



***PROVIDER QUICK
REFERENCE GUIDE***

Superior Quality of Care – Superior Clinical Outcomes

9606 North Mopac – Suite 600 – Austin, TX 78759

P.O. Box 209010, Austin, TX 78720-9010

512.347.7900 – Fax 724.741.4552

Dear MHNet Provider:

We have prepared an informational source and reference guide for you. We hope that you will find it useful. It should clarify most of your questions and concerns regarding MHNet's policies and procedures. Included in this guide you also will find an overview of MHNet's current preventive health activities available to our members:

- Anxiety Disorders
- Adolescent Depression
- Attention Deficit/Hyperactivity Disorder
- Depression and the Older Adult
- Postpartum Depression

We earnestly request your involvement in these programs to ensure their success.

Please, call your respective MHNet National Service Center office for any questions you may have, or to clarify any of your concerns. All National Service Center telephone numbers are listed below. As always, your comments and suggestions are welcome on how we can improve our services to you.

Sincerely,

MHNet Provider Relations Staff

National Service Center – Austin

Serving: Health Plan (Commercial and Medicare) **800.336.2030**

Direct Employer and EAP Services **800.492.4357**

CoventryCares of Kentucky (Medicaid) **888.604.6106**

National Service Center – Orlando

Serving: Health Plan (Commercial, Medicaid, and Medicare) **800.835.2094**

National Service Center – St. Louis

Serving: Health Plan (Commercial, Medicaid, and Medicare) **800.377.9096**

MHNet Corporate Provider Relations

Serving Providers in all other states **888.646.6889**

Health Plan Services Provider Section

This section provides information for providers who are providing services to members through health insurance plans and programs.

Program Guidelines.....	4
Filing a Claim.....	5
Important Information for Providers.....	7
Credentialing Criteria.....	10
Member Rights and Responsibilities Statement	14
Information for Provider – Preventive Health Adolescent Depression	15
Information for Provider – Preventive Health Anxiety Disorders.....	17
Information for Provider – Preventive Health ADHD.....	19
Information for Provider – Preventive Health Depression and the Older Adult	21
Information for Provider – Preventive Health Postpartum Depression.....	23
Treatment Record Review Tool	25



Health Plan Services Program Guidelines

Deductibles, Co-payments and Coinsurance: Providers are responsible for collecting patient deductibles, co-payments and co-insurance. MHN Net will reimburse the provider the appropriate fee identified in the attached fee schedule minus any deductibles, co-payments, or coinsurance.

General Benefits Information: If members have questions regarding their general health plan benefits, please refer them to their respective Health Plan Customer Service Department. The number will be on the back of their card.

Eligibility and Benefit Determination: Please call MHN Net at **your National Service Center toll-free number** to verify patient eligibility and benefits. MHN Net can provide eligibility status and some indication of previously used benefits.

Certification of Services: All services, inpatient and outpatient, must be pre-certified by calling MHN Net Utilization Management at **your National Service Center toll-free number**. MHN Net's staff is available 24 hours a day to pre-certify services. Services not pre-certified will not be covered, even if medically necessary. Members may not be billed for unauthorized service(s).

Inpatient Admissions: If a patient requires hospitalization, contact MHN Net Utilization Management at **your National Service Center toll-free number**. If it is a life-threatening emergency, send the patient to the nearest Emergency facility and contact MHN Net with information regarding the patient's condition and where the patient was sent. MHN Net will initiate the pre-certification process. You will be requested to share clinical information with our Utilization Management Department.

Outpatient Treatment: Outpatient treatment generally requires pre-certification. Some Plans have self-referral benefits that do not require precertification; however, we encourage you to contact the National Service Center office to make sure that the member is eligible before you provide treatment.

Call MHN Net Utilization Management at **your National Service Center toll-free number** for pre-certification. Outpatient treatment reports must be submitted for continued treatment certification.

Outpatient Structured Substance Abuse and Treatment: If a patient requires outpatient structured substance abuse treatment, contact MHN Net Utilization Management at **your National Service Center toll-free number**.

One Session Per Day: Both inpatient and outpatient therapy services are limited to one service per day based on certifications.

Psychological Testing: All psychological testing must be pre-certified to be covered. A psychological testing form needs to be completed and sent to MHN Net for approval of hours/tests. Approval will be phoned to the provider.

Referrals: All referrals of members should be made to In-Plan providers and must be pre-certified. Call MHN Net at **your National Service Center toll-free number** when making a referral.

Claims: All claims should be submitted to MHN Net at P.O. Box 7802, London, KY 40742 in accordance with your MHN Net provider contract unless otherwise mandated by Medicaid for Medicaid recipients. Non-participating providers must file according to mandate of the State in which they are filing. All claims should be submitted on the **CMS 1500 (outpatient) or the CMS 1450 (inpatient) forms**. For claims questions, call **866.992.5246**.

Please see page 2 for your National Service Center phone number or call 888.646.6889 to access it.

How to File a Claim

General Claims Information:

MHNet provides two methods to submit claims! You may submit an electronic claim via a clearinghouse or a paper claim by mail.

The faster and more efficient is electronically via the clearinghouse. Providers will see benefits such as:

- Saves mail time (3 to 5 days);
- Saves postage expense;
- Saves form costs; and
- Faster claims processing, our average payment on electronic claims is 4 business days.

Clearinghouse

Electronic claim submission to MHNet is easy to establish. Contact your practice management system vendor or clearinghouse to initiate the process. Electronic claim submissions will be routed through Emdeon under Payer ID 74289. Emdeon will review and validate the claims for HIPAA compliance and forward them directly to MHNet. Providers also can submit directly to Emdeon. Emdeon will provide the electronic requirements and set-up instructions. Providers should call 1.800.215.4730 or go to www.emdeon.com for information on direct submission to Emdeon.

Paper-based Claims

To submit paper claims, mail the appropriate claim form to MHNet, P.O. Box 7802, London, KY 40742.

To ensure timely claims processing all claims must be submitted to meet the definition of a clean claim. MHNet defines a clean claim as a claim that has no defect or impropriety (including any lack of any required substantiating documentation) or particular circumstance requiring special treatment that prevents timely completion of claims processing.

To be considered a clean claim, the following items must be met:

- Have all required fields completed on a CMS 1500 or CMS 1450 (see below);
- Include any additional data elements required by MHNet as specified in this manual or other official notices from MHNet issued from time to time;
- Include all necessary attachments required by MHNet;
- Include any primary payer's Explanation of Benefits (EOB) or payment voucher showing the amount paid by the third party, if the member is covered by an insurance or carrier other than MHNet;
- Indicate service(s), which are provided consistent with any referrals or authorizations necessary; Please Note: Services billed must match what was authorized.
- Be complete, legible, and accurate; and
- Be filed in a timely fashion in accordance with the provider contract.
- Include all product line specific requirements as denoted by State or Federal guidelines.

Additional information and assistance about filing clean claims are available at the CMS website – <http://www.cms.gov/> under the Resources and Tools Section

Regardless of your submission method of claims information, in order for claims to be processed timely and accurately, the below fields are the minimum required to have your claim processed. Note: If additional information is available or needed to support the claim, please provide as appropriate.

REQUIRED INFORMATION	CMS-1500	CMS-1450
1. Patient's ID Number	1a	60
2. Patient's Full Name	2	8
3. Date of Birth	3	10
4. Address and Phone Number	5	9
5. Signature or Signature on File	12, 13	--
6. ICD-9 Diagnosis Code(s)	21.1-4	67a-q
7. Admission Diagnosis	--	69
8. Statement Covers Period	--	6
9. Date(s) of Service	24a	45
10. Place of Service Code/Type of Bill	24b	4
11. Procedure Code/Revenue Code	24d	42/44
12. Modifier(s) (if applicable)	24d	--
13. Diagnosis Pointer	24e	--
14. Procedure Charge	24f	47
15. Units	24g	46
16. Rendering Provider NPI	24j	76
17. Rendering Provider Medicaid ID (if applicable)	24j	--
18. Payee Tax ID	25	5
19. Total Charges	28	47
20. Rendering Provider Name	31	76
21. Group/Pay-to Provider Name	33	1
22. Group/Pay-to Provider NPI	33a	56
23. Group/Pay-to Provider Medicaid ID (if applicable)	33b	57

Claims must be filed in accordance with your MHNet provider contract unless otherwise mandated by Medicaid for Medicaid recipients. Non-participating providers must file according to mandate of the State in which they are filing.

Questions? If you have any questions regarding a status of a claim, please call MHNet's Claims Service Now! at 1-866-992-5246. They will be happy to assist you with any questions.

If you need to resubmit a corrected claim that was previously denied, please resend your electronic or paper-based claim. Please note this information can not be taken over the phone, we require the corrected claim copy to be on file.

If you need to resubmit a correct claim that was previously paid, please send a copy of the original remittance advice, the correct claim and a note on what was corrected, mail to: MHNet, Attn: Claim Inquiries, P.O. Box 7802, London, KY 40742.

Important Information for Providers

The Importance of Confidentiality

In the fields of mental health and substance abuse treatment, confidentiality is paramount. Many of the states where MHNNet operates have specific laws dealing with the confidentiality of information maintained on mental health patients. A Federal law (commonly referred to as Health Insurance Portability and Accountability Act [HIPAA]) and other regulations deal with confidentiality regarding individually identified health information including medical, mental health and substance abuse treatment records.

The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry provides clear guidelines pertaining to the need for the member to consent to release any information regarding his/her care: "With very few exceptions, individually identifiable health care information can be used without written consent for health purposes only, including the provision of health care, payment for services, peer review, health promotion, disease management, and quality assurance." (Appendix A-Consumer Bill of Rights and Responsibilities-Chapter six A-57.)

For a complete copy of the commission's report, please refer to www.hcqualitycommission.gov/

In addition to the President's Advisory Commission, the Office of Civil Rights implemented HIPAA in 1996, which had an effective date of April 14, 2003 for most health plans and health care providers requiring much stricter privacy and security laws pertaining to Protected Health Information.

MHNNet takes compliance with these regulations seriously and expects all providers within our network to do the same.

At the MHNNet corporate and National Service Center offices, we have several procedures in place to maintain the confidentiality of member information.

- *Our new employees receive training on our confidentiality policies and HIPAA workforce awareness training.*
- *We limit electronic access to data files.*
- *Member telephonic contacts are treated as confidential.*
- *Peer review committee meetings and minutes are confidential and limited to those who have a need to know.*
- *An ad-hoc committee comprised of QI Coordinators and members of the QI Department meet regularly to discuss confidentiality issues as they arise and are*

a solution-focused group for resolution to such concerns.

- *All employees adhere to the Federal standards of minimum necessary exposure to individually identifiable health information as it pertains to their specific job functions.*

A breach of our confidentiality policies is taken very seriously and has serious repercussions.

As discussed in your participation agreement with MHNNet, patient records for members that are created and maintained in your office are confidential. It is our policy that providers maintain and only release member treatment records in accordance with Federal and state laws.

Member Rights and Responsibilities

MHNNet 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 MHNNet system. These rights include those expanded rights concerning their 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 an MHNNet provider or staff member and accessing care.

We need your help to get this information to our members. In the attached pages, you will find the MHNNet Member Rights and Responsibilities Statement, which you may copy for your office use. Please provide MHNNet members under your care a copy of the Member Rights and Responsibilities Statement. Providers 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 provider that the statement was given to the member.

Clinical Practice Guidelines Adopted

MHNNet adopted the American Psychiatric Association's (APA) Clinical Practice Guidelines for Schizophrenia and Bipolar Disorder in 1997. In 1998, MHNNet also adopted the APA Practice Guidelines for Major Depressive Disorder and Substance Use Disorders.

Guideline summaries (enclosed) are provided as a service to practitioners in the MHNNet network and are distributed with permission of the APA. They are not designed to stand on their own and should be used in conjunction with the full text of the Practice Guideline, which is available at the APA's web site, www.psych.org.

Additionally, MHNet has developed Practice Guidelines for Pediatric Bipolar Disorder and Opiate Detoxification to further assist providers in developing treatment plans for patients.

MHNet authorizes treatment for covered services based on member eligibility, health plan covered benefits, MHNet's Medical Necessity Review Criteria, and the Practice Guidelines. MHNet is monitoring adherence to the Major Depressive Disorder and Bipolar Disorder Guidelines through administrative (claims) review of services received during acute treatment.

MHNet's Goals for Case Management

Case management consists of activities that address a member's longitudinal course of care including continuity and coordination among providers, and providers and sites of care both within behavioral health and between behavioral health and physical health. Case management includes the following activities:

- 1) Assisting members accessing mental health care within the most efficient timeframe.
- 2) Helping mental health professionals determine the best course of treatment by making the provider and member aware of opportunities for enhancing the quality and efficacy of care.
- 3) Promoting efficient use of benefits to maximize member and family access to necessary care while minimizing depletion of family resources.
- 4) Monitoring a member's clinical progress to assure that intensive treatment episodes are followed with appropriate, less-intensive levels of care.
- 5) Intervening with members to improve follow-up and reduce recidivism.
- 6) Suggesting, and making available, creative alternatives to standard benefits, if appropriate, to reduce symptoms or to improve a member's level of functioning.

Provider Satisfaction Survey

An annual Provider Satisfaction Survey is conducted by each Service Center to measure provider satisfaction with the organization. Provider satisfaction with the utilization management process is measured in the survey. In order to evaluate our internal processes, it is important that we receive your positive and negative input.

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.

A completed Outpatient Treatment Report (OTR) is required prior to the last authorized session in order to obtain additional sessions. The OTRs are data-driven to improve outcomes. The number of sessions authorized will be based on the severity of the symptoms reported. The member's signature is no longer required.

Several OTRs [one for mental health treatment; one for substance abuse treatment] and instructions are enclosed for your convenience. Please keep master copies of the OTRs. The OTRs, instructions, and helpful hints also can be found at www.mhnet.com.

The submission process for the OTR has been revised as well. Please fax all OTRs to the **new toll free number, 800.961.1224**, also noted at the bottom of the OTR forms. All OTRs will now be sent to one centralized location, date-stamped, scanned and converted into electronic data. This will reduce concerns regarding possible lost faxes. Providers will continue to receive authorization reports as usual for the treatment procedures that require pre-certification.

The Case Managers will send back incomplete OTRs and may request additional information prior to making an authorization decision. The OTRs need to include the latest GAF score and the current treatment information. Please include the OTR as part of the patient's treatment record. It is important to remember that services not precertified will not be covered, even if medically necessary. The member may not be billed for unauthorized services. Please contact MHNet at the Service Center if the member needs hospitalization or structured outpatient substance abuse treatment.

Cultural Competency

MHNet is committed to providing quality and accessible behavioral health services within an environment that recognizes the special needs of our members. Our Identification and Assessment of Member Diversity was designed to reduce or eliminate cultural barriers for these members. Cultural Diversity is addressed from the following perspectives:

- Assessing Adequacy of Care and Service Activities
- Assessing Adequacy of MHNet Provider Network
- Identifying Population Characteristics for Development of Preventative Behavioral Health Programs
- Assessing Adequacy of Member Communication Materials

MHNet’s Medical Necessity Criteria

MHNet has developed Medical Necessity Criteria for making all clinical utilization management decisions. The Medical Necessity Criteria are a set of rigorous, objective standards based on clinical literature and expert consensus. There are specified criteria for triage, including handling of routine, urgent, emergent and crisis calls as well as for referrals and treatment of specific member conditions. Criteria encompass mental health and substance use conditions. If you would like a free copy of our Medical Necessity Criteria, please contact your MHNet Regional Representative or visit our website, www.mhnet.com.

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 on a member’s needs and the best way to meet those needs.

Access to a Physician Reviewer

MHNet seeks to provide quality case management and utilization review services to all members and providers. All providers 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 Case Manager assigned to your case. The Case Manager will facilitate this process for you.

Appeals Notification

An appeal is a request for reconsideration of an administrative or medical necessity review denial. Providers have one level of appeal with MHNet and the member has additional appeal rights. Standard appeals will be completed within 30 calendar days of receipt the request. An expedited appeal is available for inpatient, partial hospitalization, intensive outpatient treatment or when a standard appeal of an outpatient denial may seriously jeopardize the life or health status of the member or potential victim. Expedited appeals will be completed within 24 hours of receipt. In addition, MHNet meets any State and Federal requirements if more stringent.* Please submit in writing, within 180 days of receipt of the original determination, the request for appeal including the patient's treatment record and any additional supporting documentation.

Dispute Resolution

In the event a dispute between a provider and MHNet arises out of, or is related to, any part of the contractual agreement, MHNet and the provider shall meet and negotiate in good faith to attempt to resolve

the dispute. In the event the dispute is not resolved within 30 days of the date one party sent written notice of the dispute to the other party, and if either party wishes to pursue the dispute, it shall be submitted to binding arbitration in accordance with the rules of the American Arbitration Association. In no event may arbitration be initiated more than one year following the sending of written notice of the dispute. Any arbitration proceeding under this Agreement shall be conducted in the county and state of the provider. The arbitrators shall have no authority to award any punitive or exemplary damages or to vary or ignore the terms of the contractual agreement and shall be bound by controlling law. Utilization Review decisions are not subject to the dispute resolution proceedings.

Member Accessibility Standards

MHNet believes that each member should be able to have an appointment within a specific timeframe, based on the urgency of the situation, within a reasonable geographic distance.

It is our policy for members with an emergent need to have an appointment scheduled within 6 hours of calling MHNet. When a member has an urgent need, an appointment should be scheduled with 24 hours. Routine outpatient visits are to be scheduled within 10 business days of the call. The ability to meet these stringent access standards is only possible through coordination and cooperation of the MHNet Network providers.*

The MHNet Provider Relations staff measures member accessibility during site visits. It is important to us that your appointment process accommodates these standards.

Geographical Availability Standards

Providers: All standards are based upon the member’s home zip code. These are the standards for commercial plans.

Standard	Provider	Facility
Urban	10 miles	20 miles
Suburban	20 miles	40 miles
Rural	60 miles	60 miles

MHNet will always meet State and Health Plan requirements, if more stringent.*

** Specific guidelines are referenced in any applicable addenda at the end of the document.*

Credentialing Criteria

Each practitioner shall meet the criteria established by MHNet to participate in the network. This shall include:

- 1) Psychiatrists who are state licensed
- 2) Physicians who are certified in addiction medicine and state licensed
- 3) Psychologists who have graduated from a doctoral level psychology program and who are state certified or licensed
- 4) Master's-level counselors who are state certified or state licensed
- 5) Master's-level clinical nurse specialists or advanced registered nurse practitioners who are nationally or state certified or state licensed
- 6) Master's-level Board Certified Behavior Analyst[®] (BCBA[®])

Physician Criteria

- 1) MHNet Behavioral Health's credentialing criteria, described below, apply at the time the application is reviewed. The physician is made aware of the criteria when he/she requests an application for membership on the practitioner panel.
- 2) The criteria:
 - a) Current valid, unrestricted license to practice independently as a physician.
 - b) Clinical privileges in good standing at the facility designated by the physician as the primary admitting facility, if applicable. If a physician does not have admitting privileges, he/she must submit a written description of a formal arrangement for inpatient coverage for his/her patients should any of them require hospitalization.
 - c) A current valid DEA or CDS certificate.
 - d) For Psychiatrists only: Certification by the American Board of Psychiatry and Neurology or completion of a three-year psychiatric residency program approved by the American Council of Graduate Medical Education (ACGME).
 - e) For Addictionologists only: certification in Addictions Medicine by the American Society of Addictions Medicine or Certification by the American Board of Psychiatry and Neurology with added qualifications in Addiction Psychiatry.
 - f) Current, professional liability (malpractice) insurance with minimum limits of \$1,000,000/\$3,000,000*.
 - g) Lack of significant malpractice claims history.
 - h) Lack of loss or limitation of privileges for clinical reasons.
 - i) Lack of current impairment to practice due to a mental, physical, or chemical dependency condition.
 - j) Site visit results of greater than 85%, if a site visit is applicable.
 - k) Lack of Medicare/Medicaid sanctions.

* MHNet will consider Providers with alternate coverage levels and alternate state approved methods of handling malpractice insurance on a case by case basis

Psychologist Criteria

- 1) MHNNet Behavioral Health's credentialing criteria, described below, apply at the time the application is reviewed. The psychologist is made aware of the criteria when he/she requests an application for membership on the practitioner panel.
- 2) The criteria:
 - a) Graduation from a doctoral level psychology program (PhD, PsyD, or EdD).
 - b) Current valid, unrestricted license to practice independently as a psychologist.
 - c) Current, professional liability (malpractice) insurance with minimum limits of \$1,000,000/\$1,000,000*.
 - d) Lack of significant malpractice claims history.
 - e) Lack of current impairment to practice due to a mental, physical, or chemical dependency condition.
 - f) Site visit results of greater than 85%, if a site visit is applicable.
 - g) Lack of Medicare/Medicaid sanctions.

Master's-Level Clinician Criteria

- 1) MHNNet Behavioral Health's credentialing criteria, described below, apply at the time the application is reviewed. The Master's-level clinician is made aware of the criteria when he/she requests an application for membership on the practitioner panel.
- 2) The criteria:
 - a) Graduation from a Master's Degree, or higher, program in one of the following behavioral health fields:
 - i) Social Work.
 - ii) Marriage and Family Therapist.
 - iii) Nurses with additional qualifications in psychiatric nursing (Advanced Registered Nurse Practitioner [ARNP] or Clinical Nurse Specialist [CNS]).
 - iv) Psychology.
 - v) Professional Counselor.
 - vi) Mental Health Counselor.
 - vii) Other clinicians with a Master's Degree who are licensed independent practitioners under applicable state law.
 - b) Current valid, unrestricted license to practice independently in applicable field.
 - c) Current, professional liability (malpractice) insurance with minimum limits of \$1,000,000/\$1,000,000*.
 - d) Lack of significant malpractice claims history.
 - e) Lack of current impairment to practice due to a mental, physical, or chemical dependency condition.
 - f) Site visit results of greater than 85%, if a site visit is applicable.
 - g) Lack of Medicare/Medicaid sanctions.

* MHNNet will consider Providers with alternate coverage levels and alternate state approved methods of handling malpractice insurance on a case by case basis

Advanced Registered Nurse Practitioner (ARNP) Criteria

- 1) MHNNet Behavioral Health's credentialing criteria, described below, apply at the time the application is reviewed. The advanced registered nurse practitioner is made aware of the criteria when he/she requests an application for membership on the practitioner panel.
- 2) The criteria:
 - a) Graduation from a Master's Degree, or higher, program for psychiatric nursing.
 - b) Nurse with additional qualifications in psychiatric nursing:
 - i) Advanced Registered Nurse Practitioner (ARNP), or
 - ii) Clinical Nurse Specialist (CNS).
 - c) Current valid, unrestricted license to practice independently in applicable field.
 - d) Copy of current agreement of collaboration with a physician who is credentialed by MHNNet.
 - e) Submission of any changes in the collaboration agreement itself or in the collaborating physician's status with MHNNet.
 - f) Current, professional liability (malpractice) insurance with minimum limits of \$1,000,000/\$1,000,000*.
 - g) Lack of significant malpractice claims history.
 - h) Lack of current impairment to practice due to a mental, physical, or chemical dependency condition.
 - i) Site visit results of greater than 85%, if a site visit is applicable.
 - j) Lack of Medicare/Medicaid sanctions.

Certified Behavior Analyst Criteria

- 1) MHNNet Behavioral Health's credentialing criteria, described below, apply at the time the application is reviewed. The Certified Behavior Analyst is made aware of the criteria when he/she requests an application for membership on the practitioner panel.
- 2) The criteria:
 - a) Graduation from a Master's Degree, or higher program.
 - b) Current valid, unrestricted license to practice independently in applicable field.
 - c) Current, professional liability (malpractice) insurance with minimum limits of \$1,000,000/\$1,000,000*.
 - d) Lack of significant malpractice claims history.
 - e) Lack of current impairment to practice due to a mental, physical, or chemical dependency condition.
 - f) Site visit results of greater than 85%, if a site visit is applicable.
 - g) Lack of Medicare/Medicaid sanctions.

* MHNNet will consider Providers with alternate coverage levels and alternate state approved methods of handling malpractice insurance on a case by case basis

Update on Clinical Record Keeping

If selected for a provider's office site visit prior to credentialing, MHNet will assess the "record keeping practices" of the provider or practice office. Some basic MHNet elements of record keeping include:

- a. There is a protocol for communicating evaluation and treatment information to the member's Primary Care Provider (PCP) and other health care professionals, as appropriate;
- b. There is a protocol/process for documenting communication or attempted communication with the member following a missed appointment;
- c. There is a posted HIPAA Notice of Privacy Practices (NPP);
- d. There is a standard procedure for documenting any breaches of confidentiality under HIPAA requirements;
- e. There are available written copies of the NPP for any patient upon request;
- f. The practice has a "Release of Information" form;
- g. There is a single patient record;
- h. The treatment record is ordered and organized;
- i. Each page of the patient record has a patient identifier (i.e., patient name or assigned number);
- j. There is a form or area in the treatment record area for demographic information on the patient;
- k. There is a form or area in the record indicating the patient consent for services;
- l. There is a form or area in the record, or a protocol/process, for documentation of clinical history, treatment plan, and follow-up plan;
- m. There is form or area in the record prominently documenting allergies; and
- n. All entries in the records are dated.

During recredentialing, a provider also may be selected for a "treatment records review". This review will be conducted to assist providers with documenting member care.

MHNet has established a standard of $\geq 85\%$ compliance for the record keeping practices and for the treatment record reviews.

Communication with PCPs

MHNet is committed to the coordination of patient care. In order to facilitate coordination, during the first outpatient session, the MHNet provider will ask the patient for authorization to coordinate the patient's care with his or her PCP. This is especially important for patients who are taking medication or who also suffer from medical conditions. The provider must always have the patient sign a release of confidentiality form before disclosing any information on the patient. Should you need a form, MHNet has confidentiality forms for the coordination of care with PCPs (available at your request).

If the member requests that the information NOT be shared with his or her PCP, the MHNet provider must make every effort to educate the patient regarding the clinical importance of open and ongoing communication among all treating providers. It is also the responsibility of the MHNet provider to inform the member that lack of communication among treating providers can be counter therapeutic and potentially dangerous. The provider should have written documentation from the patient attesting to the fact that the patient declined to have any information released to his/her PCP.

If you have any questions, please contact your MHNet Representative.

If you would like to know more about our Quality Improvement Program, please contact us. Also, we welcome your thoughts and those from members regarding any aspect of our Quality Improvement Program. Please send your written comments to your MHNet Representative.

MHNet Behavioral Health Member Rights and Responsibilities

As a member accessing care at MHNet, you have the following rights:

- To receive information regarding MHNet Behavioral Health's (MHNet) services, participating behavioral health care providers, and covered services; and to receive information about MHNet's clinical guidelines and member rights and responsibilities.
- To be treated professionally, with respect and recognition of your dignity and need for privacy.
- To participate with providers in decision making regarding your treatment plan.
- To candidly discuss appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To voice complaints or appeals about MHNet or the care provided and to appear before a panel. Members also have the right to receive an answer to those complaints and appeals within a reasonable period of time.
- To make recommendations regarding MHNet's member rights and responsibilities policies and procedures.
- To have your medical and business records maintained confidentially, in accordance with state and federal law.
- To obtain a written copy of MHNet's HIPAA Notice of Privacy Policies upon request.
- To access your "protected health information" in accordance with HIPAA regulations and upon the approval of MHNet.
- To amend your "protected health information" in accordance with HIPAA regulations.
- To request restrictions on the use and disclosure of your "protected health information" in accordance with HIPAA regulations.

Your responsibilities include:

- To provide, to the best of your knowledge, accurate and complete information about present symptoms, past illnesses, hospitalizations, medications, and other information your provider needs in order to care for you.
- To follow the treatment plan and instructions for care agreed upon by you and your provider.
- To participate, to the degree possible, in understanding your behavioral health problems and developing mutually agreed upon treatment goals and discussing with your provider any questions, concerns, or disagreements about your care or treatment plan.
- To report unexpected changes in your condition to your behavioral health care provider.
- To confirm that services are authorized in advance by MHNet.
- To understand your behavioral health benefits, and pay any applicable copayment for covered services.
- To inform MHNet and/or your behavioral health care provider about changes in your eligibility for benefits or coverage.
- To advise an MHNet Member Services Representative of any difficulty you experience, and work with the representative to resolve those issues.

Information for Providers

Adolescent Depression Preventive Behavioral Health Program

MHNet Behavioral Health (MHNet) is committed to providing preventive behavioral health care for adolescent members who are at risk for a depressive disorder because their parents have been diagnosed with depression. This program is intended to educate parents with depression about the potential for depression in their adolescent children. Engaging these members includes providing them with educational materials to improve their understanding about biological depression and the availability of depression screening for their adolescent children, if warranted. MHNet recognizes that providers are the cornerstones of successful and continuing treatment for these members. This program is intended to complement the services that you provide. Below is information about the program.

Why has MHNet implemented this program?

Research from the *Surgeon General's Report on Adolescent Depression*, The American Academy of Child and Adolescent Psychiatry, *The Psychiatric Times Journal*, *Journal of Consulting and Clinical Psychology*, and others support the following conclusions:

- Depressive spectrum disorders are the most prevalent behavioral health diagnoses in the population. This is also our experience for MHNet members.
- Research indicates that 3-4% of junior high students have a major depressive disorder. Another 3.3% have dysthymia and 3-4% experiences seasonal affective disorders.
- Research has also shown that 20-50% of depressed children and adolescents have a family history of depression (Puig-Antich et al., 1989; Todd et al., 1993; Williamson et al., 1995; Kovacs, 1997b).
- Additional studies of families show that parents, siblings, and children of a person with major depression which began before age 30 are three to five times more likely to have major depression themselves than relatives of someone without it.
- Epidemiological research suggests that, if one parent has depression, up to 40% of the children will become depressed at sometime before their 20th birthday. The younger the parent when he or she became depressed, the more likely the children are to become depressed. When mothers have been seriously depressed (an episode every year or so and hospitalized at least once for depression), their children are even more likely to become depressed. And, when they do, the depression is more severe, lasts longer, and is accompanied by other psychiatric problems.
- About 50% of children with depression also have conduct disorder or oppositional defiant disorder. Forty percent of children with depression have anxiety disorder, and 25% of children with depression have attention deficit disorder. Often the episode of depression will go away and leave the other psychiatric problem unchanged.
- Most disturbingly, children with depression are at increased risk for suicide.

What are the goals of the MHNet program?

MHNet wants to educate parents about the potential for depression in their adolescent children. By providing education about depression and its signs and symptoms, parents will be able to consider whether their adolescent children are at risk of depression. If warranted, the adolescent children will be assessed by MHNet network providers and provided early intervention for their depression.

What are the criteria for inclusion in this program?

The targeted population is adolescent members (age 13-18) having at least one biological parent diagnosed with a Depressive Disorder (DSM IV codes, 296.2x, 296.3x 300.40).

What interventions does the program include?

The program is to educate parents about adolescent depression, and to alert them to signs and symptoms of depression in adolescent children.

MHNet will mail educational materials to adult members being treated for depression and who have adolescent children covered under their insurance. These educational materials are directed at both the effected member and his or her family. Members will be encouraged to call MHNet if they have questions or need a referral. They will also be encouraged to discuss their concerns with their provider. MHNet case managers will be available to answer any questions the member may have regarding the educational materials or outpatient treatment. Members will also be encouraged to contact MHNet if treatment concerns arise.

What can you do as a provider?

This MHNet prevention program will complement your care by educating members about signs and symptoms of possible depression in their adolescent children and the availability of treatment. We believe members who are educated about their condition and the potential for similar conditions in their adolescent children are more likely to get assistance for their adolescent children before problems magnify.

Your support for this program is important. While MHNet may be in contact with members, you are encouraged to communicate with MHNet regarding any members or their families about whom you have particular concerns.

With this program description, you should also have received a copy of the educational material that will be mailed to members participating in the program. We hope you find this material a valuable addition to the care you provide to your patients. To help educate our members and facilitate their informed involvement in treatment, we ask that you make this material available to those members in your care that may benefit from them.

If you have any questions or concerns or want to discuss the program, please contact your National Service Center MHNet office.

Information for Providers

Anxiety Disorders Preventive Behavioral Health Program

MHNet Behavioral Health (MHNet) is committed to providing preventive behavioral health care for adult members with anxiety disorders. This program is intended to improve linkage and outpatient care for adults who have been treated by medication alone for an Anxiety Disorder diagnosis. Our support for these members includes educational materials intended to encourage follow-through and compliance with your recommended outpatient care and the additional recommendation that the member enter counseling coupled with their medication management. MHNet recognizes that providers are the cornerstones of successful and continuing treatment for these members. This program is intended to complement the services provided by their physicians. Below is information about the program and how you can involve those health plan members in your care who meet criteria.

Why has MHNet implemented this program?

The National Institute of Mental Health estimates that 19 million adults suffer from anxiety disorders (Narrow, WE et. al. 1998). Anxiety disorders are described as "chronic, relentless, and can grow progressively worse if not treated." According to NIMH, "anxiety disorders, as a group, are the most common mental illness in America." Additionally, with several of the anxiety disorders, NIMH research indicates there is a high prevalence of co-existing affective or substance abuse disorders. (Robins, LN et al. 1991 and Regier, DA et al. 1998). According to NIMH research, treatment of all of the various types of anxiety disorders includes psychotherapy as one of the treatment options. In several instances with specific anxiety disorders, NIMH states that they "can be helped by medications and carefully targeted psychotherapy."

The following interventions are in place:

- Inform the treating psychiatrist of the existence of MHNet's preventive behavioral health program for members with anxiety and facilitate outpatient care for psychotherapy in conjunction with medication management.
- Inform health plan Primary Care Physicians of the existence of MHNet's preventive health program for members with anxiety and facilitate outpatient care for psychotherapy in conjunction with medication management.
- MHNet will identify members weekly using a claims-based report. If the authorization is for medication management only,
 - MHNet will send a targeted reminder letter to the psychiatrist. The letter will remind the psychiatrist of the anxiety preventive behavioral health program and encourage him/her to discuss the psychotherapy option with his/her patient.
 - Members will be sent a targeted letter notifying them about the program, which includes educational materials about anxiety and a recommendation to participate in psychotherapy in conjunction with medication management. The letter will recommend outpatient psychotherapy as an additional treatment and suggest members discuss this option with their psychiatrists, or PCP, as appropriate. It will also encourage members to call MHNet case managers for assistance with referrals to outpatient therapists, as well as encouraging members to read the educational materials included with the letter.

What are the goals of the MHNet program?

MHNet seeks to help individual members reduce the duration and severity of their anxiety symptoms by increasing the likelihood of successful linkage and compliance with appropriate outpatient care. In helping our members successfully complete treatment, MHNet hopes to reduce the re-occurrence of anxiety by teaching coping skills to effectively manage their disorder.

What are the criteria for inclusion in this program?

Adult (18 and over) MHNet members who are seen in an outpatient setting with a diagnosis of Anxiety Disorder (DSM 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3 and 309.81) and who are being treated with medication solely, are asked to participate in the program.

What interventions does the program include?

The program is designed to complement the care provided by primary care physicians and psychiatrists. Interventions are directed at improving linkages, encouraging treatment compliance, and educating members and their families about anxiety and its treatment. Your participation is encouraged and the program is designed to minimize intrusion on your time.

The program's initial goal is to improve linkage between outpatient services. MHNet will mail information to members being treated with medication alone who may benefit from psychotherapy. Members will be encouraged to call MHNet for referrals to outpatient therapists. The member also will be sent educational materials in the mail. These educational materials are directed at both the affected member and his/her family. MHNet case managers will be available to answer any questions the member may have regarding outpatient treatment. Any questions about the educational material are answered and members are encouraged to contact MHNet if treatment concerns arise.

What can you do as a provider?

This MHNet prevention program is designed to complement your care by motivating members to follow through with appointments and adhere to the treatments you recommend and administer. We believe members who are supported during the critical period following diagnosis, educated about their condition, and encouraged to discuss their concerns about treatment, will be more likely to remain in treatment and experience greater symptom remission.

Your support for this program is important. While MHNet may be in contact with members, you are encouraged to communicate with MHNet regarding any members about whom you have particular concerns.

Included with this program description, you should also have received copies of the educational material that will be mailed to members participating in the program. It is our hope that you find this material a valuable addition to the care you provide. The educational material is not specific to clients who have been hospitalized and therefore may be of benefit to other members treated for Anxiety. To help educate our members and facilitate their informed involvement in treatment, we ask that you make this material available to those members in your care that may benefit from them.

Should you have any questions or concerns, we would be pleased to address them. To discuss the program, please contact your National Service Center MHNet office.

Information for Providers

Attention Deficit/Hyperactivity Disorder Preventive Behavioral Health Program

MHNet Behavioral Health (MHNet) is committed to providing preventive behavioral health care for children receiving medication therapy for Attention Deficit/Hyperactivity Disorder (ADHD). This program is intended offer enhanced and comprehensive services to children with ADHD as well as their parents. Engaging these members includes providing them with educational materials to increase the efficacy of treatment for the effected children. MHNet recognizes that providers are the cornerstones of successful and continuing treatment for these members. This program is intended to complement the services that you provide. Below is information about the program.

Why has MHNet implemented this program?

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the five most prevalent diagnoses among all members served by MHNet. In most regions it is the fourth highest diagnosis. However, in one region it is the second most common diagnosis. Relevance regarding ADHD as a preventive health program becomes even more substantiated since children 0-12 rank second in the utilization of services with the exception of one region that has a large percentage of Medicaid members where this age group is the primary utilizers. Even though children are receiving services through MHNet we want to ensure that their parents are accessing necessary services as well. The entire family is impacted when a child is diagnosed with ADHD. Research is replete with significant findings that a combination of psychopharmacology and psychotherapy is most efficacious for treating psychological disorders including ADHD.

What are the goals of the MHNet program?

- **Primary prevention:** For the parent(s), reduction in stress related to dealing with a child in the family with ADHD symptoms through family therapy, education, and linkage with community resources
- **Secondary and tertiary prevention:** For the child, improved clinical outcome by focusing on the home environment through family therapy, parental training and education, and increased exposure to community resources.

What are the criteria for inclusion in this program?

The targeted population is parents of children and children 7-14 who have been diagnosed with ADHD (DSM IV codes 314.01, 314.0, and 314.9) and are being treated solely pharmacologically by an in-network psychiatrist.

What interventions does the program include?

- For parent(s) the following interventions will occur:
 - Offer referral for family therapy (1 90801 and 2 90847s) with an in-network behavioral health practitioner (LCSW, LPC, LMFT, or PhD).
 - Provide educational materials.
 - Offer linkages to community resources and/or support groups as well as national data bases and organizations.
- In-network psychiatrists treating a child with ADHD solely pharmacologically will be mailed a letter informing them of the additional services being offered to the parent(s).

What can you do as a provider?

This MHNet prevention program will complement your care by educating members about ADHD. We believe members who are educated about their condition are more likely to get assistance before problems magnify.

Your support for this program is important. While MHNet may be in contact with members, you are encouraged to communicate with MHNet regarding any members or their families about whom you have particular concerns.

With this program description, you should also have received a copy of the educational material that will be mailed to members participating in the program. We hope you find this material a valuable addition to the care you provide to your patients. To help educate our members and facilitate their informed involvement in treatment, we ask that you make this material available to those members in your care that may benefit from them.

If you have any questions or concerns or want to discuss the program, please contact your National Service Center MHNet office.

Information for Providers

Depression and the Older Adult Preventive Behavioral Health Program

MHNet Behavioral Health (MHNet) is committed to providing preventive behavioral health care for older adults at risk for depression. This program is intended to educate older members about the potential for depression. Engaging these members includes providing them with educational materials to improve their understanding about depression and the availability of depression screening, if warranted. MHNet recognizes that providers are the cornerstones of successful and continuing treatment for these members. This program is intended to complement the services that you provide. Below is information about the program.

Why has MHNet implemented this program?

Depression is not a normal consequence of aging. Sadness and grief are normal responses to life events that occur with aging such as bereavement; adjustment to changes in social status with retirement and loss of income; transition from independent living to assisted or residential care; and loss of physical, social, or cognitive function from illness. Despite these losses, healthy independent community-dwelling older adults have a lower prevalence rate of clinical depression than the general adult population.

Rates of depression are higher for older adults with co-morbid medical illness and in general medical settings. Hospitalized older adult populations have prevalence rates of depression over 30 percent, and patients with stroke, myocardial infarction (MI), or cancer have rates over 40 percent.

Depression amplifies disability and lessens quality of life. Late-life depression is associated with increased office and emergency department visits, increased drug use and cost for both prescription and over-the-counter medications, higher risk for use of alcohol or illicit drugs, increased length of inpatient stay, and overall higher costs of care. Depression in late life also tends to be a recurrent or persistent condition and adversely impacts both medical and psychiatric morbidity and mortality.

What are the goals of the MHNet program?

MHNet works with members and their physicians to achieve the following goals:

- Educate senior Medicare Advantage members regarding Depression.
- Educate and support Primary Care Physicians treating Medicare Advantage members through providing evidence-based guidelines and member educational materials.
- Offer preventive screenings that result in increased identification and treatment of depression in older adults.

What are the criteria for inclusion in this program?

The targeted population is newly enrolled Advantra (Medicare) members at risk for depression.

What interventions does the program include?

Interventions are chosen based on their ability to impact behavior as shown by literature and are targeted to members by risk level. Research has shown that the more targeted or directed the message/intervention is to the member, the greater the influence on the member's behavior. MHNet's Depression Among Older Adults Preventive Behavioral Health Program provides direct Case Manager outreach and intervention to those at the highest risk for depression or high-risk behaviors and targeted mailings to those members self-identified with a moderate risk of depression.

Members will be encouraged to call MHNet if they have questions or need a referral. They will also be encouraged to discuss their concerns with their provider. MHNet case managers will be available to answer any questions the member may have regarding the educational materials or outpatient treatment. Members will also be encouraged to contact MHNet if treatment concerns arise.

What can you do as a provider?

This MHNet prevention program will complement your care by educating members about signs and symptoms of possible depression and the availability of treatment. We believe members who are educated about their condition are more likely to get assistance before problems magnify.

Your support for this program is important. While MHNet may be in contact with members, you are encouraged to communicate with MHNet regarding any members or their families about whom you have particular concerns.

With this program description, you should also have received a copy of the educational material that will be mailed to members participating in the program. We hope you find this material a valuable addition to the care you provide to your patients. To help educate our members and facilitate their informed involvement in treatment, we ask that you make this material available to those members in your care that may benefit from them.

If you have any questions or concerns or want to discuss the program, please contact your National Service Center MHNet office.

Information for Providers

Postpartum Depression Preventive Behavioral Health Program

MHNet Behavioral Health (MHNet) is committed to providing preventive behavioral health care for new mothers who may need treatment for Postpartum Depression. This program is intended to assist new mothers with early identification of the signs and symptoms of Postpartum Depression and help them receive referrals to appropriate behavioral health professionals. MHNet recognizes that providers are the cornerstones of successful and continuing treatment for these members. This program is intended to complement the services that you provide. Below is information about the program.

Why has MHNet implemented this program?

Postpartum blues refer to a fleeting condition characterized by mild, and often rapid, mood swings from elation to sadness, irritability, anxiety, decreased concentration, insomnia, tearfulness, and crying spells. Forty to 80 percent of postpartum women develop these mood changes, generally within four days of delivery.¹ Symptoms typically peak on the fifth postpartum day and resolve within two weeks. Women with postpartum blues, also referred to as “baby blues,” are at increased risk of developing postpartum depression.

Postpartum Depression often goes unrecognized because many of the usual discomforts of the first six weeks after delivery (e.g., fatigue, difficulty sleeping, low libido) are similar to symptoms of depression. For this reason, and possibly because of perceived societal expectations of the new mother, postpartum women are often reluctant to complain about their mood. This was illustrated in a study in which only one-third of women with Postpartum Depression believed they were suffering from this disorder and 80 percent had not reported their symptoms to a health professional.²

The prevalence of Postpartum Depression appears to be close to depression rates reported in non-pregnant women (point prevalence 5 to 9 percent, with a lifetime risk of 10 to 25 percent).^{3,4} Prevalence estimates vary depending upon the study method used, diagnostic criteria, timing of evaluation, and location of the study. Probably the best estimate of Postpartum Depression prevalence was determined by the Agency for Healthcare Research and Quality.⁵ The authors reported that the prevalence of major depression was 5.7 percent two months postpartum and 5.6 percent six months postpartum.

Although the prevalence of depression is similar for postpartum and nonpregnant women, the onset of new episodes of depression is higher in the first five weeks postpartum. Thus, the postpartum period may represent a time of increased vulnerability to depression for some women.

What are the goals of the MHNet program?

MHNet works with members and their physicians to achieve the following goals:

- Educate new mothers regarding Postpartum Depression and the postpartum blues or “Baby Blues.”
- Educate and support Primary Care Physicians, Family Practice Physicians, Pediatricians and OB-GYN providers through evidence-based guidelines.
- Provide a self-screening tool to members.
- Promote referrals to MHNet for a thorough evaluation by a behavioral health specialist.

What are the criteria for inclusion in this program?

The targeted population is new mothers.

What interventions does the program include?

The program is to educate new mothers about postpartum depression, and to alert them to signs and symptoms of postpartum depression. MHNet will mail to new mothers educational materials as well as a self-scoring version of the “Edinburgh Postnatal Depression” Scale. New mothers are encouraged to discuss their emotional health with their providers or during the well visit check ups for their newborns. New mothers are also encouraged to contact MHNet directly for referrals for a complete evaluation.

MHNet case managers will be available to answer any questions the member may have regarding the educational materials or outpatient treatment. Members will also be encouraged to contact MHNet if treatment concerns arise.

What can you do as a provider?

This MHNet prevention program will complement your care by educating members about signs and symptoms of possible postpartum depression and the availability of treatment. We believe members who are educated about their condition are more likely to get assistance before problems magnify.

Your support for this program is important. While MHNet may be in contact with members, you are encouraged to communicate with MHNet regarding any members or their families about whom you have particular concerns.

With this program description, you should also have received a copy of the educational material that will be mailed to members participating in the program. We hope you find this material a valuable addition to the care you provide to your patients. To help educate our members and facilitate their informed involvement in treatment, we ask that you make this material available to those members in your care that may benefit from them.

If you have any questions or concerns or want to discuss the program, please contact your National Service Center MHNet office.

MHNet Practitioner Treatment Record Review Tool

Practitioner Name _____ Record ID _____
 Reviewer _____ Date _____

	Yes	No	N/A
1. Each page in the treatment record contains the patient's name and identification number.			
2. Each record includes the patient's address, employer or school, home and work telephone numbers including emergency contacts, marital or legal status, appropriate consent forms, and guardianship information if relevant.			
3. All entries in the treatment record include the responsible clinician's name, professional degree, and relevant identification number, if applicable.			
4. The record is legible to someone other than the writer. A second surveyor examines any record judged to be illegible by one clinical surveyor.			
5. Medication allergies, adverse reactions and relevant medical conditions are clearly documented and dated.			
6. Presenting problems, along with relevant psychological and social conditions affecting the patient's medical and psychiatric status and the results of a mental status exam are documented.			
7. Special status situations, such as imminent risk of harm, suicidal ideation, or elopement potential, are prominently noted, documented, and revised in compliance with written protocols.			
8. Each record indicates what medications have been prescribed, the dosages of each, and the dates of initial prescription or refills.			
9. A medical and psychiatric history is documented, including previous treatment dates, provider identification, therapeutic interventions and responses, sources of clinical data, relevant family information. For children and adolescents, past medical and psychiatric history includes prenatal and perinatal events, along with a complete developmental history (physical, psychological, social, intellectual and academic). For patients 12 and older, documentation includes past and present use of cigarettes and alcohol, as well as illicit, prescribed and over-the-counter drugs.			
10. A DSM-IV diagnosis is documented, consistent with the presenting problems, history, mental status examination, and/or other assessment data.			
11. Treatment plans are consistent with diagnoses, and have both objective, measurable goals and estimated time frames for goal attainment or problem resolution, and include a preliminary discharge plan, if applicable.			
12. Continuity and coordination of care activities between the primary clinician, consultants, ancillary providers and health care institutions are included, as appropriate.			
13. Informed consent for medication and the patient's understanding of the treatment plan is documented.			
14. Progress notes describe patient strengths and limitations in achieving treatment plan goals and objectives and reflect treatment interventions that are consistent with those goals and objectives. Documented interventions include continuity and coordination of care activities, as appropriate. Dates of follow-up appointments or, as applicable, discharge plans are noted.			
15. Evidence of parent (legal guardian) involvement in the treatment for children under the age of 18 within the first 45 days of treatment, if clinically appropriate. (N/A if adult patient)			

Total "Yes" score _____ Total % compliance (Yes / 14 or 15) _____
Action Plan required if compliance is < 85% (> 2 elements out of compliance)
Action Plan: _____

	Yes	No
Action Plan discussed with practitioner.		

MHNet reviewer signature _____ Date _____

Practitioner signature _____ Date _____

Addenda

CoventryCares of Kentucky Medicaid Specific Requirements	28
CoventryCares of Kentucky Medicaid Rights and Responsibilities.....	30

PROVIDER QUICK REFERENCE GUIDE

CoventryCares of Kentucky Provider Addendum

The CoventryCares of Kentucky Provider Addendum supersedes should conflicts arise between MHNet's Provider Quick Reference Guide and this Addendum. State specific regulations can be found at <http://www.lrc.state.ky.us/Law.htm>.

New Provider Orientation: MHNet will conduct initial orientation for all providers within 30 days after the provider is eligible to see Members. Ongoing orientation will be provided as needed and required to ensure full compliance with all applicable Federal and Commonwealth requirements.

Provider Credentialing: MHNet welcomes provider input into our provider credentialing and re-credentialing processes. Please contact our provider relations department if you are interested.

Provider Services: MHNet Provider Services is available to take provider calls at a minimum of Monday through Friday 8 a.m. – 6 p.m. eastern standard time.

Coordination of Care: In addition to MHNet coordination of care requirements, CoventryCares of Kentucky providers treating Medicaid Members are required to send initial and quarterly (or more frequently if clinically indicated) summary reports of a Member's behavioral health status to the PCP, with the Member's, or the Member's legal guardian's, consent

HIPAA Privacy and Security: MHNet will conduct privacy and security audits of providers as prescribed by the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services (the Department).

Member Accessibility Standards: MHNet believes that each Member should be able to have an appointment within a specific timeframe, based on the urgency of the situation.

Emergency Care Access and Stabilization: 24 hours from request

Urgent Care: 48 hour from request

Post Discharge from an Acute Psychiatric Hospitalization: 14 days post discharge

Routine Care: 60 days from request

Geographical Availability Standards: MHNet believes that each Member should be able to have an appointment within a reasonable geographic distance. Behavioral Health Services should be accessible within sixty (60) minutes of the Member's home.

Claims Submission: CoventryCares of Kentucky Providers have 365 days from the date of authorization to submit a claim. Clean Claims are defined as those claims that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in a State's claims system. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

Appeals Submission: CoventryCares of Kentucky Providers have one (1) year from the date of denial to submit an appeal. Appeals do not include issues regarding errors in claim payments (see next section below).

Complaints Regarding Payment: CoventryCares of Kentucky Providers have 24 months from the date of the claim to file a Complaint with MHNet regarding payment.

Recoveries: MHNet reserves the right to recover over-paid claims from providers up to 24 months after the date the claim was paid, except in cases of fraud or misrepresentation. In the event MHNet determines that a provider was overpaid, and such overpayment was not due to an error in the payment rate or method, MHNet shall provide written or electronic notice to the provider of the amount of the overpayment, the Member's name, ID number, date(s) of service to which the overpayment applies, MHNet's reference number for the claim, and the basis for determining that an overpayment exists.

MHNet will either request a refund from provider or indicate on its notice that, within 60 days of the postmark date/electronic delivery date of our notice, if the provider has not disputed the overpayment recovery request, and has not provided the refund, then the amount of the overpayment will be recouped from future payments through offset. Provider can send a notice of disagreement with the overpayment recovery request within 60 days from the postmark date/electronic delivery date, and submit additional relevant information to MHNet.

In such instance, MHNet shall not proceed with the recoupment until the dispute is resolved. Disputes shall be resolved within 30 days of receipt through MHNet's provider appeals process. In the event MHNet determines that a provider was overpaid, and such overpayment was due to an error in the payment rate or method, MHNet may request a refund. Alternatively, MHNet can immediately recoup the overpayment, and at the actual time of the recoupment, give provider the written or electronic documentation that specifies the amount of the recoupment, the Member's name and ID number, and the date of service. Provider may dispute such recoupment.

Member Rights and Responsibilities

CoventryCares of Kentucky Addendum

Members should know their Rights. Members should know what they are required to do. Please read the statements below. Call us if you have questions. Visit our website for more information. Call MHNet for a printed copy.

As a member getting care through MHNet,

You have the following rights:

1. Respect, dignity, privacy, confidentiality and, nondiscrimination;
2. A reasonable opportunity to choose a Primary Care Provider and to change to another Provider in a reasonable manner;
3. Consent for or refusal of treatment and active participation in decision choices;
4. Ask questions and receive complete information relating to the Member's medical condition and treatment options, including specialty care;
5. Voice Grievances and receive access to the Grievance process, receive assistance in filing an Appeal, and receive a hearing from MHNet and/or the Department;
6. Timely access to care that does not have any communication or physical access barriers;
7. Prepare Advance Medical Directives pursuant to KRS 311.621 to KRS 311.643;
8. Have access to Medical Records in accordance with applicable federal and state laws;
9. Timely referral and access to medically indicated specialty care; and
10. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

Your responsibilities include:

1. Become informed about Member rights;
2. Abide by the MHNet's and Department's policies and procedures;
3. Become informed about service and treatment options;
4. Actively participate in personal health and care decisions, practice healthy lifestyles;
5. Report suspected Fraud and Abuse; and
6. Keep appointments or call to cancel.