



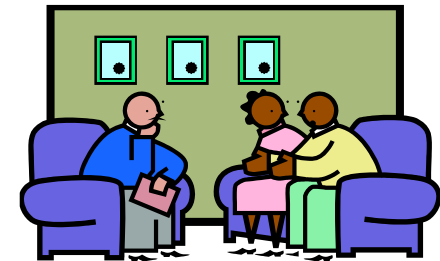
CT Behavioral Health Partnership Network Adequacy

January 14, 2015

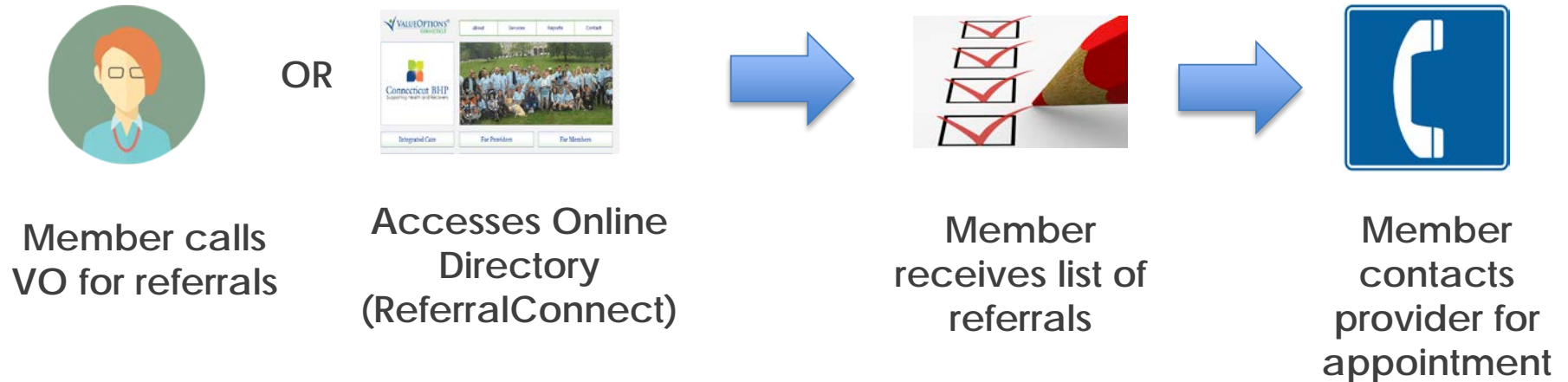


PRESENTATION OVERVIEW

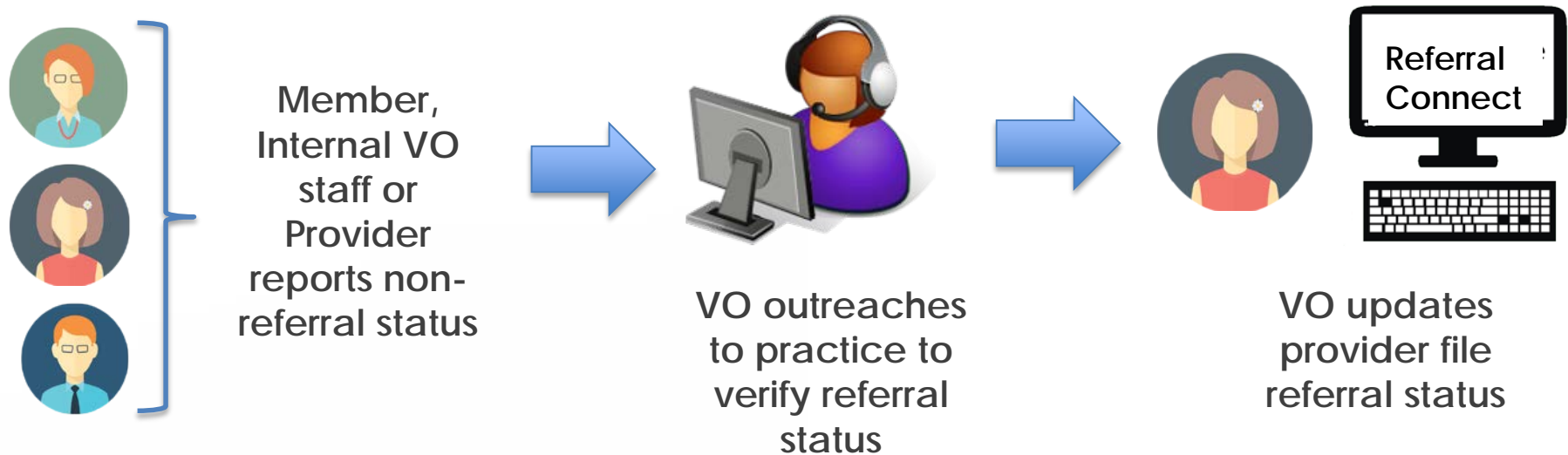
- Behavioral Health Services - Member Referrals
- CT BHP Provider Relations Department
- CMAP Network
 - Inpatient MH and SA
 - Intermediate (Partial Hospital and Intensive Outpatient)
 - Outpatient Services
- Provider Types and Specialties Accepting Referrals
- Behavioral Health Geo-Access
- Quality Improvement:
 - Enhanced Care Clinics
 - Impact of DSS policy shift on HUSKY C & D access
- Next Steps



Member Referrals



Provider Not Accepting Referrals?



ReferralConnect

[Send Feedback](#)[Log Out](#)

MemberConnect Is A ValueOptions® Web Site

MemberConnect

YOUR VALUEOPTIONS®
BENEFITS & RESOURCES**FIND A PROVIDER**Search our vast network of
programs and 50,000+ providersFIND INDIVIDUAL DOCTORS,
COUNSELORS, GROUPS & CLINICS

FIND HOSPITALS AND PROGRAMS

SEARCH TIPS

FAQ

Find A Provider

Find Individual Doctors, Counselors, Groups & Clinics

Member Information

To search for providers, you must enter your address information and search parameters below.

Street:

[Search Tips](#)

City:

State:

CT



Zip:

☐ Include Traveling Providers (ABA providers only)? [What's this?](#)

Display:

10



providers



Distance:

Any Distance



miles

Any Distance

2

5

10

25

50

100

Select the Distance

Provider Name And Information

Entering Provider Search
change the default valuesal. For the broadest possible search, do not
define or narrow your search results, then make

ReferralConnect

Provider Type:

ANY
Counselor, Masters Level
Psychologist, Doctoral Level
Psychologist, Masters Level
Psychiatrist & Medical Doctor
Prescribing Psychologists
Nurses w/Prescriptive Authority
OP Clinic/MH Center
Other

[What's this?](#)

Specialty:

ANY
Addictions, Non-chemical
Adjustment Disorders
Adolescent Behavior Disorders
Adolescent Therapy
Adoption
Affective Disorders
Alcohol/Chemical Dependency
Alzheimer/Geropsyc/Nrsg Home Consult
Ambulatory Detox - Freestanding - Adult

[What's this?](#)

Languages:

(English is the default)

English
Albanian
Arabic
Armenian
Assamese
Bangla
Bengali
Bosnian
Braille

[What's this?](#)


ReferralConnect


FIND INDIVIDUAL DOCTORS,
COUNSELORS, GROUPS & CLINICS

FIND HOSPITALS AND PROGRAMS

SEARCH TIPS

FAQ

 Printable Version

 Show on Map





Page 1/2 (200 Records)


















100



per page

NO	NAME	PROVIDER TYPE	ADDRESS/PHONE	ROUTE MILES	VSP
1	 CREATIVE COUNSELING ASSOCIATES LLC	Other	21 RHODES RD - LMFT ROCKY HILL, CT 06067-1856 (860)257-1865	 0	
2	 FEDERICK, EDWARD LMFT	Counselor, Masters Level	1800 SILAS DEANE HWY-LMFT STE 26 ROCKY HILL, CT 06067-1331 (860)402-2090	 0	
3	 MAHBOOB, ASLAM MD	Psychiatrist & Medical Doctor	546 CROMWELL AVE-MD STE 101 ROCKY HILL, CT 06067-1800 (860)871-5402	 0	
4	 MINDFUL ACTIONS, LLC	Other	1800 SILAS DEANE HWY-LMFT STE 26 ROCKY HILL, CT 06067-1331 (860)402-2090	 0	
5	 PATLUKH, ASHA LMFT	Counselor, Masters Level	21 RHODES RD - LMFT ROCKY HILL, CT 06067-1856 (860)257-1865	 0	
6	 AMENTA, JEANNE LCSW	Counselor, Masters Level	2257 SILAS DEANE HWY STE 4 ROCKY HILL, CT 06067-2328 (860)571-8831	 0.56	
7	 CHUNIS, SHELIA LPC	Counselor, Masters Level	2257 SILAS DEANE HWY ROCKY HILL, CT 06067-2328 (860)833-7473	 0.56	
8	 FARROW, MOSES LMFT	Counselor, Masters Level	2139 SILAS DEANE HWY STE 201 ROCKY HILL, CT 06067-2339	 0.64	



Connecticut BHP



Provider Relations – Network Operations

Provider Relations/Network Operations Objectives:

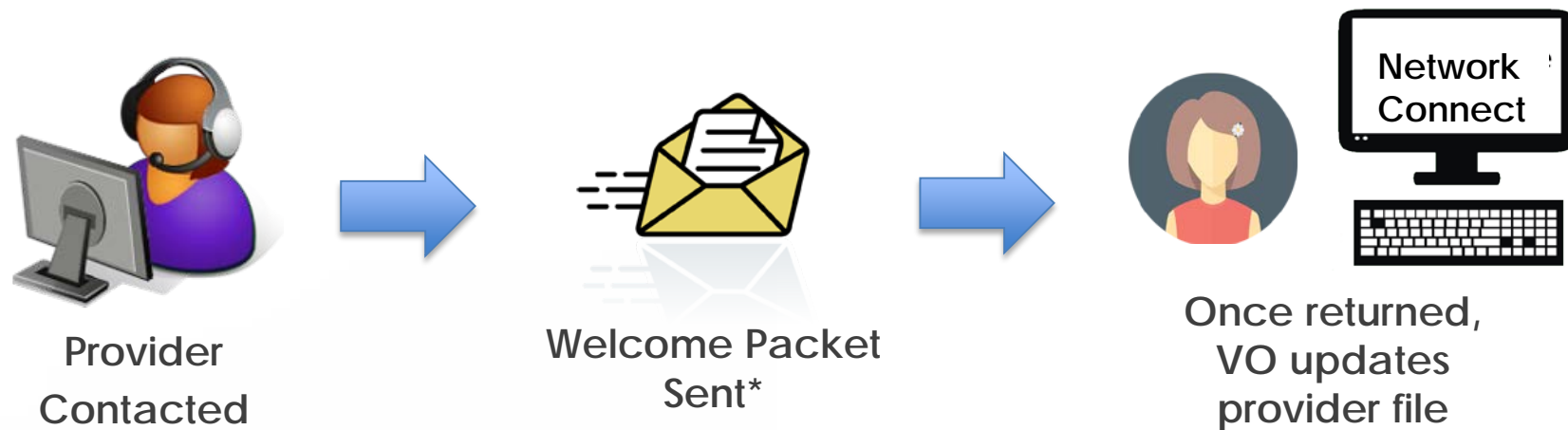


We educate and empower the provider community to help them provide quality care to our members.

Managing the CMAP Network



Then...

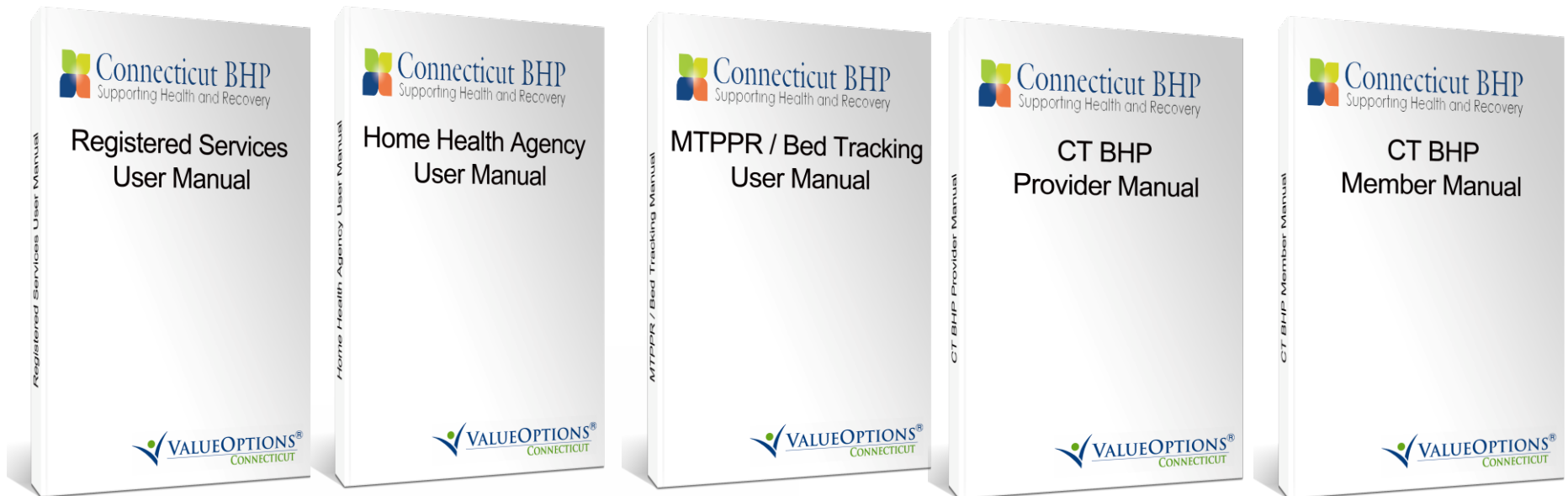


* Account Request Form, Provider Data Verification Forms and CMAP Participation Made Simple

Educating the Network

NetOps and PR provide a variety of resources to help educate and inform providers

User Manuals

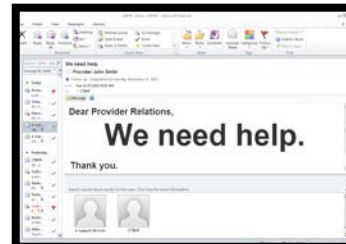


Educating the Network

Training videos and webinars



Email and Phone Consultations




In house trainings and site visits



Educating the Network

Provider Alerts and Newsletters



Supporting Health and Recovery

PROVIDER ALERT

Alert#: PA-2012-08
Issued: August 27, 2012
To: Congregate Care Providers
Subject: CT BHP Residential Care Team Transition Information

Dear CT BHP Congregate Care Provider,


As of August 1, 2012, the roles and responsibilities of the CT BHP Residential Care Team (RCT) have changed. CT BHP RCT clinicians have transitioned away from managing individual caseloads and will be moving toward a more macro level involvement with facilities. Due to these changes, RCT clinicians will not be able to offer all of the services that they have previously provided. The Frequently Asked Questions are outlined below to help make this transition as easy as possible.

When will inpatient admissions need to be reported?
Inpatient admissions will need to be reported to the CT BHP within 1 business day of the member entering care.

How will inpatient precertification and One-to-One authorizations be requested?
Inpatient admissions and One-to-One authorization requests will continue to be initiated by calling the CT BHP at 1-877-552-8247 and following the phone prompts indicating that you are completing an inpatient precertification or a One-to-One authorization request. The Customer Service Representative will need to verify your facility name by your TIN or NPI number. Please be specific about the member information and the exact date of admission.

How will Monthly Treatment Planning Progress Reports (MTPPRs) be handled?
MTPPRs must be submitted by their due date or they will be considered late and an administrative denial will be issued. In situations where a staff member is on vacation or out sick, the supervisor or another authorized user can submit an MTPPR in their absence. This process is completed by beginning the MTPPR, documenting another user's ID in the authorized user box, and then saving it as a draft. The supervisor then has the ability to access, view, edit and submit those saved drafts. The authorized user box can be found on the first page of the MTPPR (Level of Care tab). Please do not forget to save the MTPPR to your computer and print them before submitting. You will also have to print out discharges prior to submission. If you were unable to print the MTPPR prior to submitting it, please contact DCF for a copy.

Page 1 of 2



Supporting Health and Recovery

PROVIDER NOTICE

Alert#: PN-2012-07
Issued: June 22, 2012
To: CT BHP Providers
Subject: CT BHP ProviderConnect Release and Reminder: Saved Drafts & Browser Back Button

Dear Provider,

This Alert is being sent to all providers and ProviderConnect system users as advanced notification of a scheduled software release for June 30, 2012. While this release is an internal upgrade and will not affect existing authorizations, any registration in "saved draft" form in the ProviderConnect application must be completed or submitted by June 29th, 2012 or it will not be accessible after the release. Information in a saved draft will need to be re-entered if not submitted by June 29th, 2012.

The system will be available throughout the weekend and registration requests can continue to be entered in the system. However, any request in saved draft form will be deleted if it remains in a saved draft status during the upgrade between June 29th and June 30th, 2012.

Please note: As a reminder, the Internet browser back button should never be utilized in the ProviderConnect Application while completing a registration request. Using the Internet browser back button may close the application and data entered into the registration will not be accessible. Users should always utilize the back button or the tabs within a registration to move from page to page. This would include all browser types (i.e. Internet Explorer, Chrome, Safari, Firefox, etc.)

We thank you for your participation. If you have any questions, please feel free to contact the Provider Relations Department at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership

Page 1 of 1



Supporting Health and Recovery

Partnership in Print
Volume VII, Issue II November, 2012



In this Issue:

- The CT BHP Partners with CCAR and NAMI on New Initiatives
- Provider Relations Launches Webinar Training Series
- Accessing ProviderConnect for Authorizations
- Provider Spotlight - New England Home Care, Inc.
- CCAR Recovery Walk
- Bulletin Board

Protecting Member PHI in Your Emails

The work of the CT BHP and our provider community is extremely important. We all partner to support people who need our help. Throughout this process we get to know a lot about our members and their personal information. Protected Health Information (PHI) includes private details about our members' identifying contact information, the types of services they may receive and how they pay for those services. The Health Insurance Portability and Accountability Act (HIPAA) requires that the CT BHP and all providers safeguard their members' PHI. When sending emails that contain PHI, it is necessary that your email is encrypted properly. The following describes how you can send an encrypted email to the CT BHP even if you don't have an encrypted email account.

Start by sending an email (which does NOT contain PHI) to ValueOptions. ValueOptions utilizes an email encryption system called iZselect. Your email should ask the staff member to send you an encrypted email. Open the encrypted message and click the "Open Message" button. On the next page, sign into your iZselect account or create a new account if this is your first time. Once you are logged into iZselect, reply to the email you were sent. When you send your email back to the CT BHP, the email will automatically be encrypted for you. ■

CT BHP Partners with CCAR and NAMI on New Initiatives

ValueOptions has entered into their second year of sub-contract agreements with two local non-profit agencies, the National Alliance on Mental Illness (NAMI) (www.namiconline.org) and the CT Community for Addiction Recovery (CCAR) (www.ccarr.org). Each organization will be expanding on their previous work and launching new initiatives that support recovery and wellness.

CCAR continues to offer trainings on addiction recovery to providers, Enhanced Care Clinics and community groups, while implementing two new programs. First, CCAR will be coordinating a YouTube Channel featuring a film series called "A Recovery Minute." These 1 minute videos will feature members describing their personal story of overcoming addiction and moving towards recovery. Keep an eye out for the videos on our YouTube channel at www.youtube.com/uses/AREcoveryMinute. Also, CCAR will be using Twitter to send out two daily affirmations to support and empower people in recovery. You can follow CCAR on Twitter at www.twitter.com/CCARaffirmation.

NAMI continues to expand their Family to Family program, which strives to lessen the burden of stigma/discrimination experienced by family members and provide tools and strategies to support a family member with mental illness. NAMI will also expand its reach to veterans through their Veterans Initiative. NAMI will be providing free 12-week educational courses to family members of veterans to help them care for themselves and their loved ones. The Veterans Initiative seeks to increase family and peer-run support groups throughout the state. ■

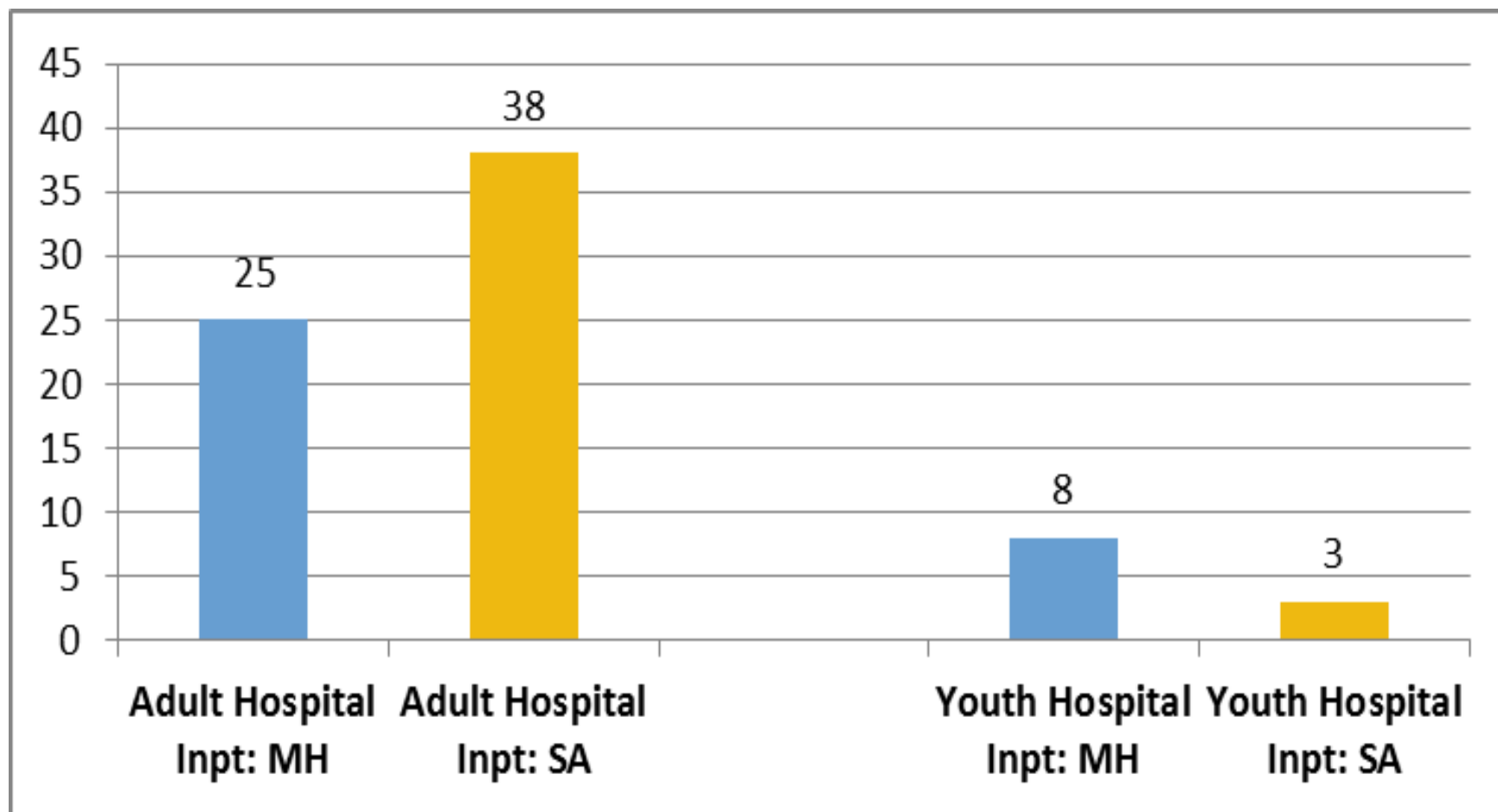
CT Behavioral Health Partnership | 500 Enterprise Dr. - Suite 4D | Rocky Hill, CT 06067
1-877-552-8247 | www.ctbhp.com

CMAP Network Components

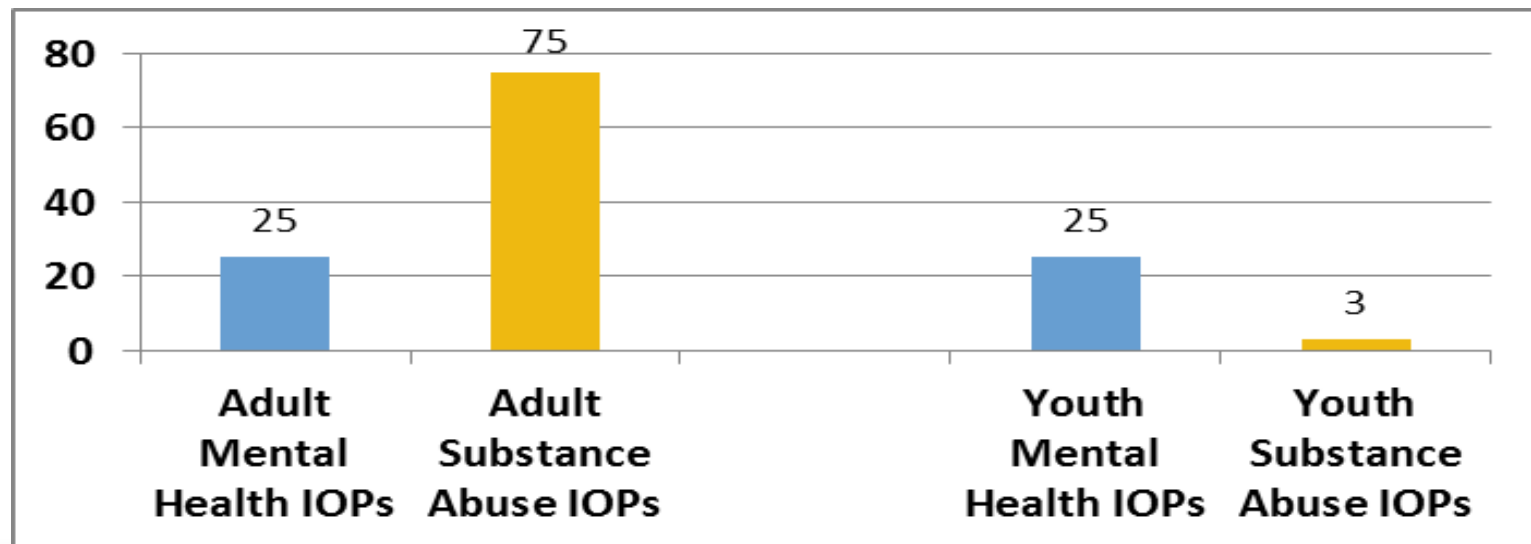
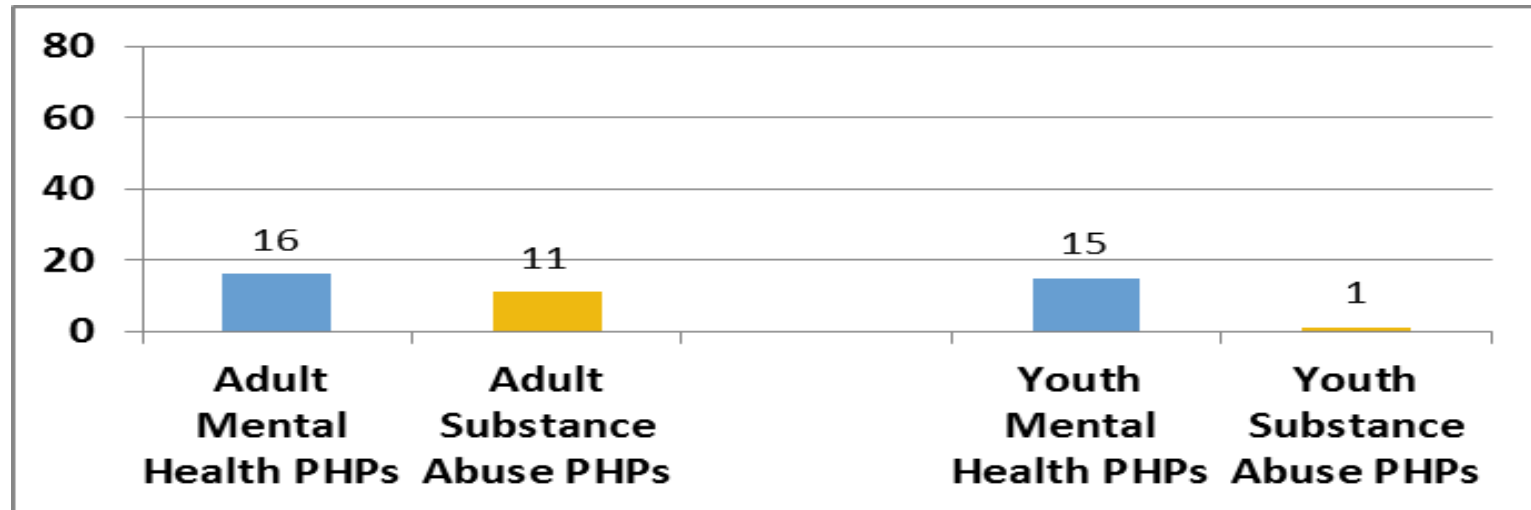
- Mental Health: MH
- Substance Abuse: SA
- Adults
 - Age: 18+
 - Eligibility Categories:
 - HUSKY A, HUSKY C, HUSKY D
 - Dual Subcategories included for Inpatient & Intermediate services
- Youth
 - Age: 0-17
 - Adolescents: 14-17 for SA treatment
 - Eligibility Categories:
 - HUSKY A, HUSKY B, HUSKY C



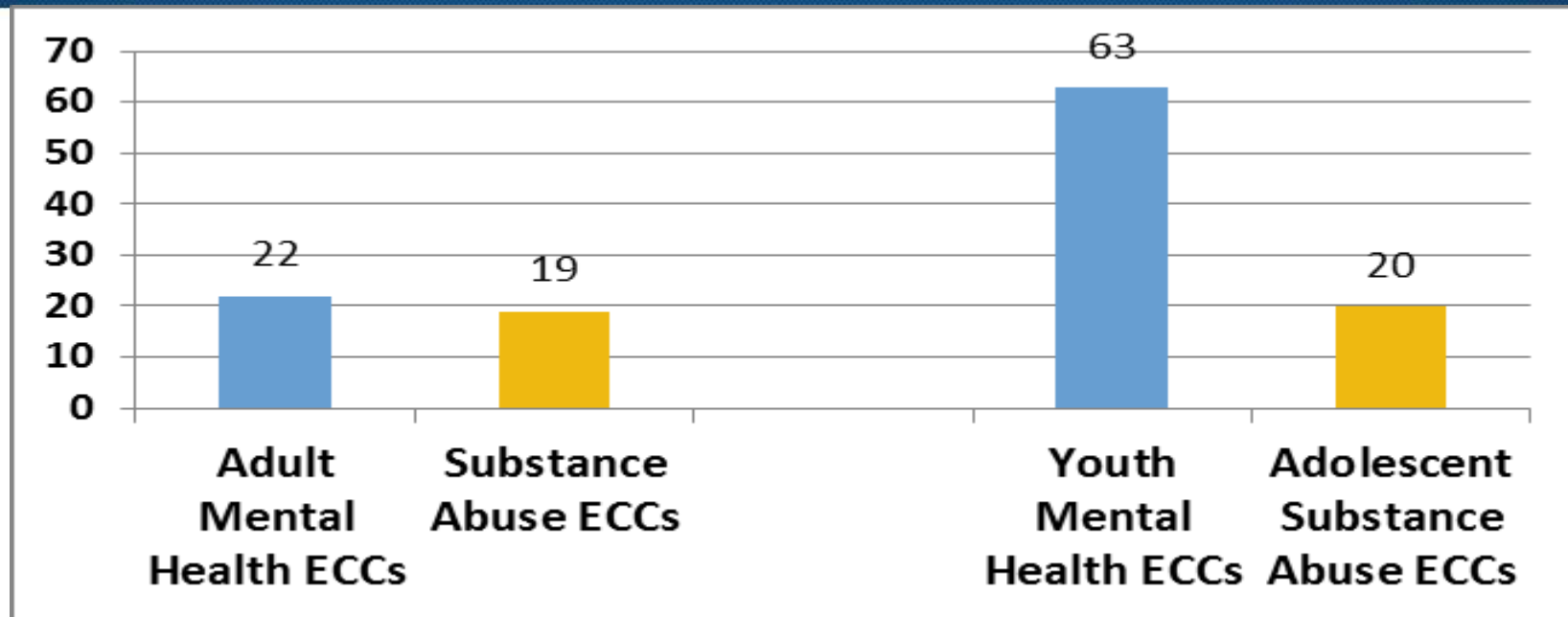
Network Counts: Inpatient Facilities



Intermediate Care: Partial Hospital Programs (PHP) and Intensive Outpatient (IOP); Locations

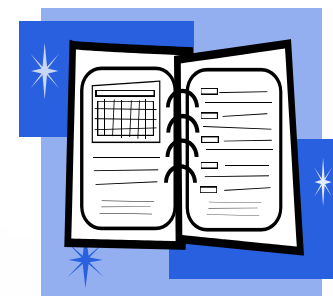


Outpatient Services: Enhanced Care Clinic (ECCs) Locations

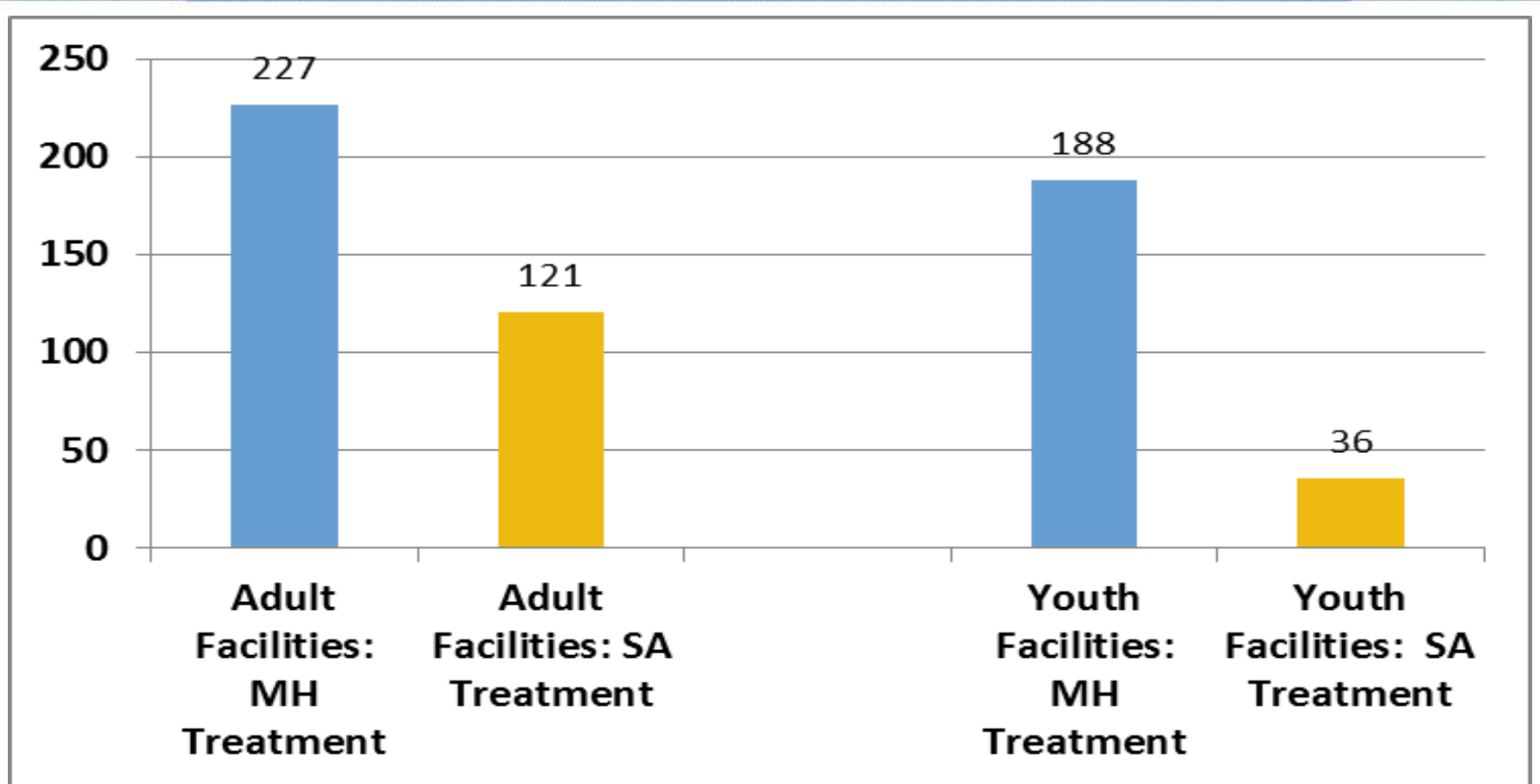


ECCs are reimbursed at a higher rate and held to higher standards

- Timely Access to emergent (2 hours), urgent (2 days) and routine (2 weeks) appointments
- Coordination of Care with Medical Providers
- Substance Use Evaluation and Treatment/Referral
- Mystery Shopper and Survey oversight



Outpatient Services: Facilities



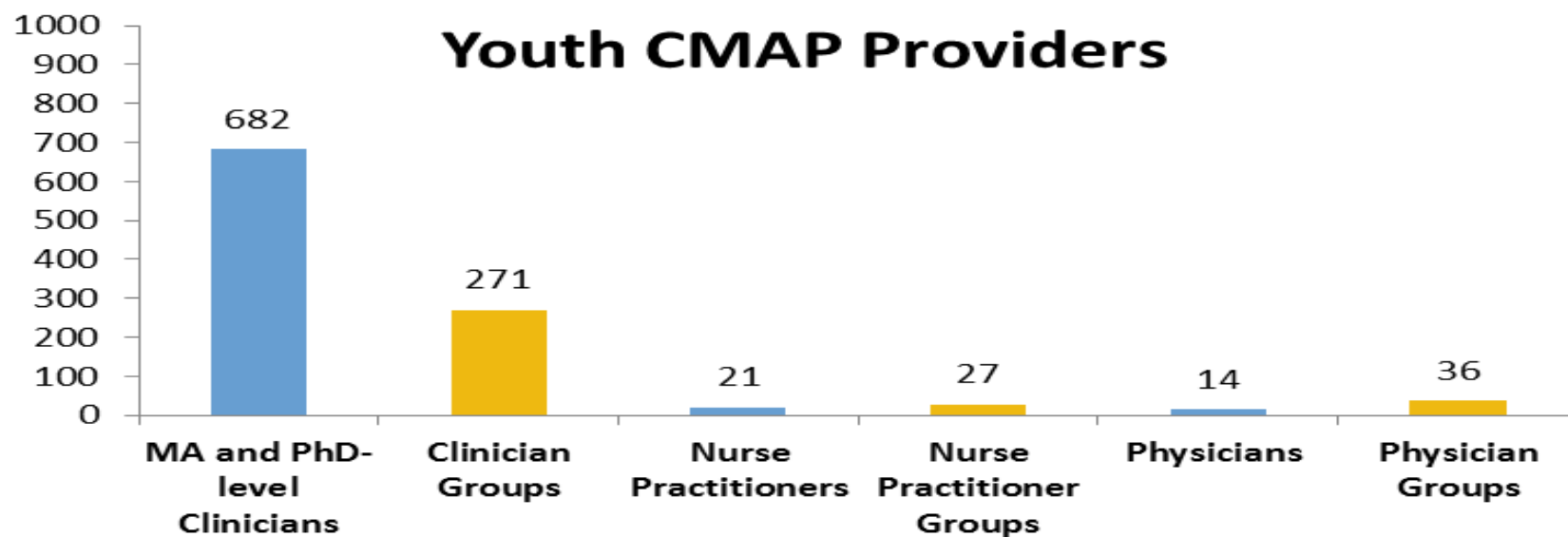
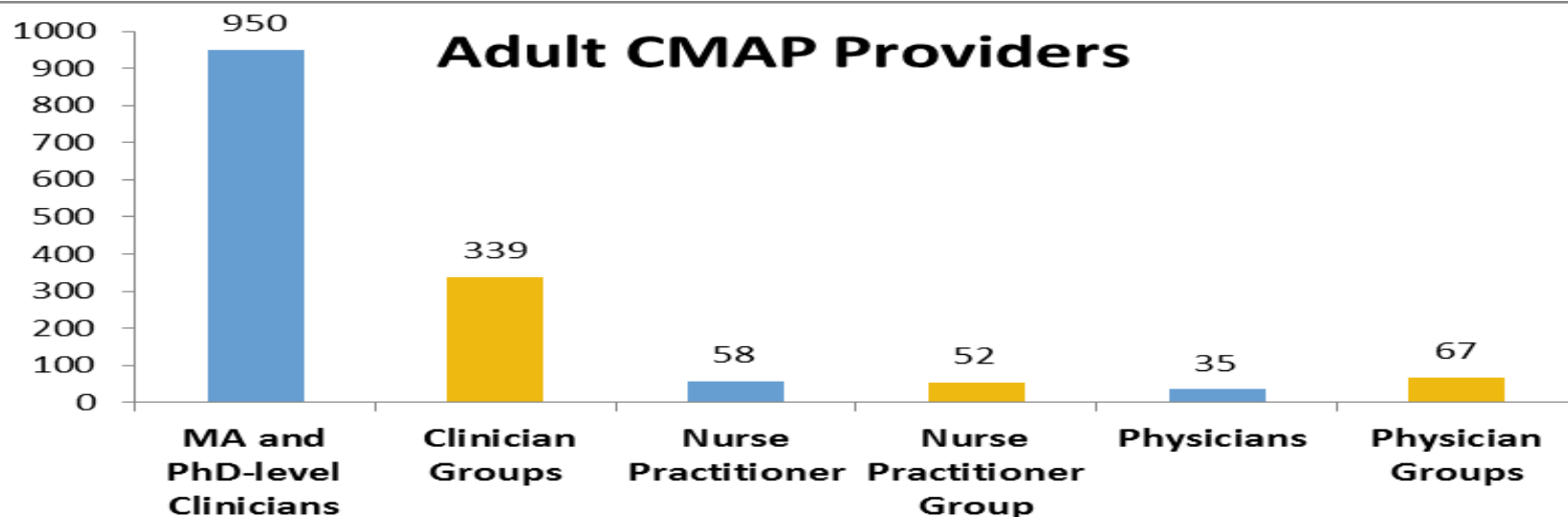
FQHCs

Mental Health Clinics

School Based Clinics

Hospital Outpatient MH Clinics

Counts: Individual Practitioners and Group Practices



Outpatient Facilities Accepting Referrals Adults

Adults	CMAP	Accepting Referrals	% Accepting Referrals
Facilities Providing MH Treatment	227	225	99%
FQHCs	40	40	100%
MH Clinics	123	121	98%
Rehabilitation Centers	6	6	100%
Hospital Outpatient Clinics	43	43	100%
State Institution Outpatient Clinics	11	11	100%
Facilities Providing SA Treatment	121	121	100%
FQHC	18	18	100%
MH Clinics	78	78	100%
Rehabilitation Centers	1	1	100%
Hospital Outpatient Clinics	17	17	100%
State Institution Outpatient Clinics	5	5	100%



Facilities include:
FQHCs, MH Clinics,
Rehab Centers,
Hospital Outpatient
Clinics & State
Outpatient Clinics

Outpatient Facilities Accepting Referrals Youth

Youth	CMAP	Accepting Referrals	% Accepting Referrals
Facilities Providing MH Treatment	188	187	99.47%
FQHCs	53	53	100.00%
Medical Clinic	36	36	100.00%
MH Clinics	75	75	100.00%
Rehabilitation Centers	3	3	100.00%
Hospital Outpatient Clinics	20	19	95.00%
Facilities Providing SA Treatment	36	36	100%
FQHCs	9	9	100%
Medical Clinic	1	1	100%
MH Clinics	24	24	100%
Hospital Outpatient Clinics	2	2	100%



Outpatient Practitioners & Groups Accepting Referrals

Adults	CMAP	Accepting Referrals	% Accepting Referrals
Total	1501	1389	92.54%
BH Clinician	950	920	96.84%
BH Clinician Group	339	326	96.17%
Nurse Practitioner	58	50	86.21%
Nurse Practitioner Group	52	37	71.15%
Physician	35	11	31.43%
Physician Group	67	45	67.16%

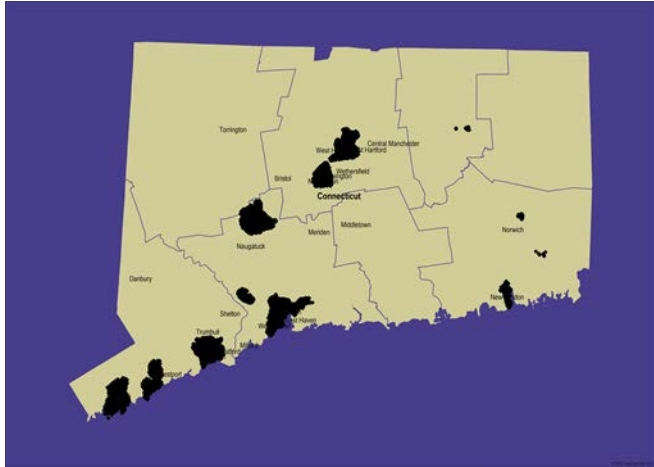
Youth	CMAP	Accepting Referrals	% Accepting Referrals
Total	1051	1004	95.53%
BH Clinician	682	661	96.92%
BH Clinician Group	271	266	98.15%
Nurse Practitioner	21	17	80.95%
Nurse Practitioner Group	27	25	92.59%
Physician	14	7	50.00%
Physician Group	36	28	77.78%

Geo-Access Methodology

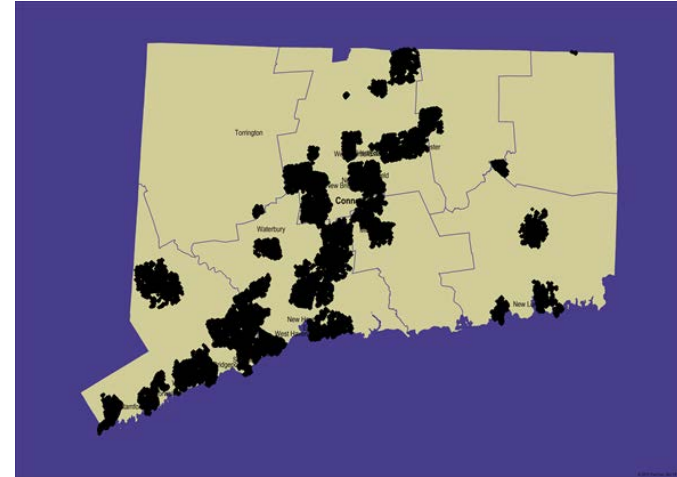
- Standards:
 - Urban: 1 Within 15 miles
 - 46.8% of Medicaid population
 - Suburban: 1 Within 25 miles
 - 39.7% of Medicaid population
 - Rural: 1 Within 45 miles
 - 13.5% of Medicaid population
- Eligibility Categories Included:
 - Adults and Youth:
 - All for Inpatient and Intermediate
 - Duals excluded for Outpatient Services
- Providers Included:
 - Accepting Referrals
 - Authorized for at least two members in previous year (Outpatient)



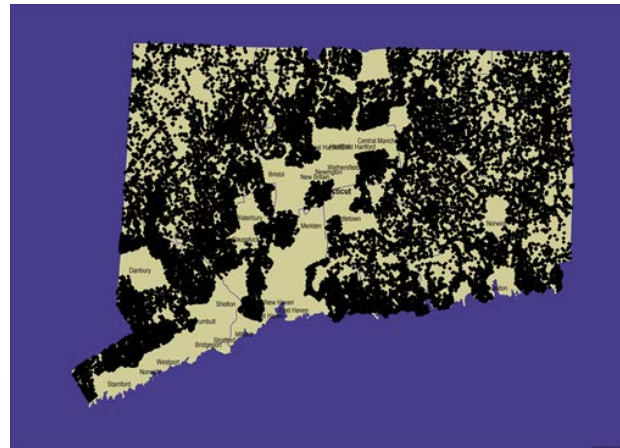
Regions in CT Considered to be Urban, Suburban and Rural



Urban Membership
 ≥ 3000 per sq. mile

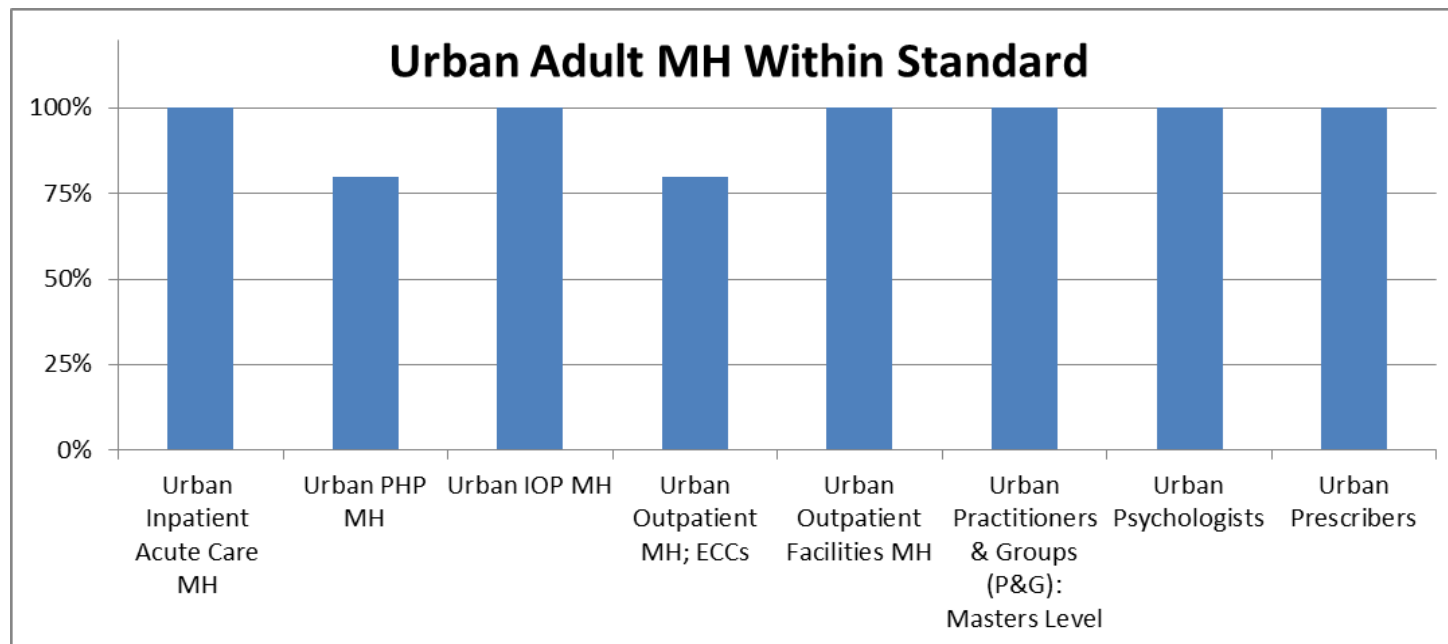
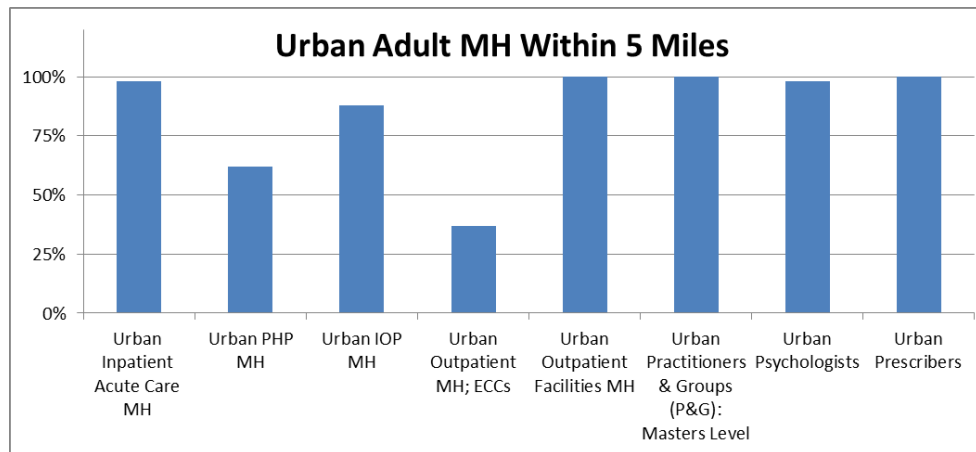


Suburban Membership
1000-3000 per sq. mile

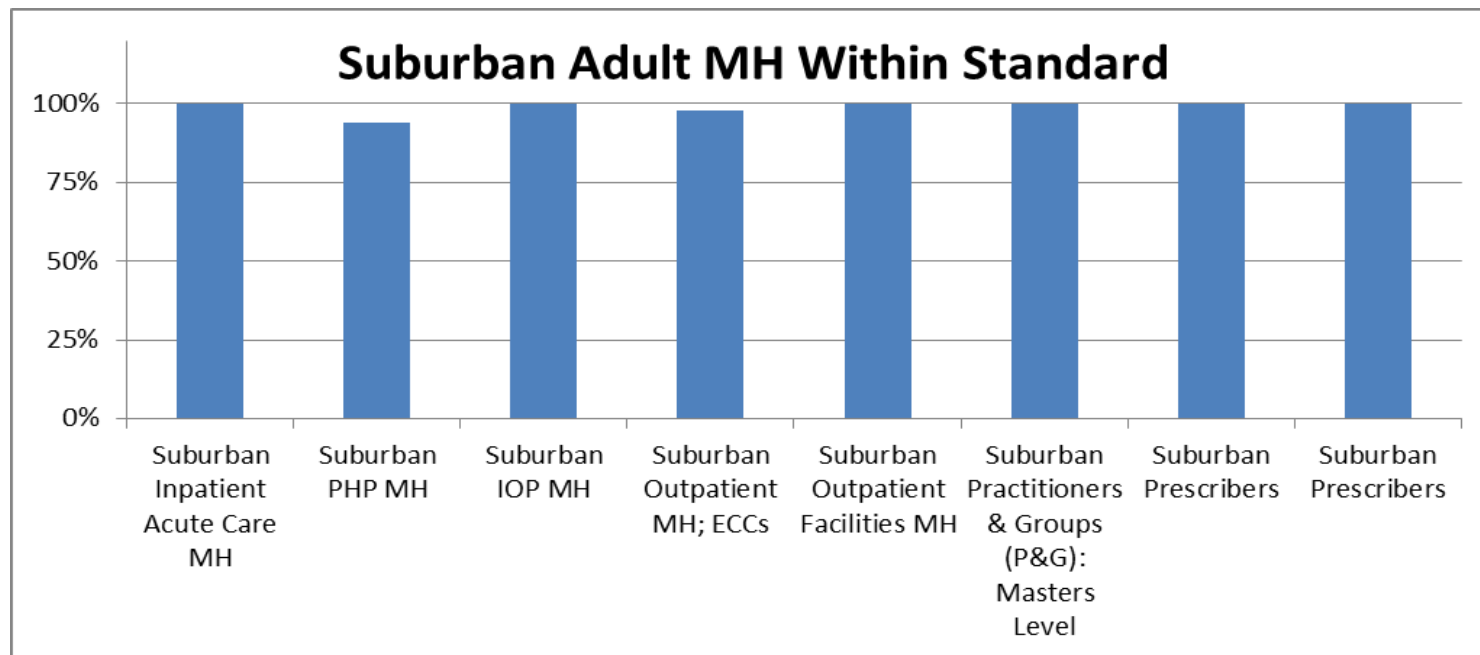
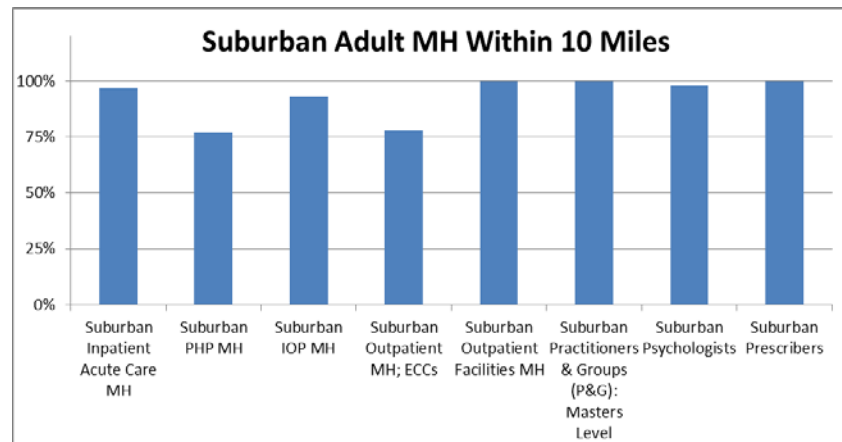


Rural Membership
<1000 per sq. mile

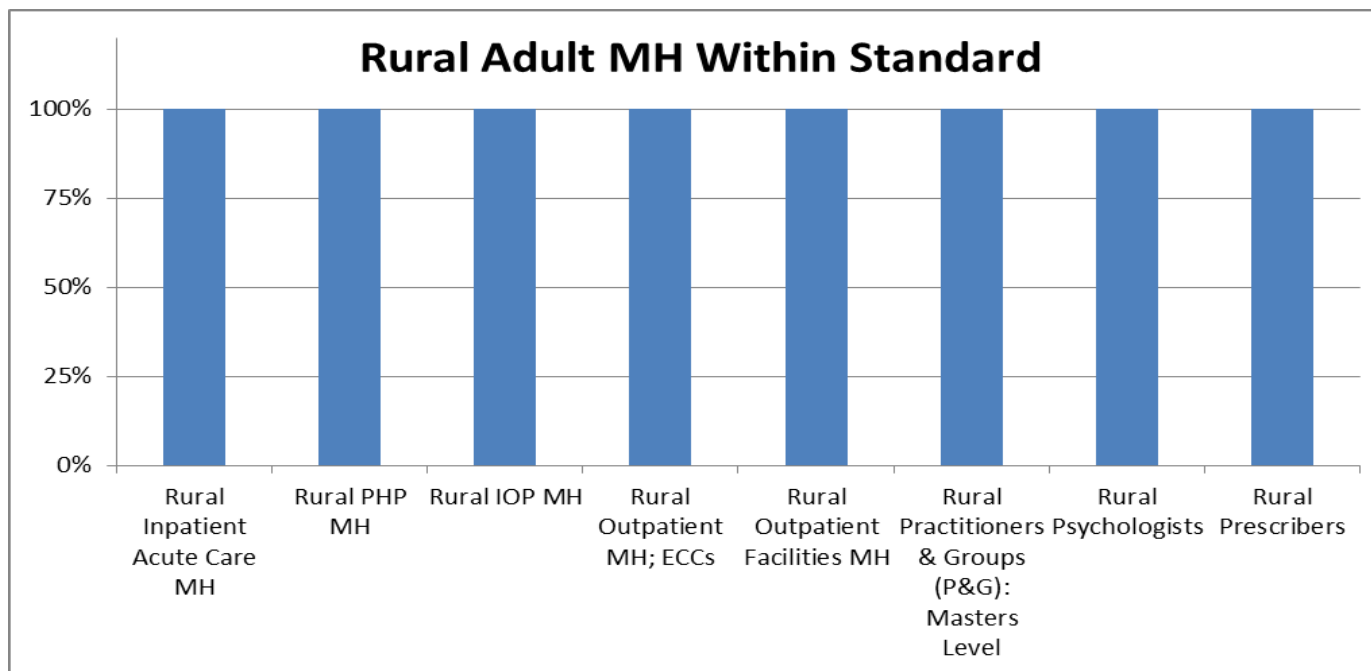
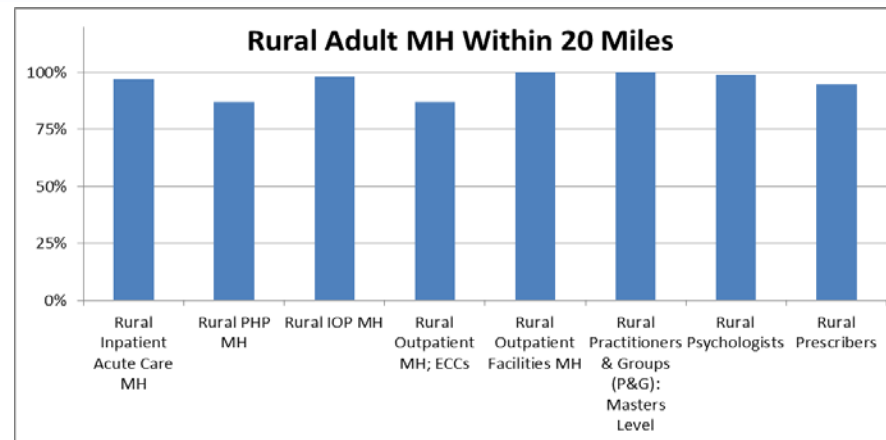
Geo-Access: Adult MH Urban



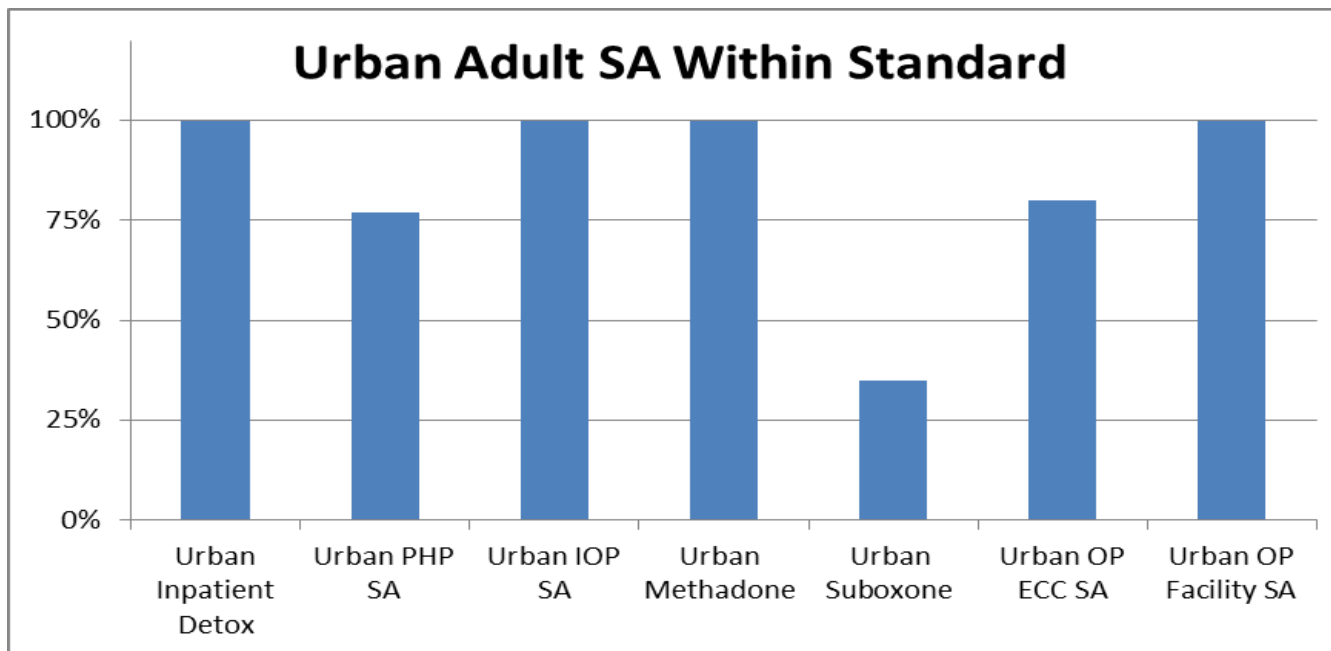
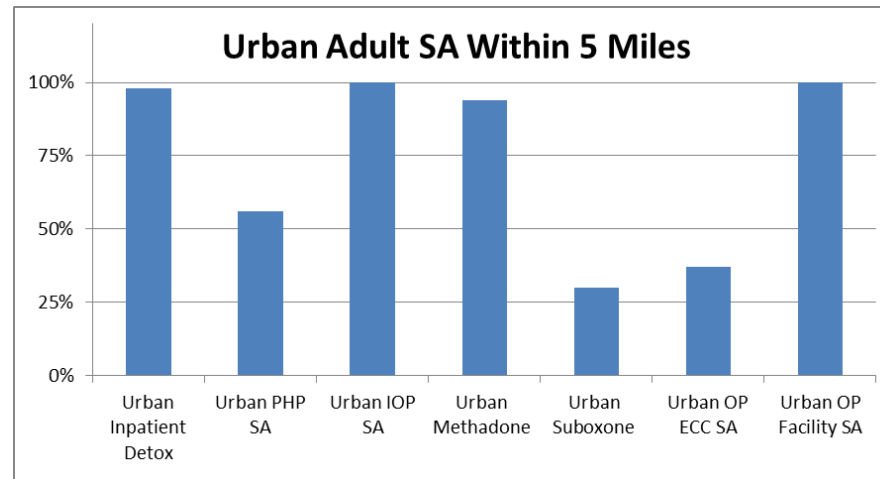
Geo-Access Adult MH Suburban



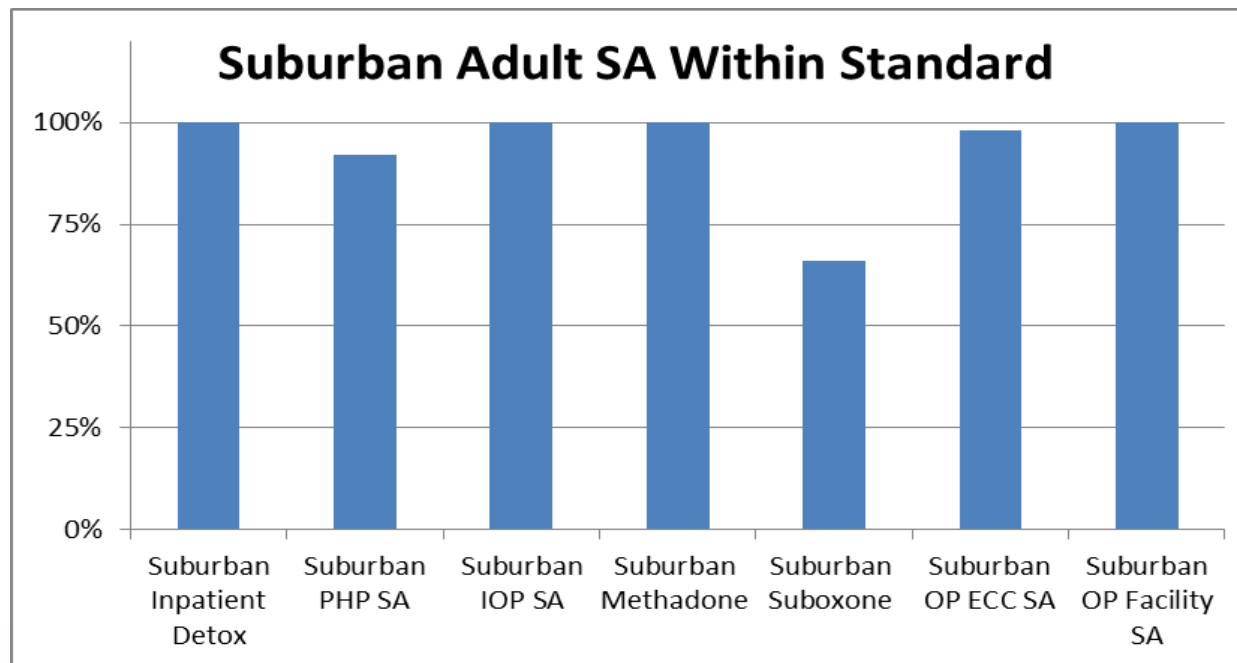
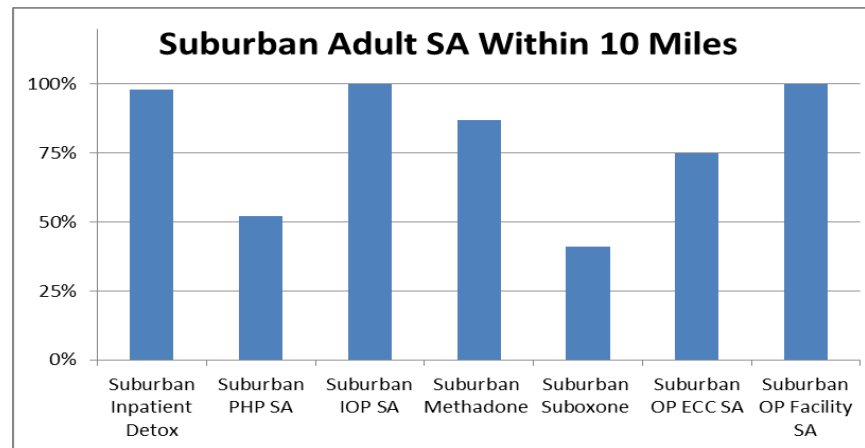
Geo-Access: Adult MH Rural



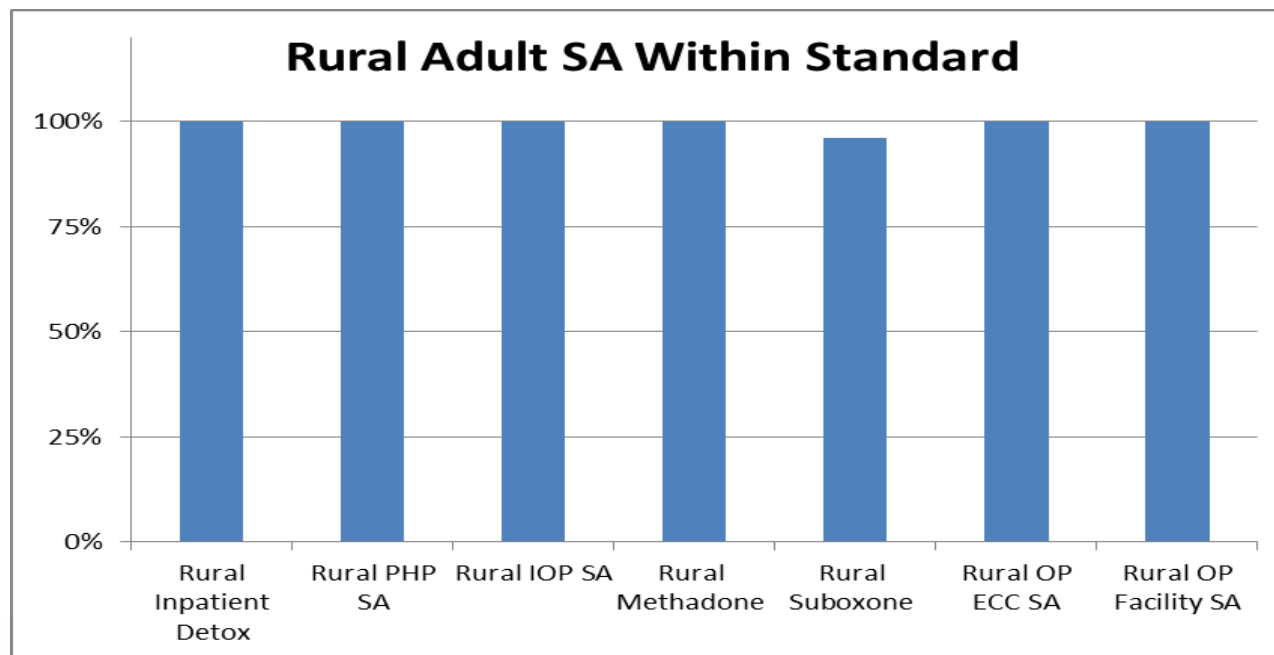
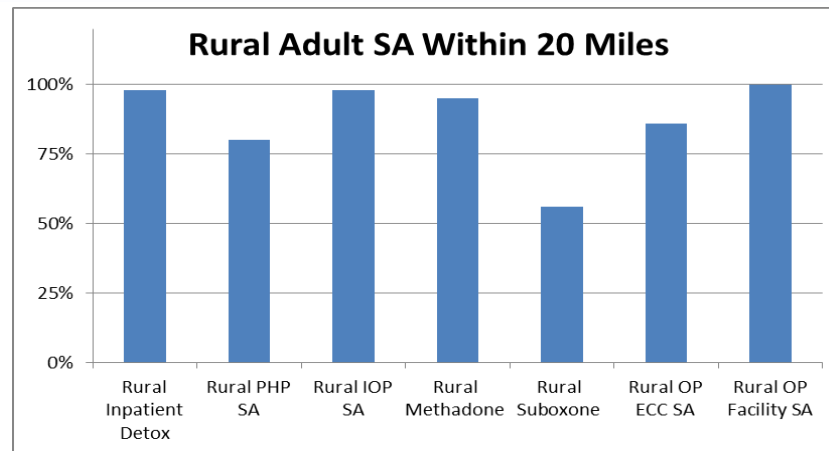
Geo-Access SA: Urban Adults



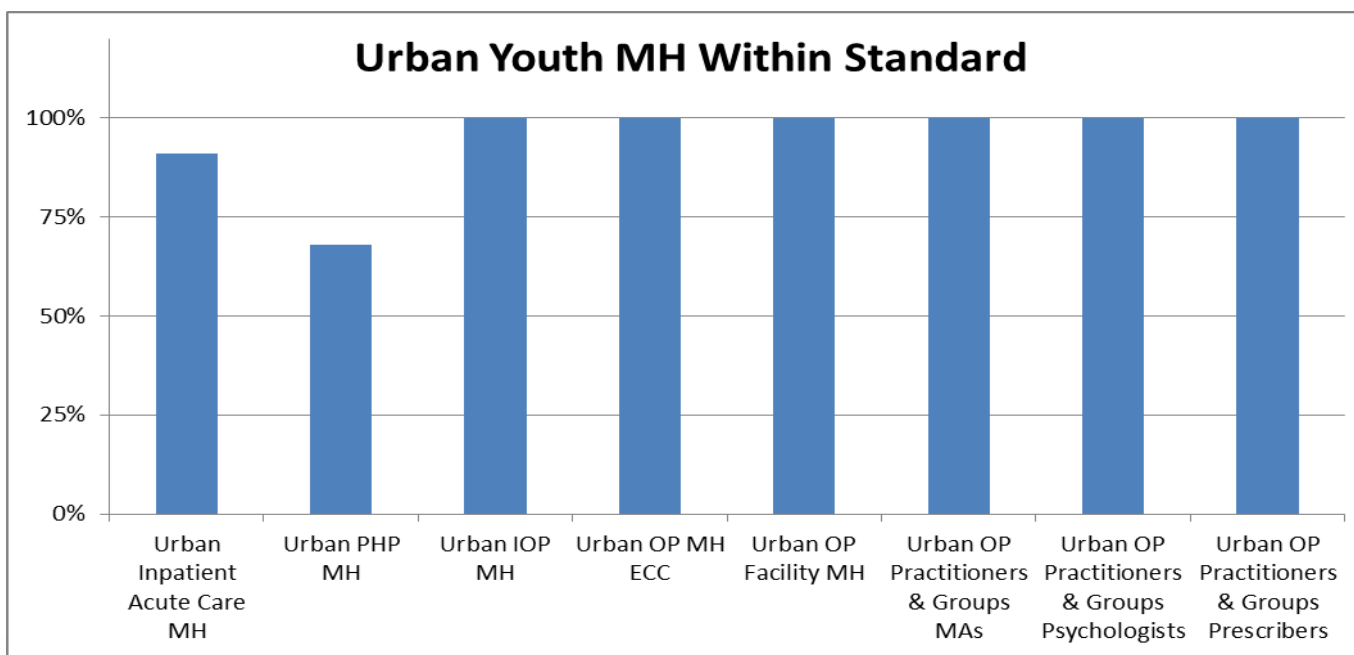
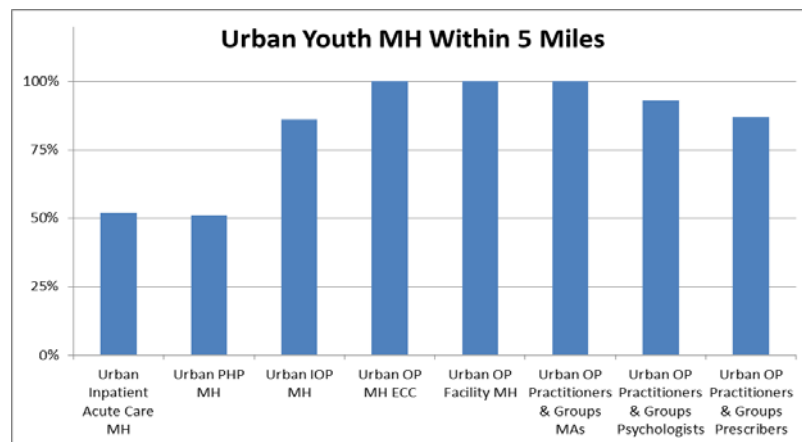
Geo-Access SA: Suburban Adults



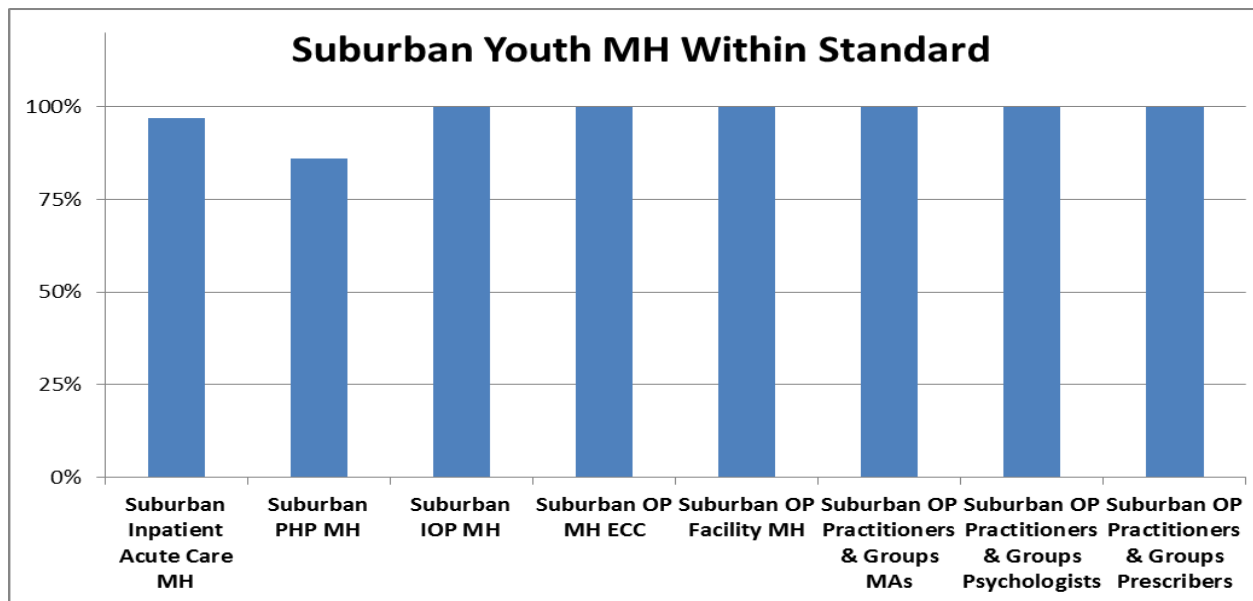
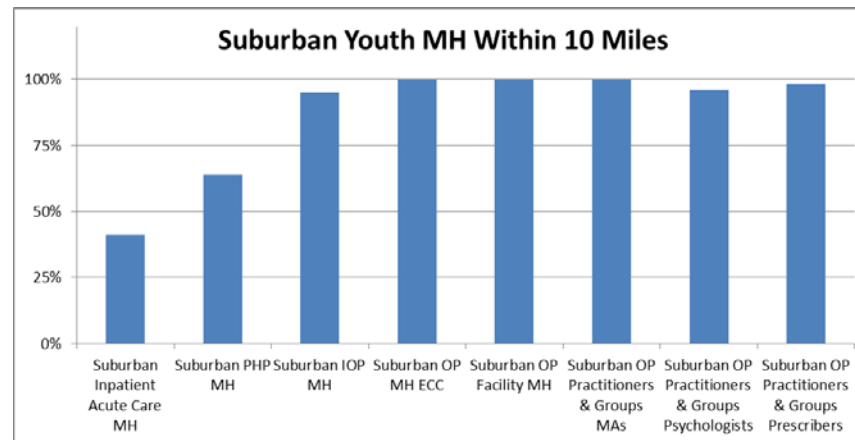
Geo-Access SA: Rural Adults



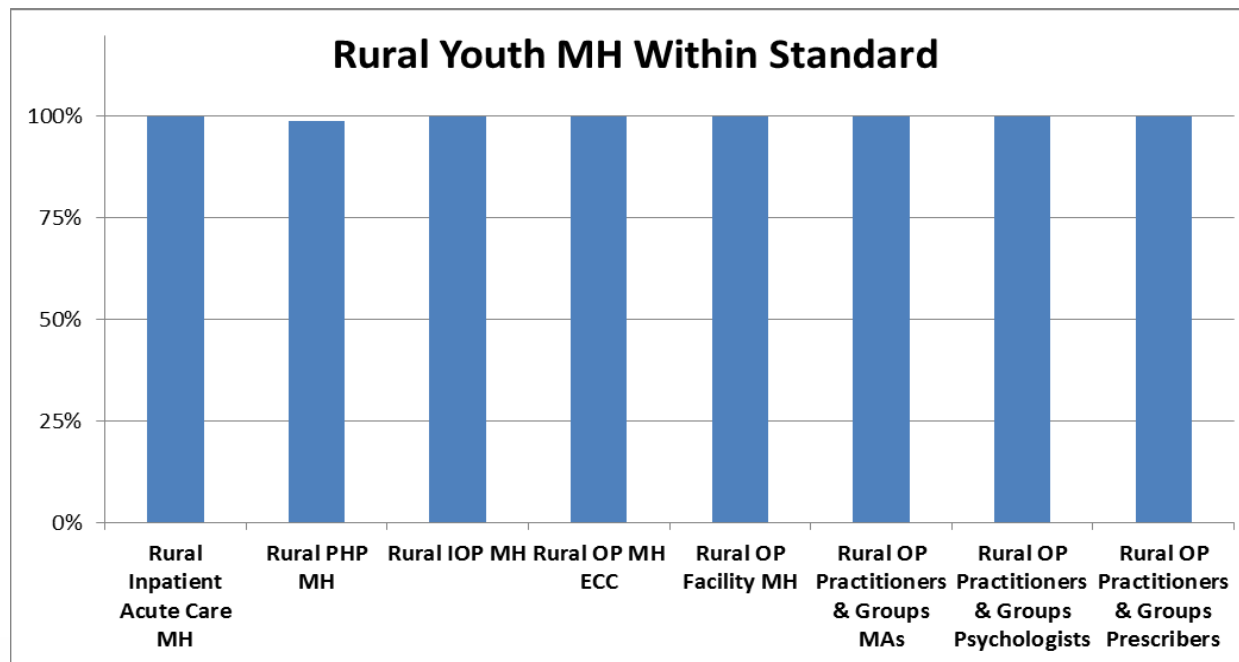
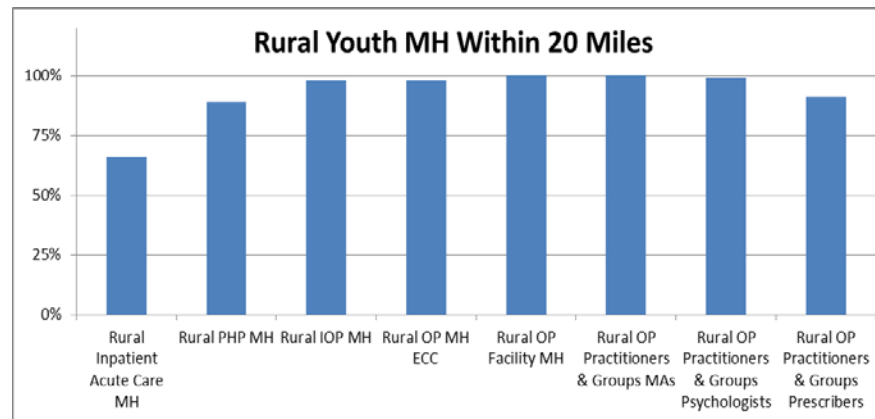
Geo-Access MH: Urban Youth



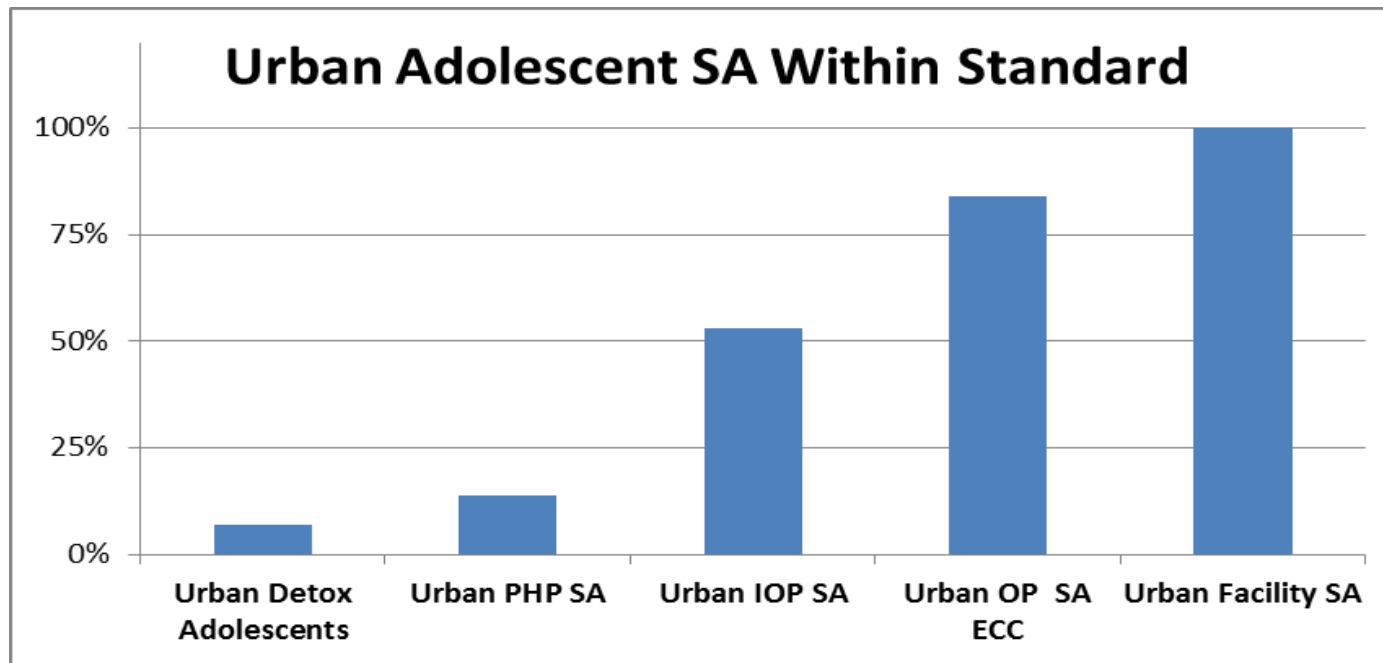
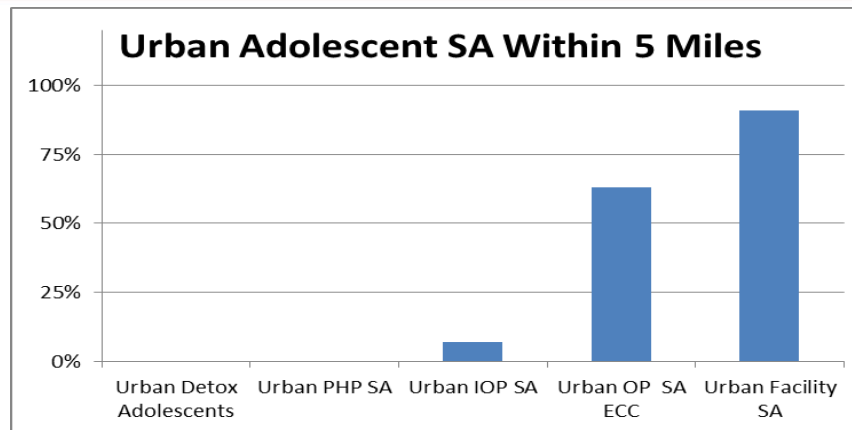
Geo-Access MH: Suburban Youth



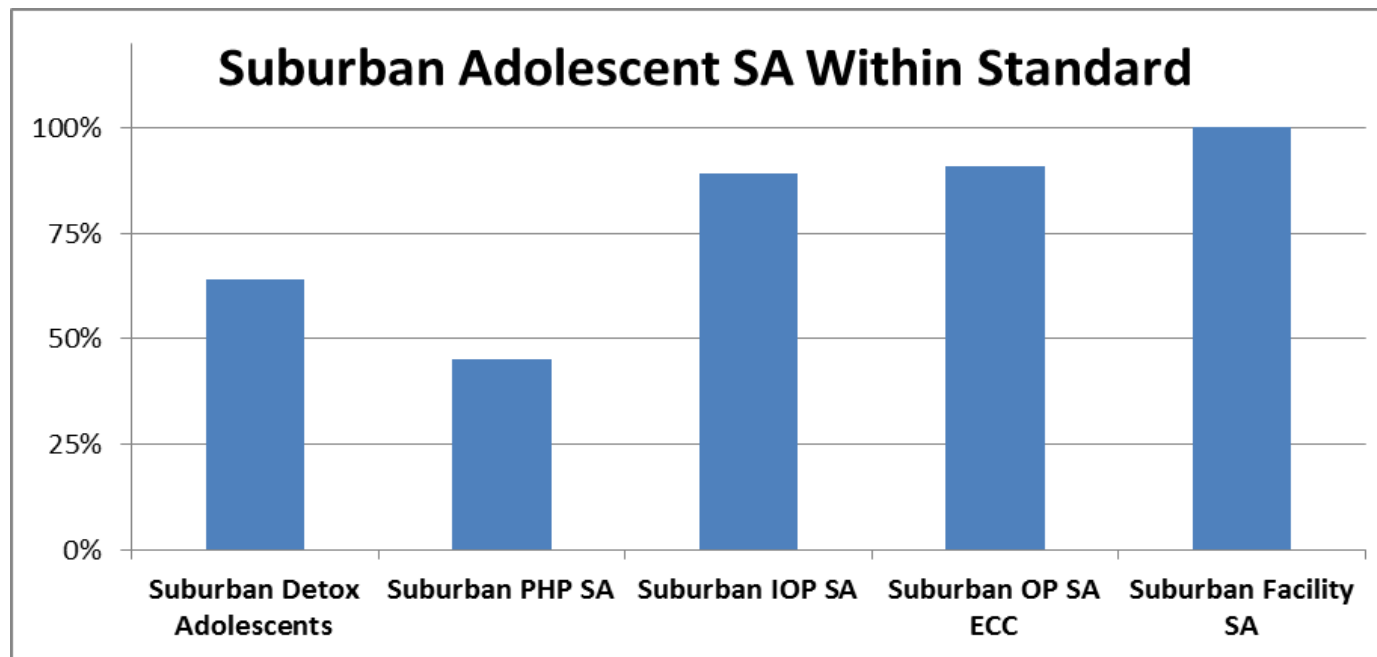
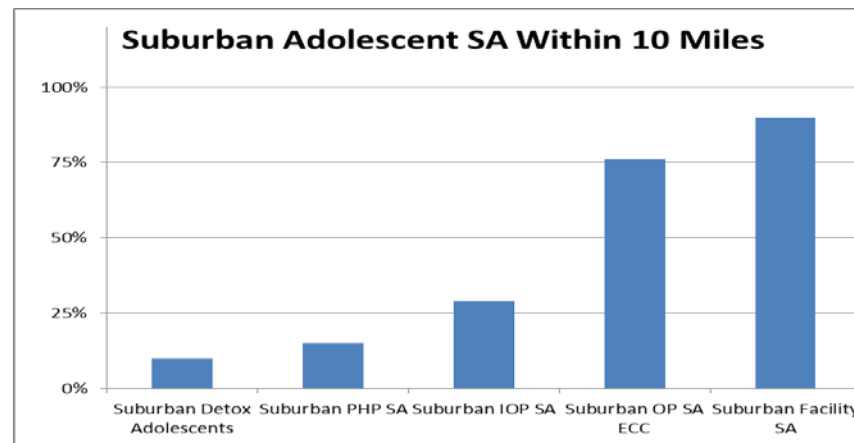
Geo-Access MH: Rural Youth



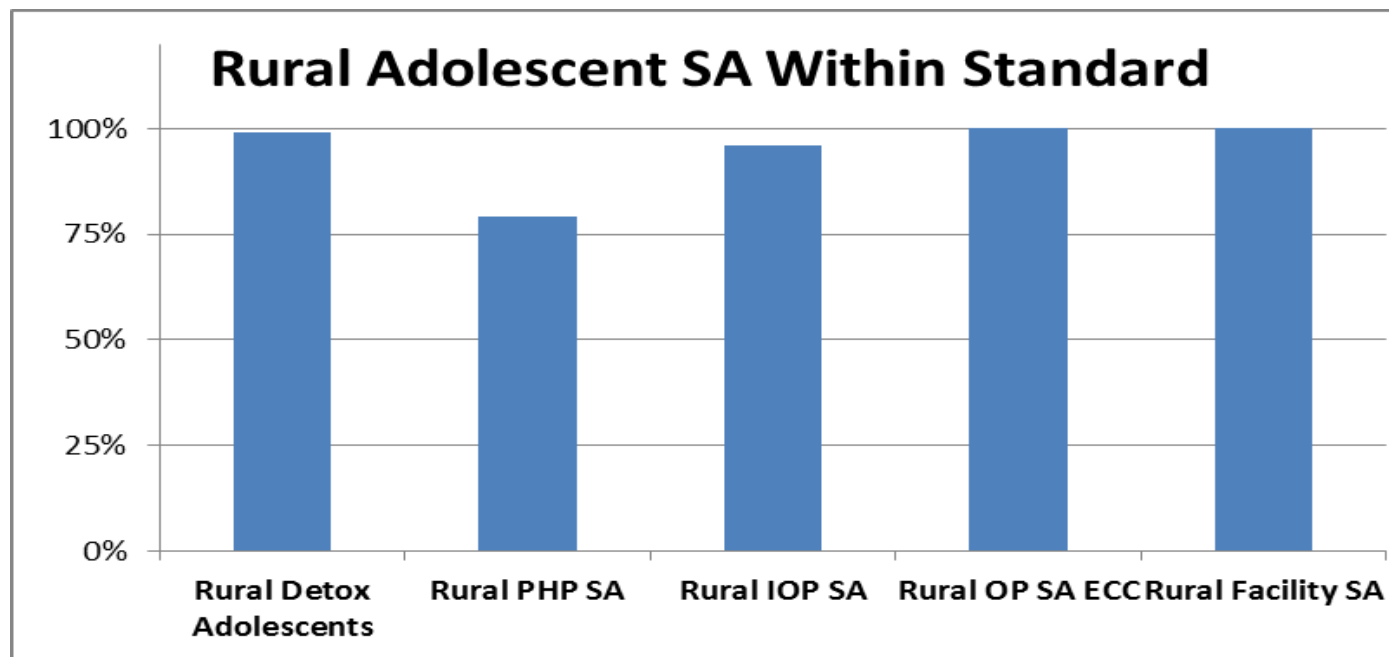
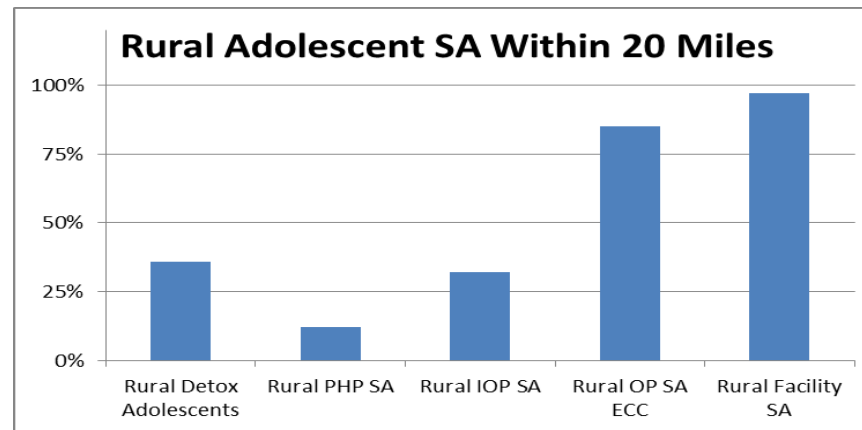
Geo-Access SA: Urban Adolescents



Geo-Access SA: Suburban Adolescents

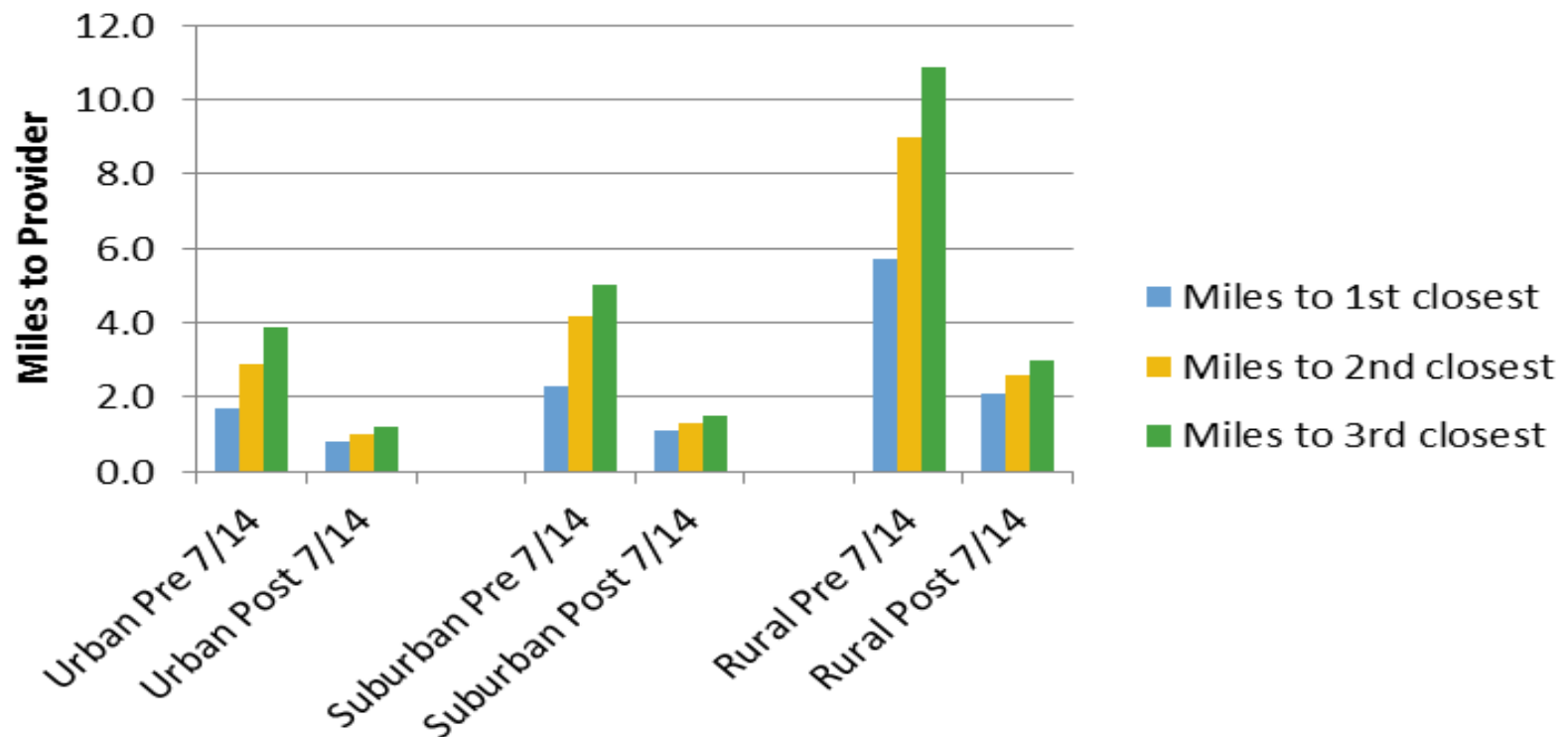


Geo-Access SA: Rural Adolescents



Improved Network Access: Impact of DSS Policy Change

Pre/Post Miles to 3 Closest Providers



- As of July 1, 2014: HUSKY C and D adult members able to access Masters and Doctoral-level Individual Practitioners and Group Practices
- Previously, were only able to access treatment with MDs and APRNs

Future Network Enhancements for Consideration

- **Increase MD/APRN Network Enrollment**
 - Outreach to OPR* Providers to fully enroll
 - Targeted Outreach to DPH Licensed – Non Enrolled MD/APRN
- **Filling the Service Gaps**



QUESTIONS?