



February 2023

PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review the February 2023 MHN Practitioner Update! This issue includes important updates on MHN's ongoing systems migration along with the results from the annual Member and Provider Satisfaction Surveys.

There is also valuable information about prior authorization requests for TMS Services, our newly enhanced mobile resource, myStrength, as well as a reminder on which license types can see our Medicare members.

Regards,
The MHN Quality Improvement Department



Want to learn more about the Consumer Assessment of Healthcare Providers & Systems (CAHPS) Experience of Care and Health Outcomes (ECHO) member satisfaction survey? [You can explore more about the survey and its purpose here on the Agency for Healthcare Research and Quality web site.](#) Or...

[Click here to view our new comprehensive provider training on the ECHO Survey!](#)

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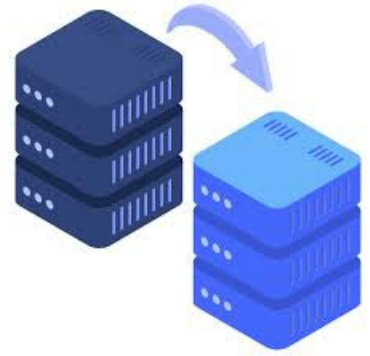
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FYI: IMPORTANT MHN SYSTEM MIGRATION UPDATES

MHN is embarking on a multi-system migration to leverage Centene Corporate capabilities and support to improve the services we provide to our members and you. **We anticipate starting to use the new systems at some point in the third quarter of 2023 and we are excited to share that we expect you to see immediate improvements in the features and navigation for our Secure Provider Portal and Provider Directory.** The full scope of our multi-system migration includes Customer Service, Utilization Management, Case Management, Contracting, Credentialing, Provider Data Management, and Claims. A dedicated communication will be forthcoming in 2023 with the exact dates of the migration, the effective date of the new claims address, and additional information and details about the system migration.



MYSTRENGTH: A DIGITAL BEHAVIORAL HEALTH MEMBER* RESOURCE

Help our members stay mentally fit with myStrength!

myStrength is an online self-help tool and mobile app. It offers wellness resources that can help reduce stress, anxiety, depression, substance abuse and more.

Members can choose from any of the topics below to help with their health. These programs can help inspire them to live a healthy life filled with positivity.



- Manage anxiety
- Balance intense emotions
- Help with chronic pain
- Manage depression
- Improve sleep
- Learn mindfulness techniques and meditation
- Reduce stress
- Engage with a pregnancy and early parenting program

Members can sign up with myStrength and get:

- Step-by-step eLearning modules
- Interactive tools
- Weekly action plans
- Self-help workbooks
- Daily inspirations

These self-help resources can support our members by allowing them to track their health, enjoy activities more and become – and stay – mentally and physically healthy!

[Health Net members can access myStrength online by clicking here.](#)

[California Health & Wellness members can access myStrength online by clicking here.](#)

**Available only to Health Net and California Health & Wellness members*

PRIOR AUTHORIZATIONS FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS) SERVICES

For outpatient providers who provide TMS services, please verify with MHN Provider Relations that the provider contract includes TMS specifically. **TMS services are contracted separately from other outpatient services. If you're not clear, please contact PR at (844) 966-0298.** TMS precertification requests are submitted via MHN's TMS Request Form. Providers should be sure to use the most updated TMS Request Form to ensure all required information is gathered and presented to MHN. If you are unsure or need a copy of the most current TMS Request Form, contact MHN customer service at the access phone number on the member's insurance card or visit MHN's Provider Portal.



[MHN's medical policy and explanations of medical necessity criteria for the initiation and continuation of TMS services is available online here.](#) **Providers should refer to the criteria prior to submitting a request for precertification. Any unmet criteria or missing information (e.g., missing augmentation, subtherapeutic dosages of medications, no rationale given for not trying ECT, missing PHQ-9 data, etc.) may result in an adverse determination.** Thank you for your attention to this matter.

2022 MEMBER SATISFACTION SURVEY RESULTS

Each year MHN surveys members who received behavioral health services during the previous year for the Commercial, Medicare, Medi-Cal, Cal Medi-Connect and MHN's non-EAP stand-alone lines of business.



The Experience of Care and Health Outcomes (ECHO) survey is part of the of the CAHPS® family of products focusing on mental health and chemical dependency services and is a proven approach for data collection.

The survey's objective is to assess the quality of behavioral health services by focusing on the patient's experiences of care related to five composite measures:

1. Getting Treatment Quickly
2. How Well Clinicians Communicate
3. Perceived Improvement
4. Getting Treatment and Information from Health Plan
5. Informed About Treatment Options

The annual member satisfaction survey began in July 2022 and ended in September 2022, with a total survey response period of 12 weeks. The sample included MHN members who used MHN services between April 1, 2021 and March 31, 2022. Response rates for all affiliated lines of business ranged from a low of 1.3% for the Health Net Life Commercial Non-Marketplace EPO line of business up to a high of 23.3% for Health Net Oregon Medicare members.

Among the highest rated items for most lines of business were items that comprised the "How Well Clinicians Communicate" composite measure, including: rescheduling of appointments was done to the member's satisfaction, provider responsiveness when answering the phone or returning voicemails, and

they felt their provider spent enough time with them. **Thank you for everything you do to provide our members with the best possible treatment experience!**

Among the lowest rated items for most lines of business comprised the composite measure “Informed about Treatment Options”, including: members were informed about different kinds of available counseling and treatment, members were informed about self-help or support groups, and members were given information about their rights as a patient.

As a reminder, you can always find information about Timely Access to Care requirements for behavioral health appointments [in Section 5.1.B, "Practitioner Availability" in our Practitioner Manual.](#)

WHICH LICENSE TYPES CAN SEE MEDICARE MEMBERS?

Please be advised that Medicare plans only cover behavioral health services provided by the following health care providers:

- Psychiatrists
- Clinical Psychologists
- Licensed Clinical Social Workers
- Psychiatric/Mental Health Clinical Nurse Specialists/Nurse Practitioners, and
- Physician Assistants



Currently, Licensed Marriage and Family Therapists (LMFT), Licensed Professional Counselors (LPC or LPCC) and Licensed Mental Health Counselors (LMHC) are not eligible for reimbursement as Medicare providers. Thank you for your cooperation!

2022 PRACTITIONER SATISFACTION SURVEY RESULTS

Each year, the MHN Quality Improvement program administers a Practitioner Survey. In 2022, MHN sent an online survey to contracted practitioners that had claims for 2 or more unique members in the prior year. A total of 3,128 practitioner email addresses were included in the sample. There were 1,348 respondents, giving the survey a response rate of 43.1%, which is 2% lower than the 2021 response rate.



The five highest rated items (Table 1) and the five lowest rated items (Table 2) are shown below. The highest rated items were related to accessing interpreter services, provider newsletter content and distribution of clinical guidelines and protocols. The lowest rated items were associated with the provider directory update platform, the provider directory vendor, LexisNexis, and ease and timeliness of claims resolution. There was one statistically significant finding; it was a decrease from the prior year on the survey item “ease of resolution of claims problems”.

Table 1: HIGHEST Rated Performance Indicators

Performance Indicator	% Positive Response	
	2021	2022
Availability of interpreter services for patients during treatment/evaluation with you	96.7%	96.7%
Availability of interpreter services for members inquiring about services with you	96.3%	96.6%
Distribution of clinical guidelines and/or protocols endorsed by MHN	96.5%	95.8%
Registration Process necessary for patients to obtain services	95.6%	95.0%
Information in the MHN Practitioner Newsletters	95.0%	95.0%

Table 2: LOWEST Rated Performance Indicators

Performance Indicator	% Positive Response	
	2021	2022
*Functionality of the Verify HCP Portal	--	78.2%
Timeliness of information received from PCPs about your patient	76.3%	78.0%
Ease of resolution of claims problems	83.5%	77.9%↓
Amount of time to resolve claims problems	78.4%	76.8%
*Ease of working with LexisNexis	--	66.1%

The results from the practitioner survey are reviewed each year by the Quality Improvement Department and other appropriate MHN departments. When warranted, workgroups are created, and corrective action plans or quality improvement initiatives are implemented to improve practitioner satisfaction. As always, MHN appreciates your time and participation in this important survey-thank you!

*New survey item in 2022

TIPS FOR VERIFYING YOUR INFO ON VERIFYHCP®

We would like to remind our contracted clinicians about VerifyHCP®, a quick and easy clinician directory verification* program developed by LexisNexis® Risk Solutions. To make attestation more efficient for you and your staff, VerifyHCP enables practices to validate or update pre-populated directory information in one place across all participating health plans.

Updated practice information allows us to provide patients with current directory information so they can select in-network providers, choose health plans, and ultimately access care. Our goal is to make this process as easy as possible for clinicians and their practices and to receive 100% response to outreach requests. Clinicians who do not respond to verification requests may face delayed claim reimbursements and removal from directories.

Tips for verifying your information:

1. Log into the Portal at the start of each quarter and confirm number of providers/practice locations to be verified.
 - a. Note: the annual outreach calendar is provided in the MHN notification letter so you can plan for each quarter.
2. If you have a large group, identify a 'verification window' to complete the effort – designate an hour on a daily basis or a block of time on a weekly basis to complete the task
3. Remember, once your provider list is verified for the first time, you need only to update the system with changes going forward.
 - a. If there are no changes, simply navigate through the screens and click 'Verify' once per quarter.

4. Share the load. Partner with a team mate to divide and complete the effort.
 - a. We recommend identifying a centralized email address during registration.
 - b. Also choose a log on and password that both team members can access to perform verification instead of a single party.
 - i. Group rosters are assigned based on email address. Using an individual's email address limits access to the portal.
5. When in doubt, reach out to your White Glove Specialist.
 - a. Your agent can provide portal access, a demonstration of the site, and help you walk through the verification process.
 - i. If you do not have an assigned agent, contact LexisNexis at:
 1. 1.888.245.4619
 2. VerifyHCP@lexisnexisrisk.com
 3. Or Contact [Online Support](#)

***For California Providers, this satisfies your obligation under SB137 to provide demographic information at least twice per year!**

988: SUICIDE & CRISIS LIFELINE[^]

988 has been designated as the new three-digit dialing code that routes callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline) and is now active across the United States. When people **call, text, or chat 988**, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.

The Lifeline's network of over 200 crisis centers has been in operation since 2005 and has been proven effective. It's the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed, and more hopeful after speaking with a Lifeline counselor.



To learn about the impact of the Lifeline, visit our new [By the Numbers](#) page.

To learn about what happens when you call, text, or chat with the Lifeline, click [here](#).

[^] Taken from the 988lifeline.org website

The next Practitioner Update is scheduled for May 2023