

Connecticut BHP
Supporting Health and Recovery

Behavioral Health Oversight Council

Overview of ValueOptions
Performance Standards

January 16, 2013

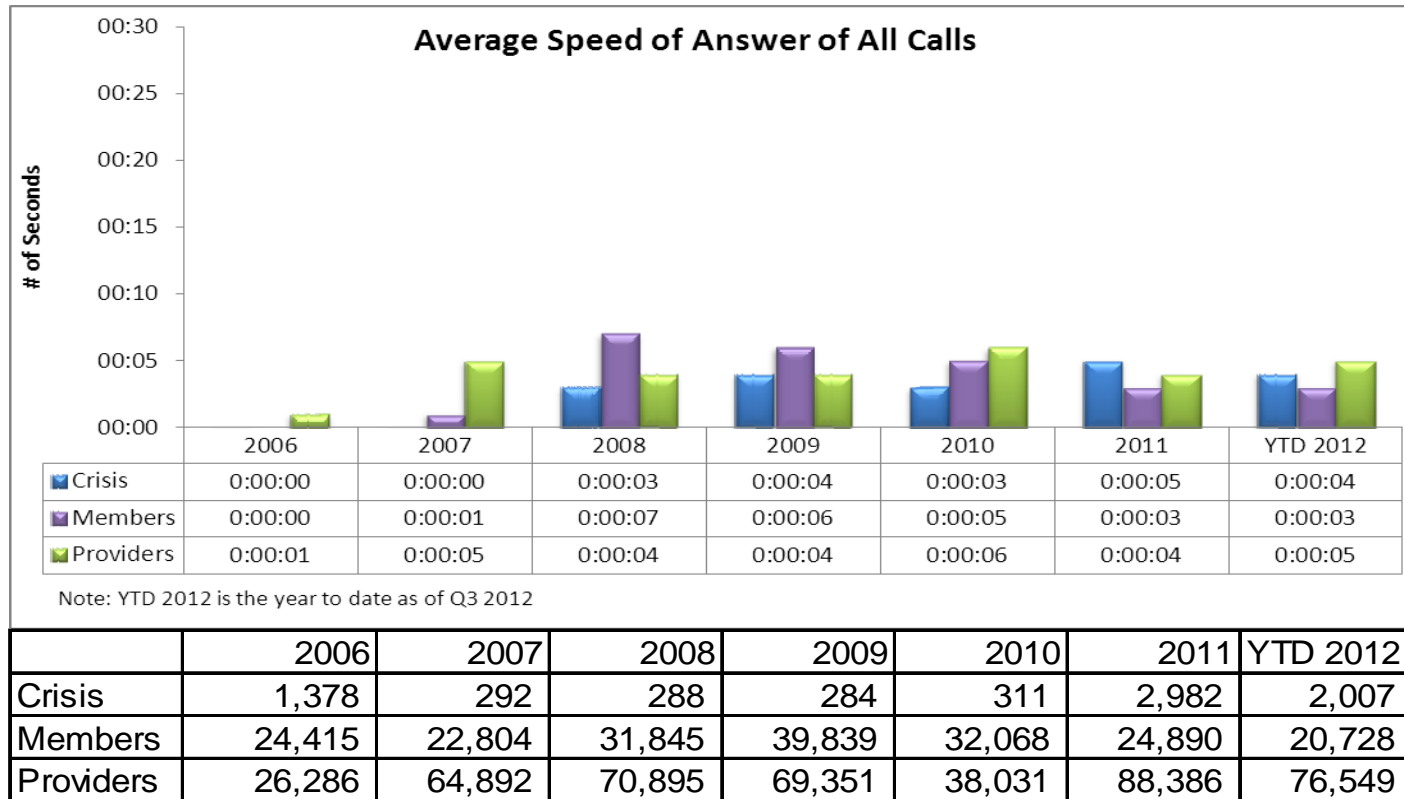
Performance Standards

- Call Management
- Utilization Management
- Quality Management

Call Management

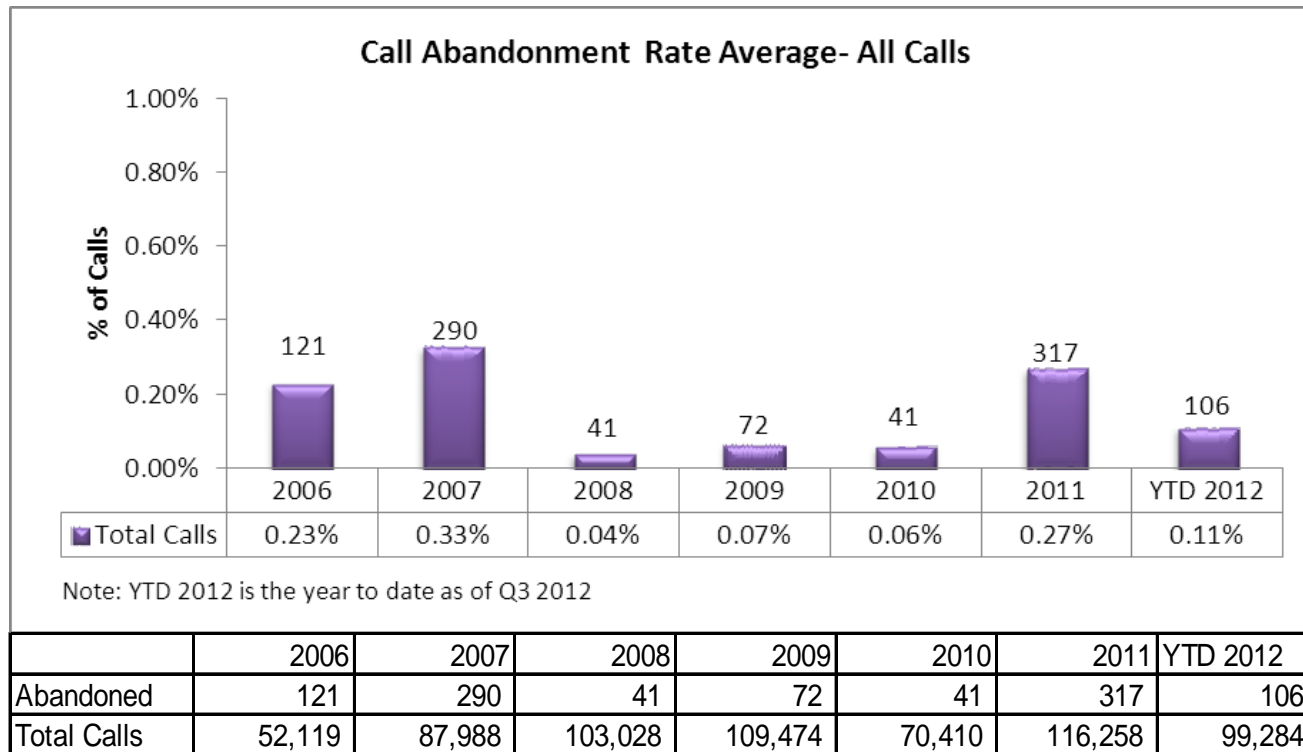
- Average Speed of Answer
- Call Abandonment Rate
- Calls Answered within 30 Seconds
- Average Length of Hold Time

Average Speed of Answer



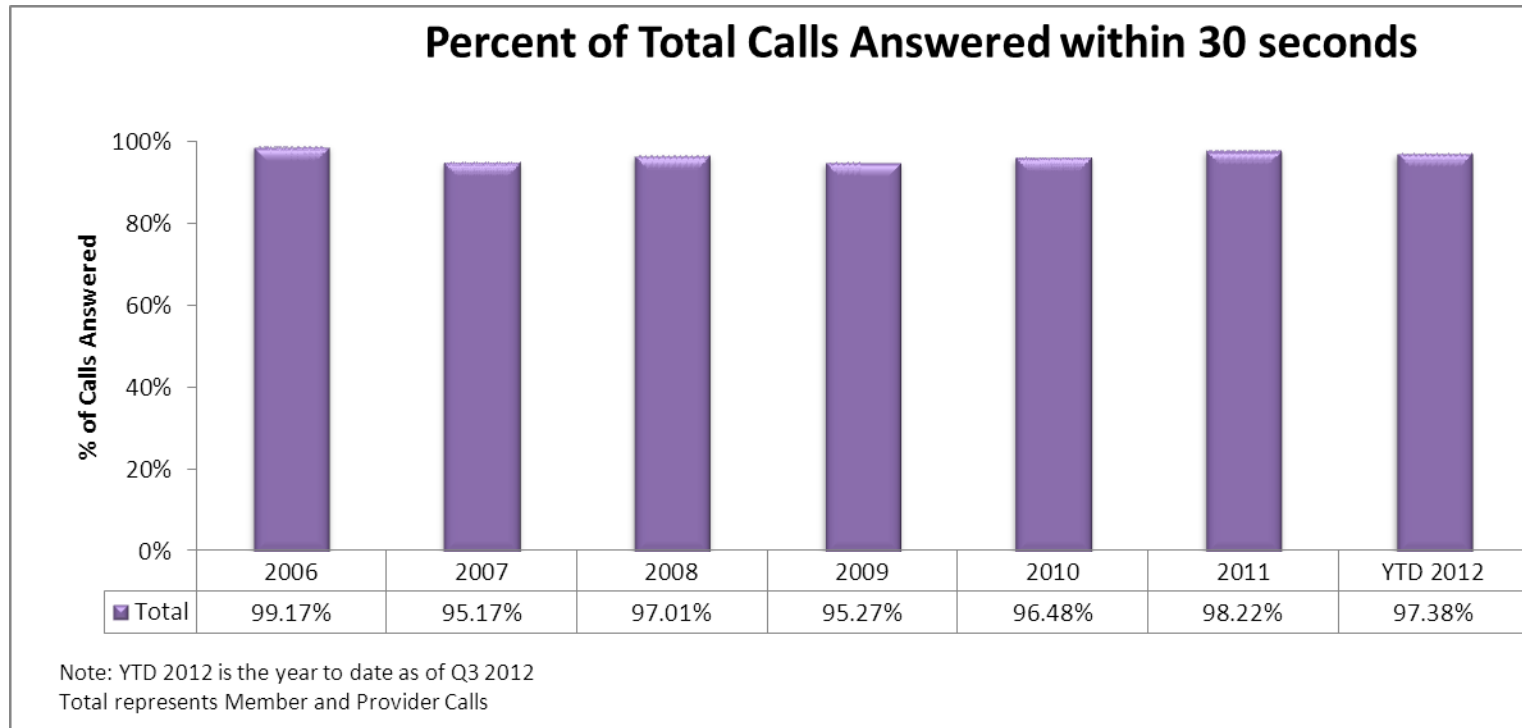
- Performance Standard =
 - 30 seconds for provider and member calls
 - 15 seconds for crisis calls

Call Abandonment Rate



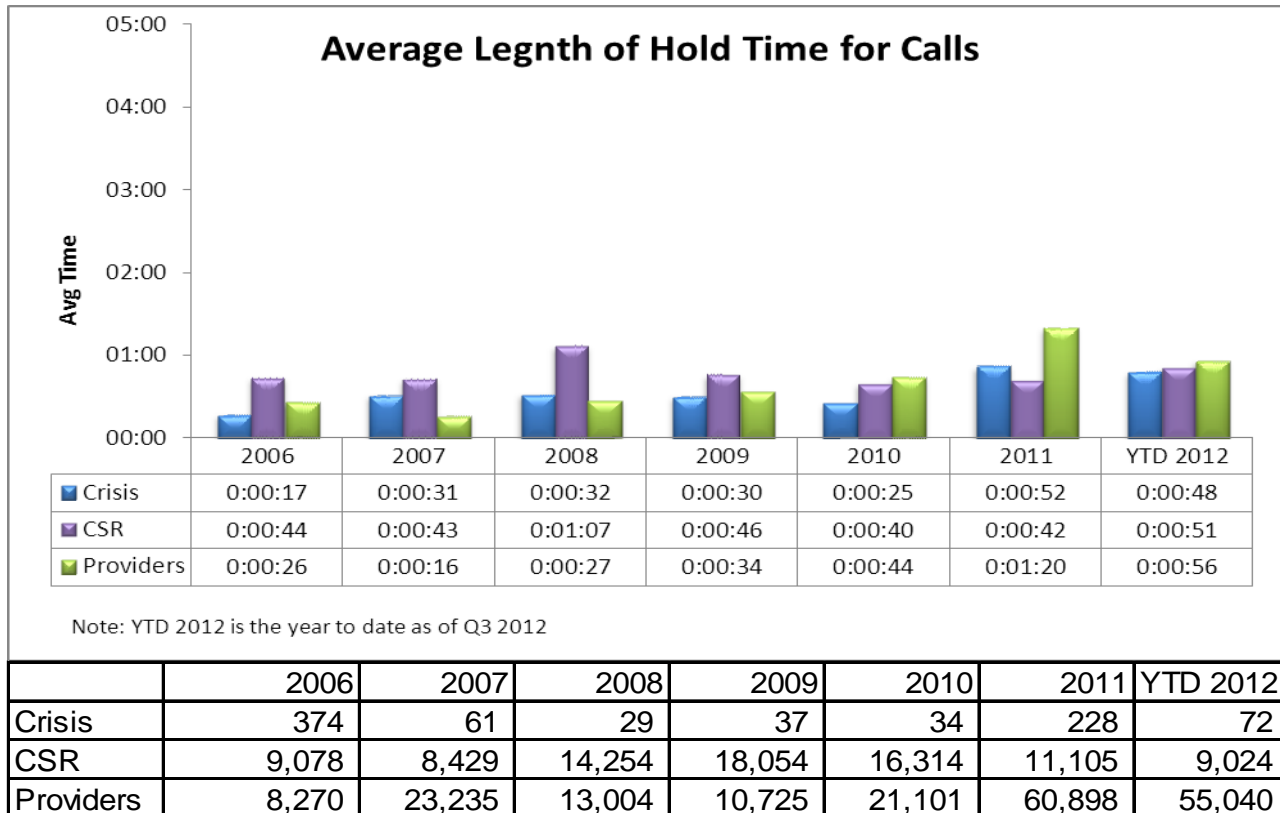
- Performance Standard = Less than or equal to 5% of calls abandoned

Calls Answered within 30 Seconds



- Performance Standard = great than or equal to 90% of calls must be answered within 30 seconds

Average Length of Hold Time



- Performance Standard = 5 minutes for provider calls, 3 minutes for member calls, 1 minute for crisis calls

Standard measured during Customer Service contact; wait time within clinical queues is not counted against this measure

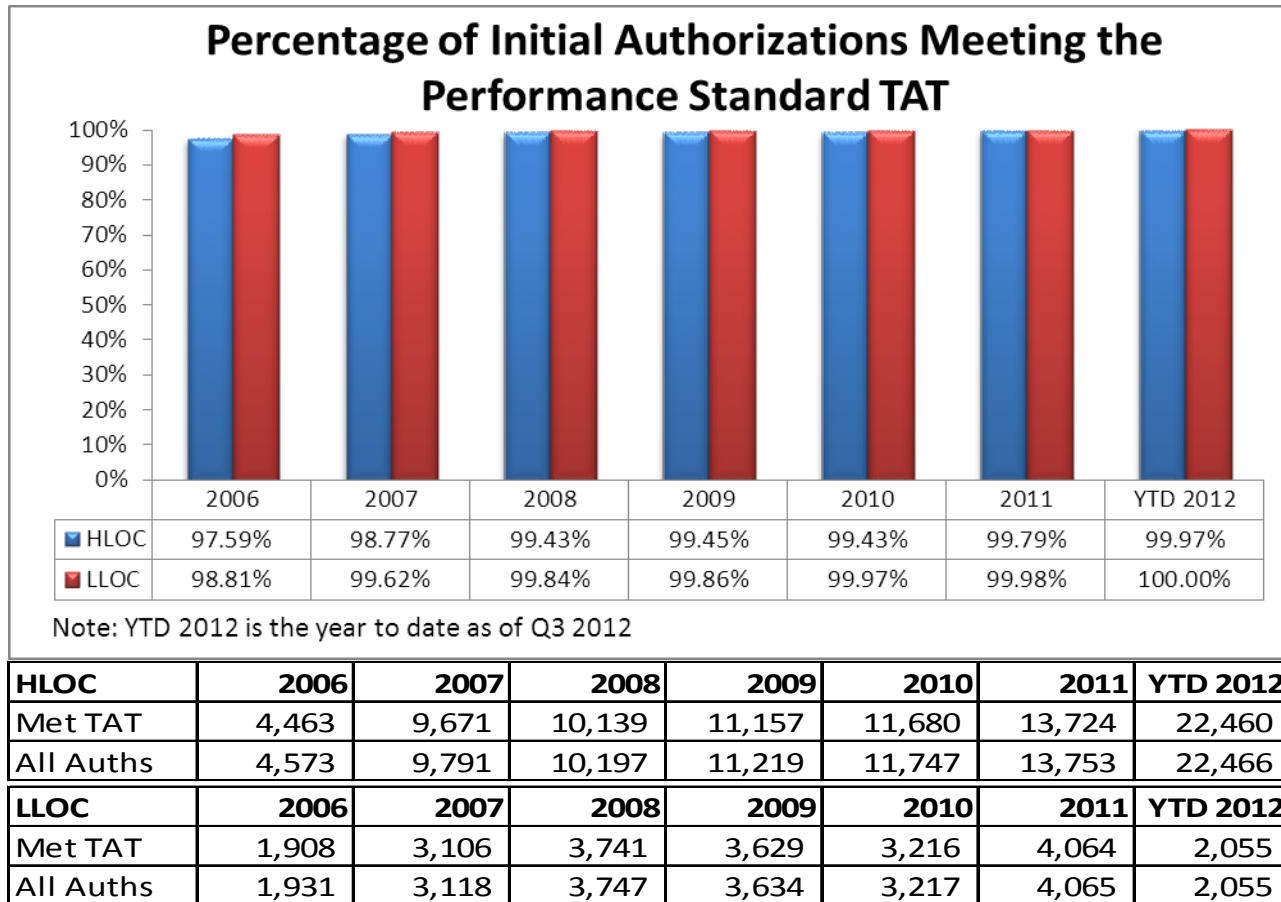
Utilization Management

- Timeliness for Initial Reviews
 - Higher level of care
 - Lower level of care
- Timeliness for Concurrent Reviews
 - Higher level of care
 - Lower level of care
- Timeliness of UM Decision Written Letter Notification
- Timeliness of Sending Notices of Action and Denial Letters

Timeframe Standards for Initial Reviews

Initial Reviews	Timeframe Standards	
Higher Level of Care (HLOC)	Without Peer Review	With Peer Review
Inpatient Psychiatric and General Hospital	Communication w/in 60 min	Communication w/in 120 min
Inpatient and Residential Detox	Communication w/in 60 min	Communication w/in 180 min
Partial Hospital Programs, Intermediate Duration Acute Psychiatric Care, Psychiatric Residential Treatment	Communication w/in 60 min	Communication w/in 1 business day
Lower Level of Care (LLOC)		
All other levels of care	Communication w/in 1 business day	Communication w/in 1 business day

Timeliness for Initial Reviews

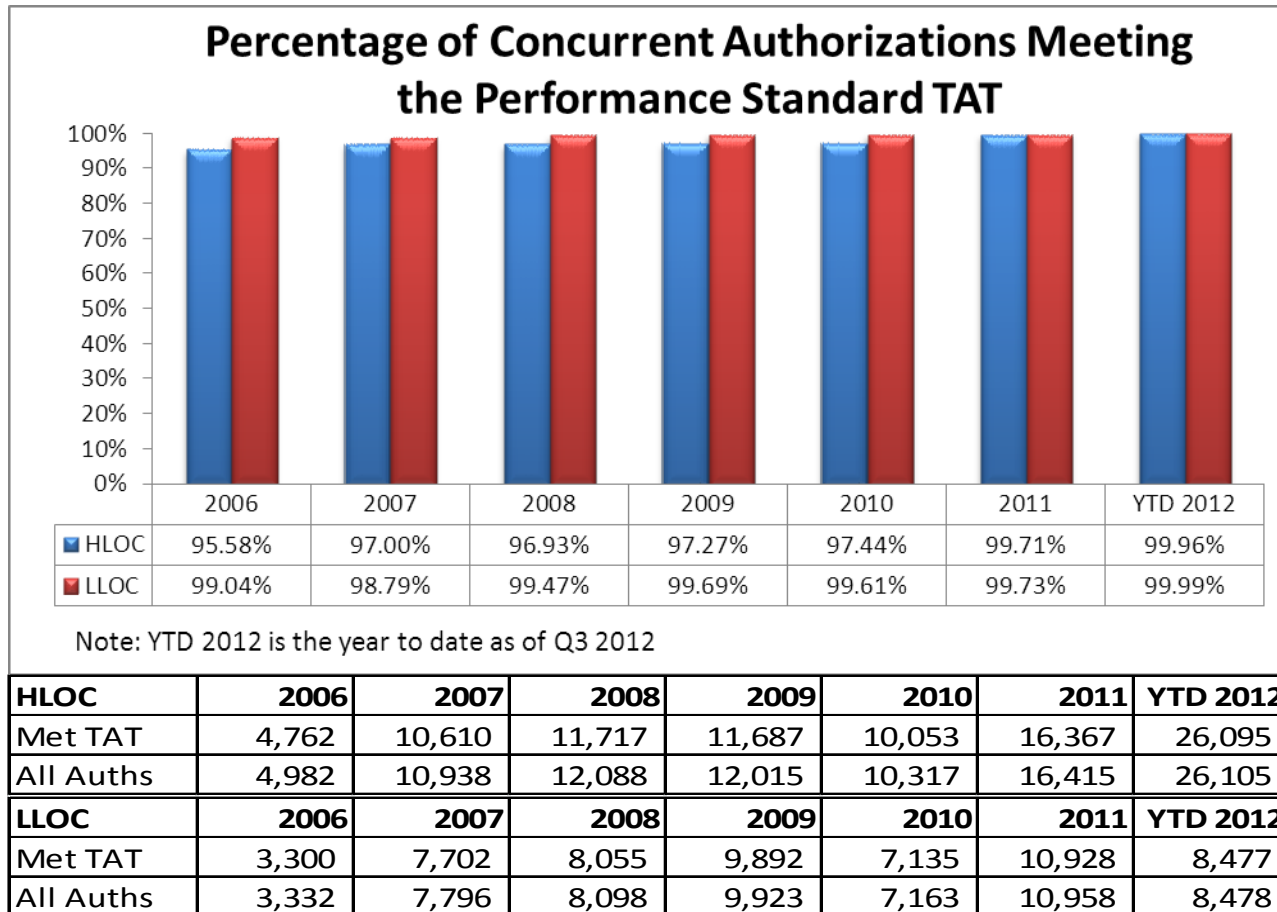


- Performance Standard = 95% of decisions must be communicated with providers within designated timeframe

Timeframe Standards for Concurrent Reviews

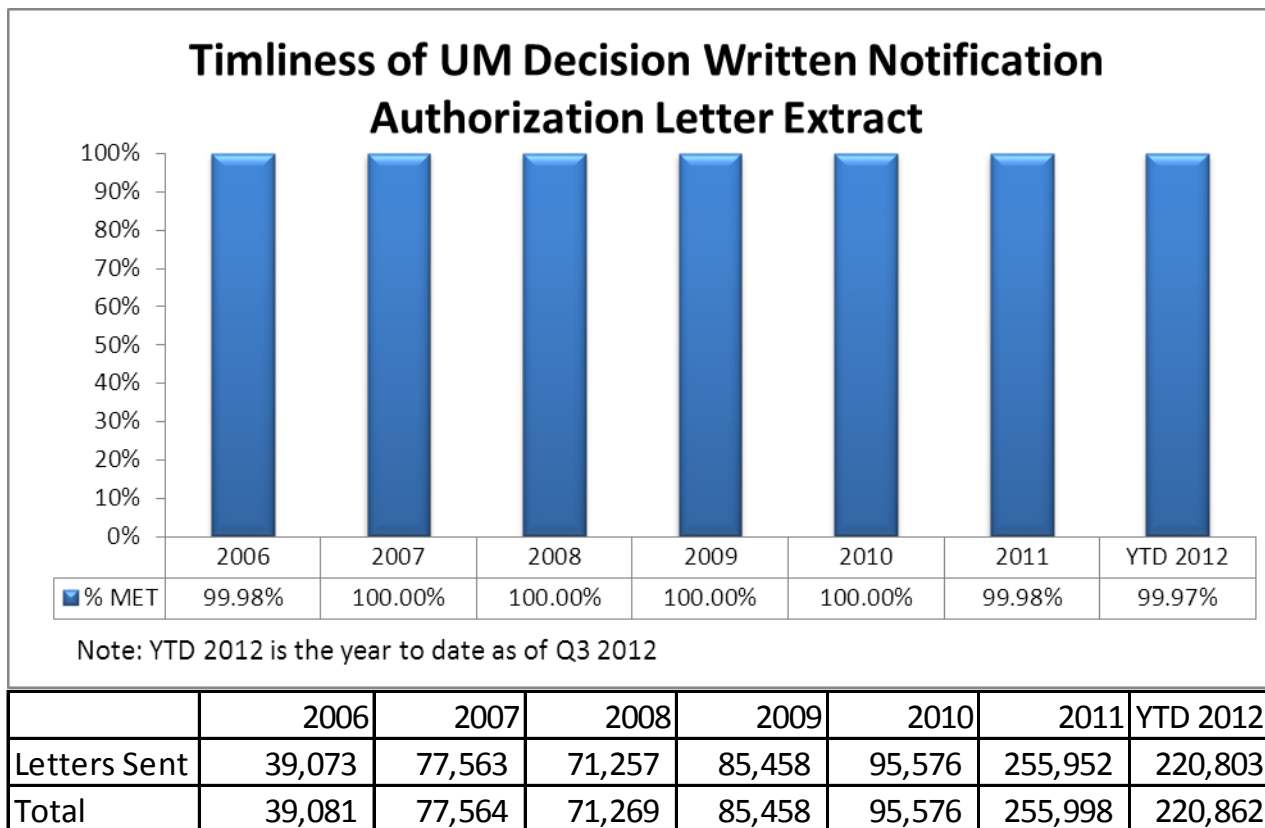
Concurrent Reviews	Timeframe Standards	
Higher Level of Care (HLOC)	Without Peer Review	With Peer Review
Inpatient Psychiatric and General Hospital	Communication w/in 60 min	Communication w/in 120 min
Inpatient and Residential Detox	Communication w/in 60 min	Communication w/in 180 min
Partial Hospital Programs, Intermediate Duration Acute Psychiatric Care, Psychiatric Residential Treatment	Communication w/in 60 min	Communication w/in 1 business day
Lower Level of Care (LLOC)		
All other levels of care	Communication w/in 2 business days	Communication w/in 2 business days

Timeliness for Concurrent Reviews



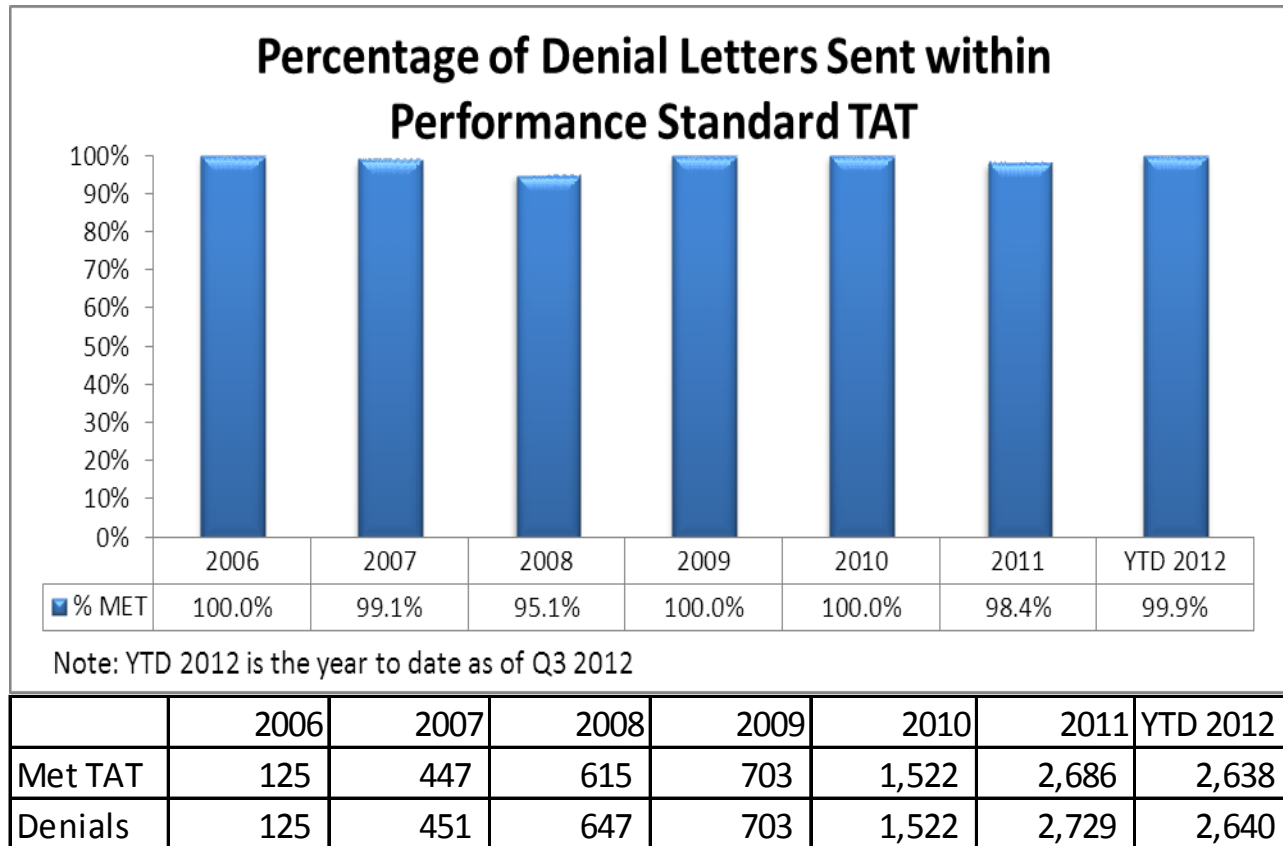
- Performance Standard = 95% of decisions must be communicated with providers within designated timeframe

Timeliness of UM Decision Written Letter Notification



- Performance Standard = 98% of all authorization decisions result in a notification being included in the extract that within required timeframe
- Authorization letter is generated or authorization is viewable within 2 business days

Timeliness of Sending Notices of Action and Denial Letters

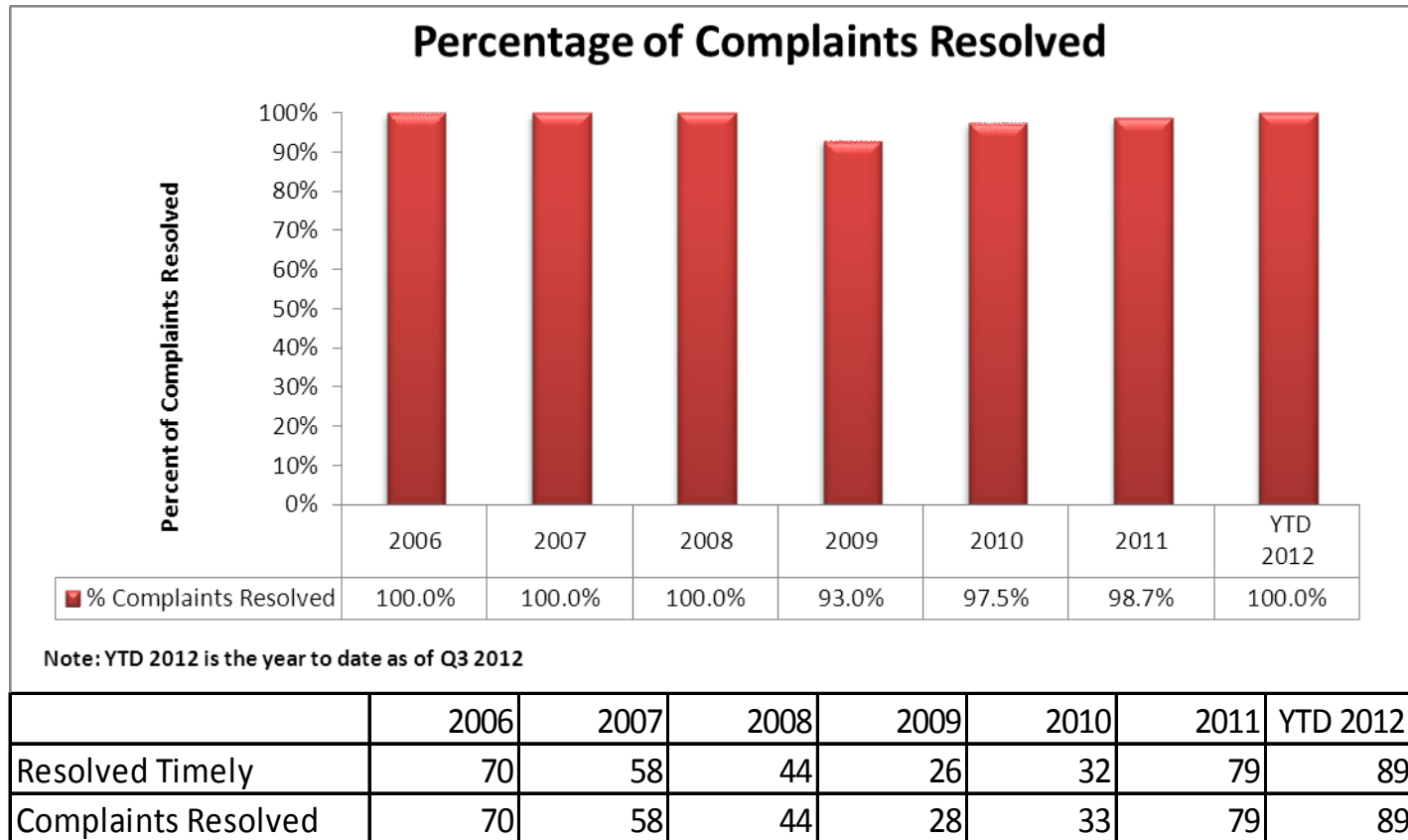


- Performance Standard = 98% of all Notices of Action and denial letters must be sent within three (3) business days

Quality Management

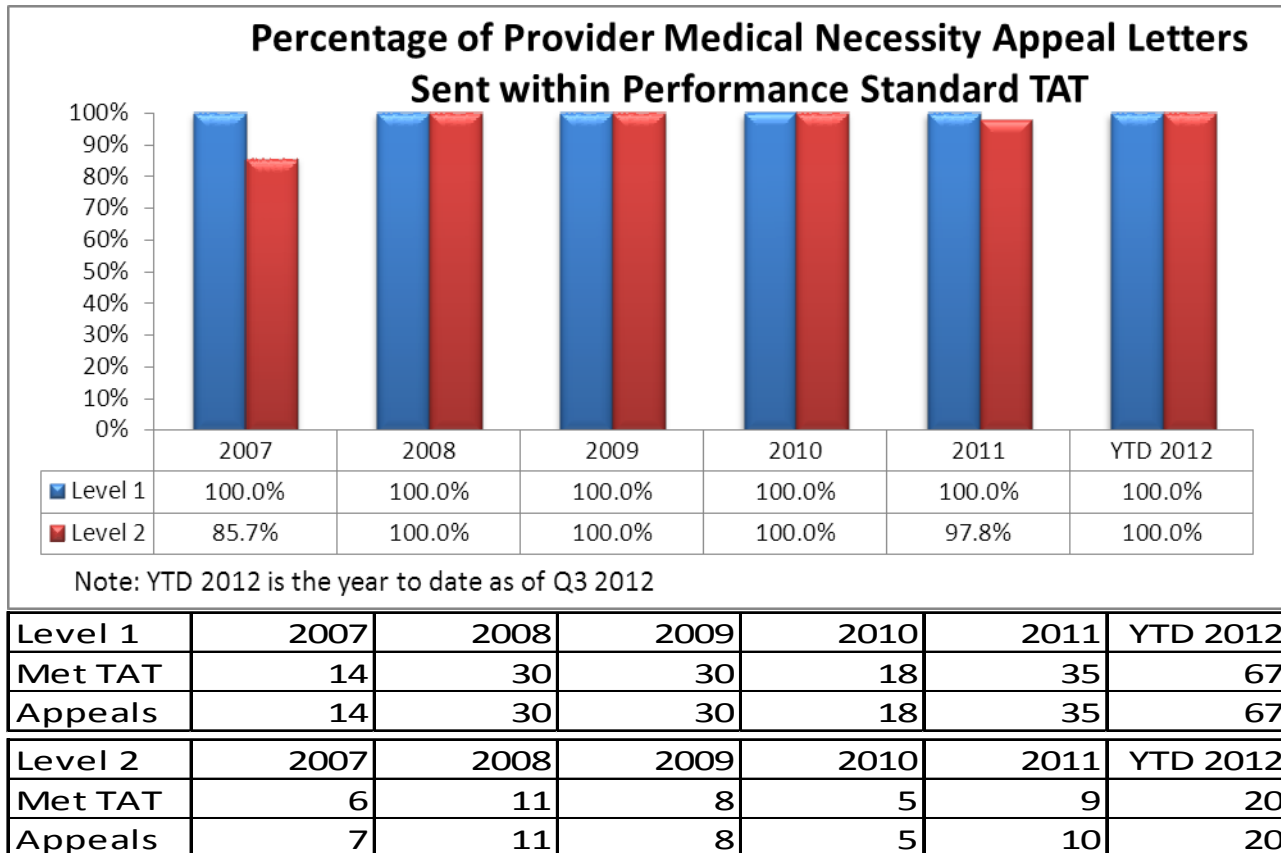
- Timeliness of Resolving Complaints
- Timeliness of Resolving Provider Appeal Requests
- Timeliness of Resolving Member Appeal Requests
- Timeliness of Resolving Administrative Appeal Requests

Timeliness of Resolving Complaints



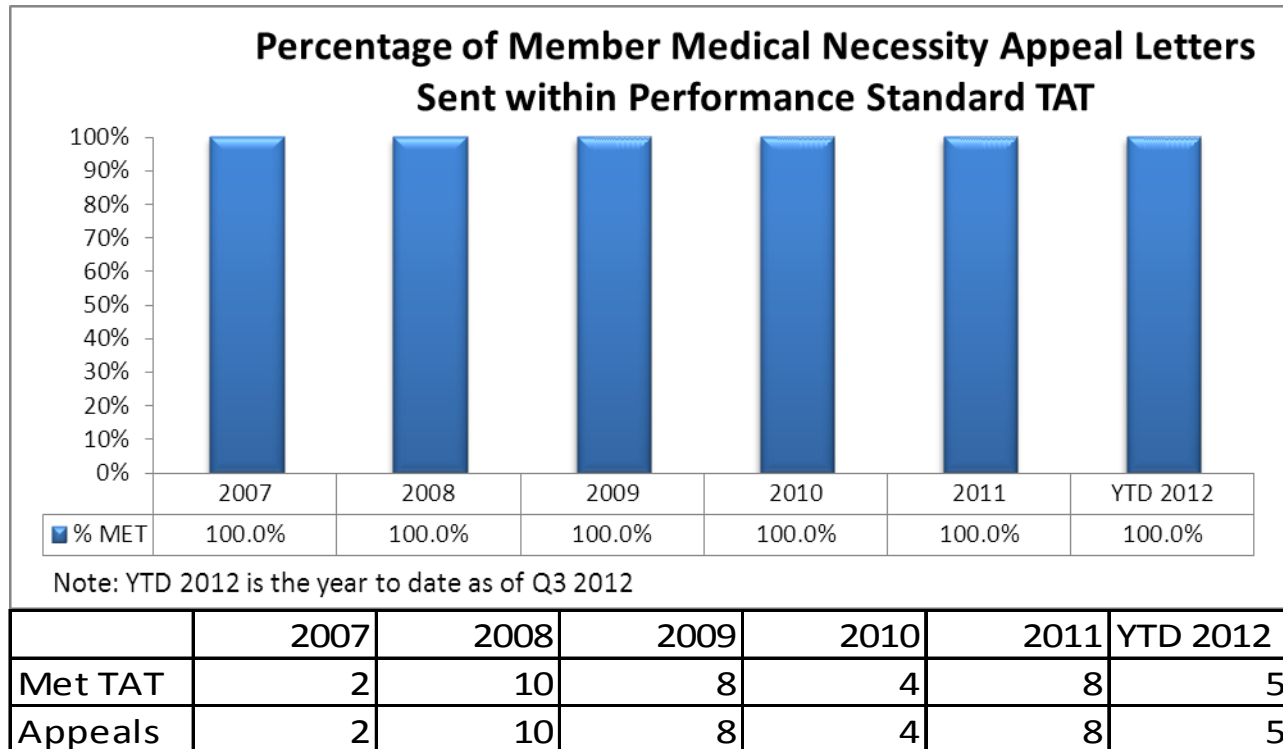
- Performance Standard – greater than or equal to 90% of all complaints must be resolved within 30 calendar days or 45 calendar days with an extension request granted

Timeliness of Resolving Provider Appeal Requests



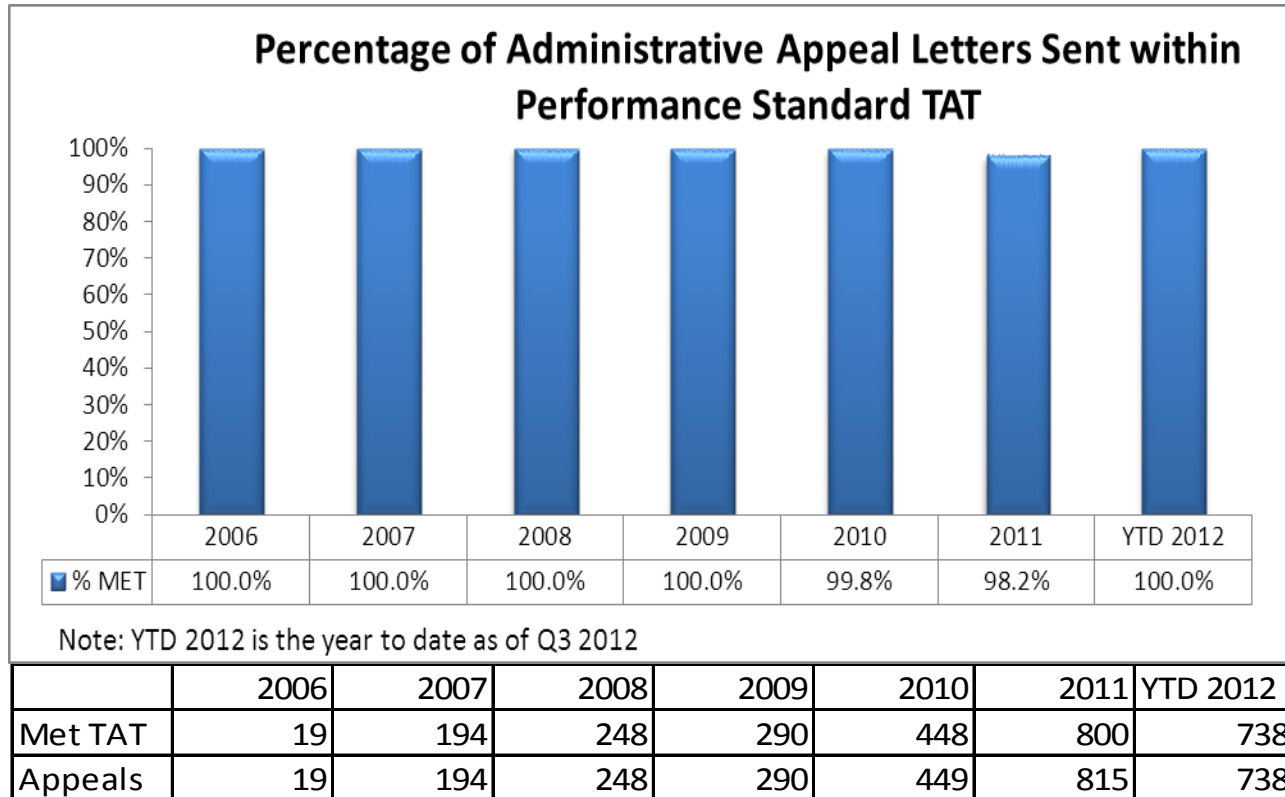
- Performance Standard = 90% of all provider appeals must be resolved timely. Level I Appeals within 1 business day and Level II Appeals within 5 business days.
- Although there were 10 medical necessity denials issued in 2006, there were no provider appeals during this timeframe.

Timeliness of Resolving Member Appeal Requests



- Performance Standard = 98% of member appeal requests must be resolved timely. Routine requests are resolved at the earliest point but no later than 30 calendar days and expedited no more than 3 business days.
- Although there were 10 medical necessity denials issued in 2006, there were no member appeals during this timeframe.

Timeliness of Resolving Administrative Appeal Requests



- Performance Standard = 98% of administrative appeal requests must be resolved within seven (7) business days.

Questions/Comments