

# provider **report**

WINTER 2010 | WWW.CENPATICO.COM

## REMINDER: OUR HOURS

The Cenpatico/IMHS Utilization Management Department's hours of operation are Monday through Friday (excluding holidays) from 8:00 a.m. to 6:00 p.m., Eastern Standard Time (EST). Additionally, clinical staff are available after hours if needed to discuss urgent UM issues, and can be reached via our toll-free number.

## 2009 Practitioner Survey Results

The good news is we have improved over last year, which means we listened to your concerns and are acting upon them! Areas of greatest improvement include the complaint process and the length of time to resolve your claims concerns.

As we strive for continuous quality improvement, we are taking the time to evaluate your responses and will implement opportunities for improvement where necessary. We appreciate your feedback and suggestions, and look forward to continuing a mutually beneficial relationship.



## Greetings and Welcome

Valuable information for our valued providers.

**O**ur winter newsletter provides a wealth of valuable information, including how to earn free CEU credits by accessing E-learning through our website and how to minimize no-shows.

Thank you for participating in our Treatment Record Review. We found numerous strengths in documentation, but also some weaknesses. We encourage you to review our results. Good record keeping is crucial for your patients as well as other insurers. Our guidelines generalize well so as to be a useful tool for all your patient documentations. Our member and provider satisfaction survey yielded interesting results.

We also want to remind you that there is no preauthorization for an initial assessment as well as multiple follow-up visits before treatment requests must be submitted.

Electronic health records are becoming more and more common. Find out what help you can get if you are considering adopting EHRs. Also read about the services offered in IT education.

The new year is upon us, and we would like to thank you for all that you do for our members.

We appreciate the quality care that you provide and hope that our relationship with you flourishes over the years to come.

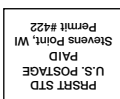
Sincerely,  
**Bernard T. Engelberg,**  
M.D., Medical Director

(512) 406-7200

Austin, TX 78701

504 Lavaca St., Suite 850

CENPATICO/IMHS



## MEMBER NO-SHOWS?

Tired of booking clients who fail to make their appointments? Hesitant to accept more Medicaid members due to no-show rates? Cenpatico/IMHS is aware of these issues and has processes in place to help reduce no-show rates:

- Prior to discharge, Cenpatico/IMHS ensures a follow-up visit is scheduled and that we are informed of the date and time.
- Prior to this visit, our CC/ICM staff outreach to the member to remind him or her of the appointment and assist with alleviating any barriers that might exist in preventing him or her from attending this appointment (child care, transportation, etc.).
- Reminder calls are made just before the appointment.
- Follow-up contact is made with the member immediately after the appointment to ensure it was kept, and to offer assistance with locating a new provider if the member was not satisfied. If the appointment was not kept, assistance is offered with rescheduling and alleviating barriers to keeping the next appointment.
- Incentives are provided to children and their parents for keeping follow-up appointments, including Build-A-Bear bears and books about feelings for children, as well as Walmart gift cards.\*
- In many markets, in-home visits are conducted prior to regular outpatient follow-up to ensure the member is remaining stable and to stress the importance of outpatient follow-up with the regularly scheduled therapist.

### Tips for providers:

- Upon scheduling the next appointment, provide patients with an appointment card to remind them of their next session.
- Provide patients with a notebook to help keep track of their appointments and other therapy-related information.
- Call members in advance of their appointment as a reminder.

*\*The gift card incentive is not available for members in Florida and Massachusetts. Additionally, this program is only available for members between the ages of 4 and 18.*

# Health IT Training Centers

**Adopting an EHR? Technical support is on the way.**

**A**re you willing to adopt electronic health records, but in need of some assistance to make the transition? HITRC is another way to spell help for qualifying providers in their efforts to achieve meaningful use of electronic health records.

### A Legislative Recap

HITRC stands for Health Information Technology Research Center and was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the 2009 federal economic stimulus law.

To stimulate a transformation of the nation's health system, HITECH makes funds available for the development of a nationwide electronic health information system that, ultimately, will enhance the quality and value of healthcare. HITECH offers Medicare and Medicaid incentive payments that health providers can start claiming once they demonstrate their adoption and meaningful use of EHRs. (The formal definition of "meaningful use" will be issued in early 2010.)

### Services and Support Available

If you're like most primary care providers, you're somewhat willing to adopt and use EHRs but reluctant to take the leap on your own. You'd like expert assistance every step of the way so that you make the right choice of vendor and implement the system with the least disruption to your practice. What you need are the services of one of the 70 HITRC-established regional extension centers. You'll receive health IT education, training and on-site technical assistance, including unbiased guidance and trouble-shooting for a wide range of EHR vendor products.

The extension centers are targeting clinicians furnishing primary care services and small group practices (fewer than 10 clinicians with prescribing privileges). Each extension center will help approximately 1,500 PCPs, for a nationwide goal of 100,000.

Groups seeking to be a not-for-profit extension center must apply for a HITRC grant. Possible applicants are health information exchanges, Medicare quality improvement organizations, universities with health profession programs, hospitals and health centers, medical or professional societies, and provider organizations or associations. Grants are capped at around \$10 million per center. The first centers are expected to be operating in early 2010.

→ **The extension program is a work in progress. Frequently updated information is available online at the Department of Health and Human Services' Health IT website. Visit [www.healthit.hhs.gov](http://www.healthit.hhs.gov) (click HITECH Funding Opportunities, then HIT Extension Program).**

## MEMBER RIGHTS AND RESPONSIBILITIES

**Our members have a defined set of rights and responsibilities that are located in your Provider Manual or on our website, [www.cenpatico.com](http://www.cenpatico.com). We would be glad to send you a paper copy if you wish. Contact the Quality Department at (512) 406-7225.**

**The rights outline what the member should expect from you, the practitioner. They also outline what the member can anticipate from Cenpatico/IMHS. We have coupled the Member Rights with Member Responsibilities. One example is "participate actively in their treatment." You can access plan-specific Member Rights and Responsibilities by visiting the health plan's website.**

# Member and Practitioner Satisfaction

## A closer look at perceived authorization delays.

Each year we measure the level of satisfaction for our members and practitioners. We would like to highlight satisfaction with our UM processes in this issue. One question on the Experience of Care and Health Outcomes (ECHO) survey addressed satisfaction with UM for members (see right).

Results from this question for adults indicate members felt treatment was delayed while waiting for authorization. This perception is puzzling as Cenpatico/IMHS allows an initial assessment and multiple follow-up appointments before authorization is required, does not require authorization for medication management visits, and does not require authorization prior to admission to a hospital. Therefore, it is unclear why a delay would occur.

Cenpatico/IMHS is investigating this perception and whether information is communicated from practitioners indicating delays. Pre-authorization is required for psychological testing, which does account for a high volume of authorization requests in some markets. While Cenpatico/IMHS is 99.9 percent compliant with state time frames in decision making for all service

**Q:** In the last six months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

Age Group	Valid N	Responses	ECHO Summary Rate Score	2008 TMG B.o.B.	Statistical Sign.
Adults	81	A big problem: 29.6% A small problem: 28.4% Not a problem: 42.0%	42.0%	68.3%	Below
Kansas Children	498	A big problem: 3.0% A small problem: 5.9% Not a problem: 91.1%	91.1%	N/A	N/A
Children: Foster Care	318	A big problem: 2.5% A small problem: 3.8% Not a problem: 93.7%	93.7%	N/A	N/A
Children: Non-Foster Care	367	A big problem: 2.7% A small problem: 5.7% Not a problem: 91.6%	91.6%	N/A	N/A

requests, this may be perceived as a delay to a member waiting for treatment. Additionally, members may be unaware that no authorization is required to begin outpatient therapy and that no referral is needed from the PCP to seek behavioral health treatment.

Efforts will be made to provide further education to members to address this.

→ We'll report more on satisfaction of our members and ways we can improve it in our next issue.

\* Results are reported for a "Not a problem" response.

## Newly Approved Medical Necessity Criteria

Each year Cenpatico/IMHS conducts a review of our medical necessity criteria used to determine utilization decisions. A group of practitioners and Cenpatico/IMHS clinical staff review and discuss the criteria and current evidence-based practices, recent scientific knowledge and developments from mental health professional organizations and consumer advocacy groups. This information review and discussion determines if modification to the criteria is needed. Annual review of the criteria occurred in November 2009.

Upon review of the current criteria and the markets served by Cenpatico/IMHS, it was determined that more states are including a broader array of community-based/wrap-around services in the behavioral health benefit package and that Cenpatico/IMHS's criteria required modification. Cenpatico/IMHS created a workgroup and spent time researching each state's community-based service descriptions and criteria for use. We found that each state varies in how these services are described and delivered. As such, Cenpatico/IMHS developed state-specific medical necessity criteria for community-based services. Local system delivery information was coupled with evidence-based research to formulate criteria that both adheres to the delivery model and culture of the state while still remaining clinically sound and evidence-based.

The new medical necessity criteria was reviewed and approved by both the Cenpatico/IMHS Utilization Management Committee and Quality Improvement Committee and is available on our website at [www.cenpatico.com](http://www.cenpatico.com) or a hard copy can be requested by calling us.





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## Record Review Results

### What we learned from our assessment.

**O**ur clinical staff has completed the annual assessment of Treatment Records after reviewing 206 records at 38 high-volume office locations. We used the same basic tool as last year, which is built on our Treatment Record Guidelines. Treatment Record Guidelines can be found in your Provider Manual online at [www.cenpatico.com](http://www.cenpatico.com) or can be requested in paper format by calling (512) 406-7225. As a follow-up to our review, we sent letters to each of you who were reviewed noting areas of strength and opportunities for improvement.

#### An Overview

Documentation of all elements necessary for effective treatment planning improved. Interestingly, we discovered in our record review that our providers don't always give information to help members understand their condition thoroughly and our Member Satisfaction Survey revealed this to be a dissatisfier for our members.

It's important that our members and their families receive information that explains their diagnosis, the community resources that may be helpful and what they can do to offer support. We can help. We plan to develop brochures for you to distribute that address the main diagnoses managed by our outpatient practitioners: ADHD, anxiety, adjustment disorder and bipolar disorder. Look for these to be coming your way through your network manager and Provider Relations Representative.

Another issue we found was a lack of documentation of follow-up appointments and a brief physical examination with each visit. This can be accomplished through training of your office staff. When the member finishes his or her appointment with you, office staff can record the next appointment. They can also weigh the person prior to the visit as well as take his or her blood pressure and other vital signs to identify problems that are linked to his or her prescription medication. Consider courses from E-Learning when training your staff. They are no charge to you. Courses such as Guideline for Documentation, Documenting the Treatment Planning Process, Cultural Diversity and Cultural Issues in Mental Health Treatment are just a few of the offerings found at the link to E-Learning on our website, [www.cenpatico.com](http://www.cenpatico.com). Many of the courses offered can be taken by clinical staff for CEUs. E-Learning also has condition-specific courses that may improve your connection with the member and his or her family (for example, Alcohol and the Family).



## E-Learning

E-learning is a valuable tool Cenpatico/IMHS offers to you and your office staff at no charge! It's simple to use. Just click on the Essential Learning link on our website and follow the step-by-step instructions. Once you have registered, you're good to go. If you do not access the site for six months or more, you will need to re-register. You can earn CEUs through E-learning. Once you complete the course selected, just print the certificate. Most courses are three hours long. You don't have to take the course all at the same time. You can mark the spot where you stop and then pick it up at a later date. E-learning is easy and here's the best part: It's free!



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