

Practitioner and Facility Newsletter

2011

MHNet
BEHAVIORAL HEALTH

A Message from MHNet's Medical Director:

MHNet's newsletter highlights our wide-range of activities to improve access to optimal behavioral health care for our members.

Throughout MHNet's history, our goal has been to partner with the best providers to ensure timely access to appropriate levels of care. We hope MHNet's newsletter will provide you with helpful information about our goals and activities.

We encourage and welcome your feedback. We believe by working together, we can focus on best outcomes for our members and positive relationships with our providers.

Peter Harris, M.D., Ph.D.

Outpatient Treatment Reports

On the Outpatient Treatment Report (OTR), the most common errors are the following:

- Leaving the GAF blank
- Not completing all the Impairment Rating scales
- Not using the appropriate NPI and/or TIN numbers that match what are on file with MHNet

Remember, if you have multiple NPI and TIN numbers, please utilize the NPI and TIN you will use for billing when completing your OTR.

The OTR must be submitted with ALL of the required information. We can only create an authorization once the accurately completed OTR is received.

Each OTR you submit generates a new, unique authorization number specific to that OTR request. Any previous authorization remains intact until the authorized visits are used or the timeframe expires. This allows providers to use all the sessions as authorized, within each authorization number.

OTRs should be faxed to: 800.961.1224.

Code Reference List

Additional codes have been identified that do NOT need preauthorization! For a complete list, go to MHNet's website.



Sep. 1, 2009
Sep. 1, 2012



ACCREDITED
HEALTH UTILIZATION
MANAGEMENT
Jan. 1, 2009
Jan. 1, 2012

Claims System

MHNet's claims system conversion "Go Live" date will be the week of August 29, 2011.

As you know, MHNet is migrating our claims processing from MHNet's current processing system – QMACS, to our parent company's proprietary claims processing system – IDX. This conversion will allow MHNet to gain efficiencies from our parent company's processes and technologies.

Please continue checking the MHNet website for updates and more detailed information about submitting claims during and after the conversion. If you have questions, please contact our Claims Department: 866.992.5246.

Electronic Claims

To receive faster payments, we encourage all providers to take advantage of our electronic claims submission through our clearinghouse, **Emdeon**.

For submission, contact your practice management system vendor or clearinghouse to initiate the process. These submissions are routed through Emdeon under Payer ID 74289. Emdeon reviews and validates the claims for HIPAA compliance, and forwards them directly to MHNet.

Providers also can submit directly to Emdeon. Call 800.215.4730 or go to www.emdeon.com for electronic requirements and set-up instructions on direct submission to Emdeon.

When submitting electronic claims:

- Use all the digits of the diagnosis code — this is a common claims error that causes issues
- You do not need to include the authorization number on the claim

For claims questions, contact our Claims Service Now! toll-free at 866.99CLAIM or 866.992.5246.

Forms and Helpful Resources

Check out MHNet's website, www.mhnet.com! Click on the "Providers" tab at the top, then "Provider Forms".

You will find information on completing the OTR, updating office and billing addresses, TIN, practice specialties for appropriate referrals, and many other topics. You also can access numerous forms including the Provider Information Change Request form, as well as the Outpatient Treatment Report (OTR).

2010 Quality Improvement Achievements

Your commitment to offering the highest quality of care to your patients has enabled MHNet to make great strides in Quality Improvement. MHNet's Quality Improvement Program measures and analyzes the quality of care throughout the year and reports these findings in our Annual Program Evaluation.

Throughout 2010, the Quality Improvement Program systematically measured and analyzed performance. As a whole, MHNet maintained a continuous quality improvement system that pursued superior quality in all operations and superior outcomes for members and client organizations. It strived to achieve exceptional customer service for all customers and to use information obtained through the continuous quality improvement process to improve care and services.

Evidence of MHNet's Quality Improvement Program's effort to meet the quality improvement mission and goals is apparent throughout the annual evaluation. In addition to meeting established goals for Key Performance Indicators, MHNet demonstrated significant improvement in several areas.

Key achievements include:

- Large volume of network practitioners who speak alternate languages
- Enhanced Compliance Program
- Initiated more comprehensive fraud and abuse program
- New enhanced Coordination of Care Program to be implemented in 2011
- New patient safety programs to ensure better treatment outcomes
- Improved claims payment processes and turn around times
- New Auditing/Training Department to improve staff training and monitor clinical documentation and outcomes
- Provided timely appointments for members with emergent needs
- Exceeded goal for established member/provider ratios
- Significant Improvement in Ambulatory Follow-up rates
- Exceeded goal for timeliness of psychiatric consultation completion
- Practitioner Treatment Record audits demonstrated superior quality with 96 percent compliance of MHNet's standards
- Significant improvement achieved in credentialing turn around time
- Value added services improve coordination and quality of care by facilitating open lines of communication with Physicians, Employer Groups, Health Plan Staff and members
- Overall Member Satisfaction exceeded MHNet's goal of 85 percent

2010 Provider Satisfaction Survey

Measure	2010 Result	Variance from Goal (85%)
Overall Provider Satisfaction	78.9%	-6.1
Helpfulness of MHNet Staff	89.3%	+4.3
Provider Relations' Responsiveness	83.9%	-1.1
Satisfaction with Outpatient Pre-certification Process	76.0%	-9.0

2010 Member Satisfaction Survey

Measure	2010 Result	Variance from Goal (85%)
Overall Member Satisfaction	88.1%	+3.1
Friendliness and Courtesy of MHNet Staff	90.4%	+5.4
Ease of Finding a Provider that Meets Member's Needs	77.6%	-7.4
Provider Met Cultural, Ethnic, Gender, & Other Needs	88.2%	+3.2

Actions for improvement will be initiated based on the above results

- MHNet's Auditing / Training Team will implement staff training based on results
- Surveys will be modified to best reflect current practices
- Improve quality of after hours services
- Centralize supervision of provider relations team

MHNet will continue to monitor provider and member satisfaction through complaint data and satisfaction surveys throughout 2011.

Treatment Record Review

Measure	2010 Result
Compliance Rate	96%
Most Common Omission	Patient Demographics

MHNet's Treatment Record Review Standards are outlined in your Quick Reference Guide. You also may find them on our website or contact your regional Quality Improvement Department to obtain a copy. Please ensure that you are documenting progress made toward achieving treatment plan goals and objectives and all coordination of care activities.

Service Accessibility and Appointment Availability

The availability and accessibility of our network providers plays a vital role in a member’s treatment planning. In order to assure appropriate access, MHNNet has adopted the standards shown in the table to the right. A summary of the 2010 results also is included.

As a result of a mental illness or substance use disorder, the member may suffer significant physical or emotional deterioration resulting in hospitalization or partial hospitalization unless an intervention is made within six hours or 24 hours depending on clinical need. Licensed clinicians complete telephonic assessments of members who state that they have urgent needs.

These assessments allow the clinician to ensure that members are seen quickly and efficiently in the least restrictive level of care based on their clinical need. MHNNet schedules appointments for members with urgent and emergent needs and ensure that members attend these appointments.

We appreciate your partnership in ensuring appointments are available for member’s in crisis. MHNNet has licensed clinicians available via our local or toll-free numbers, 24 hours a day, 7 days a week, 365 days a year to assist members with emergency situations, to triage patients, and make provider referrals.

Opportunities for improvement were identified by GeoAccess reports by county for network improvements based on member location. Provider relations will be engaging in active recruitment in all areas not meeting goal. If you have any colleagues that are interested in joining the network please have them contact Provider Relations at 888.646.6889. In order to increase member access to prescribing providers MHNNet is credentialing Physician Assistants, please see page 4 for more information.

MHNNet Performance Standard	2010 Results	
	Available	Kept
Access of Services		
Emergent Appointment <i>100% seen w/in 6 hours</i>		
• ER referrals	100%	83%
• Provider Emergent Appointments	100%	100%
Urgent Appointment <i>100% seen w/in 24 hours</i>	99%	81%
Routine Appointment		
• 85% of initial appointments with allied providers available within 10 days		88%
• 80% of initial appointments with prescribing providers available within 10 days		70%
95% of calls answered w/in 30 seconds	95%	
Less than 5% of calls abandoned	2%	
Geographic Availability		
Urban Area –		
1 physician w/in 10 miles		91.9%
1 non-physician w/in 10 miles		94.3%
1 acute care facility w/in 20 miles		91.5%
Suburban Area –		
1 physician w/in 30 miles		85.8%
1 non-physician w/in 30 miles		90.8%
1 acute care facility w/in 40 miles		79.8%
Rural Area –		
1 physician w/in 60 miles		91.0%
1 non-physician w/in 60 miles		91.7%
1 acute care facility w/in 60 miles		87.9%

MHNNet’s Utilization Management Review Criteria

MHNNet has developed a set of rigorous, objective clinical standards based on clinical literature and expert consensus. These are our Medical Necessity Criteria which we use when making all clinical utilization management decisions.

Standards encompass mental health and substance abuse conditions and have specified criteria for triage—including the handling of routine, urgent, emergent, and crisis calls—as well as for referrals and treatment of specific member conditions.

To obtain a copy of MHNNet's Medical Necessity Criteria, please contact 855.319.4388 or visit our website at www.mhnet.com.

Practitioner Responsibilities for After-Hours Emergency Service Requests

Contracted providers who do not maintain coverage 24 hours a day, 7 days a week, 365 days a year must have a system for referring members to a source of emergency assistance during non-business hours. A live answering service or an on-call pager system is preferable; however, providers may use a reliable answering machine system that gives clear instructions to members on how to access immediate assistance after hours.

Clinical Practice Guidelines

MHNet is committed to working with you to continually improve clinical care. To this end, we have adopted Clinical Practice Guidelines from the American Psychiatric Association (APA) for the following conditions: Schizophrenia, Major Depressive Disorders, Bipolar Disorders, and Substance Abuse Disorders. Each of these protocols provides information on the specific illness and different treatment options available to members.

To obtain the full guidelines for your office you may write to the American Psychiatric Association at 1400 K Street NW, Washington, DC 20015 or access their web site at www.psych.org.

Our Corporate Medical Director has composed a summary of these guidelines. Additionally, MHNet has developed Practice Guidelines for Pediatric Bipolar Disorder and Opiate Detoxification to further assist providers in developing treatment plans for patients.

They are available at our website www.mhnet.com/Providers/ProviderResources, or you may request copies by calling 855.319.4385. We encourage you to discuss guideline recommendations with members under your care, as treatment is often more successful when members are fully involved in their care.

Guideline Measurement

MHNet monitors practitioner adherence to the guidelines for Major Depressive and Bipolar Disorders. We analyze claims data for members with these diagnoses to determine the rate of those receiving psychotherapy and medication management within the first 12 weeks of treatment or following an inpatient hospital discharge.

Credentialing—Physician Assistants

Physician Assistants (PAs) are eligible for credentialing to provide outpatient care.

To obtain a credentialing packet, go to www.mhnet.com and click on the "Providers" tab at the top, then "Joining the Network" and follow the instructions.

Psychiatrists are not permitted to bill services rendered by a PA, ARNP, APRN, CNS, NP. However, these providers can credential with MHNet directly to provide treatment as long as they are in compliance with state specific and MHNet requirements for supervision as well as meet credentialing criteria.

Focus on MHNet's Preventive Health Care Programs

MHNet provides numerous preventive behavioral health programs targeting specific populations of members. We need your assistance to improve participation in these programs.

MHNet recognizes that practitioners are the cornerstones of successful and continuing treatment for these members. Our preventive behavioral health programs were developed to promote early identification, increase awareness of best practices, and complement the services that you provide.

Current Preventive Behavioral Health Programs

- Adolescent Depression Preventive Behavioral Health Program
- Anxiety Disorder Preventive Behavioral Health Program
- Attention Deficit/Hyperactivity Disorder Preventive Behavioral Health Program
- Depression and the Older Adult Preventive Behavioral Health Program

- Postpartum Depression Preventive Behavioral Health Program

We encourage you to discuss these programs with your patients who meet the outlined criteria. Additional information can be found in your Quick Reference Guide, on our website at www.mhnet.com, or by calling the Quality Improvement Department at your National Service Center.

Additionally, MHNet's comprehensive online library is a great resource for member preventive health and educational materials. Topics include, but are not limited to, stress management, balancing life and work issues, time management, aging and elder care, and smoking and chemical dependency issues.

These materials are accessible on our website for you to copy and distribute to your patients.

Focus on HEDIS

MHNet's Quality Improvement Department is charged with developing programs and initiatives to improve behavioral health Healthcare Effectiveness Data and Information Set (HEDIS) measures.

MHNet's Quality Improvement Department and Medical Directors are available for consultation should you have any questions about MHNet's programs. MHNet Case Managers also are available to facilitate the scheduling of appointments. Our Case Managers can assist you in ensuring the patient keeps the scheduled appointment and following up with the patient if the appointment is missed.

Appropriate Use of Antidepressant Medication

Program Goal: MHNet works to ensure the appropriate use of antidepressant medication by working with providers to implement evidenced-based best practices. Patients prescribed antidepressant medication generally benefit from psychotherapy in addition to medication management. MHNet works to increase the number of patients receiving follow-up care after receiving a prescription.

The Provider's Role: Providers and MHNet can work together to secure optimal treatment outcomes by encouraging compliance with follow-up care. We encourage you to talk with your patients about the benefits of including therapy in their treatment plan to improve compliance and to refer them to a therapist when appropriate.

HEDIS Measures: Patients 18 years or older diagnosed with a new episode of major depression and prescribed antidepressant medication 1) *Effective Acute Phase Treatment:* who remained on medication during the entire 84-day Acute Treatment Phase. 2) *Effective Continuation Phase Treatment:* who remained on an antidepressant drug for at least 180 days.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Program Goal: MHNet works to ensure that patients who have alcohol or substance abuse problems receive the treatment and resources they need to overcome their addiction.

The Provider's Role: When a patient is identified as having an alcohol or substance abuse problem, the provider should work with the patient to develop a treatment plan that takes into account the patient's support and resources, thereby improving compliance.

Measurements: Adult and Adolescent patients with a new episode of alcohol or other drug dependence (AOD) who received 1) *Initiation of AOD treatment:* Patients who initiate treatment within 14 days of diagnosis. 2) *Engagement of AOD Treatment:* Patients who initiated treatment who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Follow-up Care for Children Prescribed ADHD Medication

Program Goal: Research shows that children prescribed medicine for ADHD benefit greatly from continual monitoring to ensure the effectiveness of the medication. MHNet encourages patients and providers to have regularly scheduled appointments.

The Provider's Role: Talk to your patients about the necessity of continuous monitoring. Many patients are resistant to regular appointments because of time requirements; but by educating the patient's parents or caregivers on the importance of follow-up care, we can improve the effectiveness of treatment.

HEDIS Measures: 1) *Initiation Phase:* Patients 6-12 years of age with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with provider with prescribing authority during the 30-day initiation phase. 2) *Continuation and Maintenance Phase:* Patients 6-12 who remained on ADHD medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a provider within 270 days after the initiation phase ended.

Follow-up Care After Inpatient Mental Health Admissions

Program Goal: MHNet aims to reduce recidivism by developing a thorough discharge plan, which includes a scheduled behavioral health appointment within 3 days of discharge. MHNet begins the discharge planning process as soon as the patient is admitted to an inpatient setting and works to secure an appointment prior to the patient's discharge.

The Provider's Role: MHNet requests that providers be flexible in scheduling appointments following inpatient admission to help us meet our stringent goal. Immediately notifying MHNet of any missed appointments also helps us know when to contact the patient to encourage compliance with the treatment plan.

Measurements: Patients 6 years of age or older who were hospitalized for treatment of selected mental health disorders who had a follow-up visit with a mental health provider 1) within 7 days of discharge or 2) within 30 days of discharge.

Patient Safety

MHNet maintains programs that reduce and prevent risk and assures the safety of members through ongoing processes of risk identification, risk analysis action implementation and evaluation of outcomes.

Sentinel Events

A sentinel event is an unexpected occurrence involving the death or serious physical or psychological injury, or risk thereof. Serious injury may include loss of limb or function. "Risk thereof" includes process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The following are considered sentinel events:

- Unexpected Death/Completed Suicide – Any unexpected death that occurs during acute care treatment authorized by MHNet or death that occurs within six (6) months of the member receiving MHNet authorized care.
- Homicide or Serious Homicide Attempt – Any act of a member who is receiving or has received MHNet authorized care within six (6) months prior to the incident, who kills another individual or makes a serious attempt to kill another individual.
- Serious Suicide Attempt – An act of self-harm that results in stabilization in an Intensive Care Unit. Consideration will be given to lethality of the attempt, intent of member, and potential pattern of behavior. Serious suicide attempts will only be investigated as sentinel events if the member is in active MHNet authorized treatment or received MHNet authorized treatment within six (6) months of the incident.

When a sentinel event is identified records from all treating providers who provided care within six (6) months of the incident are requested and reviewed by a Medical Director to determine if the event was preventable.

2010 Sentinel Event Analysis	2010	2011
Number of Events	123	102
Events per Thousand	.5	.5
Number of Complete Suicides	10	7
Members with 2 or more SE in 1 year	6	7
Providers seeing 3 or more member who had a SE in one year	1	7

Outcomes

1. Medical Director re-review cases identified by provider who saw 3 or more members who were identified as having a Sentinel Event in 2010 to determine if there any trends provider trends that require additional actions and intervention.

2. Medical Director re-review cases identified by members who had two or more sentinel events to determine if there any trends that require additional actions and intervention.

Resources

In addition, MHNet has compiled a list of internet-based resources to help enrollees and providers. These resources will provide information about health care quality and performance that will assist you when you meet with your health care provider. Important resources include:

Hospital Specific Information:

- The Leap Frog Group - www.leapfroggroup.org/for_consumers
- Centers for Medicare and Medicaid Services Hospital Quality Initiative - www.cms.hhs.gov/quality/hospital/default.asp

National Health Resources:

- Healthfinder - www.healthfinder.gov
- Quality of Health Care (Q-Pack) - <http://www.ahrq.gov/path/beactive.htm>
- Medline Plus - www.nlm.nih.gov/portals/public.html

Accreditation and Quality Incentive Programs:

- Joint Commission on Accreditation of Health Care Organizations (JCAHO) - <http://www.qualitycheck.org/>
- National Committee for Quality Assurance (NCQA) - <http://hprc.ncqa.org>

Refunds and Uncashed Checks

MHNet Refund Lockbox

Please mail any refunds due to MHNet with related backup information to: MHNet Refunds, PO Box 731233, Dallas, TX 75373-1233.

For refunds sent by overnight courier, send to: JPMorgan Chase (TX1-0029), Attn: MHNet Refunds 731233, 14800 Frye Road, 2nd Floor, Ft. Worth, TX 76155.

Returning Uncashed Check to MHNet

Send checks to: MHNet, PO Box 209010, Austin, TX 78720. Do NOT send to either of the refund addresses above.

Anti-Fraud Mission Statement

MHNet does not tolerate healthcare fraud or abuse in any of its relationships with employees, providers, or members. MHNet will monitor, identify, report, and when appropriate, refer for prosecution anyone involved in an instance of suspected fraud or abuse.

Why So Strict? – It is estimated that fraud and abuse costs the healthcare industry from 3% to 10% of its outlay every year. Losses are passed onto consumers and providers in the form of higher premiums and a reduction in benefits.

What Can You Do? – **Educate** yourself and co-workers on what fraud and abuse is and their most common occurrences. **Incorporate** “Fraud and Abuse” into regular meetings and discuss how to prevent it within your practice or facility. **Watch** for warning signs of fraud or abuse and help reduce losses. **Report** questionable activities to the health plan or MHNet.

Understanding Fraud and Abuse

- **Fraud** – Healthcare fraud may be defined as intentional deception, concealment, or misrepresentation that could result in an unauthorized benefit to an individual or entity.
- **Abuse** – Healthcare abuse involves practices that do not meet the legal definition of fraud or behaviors that do not meet the criteria for fraud but involve a pattern of practice that results in improper reimbursement.
- **Warning Signs** – Suspected use of altered or stolen prescription pads; repetitive or excessive tests, visits, supplies, drugs or treatment; falsification of address in an attempt to obtain Medicaid/Medicare services from another state.
- **How to Report Fraud** – If you have knowledge of suspected fraud or abuse involving members, other providers, or employees please contact MHNet at (888) 646-6889. You may remain anonymous if you wish. Additional information on reporting fraud and abuse can be found at www.cms.hhs.gov/FraudAbuseforProfs.

Paper-based Claims

MHNet
P.O. Box 7802
London, KY 40742

Precertification Requirements

Providers will no longer need prior authorization for medication management, CPT code 90862, certain initial assessment codes, and certain injection codes.

An updated list can be found on MHNet’s website – www.mhnet.com

Please remember that services not identified on the detailed list will continue to require pre-certification. MHNet staff is available from 8 a.m. to 5 p.m. to precertify routine care and MHNet Case Managers are available 24/7 for urgent and emergent needs.

About Financial Incentives

MHNet pays providers based on a fee schedule. MHNet does not pay providers in a way that encourages denials of care or service. At MHNet, care is based solely on the member’s needs.

Member Rights and Responsibilities

MHNet has adopted a policy establishing member rights and responsibilities. This policy sets forth those rights, which we believe all of our members should have when accessing care within the MHNet system. These rights include those expanded rights concerning member’s protected health information as defined by the new HIPAA regulations 45 CFR Parts 160 and 164. It also articulates the responsibilities we expect our members to meet when interacting with a MHNet practitioner or staff member and accessing care.

A copy of MHNet’s Member’s Rights and Responsibilities can be found in your Quick Reference Guide or on MHNet’s website. You also may call the Quality Improvement Department at your National Service Center for additional copies.

We need your help to get this information to our members. **Please provide MHNet members under your care a copy of the Member Rights and Responsibilities Statement.** Practitioners should keep some evidence that they have given the statement to the members, e.g. a signed copy in the member’s file or a note written by the practitioner that the statement was given to the member.

Care Coordination

Care Coordination is vital in protecting the safety and well-being of your patients. By treating the whole spectrum of a patient's need in concert, the efficacy of treatment is greatly improved. That being said, completely integrated care is not something that is easily achieved. It requires a concerted effort on the part of the provider, the Primary Care Provider (PCP), and the health plan.

MHNet is here to ease the burden caused by care coordination by facilitating the coordination process. Our Case Managers spearhead coordination efforts by forwarding copies of your completed Outpatient Treatment Reports (OTR) to PCPs (with member consent), and work closely with our medical health plan partners to monitor treatment progress and assure the cohesive delivery of health services. We encourage providers to speak directly with PCPs and other providers as necessary.

We appreciate your support of our coordination efforts, and we always are available to answer any questions you may have about our coordination policies.

All Providers

Please remember it is important to contact MHNet if/when your demographic information changes. By keeping your information (i.e., locations and office hours) and the specialty sheet with MHNet updated, we can help members connect with a provider that best meets their needs.

Please send your updates to: providerupdates@mhnet.com.

Access to a Physician Reviewer

MHNet seeks to provide quality case management and utilization review services to all members and practitioners. All practitioners have the opportunity to speak with the physician reviewer about any adverse determination, certification decision, appeal, or quality of care concern.

To initiate this process, please contact the Service Center Case Manager assigned to your case. The Case Manager will facilitate this process for you.