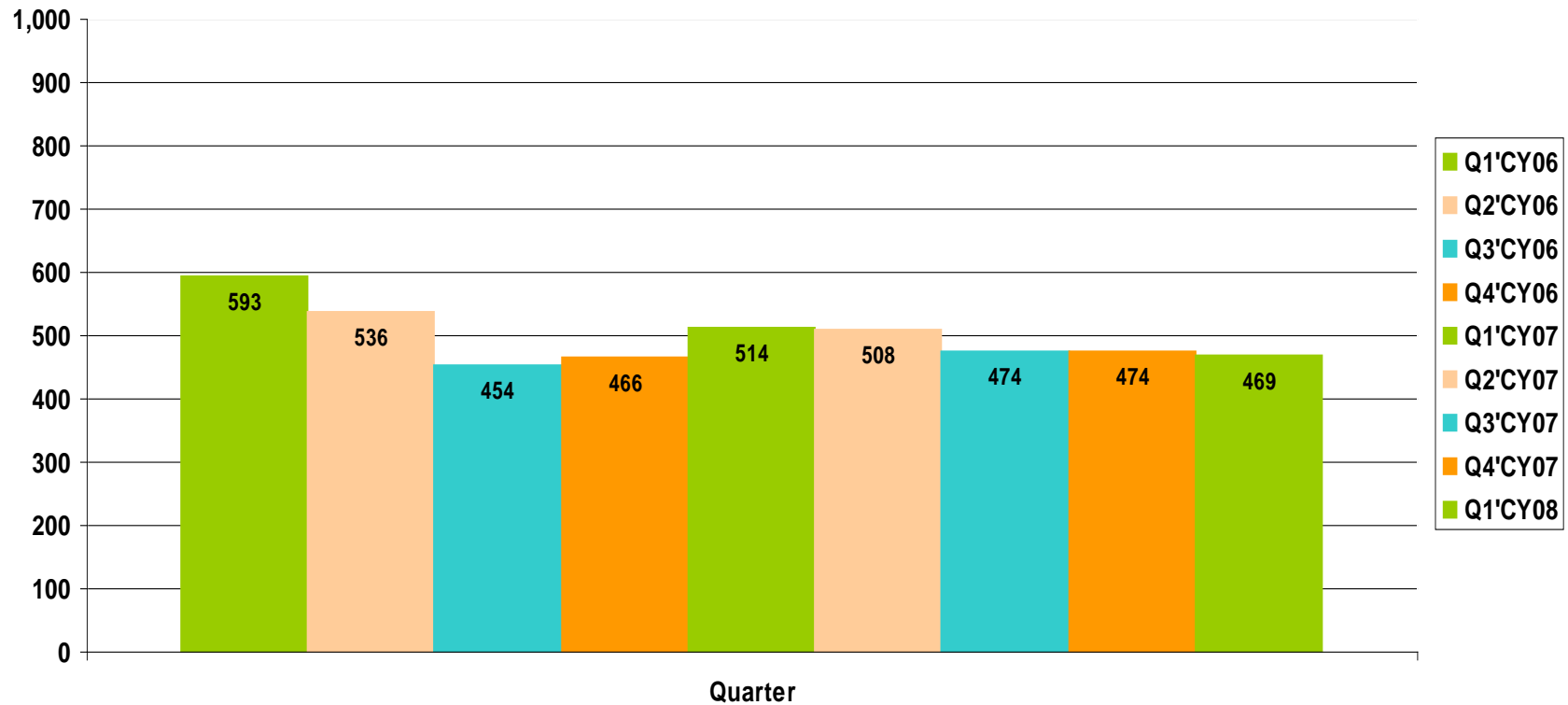
How Many Children Used Emergency Mobile Psychiatric Services? January 1, 2006 - March 31, 2008



How Many Adults Used Outpatient Services? January 1, 2006 - March 31, 2008



How Many Adults Used Intermediate Care Services? January 1, 2006 - March 31, 2008

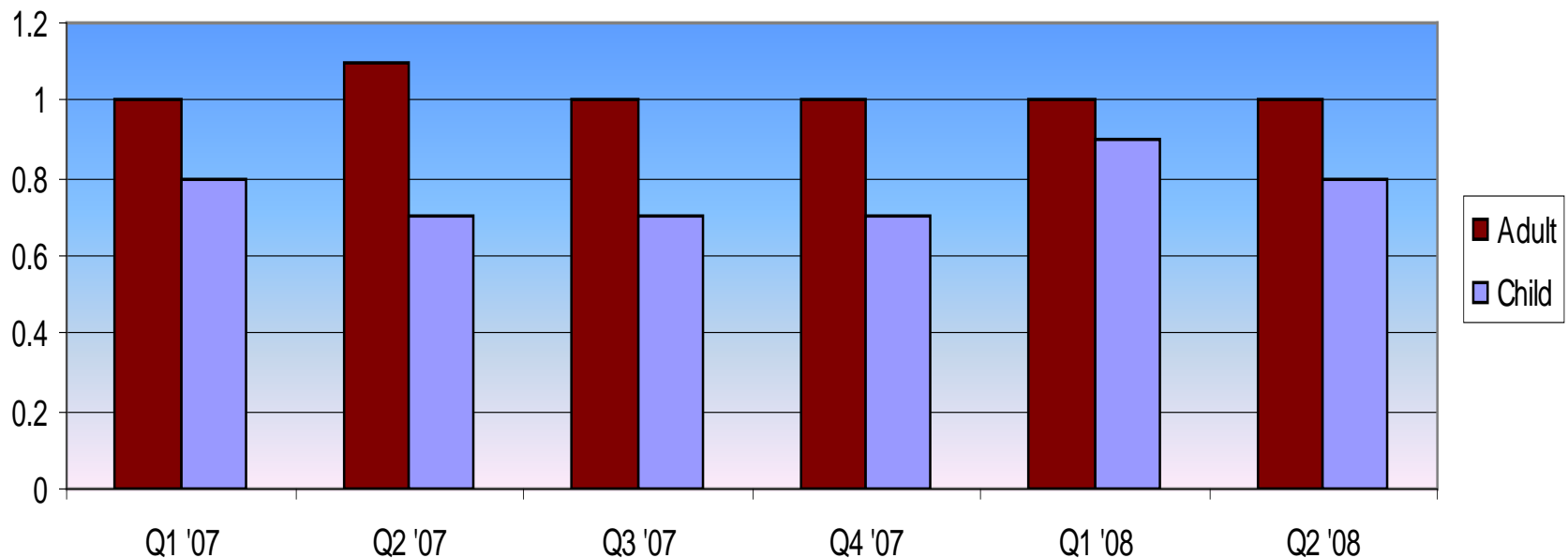


Claims

Access to Inpatient Hospital Services

Inpatient Admits Per 1000

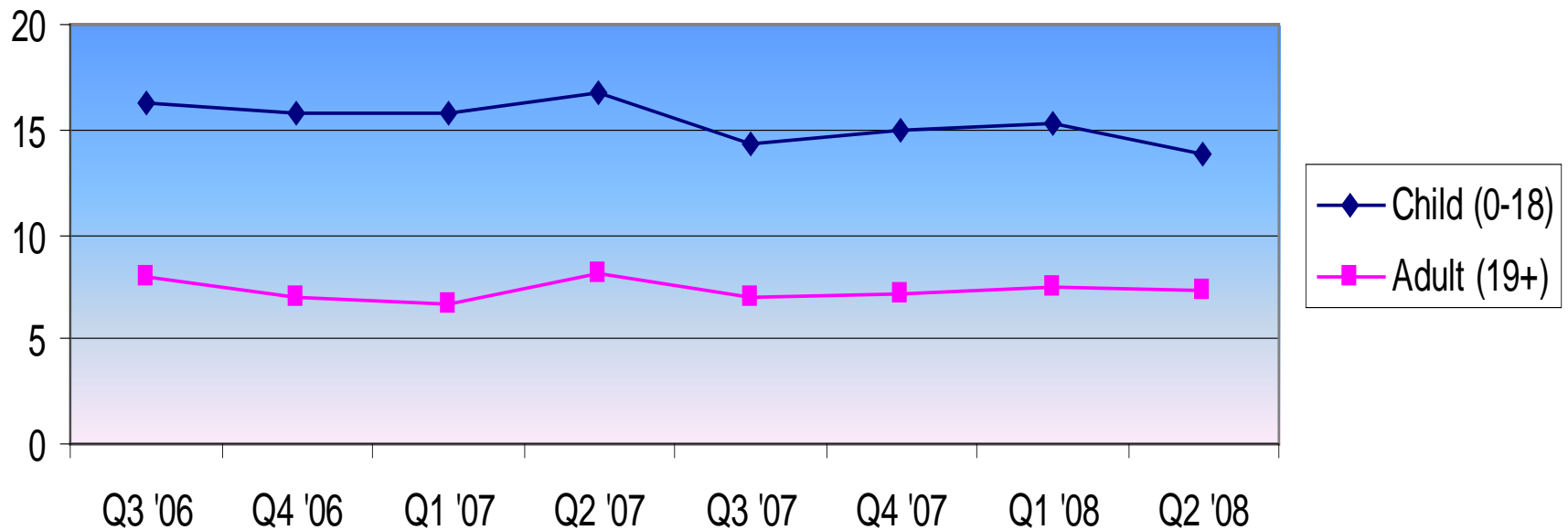
Adult vs. Child



Includes: Children 0-18, Adults 19+, IPF only

Excludes: Riverview

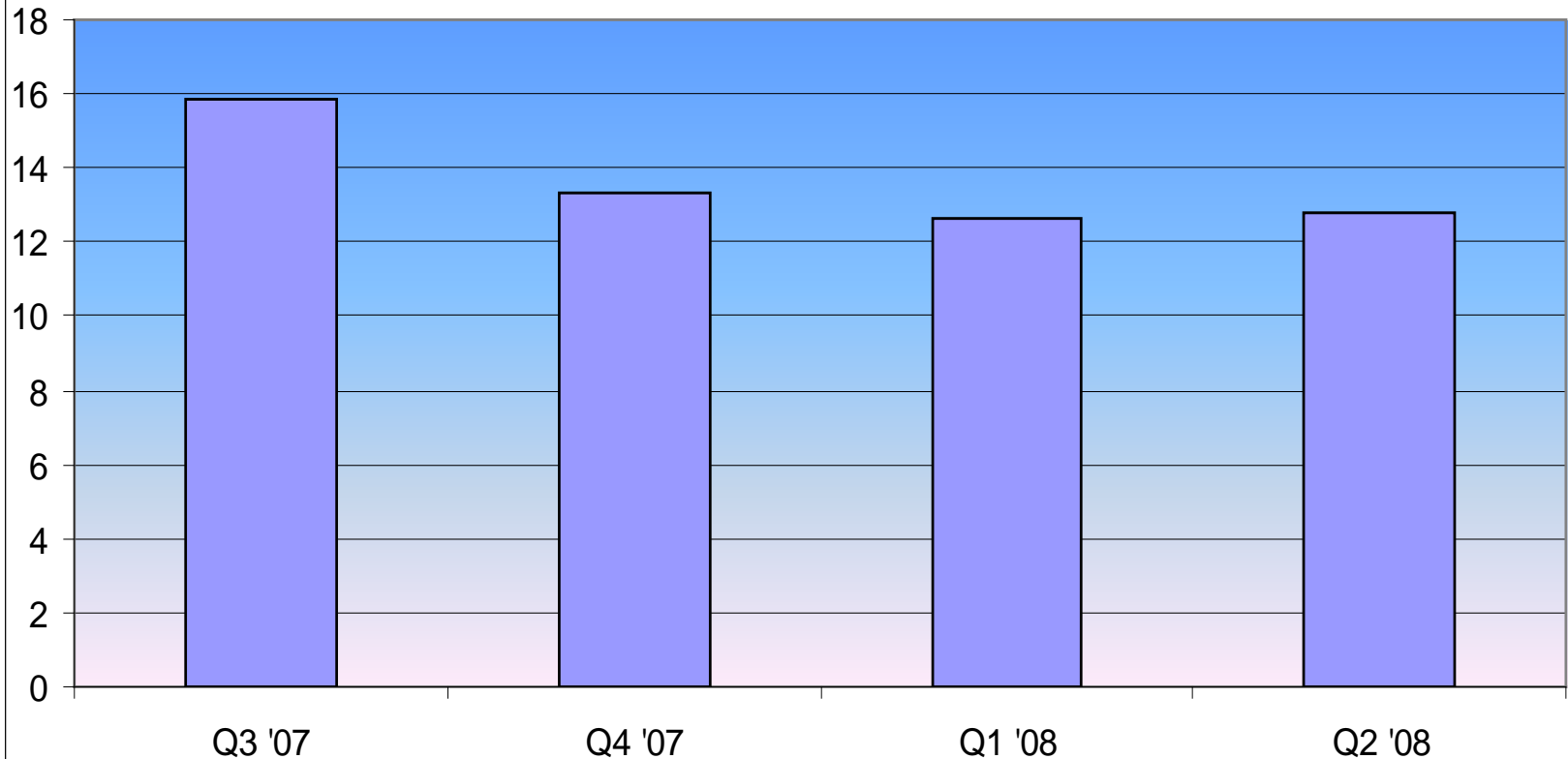
Inpatient Psychiatric Days/1000 (Adult vs Child)



Includes: Adults 19+, Children 0-18, IPF only
Excludes: Riverview

Inpatient Length of Stay and Delay Analysis

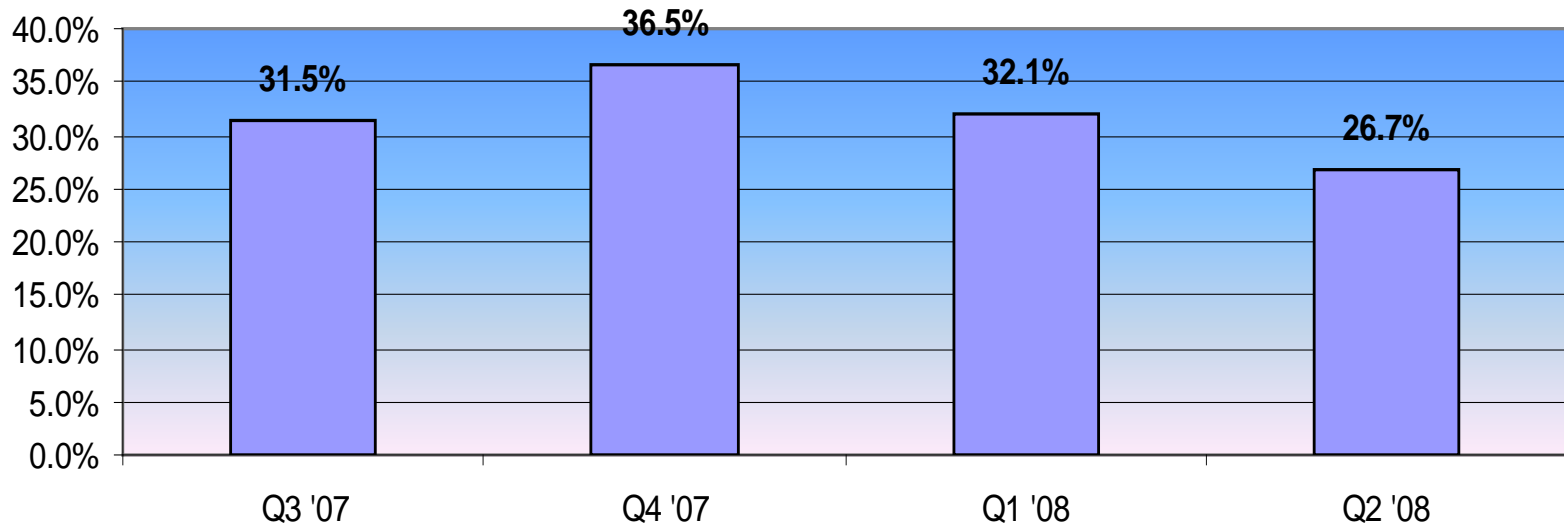
Average Acute Length of Stay



Includes: All child (0-18) IPF cases discharged within the quarter

Excludes: Riverview

Percent of Inpatient Days in Delay Status

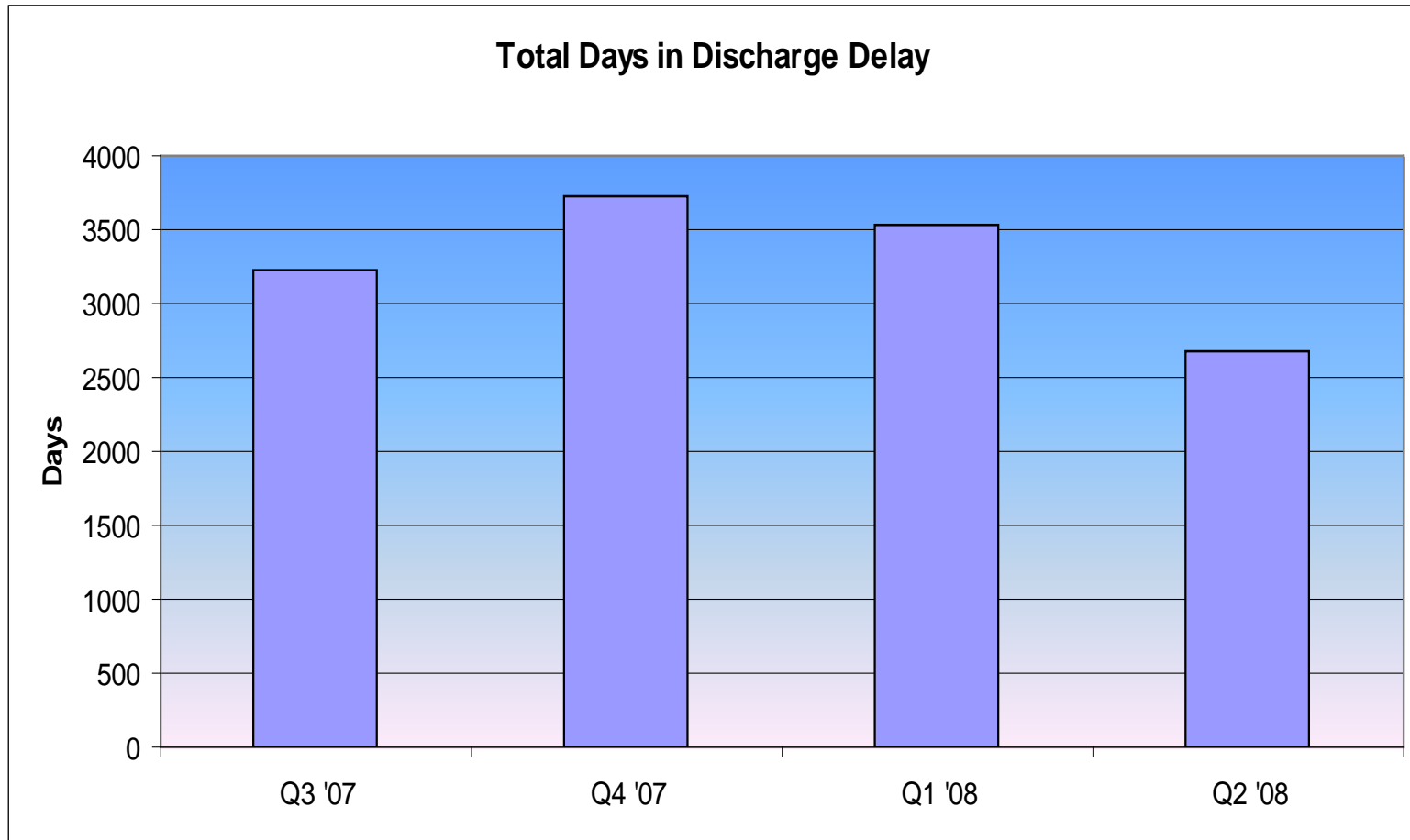


Includes: All cases discharged within the quarter or in care at the end of the quarter

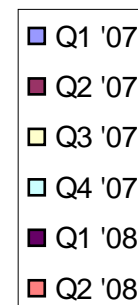
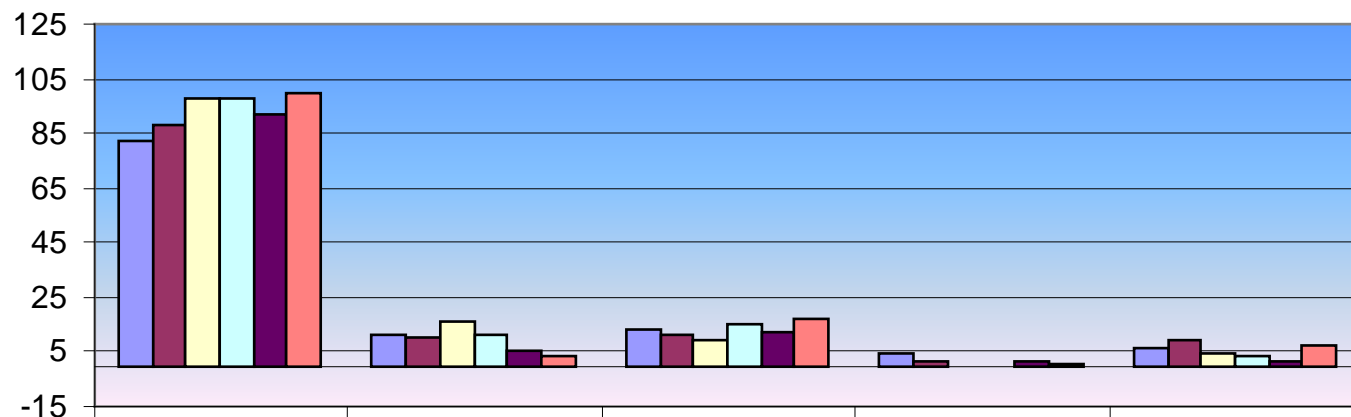
Excludes: Riverview

Inpatient Days in Discharge Delay

All Children/Adolescents



Inpatient Discharge Delay Reason Codes by Major Category Excluding Riverview



Includes: Discharges during the quarter or still in care at the end of the quarter

Excludes: Riverview

Bypass Program

Adult Hospital Inpatient

Bypass Program ~ Adult Inpatient Psychiatric Services

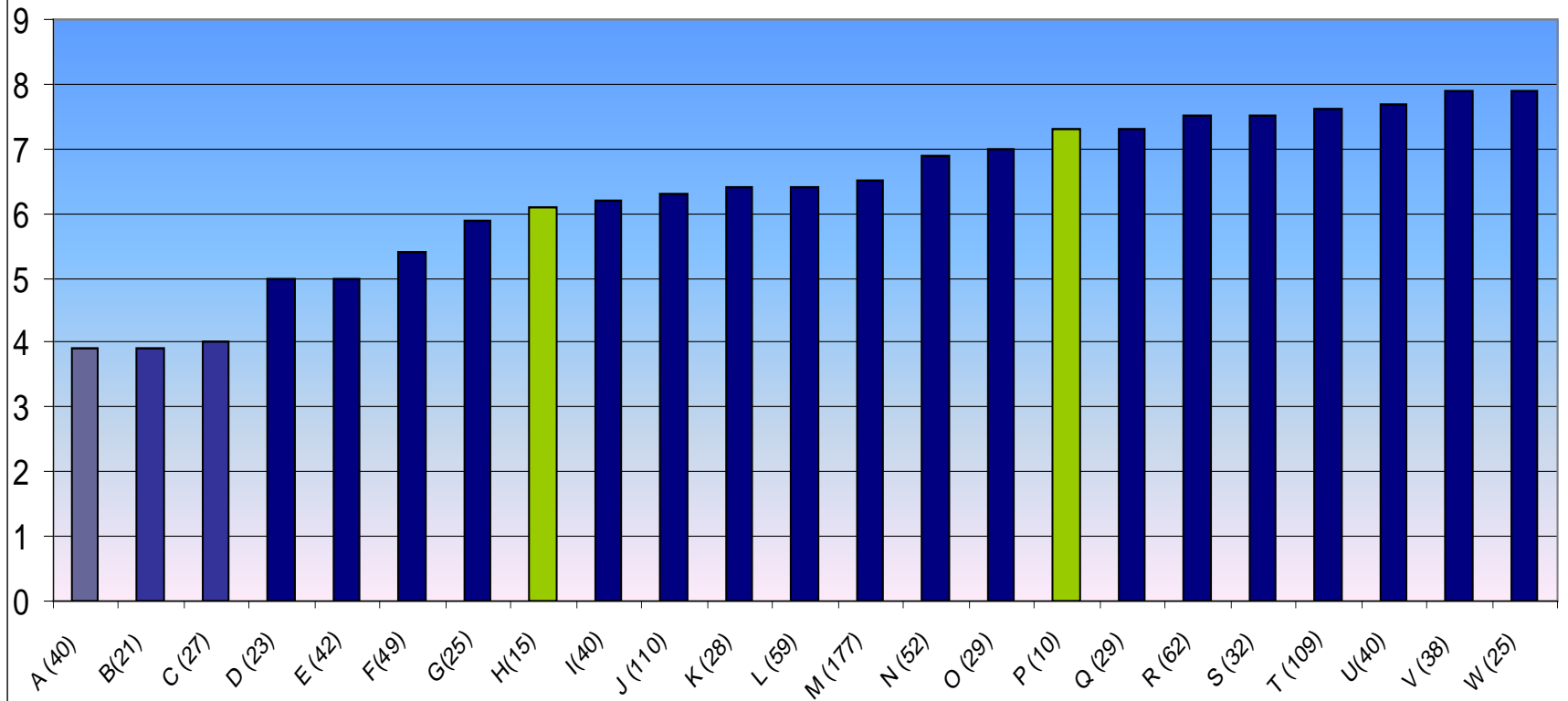
Eligibility for Bypass Program

- ★ Verification that the provider has no current quality improvement plans related to quality of care
- ★ An ALOS that is less than .5 standard deviations above the statewide average
- ★ Treatment of a minimum volume of members

Program Outcome Expectations

1. Administrative relief by authorizing care for longer periods of time, resulting in a decrease in the number of concurrent reviews
2. Discharge notification call providing accurate discharge data for follow up and reporting purposes

**2007 IPF Adult ALOS (Excluding Cedarcrest, Hallbrooke, Natchaug, and
Out of State)**
(State Average=6.5, SD=4.8, 0.5 SD=2.4, Range= 4.1-8.9)



Enhanced Care Clinics

Enhanced Care Clinics

Access Requirements

- CT BHP has provided the ECCs with individual quarterly performance reports since fourth quarter 2007
- Second quarter 2008 performance data is currently being distributed to all providers
- ECCs have been provided with client specific detail to support self-monitoring and refinement of ECC intake practices
- Grace period has ended; third quarter 2008 data will be the basis for notice of corrective action for non-performing ECCs
- RNM staff planning regional and statewide ECC provider meetings

Enhanced Care Clinics

Access Requirements

- Mystery shopper program has been developed to assess intake, triage and scheduling
 - No wait list
 - No reject
 - Triage – option for clinical assessment of urgency
 - Appointment scheduled on day of call
- Provider Advisory Subcommittee has been briefed on the details of Mystery shopper
- Protocol has been finalized
- Mystery shopper calls to begin in October 2008

Enhanced Care Clinics

Primary Care MOUs

- The Regional Network Managers (RNM's) have worked with the Enhanced Care Clinics to help them establish their contractually required Memorandums of Understanding with local primary care practices
- ECCs have been notified to submit fully executed primary care MOUs by September 22, 2008
- Policies and procedures will be requested on or after January 1, 2009

Psychiatric Residential
Treatment Facilities
Performance Improvement Initiative

2008, 2009

History of Use

- Utilized as a step-down level of care from “clogged” inpatient units
- Designed to be the “Discharge Delay” solution of original HUSKY Plan
- Bridged gap between acute inpatient care and community based or residential services

Why did we propose this project?

- Lengths of stay in PRTFs greater than anticipated:
 - Designed to be shorter term than DCF funded residential
 - Longer than appears to be medically necessary and appropriate
 - Longer than PRTFs in other states with similar programs
- 2% performance incentive proposed to BHP OC to promote:
 - reduction in length of stay
 - shorter term more focused treatment,
 - and reduction in delay days
- Above will benefit the overall system by improving availability of PRTF for:
 - step-down from inpatient hospital care
 - direct “diversionary” admission from ED

Phase I

April – August 2008

- Establish inter-departmental CTBHP team
- Enlist DCF and PRTF providers
- Review literature re: best practice
- Review current state & federal regulations
- Review current utilization trends
- Identify overall service system needs
- Review and refine PRTF LOC Guidelines

Phase II

September 2008 – March 2009

- Approve revised LOC guidelines
- Review and revise admission, treatment and discharge planning processes
 - finalize by November 15th, 2008
- Meet monthly with PRTFs to monitor progress, share programmatic information and review utilization data
- Conduct weekly on site clinical reviews
- Disseminate 2% performance pool based on satisfactory completion of programmatic changes; based on March 2009 on-site review

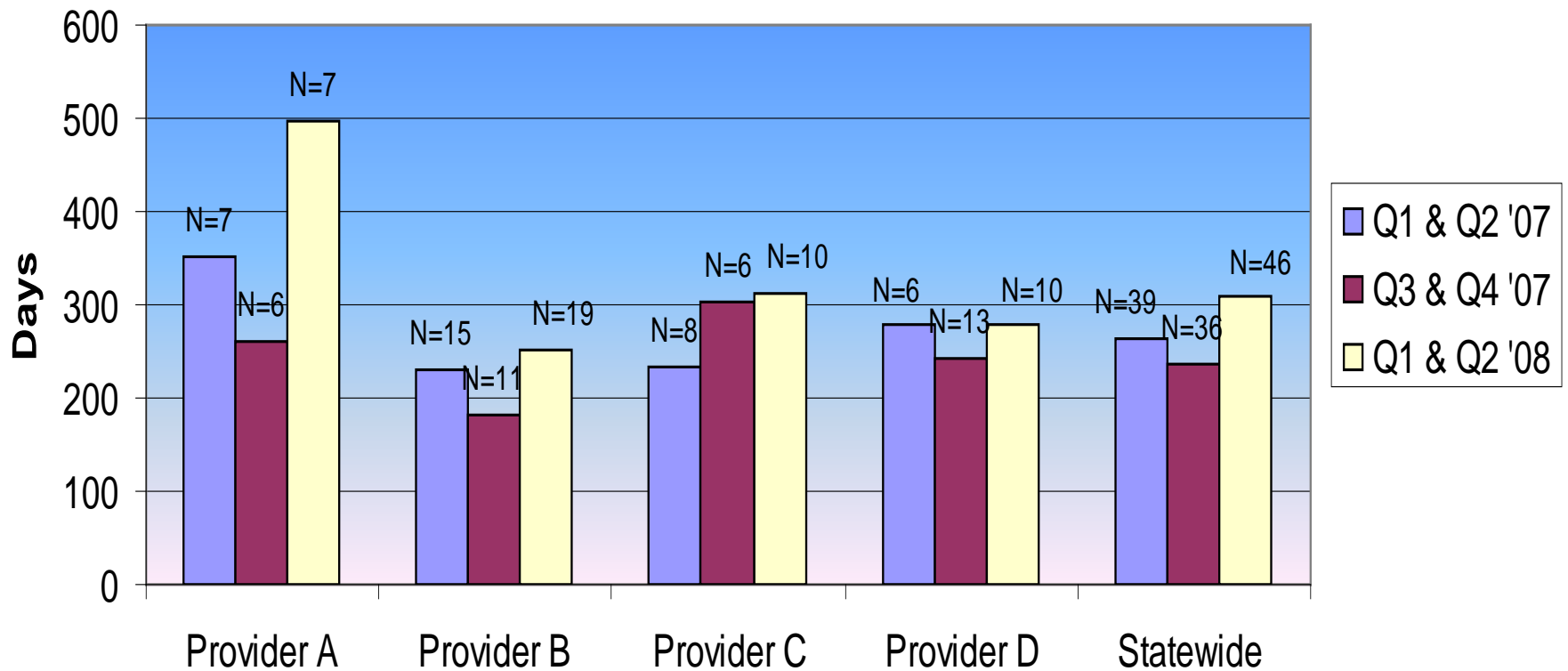
Phase III

April 2009 – December 2009

- Establish target ALOS for period Q1 through Q4 2009
- Methods comparable to hospital ALOS initiative
- Monitor progress quarterly
- Distribution of 2% set aside (SFY10) based on progress toward target ALOS

PRTF ALOS

*



Emergency Mobile Psychiatric Services

Procurement Update

Emergency Mobile Psychiatric Services

- Phase I – Procurement for Greater Hartford (New Britain, Hartford, Meriden) & Eastern CT (Norwich & Willimantic) service areas
- Contractors selected August 2008
 - Wheeler Clinic – New Britain, Hartford, Meriden
 - United Community & Family Services – Norwich & Willimantic

Emergency Mobile Psychiatric Services

- Phase I start up October & November
- Phase II – Procurement for Western (Waterbury, Danbury, Torrington) & Greater New Haven (New Haven, Greater New Haven)
- Contractors to be selected November 2008
- Startup January & February 2009

Emergency Mobile Psychiatric Services

- Phase III – Southwest (Bridgeport, Norwalk, Stamford) & Central (Manchester, Middletown)
- Contractors to be selected January 2009
- Startup March & April 2009

General and Psychiatric Hospital Performance Improvement Initiative

Inpatient Child Psychiatric
Average Length of Stay

Program Update

- The Performance Analysis and Review (PAR) team revised the Quarterly Inpatient Facility Performance Report to make it easier to produce and more user friendly
- Constructed a pay for performance profile for each Inpatient Facility. Profile communicates the baseline performance measures and goals
- Planning the third cycle of inpatient provider visits
- Goal is to have all visits complete by mid - October
- PAR team is working on a performance profile for the state's Psychiatric Residential Treatment Facilities

Claims

Claims

- EDS continues to troubleshoot interChange related adjudication errors
- CT BHP claims processing reports remain unavailable due to interChange/warehouse translation issues
- Timely filing edit change to 365 days
 - Expect implementation in early October
 - For dates of service 10/1/07 through 12/31/08
 - Providers should wait until they receive official provider bulletin to resubmit claims

CT BHP Rates

BHP Rate Increases (SFY08)

- All rates implemented except:
 - Physician and other practitioner
- UPL (upper payment limit)
 - calculation has been submitted to CMS
 - preparing response to additional questions
 - expect to finalize by October
- Propose to provide full report to BHP OC in October/November with corresponding revisions to SFY09 rate package



Behavioral Health

Charter Oak Behavioral Health

Applications and enrollment

- Phone Calls 48,982
 - Applications Received 10,440
 - Applications Approved 1,416
 - Clients Enrolled (Sept 1) 373
 - Clients Enrolled (Oct 1) 187
-
- Total: 560 clients enrolled to date.

Charter Oak Behavioral Health

Mental Health Coverage

PROVIDER TYPE	SERVICE TYPE	MEMBER COST SHARING
Hospital Inpatient	Inpatient	10% co-insurance after deductible is met
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	\$35 copay
Freestanding Mental Health Clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	\$35 copay
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	\$35 copay
Independent Practitioners	Licensed Clinical Social Worker, Licensed Marital & Family Therapist, Licensed Professional Counselor, Licensed or Certified Alcohol & Drug Counselor	\$25 copay
Home Health	Medication administration	None
Psychiatric Residential Treatment Facilities		Not covered
Case Management		Not covered

Charter Oak Behavioral Health

Substance Abuse Coverage

PROVIDER TYPE	SERVICE TYPE	MEMBER COST SHARING
Hospital Inpatient / Residential Detoxification	Inpatient / 20 day limit for drug, 15 day limit for alcohol	10% co-insurance after deductible is met
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	\$35 copay
Alcohol and Drug Center	Ambulatory Detox	\$35 copay
Freestanding SA clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	\$35 copay
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	\$35 copay
Independent Practitioners	Licensed clinical social worker, licensed marital and family therapist, licensed professional counselor, licensed or certified alcohol and drug counselor	\$25 copay
Methadone Maintenance		Not covered
Case management		Not covered

Charter Oak Behavioral Health

Limitations

- Home health medication administration coverage limited to 30 visits per benefit year.
- Inpatient hospital and residential detoxification for drug related conditions is limited to 20 days per benefit year.
- Inpatient hospital and residential detoxification services for the treatment of alcohol related conditions is limited to 15 days per benefit year.
- Coverage of ambulatory substance abuse services provided by hospital outpatient clinics, freestanding clinics and independent practitioners is limited to a combined maximum of 30 visits per benefit year.
- Use of services by any of these provider types will count against the combined 30 visit maximum.

CHARTER OAK MENTAL HEALTH AUTHORIZATION/REGISTRATION TABLE

PROVIDER TYPE	SERVICE TYPE	REGISTRATION OR TELEPHONIC AUTHORIZATION
Hospital Inpatient	Inpatient	Authorization
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	Routine OP = Registration PHP, IOP = Authorization
Freestanding Mental Health Clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	Routine OP = Registration PHP, IOP, ADT = Authorization
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	Registration
Independent Practitioners	Licensed Clinical Social Worker, Licensed Marital & Family Therapist, Licensed Professional Counselor, Licensed or Certified Alcohol & Drug Counselor	Registration
Home Health	Medication administration	N/A
Psychiatric Residential Treatment Facilities		N/A
Case Management		N/A

CHARTER OAK SUBSTANCE ABUSE AUTHORIZATION/REGISTRATION TABLE

PROVIDER TYPE	SERVICE TYPE	REGISTRATION OR TELEPHONIC AUTHORIZATION
Hospital Inpatient / Residential Detoxification	Inpatient	Authorization
Hospital Outpatient	Partial hospitalization, intensive outpatient, routine outpatient	Routine OP = Registration PHP, IOP = Authorization
Freestanding SA clinic	Partial hospitalization, adult day treatment, intensive outpatient, routine outpatient	Routine OP = Registration PHP, IOP, ADT = Authorization
Independent Practitioners	Psychiatrist, psychologist, advanced practice registered nurse	Registration
Independent Practitioners	Licensed clinical social worker, licensed marital and family therapist, licensed professional counselor, licensed or certified alcohol and drug counselor	Registration
Alcohol and	Ambulatory Detox	N/A
Methadone Maintenance		N/A
Case management		N/A

Charter Oak Behavioral Health

Cost-sharing

- No out of pocket maximum for copayments
- Co-insurance maximum varies by eligibility category
- The member is responsible for the co-payment amount or the Charter Oak Behavioral Health fee schedule amount, whichever is less. The co-payment may represent 100% of the payment for the covered service
- Services for which the copayment represents payment in full (e.g., group therapy) will not count against the ambulatory substance abuse benefit maximum.

Charter Oak Behavioral Health

Member identification

- Charter Oak members will receive identification card from managed care plan with member number
- This member number can be used with member's date of birth or social security number to verify eligibility through EDS Automated Eligibility Verification System
- The Department will also issue separate Charter Oak Health Plan card to members to be used in obtaining services
- This card will also include a magnetic strip on back for use by those providers using point of service devices
- The member number will be the same as the number on the managed care card
- The member number must be used to submit behavioral health services claims to EDS for processing and payment

Charter Oak Behavioral Health

Network Participation

- Enrollment in CMAP enables any hospital or community behavioral health provider to be reimbursed for services rendered to Charter Oak, HUSKY A, HUSKY B, and Medicaid FFS recipients
- Enrolled providers are not permitted to discriminate on the basis of coverage

Questions?