

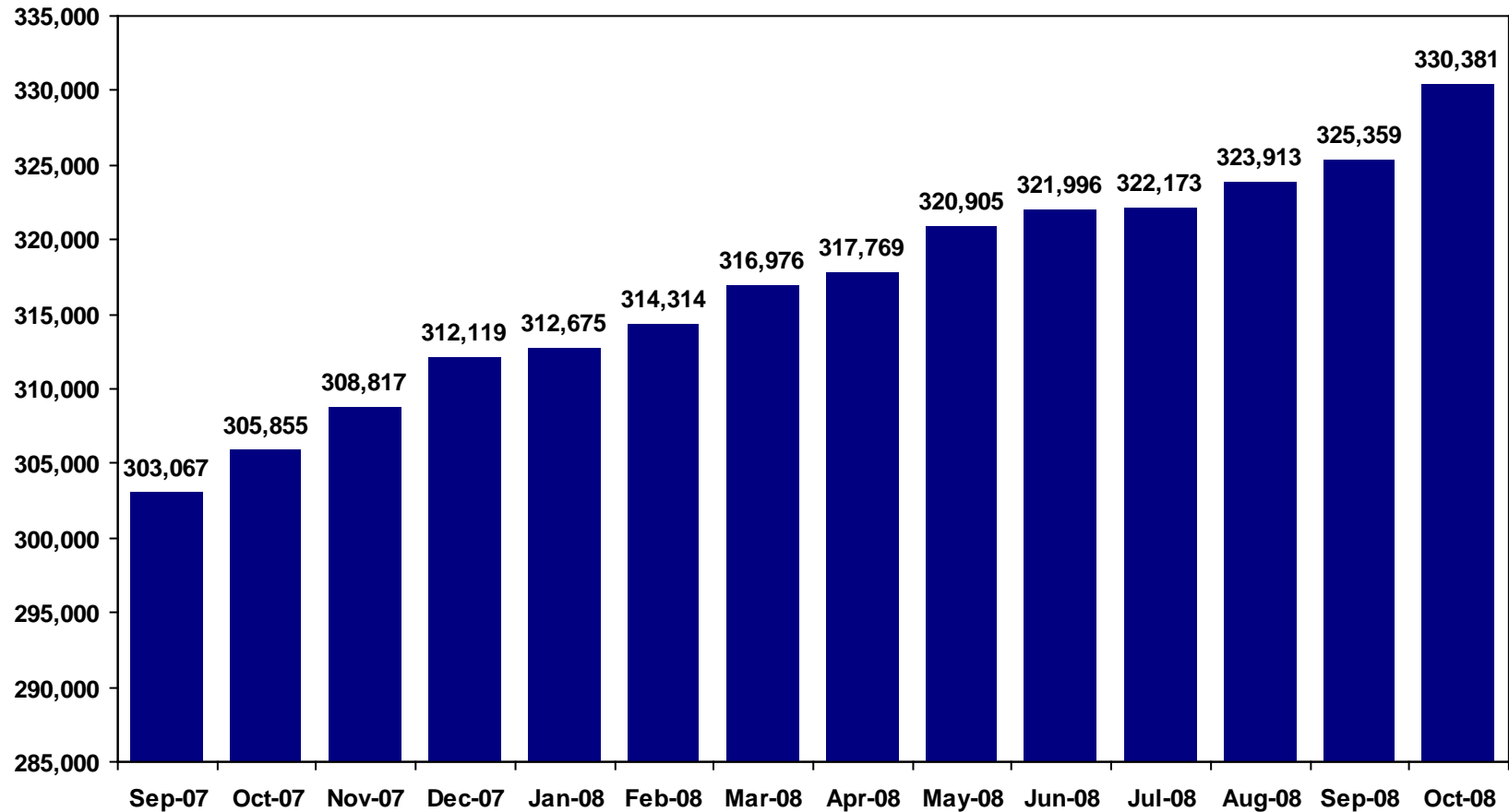


DSS and DCF report to the  
Behavioral Health Partnership  
Oversight Council

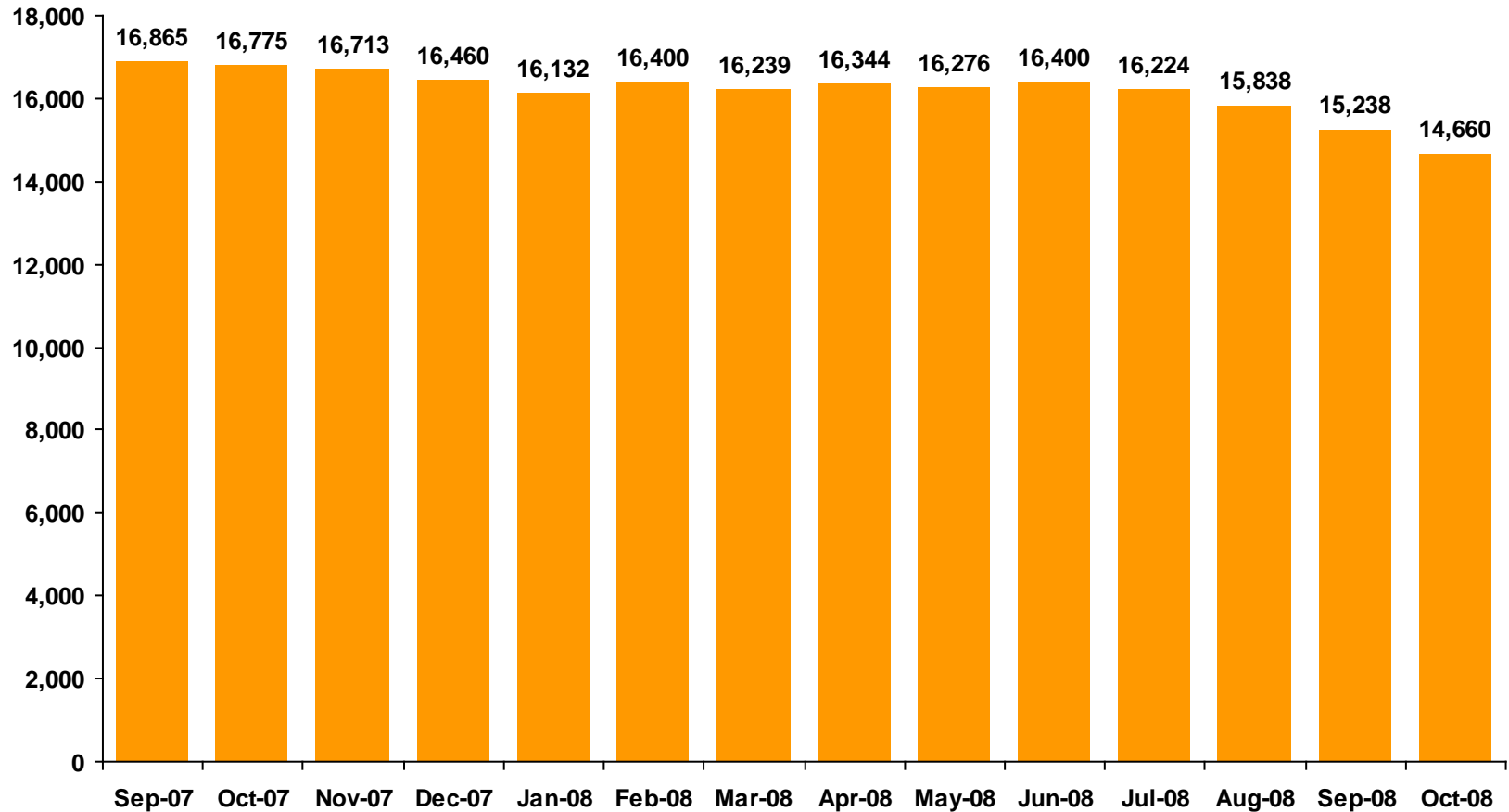
November 12, 2008

# Enrollment

# HUSKY A Enrollment Growth - All



# HUSKY B Enrollment Growth - All



# HUSKY Transition BHP/FFS Enrollment

	06/01/08	07/01/08	08/01/08	09/01/08	10/01/08
HUSKY A	321,996	322,173	323,913	325,359	330,381
MCO	284,178	284,465	285,819	282,761	279,229
Medicaid	37,818	37,708	38,094	42,598	51,152

HUSKY B	16,344	16,224	15,838	15,238	14,660
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# **HUSKY Transition**

## **County-by-County Roll-Out Dates**

**Middlesex**

**August 2008**

**Litchfield**

**New Haven**

**Tolland**

**September 2008**

**Fairfield**

**Hartford**

**New London**

**Windham**

**October 2008**

# HUSKY Transition

## Open Counties Summary – 11/06/08

<b>MCO</b>	<b>Open Counties Enrollment</b>	<b>Current Enrollment</b>	<b>Net Enrollment Changes</b>
<b>Traditional Medicaid</b>	<b>48,369</b>	<b>39,202</b>	<b>-9,167</b>
<b>Community Health Network</b>	<b>92,629</b>	<b>117,921</b>	<b>25,292</b>
<b>Blue Care</b>	<b>187,841</b>	<b>154,068</b>	<b>-33,773</b>
<b>Total</b>	<b>328,839</b>	<b>311,191</b>	<b>-17,648</b>

# HUSKY Transition

## Open Counties Summary – 11/06/08

### Blue Care

to:		
Health Plan Name	Number	%
Aetna Better Health	11,968	35.4%
AmeriChoice	1,979	5.9%
Community Health Network	19,826	58.7%
<b>Total</b>	<b>33,773</b>	<b>100.0%</b>



# HUSKY Transition

## Open Counties Summary – 11/06/08

### Traditional Medicaid

to:

Health Plan Name	Number	%
Aetna Better Health	2,508	27.4%
AmeriChoice	1,048	11.4%
Community Health Network	5,611	61.2%
<b>Total</b>	<b>9,167</b>	<b>100.%</b>

# HUSKY Transition

## Open Counties Summary – 11/06/08

### Community Health Network

to:		
Health Plan Name	Number	%
Aetna Better Health	129	89.0%
AmeriChoice	16	11.0%
<b>Total</b>	<b>145</b>	<b>100.0%</b>



Behavioral Health

# Charter Oak Behavioral Health

## Applications and enrollment as of 11/11/08

- Phone Calls 102,000
- Applications Received 11,672
- Applications Approved 3,757
- Clients Enrolled 2,307

# Charter Oak Behavioral Health

## Enrollment by Plan

- Aetna Better Health – 798
  - AmeriChoice by United Healthcare – 157
  - CHNCT – 472
- 
- ☐ 588 referred to DSS for other publicly funded programs (HUSKY, SAGA, Medical for Working Disabled, Medicaid (MAABD))
  - ☐ 361 either denied or closed due to voluntary termination request

# Charter Oak Behavioral Health

## Expenditure Estimates – SFY09 Rates

Base Data:	HUSKY Financials (Jul 05-Dec 05) Husky encounters (Jul 05-Dec 05) BHP Monthly Financials (Jul 06-Jul 07)	
Assumed Reimbursement:	Existing BHP Rate Structure	
DSS' Projected Range of Expenditures:	High	Low
	Approx \$25 pmpm	Approx \$17 pmpm
MCO's Projected Range of Expenditures*:	High	Low
	Approx \$21 pmpm	Approx \$18 pmpm

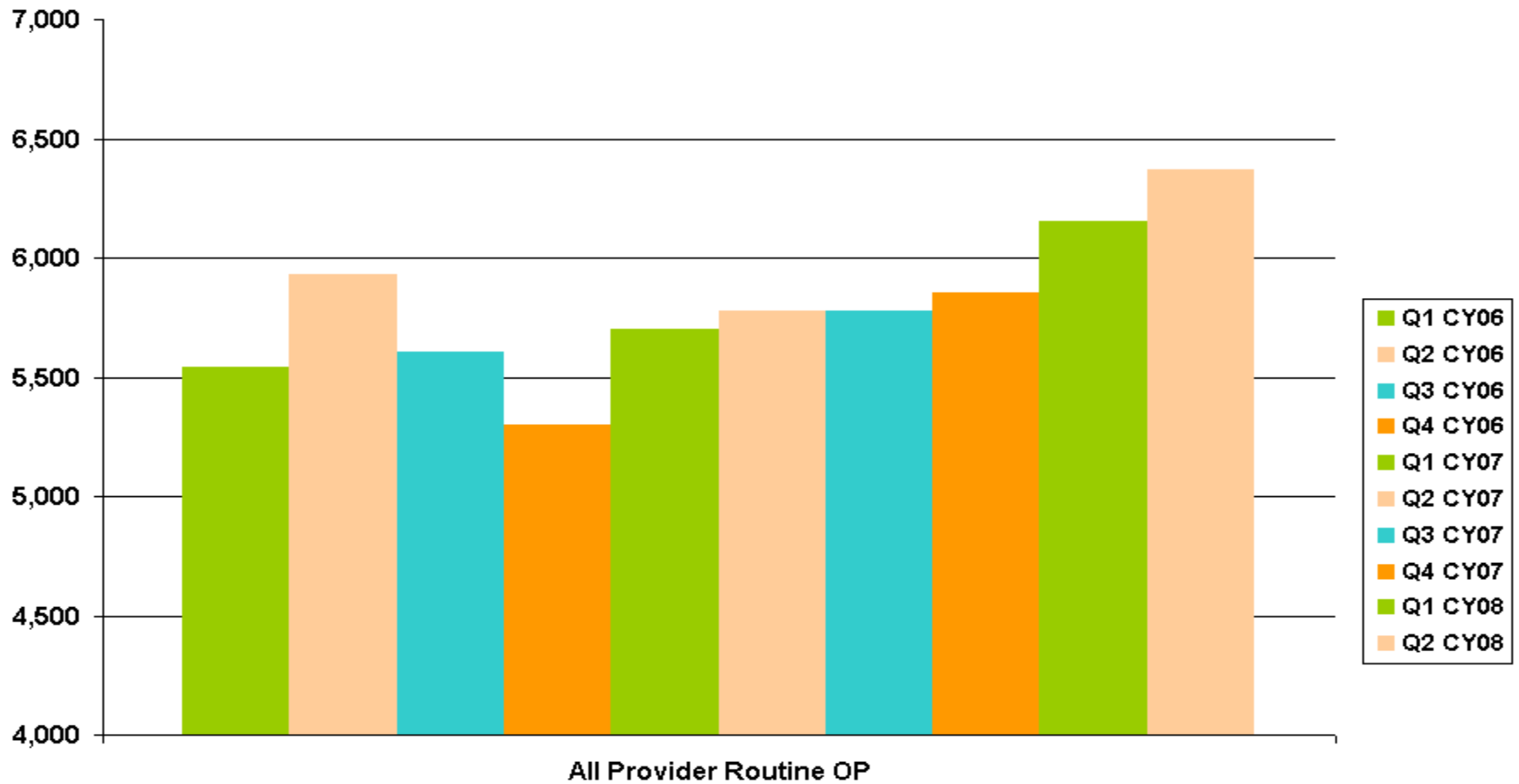
\*After MCO negotiations for carve-out of behavioral health and pharmacy costs; composited using statewide average for comparability

Note: Data represents all Charter Oak income levels combined

Routine Outpatient  
Quarterly Report of  
Adult Recipients Served

# All Providers

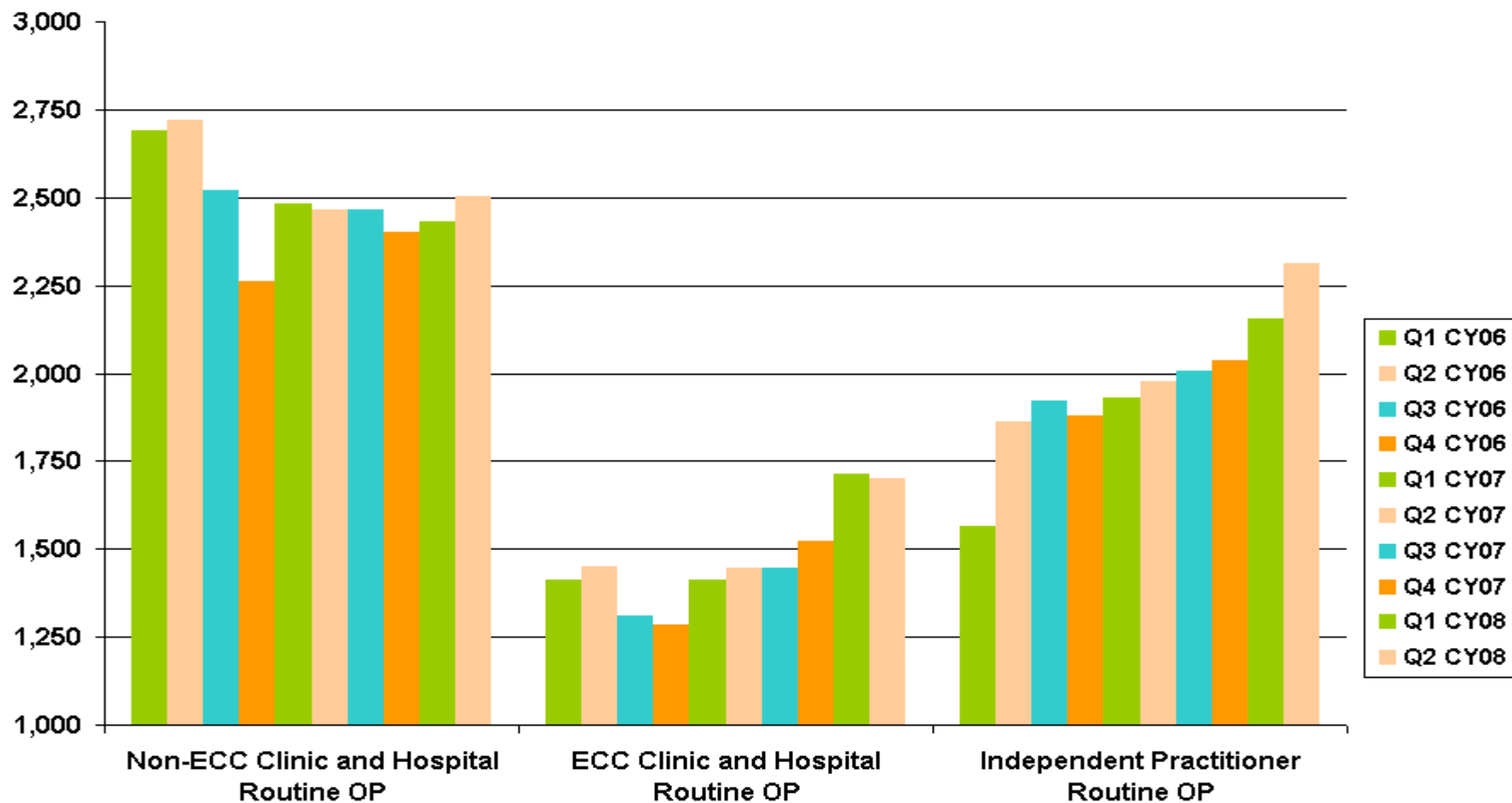
## Adult Recipients Served





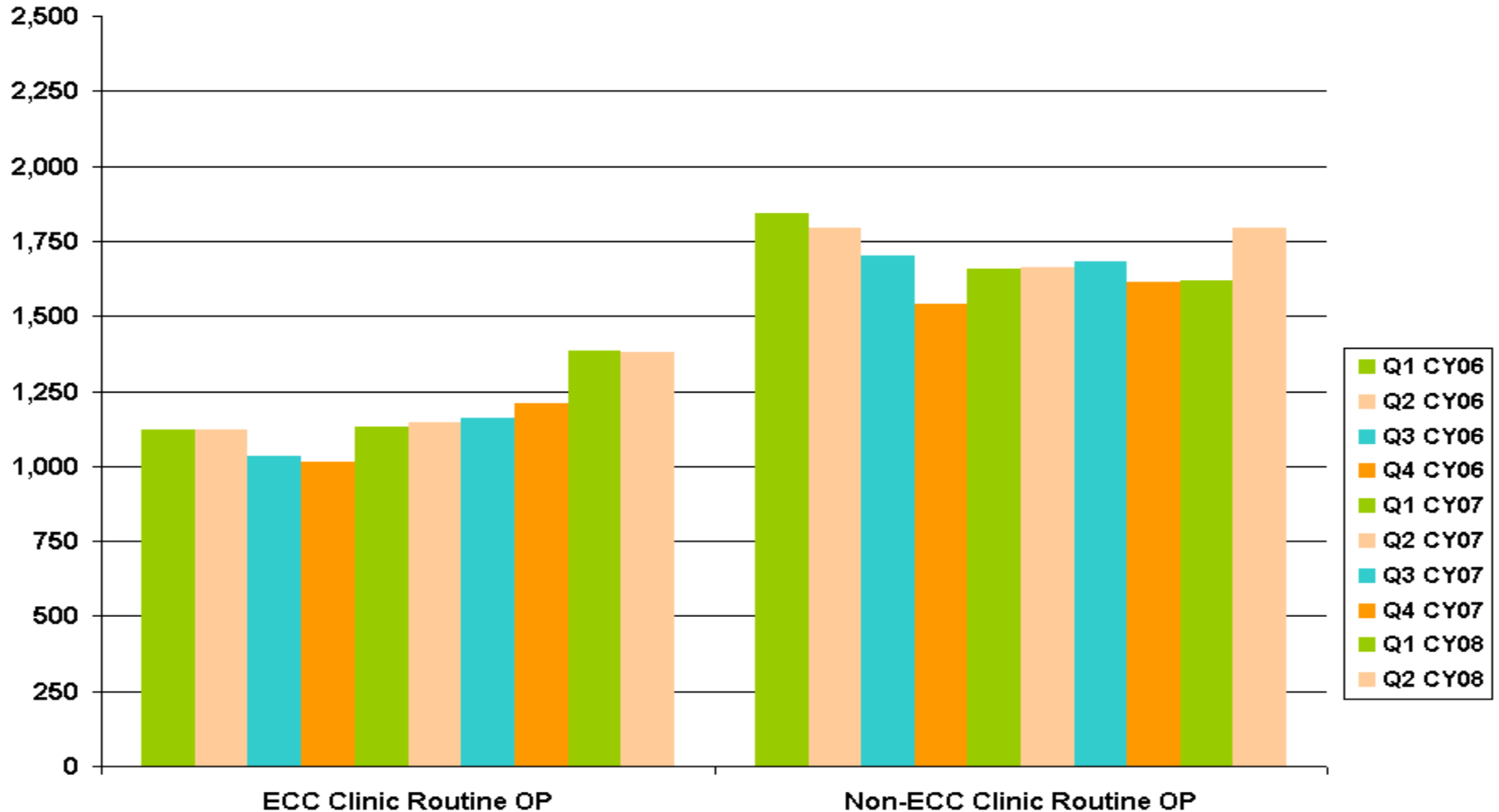
# By Provider Type

## Adult Recipients Served



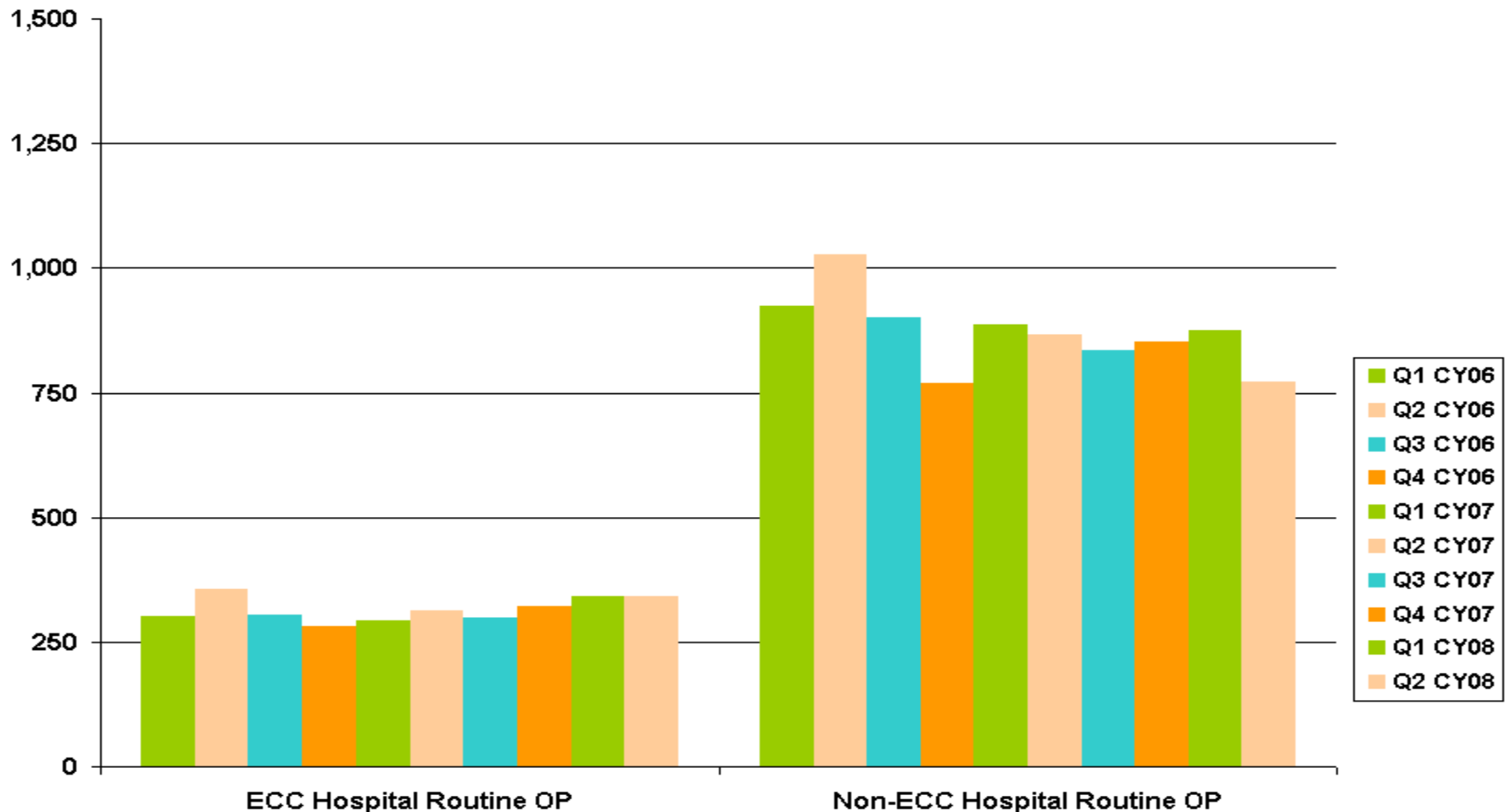
# Clinic – ECC vs Non-ECC

## Adult Recipients Served



# Hospital – ECC vs Non-ECC

## Adult Recipients Served



# Percent Change – SFY07 to SFY08

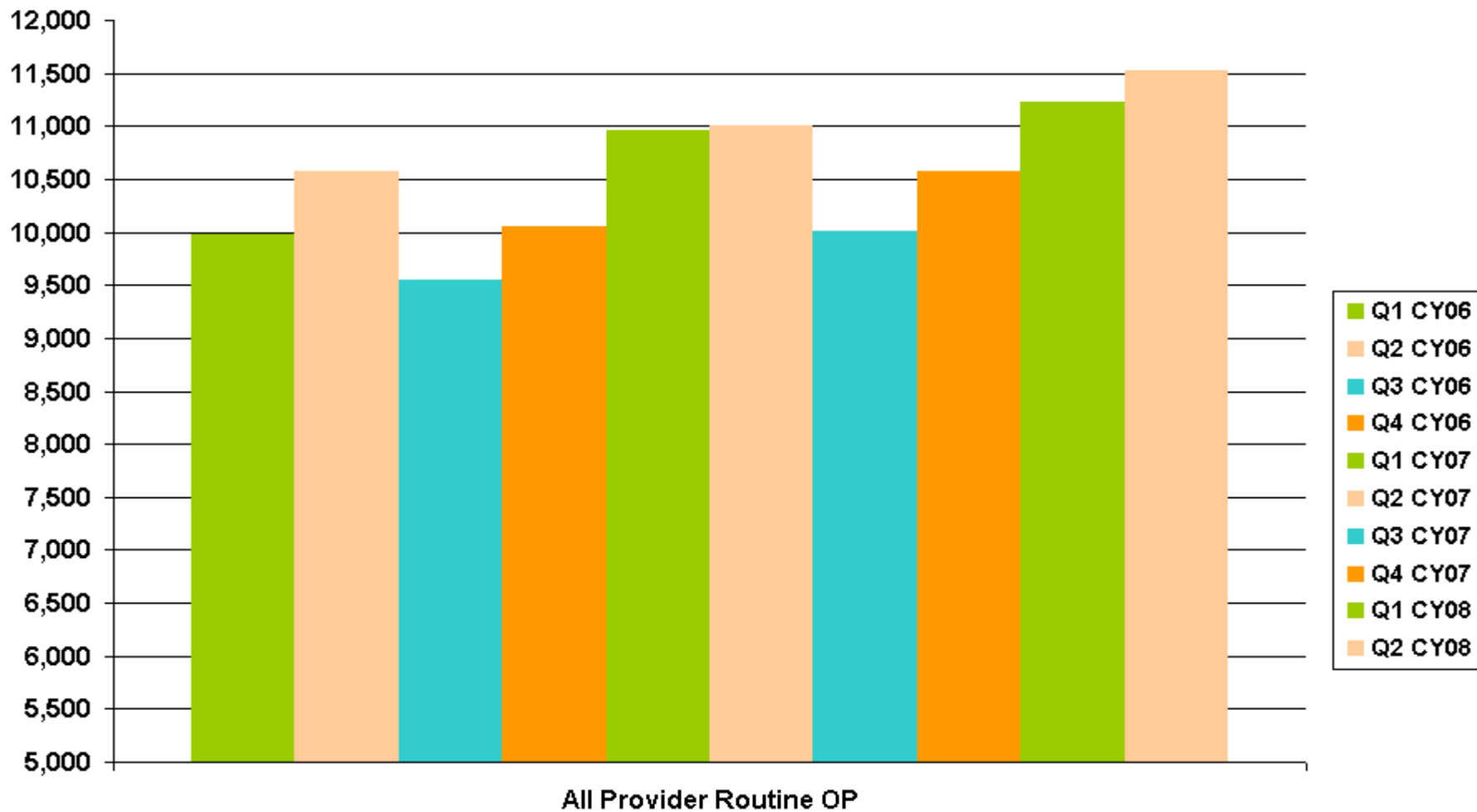
## Adult Recipients Served

All Provider	8.0%
Non-ECC Clinic and Hospital	0.8%
ECC Clinic and Hospital	17.0%
Independent Practitioner	10.5%
ECC Clinic	18.8%
Non-ECC Clinic	2.2%
ECC Hospital	9.3%
Non-ECC Hospital	-2.5%

Routine Outpatient  
Quarterly Report of  
Child Recipients Served

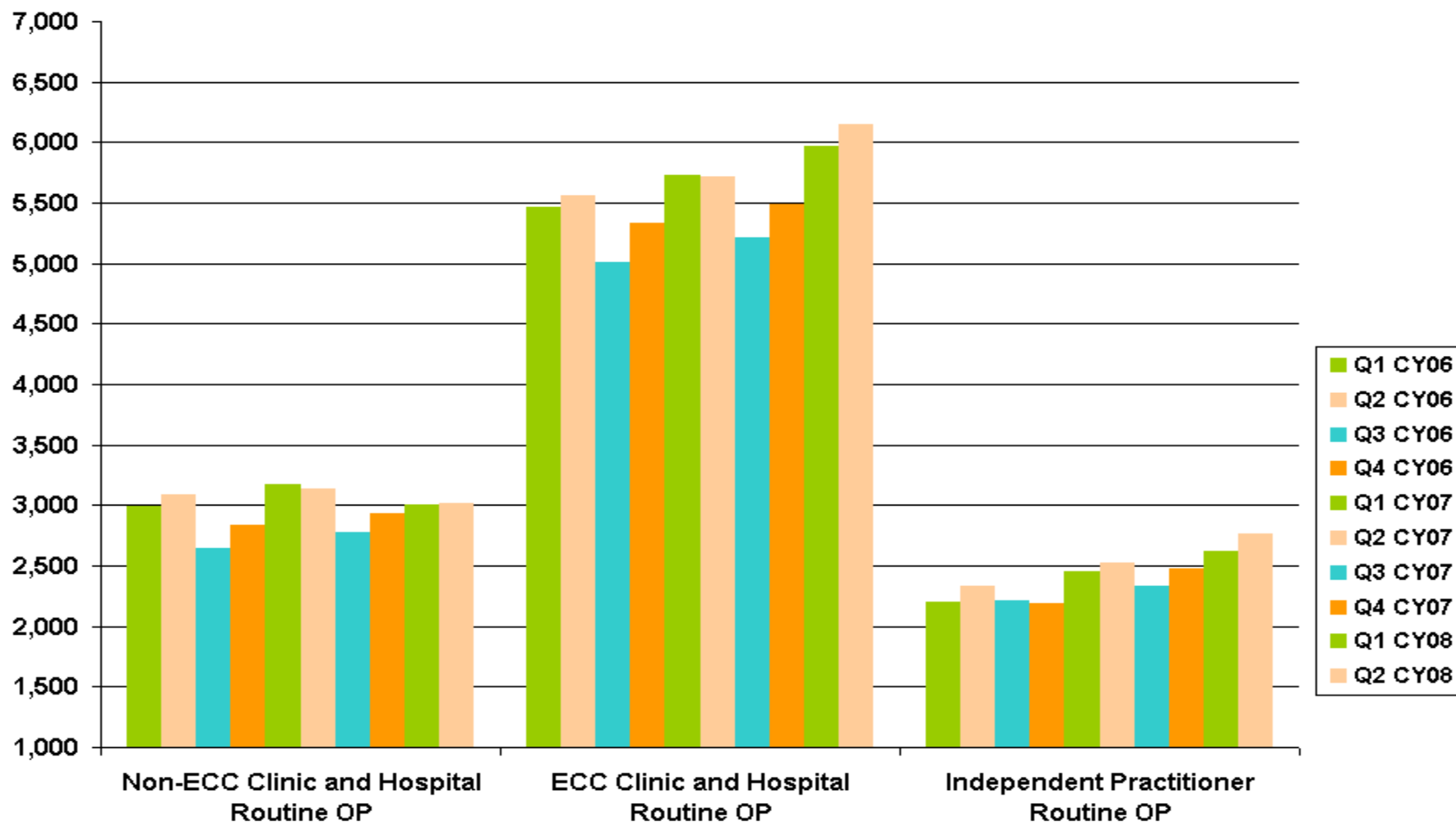
# All Providers

## Child Recipients Served



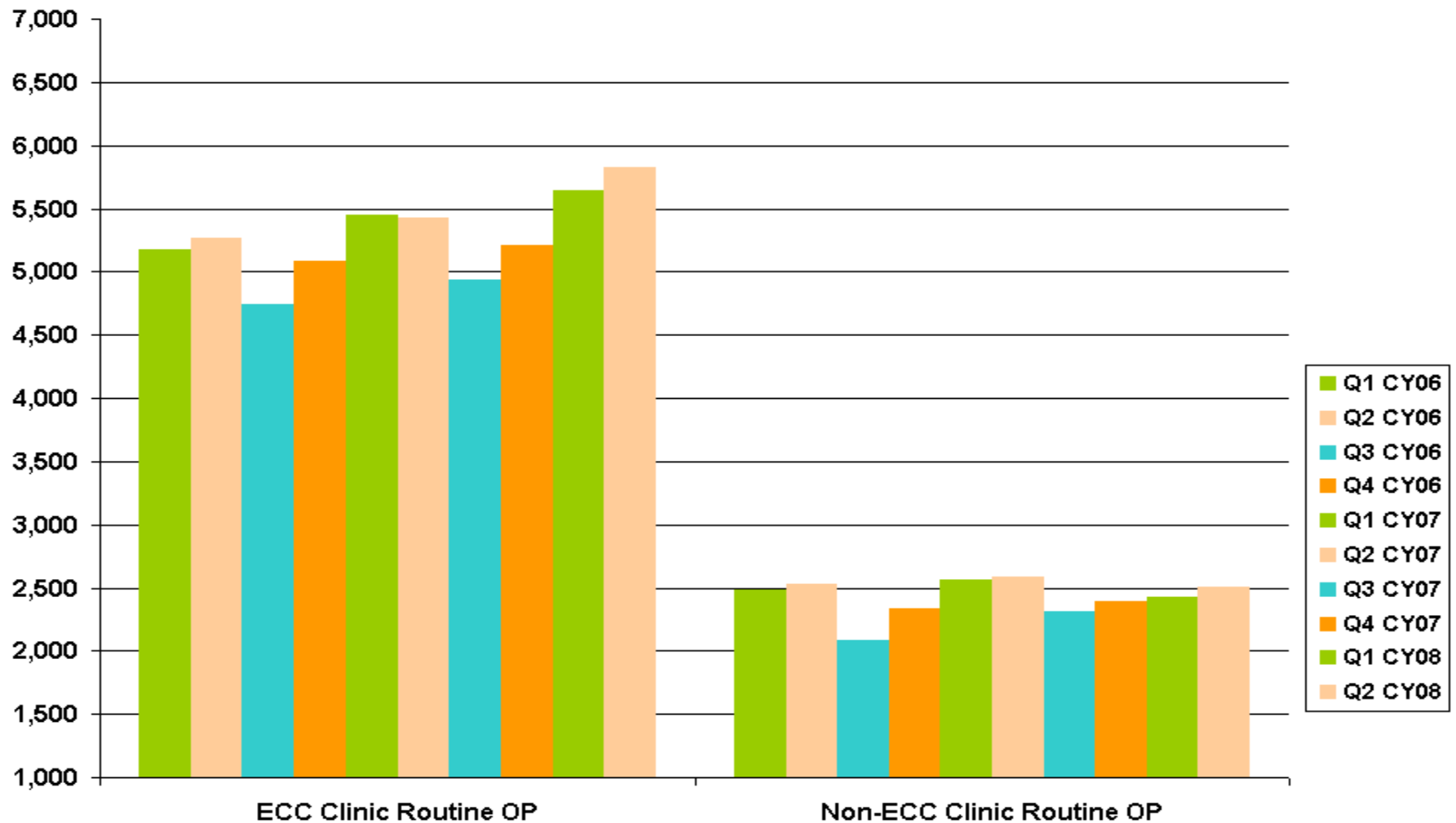
# By Provider Type

## Child Recipients Served



# Clinic – ECC vs Non-ECC

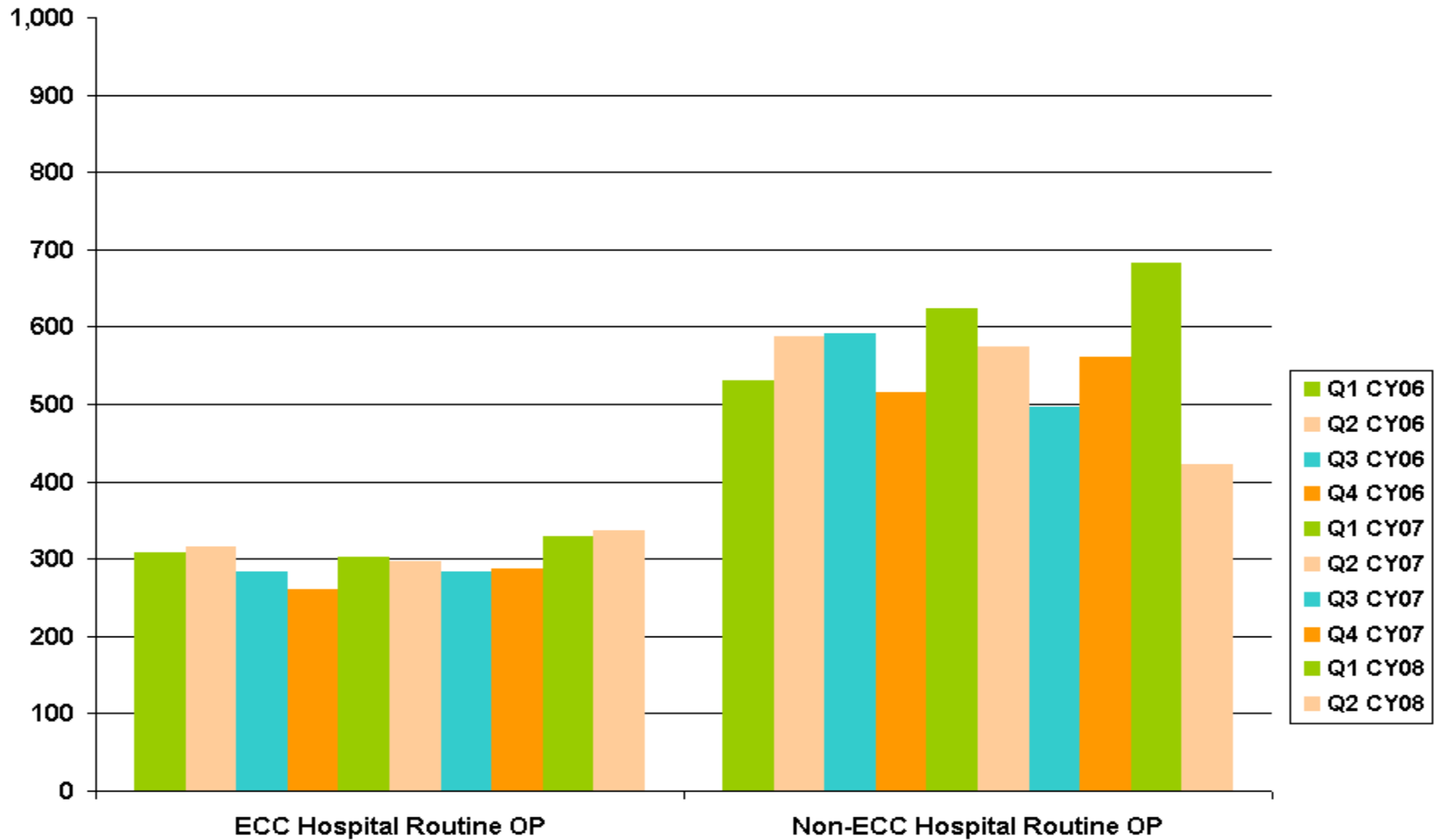
## Child Recipients Served





# Hospital – ECC vs Non-ECC

## Child Recipients Served



# Percent Change – SFY07 to SFY08

## Child Recipients Served

All Provider	4.3%
Non-ECC Clinic and Hospital	-0.4%
ECC Clinic and Hospital	4.6%
Independent Practitioner	8.6%
ECC Clinic	4.4%
Non-ECC Clinic	0.8%
ECC Hospital	8.4%
Non-ECC Hospital	-6.2%

# Claims

# Claims

- Current focus on recoupment errors and third party liability update delays
- Timely filing edit temporarily suspended
  - Effective first cycle in October (10/11)
  - For dates of service 10/1/07 forward
  - Restore timely filing 120 days, 2/1/09

# DCF Funded Residential Management Initiatives

# Tying Auth-Claims

- Practice Period 3-1-08 thru 7-31-08
  - Full Implementation-8-1-08

(since 8-1-08)

Initial Authorization= 130

Continued Stay =137

Administrative Denials= 17

Medical Necessity Denials= 1

# Child and Adolescent Needs and Strengths Tool (CANS) Online Project

- 532 Certified CANS users since inception
- Development of “Online” Version of CANS
- Designated staff in all DCF Area Offices have received training to complete the Online CANS
- Training has also been provided to designated Clinical Staff at the DCF Facilities (High Meadows, Connecticut Children’s Place & Riverview Hospital)

# Residential On-Site Reviews

- On-Site Continued Stay Reviews have Commenced as of September 2008
- All In-State Residential Programs are currently participating
- Planning under development to incorporate Out-of-State “border” Residential Providers to On-Site Reviews



# SFY09 Performance Initiatives

# Hospital ALOS

- Letters of Agreement (LOAs) have been sent to the 8 participating hospitals
- Q3-08 Performance Review meetings are being scheduled
- Profile will include comparison of actual performance during Q3-08 with target LOS for each of the 4 case-mix categories
- Preliminary data suggests LOS has been improving

# Psychiatric Residential Treatment Facility

- PRTFs and CT BHP have come to consensus on performance goals for SFY09
- All have agreed to undergo training in Focal Treatment Planning
- Performance incentive will be based on compliance with four requirements
- Compliance will be based on on-site review to be conducted in April 2009

# Psychiatric Residential Treatment Facility

- Four requirements are as follows:
  - Uniform standardized referral form
  - Stakeholder involvement in Focal Treatment Plan (FTP) and Discharge Plan development
  - FTP and Discharge Plan with key elements and appropriate focus
  - Documented evidence of weekly therapeutic activities, stakeholder engagement, and case management

# Hospital ED

- Connecticut Hospital Association (CHA) has agreed to collaborate in the development of hospital ED PARS initiative
- CHA Patient Care and Quality Committee will provide oversight and establish special task force
- Task force will be comprised of representatives of hospital EDs, pediatric psychiatric inpatient, EMPS providers, DCF, DSS and VO
- First meeting – 11/24/08

# Hospital ED

- SFY09
  - Development of standardized EMPS/ED MOU template
  - Incentive linked to execution and implementation of EMPS/ED MOU
- SFY10
  - Hospital specific ED profiles based on January 1, 2008 through June 30, 2008 are being prepared for review by the PARS ED task force
  - Possible incentive related to inpatient admission/diversion rates

Questions?