

NEWS ABOUT....



Submit Articles!!

- If your organization would like to submit articles or announcements for 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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InteCare/BHMI Partnership Expands!

InteCare and Behavioral Health Management, Inc. have been working in partnership to provide administrative services for the State Medicaid programs since the fall of 2007. Entering this year, this partnership encompassed Network Development, Administration and Credentialing Services for MDWise Behavioral Health Program. This partnership included all three MDWise Medicaid programs, including the Care Select, Healthy Indiana and Hoosier Healthwise Managed Care Programs.

Beginning this summer, the InteCare/BHMI partnership was expanded to include two new projects: the creation of a Clarian Health Plan Medicaid Advantage Behavioral Health Network, and a large scale data management initiative on behalf of the Indiana Department of Child Services.

Clarian Health Plan has operated its Medicare Advantage Plan in fourteen Indiana Counties over the past few years, growing its enrollment to over 7,000 covered lives. The Plan offers four different benefit packages for Medicare eligible individuals, and has aggressive plans to grow both geographically and in terms of enrolled lives.

In 2010, Clarian received approval to expand its Plan into seventeen additional counties in preparation for its November 15—December 31 annual open enrollment period.

Clarian has contracted with BHMI, who in turn has contracted with InteCare, in order to develop a defined, CMHC-based behavioral health network in all thirty-one of the counties in which it will operate by the end of this calendar year.

As with many governmental agencies in recent months, the Indiana Department of Child Services (DCS) is facing major budget cuts. As part of a solution to this challenge, DCS has moved to work more closely with the CMHC system in the state to try and get a better handle on the delivery of Behavioral Health Services, and to increase its access to Medicaid funding.

As part of this effort, on June 9, 2010, DCS entered into a Memorandum of Understanding with BHMI in order to foster a closer working relationship with Indiana CMHCs.

One of the many tasks to be addressed in this evolving partnership involved creating a database of the large array of appropriate services provided by CMHCs across the State. In order to accomplish this rather daunting task, and in an accelerated manner, BHMI contracted with InteCare, Inc., to manage the data collection and quality control processes.

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The Agreement for Network Administration, Data Collection and other Managed Care Services between BHMI and InteCare became effective June 1, 2010.

“Our main job is to collect, quality check and provide to DCS all necessary provider organization data that they need for making referrals and purchasing contracted services”, said InteCare Chief Operating Officer Becca Sigafus, who is at the center of the initiative. “It is a very formidable task, but we’re getting it done”.

On a related note reflective of the increasingly close partnership between BHMI and InteCare, Ms. Sigafus will now be officially assisting Sandy Kauffman, BHMI President, with certain executive activities on behalf of BHMI. This will be done through a purchase of time arrangement between BHMI and InteCare, where Ms. Sigafus will remain a full time employee and COO.

InteCare Welcomes New Team Members!

InteCare would like to welcome the addition of two excellent new staff members over the summer.

Shirley Anderson started with InteCare on May 17 as our Provider Database Specialist. In this position, Shirley is the key liaison in assisting Providers in entering information into the InteCare Provider Database, and in keeping Provider information current. The database is the sole “conduit” for supplying multiple payors information about the make-up of the InteCare/BHMI Provider Network.

Prior to joining InteCare, Shirley worked for sixteen years for a Community Mental Health Center in Central Indiana where she developed an extensive knowledge of managed care contracts, credentialing, managed care benefits and requirements in behavioral health.

Shirley and her husband Robert love to travel the world, with a recently completed European excursion which included a stop at Wimbledon!!

Lara Williams joined InteCare on July 17 as our new Quality Improvement Specialist. In this position Lara will work closely with Becca Sigafus in overseeing the InteCare Quality Improvement Program. Prior to joining InteCare, Lara worked in various capacities for Alternatives, Incorporated in Worcester, Massachusetts for over fourteen years, most recently as their Director of Quality Improvement. Lara has a B.A. in psychology from the University of Rhode Island and is engaged.

Tele-Psychiatry Services Demonstration**Friday, October 1, 2010, 10 a.m.****Castle Creek I Conference Center****8604 Allisonville Rd., Indianapolis****Contact: Stacy Veach, 317-522-2764**

Why is Credentialing Necessary?

Documentation for credentialing applications is very important to ensure that InteCare's network has providers that are qualified, competent as well as ensuring the safety and security of clients. Credentialing provides a way to verify qualifications and helps us verify that the information providers submit is correct and accurate. Primary and secondary source verification is essential to keeping our network in line with state law and national accreditation standards.

InteCare, Inc. is accredited through URAC and also complies with NCQA standards; therefore our credentialing process closely mirrors the standards of these organizations. Primary source verification is one of the ways that we assure the network is secured. Primary source verification means that we contact a third party such as the Health Professions Bureau to verify licenses directly from the issuing source. Our credentialing process requires that we primary source verify the provider's education by requesting a transcript from a university, license through the Indiana Professional Licensing Agency, criminal history search through the Indiana State Police, and Medicaid/Medicare sanctions through the Office of the Inspector General. Standards are even more strict for MDs and DOs. We are required to primary source verify their privileges at hospitals they serve, and board certification or residency and CEU's within the past 36 months if the provider is not board certified.

Secondary Source means documentation that came from an indirect source such as allowing a provider to submit to us a copy of their insurance. Some of the other Secondary Source information we collect includes a copy of the provider's government issued photo ID and copy of their curriculum vita or resume with 10 years of work history noted. Utilizing this type of verification allows us to be certain that providers applying to be active in the network are competent. It also allows us to be alerted to any discrepancies in their qualifications before they are serving clients. This helps to ensure the safety of our clients and keep the integrity of our network in tact. If you would like any further information about our credentialing process or have any questions please contact the Credentialing Manager, Julie Maxwell-Coker at jmaxwellcoker@intecare.org (317) 829-5759 or the Credentiaing Specialist Carol Gorbett at cgorbett@intecare.org (317) 237-5776.



Beginning July 1, 2010, Acute Partial Hospitalization programs (PHP) became a covered behavioral health benefit for State of Indiana Hoosier Healthwise members. Partial Hospital programs are provided separately for children/adolescents and adults.

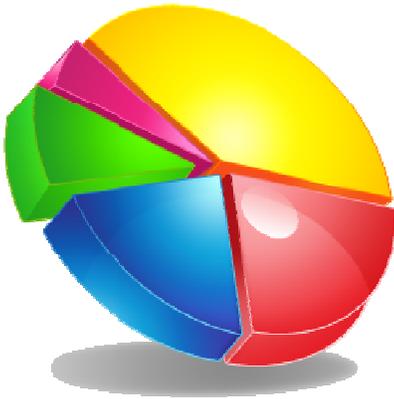
The State of Indiana defines Acute Partial Hospital programs as "highly intensive, time limited medical services intended to either provide a transition from inpatient psychiatric hospitalization to community based care or, in some cases, substitute for an inpatient admission." The admission criteria are essentially the same as inpatient level of care with the exception that the patient does not require 24 hour

nursing supervision. The definition also states that patients "with clear intent to seriously harm self or others are not candidates for Partial Hospitalization".

The authorization process includes contacting the applicable health plan at the time of admission to a partial hospital program to request authorization for services. The services may be authorized for up to 5 days (dependent upon patient's condition), with re-authorization criteria being applied to stays that exceed 5 days.

For much more detailed information on Acute Partial Hospital programs such as target population, programing standards, treatment plan content, exclusions, authorization and re-authorization criteria, service code, provider qualifications, etc. please refer to the Indiana Health Coverage programs bulletin, (number BT201019) dated June 15, 2010 which is located on the IHCP website (www.indianamedicaid.com/ihcp/index.asp), or contact Stacy Veach at Sveach@intecare.org.

QI Corner



If you provide services to individuals involved in Medicaid programs within the State of Indiana, you should know that the State of Indiana 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 that this is important to know is that if you are providing services to members who are affiliated with the Hoosier Healthwise, Care Select or HIP programs there are certain NCQA standards that providers are expected to meet.

The State of Indiana FSSA/Office of Medicaid Policy and Planning Division requires the Hoosier Healthwise Managed Care Organizations to submit NCQA HEDIS reports to OMPP on an annual basis. Although MRO services are not reimbursed by the MCOs, the HEDIS measure allows for some of these services to be included when calculating follow-up rates after inpatient mental health admission. The State provides the MCOs with quarterly MRO claims data for the

MCO's membership in order for the MCOs to calculate HEDIS rates. The MCOs merge the MRO data with MCO and MBHO data and calculate follow-up rates using the HEDIS specifications. It is important to the State that members receive follow-up after hospitalization for mental health disorders and outpatient providers are encouraged to make sure newly discharged patients are seen within 7-days of discharge from the inpatient facility.

The HEDIS measure states that ***“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.”***

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).

Some examples of service types that meet the requirement for the follow up measure are psychological assessments; individual psychotherapy; family/group therapy; and medication management visits with a behavioral healthcare provider. In addition, the following MRO services are allowed as follow-up services: H0004 – Individual Counseling and Therapy, per 15 minutes; H2011 - Crisis Intervention; H2014 - Skills Training and Development. ***Please note that Case Management Services are excluded per NCQA guidelines.***

The State has identified Follow-up After Hospitalization for Mental Illness as a need for improvement due to fewer than 50% of members hospitalized for mental illness receive a follow-up visit within 7 calendar days of discharge. The State is tracking follow-up rates by region. Preliminary results show a notable increase in follow-up rates between 2008 (41.4%) and 2009 (47.4%). Still fewer than 50% of Medicaid members are receiving appropriate follow-up after discharge from inpatient mental health stays. These follow-up rates are influenced by services provided by outpatient providers, especially Community Mental Health Centers.

The State goal for this improvement project is “to improve the rate of follow-up at **seven (7)** calendar days to NCQA Medicaid 75th (57.4%) percentile for services incurred during CY2009. The final measurement data for CY2009 should be available in July 2010.

The official description for the measure is “the rate of follow-up after discharge from an acute inpatient admission for behavioral health diagnosis, with the follow-up rate at **seven (7)** calendar days post-discharge is reported. The member must have been enrolled in the program at time of discharge and for 30 calendar days post discharge to be included in the denominator. The member age on the date of discharge determines the age groupings.”

Many organizations and groups have initiated different programs and processes in order to improve access at their service locations. If you have developed a process that has improved access rates for persons being discharged from an Acute hospital at your facility or group, and are willing to share this with others within our Network, please contact us and we will publish your program in our next Provider Newsletter.

If you have any questions about this project, or NCQA standards, and/or are willing to share your successful interventions to improve access please contact Becca Sigafus at (317) 237-5773 or by email at Bsigafulus@intecare.org.

MHFRP News

In our eleventh year of administrating the Mental Health Funds Recovery Program (MHFRP), InteCare has 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.

InteCare is currently seeking program enhancements to eliminate administrative burden on center staff as well as maximize center reimbursement. We are in the beginning stages of exploring web based means to collect cost information and employee rosters. This collection method would look to reduce errors in reporting and reduce staff time spent reporting the data. We will keep participating agencies updated of any program changes as they occur.

We have partnered with Beacon Analytics to explore opportunities to expand our administrative claiming program into public health. We have had a few preliminary conversations with the Executive Director of the Indiana Primary Health Care Association (IPHCA) and are very excited to learn more to see if this will be a possibility.

Please direct any MHFRP inquires to Jill Derryberry, MHFRP Manager at jderryberry@intecare.org.

Upcoming Dates:

Time Study Training – October 20 - 29, 2010

Time Study Week – November 8 – 14, 2010

Q3 Cost Reports Due – November 12, 2010



Mental Health Treatment

Warning Signals – when to seek help

Many people are not sure how to judge when professional help for mental problems may be needed. Here are some behaviors that may be signs of trouble:

1. Is the person acting differently than usual? Could this change be linked to something that has happened recently? Any event, such as the death of a close relative, loss of a job, marital break-up, or even something positive – like a job promotion – can trigger a troublesome emotional reaction.

2. Does the person complain of episodes of extreme, almost uncontrollable, anxiety or "nervousness"? One sign of an emotional problem is "free floating" anxiety that is unrelated to a normal concern, such as a child's illness or a backlog of bills.

3. Does the person become aggressive, rude, and abusive over minor incidents or talk about groups or individuals "out to get me"? If such remarks are made in all seriousness, and if violent behavior occurs, it is likely that help is needed and should be sought.

Any of these symptoms, if they persist or become severe, may suggest a need for professional help. Fortunately, early identification and treatment of the problems causing this behavior often can make these symptoms disappear.

(Source: <http://mentalhealth.samhsa.gov>)

Provided to you by: Neighborhood Based Mental Health Services Program

For more information about the program, contact: NaKaisha Tolbert-Banks at ntbanks@intecare.org



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"If you're walking down the right path and you're willing to keep walking, eventually you will make progress."

-President Barack Obama

