2015 Provider Benchmarking

Community Care is committed to continuous quality improvement. In 2011, Community Care adopted a new provider benchmarking process that allows for a thorough assessment of rates, the development and implementation of more meaningful interventions, and evaluation of the interventions’ effectiveness. A three-year benchmarking process breaks the levels of care benchmarked into three large groups: adult mental health, child/adolescent mental health, and substance use disorder services. Focus on one group occurs each year.

In 2015, Community Care published reports for adult mental health levels of care. A total of 360 reports were sent to 114 distinct providers.

The reports included the following indicators and associated goals:

**Inpatient Mental Health**
- 30-day readmission rate: 10% or less
- Average length of stay: no goal
- 7-day follow-up rate: 57.7% or higher
- 30-day follow-up rate: no goal

**Blended Case Management/Blended Service Coordination**
- Contact during an inpatient stay: 90% or higher
- 7-day aftercare linkage rate: 60% or higher

**Assertive Community Treatment**
- Average units per member: no goal
- Inpatient admission rate: 10% or less
- Inpatient days per member using IP: no goal
- Crisis service utilization rate: 10% or less

continued >
2015 Provider Benchmarking

In developing indicators for these levels of care, Community Care reviewed past approaches and revised them as necessary. We established the goals indicated above through a combination of passing along expectations of the Office of Mental Health and Substance Abuse Services (OMHSAS), reviewing the current functioning of the provider network, and targeting areas for growth within our network that will maximize quality of services.

This year, 106 Quality Improvement Plans (QIPs) were requested from 70 distinct providers in response to the benchmarking rates. A total of 27 provider meetings were held to discuss the benchmarking results in detail. Input was also solicited from providers during 11 group meetings, which are not provider-specific but grouped by level of care, concerning factors that may be driving the rates, as well as feedback regarding future benchmarking. Information gathered at these meetings and information collected from the submitted QIPs was aggregated, presented to the various Quality and Care Management Committees, and shared with providers.

Community Care welcomes provider input into the benchmarking process. To share your ideas or comments regarding the provider benchmarking process, please send an e-mail to ccbh_benchmarking@ccbh.com.
Provider Satisfaction

Continually striving to improve provider satisfaction, Community Care is pleased to report that the 2015 Provider Satisfaction Survey conducted by Symphony Performance Health (SPH) showed consistently high rate trends in:

- Provider relations and claims.
- Authorization and precertification processes.
- Care management and customer service.
- Community Care’s quality processes.
- Overall satisfaction with Community Care.

We are pleased to see that the composite rates for these categories were close to 90% or above. We focused on provider satisfaction with the grievance process and spent from July through October of 2015 attending a variety of providers’ meetings to gather feedback on what providers were dissatisfied with concerning the grievance process. We learned a lot and began implementing interventions based on what we heard from providers. We developed and performed a Soft Skills Training in March 2016 for the physician advisors, to help families and providers feel more at ease during a grievance meeting. We are also in the process of developing information for Community Care’s website about the grievance process and more specifically “what to expect” during a grievance meeting. This information should be on the website by the beginning of the third quarter of 2016, including a printable version of “what to expect” in a grievance meeting.

Community Care appreciates the feedback that we receive from providers, and we hope that the interventions implemented will make the process more satisfying for providers who participate in the grievance meetings.
Information Online

Community Care would like to remind you about our website. We include information about many topics of interest on our website. You can view and/or download information about the following topics on the website:

• Information about Community Care’s Quality Improvement Program including goals, processes, and outcomes as related to care and service.

• Information about Community Care’s behavioral health care screening programs, including how to use the services and how Community Care works with a practitioner’s patients in the program. The website has screening tools for members to use for:
  - Alcohol use with depression.
  - Anxiety with ADHD.

• The process to refer members to case management.

• The process for facility staff, including discharge planners, to refer members to case management.

• Information about how to obtain or view copies of Community Care’s adopted clinical practice guidelines, including those for:
  - Major depressive disorder.
  - Substance use disorder.
  - ADHD.

• Information about Community Care’s medical necessity criteria, including how to obtain or view a copy.

• Information about the availability of staff to answer questions about UM issues.

• The toll-free number to contact staff about UM issues.

continued >
Information Online

- The availability of TDD/TTY services for members.
- Information about how members may obtain language assistance to discuss UM issues.
- Community Care’s policy prohibiting financial incentives for utilization management decision-makers.
- A description of the process to review information submitted to support a practitioner’s credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or recredentialing application.
- Community Care’s member rights and responsibilities statement.

If you have any questions about accessing our website or if you would like more information about any of the above items, please call the Provider Line at 1.888.251.2224. The most recent information about Community Care and our services is always available on our website.
Antipsychotic Prior Authorization Policy Update

Previously, prior authorization of antipsychotics for children up to 18 years of age only applied to children served in the Medicaid fee-for-service program administered by the Department of Human Services (DHS). With the rate of antipsychotic use in children still a concern, all of the Medicaid physical health plans in Pennsylvania have expanded their antipsychotic prior authorization policy for children up to the age of 18 and will require the same criteria as in the fee-for-service program. The implementation of this new policy will affect many providers and families. To help with the transition, Community Care would like to share the following information regarding the changes to the policy criteria and implementation dates for each of the physical health plans. Initial authorization criteria will now include:

- Documentation of severe behavioral health problems related to psychotic or neuro-developmental disorders as seen in, but not limited to, autism, intellectual disability, conduct disorder, bipolar disorder, tic disorder (including Tourette’s syndrome), transient encephalopathy, or schizophrenia.
- Medication must be prescribed by or in consultation with a pediatric neurologist, child and adolescent psychiatrist, or child development pediatrician. A general psychiatrist can also prescribe medication for children ages 14–17.
- Documentation of a comprehensive evaluation, including non-pharmacologic therapies, such as, but not limited to, evidence-based behavioral, cognitive, and family-based therapies.
- Documented baseline monitoring of weight or body mass index, blood pressure, fasting glucose, fasting lipid panel, and extrapyramidal symptoms using the Abnormal Involuntary Movement Scale (AIMS).

Reauthorization criteria will now include:

- Documented improvement in target symptoms.
- Documented monitoring of blood pressure, fasting glucose, fasting lipid panel, and EPS using AIMS after first three months then annually.
- Documented monitoring of weight or BMI quarterly.
- Documented plan for taper/discontinuation or rationale for continued use.

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Antipsychotic Prior Authorization Policy Update

Implementation dates of policies requiring the above criteria vary by health plan. Revised prior authorization forms can be downloaded from the health plans’ websites.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Date Prior Auth Criteria Required</th>
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<tbody>
<tr>
<td>Aetna</td>
<td>New starts April 1, 2016</td>
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<tr>
<td></td>
<td>Current members Tenatively scheduled to be required over next 90 days</td>
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<tr>
<td>Amerihealth Caritas</td>
<td>New starts Late 2015</td>
</tr>
<tr>
<td>Amerihealth Northeast</td>
<td>Current members February 1, 2016</td>
</tr>
<tr>
<td>Pennsylvania Keystone First</td>
<td>Current members February 1, 2016</td>
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<tr>
<td>Gateway</td>
<td>1st generation antipsychotics March 1, 2016</td>
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<tr>
<td></td>
<td>Atypical antipsychotics May 1, 2016</td>
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<tr>
<td>Geisinger</td>
<td>All children February 1, 2016</td>
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<tr>
<td>United Healthcare</td>
<td>All children January 1, 2016</td>
</tr>
<tr>
<td>UPMC</td>
<td>New starts ages 12–17 June 1, 2016</td>
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<tr>
<td></td>
<td>Current members age 12 July 1, 2016</td>
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<td>Current members age 13 August 1, 2016</td>
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<td>Current members age 14 September 1, 2016</td>
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<td>Current members age 15 October 1, 2016</td>
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<td>Current members age 16 November 1, 2016</td>
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<tr>
<td></td>
<td>Current members age 17</td>
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<tr>
<td>PA Fee-for-Service Pharmacy Program</td>
<td>All children 2012</td>
</tr>
</tbody>
</table>
Clinical Practice Guidelines

Community Care uses clinical practice guidelines to help providers and members make decisions on appropriate health care for specific clinical circumstances. The evidence-based guidelines are reviewed for updates, appropriateness, relevance to enrollees’ needs, and to ensure that they are up-to-date with current research.

Currently, Community Care uses and recommends the continued use of:

- American Psychiatric Association (APA) Guideline for Major Depressive Disorder (Third Edition)
- American Academy of Pediatrics (AAP) ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents, as well as its supplement.

Community Care encourages providers in our network to consider using these guidelines when treating patients with major depressive disorder, substance use disorders, or ADHD.