

# THE PROVIDER LINE

Vol 4-2008

## Contracted Access Standards

Provider contracts include information about services for members as well as outline the obligations that Providers must meet and maintain in order to remain compliant and in good standing with Community Care. The following information regarding Access Standards is included in our contracts with providers.

All HealthChoices providers are contractually obligated to notify Community Care when they are at full capacity and not able to accept new members for services. Section 3.E. of the Provider Agreement outlines the requirement.

Section 3.E. At Community Care's written request, Provider agrees to provide to Community Care appropriate and reasonable information necessary for Community Care to: (a) ensure that Provider's composition of professional staff is consistent with Community Care's Quality Management Program; and (b) monitor, evaluate and address problems regarding accessibility of care. Provider agrees to comply with Community Care's standards regarding accessibility of care, including, but not limited to, appointment availability and waiting time as set forth in the Provider Manual.

Provider agrees to immediately notify Community Care in writing if it is not accepting new patients eligible for services under HealthChoices. After any such period, Provider shall immediately notify Community Care in writing when new HealthChoices patients will again be accepted for care. Community Care shall have the option in its discretion of determining if Provider's inability to accept new HealthChoices patients for any reason constitutes cause for termination under Section 10C herein.

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## Tools to promote recovery

Community Care, committed to the health and well-being of individuals and the community, works with consumers, families, providers, counties, and other stakeholders to promote behavioral health recovery. As an extension of that commitment, Community Care works closely with behavioral health experts, including Pat Deegan, PhD, President, Pat Deegan, PhD & Associates, LLC, to support state and county efforts to transform the primary focus of delivery systems to recovery. A number of Community Care's recent recovery initiatives are founded on Dr. Deegan's shared decision-making model, CommonGround.

In collaboration with Dr. Deegan, Community Care has created toolkits that incorporate elements of the CommonGround program. The toolkits focus on what Dr. Deegan calls, Personal Medicine™. The framework of the toolkit is a basic curriculum that can be used independently or with groups to incorporate recovery principles into behavioral health services. It was designed to outline the key characteristics of recovery philosophy and to provide service providers with specific recovery-oriented tools that can be incorporated into behavioral health treatment and support services. It also identifies educational resources related to the principles and practices of recovery. Providers can use the toolkit as a guide for building on consumers' natural strengths and reaching recovery goals.

Providers are currently being trained in the

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## Using surveys to improve provider satisfaction

Each year Community Care conducts a Provider Satisfaction Survey to solicit feedback from providers about their level of satisfaction and possible areas for improvement. Community Care contracts with the Myers Group, an NCQA-certified vendor, to conduct and analyze the survey. For the 2008 survey, which was mailed to all HealthChoices providers, the response rate was 40%.

The surveys showed high rates of provider satisfaction in the following areas:

- Pre-certification process
- Credentialing and Provider Relations
- Care Management
- Customer Service
- BHRS services
- Provider Benchmarking and Quality Management

The surveys also identify opportunities for improving provider satisfaction. Interventions implemented following recent surveys include changes to the authorization process for non-acute Partial Hospital Programs and Intensive Outpatient Programs. To expedite the process, additional data entry staff were hired and providers were given the ability to obtain authorization by fax rather than verbally.

Other interventions include a Community Care upgrade to the Omtool Genifax fax server, utilizing the Provider Online tool and the Electronic Data Interchange (EDI), and revisions to the weekly authorization report mailing procedure—all of which expedite the authorization process.

A second opportunity for improvement relates to claims processes. Interventions implemented to assist with claims include the establishment of a Claims and Clinical Workgroup; the creation of Provider Online and a provider alert reinforcing

its benefits and encouraging providers to take advantage of this resource; hiring additional staff to respond to calls to the Claims department; and managing resources to accommodate high-volume calling times. And, the Claims Department has scheduled additional trainings to ensure that all providers are oriented to the new system.

If you have ideas about improvements, or feedback on a process that works well, please contact your Provider Relations representative.

## Contracted Access Standards

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This notification requirement applies to all levels of care, including BHRS.

At any time, providers unable to accept new members into service should immediately notify Community Care in writing and include the following information: the service, effective date, if any member/parent has chosen to wait for this service, the anticipated date when new members will be accepted, and contact information.

The notification can be faxed to your Provider Relations Representative.

Providers are reminded to inform Community Care when new members are being accepted by also contacting their Provider Relations Representative.

Contact your Provider Relations Representative with questions. A directory of Representatives is posted at [www.ccbh.com/providers/networkdevelopment/providerreps/index.php](http://www.ccbh.com/providers/networkdevelopment/providerreps/index.php). See page 8 for more about Access Standards.

## Free Provider Training

Would you like more information on Significant Member Incident (SMI) and Provider Benchmarking Issue (PBI) processes? Do you want clarification on Community Care's expectations regarding incident reporting, policies on unusual incident reporting, and standards for providers? If so, please attend the Web-Ex Training provided by Community Care on December 4, 2008, at 10 a.m.

It's easy to register! Just go to <https://ccbh.webex.com/ccbh/onstage/g.php?t=a&d=719101008>, click on "Register," complete the registration form, then click "Submit." Once your registration is processed, you will receive a confirmation e-mail with instructions on how to join the event.

For more information about this and other upcoming Web-Ex trainings and/or assistance, contact Mike Schmitt, Training Specialist, at 412-454-7145 or [schmittm@ccbh.com](mailto:schmittm@ccbh.com).

Hope you can participate!

**Community Care will continue to offer recovery-focused conferences in 2009. Watch for details about Recovery: Keeping the Promise**

## CPS Supervisor Training Announced

Please help us spread the word! The Peer Support and Advocacy Network (PSAN) will be holding a Certified Peer Support (CPS) Supervisor Training on January 12 and 13, 2009. The cost and location are yet to be determined, but because several requests for this training have been received, we want to be sure that those interested save these dates.

Anyone interested in attending a CPS Supervisor Training should contact Kathleen Ganley, PSAN Program Director, either by phone at 412-227-0402, ext. 207, or via e-mail at [kganley@peer-support.org](mailto:kganley@peer-support.org).

The mission of PSAN, a 100% behavioral health consumer-operated, non-profit, holistic, and multicultural agency, is to build a community free of stigma, where individuals with mental illness work together toward recovery of mind, body, and spirit. The goal is to assist consumers to empower themselves. Respect, empathy, and encouragement are the guiding principles.

For more information about PSAN, please visit [www.peer-support.org](http://www.peer-support.org).

## OxyContin Pharmacy Update 2008

Some of the HealthChoices Physical Health Plans have recently removed OxyContin from their formulary due to concerns about abuse and diversion. Below is a chart that outlines the formulary status of OxyContin for each health plan. For additional information, their website addresses and phone numbers are also listed.

Physical Health Plan Pharmacy Services	Update	Formulary Alternatives	Effective Dates
AmeriChoice 1-800-922-1557 <a href="http://www.americhoice.com">http://www.americhoice.com</a>	Prior Authorization for OxyContin required	Morphine Sulfate extended release and Hydromorphone	07/01/08
AmeriHealth Mercy/KMHP 1-866-610-2774 1-800-521-6007 <a href="http://www.amerihealthmercyhp.com">http://www.amerihealthmercyhp.com</a> <a href="http://www.keystonemercy.com">http://www.keystonemercy.com</a>	OxyContin has been off formulary for over 2 years	Generic MS Contin, Kadian, and Fentanyl transdermal patches	
Health Partners 1-888-991-9023 <a href="http://www.healthpart.com">http://www.healthpart.com</a>	Prior Authorization for OxyContin required	Oxycodone/APAP, Oxycodone/Aspirin, Methadone, Hydromorphone, Morphine immediate release and extended release, Oxycodone immediate release, Fentanyl transdermal patches, and Meperidine	05/19/08
Gateway Health Plan 1-800-528-6738 <a href="http://www.gatewayhealthplan.com">http://www.gatewayhealthplan.com</a>	OxyContin removed from formulary (Letters sent to providers)	Avinza, Fentanyl transdermal patches, Morphine Sulfate extended release, Hydromorphone, Meperidine, Oxycodone immediate release, Oxycodone/APAP	10/01/08
Unison Health Plan 1-877-651-2217 <a href="http://www.unisonhealthplan.com">http://www.unisonhealthplan.com</a>	Oxycontin will require Prior Authorization	Morphine Sulfate extended release, Fentanyl transdermal patches, and Opana ER	11/17/08
UPMC for You 1-800-396-4139 <a href="http://www.upmchealthplan.com">http://www.upmchealthplan.com</a>	OxyContin removed from formulary (Letters were sent to providers)	Opana ER, Fentanyl transdermal patches, Morphine Sulfate extended release, and Methadone	10/01/08
DPW Fee-For-Service 1-800-558-4477 <a href="http://www.providersynergies.com/services/medicaid/default.asp?content=Pennsylvania">http://www.providersynergies.com/services/medicaid/default.asp?content=Pennsylvania</a>	OxyContin considered non-preferred	Duragesic patches, Morphine immediate release and extended release, Hydromorphone, Methadone, Oxycodone/APAP, Oxycodone/Aspirin	

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## Member satisfaction surveys show positive results and opportunities for improvement

Every year Community Care distributes a Member Satisfaction survey to assess how members feel about the delivery of their services and to find opportunities for improvement. Surveys sent to members in February 2008 asked members to evaluate their experiences with behavioral health services over the previous 12 months.

Community Care contracted with The Myers Group, an NCQA-certified survey vendor and expert in the field, to conduct the survey. The Myers Group, following HEDIS standards, conducted the survey using a seven-wave mailing process with follow-up phone calls.

A total of 525 surveys were collected for the adult survey, a response rate of 30%. For the child survey, a total of 668 surveys were collected, a 36% response rate. Both response rates are considered “strong” for satisfaction surveys.

In general, we learned from the surveys that most members feel that providers listen to them carefully and respect what they say. Most members reported feeling that providers respect their special needs. Overall, delays in counseling or treatment were not a problem for members.

Even with the very positive survey results, Community Care continues to identify ways to improve member satisfaction. One way is to work with providers to increase the number of members who get an appointment quickly when they have an urgent behavioral health need. Another way is

Community Care will continue to work with providers to improve member satisfaction and will pay particular attention to the responses to the following questions (with the desired response) in the 2009 survey:

- When you or your child needed to get counseling or treatment right away, how long did you usually have to wait between trying to get care and actually seeing someone? (same day, one day)
- How often did the people you went to for counseling or treatment act as though they thought that you or your child could recover? (usually, always)
- Are you aware of the counseling and treatment services that are available to you or your child for personal or family problems, mental or emotional illness, and drug and alcohol problems? (yes)
- If you or your child needed counseling or treatment for one of these problems, do you know the procedures for getting that kind of help? (yes)
- How much of a problem, if any, was it to get the help you needed for you or your child when you called customer service? (not a problem)

to educate members about treatment options and how to get services when they need help.

Community Care appreciates its providers’ commitment to recovery, delivering high quality care, and improving member satisfaction. For more information about member satisfaction, please call Community Care and ask to speak to a Quality Representative.

## Guide for persons who are deaf, deafblind, or hard of hearing

Persons who are deaf, deafblind, or hard of hearing, as well as their caregivers and service coordinators, can now access an updated resource directory from the Allegheny County Department of Human Services Office of Behavioral Health.

The “Southwestern Pennsylvania Resource Guide of Behavioral Health Providers for Persons Who Are Deaf, Deafblind, or Hard of Hearing” lists behavioral health providers who have experience working with individuals who are deaf or hard of hearing.

The directory, a result of the work of the Behavioral Health Task Force for Persons who are Deaf, Deafblind or Hard of Hearing of Allegheny County, helps persons with hearing loss better access culturally, linguistically, and otherwise experienced service providers. Produced using Staunton Farm Foundation funds, the directory is on the Allegheny County website at [www.alleghenycounty.us/uploadedFiles/DHS/About\\_DHS/Publications/Resource\\_Guides/BHGuide-DeafBlind.pdf](http://www.alleghenycounty.us/uploadedFiles/DHS/About_DHS/Publications/Resource_Guides/BHGuide-DeafBlind.pdf)

Please note the following changes:

1. For crisis contact, call the resolve Crisis Network at 1-888-796-8226.
2. The America Sign Language fluent counselor from Catholic Charities is no longer available.
3. The e-mail contact for Family Services of Western PA is [swisshelmd@fswp.org](mailto:swisshelmd@fswp.org)
4. The address for Steve Evrad, Office of Mental Retardation/Developmental Disabilities, is Center East Professional Park, 2020 Ardmore Blvd, 3rd floor, Pittsburgh, PA 15221.

## Tools to promote recovery

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of the toolkits, which include a slide presentation and video that define “personal medicine” and describe how it can be used.

Monthly webinars are a follow-up with additional information and provider examples of implementation. Upcoming and archived webinars can be accessed at <http://www.recoverylearning.com>. The toolkit and supplemental materials are intended to be used by consumers of behavioral health services and their family members, peer practitioners, case managers, therapists, other health professionals, and other behavioral health stakeholders.

Community Care is also following Dr. Deegan’s CommonGround model in developing a number of Decision Support Centers (DSC), run by Peer Specialists and located in medication clinics. Community Care members come to the center prior to their scheduled appointment. During that time, peer specialists help members evaluate their progress, show them how to access health-related information via the internet, and prepare to meet with the nurse or psychiatrist. Using a computer touch screen, members generate a report to use during their medication visit.

A DSC opened in March 2008 at Turtle Creek Valley MH/MR in Allegheny County. Staff have found the DSC to be a powerful instrument in strengthening its recovery focus. To date, over 1000 reports have been generated and utilized.

For more information, visit [www.ccbh.com](http://www.ccbh.com), or call your Provider Representative.

Visit  
[www.ccbh.com](http://www.ccbh.com)

## SPA transformation of Case Management

Single Point of Accountability (SPA) refers to a new initiative in Allegheny County to improve case management services for adults with mental illness and children/adolescents with serious emotional problems. The process for implementing these changes and improvements started two years ago with a stakeholder meeting that included people in recovery, their families and other advocates, providers, and others with an interest in improving services in the mental health system. A number of changes were recommended, including:

- Changing the name from “Case Management” to “Service Coordination.”
- Helping Service Coordinators convene and facilitate interagency service planning team meetings.
- Developing a way to pay psychiatrists and therapists for participating in interagency service planning team meetings.
- Developing or enhancing a new level of Service Coordination less intensive than Blended Case Management or Resource Coordination.
- Having consumers drive the planning process with a Service Coordinator as their “coach.”
- Ensuring that Service Coordinators plan and coordinate services across agencies.
- Investigating alternative ways of financing service coordination.
- Standardizing access to “Contingency Funds” across the county.
- Enhancing the training of Service Coordinators by assigning experienced mentors or coaches to them during the first few months of their employment.
- Developing certificate training programs for Mentors and Service Coordinators at local universities.
- Increasing base salaries of Service Coordinators across the system to help reduce staff turnover

and retain highly qualified staff.

- Development of cross-agency Recovery Plans driven by consumers that can follow the consumer wherever they go, with the goal of having one individualized plan across all services and supports.

The affirmative responsibilities include:

- Being the “go-to person” for consumers.
- Clearly communicating what consumers can expect from the system.
- Planning with consumers for development of natural supports and linking the consumer with community resources.
- Assuring cross-systems assessment and planning.
- Assuring cross-systems coordination.
- Developing enduring relationships.
- Giving feedback on systems’ barriers/problems.
- Assuring primary safety net functions.
- Helping the consumer sustain a positive outlook for the future.

Over the next five years, the Single Point of Accountability initiative will transform Service Coordination by improving planning, coordination, and instillation of hope for those served. These changes will increase the recovery competence of service coordinators, increase tenure of service coordinators, attract a talented trained work force, and, in general, help nurture a recovery-oriented system of care.

Similar changes are occurring in the children’s service system in Allegheny County, including mental health, drug and alcohol, children and youth services, juvenile probation, and education.

## Members are entitled to appointments that meet Access Standards

Community Care members are entitled to:

- Immediate emergency services in life-threatening situations.
- Services within one hour for non-life-threatening emergencies.
- Services for urgent needs within 24 hours.
- Appointments within seven calendar days for routine behavioral health services.

In the first two quarters of 2008, for those members calling Community Care for assistance with appointments, Access Standards were met

100% of the time. In March 2008, Community Care surveyed its high-volume outpatient providers to determine if Access Standards for non-life-threatening emergencies and urgent needs were being met. The rate for urgent access was 77%; the non-life-threatening access rate was 94%. Community Care Quality staff will continue to monitor access and work with providers to reach the 100% guideline.

Community Care expects providers to complete crisis plans with members to develop viable, effective alternatives to emergency room visits. If you have questions about how to assist members with a crisis plan or are unable to schedule appointments within the standards set by Community Care, please call toll-free 1-888-251-2224 for assistance.

**It's my recovery!**  
**Medication can open a door, but it takes a strong and courageous person to step over the threshold into recovery.**  
**That person is me.**

