

Provider Report™

PERINATAL DEPRESSION SCREENING PROGRAM

All members who are pregnant or have just delivered are eligible to participate in Cenpatico/IMHS' perinatal depression screening program. This preventive behavioral health program begins with the member receiving an information packet from the health plan about pregnancy or their newborns. Included in the packet is information about depression and a depression screener, the Edinburg Survey, which is provided in both English and Spanish. The member completes and mails the survey to us, where it is scored by staff. An outreach letter is sent to all women who return the completed survey. For women with a positive score indicating there may be depression, telephone outreach is attempted to discuss with the member. Our Care Coordinator offers resources for the member, including community resources as needed. We will notify the member's obstetrician when a member scores at high risk for depression so the physician is alerted to a potential issue with the member.

For our members in Health Wave 21, the process differs slightly. If the member is pregnant, you can request that a survey be conducted during member outreach, as members do not receive the information packets. You can also contact Cenpatico/IMHS directly by calling 1-866-896-7293 and asking for the Perinatal Coordinator. The Coordinator will be happy to take the referral and will provide outreach to the member. To obtain more information about the perinatal depression screening program, contact the Quality Department at (512) 406-7200.

Dear Cenpatico/IMHS Provider:

Welcome to the fall 2009 edition of *Provider Report*. We're pleased to announce we have decided to commence accreditation by the National Committee for Quality Assurance (NCQA). This is a process-driven accreditation that looks for evidence of outcomes to improve members' lives. The NCQA website can be viewed by going to ncqa.org. Cenpatico/IMHS is committed to ensuring that our members receive quality care.

This issue looks at updates to the Provider Manual; the manuals list the current clinical practice guidelines approved and recommended by Cenpatico/IMHS. The newest addition is "Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders." We appreciate any feedback about these manuals to make them even more user-friendly.

As we support our health plan and state clients, we strive to improve our members' care by having those who are discharged from an inpatient hospital be seen within seven days. We have several initiatives aimed at improving this measure as these are our most vulnerable members with serious conditions.

Within this report, we also look at our appointment availability audit and discuss this as a contractual requirement for our network practitioners.

Please give us your feedback to improve service and satisfaction. You may contact me directly at the address below.

Sincerely,

Thomas A. Hamlin, M.D.
Vice President, Medical Affairs
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2 Important Plan News
And Service Updates

3 How We're Assessing
Network Performance

4 Appointment Access
Standards in Review

Our Decision-Making Process

We want to remind you that our Utilization Management (UM) Department's hours are Monday through Friday (excluding holidays) from 8 a.m. to 6 p.m. Eastern Standard Time (EST). Additionally, clinical staff are available after hours if needed to discuss urgent UM issues.

At Cenpatigo/IMHS, we make referral and assessment decisions according to established Medical Necessity Criteria that define the level of urgency, intensity and appropriate level or setting of care. Our Medical Necessity Criteria is available at www.cenpatigo.com. A hard copy can be provided upon request by calling us.

We make UM decisions based only on appropriateness of care and service and existence of coverage. We do not reward practitioners or other individuals for issuing denials of coverage or services. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

For both mental health and chemical dependency service continued stay requests, the physician or treating provider is notified about the opportunity for a telephone peer-to-peer review with the Peer Reviewer to discuss the plan of treatment. The Peer Reviewer initiates at least three telephone contact attempts within twenty-four (24) hours prior to issuing a clinical determination. If the time period allowed to provide the information expires without receipt of additional information, a decision is made based on the information available. When a determination is made where no peer-to-peer conversation has occurred, a provider can request to speak with the Peer Reviewer who made the determination within one business day.

REMINDER ON SEVEN-DAY FOLLOW-UP APPOINTMENTS Members experience greater success at community tenure when seen within one week of discharge from an inpatient facility. Cenpatigo adheres to HEDIS monitoring measures, which set the standard for the 75th percentile at 54.74 percent. Currently, 44.8 percent of members are seen within seven days of discharge. We'd like to partner with you to work toward improvement and achieve the 90th percentile rate of 65.43 percent. Contact your local Network Manager to discuss ideas for improvement.

Provider Updates

Please visit www.cenpatigo.com to review the latest Provider Bulletin. This update includes information about:

- Revised clinical practice guidelines
- Medical record documentation standards
- Utilization management criteria
- Utilization management department contact information
- How to discuss denials with a peer reviewer
- Member rights and responsibilities
- New preventive health programs
- Provider access and availability standards
- Our policy on financial incentives

Please contact your Network Manager should you have questions about any of this information.

Interpreter and Translation Services Available

Cenpatigo/IMHS is committed to ensuring effective communication with our members with special linguistic needs and cultural differences. We do not advocate the use of patients' family members or friends as interpreters during appointments. To ensure effective communication, we facilitate and coordinate with professional interpreters trained in various languages, including American Sign Language. Interpretation services can be made available face-to-

face at your office if necessary, or via telephone, to assist with discussing technical, medical or treatment information with members as needed. Interpretation services are available 24 hours a day, seven days a week in 200 languages to assist when there are no other translators available. These services can be accessed through the Customer Service Department during regular business hours or through NurseWise® after normal business

hours. Face-to-face interpretation services should be established in advance of an appointment to ensure timely accommodations. Please contact us and have the member's ID number, date and time service is requested and any other documentation that would assist in scheduling interpreter services. The Interpreter Request Form can also be accessed at www.cenpatigo.com (cenpatigoga.com for Georgia providers) and submitted to us for processing.

Letting the Guidelines Be the Guide

How we're assessing network performance in treating children with anxiety.

Cenpatico/IMHS annually measures network performance against important aspects of selected Clinical Practice Guidelines for Behavioral Health. We choose clinical practice guidelines that are relevant to the needs of our enrolled members and endorse clinical practice guidelines to assist practitioners in providing quality care. Clinical Practice Guidelines are available to our members, and this fact allows them to make good decisions about their care.

For the reporting year 2009, we identified the following specific aspects of care for measurement and analysis for the Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders and the Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders guidelines. We will focus on the Anxiety Guideline in this issue.

“Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders” was published by the American Academy of Child and Adolescent Psychiatry in 2006. The full text may be viewed at aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf. This comprehensive article addresses the full spectrum of anxiety in

children, from developmental considerations to treatment. As is true for major depression, the treatment of anxiety should be multimodal and include education, psychotherapy and consideration of medications when psychotherapy is not successful. Cenpatico/IMHS plans to assess fidelity to this

guideline by using administrative data, i.e., claims data.

Cenpatico/IMHS would appreciate your comments or questions about this process. We will analyze the data from the assessment and ask for practitioner input and suggestions for interventions.

THE METHODOLOGY FOR THE ASSESSMENT IS:

Numerator	Denominator	Measure
Members in the denominator having one or more visits with a behavioral health therapist on or after the first visit	All members with a diagnosis either by the medical practitioner or a behavioral health practitioner who remain enrolled for a minimum of 90 days after diagnosis	The percentage of members with a diagnosis of anxiety having a minimum of one behavioral health therapy visit
Members in the denominator with one or more medication management visits with a behavioral health practitioner	All members with an anxiety diagnosis either by the medical practitioner or a behavioral health practitioner and a prescription (30 day) for an anti-anxiety medication who remain enrolled for 90 days after the date of diagnosis	The percentage of members having a prescription for an anti-anxiety medication who had a medication management visit with a behavioral health practitioner
Members in the denominator with one or more follow-up visits with a prescriber within 90 days of the prescription	All members with an anxiety diagnosis either by the medical practitioner or a behavioral health practitioner and a prescription (30 day) for an anti-anxiety medication who remain enrolled for 90 days after the date of diagnosis	The percentage of members having one or more follow-up visits with a medical or behavioral health practitioner

Make Time for Members

Are you meeting appointment availability standards? We can help.

You may have noticed that Cenpatco/IMHS is ramping up its process to verify that you have an appointment available within 10 business days for routine care and within 24 hours for urgent care. When we call to check your availability, if you do not meet either one of the standards, we send a letter reminding you that you have a contractual obligation that needs to be met and that we will follow up in the next quarter. If we find continued lack of appointments within the time frames requested, we ask for a Corrective Action Plan. Once submitted, we review and contact you if it is not acceptable. Once we reach an agreement, Cenpatco/IMHS accepts it and will contact you after actions have been made to determine if you now meet the requirements. This process has

prompted many providers to call us, and we appreciate the opportunity to work with you. Cenpatco/IMHS also expects you to direct members, or to have a message on your phone that directs members, who have a non-life-threatening emergency to go to the nearest emergency center.

Cenpatco/IMHS has found that while the number of providers meeting appointment availability standards has increased, it is still not meeting our goal to have 90 percent of our provider offices be available within 24 hours for urgent appointments and 10 business days for routine appointments. To ensure that your office meets these directives, it is important to provide education on these standards to the front office staff. Another solution is to allow

time each day at lunch or before or after normal office hours to see those patients in crisis. Your front office staff needs to know you can be available during these hours if needed. If you are a solo practitioner and do not have front office staff to rely on for making appointments, you can change the message that patients receive while you're in session to reflect that you will return their call within two hours or when possible.

Our Quality Department and Network Management staff are available to brainstorm ideas to help you meet standards that will work for you and your practice. Thank you to those of you who have been called and met the standards. We appreciate your commitment to our members.

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