

# Provider Report™

## Important Reminders

### QUALITY MATTERS!

A summary of our 2008 Annual Program Evaluation highlighting our quality program is available to you at our website, [www.cenpatico.com](http://www.cenpatico.com), under your state-specific site in the Providers section. Your Members' Rights and Responsibilities are available to you on the Web as well, located within your online Provider Manual. As always, paper copies are available if you prefer. Just contact our Quality Department at (512) 406-7225 and we will be glad to send you a copy.

### PROVIDER SATISFACTION SURVEY COMING YOUR WAY

You may receive a provider satisfaction survey in the mail shortly from The Myers Group. We appreciate you taking the time to complete it. You may return the form to The Myers Group, or you have the option to complete the survey online. You may receive a phone call if you do not return it within four weeks. We want and need your feedback to improve our processes.

### CLINICAL PRACTICE GUIDELINES

Our Provider Advisory Committee recommended we continue use of the Clinical Practice Guidelines established last year. They include: Treating Major Depressive Disorder, Treating Bipolar Disorder, Treating Schizophrenia and Treating Substance Use Disorders. These guidelines can be accessed via the Web at the American Psychiatric Association's (APA) practice guidelines site. The APA is currently reviewing the

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## Dear Cenpatico/ IMHS Provider:



Welcome to the Summer 2009 edition of *Provider Report*. Cenpatico/IMHS is proud to announce our continued growth with the addition of a new market, Massachusetts. We have partnered with our Centene sister company CeltiCare to provide benefits to a previously uninsured population. We welcome our new providers to the Cenpatico/IMHS network.

I am particularly proud of our recent quality initiative, the Post Hospitalization Child Safety Program. This involved integration with our health plan and state partners will help increase attendance of follow-up appointments after hospitalization and give guidance for improving the lives of our youngest members. The program will incentivize children who attend their follow-up appointments within a week after discharge from the hospital with a Build-A-Bear and a book called *Me and My Feelings*.

Another initiative we're proud to introduce is the Provider Profiling Initiative. The program focuses on offering feedback regarding your performance and enhanced collaboration. Please review the article to learn about the advantages of this program for you and your team.

Please give us your feedback on how we may improve service and satisfaction. You may contact me directly at the e-mail address below.

Sincerely,

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Vice President, Medical Affairs  
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**2** Introducing Our Provider Profiling Initiative

**3** Key Steps to Developing A Wellness Plan

**4** Be Aware of Metabolic Syndrome Risks

# About Our Provider Profiling Initiative

**P**rovider profiling is a new initiative that will improve the quality of care for all of our covered members while decreasing the administrative burden for identified network providers. The Provider Profiling Initiative (PPI) will furnish timely and informative feedback to network providers about their service utilization trends; monitor Quality Improvement efforts made by network providers; and enhance our existing provider partnerships to improve member and provider satisfaction and member access to care. Additionally, PPI will expand our clinical outreach and education efforts to increase the use of best-practice treatment strategies, as well as recruit, maintain and reward those network providers who consistently demonstrate service excellence and adherence to treatment models with documented efficacy in addressing the behavioral health problems experienced by our covered members.

## Methodology

Our staff generates quarterly data that identifies the high volume inpatient (IP) facilities and top 10 outpatient (OP) providers by volume in each market. Comparison utilization data is distributed to each of the identified providers. Cenpatico/IMHS follows up with providers on interpretation of the data and how service delivery can be improved to enhance quality of care.

## Rewards

Providers that demonstrate service excellence, measured quarterly using several key indicators with established thresholds, are eligible to become Cenpatico/IMHS **Preferred** Providers. Key indicators include: re-admission rates; denial rates; average length of stay (IP services); number of members who are scheduled for aftercare/ follow-up appointments within seven days of discharge; average length of treatment (OP services); compliance

with clinical practice guidelines; number of complaints and adverse occurrences; and the ratio of family therapy (FT) to individual therapy (IT) sessions provided to children and adolescents.

**Preferred IP** Providers are authorized an established number of covered days for each behavioral health admission without undergoing the Cenpatico/IMHS medical necessity review process. Medical necessity review begins only when the length of stay exceeds the established threshold and the provider is requesting additional days.

**Preferred OP** Providers also receive an established number of treatment units for each member, with the medical necessity review and preauthorization waived. Providers are required to submit an Outpatient Treatment Request form only when additional units are being requested.

**Preferred** Providers must agree to collaborative efforts with Cenpatico/IMHS aimed at improving quality of care and enhanced use of best practices, and quarterly monitoring to ensure continued compliance with the established criteria.

## Post-Hospital Safety for Children: Our New Preventive Program

Cenpatico/IMHS wants our providers to be aware of a unique preventive behavioral health program for children ages four through 18 who have been hospitalized for a mental health or substance abuse diagnosis. Our goal with this new preventive program is to keep children safe once they return home from the hospital.

We realize that a child's hospitalization is a stressful family event. We want to provide support, education and encouragement during this time.

### What Are We Doing?

Our Care Coordinators and Intensive Case Managers will contact parents before and after their child's discharge. We want to make sure their child is taking his or her medications as prescribed, that medications are kept in a safe place and that the child does not have easy access to guns in the home.

### How Can You Help?

- Remind parents to secure all firearms.
- Remind parents to give medication as prescribed.
- Remind parents to keep all scheduled appointments for their child.

### Member Incentives

We encourage all children to attend a follow-up appointment within seven days of their hospital discharge. A Care Coordinator or Intensive Case Manager assigned to each member will contact your office to confirm that the child attended his or her scheduled appointment within seven days of discharge from the hospital. Upon confirmation from your office that the appointment was kept, Cenpatico/IMHS will send the child:

- A Build-A-Bear.
- A book about emotions called *Me and My Feelings*.
- A \$10 Walmart gift card [\*gift card not available for Florida members].

# Be Prepared for a Crisis

The key steps to developing a patient's wellness plan.

Cenpatico/IMHS has found that often the primary plan for members experiencing a crisis defaults to "go to the ER." Many times the wait in the emergency room is, at a minimum, several hours and the member leaves without receiving any services. Simply put, this is a recipe for disaster.

An effective plan for managing a crisis should be developed prior to such an event and should work to avoid or prevent such an occasion. Historically, providers usually intervene when:

- A person asks for help, often using the after-hours call system.
- They become concerned during interaction with the member.
- A family member or friend reports a crisis.

Such practices can be considered reactive and do not promote recovery and/or resiliency. The most beneficial time to consider the creation of a plan with a member is during the initial risk assessment and treatment planning with the consumer.

## Who Should Have a Wellness Plan and When?

Developing a wellness plan during the first stages of treatment is more advantageous than attempting to create such a plan during a crisis. Suggestions for who should have a prevention plan within the individualized plan of treatment include members with:

- An admission into an acute care hospital within the past year.
- A history of residential treatment.

- Minimal medication compliance.
- Expressed thoughts of self-harm.

## Person-Centered Approach

While engaging the member in development of the plan, inquire about what types of supports have been helpful in the past to maintain a healthy situation. Be sure to ask the member what information he or she would like to share with others so they know how to assist. Validate and reinforce a client's strengths during the development of the plan.

The wellness plan should be developed as much as possible by the member and have clear action steps. Specific activities that will give the member the feeling of control over his or her life should be included. Be sensitive to the inclusion of cultural beliefs. Alternatives to harmful or unproductive behavior are helpful. Include resources identified by the individual, including how to access outpatient services and natural and/or community resources. The person may be able to think of these resources when working with a clinician, but may not be able to identify them when alone or in the midst of an escalating situation. Remember to obtain release of information documents for all supports identified in the prevention plan.

## Follow Up

Be sure to coordinate and communicate with the member's other service providers and community supports identified in the plan. This should include



## Reminders for Providers

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Treating Schizophrenia guideline and may be making changes to it. Specifically for children, Attention Deficit Hyperactivity Disorder and Assessment and Treatment of Children and Adolescents with Depressive Disorders guidelines were also endorsed as presented by the American Academy of Child and Adolescent Psychiatry's practice parameters section of their website. As always, you can receive a paper copy of any guideline by calling our Quality Department at (512) 406-7225.

collaboration with Cenpatico/IMHS ICM/ICC staff whose assistance can include facilitation of communication among providers, including the PCP.

# Atypical Antipsychotics and Metabolic Syndrome

Keep the following guidelines in mind when prescribing certain drugs.

**A** typical antipsychotics such as Zyprexa, Seroquel, Risperdal, Invega, Geodon, Clozapine and Abilify have all been implicated in causing metabolic syndrome. Metabolic syndrome is known to substantially increase the risk of both diabetes and cardiovascular disease, resulting in disability and even death. Metabolic side effects such as weight gain, increased blood glucose levels and hyperlipidemia are very common and may sometimes even act independently of one another. For example, the risk for type 2 diabetes mellitus and ketoacidosis may occur even in the absence of any significant weight gain. Therefore, it is essential to attain a baseline **blood glucose level, serum lipids, blood pressure and BMI**, as well as periodic follow-ups.

There are numerous metabolic monitoring guidelines by such diverse associations as the American

Psychiatric Association, the American Diabetes Association and the VA/DOD with different recommendations as to frequency of monitoring. Yet they all have some essential features.

A good personal and family history is a must to ascertain risk factors and treatment considerations. For example, the CATIE studies suggest that Geodon and Abilify may have significantly fewer metabolic risks compared to Zyprexa and Clozaril. Every individual who is placed on these 2nd-generation antipsychotics should also have his or her initial weight and BMI, waist circumference measurement, blood pressure, fasting lipids and fasting glucose taken. BMI and blood pressure are generally recommended monthly or at follow-up visits. Fasting glucose and lipids should be done quarterly and waist circumference at least annually. These time periods can be adjusted

according to the metabolic stability of your patient.

So how does one handle arising metabolic abnormalities? Unfortunately, there is no simple answer. The first step should be a trial of lifestyle modification, including diet and exercise. If after several months there are no significant positive effects, pharmacotherapy of hyperlipidemia, hypertension or diabetes may be attempted. Changing medications can often lead to psychiatric decompensation, but one can attempt to switch the patient to a less offending 2nd-generation antipsychotic or even a 1st-generation antipsychotic such as Trilafon or Haldol.

The most important thing is to be aware of the dangers of metabolic syndrome and to act quickly before weight gain or other changes become too severe to respond to modifications.

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