



ValueOptions and Volunteer State Health Plan Present:

“I Spy” - 2011 TennCare Reporting Changes



March 3rd, 2011

Contractor Risk Agreement Amendment effective 1/1/2011

- Behavioral Health Initial Appointment Timeliness requirements revised
- Mental Health Case Management report replaced with the Post-Discharge Follow-up Services Report
- Recent changes to Crisis Reporting formalized
- Annual Supported Employment Report eliminated (no 2010 report due)
- Readmission Report requirements revised

This Webinar segment will focus on changes associated with the BHIAT and PDSR reports.

Behavioral Health Initial Appointment Timeliness (BHIAT)

- It is necessary that the BHIAT report remain a self-report
- Reporting requirements have been simplified and further defined by clarifying services that should be included as outpatient non-MD services:

Psychosocial Rehabilitation (Psych Rehab, Supportive Employment, Supported Housing, Illness Management and Recovery, Peer Support); **Mental Health Case Management**; **Outpatient Psychotherapy** (including intensive outpatient, family/marital therapy, individual and group)

First BHIAT self-report utilizing new template/parameters is due to ValueOptions by July 15th, 2011 for reporting period January – March 2011.

Behavioral Health Initial Appointment Timeliness Report

CRA Reference 2.30.7.5

MCO: Reporting Period: Report Due Date: Submission Date:	<u>MCO Report Contact Person:</u> Name: Title: Telephone #: E-mail:	<u>TC Bureau QO Staff Contact:</u> <u>Michael Myszka, BH Director</u> Telephone #: 615-507-6630 Email: Michael.Myszka@tn.gov
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INSTRUCTIONS: The Initial Appointment Timeliness Report must be submitted using this template in electronic format using the Office of Contract Compliance Performance Tracking system at <https://tcreq.tn.gov>. The report is due quarterly and no later than **January 30th, April 30th, July 30th, and October 30th**. (There is a reporting lag of a quarter plus 30 days for this report.) Complete all reporting period and contact information. Report all data by two **age groups** (under 18 and 18 and over). Report all data according to service type. Complete all blocks below.

DEFINITIONS: *MD Services* - includes Psychiatry; must be delivered within 30 days (per Attachment III). *Outpatient Non-MD Services* - Note: Outpatient services include: Psychosocial Rehabilitation (Psych Rehab, Supportive Employment, Supported Housing, Illness Management and Recovery, Peer Support) Mental Health Case Management, Outpatient Psychotherapy (including intensive outpatient, family/marital therapy, individual and group); must be delivered within 14 days (per Attachment V). *Average time in days* - between initial intake assessment appointment and the next scheduled appointment or admission; *Percentage Meeting Availability Standard* – percentage of scheduled appointments that met the availability standard of an appointment scheduled within 14 calendar days after initial intake assessment appointment for Outpatient Non-MD and Outpatient SA Treatment (and within 30 days for MD Services) *Narrative* - for each service category that falls below the benchmark standard of 85% of appointments scheduled within 14 calendar days or 30 days after initial intake assessment appointment, identify and include reasons for performance that falls below the benchmark and describe improvement plans and other corrective action steps taken; *Analysis* – Provide analysis of trends over time, including improvements between quarters.

SERVICE TYPE (All routine non-urgent) Benchmark 85%	UNDER 18		18 AND OVER		NARRATIVE
	Average Time (Days)	% Meeting Availability Standard	Average Time (Days)	% Meeting Availability Standard	
MD Services (Psychiatry) (within 30 days)					
Outpatient Non-MD Services (within 14 days)					
Outpatient Substance Abuse Treatment Services (non-Detox) (within 14 days)					

Analysis: Provide trend analysis
Action Plan/Follow Up: Describe opportunities for improvement. Include action steps your plan will take to improve Initial Appointment Timeliness services and overcome any identified barriers.

Post Discharge Follow-up Services Report (PDSR)

- New report designed by workgroup: first report due 7/30/11 for reporting period, 1st Quarter, 2011
- Replaces MHCM report and captures a broader array of services as follow-up to discharge from hospital
- Will be based on claims, authorizations, discharge data
- Aligns with initiatives in reducing readmissions, discharge planning, HEDIS & recovery/resiliency
- Is a HEDIS type measure: Parallels the Follow-up to Hospitalization measure

This report will be generated by ValueOptions for BlueCare and TennCare Select and will no longer be requested from providers as a self-report.



PDSR is “HEDIS”-like

- A Quarterly report, not just annual
- Broader array of services are measured that more closely resemble Tennessee’s BH delivery system and its goals
- Includes services in addition to ones delivered by licensed professionals such as MHCM, peer support
- Adopts HEDIS national Medicaid benchmarks



PDSR Benchmarks

- Benchmarks are to be phased in, eventually moving toward national Medicaid 75th percentile
- Looking at actual services delivered without regard for no-shows, reschedules, etc.

<u>Year (data reported)</u>	<u>Standard</u>
January – December 2011	50%
January – December 2012	53%
January – December 2013	56%
January – December 2014	59%
January - June 2015	60%

Reporting Implementation Schedule

Report	Fourth Q October 2010	Fourth Q November 2010	Fourth Q December 2010	30-Jan-11	First Q January 2011	First Q February 2011	First Q March	30-Apr-11	2 nd Q April	2 nd Q May-11	2 nd Q Jun-11	30-Jul-11
Behavioral Health Initial Timeliness Report	Green	Green	Green	Orange	Light Green	Light Green	Light Green	Orange	Light Green	Light Green	Light Green	Yellow
Mental Health Case Management	Green	Green	Green	Orange	Blue	Blue	Blue	Red	Blue	Blue	Blue	Purple
Re-admission	Green	Green	Green	Orange	Light Green	Light Green	Light Green	Orange	Light Green	Light Green	Light Green	Yellow
Post-Discharge Service Report	Light Blue	Light Blue	Light Blue	Purple	Light Green	Light Green	Light Green	Purple	Light Green	Light Green	Light Green	Yellow

Date collection using current report format

Data collection using new report format

No data collection

Data collection discontinued

Last Report Due

No Report

Report with current format due

Report with new format due



Questions?

BlueCare/TennCare Select – Quick Reference Guide

Medical Management

BlueCare UM Prior Authorization Line	1-888-423-0131
TennCare Select UM Prior Authorization Line	1-800-711-4104
UM Authorization Fax Line East	1-800-292-5311
UM Authorization Fax Line West	1-800-919-9213
Case Management Line	1-800-225-8698

Southeasterns – Non-Emergency Transportation

Statewide	1-866-473-7565
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Operations

Member Service Line	1-800-263-5479
Provider Service Line	1-800-276-1978
VO National Service Line (for credentialing and contracting inquiries)	1-800-397-1630

<u>Nurseline – 24/7</u>	1-800-262-2873
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Provider Initiated Notice Fax

TennCare Select Statewide	1-800-859-2922
BlueCare East Region	1-800-859-2922
BlueCare West Region	1-800-320-3800

Website

www.vshptn.com

<u>TDMH Crisis Hotline – NEW!</u>	1-855-274-7471
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PR and Contracting Team – ValueOptions® for BlueCare/TennCare Select 3/3/2011

Melissa Isbell- Director of Provider Relations –
Statewide
Melissa.isbell@valueoptions.com
VO Cell: (901) 483-1088

Nancy McBee-Sammons – Contract Development
Director - Statewide
Nancy.McBee-Sammons@valueoptions.com
VO Cell: (901) 356-6621

Marie Link-Cannon - Provider Relations Manager
West Region
Marie.Link-Cannon@valueoptions.com
VO Cell: (901) 229-6356 Office: (901)544-2398

Dale Hawkins - Provider Relations Manager
East Region/Facility representative for Chattanooga
area
Dale.Hawkins@valueoptions.com
VO Cell: (615) 557-6791 Office: (423) 535-4205

Ella Bentley- Regional Provider Representative
Rural West-Jackson/Madison
Ella.bentley@valueoptions.com
VO Cell: (731) 377-1737

Laurel Pala- Provider Network Analyst
Practitioner Representative for
Chattanooga area
Laurel.Pala@valueoptions.com
Office: (423) 535-8380 VO Cell: (423)557-5282

Robert “Bob” Deatherage-Regional Provider
Representative
Knoxville
Robert.deatherage@valueoptions.com
VO Cell: (865) 202-2861



Vacant - Regional Provider Representative
Memphis/Shelby County Area

Lee Green – Regional Provider Representative
Middle Region
Lee.Green@valueoptions.com
VO Cell: 615-483-7886

Catherine Overstreet - Regional Provider Representative
Johnson City – Upper East
Catherine.Overstreet@valueoptions.com
VO Cell: (423) 444-2447 Office: (423) 535-6013



Please refer Shelby County provider issues to Ella Bentley until vacant
position is filled.



Thank You

Presented by:

Melissa T. Isbell, ValueOptions of Tennessee
Special Guest Dr. Michael Myszka, Bureau of TennCare