

Clinically Speaking

February 2011

An Optima Behavioral Health Publication

Health Reform and Mental Health Parity

Under the provisions of the Federal Health Care Reform Bill, insurance coverage for mental health must now be handled in the same manner as physical conditions. This change means that organizational insurance plans can no longer use a “Gatekeeper Process” for access to mental health services. By eliminating the Gatekeeper process, covered employees no longer need an authorization to access outpatient mental health benefits. This change went into effect July 1, 2010 and is to be implemented at the beginning of each organization’s contract renewal.

As of January 1, 2011, Sentara HealthCare employees and their dependents that are covered by Optima Health may directly access outpatient mental health services without first seeking an authorization through Optima EAP. If a member wishes to utilize their Employee Assistance Program (EAP) benefit, they must contact the Optima EAP office at 757-363-6777.

January 2011 Pharmacy Changes

These changes apply to plans with pharmacy benefits administered by Optima Health. The purpose of the following is to communicate pharmacy changes effective January 1, 2011.

Note: Pharmacy changes are made on a quarterly basis with effective dates of:
January 1st, April 1st, July 1st, and October 1st.

*For Groups without a Four-Tier pharmacy plan, drugs listed as moving to Tier 4 will remain at Tier 3.

Drug Name	Indication	Description of Change (by Formulary Type)	Generic Alternatives	Lower Tier Alternatives
Oleptro ER (trazodone)	Major Depressive Disorder	<u>New Medication</u> Commercial – Tier 4 with a step-edit Medicare – Non-Formulary Medicaid – Non-Formulary	n/a	n/a
Zyprexa Relprevv (olanzapine extended-release injectable)	Schizophrenia	<u>New Medication</u> Commercial – Medical Benefit Medicare – Tier 3 Medicaid – Medical Benefit	n/a	n/a

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Optima Health Member ID Card Changes

Starting January 1, 2011 providers should have begun seeing a new version of the Optima Health Member ID Card. The new version will be provided to new Optima Health members and existing members when their group renews. The blue border at the top of the card will disappear to provide room for more information to be printed. The Optima Health logo will continue to appear on the front of the card. More Coinsurance categories may be listed along with any applicable Coinsurance amount based on the product offered and plan coverage. The back of the new card will indicate whether the plan is an HMO, POS, or PPO.

Coding Corner

Diagnosis Coding

Using diagnosis codes that are unspecified or with terms such as “other” may delay claims payment and require the submission of notes. Please code your diagnosis to the highest level of specificity following correct coding guidelines.

Consults

Optima Health will continue to accept consultation codes for all Commercial and Self-funded accounts until July 1, 2011 based on 2011 American Medical Association CPT coding guidelines. Effective July 1, 2011, all consultation services should be billed using the appropriate Evaluation and Management codes.

Telemedicine Services

Starting January 1, 2011, Optima Health will accept claims for telemedicine for participating groups; no pre-authorization will be required. Telemedicine is the remote face-to-face use of interactive audio, video, or other electronic media for the purpose of diagnosis and treatment of a patient.

The following codes with a GT modifier will be accepted for payment:

(90801, 90804-90809) GT MODIFIER (90862) GT MODIFIER

Electronic Funds Transfer Payments Notification

Optima Health is pleased to inform you that providers will now receive an email notification when Electronic Funds Transfer (EFT) payments are sent to their bank. The email will provide a control number and the amount of the payment.

EFT is safe, secure, efficient, and less expensive than paper check payments. Funds are normally deposited 24 hours after payments are processed. Online enrollment is simple. Detailed information and Electronic Enrollment Forms are available on the provider page of www.optimabehavioralhealth.com

Quality Improvement Corner

Quality Improvement Program and Healthcare Effectiveness Data and Information Set (HEDIS®) Progress Report

Optima Health offers a comprehensive quality improvement program that focuses on objectively and systematically improving the quality of medical and behavioral healthcare and services for our enrolled members. **In 2010, the National Committee for Quality Assurance (NCQA) acknowledged our improvement efforts and awarded us with an Excellent accreditation status for both our Commercial HMO/POS and Medicaid Plans. The Optima Health Commercial PPO was awarded a Commendable status.** NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, physician organizations, and credentials verification organizations. After an annual review of the health plan epidemiology and demographics, as well as an analysis of the previous years quality improvement monitoring rates is completed, an updated program is developed to monitor services that are high volume, high cost, high risk, and/or problem prone. Although significant progress has been made, this is an evolving process with many remaining opportunities to improve the care and service of our members.

The Quality Improvement Program for 2010 includes:

- Specific interventions for prevention that consists of reminder cards and/or calls to members as well as follow up communication with the physicians.
- Health risk assessments and welcome calling programs to identify specific chronic diseases that are encouraged for membership, with appropriate follow up activities.
- Specific Disease Management programs are available for those members with diabetes and asthma.
- Programs promoting healthy pregnancy.
- Service activities to improve access to healthcare, satisfaction with the health plan, and the care received from our practitioners and providers.
- Complaints and occurrence monitoring to ensure that our member's needs are met by the highest level of care and service.
- Investigating new procedures and treatment through comprehensive technology assessment review.
- Credentialing and recredentialing activities along with medical record review and education.

Changing Practices or Making a Change Within Your Existing Practice?

In order to avoid disruption in your reimbursement or participation, 30 days notice is required for any provider changes (changing practices, joining an additional practice, changing tax ID, etc.). This allows time for any necessary contract modifications that may need to be made. Please notify Optima Behavioral Health of any changes by submitting the "Provider Update Form" available on www.optimabehavioralhealth.com under Provider Changes and Updates.

*Please note: If your change includes a new/different tax ID number, you must include a copy of your W9.

Continuity and Coordination of Care

It is Optima Health's policy to monitor and identify potential problems with continuity and coordination of care for our members. Information on continuity and coordination of care will be collected at the time of the HEDIS® chart reviews. Ongoing collaboration between primary care physicians (PCP) and specialists, as well as between PCPs and other types of providers, promotes a continuous plan of care that benefits the member tremendously. Other types of providers that should coordinate care are hospitals, home health agencies, skilled nursing facilities, nursing homes, and ambulatory surgical centers. A signed release of information from the member is required for a behavioral health practitioner to communicate with the PCP regarding behavioral health treatment.

Because many patients often see more than one provider for health issues, it is very important that you alert other providers of your treatment recommendations. Following these steps will help improve care coordination:

1. Encourage patients to sign Authorization for Release of Information forms so their health information can be shared with other providers as appropriate.
2. Document in the medical record when communication with other providers took place, with whom, and what was communicated.
3. Request in dictation that all discharge summaries be sent to the PCP regarding inpatient hospitalizations.
4. Specialty providers should ensure that a written consultation and any labs or test results are sent to the PCP in a timely manner.

***Remember: Effective communication and collaboration between healthcare providers allows for better decision-making regarding treatment for our members.**

Behavioral Health Member Survey Results

The annual survey of members who utilized their Behavioral Health benefit during the past year was conducted during August and September. This is an abbreviated survey which focuses on member satisfaction with Optima Behavioral Health (OBH) Customer Service, overall satisfaction with Optima Health, satisfaction with counselor/psychiatrist, and timely access to behavioral health appointments.

- Satisfaction with counselor/psychiatrist decreased from ninety-one percent (91.11%) in the previous year's survey to eighty-eight percent (88.14%) of members responding excellent, very good, or good.
- Satisfaction with customer service decreased from eighty-nine percent (89.96%) to eighty-eight percent (88.08%).
- Overall satisfaction with Optima Health also decreased from ninety-two percent (92.12%) to eighty-nine percent (89.69%).

National Committee for Quality Assurance (NCQA) standards for access to behavioral health appointments are as follows: ten (10) days or less for routine appointments, forty-eight (48) hours or less for urgent appointments, and six (6) hours or less for non-life threatening emergency appointments.

The standard was met:

- for routine appointments seventy-eight percent (78.32%) of the time decreasing from eighty percent (80.85%)
- for urgent appointments eighty-two percent (82.46%) of the time decreasing from eighty four percent (84.35%)
- for non-life threatening emergency appointments sixty-nine percent (69.05%) of the time increasing from fifty-nine percent (59.04%) on the previous year's survey.

We appreciate your cooperation and efforts to see our members in a timely fashion, according to their need. If you are unable to schedule an appointment for a member within the access standard time frame, please contact Optima Health so that they may be referred to another provider or practice. Case Managers can facilitate expedited appointments for members in emergency situations.

Health Reform Update

As we work to ensure compliance with the new laws, Optima Behavioral Health recognizes that our members, providers, employers, and brokers have many questions. Please visit the Optima Health Web site for Frequently Asked Questions and other information related to health reform.

<http://www.optimahealth.com/OptimaHealth/Public/HealthPlanProducts/Pages/health-reform-updates.htm>

Remember!

Clinically Speaking is now published quarterly and delivered to providers and office staff via e-mail. It is also available to view on the Web site, www.optimabehavioralhealth.com.

We encourage you to provide your e-mail address and practice name to OBHproviders@sentara.com to have the quarterly newsletter e-mailed to you directly.

Happy New Year from Optima Behavioral Health
Wishing you a happy new year and looking forward to working
with you in 2011!



Important Phone Numbers

Provider Services (eligibility, benefits, authorization, claims, and appeals)
757-552-7174 or 800-648-8420 option 2, then option 1
Monday - Friday 8:00 a.m. - 7:00 p.m.

Clinical Care Services (inpatient and IOP authorizations)
757-552-7174 or 800-648-8420 option 2, then option 2
Monday - Friday 8:00 a.m. - 5:00 p.m.

www.optimabehavioralhealth.com