

NEWS ABOUT....



Submit Articles!!

- If your organization would like to submit articles or announcements for the Summer edition of News About InteCare, please send your articles to:
- Geoffrey Buck, Psy.D., CEO
8604 Allisonville Rd., Suite 325, Indianapolis, IN 46250

Suggestion?

Contact us at 237-5770 or visit www.Intecare.org—
"Contact Us"

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ACCREDITED HEALTH NETWORK WITH CREDENTIALING

InteCare Achieves URAC Reaccreditation!

In the summer of 2009, InteCare underwent survey and was awarded accreditation by URAC as aHealth Network with Credentialing Accreditation. This represents the fifth consecutive two-year accreditation cycle InteCare has successfully achieved this status.

The URAC accreditation process involves a two-step process. First the applicant organization must complete a "Desk-Top" audit, which entails submitting detailed documentation demonstrating compliance with URAC standards. Once the Desk Top has been accepted by URAC, a rigorous on-site audit is conducted.

This two-step process further breaks down into a four-step process. The initial step - "Building the Application", consists of completing application forms and supplying supporting documentation via the Web, and takes a period of several months to complete. Once the application is received by URAC, the remaining three steps of the accreditation process cover a period of approximately three to six months. These steps include the following:

1. Desktop Review. In the desktop review process, the applicant's documentation is analyzed in relation to the URAC standards. This documentation usually consists of, but is not limited to, formal policies and procedures, organizational charts, position descriptions, contracts, sample template letters, and program descriptions and plans for departments such as quality management and credentialing. After receiving a Desk Top Review Summary, the applicant usually must provide additional documentation clarifying any pending issues;

Continued on the following page

URAC Reaccreditation Continued from page 1

2. Onsite Review. After the Desk Top Review process is complete, the accreditation review team conducts an onsite review to verify compliance with the standards; and

3. Accreditation Committee Review. The last phase in the accreditation process is a review by the Accreditation Committee that includes professionals from a variety of areas in health care as well as industry experts. The committee review process begins with a written summary documenting the findings of the Desk Top and onsite reviews. This summary is submitted to URAC's Accreditation Committee for evaluation with discussion, and the Committee then makes a final accreditation determination. InteCares current Health Network with Credentialing accreditation status is good through June 30, 2011.

URAC, an independent, nonprofit organization established in 1990, is well known as a leader in promoting health care quality through its accreditation and certification programs. URAC offers a wide range of quality benchmarking programs and services that help organizations keep pace with the rapidly changing health care industry, and provides a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry.

If you have any questions regarding URAC Accreditation or the Health Network standards, please contact **Becca Sigafus, Chief Operating Officer and Director of Quality Improvement at 317-237-5773.**



SAVE THESE DATES!!

InteCare Open House

We look forward to seeing you at this event!



Wednesday May 19, 2010, 3:00—6:00 p.m.

A formal invitation will be sent in April.

REMINDERS:

InteCare Medicaid Network Provider Advisory Board (IMNPAB)

Teleconferences: Tuesday March 23, 10:00 a.m. OR 1:00 p.m.

IMPAB meeting:

Wednesday, 5/19/2010—12:00 p.m.—2:00 p.m.; prior to the InteCare Open House

Location TBA

InteCare Staffing Changes!

InteCare has had several staff and position changes over the past year. We want to make sure you are aware of the changes, and ensure the lines of communication between InteCare and our members continue to flow.

Please join us in welcoming Meghan Evenson, Carol Gorbett, Stacy Veach, and Kacey Preston to our team! Each of these individuals comes to the team with a wealth of knowledge and experience that will grow and enhance the programs of InteCare.

Meghan is our new Mental Health Funds Recovery Program Manager, having an extensive background in federal claiming. Stacy joins us as our Clinical and Provider Relations Director, and has experience working in a variety of clinical and managed care settings. Carol joins us as our Credentialing Specialist, having spent several years doing privileging and credentialing for a large hospital corporation. Kacey comes to us from the Indianapolis Museum of art, when she served as an event planner and database manager. Please join us in welcoming our new staff members!

CHANGE IS GOOD!

InteCare Credentialing Update!

The InteCare Credentialing Department has gone through many changes in the past year with the build out for MDwise Managed Medicaid Programs and changes in staff. We added a new full time Credentialing Specialist to our team in May of 2009.

As of this Spring, the InteCare Network has 822 individual providers and 45 organizations. InteCare credentials behavioral health providers with an Indiana state license for MD/DO, HSPP, APRN, LCSW, LMFT, & LMHC. We also credential organizations with an accreditation from JCAHO, CARF, COA, HFAP, NCQA or URAC. The organizations in our network include CMHCs, hospitals and small group practices.

If you would like to sign up for current opportunities with InteCare or the MDwise Managed Medicaid programs please contact Julie Maxwell-Coker, Credentialing Manager at jmaxwellcoker@intecare.org or call 317-829-5759 or contact Carol Gorbett, Credentialing Specialist at cgorbett@intecare.org or call 317-237-5776.

Cenpatico audited the credentialing files they delegate to InteCare in December of 2009. We are proud to say the audit was a success and we will continue to work with Cenpatico.

InteCare also assists Magellan with recredentialing CMHCs for Managed Medicaid programs. We help with the application process for CMHCs and then forward the applications to the CMHCs for final review and approval before sending the application to Magellan. Magellan credentials each physical site of a CMHC separately so you may receive more than one application from Magellan. Please contact Julie Maxwell-Coker if you have questions.

While for Magellan and Cenpatico we are still collecting staff information rosters in an Excel format. However, we are hopeful that we will soon transition these companies to begin using (as does MDWise) the InteCare Provider Database.

Provider NPI Number Registration Requirement

We are continuing to try to get “the word out” on the importance of making sure you have registered your NPI number with the State. ***Please note that simply getting an NPI number does not mean that your NPI is automatically registered with the State of Indiana.*** You must register your number through the process located on the IHCP website.

Remember, effective October 1, 2009, the State requires providers of services to the Medicaid population to have a ***NPI number registered with each location their services are provided. If your NPI is not registered, the claim for Medicaid covered services will be denied.***

InteCare, Inc. staff created a “Provider Fast Facts Bulletin” that outlines each step to complete this process. You can find this document on our website at www.intecare.org on the provider page under provider documents. For more detailed information please review the NPI Reporting Tool User Guide available on the IHCP website, www.indianamedicaid.com. For questions about the NPI reporting tool, call HP customer assistance at 317-655-3240 or 1-877-577-1278.

Did you know.... that the State of Indiana is currently soliciting responses from prospective vendors to deliver risk-based managed care services for Medicaid beneficiaries enrolled in the State of Indiana’s Hoosier Healthwise and Healthy Indiana Plan (HIP) programs to begin January 1, 2011? This Request for Service 10-40 is on behalf of the Indiana Family and Social Services Administration/Office of Medicaid Policy and Planning and is due to the State by interested vendors by April 1, 2010.

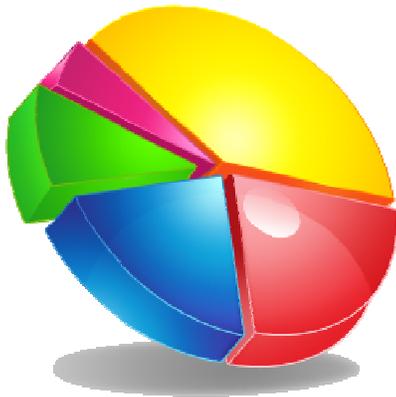


The Hoosier Healthwise program was developed to cover services to children, pregnant women and low-income working families. Beginning January 1, 2007 Hoosier Healthwise became a risk-based managed care program that currently serves over 630,000 members. At this time there are three Vendors contracted by the state for this program: Anthem; MHS; and MDwise. For behavioral healthcare services both Anthem and MHS have subcontracted with Managed Behavioral Healthcare organizations: Cenpatico (MHS) and Magellan (Anthem). MDwise had previously subcontracted with CompCare but brought behavioral healthcare “in house” beginning January 1, 2009.

The Healthy Indiana program was created to provide health care coverage to low-income, uninsured adults who do not have access to employer sponsored health insurance. This program is similar to that of a traditional Health Savings account and is funded with state and individual contributions and currently has approximately 47,000 members.

InteCare and BHMI staff will be communicating with all providers in the near future regarding updates on this RFS - so stay posted! If you are interested in reviewing the RFS in more detail, we suggest going to: <http://www.IN.gov/idoa/2354.htm> for more information (click on State of Indiana opportunities and scroll down to the RFS).

QI Corner



[In each InteCare Provider Newsletter the Quality Improvement staff will be sharing some key information for the providers within our Network as well as our Customers about our organization.]

If you provide services to individuals involved in Managed Medicaid programs within the State of Indiana, you should know that the State is requiring both Managed Care and Managed Behavioral Healthcare contractors to be accredited by the National Committee for Quality Assurance (known as NCQA). The reason this is important to know is if you are providing services to members who are affiliated with the Hoosier Healthwise, Care Select or Healthy Indiana programs there are certain NCQA standards that providers are expected to meet. A few of these standards are as fol-

lows:

- ***For members being discharged from an inpatient psychiatric hospitalization, they must be seen for an outpatient follow up appointment within seven (7) calendar days from the date of the member's discharge***
- ***Members must be able to access care within 6 hours for a non-life-threatening emergency***
- ***Members must be able to access care within 48 hours for urgent situations***

(NCQA defines Urgent care as

“A request for medical care or treatment with respect to which the application of the time periods for making nonurgent care determinations: could seriously jeopardize the life or health of a member or the member’s ability to regain maximum function, based on a prudent layperson’s judgment, or In the opinion of a practitioner with knowledge of the member’s medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.”

- ***Members must have access for a routine appointment within 10 business days***

NCQA requires the Managed Care

and Managed Behavioral Healthcare organizations to assess and monitor how well their Provider Network is meeting these standards in order to ensure that members are receiving timely and appropriate care and services. Some organizations are initiating a “secret shopper” process in order to collect this information. In this situation, a staff member may call using a particular vignette that would mirror an urgent need or a routine request for services. Once through the call, the staff person would receive an offered date and time for their appointment which would obviously tell them if the appointment was offered within the designated standard. This is just one way that some of this information can be assessed and monitored.

In order to assess that members are receiving follow up care within seven (7) calendar days following a psychiatric hospitalization, Managed Care and Managed Behavioral Healthcare organizations use claims data. This will tell them the date of discharge from the inpatient facility along with the first allowed claims code for an outpatient visit (e.g. CPT Code 90801).

If you have any questions about NCQA or these standards, please contact Becca Sigafus at (317) 237-5773 or email at Bsiga-fus@intecare.org or Jill Derryberry at (317)829-5747 or email at Jderryberry@intecare.org.

Provider Advisory Board Conference Calls 3/23!!!

Network and Provider Relations Update

InteCare re-instituted regular meetings of the InteCare Medicaid Network Advisory Board (IMNPAB) this past summer, in order to have increased communication and keep the InteCare Provider Network (CMHC's) up to date on the Hoosier Healthwise, Healthy Indiana and Care Select Programs. These meetings are a forum for InteCare to relay important information regarding Managed Medicaid and Network updates, as well as discuss and help assist the CMHC Network providers with addressing any system issues that they may be confronting.

One area that continues to present problems is claims adjudication and payment. In the fall IMNPAB meeting there was significant discussion surrounding ongoing claims issues, several stemming back from when the Managed Medicaid program was initiated in January 2007. The outcome of this discussion was the recommendation from Board members that InteCare convene a "Claims Task Force" to review each of the identified issues in depth, gather more information, research issues as needed and formulate recommendations to discuss with the MCOs/MBHOs and OMPP for resolution.

InteCare followed this suggestion and created and facilitated the "Claims Task Force". The Task Force is composed of individuals from the CMHCs who manage claims/billing issues regularly and are experts in this area. The participation and feedback from the Task Force has been excellent with very productive outcomes. The Task Force has met twice as a group and reviewed several identified issues that appear to be chronic and the most problematic for providers. The Task Force researched, discussed and summarized these issues into one document and listed their feedback and recommendations for further discussion with the MCOs/MBHOS and OMPP. In late February members of the Task Force met with representatives from Anthem, Magellan, MDwise, MHS, Cenpatico and OMPP. The goal of the meeting was to partner with the MCOs/MBHOs and OMPP to try to resolve these ongoing claims issues and find resolution. The turnout for this meeting was good and the discussion was valuable and constructive for everyone. The next step entails InteCare coordinating actions items of the parties and



then following up in hopes of making some significant changes and a positive impact regarding these issues.

**Quick Note to Providers who are
in their own practice
or connected to a small group practice:**

If you changed your practice location or added additional licensed providers at your practice please contact InteCare as soon as possible so that we can make the necessary changes to the database. If you have added another provider at your practice or a currently contracted provider has left, please contact our Credentialing Department to assist you as soon as possible. It is very important to keep your information accurate and up to date. To share this information please contact Carol Gorbett, Credentialing Specialist at 317.237.5776 (cgorbett@intecare.org) or Stacy Veach, Clinical and Provider Relations Director at 317.522.2764 (sveach@intecare.org) or Julie Maxwell-Coker, Credentialing Manager at 317.829.5759 (jmaxwellcoker@intecare.org).

**InteCare Open House, May 19!
Mark Your Calendar!**

MHFRP Update

InteCare has been operating the Mental Health Funds Recovery Program (MHFRP) for over 10 years. We have helped collect over \$320 million dollars in federal funds for Medicaid administrative activities that support the proper and efficient operation of the Medicaid program. InteCare continues to work with the Division of Mental Health and Addictions and the local community mental health and substance abuse providers to operate this federal recovery program. The Annual MHFRP Training to be scheduled this Spring will focus on the claiming lifecycle from developing rosters to claim calculation. This year's Annual Training will include agency staff responsible for roster updates, training, time study collection, and cost reporting. Auditors from Clifton Gunderson and Engaging Solutions will provide insight on the audit process and financial reporting.

Impact on MHFRP with regard to changes in Medicaid Rehab Option and Assertive Community Treatment will be communicated as the information is available. For more information regarding the Annual Training or the MHFRP program, contact Meghan Evenson, MHFRP Manager at 317-237-5771 or mevenson@intecare.org.

InteCare Provider Network Database – CMHC, Organization and Hospital System Users - Have you updated your information lately?

The InteCare Provider Network Database is a web-based effort to collect the information required for 1) pre-authorization of services, 2) adjudication of claims and 3) payment of claims in a single, user friendly location for MDWise programs. The database is used to generate claim files that allow a delivery system to process claims submitted to MDWise delivery systems by the provider. The database should be amended any time there is a change in staff, locations or office hours and should mirror the information in the HP system (formally EDS).

In order for claims to be processed and paid, it is imperative that the information in the database is accurate and up to date. If you participate in MDWise programming, please make sure that you review the information in the database on a regular basis.

Please contact Stacy Veach, Clinical and Provider Relations Director at 317.522.2764 or sveach@intecare.org with any questions regarding how to update your information in the database.

NEIGHBORHOOD BASED MENTAL HEALTH SERVICES PROGRAM

Mental Health Corner

HOW LAUGHTER CAN INCREASE POSITIVE MENTAL HEALTH:



Laughter reduces the level of stress hormones like cortisol.

Laughter provides a physical and emotional release.

Laughter connects us with others.

Laughter is contagious

If you bring more laughter into your life, you can most likely help others around you to laugh more too!

Laughter promotes increased positive mental health through the release of stress and tension

WHAT YOU CAN DO TO PROMOTE LAUGHTER:

Watch T.V. and Movies: Watching funny movies and television shows is an easy way to get laughter into your life when you need it.

Laugh with Friends: Have friends over for a party or game night. It is a great way to bring out laughter and other good feelings.

Find Humor In Your Life: Instead of complaining about life's frustrations, try to laugh about them.

Contact: *NaKaisha Tolbert-Banks, Program Manager for additional information regarding the Neighborhood Based Program.* ntbanks@intecare.org



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*We're on the web! Visit
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Don't be Left in the Dark!

The latest on:

The Claims Task Force
New Business Opportunities
RFS 10-40

The InteCare Provider Database

IMNPAB Conference Call

Tues, March 23
10:00 a.m. OR 1:00 p.m.

Don't Forget Mom!!

Don't forget, Mothers Day is Sunday, **May 9!!**

Match these Staff Members to their Moms avocation and mail to InteCare for a chance to win a \$25 gift certificate!!

Becca Sigafus	School Teacher
Julie Maxwell Coker	Homemaker
Geoff Buck	Administrative Asst
Meghan Evenson	Teachers Aid
Kacey Preston	Secretary at Eli Lilly
Stacy Veach	Homemaker/School Teacher
Jill Derryberry	Dietician
Carol Gorbett	Teachers Aid/Mom
Nakaisha Tolbert Banks	Homemaker