

provider **report**

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Take Note: We've made changes to the outpatient treatment request form.

The Outpatient Treatment Request (OTR) form has been updated to more closely reflect the information needed to determine medical necessity. We asked for provider input before making the changes, and we believe these updates will allow providers to more easily document the need for continued outpatient treatment to include progress and adherence to evidence-based practices.

No changes were made to any requirements regarding the timing of OTR submissions or the number of sessions that may be approved in one request.

You may access the updated OTR form on our website at www.cenpatico.com/providers/forms. We have also communicated these changes to providers by mail; please note that we will no longer accept the old forms after June 1. Please contact your Network Manager or Provider Relations Specialist for more information.

Thank you for being a part of our network!

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Looking Forward

Integration and collaboration remain key priorities.

We have just completed a momentous year in healthcare reform. And with the Mental Health Parity Act, there will be a marked decrease in discrepancies between the treatment of mental and medical conditions. Greater emphasis will be placed on holistic, integrated treatment across all levels of care and disciplines. Managed care, facilities, providers and consumers will collaborate more to achieve and maintain cost-effective, optimal mental healthcare for individual members.

This newsletter comes to you in this spirit of partnership. We ask you to read about the improvements we've made to OTRs (to the left). We have listened to your ideas and tried to clarify exactly what we are looking for in our OTRs. Also, review our SMART method of developing goals. We have the same goals that you do: Identify the functional deficits that a member has; initiate an effective and efficient treatment; change treatment if it is not effective or discharge the member or reduce treatment intensity if the member is improving.

For most inpatient and outpatient professional mental health services (see article for details), we are switching from our own medical necessity criteria to InterQual criteria. In day-to-day practice, this should have little effect on our providers since our goals for member treatment will largely remain the same. However, since InterQual is used widely across the United States, this change will provide a common "language" as we describe our clinical rationale in decision making. It is also backed by solid evidence-based research.

Please keep your ideas coming for 2011. We read and consider all of them and welcome your feedback. I am proud to continue working with all of you on the care and treatment of our members.

Sincerely,

Bernard T. Engelberg,
M.D., Medical Director

Cenpatico/IMHS Moves to InterQual Medical Necessity Criteria

Our goal is to make sure you have up-to-date information on our processes and to minimize disruptions for you. Toward this, we want to alert you that Cenpatico/IMHS will be adopting new medical necessity criteria (MNC) for 2011. We have heard your feedback regarding our guidelines and questions regarding our use of internally developed criteria.

Beginning February 1, 2011, we will be using InterQual Criteria for mental health—both adult and pediatric guidelines. There are no changes to the Community-Based Services criteria and we will continue to utilize the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for substance abuse MNC.

InterQual is a nationally recognized instrument that provides a consistent, evidence-based platform for care decisions and promotes appropriate use of services and improved health outcomes. Many of you may already be familiar with these MNC or have these national standards.

InterQual Criteria, used by more than 3,000 organizations and agencies, are developed by physicians and other healthcare professionals who review medical research and incorporate the expertise of a national panel of more than 700 clinicians and medical experts representing community and academic practice settings throughout the U.S. The clinical content is a synthesis of evidence-based standards of care, current practices and consensus from practitioners.

The McKesson InterQual Criteria set is proprietary and we cannot distribute it in full. However, we will gladly provide a copy of the specific criteria relevant to any individual need for authorization upon request.

Please call your Network Manager or Provider Relations Specialist if you have questions about these changes.

The Results Are In

Feedback from our 2010 Member Satisfaction Survey

Cenpatico/IMHS measures member satisfaction annually to identify member concerns and identify areas of opportunity to improve satisfaction.

The 2009 adult and child Member Satisfaction Survey results showed that there was room for improvement in the area “how well clinicians communicate.” In response to this finding we created the *Helpful Tips for Members* sheet that’s sent to members when they first access behavioral health services. The 2010 Member Satisfaction Survey, however, did not indicate improvement with members’ perception of how clinicians communicate. It remains a challenge for us and our providers to more closely align clinician communication skills and tools to the expectations of our members. A copy of the Member Satisfaction Survey results is located on the Cenpatico/IMHS provider website.

For 2010, additional areas for improvement emerged: member satisfaction with being informed about treatment options and office wait time. Both of these areas did not meet the Cenpatico/IMHS performance goal of 85 percent. We will create workgroups to address interventions soon, and we welcome your input. Please visit the *Contact Us* section on our website to give your ideas.

Member satisfaction with provider cultural competency showed an increase from 2009 to 2010. When asked, “Do you think your behavioral health treatment provider fully respected these needs [pertaining to race, culture, language, religion, sexual orientation and ethnicity]?” the percentage of respondents who answered “yes” increased from 66.7 percent in 2009 to 73.1 percent in 2010.

Thanks for being a Cenpatico/IMHS provider! We appreciate all that you do for members.



2010 Treatment Record Review Results

Tips for improving goal planning and communication.

Each year we select a sample of practitioner records to evaluate adherence to our Treatment Record Review standards. These standards are based on the National Committee for Quality Assurance Treatment Record Standards and can be found in your Provider Manual. If you'd like a paper copy, please contact the Quality Department at (512) 406-7225.

This year's results were similar to the last review: Records reflected the documentation of member demographic information, but there is room for improvement in the treatment planning process. One way to improve this process is to adopt the SMART method for goal writing. If followed, it will result in a plan of care that you can

follow as well as measure. Establishing treatment plan goals also helps the member know what to expect. This method can also be used in your Outpatient Treatment Request if you need to submit that documentation to us.

The **SMART** method requires that goals be:

SPECIFIC—Who, what, when, where and how

MEASURABLE—Intensity, frequency, duration of symptoms

ATTAINABLE—Within the member's scope for the current treatment episode

REALISTIC—Make sure the bar isn't set too high or too low for the member

TIMELY—Is it an opportune time for the member to pursue the identified goals?

Another area where we have room for improvement is in the documentation of communication with the Primary Care Provider (PCP). Your records demonstrate that you generally know who the PCP is, but evidence of communication with the PCP is lacking. This communication is vital to treat the member holistically.

PCPs want to know what medication the member is taking so that nothing is ordered that could harm the member or reduce the efficacy of the medication. It's also important for the PCP to know that their member has sought behavioral health care. Members who are depressed, for example, tend to seek care from their PCP at a much higher rate than those who are not depressed.

When the PCP and the behavioral health provider work together, the member benefits. We have created a tip sheet for PCPs to help the member find a behavioral health provider and we recommend that the PCP sets up the appointment for the member while still in the office. By doing this, the PCP knows who the member is seeing and opens the door for an open channel of communication.

Members have weighed in on one of the elements of the treatment record review. One question asked is whether you provide information about self-help groups or community resources. Through the Member Satisfaction Survey, we learned that members would like to have concrete information about how to access community resources.

We'll be glad to help you explore resources in your community so you can assist members. We can also help you find creative ways to improve your documentation skills.



FEEDBACK

2010 Provider Satisfaction Results

Thank you to all of the practitioners who responded to our satisfaction survey this year. We appreciate your feedback. You told us that you are much more satisfied with Cenpatico/IMHS as a whole, especially with the credentialing process and the claims process. You also expressed a significant increase in satisfaction in your interactions with our Customer Service and Provider Relations staffs.

Overall, providers' satisfaction with the authorization process improved slightly from 2009 to 2010. Of particular interest is the conflict in this measure in the reported significant decrease in satisfaction with the current process compared to last year. We created a separate Outpatient UM Team in late 2009 designed to increase the focus on and improve the quality of outpatient care provided to our members. Extensive outreach and provider training has occurred, as well as an increase in denials issued

for outpatient care. Outpatient providers are being held more accountable for ensuring the care offered to our members is clinically appropriate and outcomes driven. While many providers have embraced the feedback and training offered, some have not. Denials have increased in many markets which may account for the decreased satisfaction with utilization management.

We continue to get feedback about the burdensome nature of

requests for outpatient treatment. Request forms must be faxed in most markets and do not offer space to document all clinical information necessary to justify the request.

Courtesy extended by care management staff decreased just slightly, and satisfaction with care management's ability to answer questions increased slightly—though there was not a significant change in either measure.



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