

# THE PROVIDER LINE

Vol 3-2011

## Welcome members and providers in Erie County

Effective July 1, 2011, approximately 60,000 HealthChoices members in Erie County will have their behavioral health services managed by Community Care, bringing the number of PA counties served by Community Care to 36 of 67.

Community Care will partner with the County of Erie Department of Human Services to improve access to needed services and ensure the quality of services being provided. Community Care has a strong commitment to making a difference in the lives of individuals in need of behavioral health support in Erie County and across all of Pennsylvania.

Community Care will collaborate with Erie County to address the needs of the most vulnerable individuals in the community: adults with serious and persistent mental illness, youth who have, or who are at risk for, serious emotional disturbances, and individuals abusing alcohol and other substances; incorporate recovery and resiliency principles in every program; and ensure that the program is integrated and person-centered, with cross-system collaboration and coordination on behalf of people and families.

Welcome, Erie County!



### There is still time to register...

Community Care's 2011 summer institute, "RECOVERY for the mind and body," is being held:

**August 11, 2011**  
at the Danville Elks Club  
in Danville, PA

**August 17, 2011**  
at the Royal Palace Inn  
in Ridgway, PA

**August 30, 2011**  
at the Yorktowne Hotel  
in York, PA

Intended for service providers, consumers, families, and other behavioral health stakeholders, the institute will focus on the relationship between physical health and serious mental illness, how recovery strategies can be used to help with physical health challenges, and the role of physical health in behavioral health recovery plans. To register, visit [www.ccbh.com](http://www.ccbh.com) or e-mail Karen Neal at [nealkv@ccbh.com](mailto:nealkv@ccbh.com)

# Community Care strengthens its Fraud, Waste and Abuse Compliance Program

*Bill Gedman, Vice President of Quality Audit, Fraud & Abuse for UPMC's Insurance Services Division, was recently asked about his plans to strengthen Community Care's Fraud, Waste and Abuse Compliance Program.*

**Community Care:** Bill, welcome! Tell us about your professional background and new role here at Community Care.

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**Bill Gedman (BG):** I have over 25 years of experience in the fields of auditing, accounting, and finance. The last 15 years have been spent in health care finance and audit, both on the provider and payer side. I am a certified public accountant as well as a certified internal auditor and hold a certification in financial forensics. In addition, I am an adjunct instructor at Duquesne and Carlow Universities in Pittsburgh. I currently serve as the Vice President of Quality Audit, Fraud & Abuse for UPMC's Insurance Services Division. In addition to my responsibilities at UPMC Health Plan, my role at Community Care is to lead the strengthening and continued operations of its Fraud, Waste and Abuse (FWA) compliance program. Community Care has always taken regulatory compliance very seriously, and given the growing focus on health care FWA, my responsibility is to ensure that our program is appropriately staffed and operating using best-practice procedures.

**Community Care:** What do you mean by “the growing focus on health care fraud, waste and abuse”?

**BG:** In recent years, the ability to fully fund public sector programs, including Medical Assistance, has become a significant challenge at both the federal and state level. Government officials are struggling to identify how to keep up with rising costs. At the same time, there has been an increased awareness of health care FWA issues and the costs associated with them. There have been a few very dramatic stories in the media regarding criminal schemes, which some government leaders have seized upon to advance legislation that significantly increases federal funding for FWA detection and prevention efforts.

Specifically, last May, President Obama established a joint task force between the Department of Health and Human Services (HHS) and the Department of Justice (DOJ) to strike against fraud hot spots in targeted cities across the country and develop new policies and approaches to combat health care fraud. The joint operation is known as the Health Care Fraud Prevention and Enforcement Action Team or Project HEAT.

Fraud can result in improper medical expense. But fraud is not the only cause of wasteful spending. Payments for unnecessary medical services, for claims not supported by medical record documentation, for people who are not members, and to ineligible providers, are additional examples of improper expenditures that drive up health care costs.

The Obama administration is focusing on reducing all improper payments in federal programs, whether the result of criminal intent, greed, or inefficiencies. The FY 2011 Budget included a record amount of funding to fight waste, fraud, and other improper payments. Resources have been added to law enforcement and program oversight, as well as to program integrity operations in the Centers for Medicare & Medicaid Services (CMS). Further, the recently passed health insurance reform package

includes aggressive new program integrity authorities.

One very visible change will come to Pennsylvania, and to all other states soon. The Affordable Care Act established a requirement that states contract with Medicaid Recovery Audit Contractors (RACs) to audit payments to providers. This program is expected to be fully implemented later in 2011.

Locally, Community Care has been recently contacted by vendors working for CMS who are analyzing provider data looking for potential aberrant billing/payment trends. A few FWA cases have resulted from those communications.

**Community Care:** How have you been approaching FWA compliance efforts here at Community Care? Have there been recent changes and are more coming?

**BG:** First of all, we have increased staffing resources in recent months. In addition, all of our new hires are licensed professionals – either nurses or social workers with significant relevant experience. Secondly, we are in the process of developing new or revised FWA compliance audit policies and procedures that offer clearer guidance to audit staff, as well as to providers, regarding how FWA compliance audits are conducted. The policies include specific information about chart documentation standards, how certain audit exceptions will be interpreted, and the responsibility of providers during/after the audit occurs. In addition, so that providers have ample time and opportunity to reasonably disagree with audit findings, a new provider appeal process has been established. Overall, Community Care does not want the FWA compliance audit process to be simply a punitive exercise. Our responsibility, however, is to assure county, state, and federal oversight entities that we take FWA compliance very seriously. Providers are responsible for meeting all regulatory requirements regarding chart documentation and associated billing to MCOs.

## Language fluency and the importance of interpreters in health care

Limited or non-English proficiency is associated with poorer health care processes and outcomes.<sup>1</sup> Disparities in care for patients with limited English proficiency persist even when socioeconomic and insurance status are considered, suggesting that language and culture also play an important role.<sup>2</sup>

Fluency, Inc., has produced a 90-second video for people in the health care field that viscerally demonstrates what individuals who are Non-English Proficient (NEP) experience in our country on a daily basis. The video can be used in training and serves as an excellent starting point for discussions related to cultural and linguistic competencies in general.

Please feel free to view and share the video. The link is: <http://www.gofluently.com/fluency-psa.htm>.

1. Jacobs EA, Agger-Gupta N, Chen AHM, Piotrowski A, Hardt EJ. Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature. Los Angeles: The California Endowment; 2003.

2. DuBard CA, Gizlice Z. Language spoken and differences in health status, access to care, and receipt of preventive services among US Hispanics. *Am J Public Health*. 2008; 98(11):2021–2028, pmid:18799780.

**Please call Community Care's  
Provider Line toll-free  
at 1-888-251-2224  
to report all adverse events.**

# Pharmacy News

## Use of some psychotropic medications risky in older patients

Older adults frequently receive psychotropic medications to treat behavioral symptoms, but there are many concerns about the drugs' safety in this population. The Food and Drug Administration and Health Canada have issued warnings stating that some atypical antipsychotics have been associated with an increased risk of stroke and transient ischemic events, and both atypical and conventional antipsychotics have been associated with an increased risk of death. Due to these risks, physicians are encouraged to consider alternative psychotropic medications to treat behavioral symptoms in older adults.

Results of a recent study assessing the comparative safety of different classes of psychotropic medications found that of older patients admitted to nursing homes, the risks of death and femur fracture with the use of atypical antipsychotics were either comparable to or less than those associated with conventional antipsychotics, antidepressants, and benzodiazepines. However, all of these medications increased the risk of these adverse events.

Researchers studied almost 11,000 patients aged 65 years and older who were admitted to a British nursing home and initiated on psychotropic medications between 1996 and 2006. Hospital admission rates and death rates were compared for medical events that occurred within 180 days after psychotropic treatment began.

Results showed that patients treated with

conventional antipsychotics had a 47% increased risk of death and a 61% increase in femur fractures. Patients receiving benzodiazepines had a 54% increased risk for heart failure and patients taking antidepressants had a 20% to 30% increased risk of death and femur fracture.

Investigators concluded that the results of this study adds to the increasing evidence that conventional antipsychotics may not be any safer than atypical antipsychotics for vulnerable older adults and suggests that some of the other classes of psychotropic medications may carry similar risks. Clinicians are advised to weigh the risks against the benefits when prescribing these classes of medications in older nursing home patients.

Huybrechts K, Rothman K, Silliman R, et al. Risk of death and hospital admission for major medical events after initiation of psychotropic medications in older adults admitted to nursing homes. *CMAJ*. 2011;183(7):411-419

## Buprenorphine Help Line

In order to answer questions about the use of buprenorphine, Community Care is now offering a buprenorphine help line to prescribers and providers working with our members. While buprenorphine is a very beneficial medication to many members, there are sometimes concerns or questions about its use. Community Care is offering assistance. Our physicians cannot provide clinical consultations, but are available to answer questions about buprenorphine and about substance abuse treatment and resources.

If you would like to speak to one of our psychiatrists who has expertise in substance abuse and buprenorphine, please **call toll-free 1-866-484-7668, and when prompted, select option 3.**

# Evaluating services to improve quality of care

Community Care collaborates with providers to ensure that quality care is delivered to HealthChoices members. Community Care uses the Comprehensive Provider Evaluation to measure the quality of services provided to members. The evaluation process ensures:

- That each provider is providing best practice clinical and quality care to members.
- A safe and healthy environment for members.
- That providers practice within an environment conducive to recovery.

The qualitative and quantitative measures of the evaluation are used to improve practice standards and identify areas for improvement.

The evaluation process includes a review of Provider Benchmarking Issues (PBIs) that impact service and access to care. Viewed as opportunities for improvement, PBIs are monitored individually and reviewed over time in order to identify trends. If a trend is identified, Community Care may request that the provider submit a Quality Improvement Plan to address the issue.

Examples of PBIs include:

- Precert or discharge reviews completed in an untimely fashion
- Continued stay reviews conducted outside designated time frame
- Aftercare provider unable to give appointment within seven days of discharge
- Discharging provider not scheduling an aftercare appointment within 7 days of discharge
- Poor treatment plan submitted
- Best Practice Evaluation below standards
- Untimely submission of BHRS/RTF packets
- Outpatient provider/practitioner at capacity
- Untimely reporting of incidents by provider

A full list of Provider Benchmarking Issues along with detailed explanations and Community Care's expectations related to each incident is available under Provider Resources at [www.ccbh.com](http://www.ccbh.com); look for "Provider Benchmarking Incidents" in the Informational Articles under the HealthChoices Resources.

## We value feedback

Community Care views quality as an integrated process and believes that incorporating feedback and input from internal committees, members, providers, and other stakeholders on an ongoing basis is vital to the success of quality initiatives. Community Care holds focus groups where members, family members, and providers can share their thoughts, experiences, expectations, and ideas. Community Care utilizes this information to improve systems and address issues.

Community Care uses feedback to improve as an organization. Call the Provider Line at 1-888-251-2224 for more information on Provider Advisory Committees and other feedback groups.



# Childhood trauma in early care and education settings

***Exposure to trauma may be difficult for very young children to deal with, but they can recover. You can help.***

Watching very young children at play, it's natural to assume that their lives are free of cares and worries, and simply about having fun. Yet many people may be surprised to learn that trauma and emotional distress are actually quite prevalent among pre-school children. In fact, research shows that when exposed to traumatic events, even children as young as 18 months can develop serious psychological problems later in childhood and in adulthood. As they grow, these children take with them the effects of traumatic events and are more likely to experience problems with substance abuse, depression, and stress management as a result.

Young children also may be traumatized when they witness disturbing acts in their neighborhood or hear about them on TV. Even the childcare environment itself can be the setting for trauma when a child is repeatedly bullied by another.

What makes early childhood trauma particularly difficult to identify is the variability in the child's response. Children who have been traumatized may be unable to control their emotions, act impulsively, overreact to loud or sudden noises, or withdraw excessively. Other times, the effects of trauma are physical—frequent headaches, stomachaches, or fatigue. An added complication is that very young children are often unable to verbalize a traumatic event and why they are

distressed. They may show signs of stress for a short time then return to their seemingly “normal” selves.

Regardless of the reaction or how long it appears to last, trauma can seriously disrupt a young child's social and emotional development. Chronic exposure to traumatic events can impair his or her ability to focus, organize and process information, and solve problems. There may also be negative effects on academic performance, self-confidence, and socialization as the child grows older.

The good news is that children who experience trauma can recover if they have the support of positive, caring adults who provide structure, comfort, and guidance. That is why it is important that caregivers be alert to the signs of trauma in pre-school children and know where to seek assistance. An early response may help the child receive the help necessary to cope and build resilience for the future.

Caregivers also can assist in the resilience-building process by establishing a sense of safety in the childcare environment through the use of appropriate games or other activities. At times, by simply talking with the child in a caring and supportive way, caregivers can help restore a sense of emotional well-being.

Information about early childhood trauma and its effects on young children is available online from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services ([www.samhsa.gov/children](http://www.samhsa.gov/children)). This resource will help you identify behaviors that arise from exposure to traumatic events, how these behaviors can differ from a child's natural shyness or difficulty adjusting to new environments, and steps for seeking help if needed.

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

## Care coordination

Individuals with behavioral health disorders are often at greater risk of developing physical illnesses. Therefore, behavioral health specialists and medical practitioners should coordinate care to promote overall better health for patients.

Some facts to consider regarding the physical/behavioral health connection:

- Treating depression can help improve the prognosis of a co-occurring medical illness.
- 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.

Some medications used to treat behavioral health disorders also have an effect on physical health and require more intensive monitoring. For instance, some antipsychotics can affect blood glucose and lipids, and some antidepressants can cause weight gain. Patients taking these medications may need to see their physical health practitioners more often.

Community Care strongly encourages you to coordinate care with all other practitioners who are seeing the same patient. Coordination decreases duplicating assessments, procedures, and tests, while promoting patient safety and improving treatment outcomes.

## Access standards

Community Care providers are contractually obligated to provide access to appointments for members that meet HealthChoices program requirements. Community Care members are entitled to: immediate emergency services in life-threatening situations; non-life-threatening emergency services within one hour; services for urgent needs within 24 hours; and routine behavioral health services within seven calendar days. **Notify your Provider Representative if you are unable to meet these standards.**

## Provider satisfaction

Continually striving to improve provider satisfaction, Community Care is pleased to report that the 2010 Provider Satisfaction Survey, conducted by The Myers Group, showed increased rates in most areas, including:

- Credentialing, Provider Relations, and Claims
- Precertification Process
- Care Management and Customer Service
- Behavioral Health Rehabilitation Services
- Consumer and Family Satisfaction Teams
- Community Care's Quality Processes
- Overall Satisfaction with Community Care

The survey also showed high rates of satisfaction with the authorization and grievance processes.

Even though satisfaction rates for Customer Services and Claims increased, there is still room for improvement. In an effort to improve provider satisfaction, Customer Services is planning to offer advancements for high-performing Customer Service Representatives and Claims is pursuing the ability to allow providers to review their weekly remits via Provider OnLine, as well as the ability to bill COB claims via Provider OnLine.

The 2011 surveys, being mailed in October, are an opportunity for providers (especially front line staff) to tell us what we do well and where we need to make improvements.

# Dating Abuse: How to Talk to Your Teen

~ From the Pennsylvania Department of Public Welfare (DPW)

It's never too soon to talk to your teen about dating abuse. Know the facts and risks about teen dating abuse. Abuse can be physical, sexual, or emotional. It includes deliberately hurting feelings, name-calling, or controlling money.

Life presents many chances to discuss abuse with your teen. You can:

- Talk about events from TV, movies, or real life.
- Ask your teen what a positive relationship looks like.
- Ask your teen what an abusive relationship looks like.
- Ask if your teen knows anyone who is being abused and, if so, talk about ways to help.
- Remind your teen that dating should be fun!

If you find your teen is being abused, you can:

- Map out ways to stay safe.
- Discuss options with your teen. Your local domestic abuse program can help.

- Remind your teen of the right to say NO, even after she or he has said yes.
- Let your teen know she or he can always come to you for help.

Don't judge or push your teen to talk, as she or he may stop talking about the abuse. Don't blame your teen for being abused. Remain calm and supportive of your teen's response. Your teen may just be trying to understand dating and respect. If your teen is in immediate danger, call the police and your local domestic violence program for support. Remember, dating abuse also happens online and through texting.

Teens who need help can call the National Teen Dating Abuse Helpline:

**1-866-331-9474**

**1-866-331-8453 (TTY for the Deaf)**

To learn the facts and risks about teen dating abuse, go to:

<http://www.loveisrespect.org/>

<http://www.breakthecycle.org/>

<http://www.loveisnotabuse.com/web/guest/home>

To speak with someone about abuse or locate a local domestic violence program:

**National Domestic Violence Hotline**

**1-800-799-7233 (SAFE)**

**1-800-787-3224 (TTY for the Deaf)**

**For more information,  
visit: [http://www.  
thehotline.org](http://www.thehotline.org).**

