



# PROVIDER ALERT



## WESTERN BEHAVIORAL HEALTH NETWORK

Alert #1-08-01-2003 WBH/UPMC for *Life*

**August 1, 2003**

### **Prevention of Depression in Adolescents**

Research shows that adolescent children of depressed parents are four to six times more likely to develop depression than children of parents who do not have depression. If you are treating patients with depression who have adolescents between the ages of 13 to 17, their child/children may qualify for participation in a new study of methods to prevent depression in these children. Parents and children are eligible for a free evaluation and may receive additional services to prevent the onset of depression. For more information about this study, please contact Community Care at 1-866-668-4696 or the office of Dr. David Brent at UPMC at 1-800-515-7298.

### **Significant Member Incident Reporting/Patient Safety**

A Significant Member Incident (SMI) or sentinel event is an event that may have adverse impact on the outcome of care. SMIs are tracked by the Western Behavioral Health (WBH) Quality Department in order to ensure that care is delivered in a safe environment, is clinically appropriate, and that treatment is consistent with Community Care's Performance Standards.

Providers must report Significant Member Incidents to WBH before the close of the next business day (for life-threatening events) or within 2 business days (all other significant member events) by calling the Provider Line at 1-888-251-2224 or faxing the incident report to the Quality Department at 1-888-251-0087. Providers are also expected to comply with all applicable state and federal laws and professional and legal requirements regarding reporting of Significant Member Incidents, such as duty to warn, etc.

Significant Member Incidents for UPMC Health Plan Members (both Commercial and Medicare) include:

- \*Completed Member suicide;
- \*Severe suicide attempt by a Member;
- \*Death of a Member from any cause;
- Adverse effect of medication on a Member that required acute medical intervention;
- \*Member injury due to restraint or seclusion;
- \*Member injury/illness at a Provider site (life-threatening injury or illness requiring hospitalization);
- \*Apparent homicide or serious physical assault by a Member;
- Notification of reports to Child Protective Services that involves an incident that occurs during treatment;
- \*Member claim of inappropriate behavior by a Provider;
- Elopement by a Member;
- Report that a Member is missing for more than 24 hours;
- Arrest of a Member in active treatment; or
- \*Fire requiring evacuation of a Member.

\*Life Threatening incidents

WBH receives information about Significant Member Incidents in other ways as well, such as an internal SMI form by a WBH Care Manager or other employee, reports from outside concerned parties, and/or Member report. Each SMI is reviewed by the Quality Department to determine what follow-up is needed and to coordinate any communication that is necessary to resolve an incident. To better assess an incident, the Quality Department may request that a provider submit a member chart for review. When indicated, the Quality Department will work with the provider on developing a Corrective Action Plan.

## **Continuity and Coordination of Care**

WBH routinely monitors continuity and coordination of care, focusing on the exchange of information among behavioral health practitioners and between behavioral health practitioners and primary care physicians (PCPs).

### ***Exchange of Information between Behavioral Health Specialists***

For documented exchange of information between Behavioral Health Practitioners, the rates for years 2001 and 2002 were respectively 6 and 3 percentage points below our goal of 80%. The rate thus far for the first 6 months of 2003 shows an improvement of 13 percentage points from the previous year and above the goal (see table below). We encourage Providers to continue exchanging information between behavioral health specialists to ensure safe coordination of member care.

2001	74%
2002	77%
Jan-June 2003	90%

### ***Exchange of Information between Behavioral Health Specialists and Primary Care Physicians***

For documented exchange of information of Behavioral Health Practitioners with PCPs, the rates for years 2001 and 2002 were respectively 40 and 6 percentage points below our goal of 80%. The rate thus far for the first 6 months of 2003 shows a decrease to 26 percentage points below the goal. Upon further review, it was noted that the D&A facilities have a significantly lower than goal rate. It appears that facilities are obtaining member consent to coordinate care, but are not coordinating care or not documenting that the coordination of care with the PCP occurred. Please ensure that you obtain member consent for exchange of information and document in the treatment record when that exchange has occurred.

2001	40%
2002	74%
Jan-June 2003 (total MH and D&A facilities)	54%
➤ MH Facilities	• 65%
➤ D&A Facilities	• 13%

In order to improve these rates, WBH initiated two interventions:

- Request Corrective Action Plans from specific providers when rates are below the goal of 80%.
- Educate providers on the importance of coordinating care with PCPs and providing a tool that included a member consent form, and delineated the types of member information that should be exchanged.

We have included an example letter with this provider alert that providers may find helpful when coordinating care with a member's PCP or other behavioral health specialist. Although many providers call the PCP or behavioral health specialist to coordinate care, written correspondence (either mailed or faxed) is suggested. This written correspondence enables the PCP or other behavioral health provider to place the letter in the member's chart, which can additionally serve as a reminder of this coordination. Providers are not required to use this letter template; however, it was developed to facilitate this process and serves as an example of what information may be helpful when coordinating care.

WBH expects that all providers will discuss with members the importance of coordination of care with their PCPs and other behavioral health practitioners. If a member refuses to give consent for coordination of care, there should be documentation in the record that the member refused.

### **Safety Assessment and Documentation**

WBH expects all practitioners and facilities to provide treatment to members in a safe environment. Providers should assess members for suicidal ideation and homicidal ideation throughout a member's treatment. If a member is being treated in an outpatient setting and expresses suicidal or homicidal ideation, the provider should take appropriate actions to ensure that the member and/or others are safe, such as facilitating an inpatient hospitalization admission.

Upon admission for an inpatient behavioral health hospitalization, the Psychiatrist Initial Evaluation should clearly document that the member was assessed for both suicidality and homicidality. Members being treated in an inpatient setting should also be assessed for suicidal and homicidal ideation frequently during the stay and prior to discharge to ensure the member's safety, as well as the safety of others. Providers should also consider if "Duty to Warn" others is indicated if a member indicates a desire to harm others.

When a member is discharged from an inpatient hospitalization stay, a Crisis Plan should be developed by the facility and reviewed with the member upon discharge. The crisis plan should include the phone number of the appropriate county services for mental health emergencies.

### **Claims**

UPMC Health Plan gives a grace period of 365 days from the date of service for providers to bill a claim or have a claim adjusted. If you feel there is a discrepancy with a claim, please contact UPMC Health Plan at 1-888-876-2756 within the allowed 365-day time frame for possible adjustment. Requests for claim adjustments that are over the 365-day time frame limit the possibilities in the adjudication process. If the claim is "clean" and is sent for an adjustment, allow 6 to 8 weeks for the total adjustment process. Contact your Western Behavioral Health Provider Representative at 1-888-251-2224 if you need further assistance.

### **Copays**

Behavioral Health copays are not listed on the UPMC Health Plan member ID cards. The member is notified of the behavioral health copay when they sign up for their insurance, and if this amount changes. If you have questions about a member's copay, please contact Western Behavioral Health Customer Service at 1-888-251-2224.