



# Provider Report™

## E-Learning Courses Now Available With Free CEUs

We have partnered with Essential Learning to provide you with free clinical education, 24 hours a day, seven days a week. Every Cenpatico/IMHS provider can take unlimited courses free of charge, many of which offer continued educational credits (CEUs).

Here are some of this month's course offerings:

- Addiction: A Biopsychosocial Model (Code ABM101)
  - Coordinating Primary Care Needs of People with SMI (Code CPCN101)
    - Bipolar Disorder in Children and Adolescents (Code BPDCA101)
      - Creating a Recovery-Based Mental Health Program (Code CRBMHP)
        - Evidenced-based Practice for Major Depressive Disorder (Code EBP-NRI)

To learn more or to register for a course, visit our Provider Resources page: [www.cenpatico.com/providers/education](http://www.cenpatico.com/providers/education).

## Dear Cenpatico/IMHS Providers:

Welcome to the Winter 2009 edition of *Provider Report*. Change is in the air and we have been hard at work incorporating your feedback.

### Our Website Gets a Facelift

You may have noticed that we have made some changes to our logo and, most importantly, our website. With an increased emphasis on Recovery, Resiliency and Results, we have striven to make improvements to our content and our communication. Please take time to explore our new website, [www.cenpatico.com](http://www.cenpatico.com), and make use of the improved features—including our blog. And by all means, continue to let us know what you think.

### Parity Act Passes

The most important news for the Mental Health and Addictions provider community is the new federal Parity Law. The formal title of this act is **The Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equality Act of 2008**. This act is actually a law that amends the Mental Health Parity Act of 1996 and expands the protections of that act. The primary change will be the expansion of parity to 82 million individuals enrolled in Employee Retirement Income Security Act group health insurance plans that are not protected by state parity laws.

The effective date for the changes mandated by this act for most plans will be January 1, 2010. The rules are not yet written, and little change is expected for the Medicaid population given the richness of the current mental health benefit set. Now that there is legislation clarifying that mental health and substance abuse maladies are just as important as physical ailments, **we hope this act will decrease the stigma for members dealing with mental health and addiction issues.**

We will continue to provide updates on the act and the rules as they are written. Please see page 4 for more information. It is an exciting time for those of us in the field. As always, please feel free to contact me at any time with your suggestions and ideas for improving the Cenpatico/IMHS provider experience.

Sincerely,  
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**2** We Welcome Our  
New Medical Director

**3** 2008 Medical Record  
Review Results Are In

**4** Mental Health Parity  
Gains New Ground

## Tips for Clarity

Don't assume your patients understand all of the information you're giving them. Reading levels, facility with numbers and language comprehension are very low among many people, particularly minority, immigrant, elderly and low-income populations. **Nationwide, some 90 million people lack the necessary skills to obtain, understand and act upon health information, according to Institute of Medicine estimates.**

More than having an understanding of prescription or physician instructions, health literacy encompasses finding providers, making appointments, understanding signage and healthcare forms, and otherwise navigating the healthcare system. Poor health literacy is associated with worse health outcomes and higher use of healthcare services.

Do you know the level of health literacy among the patients in your own practice? One way to find out is to test for it. Results can help you better tailor your patient communications. There are several assessment tools available. The short version of the Test of Functional Health Literacy in Adults takes seven to 10 minutes to administer; the English-only Rapid Estimate of Adult Literacy in Medicine takes three minutes; versions of the Newest Vital Sign assessment averaged less than three minutes for English and just over three minutes for Spanish.

To improve your patient communication efforts, follow these basic rules:

- Use simple terms.
- Use visual aids.
- Go slow.
- Watch for signs of confusion (facial expressions, body language).
- Ask the patient to repeat medical instructions in his or her own words.

## Cenpatico/IMHS Welcomes

# New Medical Director Dr. Bernard T. Engelberg, M.D.

Our new Medical Director enjoys adventure. It's that sense of adventure that helped Dr. Bernard T. Engelberg, M.D., decide to move his family from Albany, NY, to Austin, TX. "I'd heard so many great things about Austin, but once I visited, I fell in love with it," said Dr. Engelberg. It's also that sense of adventure that helped Dr. Engelberg decide to complete some of his studies in Europe, where he lived for seven years, receiving his medical degree from Goettingen University in Germany. While there, he got the chance to learn more about his family history. "My parents were German Jewish refugees and Holocaust survivors. I felt it was important to take the opportunity to see and learn more about where they came from."

Dr. Engelberg comes to Cenpatico/IMHS from MVP Healthcare in New York, where he served as Senior Medical Director. A lifelong New Yorker, Dr. Engelberg is a New York Yankees fan, which he jokingly admits might get him in trouble with some of his new Texas neighbors.

Dr. Engelberg is very excited about his new position at Cenpatico/IMHS. When asked about his first impressions, he said, "The people were wonderful. In fact, it was the people that were the most important factor for me in taking this job. They were sincere and knowledgeable." He's also excited to take on the challenge of an expanding company. "I love psychiatry. I really am looking forward to sharing that love and knowledge and combining that with my managed care skills to create new products for programs such as foster care."

Dr. Engelberg is also excited about working with providers. "I want to work collaboratively and build a rapport with them," he says. "I have an open door policy with providers and will gladly make my number available to them if they feel they have a problem or would like me to help them in a consultative role. My job is to make sure care never gets to the point of denial."

"The best care is efficient care," Dr. Engelberg says. "I strive for goal-oriented quality care and want to bring that kind of enthusiasm to my new position."

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**NEW ENHANCED PROVIDER SURVEY** Our annual online satisfaction survey has been replaced by an in-depth survey that will be sent to you in the mail. You may have already received this survey; it should take 15 minutes or less to complete. We realize surveys are time-consuming, but please know that your opinions last year made a difference. Based on your feedback, we have:

- Improved the Outpatient Treatment Request process and form.
- Improved our website.
- Improved our provider training options (we now offer e-learning with free CEUs).

So please participate! And as always, call us toll-free or contact us at [www.cenpatico.com/contact-us](http://www.cenpatico.com/contact-us) any time you have comments or concerns.

# 2008 Medical Record Review Results Are In

We're focused on helping you improve your documentation process.



In 2008, our Quality Improvement Department began reviewing a sample of medical records for adherence to both our medical record guidelines and to the American Psychiatric Association (APA) guidelines for schizophrenia and depression. We chose these two because of the prevalence of major depression and the high risk of schizophrenia.

Cenpatco/IMHS developed a tool for auditing the medical records in 2007. We requested that providers fax or mail medical records to us for review.

Our goal for this initiative was to educate providers to improve medical record documentation, follow the APA guidelines for treatment of members with a diagnosis of major depression and/or schizophrenia and improve communication within the provider network, including the Primary Care Physician (PCP).

Some interesting trends we found during the review:

- Treatment plans were either absent or not comprehensive.
- Laboratory tests were not monitored during initial assessments; or if they were monitored, there was no notation to acknowledge that they were abnormal and/or

needed to be repeated.

- Crisis plans were infrequently noted.
- A brief physical assessment was not recorded for each visit.

We also focused on references to PCP communication on the part of providers of member services in the treatment plan. We aim for 40 percent compliance in each of these quality indicators. Here's what we found:

- Documentation in medical chart identifies the member's PCP (37 percent compliance).
- Documentation in the chart indicating contact was made with PCP in last 12 months (20 percent compliance).
- Evidence of at least one collaborative action between PCP and providers of member services (15 percent compliance).

In order to help resolve these numbers in the future, we provided feedback to each provider specific to his or her records as well as the overall performance of all records reviewed during this process. A copy of the guidelines used were included with the feedback. We also will be sending out the name of a patient's PCP when he or she is discharged so that providers don't have to search

for the name of a PCP on their own. There were some positive trends we found during the audits. A majority of records did contain:

- A risk and substance abuse assessment.
- Identification of the member's presenting problem(s)/symptoms.
- Documentation of the member's current level of functioning.
- Member education.

Our medical record guidelines are consistent with good medical record-keeping practices; these include listing the member name/identification number on each page, legible handwriting, presenting problems as stated by the member, medication documentation and assessment of imminent risk of harm. You can find these guidelines in your Provider Manual.

The APA guidelines for schizophrenia and depression remain the accepted standard of care for these disorders. They include creation of a treatment plan, educating the patient and family, managing the symptoms with medication, as applicable, and monitoring the patient for breakthrough symptoms.

We hope this study is a good reminder to our providers of how important communication and collaboration is with the PCP. We also want to stress the importance of correct documentation. As the old nursing saying goes, "If it's not documented, it's not done."

Please feel free to call us and discuss the medical record review process. You can contact the Quality Improvement Department at (512) 406-7200.

# Congress Expands Mental Health Parity Protections

In October 2008, the U.S. Congress passed the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equality Act of 2008 (2008 Parity Act). This landmark legislation significantly expands the mental health protections of the Mental Health Parity Act of 1996 that are currently in effect.

## WHAT IS MENTAL HEALTH PARITY?

Historically, health insurance companies have set higher copayments, deductibles and limits for mental health and addiction treatment than for treatment of physical illnesses like heart disease or cancer. The Parity Act will eventually ensure that mental health benefits equal those of physical illness benefits with regard to deductibles, copays and scope of services. With the passage of this legislation, health insurance companies will be required to adjust their coverage to provide equal consideration for mental and physical health issues.

## WHO IS COVERED?

The 2008 Parity Act will protect over

113 million people across the U.S., including the 82 million individuals enrolled in Employee Retirement Income Security Act (ERISA) group health insurance plans that are not protected by state parity laws.

## HOW WILL THIS AFFECT ME AS A CENPATICO/IMHS BEHAVIORAL HEALTH PROVIDER?

It is expected that this law will decrease out-of-pocket expenses for consumers of mental health and addiction treatment. Additionally, patients will have inpatient and outpatient coverage that is equal to their general healthcare coverage. Because mental health coverage for Medicaid recipients tends to be more benefit-rich than other types of insurance, it is unclear at this time how the Parity Act will impact the scope of services. As states move toward adjusting their benefits, we will communicate those changes to you.

## HOW DOES THIS EXPAND UPON THE 1996 MENTAL HEALTH PARITY ACT?

The 1996 act prohibited group plans from establishing differential annual or lifetime dollar limits for mental health services. The

2008 act amends the 1996 act to include substance abuse disorders and requires group health plans that choose to provide both medical and surgical benefits and mental health or substance abuse benefits to ensure that:

**[1]** Financial requirements applied to mental health and addiction benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits that the plan covers. This includes deductibles, copayments, coinsurance, out-of-pocket expenses and annual/lifetime limits.

**[2]** Treatment limitations applicable to mental health and addiction benefits must not be more restrictive to those applied to medical and surgical benefits covered by the plan, including limits on the frequency of treatments or the scope of duration of treatment.

## WHEN DOES THIS GO INTO EFFECT?

The effective date for this legislation, for most health plans, will be January 1, 2010.

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