



May 2023

PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review the May 2023 MHN Practitioner Update! This issue includes information on the 2023 May is Mental Health Month campaign, important reminders about billing Medi-Cal members and updating your practice specialties.

There is also information about follow-up care after Emergency Room visits, the prior authorization process, discussing medication side effects and improving care coordination for our members.

Regards,
The MHN Quality Improvement Department



Just a reminder that your MHN contract requires you to participate in surveys regarding appointment availability:

"Providers shall participate in and assist MHN with any review conducted by a regulatory agency or any accreditation survey or study."

**Your cooperation is always appreciated.
Thank you in advance!**

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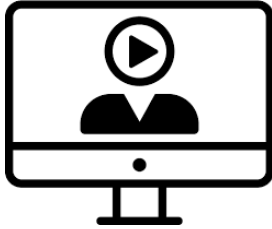
Update CAQH with Special Experience, Skills & Training

Discussing Medication Side Effects as a BHP

May is Mental Health Month-2023!

COMING SOON!

MHN'S LANGUAGE ASSISTANCE PROGRAM AND INTERPRETER SERVICES PROVIDER WEBINAR*



This summer, MHN will be hosting an informational provider webinar that will provide details on our Language Assistance Program and the different services MHN has available. After the webinar, you will be able to successfully access our language assistance services, including but not limited to, how to request telephonic interpreter services during an appointment.

When: August 10, 2023 @ 12:00pm - 1:00pm PT

Zoom Link: <https://centene.zoom.us/j/92527963145?pwd=V3VWRGtpYTZ2ay9zcmJuenlvRkJPQT09>

Password if requested: 337175

Join by Telephone: 1(669) 444-9171 or +1(646) 931-3860

Meeting ID: 925 2796 3145

There is no need to register, just mark your calendar and join us. Hope to see you there! **The webinar date, time, and registration link will also be provided in our annual Language Assistance Program Reminder, which will be distributed in July 2023.**

**This webinar is informational only; continuing education will not be offered.*

MEDI-CAL BILLING & MISSED APPOINTMENTS REMINDER

Appointments may be missed due to member cancellations or no-shows. As an MHN Medi-Cal participating provider (practitioner), it is your responsibility to provide the best care for our valued members. It is our members' responsibility to keep their scheduled appointments. **If you are experiencing a pattern of missed appointments with an MHN member, we remind you that a Medi-Cal beneficiary may not be billed for missed or last-minute canceled appointments, regardless of your practice policy.**

For members that have exhibited a pattern of missing scheduled appointments or canceling last minute, we advise you to direct the member to MHN Customer Service for assistance locating a new provider who might have more convenient appointment times and a better match. A pattern can be identified as soon as 2 scheduled appointments are missed or canceled at the last minute. **If you direct the member to MHN for help finding a new provider, please do not cease treatment until a new provider is confirmed. This will ensure the member has access to care in the event there is an urgent need before their first appointment with a new provider.**



MHN'S PRIOR AUTHORIZATION PROCESS: GOALS & BENEFITS

How is the authorization process beneficial, and not a treatment delay?

MHN is committed to providing timely high-quality care, delivered by the right provider in the least restrictive treatment setting. MHN achieves this goal through prior authorization requirements for certain treatment services. Prior authorization provides benefits to the member by ensuring that treatments are used appropriately and provides a safeguard against treatments that may be subject to misuse or abuse. Members may also realize reduced costs by first considering alternative treatments that are as safe and effective as those proposed. Additional value is created by considering the member in their environment and bringing those issues together to create a comprehensive treatment plan, as well as coordination of the delivery of those services. This process allows the care manager to answer the question, “where and how can this member be treated safely and most effectively in an environment that will promote optimal functioning”

What to expect:

Prior authorization is a prospective review process conducted when a member or provider requests procedures and services requiring review. The purpose of the review is to determine benefit applicability, medical necessity, appropriateness of the proposed treatment, level of care, length of stay, and place of service. Policies and procedures are designed to minimize delays to access to care and are fully compliant with California regulatory timeliness standards. Prior authorization may also be used to identify members for case management program screening/evaluation. The review process allows us to conduct discharge planning, continuity of care, and care management activities.



MHN will notify contracting providers, as well as members and potential enrollees, of all services that require prior authorization including the procedures and timeframes necessary to obtain authorization for these services. MHN utilization management staff, including Care Managers, Customer Service Representatives, and Medical Directors, are responsible for ensuring rapid access to services. All necessary information is gathered and reviewed to determine medical necessity and the appropriateness of the requested service/level of care. All decisions are guided by objective, evidence-based criteria that are consistent with generally accepted standards of mental health and substance use disorder care. A licensed care manager issues and communicates all authorization decisions to the member and provider. All decisions to deny or partially approve a request are made by an MHN Medical Director (M.D. or D.O.) or licensed psychologist.

Participating providers are responsible for obtaining prior authorization for all behavioral health services and procedures that require it. Together, care managers and providers define treatment goals to ensure timely authorization and access to services or referrals to more appropriate alternatives if indicated.

Timeframes for Utilization Management Decision Making and Notification:

Type of Request	Decision	Oral Notification of Approval and Denial to Practitioner and Member	Written/Electronic Notification of Denial to Practitioner and Member
Urgent Pre-Service	Within 24 hours of receipt of the request.	Within 24 hours of receipt of the request.	Within 72 hours of receipt of the request.
Non-Urgent Pre-Service	Within 5 business days of receipt of the request.	Within 24 hours of making the decision.	Within 2 business days of making the decision.

Urgent Concurrent	Within 24 hours of receipt of the request.	Within 24 hours of receipt of the request.	Within 24 hours of receipt of the request.
Post-Service	Within 30 calendar days of receipt of the request.	n/a	Within 30 calendar days of receipt of the request.

What requires approval:

The prior authorization list of services is reviewed annually to determine the appropriateness for inclusion and potential deletions to the list. Our team of Medical Directors consists of medical and behavioral health clinical leadership. When deciding what benefits will be subject to prior authorization, the team evaluates the current list of services using established factors. Based on the application of these factors (e.g., safety, clinical efficacy, length of treatment) authorization may be required for some behavioral health /substance use disorder benefits. These factors are backed by recognized medical literature and professional standards. MHN will apply prior authorization for only those services/procedures which meet one or more of the factors identified by the team and for which the quality of care can be favorably influenced by medical necessity or appropriateness review.



Services currently requiring prior authorization (2023):

Inpatient:

- Inpatient Behavioral Health
- Inpatient Detox
- ECT
- Residential Treatment
- Inpatient Rehabilitation
- ECT Professional (No authorization required, but requires facility authorization)
- Psychological Testing
- Neuropsychological Testing

Outpatient/Other:

- Psychological Testing
- Neuropsychological Testing
- Outpatient Detox
- Outpatient ECT
- Transcranial Magnetic Stimulation (TMS)
- Applied Behavioral Analysis (ABA)
- Treatment Plan/Reports (tied to ABA)
- Partial Hospital Program or Day Hospital (PHP)
- Half-Day Partial
- Intensive Outpatient Program (IOP)

**FOCUS ON BEHAVIORAL HEALTH METRICS:
FOLLOW UP AFTER EMERGENCY ROOM VISITS**



The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools. 191 million people are enrolled in plans that report HEDIS results. MHN is currently focusing on improving several behavioral health metrics that impact our members with behavioral health conditions in need of timely follow-up care. Please take a few minutes to familiarize yourself with the measures below.

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM):

The FUM metric measures the percentage of **emergency department (ED) visits for members 6 years of age and older** with a **principal diagnosis of mental illness or intentional self-harm, who had a *follow-up visit with any practitioner for mental illness.***

Two rates are reported:

1. The percentage of **ED visits** for which the member received **follow-up within 7 days** of the ED visit (8 total days).
2. The percentage of **ED visits** for which the member received **follow-up within 30 days** of the ED visit (31 total days).

Research indicates that timely follow-up care for people with mental illness is linked to fewer ED visits, improved physical and mental function and increased adherence to follow-up instructions.¹ If any of your patients have recently gone to the Emergency Department for a mental health issue, may go in the future or become at-risk for doing so, please make sure they're aware that visiting either their behavioral health provider or Primary Care Physician within 7 days of the ED visit can help improve their treatment outcomes.

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR SUBSTANCE USE (FUA):

The FUA metric measures the percentage of **emergency department (ED) visits for members 13 years of age and older** with a **principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, who had a *follow-up visit or pharmacotherapy dispensing event.***

Two rates are reported:

1. The percentage of **ED visits** for which the member received **follow-up within 7 days** of the ED visit (8 total days).
2. The percentage of **ED visits** for which the member received **follow-up within 30 days** of the ED visit (31 total days).

Engaging members in timely follow-up care for substance use issues after their recent emergency room visit is shown to have a positive impact on a member's health and well-being!ⁱⁱ If any of your patients have recently visited an Emergency Department for a substance use issue, may go in the future or become at-risk for doing so, please make sure to schedule an in-person or telehealth visit within 7 days after their discharge and consider Medication-Assisted Treatment (MAT) as appropriate.

Coordination of care remains a critical part of responsible practice.

Communication with other medical and health care professionals is particularly important if your patient:



- **Is taking prescribed psychotropic medications.**
- **Has reported a concurrent medical condition.**
- **Has a substance abuse disorder.**
- **Has a major mental illness (other than an adjustment disorder).**
- **Was referred to you by the Primary Care Physician (PCP) or other medical practitioner, or if the PCP will be following the patient for psychotropic medications.**

MHN has developed [this sample Behavioral Health Coordination Form](#). Be sure to document your coordination activities, as well as your patient's consent for this communication, in your treatment record!

UPDATE CAQH WITH SPECIAL EXPERIENCE, SKILLS & TRAINING!



You may update your Special Experience, Skills and Training on CAQH under the Profile Data tab > Specialties tab > Special Experience, Skills, and Training. Once you have checked off each section, continue to the bottom and check off SAVE & CONTINUE.

This information is used by MHN to update our website with your specialties so that members can find providers that match their selections. Thank you for keeping this information current!

DISCUSSING MEDICATION SIDE EFFECTS AS A BEHAVIORAL HEALTH PROVIDER

Suspected side effects are one of the most frequent barriers to medication adherence. **Therapists are likely meeting with the patient more frequently than the prescriber, and in some cases, may have better rapport with that patient. Sometimes the patient is more likely to open up to their therapist about problems with their medication, rather than their prescriber, particularly if they are afraid of disappointing the prescriber.** This puts therapists in an important position to be able to intervene in a constructive way.

Symptoms that occur after the start of a medication may or may not relate to the medication. Several possibilities should be considered before attribution of symptoms is determined (Goldberg and Ernst, 2012).

The natural course of illness may be responsible for symptoms; often symptoms of mental disorders may overlap with potential side effects of medications. Discontinuation symptoms may present upon stopping the previous drug and may complicate the picture. Discontinuation symptoms may also occur when a patient's compliance is spotty. Interactions between multiple drugs can also be responsible for an effect, versus an independent effect of a single medication. Medical comorbidities, substance use and compliance issues may also be implicated.

Timing of the onset of symptoms in relation to when the medication trial started is also important to evaluate. It requires careful assessment on the part of the prescribing clinician to determine whether an adverse effect is occurring, and what, if any, changes to make. Many side effects may be adequately managed by simple changes to the regimen. A dose decrease may result in reduced negative effects but still maintain efficacy of treatment. Changing the schedule of administration can have significant impacts on side effects. For instance, moving the dose from morning to evening or vice versa, or moving the dose in relation to meals could both be helpful. Changing the schedule in relation to when another medication is given might also prove helpful.



Other medication side effects may require more complicated changes. These may include stopping the medication, changing to another medication, or adding a medication that may counteract the negative effects while allowing the patient to make use of the positive benefits. Much discussion may need to occur in cases in which many previous medication trials have been unsuccessful or resulted in other more bothersome side effects. In those cases, the benefits of the drug may outweigh the level of discomfort from the side effects.

DO:

- Ask your patient about compliance with each medication at each appointment. Poor compliance can often cause, or be caused by, side effects.
- Encourage your patient to talk to his/her prescriber if they have questions or concerns about their medications.
- Remind your patient that most medications take several weeks of regular administration before they start exerting positive effects, and that dose changes MAY be required, so it is important to continue taking the medication even if he/she is not seeing results and communicate with his/her prescriber before making changes.
- Contact your patient's prescriber directly at any time if you have specific concerns or questions about the patient's medication regimen, or you have a specific suggestion regarding the medication regimen.

DON'T:

- Suggest to your patient that you believe they are on the wrong medication or make specific suggestions regarding medication changes directly to the patient. Not only is this a scope of practice issue for non-prescribing behavioral health providers, but it can cast doubt on the prescriber's ability in the client's mind and possibly impede their therapeutic relationship.
- Suggest to your patient that other patients have had bad experiences with a particular medication.
- Instruct your patient to change the dosing of the medication.

In summary, patients benefit from good collaboration between prescribers and therapists, and the therapist can have a positive impact on a patient's chance of success on medication. (Goldberg, J.F., & Ernst, C.L., 2012, *Managing the side effects of psychotropic medications*. Arlington, VA: American Psychiatric Publishing)

* <https://lindnercenterofhope.org/blog/talking-to-your-patients-about-medication-side-effects-practical-advice-from-a-prescriber/>

MAY IS MENTAL HEALTH MONTH!

**MAY IS
MENTAL
HEALTH
MONTH**

TAKE SOME TIME TO
LOOK AROUND, LOOK WITHIN

MHANATIONAL.ORG/MAY



Since 1949, Mental Health America (MHA) and its affiliates have observed **May as Mental Health Month** by reaching out to millions of people to spread the word that mental health is something everyone should care about. It's a time to share information, stories, and resources, and they invite you to join in! **MHA's 2023 Mental Health Month campaign is focused on how surroundings impact mental health, and they are calling for individuals to *look around, look within*.**

Topics specifically addressed include:

- Safe and Stable Housing
- Healthy Home Environments
- Neighborhoods and Towns
- The Outdoors and Nature

MHA will help people understand how these topics impact mental health, provide tips for actions people can take to change their surroundings in favor of their well-being, and suggestions for how to cope if change isn't realistic.

The 2023 TOOLKIT IS NOW AVAILABLE!

MHA's May is Mental Health Month Outreach Toolkit has been created to help individuals and organizations work smart as they plan for raising mental health awareness during the month of May. They've already done the leg work and listed out potential activities, written newsletter articles, created social media images and post language, come up with email signatures and zoom backgrounds, and made fact sheets, worksheets, posters, and a tip calendar (and more) for you to share.

[Download the 2023 May is Mental Health Month Toolkit here!](#)

The next Practitioner Update is scheduled for September 2023

ⁱ <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

ⁱⁱ <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-121.pdf>