

provider **report**

FALL 2010 | WWW.CENPATICO.COM

Be SMART

Objective goals are **SMART**, not vague.

Follow the SMART goals format to help formulate solid, measurable goals that will help both you and the member know what you're together working toward.

- **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 this member
- **TIMELY:** Is it an opportune time for the member to pursue the identified goals?

REMINDER:

As always, paper copies of all of our resource materials are available at no cost to you. Some examples include: the Provider Manual, our Preventive Health Program Information, Quality Improvement Activities, Clinical Practice Guidelines and much more. Just contact our Quality Department at (512) 406-7225 and we will be glad to send you a copy of whatever you need.



(512) 406-7200

WWW.CENPATICO.COM



A New Season Arrives

Improving care remains a primary priority.

Welcome to our fall 2010 newsletter. I can't believe that summer is over already. And life has taken on a more serious tone, especially in this time of local, state and federal cutbacks in healthcare spending. As a psychiatrist, I am proud to be part of an organization that is truly dedicated to improving the care of our members and satisfaction of our providers, regardless of the circumstances surrounding us.

We ask for your support in an area in which we hope for improved member care: outpatient treatment. Fortunately, by far most of the care that our providers give is timely, focused and very helpful to our members. We are truly grateful for your dedication and hard work. However, at times we see situations where the member appears "stuck" and is no longer progressing. Treatment can appear to be vague, ineffective and not really geared to the needs of the member, regardless of

the response or lack of response to the care rendered.

Therefore, I urge you to read the short articles in our newsletter this month addressing this issue. They will introduce you to the concept of our new Outpatient Utilization Management team. They will let you know exactly what it is that we are looking for in Outpatient Treatment Review forms. You will also learn tips on how to avoid denied claims. Note that we are looking for providers that are utilizing Evidence-Based Practices. Please tell us about your specialties and areas of expertise where you are utilizing proven therapy techniques.

Please also take a look at our PCP Communication Form and the suggestions for organizing your time and improving access.

Above all, as always, thank you for taking such good care of our members!

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

Our Outpatient Utilization Management Team

In June 2009, Cenpatico/IMHS developed a new Outpatient Utilization Management team solely devoted to the management of outpatient utilization.

The primary focus of this team is to ensure that the highest quality services are being delivered to our members and to partner closely with our providers; this includes encouraging the use of evidence-based practices for the diagnoses or target populations being served by our providers.

The Outpatient Utilization Managers are collaborating with outpatient providers more now than ever before: They call to discuss cases, fax feedback about requests and conduct provider training sessions to answer clinical questions and assist with completing treatment requests.

Cenpatico/IMHS is committed to our members receiving the best care possible, and the Outpatient Utilization Management team looks forward to partnering with you to make this a reality for every single member.



Have You Received a Feedback Form?

Here's what you need to know about this document.

If you receive a feedback form regarding an Outpatient Treatment Request (OTR), then you can rest assured you also received some authorization. (Please note that a feedback form is different from a denial letter or a problem letter.)

The authorization is faxed to you from a different location from the feedback form, so there may be a time lapse until you receive your authorization letter. It could be up to 48 hours later. Call customer service to check on the status of your authorization.

A feedback form is simply that: feedback. It is a way for our clinical team to communicate with you regarding necessary information and questions needed on future OTRs. Some of the feedback is general in nature and would apply to

all of your Cenpatico cases, and some are specific questions that apply to only that one member. There is no need to respond immediately. Your authorization will follow.

The next time you need an authorization, be sure to respond to the questions noted in the feedback form. Feedback forms will arrive within the same time frame that we are required to give you a decision about the authorization (usually within 7 business days, but in some cases it can be up to 14 calendar days).

If you do not understand the information in the feedback form or have questions that are clinical in nature, please feel free to contact the clinician listed on the top of your feedback form. He or she will be happy to assist you with your clinical needs.

How to Avoid Denied Claims Related to Authorization Issues

Providers can avoid claims denials by appropriately seeking authorization.

The three most frequent denial codes related to authorization issues on an Explanation of Payment (EOP) are:

- **A1: DENY: AUTHORIZATION NOT ON FILE** An authorization has not been obtained for the billing provider, or the date of service falls outside the range of an existing authorization.
- **5L: DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET** The maximum number of visits payable without an authorization has been reached. An authorization is required for additional visits.
- **EX DZ — DENY: EXCEEDED AUTHORIZED VISITS** When processing a claim, the claim payment system will check for any authorizations on file. It will verify the Date of Service (DOS), provider's

name, service type and visits remaining on the authorization. Each time a DOS is processed on an authorization number, the system tracks the number of remaining units. The DZ denial means the number of visits previously paid exhausted the visits authorized, and thus no visit is available to pay the current DOS.

To avoid claims denials, providers must obtain authorization for all services requiring prior authorization.

Providers should complete the Outpatient Treatment Request (OTR) form and fax it to us to request additional sessions. OTR forms may be downloaded at www.cenpatico.com/providers/forms/. Providers will be notified of the new/updated authorization via fax.

When completing the OTR, remember to complete the Requested Start Date for the authorization. If this date is not provided, the new authorization will begin on the received date of the OTR.

In addition, developing a tracking system to note each time a DOS is billed on an authorization number will assist you in eliminating an EX DZ denial.

→ **For more information about Authorizations, Covered Services and to view an Authorization Grid, refer to the newly revised Cenicatico/IMHS Provider Manual.**

Working Together To Provide Holistic Care

Taking steps to stay healthy can be challenging for anyone. But for those who also struggle with mental illness, the task can seem impossible.

As a result, persons with mental illness have been shown to have higher levels of medical comorbidity compared to the general population. Even when receiving regular psychiatric care persons often experience cooccurring medical conditions that go unidentified or untreated. This highlights the essential need for behavioral health providers to actively work with primary care providers to ensure that people are treated in a holistic manner.

Strong behavioral health/primary care partnerships improve the treatment of comorbid physical conditions and lead to better health outcomes. Behavioral health providers should regularly communicate with a patient's PCP (or PMP), especially if medications are prescribed. Cenicatico/IMHS offers a suggested PCP Communication Form to guide essential information that should be communicated to the PCP. To obtain this form, please visit www.cenpatico.com.

MORE ONLINE Providers can obtain the requirements for notification (urgent, emergency, etc.) in their provider manual. Please visit www.cenpatico.com/providers and click on your state-specific link to access the provider manual.

Appointment Access Standards and Monitoring

Tips for accommodating urgent needs.



Congratulations are in order. Of those providers asked, more than 90 percent can accommodate a member who is seeking a routine appointment. Now, let's tackle those members who need to see you on an urgent basis. The standard varies from state to state, with the expectation that you will make room in your schedule within 24 to 48 hours. We've been missing the mark with performance in the 80 to 85 percent range but with a target of 90 percent.

What can we do? For starters, we've made the process of checking request now, rather than calling. If you fail to return the completed fax, we will call to ask about your availability. If you are speaking with your Network Manager, let them know if you can accommodate members on a routine or urgent basis. Then you're ahead of the

game! To help you meet your contractual obligations to schedule a member urgently, we offer a few suggestions:

- **Give yourself an extended lunch break;** then, if you have a member who needs to see you urgently, you can schedule the appointment during a portion of your planned lunch break.
- **Leave the first half hour of the day open to organize your day.** If a member calls needing to see you urgently, you can schedule him or her at this time.
- **Leave the last half hour of the day open to catch up on paperwork.** If a member calls needing to see you urgently, you can schedule him or her at this time.

When we ask you about availability for urgent care, if you are not available, you

can rely on those you practice with to cover for you. For example, if you are a psychiatrist and a member calls with a real need to see you within 24 hours, you can ask that a therapist in your office or a therapist with whom you have a working relationship sees the member and alerts you to the member's issues. If you work part time, you can partner with a practitioner or provider who works on your days off so that the member can be seen.

We can help you develop these relationships. Call your Network Manager and ask about those in the Cenpatico/IMHS network willing to share appointment times with you. In the end, everyone wins. You meet the standards for routine and urgent care, and the member gets to see a practitioner or provider who can assist him or her.



FOR MORE INFORMATION ABOUT OUR PROVIDER SERVICES, VISIT www.cenpatico.com.

