



Protecting Behavioral Health For Consumers in Connecticut

Report of the Behavioral Health Working Group

To

Governor Dannel P. Malloy
Insurance & Real Estate Committee
Human Services Committee
Public Health Committee
Committee on Children

On Recommendations for Utilization and Quality Measures Data Collection

December 22, 2016

I am pleased to present the report of the Behavioral Health Working Group (BHWG), established by Public Act 16-158 to make recommendations for behavioral health utilization and data collection. This report reflects the enhanced data collection brought about by the BHWG's initial recommendations in 2015.

In 2016, the BHWG's membership was expanded to include additional practicing providers in the mental health and substance abuse field. To better understand provider issues, the Insurance Department, in conjunction with the state Department of Public Health, is undertaking a statewide survey of mental health and substance abuse providers and hospitals, which is intended to be completed in the first quarter of 2017. We have included the survey background and overview in this report.

Convened by the Insurance Commissioner, the BHWG members include the state Office of Healthcare Advocate (OHA), the Commissioners of Social Services, Public Health, Mental Health and Addiction Services, Children and Families and Developmental Services and the Comptroller, or their designees, and representatives from health insurance companies, behavioral health providers and the consumer community.

In 2016, the BHWG continued its charge of helping the state of Connecticut measure quality control and compliance so that our citizens have access to behavioral health treatment. This report is the result of those efforts.

The BHWG had no recommendations for legislative changes for the 2017 General Assembly session.

We hope the Administration and the General Assembly find this report useful.

Respectfully submitted,

A handwritten signature in blue ink that reads "Katharine L. Wade".

Katharine L. Wade
Insurance Commissioner

Behavioral Health Working Group Membership

Member	Organization
Mary Ellen Breault	Director, CT Insurance Department
Kristin Campanelli	Attorney, CT Insurance Department
Jacquelyn Coleman	CT Psychiatric Association
Sandra Czunas	Office of the State Comptroller, Healthcare Analysis Unit
Kathy Flaherty	Executive Director, CT Legal Rights Project, Inc.
Demian Fontanella	Acting State Healthcare Advocate
Frank Fortunati	Yale-New Haven Healthcare
Diane Frost	Consumer
William Halsey	Director, CT Department of Social Services
Colleen Harrington	Director, CT Department of Mental Health and Addiction Services
Douglas Nemecek	Medical Director, Cigna-U.S. Commercial & Global Health Care Operations
Gerard O'Sullivan	Director, CT Insurance Department
Mark Keenan	CT Department of Public Health
Christopher Rigling	CT Psychological Association
Carl Schiessl	CT Hospital Association
Harold I. Schwartz	Psychiatrist in Chief, Institute of Living
Kristina Stevens	Administrator, CT Department of Children & Families
Keith Stover	CT Association of Health Plans
Katharine Wade	Commissioner, CT Insurance Department
Kathy Walsh	Principal Examiner, CT Insurance Department
Eric Weinstein	Legislative Liaison, CT Insurance Department

Meetings & Agendas

Location: Insurance Department

September 15, 2016

- Public Act 16-158
- Data Collection from Carriers
- Provider and Facility Data
- Any other matters

October 17, 2016

- Autism Coverage
- Provider Data
- Any other matters

November 16, 2016

- Behavioral Health Clearinghouse Update
- Provider Survey
- Institute of Living Data
- Report Card Data
- Any other matters

December 7, 2016

- Behavioral Health Clearinghouse Update
- Report Card Data
- Any other matters

CURRENT DATA COLLECTION

The Insurance Department collects and publishes the following behavioral health data in its annual [Consumer Report Card on Health Insurance Carriers in Connecticut](#). The 2016 Report Card reflects additional data recommended by the BHWG and legislative changes.

Utilization Review (UR) statistics for Behavioral Health Services broken down by inpatient admissions, outpatient services, procedures and extensions of stay:

- Number of UR request received
- Number of denials (excluding partial denials)
- Number of partial denials
- Percentage of UR request that were denied (including partials)
- Number of appeals of denials
- Percentage of denials that were appealed
- Number of denials reversed on appeal
- Percentage of appealed denials that were reversed
- Number of upheld appeals that went to external appeal
- Percentage of all appeals that went to external appeal
- Percentage of external appeals that were reversed

Inpatient Discharges & Average Length of Stays:

- Total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or treatment facility
- Total discharges/1,000 member months
- Average length of stay

Totals and percentage of members who received:

- Any mental health service
- Inpatient mental health service
- Intensive outpatient or partial hospitalization health services
- Outpatient or emergency department health services

Chemical dependency utilization:

- Total number of inpatient discharge at either hospital or treatment facility
- Average length of stay

Totals and percentage of members who received:

- Any chemical dependency service
- Inpatient chemical dependency services
- Intensive outpatient or partial hospitalization health services
- Outpatient or emergency department health services

Follow-up after hospitalization for mental illness for members 6 years and older:

- Percentage of members who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge
- Percentage who had an outpatient visit, intensive outpatient visit or partial hospitalizations with a mental health practitioner on the date of discharge up to seven days after the hospital discharge

Percentage of members 18 years and older treated with antidepressant medication who met at least one of the following criteria during intake period:

- An outpatient, intensive outpatient or partial hospitalization setting with a diagnosis of major depression
- An emergency department visit with any diagnosis of major depression
- At least one inpatient claim/encounter with any diagnosis of major depression
- Those who remained on antidepressant medication for at least an 84-day period (12 weeks)
- Those who remained on antidepressant medication for at least 180 days (six months)

As a result of the work of the BHWG's recommendations in 2015, the following additional data was collected from the health plans and is included in the 2016 Consumer Report Card:

Data reflecting denial and appeal rates for children and adults:

- Authorization of Medical Necessity Coverage by Type and Level of Treatment
- Denial of Medical Necessity Coverage by Type and Level of Treatment
- Denials of Medical Necessity Upheld or Overturned by Type and Level of Treatment

Levels and Types of Treatment include the following:

- Acute Inpatient
- Residential
- Partial hospitalization
- Intensive Outpatient
- Routine Outpatient
- Substance Abuse Detox

2016 Consumer Report Card on Health Insurers in CT



A significant enhancement of the Insurance Department's collection included the expansion and update of the annual [Consumer Report Card on Health Insurance Carriers in Connecticut](#). The 2016 Report Card had a special section dedicated to behavioral health and substance abuse care measures.

The Report Card, provided in several formats for consumers – flipbook, PDF and text, compared six health maintenance organizations (HMOs) 11 indemnity insurance companies and the benefits and services they provide to over 2.4 million state residents.

This data was collected by the Connecticut Insurance Department (CID) from the insurance companies and includes care measures, claim denials, medical loss ratios, utilization review data and member satisfaction survey results. For the first time, the Report Card included three years of data to reflect changes in insurance provisions due to the implementation of the federal Affordable Care Act (ACA).

NETWORK ADEQUACY

The passage of Public Act 16-205 provided the Insurance Department with more oversight of network adequacy, including the information in health plan provider directories. The Insurance Department reviews the carriers' policies and procedures to ensure that the directories are accurate and that patients have access to those providers within appropriate geographic distances.

PROVIDER SURVEY

The BHWG leveraged the expertise of its membership to develop a survey that will be sent to behavioral health and substance abuse providers. The goal is to collect and identify statistically significant data on issues and challenges specific to the provider community. The survey is being sent to four types of providers: Licensed Clinical Social Workers (L.C.S.W.), Master's Degree in Social Work (M.S.W.) Psychiatrists and Psychologists.

The Insurance Department, working in conjunction with the state Department of Public Health, will survey providers in private practice and expects to have the resulting data in the first quarter of 2017.

The survey is designed to obtain information from the provider community and identify any issues that they and their patients may be experiencing related to insurance coverage. It will allow the Insurance Department to get more granular information and exact details on situations that have occurred and allow the Insurance Department to investigate and determine issues that may need further action.

The questions will allow the Insurance Department to determine if issues exist for certain types of cases or if they are prevalent among certain types of providers. The survey has the following "sections" and related questions:

1. Provider Type:

- a. What type of provider are you?
- b. What is your sub-specialty? (if applicable)

2. Program Participation:

- a. Do you participate in: private insurance, Medicare, Medicaid, cash only (no insurance) or participate in a mix?
- b. How many commercial health plans do you accept?
- c. Please select the option that best describes your practice: cash only vs. a mix of cash and private insurance.

3. Reasons not to participate in insurance

- a. Why?
- b. Have you ever accepted insurance?
- c. How long have you not been accepting insurance? (if applicable)

4. Appeals, Denials and Referrals

- a. Do you complete paperwork to assist patients in filing appeals of claims denials

- b. If you do not assist patients in filing appeals of claims, please provide the reason why
- c. Do you refer patients if they need help with a denial and to whom do you refer them?
- d. Have you experienced difficulties in receiving approval for your patients for an alternative level of care, and please tell us of any problems that have occurred?

HOSPITAL SURVEY

The Connecticut Hospital Association is surveying its member hospitals based on a set of data provided by the Institute of Living. For calendar year 2015, CHA asked those acute care hospitals that provide inpatient psychiatric services to identify their top three commercial payers for behavioral health services, and to provide the following information for each payer:

- Total cases discharged
- Managed care cases discharged
- Total unmanaged cases discharged
- Total inpatient days
- Total unmanaged days
- Total managed denial days
- Total managed care days
- Percent of managed care days denied
- Total number of denied managed cases

With respect to denials, hospitals were asked to disclose:

- Total denied days
- Days denied final
- Not appealable days
- Reversed days
- Percentage days reversed

NEXT STEPS

Following the data collection efforts, the Insurance Department will reconvene the BHWG as appropriate.