

CHIPA NEWS

From The President

Does One Size Fit All? As I've mentioned in prior newsletters, our profession continues to evolve. General healthcare has begun to understand the value of behavioral health for improving overall wellness and decreasing healthcare costs.

Historically, a person who accessed their mental health benefit was automatically referred to a traditional office practice to be assessed and treated. While certainly this is highly appropriate and effective for many, is it the best strategy for everyone? The answer is currently unclear.

As a profession, I believe the time has come for our 'tool box' to include a variety of solutions for those that are seeking help. I know that there are some providers who have already embraced this notion. They've developed web sites with content and resources. Some are using an assessment tool that can help them direct the client quickly to the best solution. These few examples, however, appear to be the exception rather than the rule.

AT CBHM/CHIPA, we are exploring new strategies that would assist our providers to offer additional solutions to current and future clients. Think about this question. If you, as a provider, could receive additional resources, designed to expand your practice, what might that they look like? For example, CBHM/CHIPA could

- Do a more comprehensive assessment on the front end in order to maximize your time with the client
- Provide you with a set of internet based tools that you could implement into treatment planning
- Provide you with direct assistance to coordinate care with the clients' Primary Care Physician.

These are examples from our shop and they may be different than ideas you may generate. Whatever we do, it must add value to you and your client.

I have asked Miguel Rodriguez, Provider Network Manager, to organize a couple of focus groups over the next few months so that together, we can explore some unique strategies. We'll reimburse you for your time and participation. If interested, please send Miguel an email at mrodriguez@chipa.com.

Randy Davis, Ph.D.
President/CEO

Provider Satisfaction Survey

College Health IPA prides itself in providing superior services to our providers. Due to your feedback, we have been able to implement positive changes, which are reflected in our day-to-day operations. In an effort to continuously improve our services, we are asking for your feedback once again. Please take some time to complete our convenient online survey. Go to the website www.comprehensivebehavioral.com, click on the provider tab and follow the link to the survey. To obtain a hard copy of the survey to be completed by fax or mail, call 800-779-3825 and ask to speak to Network Management. We respect and value every provider's opinion. Your feedback can go a long way in helping us to improve our services.



ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

CHIPA Receives Quality Recognition

In July, CHIPA was awarded a three-year accreditation for Health Utilization Management by URAC. This accreditation recognizes that CHIPA meets national standards for Quality Management and Utilization Management. URAC standards are benchmarks for many federal and state regulatory agencies as well as potential business partners. For more information about URAC, please go to their website: www.urac.org.

Update on PBH/UBH Merger in California

PacifiCare Behavioral Health and United Behavioral Health are in the process of integrating their operations. As a result of this merger, PBH and UBH have adopted a revised ALERT clinical model, which became effective August 2, 2007.

What follows is a summary of how these changes impact procedures for our PODS and their providers:

- PBH has moved to an Open Certification process for routine outpatient services. When CHIPA refers a PBH member to you, we will continue to generate an initial authorization for an initial evaluation (90801) and follow-up therapy sessions or medication management visits.
 - Any services beyond those originally authorized will be paid upon receipt of claims, up to the benefit maximum and contingent upon the member's continued eligibility. **The CHIPA PAAR form is no longer required for this account.**
 - Authorizations created between January 1 and August 1, 2007 automatically converted to an Open Certification, **which will expire 12/31/07**. Open Certifications for new cases created on or after August 2, 2007 are valid for one year from the date of issue.
 - If a PBH member contacts you directly, whether they have an open certification number or not, please contact CHIPA so that we may enter the authorization in our system and obtain the open certification number for CHIPA. Claims for your PBH members must still be submitted to CHIPA.
 - EAP services, psychological testing, and any other non-routine services are not covered under the Open Certification process and require specific pre-authorization from CHIPA.
 - Under its revised ALERT Outcomes Management Program PBH has also discontinued use of the Life Status Questionnaire (LSQ) and Youth Life Status Questionnaire (YLSQ). These have been replaced by a new tool – the Wellness Assessment.
- The Wellness Assessment form is available online at ubhonline.com, under the clinical resources section.
 - In cases where UBH identifies a potential clinical risk based on the Wellness Assessment, you will either receive an ALERT letter regarding the identified risk factors and/or a phone call from a Care Advocate to conduct a brief clinical review.
- Under the new Open Certification model, submission of the Wellness Assessment is not required to generate authorization of additional sessions. However, CHIPA has partnered with PBH/UBH in working to achieve the best treatment outcomes for our members and we strongly encourage all of our clinicians to participate in the PBH/UBH ALERT program.
 - PBH and UBH have not yet integrated their provider/group networks in California. Currently, only your PBH referrals go through CHIPA. We are in the process of negotiating a UBH contract and when completed both UBH and PBH member referrals will go through CHIPA. In the meantime, when a PacifiCare member's benefit comes up for renewal it may switch to United Healthcare. When this is the case, the member or provider will need to obtain a new outpatient certification from United Behavioral Health and the member will need to see a UBH contracted provider. It's best to verify with your patient if they are switching to United or a different plan. If you are ever unsure about a member's eligibility please call CHIPA at 800-779-3825 and our intake staff will assist you.

CHIPA is committed to supporting the UBH/PBH integration and their new Outcomes Management initiative and intends to work closely with providers in order to make this tool a valuable part of the overall treatment process.

If you have additional questions or concerns please contact Alice Kuchinskas, CHIPA Director or Clinical Services at akuchinskas@chipa.com.

The Wellness Assessment is:

- A one-page assessment tool that you ask the member to complete at the first visit (or prior to the first visit) and then review with the member before **faxing to UBH at 800-985-6894**.
- Administered again by you and completed by the member anytime between sessions 3 and 5, and again reviewed by you and faxed to UBH.
- Completed a third time (in some cases) based on identified risks and at the request of a UBH Care Advocate.



Postpartum Depression or "Baby Blues"?

During the year following the birth of a child, between 70 and 85% of women experience some type of mood disturbance. For most women symptoms are transient and mild; however for 10-15% of new mothers, symptoms are more serious and prolonged and can be diagnosed as postpartum depression, and in a smaller percentage, postpartum psychosis.

Patients and caregivers often overlook postpartum depression. Untreated postpartum affective illness places both the mother and infant at risk. A past history of non-postpartum mood disorder and/or a family history of mood disorder increase the risk of postpartum depression. It is important for all clinicians to be aware of the differences between transient postpartum "baby blues" and a true depressive or psychotic episode and to appropriately screen and treat all new mothers.

Baby Blues

Postpartum blues or the "Baby Blues" are characterized by an emotional letdown after the birth of the baby, with periods of crying for no reason, irritability, restlessness and anxiety. Symptoms typically peak on the fourth or fifth day after delivery and spontaneously remit within 2 weeks. Symptoms do not interfere with the mother's ability to function and to care for her child.

Postpartum Depression

Typically, postpartum depression develops in the 3 months following delivery, but can occur up to a year later. Signs and symptoms are clinically indistinguishable from major depression and can include fatigue, feelings of hopelessness, sleep and appetite disturbances, confusion, uncontrollable crying, lack of interest in the baby, fear of harming oneself or the baby, mood swings, and overt suicidal ideation. Anxiety may also be a prominent feature, including worries or obsessions about the infant's health.

Postpartum depression often interferes with the mother's ability to care for herself or her child. In addition, untreated depression in the mother has been associated with significant long-term effects on child development and behavior.

Other Postpartum Psychiatric Disorders

Following delivery, a subset of new mothers may also experience an onset of anxiety or panic disorder, or obsessive-compulsive disorder. In addition, post-partum mood disorders may occur with psychotic features.

Prevalence ranges from 1 in 500 to 1 in 1,000 deliveries. Women with a history of bipolar illness or a prior episode of postpartum psychosis are at greatest risk for developing postpartum psychosis. This condition typically has a dramatic onset, emerging within the first two weeks after delivery often with the first 48-72 hours. Postpartum psychosis resembles a rapidly evolving manic or mixed episode.

Symptoms include restlessness, insomnia, irritability, rapid mood shifts and disorganized behavior. The mother may also have delusional beliefs that relate to the infant; such as the baby is Satan or God. Infanticide is most often associated with postpartum psychotic episodes characterized by command hallucinations to kill the infant, or delusions that the infant is possessed.

Treatment for Postpartum Depression and Related Disorders

Too often, postpartum depression is dismissed as a normal or natural consequence of childbirth. In addition to a prior history of mood disorders, other risk factors for postpartum depression include inadequate social supports, marital stress, other negative life events such as a death in the family, and financial difficulties.

Women presenting with any symptoms of mood or behavior disturbance after the birth of a child need to be fully evaluated. The ideal treatment plan would typically include the following elements:

- Medical evaluation to rule out physiological problems (e.g., thyroid dysfunction, anemia)
- Psychiatric evaluation and possible medication
- Psychotherapy
- Support group

Most cases of postpartum depression can be treated on an outpatient basis. Individual or group therapy alone may be useful for women with mild-to-moderate postpartum depression. Those with moderate-to-severe depressive symptoms may require pharmacologic intervention as well. Inpatient care may be necessary for patients presenting with significant suicide risk or psychosis with grave disability and/or risk of infanticide. In cases of moderate to severe depression where medication is indicated, SSRI's are first-line agents. Women who plan to breastfeed must be informed that all psychotropic medications, including antidepressants, are secreted into breast milk. Concentrations in breast milk vary widely. All potential risks and benefits should be discussed with the patient. For women experiencing their first episode of post-partum depression, at least 6 months of treatment is recommended.

CHIPA care managers and our medical director are available to consult with you should you have concerns about any of your patients experiencing postpartum depression.

Bibliography

American Psychiatric Association. Postpartum Depression at <http://www.healthyminds.org/postpartumdepression.cfm>.
Nonacs, Ruta M: Postpartum Depression. At article published by Emedicine from WebMD at <http://emedicine.com/med/topic3408.htm>.

Keep In Touch

In these hectic days of running a practice, raising a family, trying to keep up with paperwork, appointments and social events it is hard to remember it all. At the same time, we all aspire to perform at our best. As is true of running any business, in order to be successful we sometimes need others to contribute and do their part. Part of CHIPA's vision of success is to improve the quality of healthcare through a "collaborative partnership" with providers and health organizations. A collaborative partnership that increases the efficacy of health care services for everyone involved. One of the key ingredients for an effective collaborative partnership is accessibility of information. CHIPA continues to look for new ways we can provide information to all of you as quickly and accurately as possible. We are continuing to upgrade our website, adding behavioral wellness and educational information for members and providers online. It is our hope to share this vision of collaboration with our network and to reduce the effort and loss of valuable time that occurs when communication breaks down.

One of the best ways to increase our collaborative effort is by keeping providers up to date about our changing role in managed health care. Changes that occur within the structure of managed health care can be confusing to anyone. Recent changes within the structure of behavioral health care plans managed by CHIPA have led to a significant number of calls in regard to how CHIPA practices might be modified to accommodate this new structure. For the most part, CHIPA's management style will remain the same. We will continue to provide members with certification of eligible benefits, obtain concurrent review for ongoing certification and process provider claims where pre-certification exists. Claims received without pre-certification will result in delays.

In Addition, keeping in touch can increase a collaborative effort with you regarding our expectations from a utilization management perspective. For those of you who have worked with CHIPA for a while the process has remained the same. Members initially entering treatment should have obtained a certification regardless of type of primary insurance. **Ultimately, it is the provider's responsibility to insure certification is in place.** The following are some of our expectations and an explanation of how they fit into our utilization management model.

- The term "**open access**" has created some confusion about how a member's benefit is structured. The intent of an open access model is to increase accessibility for the members to obtain care and utilize their benefits. It is still limited to providers in good standing with the member's primary behavioral health plan. It does not mean the need for concurrent review has ended. The ongoing certification process is now driven by claims and an occasional concurrent review by phone. Providers can anticipate that if the member has been seen in excess of 14 visits a concurrent review will soon be requested. Open access applies to Aetna and PBH California. MHN and PBH Arizona providers should still submit PAAR's for ongoing treatment.
- CHIPA's "**concurrent review**" process is more of a utilization brief. We are obligated to provide a certain amount of tracking and trending information to our health care partners and regulatory agencies. We can't do this without your support. We also hope to contribute

constructive input on problem cases and offer additional referral support while avoiding either under or over utilization of services. The information required includes a complete multi-axel diagnosis, presented symptoms at the most recent session, narrative of social stressors and history that impact progress, treatment interventions in use, estimated length of treatment and concrete treatment goals.

- Ongoing certification of "**routine treatment**" is fairly certain assuming the member has active benefits with an appropriate Axis I diagnosis and the provider of service is contracted. The member's symptoms must reflect the minimum of medical necessity criterion to demonstrate a **need** for treatment. If any of these are not met the request could be denied. It is easier for this article to highlight some common requests that are not routine.
 - o For **multiple sessions per week** CHIPA requires notification in advance and must fit within medical necessity guidelines for increased level of care.
 - o **Psych testing** is a billable service through CHIPA and should not be billed to the member directly. Pre-certification is required by submission of a Psychological Testing Plan in advance of testing.
 - o **Out of network** providers require contact in advance of care and are reviewed within 5 days. An SCA (Single Case Agreement) can be offered if there is no contracted provider available in the area or to a provider with a specific treatment specialty. If one of these is not met the request could be denied.
 - o **Retro authorization** requests should be submitted on the appropriate form. If a request to backdate appears on a PAAR form it may not be addressed. CHIPA will approve retro authorization for 6 sessions or less and backdate up to 90 days without additional treatment notes. Sessions over 365 days old will be denied for lack of timely filing.
 - o Psychiatrists requesting **CPT code 90807** are asked to give a clinical overview including, diagnosis, medications, treatment plan and frequency of visits. If a member were also in therapy or seeking therapy it would be considered a duplication of services and could be denied.

We invite and encourage you to keep in touch with us regarding resolution of any of these non-routine request items. Please contact CHIPA at (800) 779-3825 and speak with an intake specialist for assistance with pre-certification, to obtain copies of certifications or forms, additional referrals and eligibility verification. If they are not able to help resolve your request you can speak with one of our clinicians to assist with case management concerns or resolution of other certification problems.

claims Corner

Timely Submission of Claims Required

CHIPA would like to remind all clinicians of the filing requirements for claims. For all PacifiCare Behavioral Health members' claims must be received by CHIPA within 90 days of the date of service. For all other payers claims must be received within 365 days of the date of service.

In order to be processed the claim must contain the following information:

1. Correct and complete Patient ID number
2. Patient Name and Address
3. Patient Date of Birth
4. Patient's Relationship to Insured
5. Subscriber Name
6. Assignment of Benefits - Signed by patient or "signature on file" reflected in HCFA box 12 and 13
7. Treating Practitioner Name and Address
8. Billing Practitioner Federal Tax ID Number
9. Date(s) of Service
10. Place of Service
11. Procedure Code(s) - CPT-4
12. Charges
13. Days/Units
14. Diagnostic Code(s) - DSM-IV or ICD-9 Codes

Whenever a provider receives a claims denial related to a claims error, she/he must correct and resubmit in order to receive reimbursement. An exception to this is if the claims denial was due to an error made by CHIPA staff (e.g., patient was actually eligible, CPT code should have been authorized, etc.) and the denial was within the past 90 days, CHIPA can correct the error and the original claim be reprocessed.

Do you offer group therapy?

From time to time our intake staff receive requests for referrals to group therapy and/or psycho educational groups such as parenting skills classes. If you provide these services we would like to know so that we may pass this information along to our members and other clinicians. Please e-mail Miguel Rodriguez, Provider Network Manager, at mrodriguez@chipa.com with the details about your group offerings. Please be sure to include dates, time and location and type of group.

Carmela Stuart

Manager of Intake and Customer Service

Hello my name is Carmela Stuart; I am the new Intake and Customer Service Manager at CHIPA. I have worked in the mental health field for 17 1/2 years in various rolls. My previous places of employment include: Managed Health Network (MHN) and Value Options. At Managed Health I worked as an eligibility technician and customer lead representative for 6 1/2 years. My most recent experience was with Value Options, where I was employed for 10 years. I managed Clinical Support, which consisted of 8 different departments. Although I have only been with College Health IPA for a short time, my experience here has been awesome. I manage a great team that looks forward to providing you with excellent service. You can contact me at 800-779-3825 x3861 or cstuart@chipa.com.

New Employees

CHIPA is pleased to announce some new additions to the family:

- **Penny Wallace** – Claims Processor II
- **Jamie Lawson** – Intake Specialist I (per diem)
- **Christina Menendez** – Intake Specialist I (per diem)
- **Ross Morgan** – Claims Assistant

Welcome to the team everyone!

Holiday Phone Coverage

CHIPA will be closed Thursday, November 22nd and Friday November 23rd for Thanksgiving, Tuesday December 25th for Christmas and Tuesday January 1st for New Years. On-call staff will be available for emergencies by calling 800-779-3825 and following the phone instructions carefully.



NETWORK NEWS

Welcome to the Network Management Corner!

CHIPA regrets to notify you about the passing of Douglas Harrington, Ph.D. Dr. Harrington held a successful neuropsychology & psychotherapy practice in Newport Beach and had been part of our panel of contracted providers since 1996. We send our deepest condolences to his family and friends; and thank him for the many years of excellent service he provided to our members and his community.

In this edition, we would like to: request that you provide us with your e-mail and NPI numbers; provide you with information on our CEU discount program; submission of Aetna claims; re-introduce you to our on-line authorization request process; and finally, give you a brief description of services provided by your network management department.

E-mail Address:

In an effort to communicate more efficiently, we have begun the process of collecting e-mail addresses from all of our contracted providers. Please be advised, that any form of electronic data or media transmitted from CHIPA personnel to our network, would be sent through a secure server that is protected through administrative, physical, and technological safeguards and policies. These safeguards will protect both sender and recipient receiving any type of virus or corrupted files. The information CHIPA has begun to send via e-mail consists of newsletters, important changes in procedures, and other valuable information. If you have not yet provided us with your e-mail address, please feel free to send us an e-mail at: mrodriguez@chipa.com, or call us at: (800) 779-3825.

NPI Number:

Some Health plans will make NPI information mandatory, in order to process claims. We highly encourage all our contracted network providers, to obtain an NPI number by logging on to <https://nppes.cms.hhs.gov/NPPES>. Once you have received your NPI number, please contact us via e-mail at: mrodriguez@chipa.com, via fax at: (877) 349-1135, or via telephone at: (800) 779-3825, so that we may update your NPI numbers in our systems.

CEU Discount program:

As an added benefit to our CHIPA contracted provider, we are extending discount programs in CEU certification training, offered through the Association for Advanced Training In The Behavioral Sciences. For more information, please logon to: <http://www.comprehensivebehavioral.com/>, click on the "Provider" menu/link located on the top of the webpage, and then the "Product & Service Discounts for Providers" link located in the middle of the page.

Reminder - Send Aetna HMO Claims to CHIPA

CHIPA would like to remind all clinicians treating Aetna HMO (Open Access) members to submit all claims for outpatient services for these members directly to CHIPA for payment. This applies to HMO members in Kern, Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura counties. CMS 1500 claim forms can be downloaded by logging on to http://www.comprehensivebehavioral.com/Providers/documents/CMS1500_004.pdf and can be submitted via fax to: (562) 467-5420, or mail to: 17100 Pioneer Boulevard, Suite #420, Cerritos, CA 90701.

On-line Authorization requests:

The most efficient way to request additional sessions is by logging on to <http://www.comprehensivebehavioral.com/> Scroll over the "Provider" menu/link, and click on the "Request for Additional Authorization" link. This will take you to our on-line request form. Please feel free to contact any of the Network Management Staff for any assistance or questions you may have while completing the on-line request form.

Services Provided by Network Management:

Our department does not only deal with contracting issues, we pride ourselves in acting as advocates for our contracted providers, and resolving any issues that may arise. The following are some of the services that we provide:

- Tax ID updates
- Demographic Changes (i.e. phone, fax, e-mail or address updates)
- Contractual question or discrepancies
- Problem resolution in relation to claims or authorizations
- Facilitate credentialing/recredentialing activities

Medication Informed Consent

Is your office complying with Medication Informed Consent guidelines?

Informed consent has three parts:

- **Knowing:** Each physician should tell patients the nature of their illness, all of the available options and the risk of each option. Patients have a right to written material that contains current and accurate explanations of the treatment in every day language. If patients accept treatment, they should be given a consent form to sign. Patients always have the right to change their mind (withdraw consent) and refuse treatment.
- **Voluntary:** Patients have the right to refuse treatment. A physician cannot take away privileges to feely exercise rights to refuse treatment. However, if a court finds a patient incompetent to refuse treatment, s/he can be given medication involuntarily in limited capacities.
- **Competent:** To be competent means that a patient understands that something is wrong, there is a treatment that might help and s/he understands medication side effects. Patients are assumed to be competent unless a judge finds that they are not.

At a minimum, a physician will discuss the following in a language that the parent/patient/guardian can understand prior to obtaining written consent:

- Nature and seriousness of the illness
- Reason for the medication
- Likelihood of improving with or without medication
- Any reasonable alternatives other then medications
- Types of medication being recommended
- Dosage and frequency of medication administration
- Possible side effects
- Long term effects
- The effect of sudden withdrawal of the medication against medical advice

And lastly but most importantly, is documentation of refusal. If the client/parent/guardian refuses to consent to the proposed medications, document the physician's efforts to educate the parties involved each time there is an attempt to gain consent. Also the charting should reflect the reasons for refusal if disclosed to the physician.

Respectfully,
CHIPA Medical Director
Craig Wronski, D.O.

Bibliography
Psychiatric Medications: Center for Public Representation 2002 pg. 1-2
CBHS Medication Consent, San Francisco Department of Public Health Oct 12 2002 pg. 1-2

Attention Office Managers

CHIPA sends a special edition of the CHIPA News to Provider office staff to encourage support staff to become familiar with new policies and procedures. To be added to the mailing list, please contact Shawna Gibson at 800-779-3825 x5538 or by email to sgibson@chipa.com. Included in each newsletter for office staff is a simple quiz based on information in the newsletter. Entries with all questions answered correctly are entered into a drawing for a cash prize of \$25!!

Congratulations to KC Chadwell with Sierra Management! She is the winner of the \$25 for the 2007 Edition I newsletter!

