

THE PROVIDER LINE

Vol 3-2008

Work-Ready pilot program

Pennsylvania's Department of Public Welfare (DPW) guidelines state that employable recipients of cash assistance are required to participate in employment and training to assist them to move their family from welfare to work and self-sufficiency. When recipients report physical or mental health issues that they believe will keep them from participating in employment and training, they are given a MEDICAL ASSESSMENT FORM PA 635 to have a medical professional evaluate their employability.

You may have had patients ask you to complete the form. DPW is piloting a program in Allegheny County beginning July 1 that will include **a revised Medical Assessment Form PA 635**.

As part of the pilot program, providers in Allegheny County are asked to use the revised form to evaluate the employability of the consumer. If the determination is limited employability or temporary incapacity, providers are asked to:

- recommend a treatment plan
- provide a diagnosis and explain how it impacts employability, and
- comment on the consumer's current participation in his or her treatment plan.

Based on the results of the pilot program, DPW plans to expand supportive services (including one-to-one case management, home visits, child care, transportation, clothing and training, and work supplies) to assist recipients with the recommended treatment plan and so that members can take full advantage of available employment and training activities.

DPW and Community Care thank providers for their participation in the pilot program and dedicated care of behavioral health consumers.

Reducing readmission rates

In 2007, Community Care conducted inpatient mental health record reviews for a sample of HealthChoices members diagnosed with a serious mental illness, with or without a co-occurring substance abuse diagnosis, and who had an inpatient mental health readmission within 30 days of discharge.

The reviews showed that, overall, inpatient and outpatient providers are coordinating behavioral healthcare. The consumer's outpatient treatment team was included in the inpatient treatment planning 97% of the time in 2007; up from 94% in 2006.

Inpatient mental health providers are identifying consumers who have co-occurring substance abuse disorders and scheduling appropriate aftercare appointments. In 2006, 76% of members were scheduled for aftercare appointments for drug and alcohol treatment. The rate increased to 90% in 2007. In 2006, 89% of members were scheduled for aftercare treatment for mental healthcare; 85% of members were scheduled in 2007.

The majority of members in our sample were voluntarily admitted. The average number of days before readmission was thirteen. The two main reasons for readmission were relapse and increasing symptoms. Other reasons for readmissions included members stopping their medications and reporting that their medications were no longer effective, and that other medical issues interfered with their functioning.

Data from these record reviews were shared with Community Care's Care Management staff and Quality and Care Management Committee. Call for more information or to share ways to reduce readmission rates.

Another step on the road to recovery

Community Care has developed a Disease Management (DM) program to enhance services for adult members with schizophrenia and

depression called Steps of Hope. This program incorporates our commitment to recovery principles. Planned to begin

in July 2008, Community Care's DM Program is structured on evidence-based clinical practice guidelines, member input, and expert consultation. The goal of Steps of Hope is to help improve members' lives by encouraging them to embrace recovery planning. The following is a synopsis of Community Care's DM model:

2 **CLINICAL PRACTICE GUIDELINES:** Steps of Hope is founded on American Psychiatric Association Practice Guidelines for Depression and Schizophrenia, and on A Call for Change: Toward a Recovery-Oriented Mental Health System for Adults (from the Pennsylvania Department of Public Welfare). These guidelines are updated as appropriate, and can be accessed on Community Care's website. Printed copies are available upon request.

DIAGNOSTIC GROUPS: Adults, ages 18-64, diagnosed with schizophrenia or major depression are eligible.

STAFF: Staff who engage in member or provider contact for DM discussions are all licensed professionals (RNs or Licensed Social Workers).

ENROLLMENT: Enrollment into Steps of Hope is "opt-out", also known as passive enrollment. Eligible members are identified using claims and care management data, health risk assessments, and referrals from care managers and providers. Members are systematically identified within 30 days of receiving new or updated data.

STRATIFICATION: To ensure that the appropriate disease management (DM) services and interventions are provided, Community Care stratifies by the member's risk of morbidity. The goal is to match interventions to the needs of the individual.

MEMBER CONTACT: Members in the high-risk groups are contacted. Many attempts are made to connect with a member. Special needs of members are assessed and identified.

INTERVENTIONS: All DM members receive quarterly educational mailings with information regarding communicating with providers, relapse management, crisis planning, mental health advance directives, and recovery tools and information. They also receive information regarding symptom recognition, medications and side effects. Additionally, members may receive self-assessment questionnaires; telephone support; diagnostic, risk, and utilization assessment; Community Care newsletters; and, specialized care management support.

INTERFACE WITH MEMBER'S TREATMENT PLAN: Steps of Hope staff support the treatment plan created by the member and his or her treatment team. We do not provide or prescribe therapy or treatment.

GENERAL PROGRAM INFORMATION: The Steps of Hope toll-free number is 1-866-225-8044. Staff are available Monday through Friday, 8 a.m. to 4 p.m., for non-emergency inbound calls. Calls are answered by licensed professional Steps of Hope staff. After hours, onsite Customer Service Representatives will take calls. Licensed professional Care Management staff is available 24/7 for emergent situations or questions. Further information regarding the Steps of Hope Program is available on Community Care's website: www.ccbh.com.

Please call 1-866-225-8044 to refer a Community Care member to the program.

Always Online

We would like to remind you that our website, www.ccbh.com, includes information about many topics of interest. You can view and/or download information about the following topics on our website by clicking on “Provider Resources, HealthChoices Resources,” and then “Informational Articles.”

- Information about our Quality Improvement Program including goals, processes and outcomes related to care and service.
- Our efforts to measure the accessibility of care and service for our members, such as how long it takes to get an appointment, and actions taken to improve accessibility.
- The clinical practice guidelines and processes utilized to measure adherence to the guidelines.
- Our expectations for exchange of information with PCPs and within the behavioral health continuum to facilitate continuity and coordination of care.
- Our Medical Necessity Criteria, including how to obtain or view a copy.
- The toll-free number to contact staff regarding utilization management issues or if you have a utilization management question.
- The availability of, and process for, contacting an appropriate peer advisor to discuss utilization management decisions.
- A description of the availability of an independent external appeals process for utilization management decisions made by Community Care.
- Our policy prohibiting financial incentives for utilization management decision-makers.
- Our members’ rights and responsibilities
- Our confidentiality policies including what a “routine consent” is and how it allows us to use information about enrollees; their right to approve release of personal health information not covered by “routine consent”; how enrollees may request



restriction on the use or disclosure of personal health information, amendments to personal health information, access to personal health information or an accounting of disclosures of personal health information; our commitment to protect the enrollee’s privacy in all settings and our policy on sharing personal health information with employers.

- Information about our preventive behavioral health programs including how successful these programs have been.
- For our treatment record policies regarding confidentiality of treatment records, documentation standards, systems for organization of treatment records, standards for availability of treatment records at the practice site and performance goals, please see your Provider Manual, which can also be found at www.ccbh.com.
- For a description of the process to review information submitted to support your credentialing application, correct erroneous information and upon request to be informed of the status of your credentialing and recredentialing application, please see your Provider Manual, which can also be found at www.ccbh.com.

If you have any questions about accessing our website or if you would like more information or paper copies of any of the above items, please contact us at 1-888-251-2224.

Visit
www.ccbh.com

Provider Benchmarking Incidents (PBIs)

A Comprehensive Provider Evaluation, one of Community Care's many quality management tools, is used to monitor the quality of services delivered by network providers. Evaluations ensure that members are being treated in a safe and healthy environment that is conducive to recovery. The qualitative and quantitative data generated by the evaluations is used to improve practice standards by identifying areas for improvement.

4 Reviewing Provider Benchmarking Incidents (PBIs) is part of the evaluation. PBIs impact service and access to care. In order to improve the quality of care, if a trend is identified, Community Care may request that the provider submit an action plan that addresses the issue.

Examples of PBIs include:

- No appointment scheduled after discharge
- Precert performed in an untimely fashion
- Continued stay review conducted outside designated time frame
- Aftercare provider unable to give appointment within seven days of discharge
- Poor treatment plan submitted
- Psychiatric evaluation below standards
- Outpatient provider/practitioner at capacity.

A full list of Provider Benchmarking Incidents, along with detailed explanations and Community Care's expectations related to each incident, is available at www.ccbh.com.

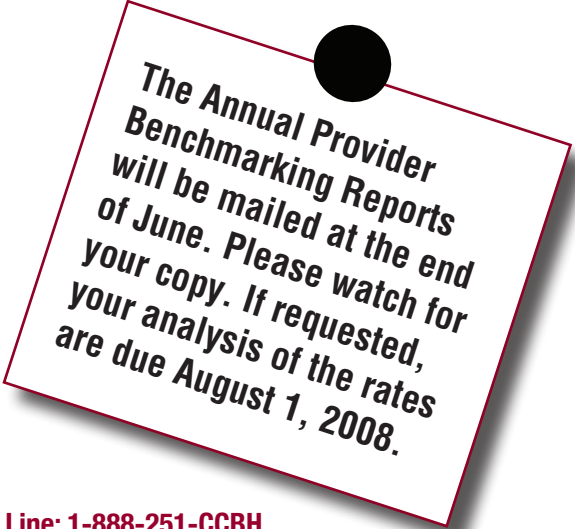
Make the connection

Individuals with behavioral health disorders are often at greater risk of developing physical illnesses, and vice versa. It is important that individuals receive treatment for both physical and behavioral health illnesses. If both are not addressed, the disorders are likely to be more severe, and morbidity and mortality rates higher. Thus, behavioral health specialists should consider coordinating care with medical practitioners to promote overall better health for their patients.

Facts regarding the physical/behavioral health connection:

- Treating depression can help improve the prognosis of a co-occurring medical illness.
- Heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's are all associated with depression.
- Individuals with both congestive heart failure (CHF) and depression have a fourfold increase in mortality compared to individuals diagnosed solely with CHF.
- Individuals with both chronic pulmonary disease (CPD) and depression have a threefold increase in mortality compared to individuals solely with CPD.
- People who have untreated mental health issues use more general medical services
- People who have depression are more likely than others to develop diabetes.
- Anxiety disorders are linked with many physical health illnesses, including epilepsy, cardiac disease, asthma, and diabetes.

We strongly encourage you to coordinate care with your patients' other practitioners in an effort to avoid duplicate assessments, procedures or testing; promote patient safety, and improve treatment outcomes.



The Annual Provider Benchmarking Reports will be mailed at the end of June. Please watch for your copy. If requested, your analysis of the rates are due August 1, 2008.

Improving the health of members and the community

Community Care, committed to improving the health status of members and the community, views quality as an integrated process; input from internal committees, members, providers, and other stakeholders must be ongoingly solicited in order for quality efforts to be successful. To obtain feedback, Community Care held focus groups during which members and providers shared their thoughts and expectations. In an effort to improve as an organization, Community Care used the constructive member and provider suggestions to make changes and improvements.

Members requested that Community Care work with providers to outline a protocol for sharing information with consumers about what to expect in terms of their continuum of care (e.g., how referrals are processed, what is done for consumers on a wait list, what efforts are made to coordinate care between physical and behavioral health care providers, and make this information available to members). In response to these member suggestions, Community Care implemented several interventions, including:

- Established a PCP Information Line that Primary Care Physicians can use to speak with a Community Care psychiatrist about members' psychiatric medications and care
- Created a template letter to help behavioral health clinicians initiate communication with PCPs about coordination of care
- The inclusion of articles discussing coordination of care in our newsletters and on our website

Community Care continues to update Customer Service Representatives with new information to share with members regarding provider qualifications, what to expect with different treatments, and treatment processes.

Providers' comments on the format and content of our Provider Benchmarking forms lead Community Care to implement several modifications, changing how data are presented and adding more details where requested.

In 2007, Community Care:

- Coordinated methodologies to better reflect IPRO, HEDIS, and other standardized quality measures
- Included more complete details regarding methodology given at provider meetings in each contract
- Ranked all providers by number of unique members served in 2006, which enables providers to compare their information with others of a similar-size in a given contract (thus also a specific geographic region) as well as with the contract network average
- Provided Quality Clinician and Regional Director contact information for providers to use to get questions answered and to submit feedback and suggestions
- Provider Follow-up meetings with Q&A time.

Community Care is planning to revise/expand footnotes for 2008 Benchmarking Reports to give further details of methodology

Call 1-888-251-2224 with feedback/suggestions.

Attention RTF providers

IPRO and OMHSAS are implementing the next focused study of Residential Treatment Facilities (RTF) for Measurement Year (MY) 2007. This study was last conducted for MY 2004-2005. The following indicators will be measured via chart review in the upcoming study:

- Family Involvement in RTF
- Coordination of Outpatient Follow-up
- Documentation of Medication Rationale

In mid-May some RTF providers will receive a list of members eligible for study inclusion and specific instructions on how to participate. You will be asked to provide documentation verifying the completion of the previously listed indicators to Community Care for submission to IPRO. For additional information, call Community Care Provider Line at 1-888-251-2224 and ask to speak to a Quality Representative.