Connecticut Medical Assistance Program



Policy Transmittal 2013-12

PB 2013-17 April 2013

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2013 Contact: Paul Piccione @ 860-424-5160

TO: **Enhanced Care Clinics**

RE: Change in Methodology for Measurement of Access Standards

The purpose of this policy transmittal is to provide additional details about the processes in use for annualized measurement of access to care for Enhanced Care Clinics (ECCs) under the Connecticut Behavioral Health Partnership (CT BHP).

Effective January 1, 2013, ECC compliance with timely access standards is being assessed on a calendar year basis rather than on a quarterly basis. Providers have been notified about the change in the assessment period (PB 2012-56). transmittal provides clarification about: the methodology for measurement, the 'cure period' for returning to compliance when deficiencies are identified and the appeals process if ECC status is terminated.

Background

At the time of initial contact, ECCs must triage the member's need for services as Emergent, Urgent or Routine and provide timely access to care based on this assessed need. An individual assessed as in need of Emergent care must be seen within two (2) hours of presentation at the clinic. Individuals assessed as in need of Urgent and Routine care must be offered an appointment within two (2) days and two (2) weeks, respectively, of their assessment. The clinic is required to meet these standards at least 95% of the time.

To date, the number of registrations for members triaged as Emergent and Urgent, particularly since the measurement is on a quarterly basis, has been quite low or, in the case of specific ECCs, nonexistent. Therefore, since continued qualification as an ECC has been measured quarterly, ECCs have only been held to the requirement for 95% of CT BHP members triaged as Routine being offered an appointment within 14 days.

While there have been no consequences related to performance on timeliness of appointments offered for cases triaged as Urgent, the overall performance on the "offering" aspect of the Urgent access measure has been of concern, often falling below the 95% standard. We anticipate that conducting an annual review will lessen the

problem of small numbers on a quarterly basis and allow us to hold the providers accountable for meeting the needs of all CT BHP members treated at the clinics.

The following are highlights of the proposed methodology for annualized access measures:

Access Measures:

- Urgent and Routine cases will be assessed for compliance with "offering" an appointment within the timeframe 95% of the time
- Emergent cases will be assessed for compliance with assessing the member within 2 hours of arrival at the ECC 95% of the time
- Each access standard will be reviewed/scored separately from one another
- A Corrective Action Plan (CAP) will be required for any measure falling below the 95% standard
- For ECCs reporting zero Urgent or Emergent cases for the year, a written plan for improving triage of referral cases and/or evidence that the needs of CT BHP members are being met will be requested
- ECCs that have a very low volume of Emergent or Urgent cases may fail to meet the access standards when a single case misses the appointment timeframe. To accommodate for this need for perfect performance, the Partnership is slightly easing the requirement. Providers who have missed the appointment standard for a category (Emergent or Urgent) on only one single instance may appeal if that one case is offered (for urgent cases) or seen (for emergent cases) within one (1) additional day/hour of call/walk-in. Please note that this should be reserved for circumstances when it will result in an ECC meeting the 95% compliance standard.
- Volume exemptions will continue to be analyzed. The data from any quarter which is exempt on the basis of volume increase will not be included in the formal access standard measurement. However, if the access to Emergent or Urgent care in that quarter falls

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below the 95% access standard the information will be referred to the CT BHP Quality Management Department as an issue for review, as clients with more acute needs require further assessment to assure that their needs have been met

Measurement Periods:

- The first annual performance period will be calendar year 2013.
- Providers have been provided with baseline data which was calculated utilizing measurements for services in calendar year 2012.

Cure Period:

- The ECCs will have until the close of the second quarter of the current calendar year to return to compliance with any standard that was out of compliance at the end of the measurement year. For example, if the measurement year was calendar year 2013, the ECC would have until the close of the second quarter of calendar year 2014 to return to compliance.
- If the provider is still not meeting the standard(s), they will be notified in writing by the Departments of Social Services, Children and Families, and Mental Health and Addiction Services (the Departments) that their ECC status will be removed 30 days from the date of the notice unless the ECC provider appeals the decision.

Appeals:

- To pursue an appeal, the agency must complete and submit, as instructed, the Appeal Request Form included in the ECC termination letter.
- The Appeal Request Form must be received no later than 10 business days from the agency's receipt of the termination letter informing them of their loss of designation as an ECC.
- If the Departments do not receive a completed Appeal Request Form by that date then the agency's ECC designation shall terminate.
- The Appeal Request Form and the supporting documentation will be reviewed by representatives from the Departments.
- The Departments will issue a final decision on the appeal within 30 business days of the receipt of the appeal request. The provider will not lose their ECC designation during the period in which the appeal is being reviewed

Continued Process:

 Although the formal measurement period has transitioned to an annual span, ECCs will continue to receive data quarterly. This data will continue to include both quarterly and year-

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- to-date totals for each of the access standards (Emergent, Urgent and Routine).
- ECCs will be notified in writing at the close of each quarter if the standard is not met on any of the measures.

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Responsible Unit: DSS, Division of Health Services, Behavioral Health Unit, Paul M. Piccione, Ph.D., at (860) 424-5136.

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