

PRACTITIONER *Update*

Quality.Improvement@MHN.com

CALIFORNIA EDITION

MHN
A Health Net Company™

May 2018

Please note – Future response will be required!

A sample of MHN participating providers will be receiving an appointment availability survey in the second half of this year. If selected in the sample, the short, 2-minute survey will either be emailed or faxed to you. As an MHN participating provider, your response to the survey is **required**. When you receive the survey, it is crucial that you respond within 5 business days.

Dear MHN Practitioner,

The MHN Quality Improvement (QI) Department is pleased to present to you the next issue of the MHN Practitioner Update Newsletter.

We hope the enclosed information about our Provider Portal, such as using the site to verify a member's behavioral health coverage and benefits, is useful to you. And don't forget, National Minority Mental Health Awareness Month is coming up in July, read the enclosed article for details on how you can participate!

Thank you for taking the time to read this newsletter. **If you have any suggestions on how we can make this newsletter or our Provider Portal more useful to you, please let us know [here](#).**

Regards,
The MHN QI Department



**Providers can log in to the MHN Provider Portal at any time to
*VERIFY MEMBER BEHAVIORAL HEALTH COVERAGE & BENEFITS!***

First, go to the MHN Provider Portal at providers.mhn.com and log in to your account. Hover over 'Eligibility' at the top of the page, then select 'Member Eligibility Inquiry' where you can search by **Subscriber ID** *or* **Member First Name, Member Last Name & DOB**.

Information available using this online search includes:

- Eligibility Effective Date***
- Deductible***
- Copay***
- Prior Authorization Requirements (if any)***

IN THIS ISSUE:

PROGRAM FOR
FOLLOW UP CARE
AFTER PSYCHIATRIC
HOSPITALIZATIONS

Save The Date:
CONTINUING
EDUCATION
OPPORTUNITY

Planning Ahead:
JULY IS NATIONAL
MINORITY MENTAL
HEALTH MONTH

Article:
EVIDENCE BASED TX
FOR DRUG ADDICTION

IMPROVING CARE
COORDINATION

HELP US –
STAMP OUT STIGMA!

NEXT ISSUE:
SEPTEMBER 2018

**TO REACH MHN
CUSTOMER
SERVICE:**

CALL THE 800# ON
THE BACK OF THE
MEMBER'S ID CARD

**PROFESSIONAL
RELATIONS:**

[PROFESSIONAL.
RELATIONS@
MHN.COM](mailto:PROFESSIONAL.RELATIONS@MHN.COM)



You can also update whether or not you are currently *Accepting New Patients* from our Provider Portal!

Please go to MHN’s Provider Portal at www.providers.mhn.com and log into your account. Once logged in, at the top of the page hover over “My Profile” then “Update Practice Information” and click on “Practice Address and Contact”.

For the location you want to update, you will need to:

Click on ‘Edit’, then at the bottom of the page in the “Add a New No-Referral Period?” section, click ‘Yes’. Enter the date range and select a reason why you no longer wish to receive new patient referrals during that time. You can then choose to apply this new no-referral period to your other practice locations by selecting ‘Yes’ next to those locations. Click ‘Submit’ then ‘Confirm’ to verify your updates. This information will be reflected in our roster within 7 to 10 business days.

Thank you for keeping your information up to date!

**IN-HOME FOLLOW UP CARE AFTER PSYCHIATRIC HOSPITALIZATIONS
(Parts of Los Angeles, Orange, Riverside & San Bernardino Counties only)**

MHN is collaborating with OneCare Provider Network’s CARE-Bridge Program to provide patients suffering with mental illness with supportive care after an acute psychiatric hospitalization.

For many patients, home is the best possible place for coping with behavioral and mental health issues after an acute episode. The combination of family, friends, and familiar surroundings often provide the most comfortable environment for working toward mental well-being and independent functioning. Treatment team members include Psychiatrists, Nurse Practitioners, RNs and other behavioral health professionals. The goal of this program is to provide care to a fragile patient population at home following an acute admission for mental health services, patients who are unable to attend outpatient services and patients with mobility and/or transportation challenges. The Care Bridge model strives to move patients from home care services to outpatient ongoing services.



If you would like more information about CARE-Bridge or want to know if your patient qualifies, **please call MHN Customer Service at 888-327-0010 and ask to speak with a Care Manager.**

**CONTINUING EDUCATION OPPORTUNITY!
SAVE THE DATE: Wednesday, June 20th**

As part of Health Net of California, Inc., Health Net of Arizona, Inc., Health Net Health Plan of Oregon, Inc., Health Net Community Solutions, Inc., and Health Net Life Insurance Company, Inc.'s (Health Net's) commitment to supporting our physicians and their staff in delivering quality care to our members, we are joining them to present the **"Reducing Mental Health Stigma in Primary Care Settings" Webinar on Wednesday, June 20, 2018, from 12:00 to 1:00 p.m., Pacific Time.**



This educational webinar is designed to meet the needs of clinicians who work with Health Net and MHN members who may be dealing with chronic mental illness or other behavioral health conditions. It will provide tools and information to help primary care physicians and other health workers become more adept at addressing behavioral health issues by improving self-awareness about how treatment team members can impact stigma, expanding knowledge of available behavioral health treatment services and learning how they can best help their patients access those services.

Upon completion of this webinar, attendees should be able to:

- ⊕ Recognize the signs of stigma in clinical settings that can negatively impact the doctor-patient relationship and prevent the proper identification and screening of behavioral health conditions
- ⊕ Describe interventions primary care providers can apply to mitigate mental health stigma in medical settings
- ⊕ List requirements for effectively coordinating treatment (e.g., sharing information, patient authorizations, etc.) between behavioral health and medical providers

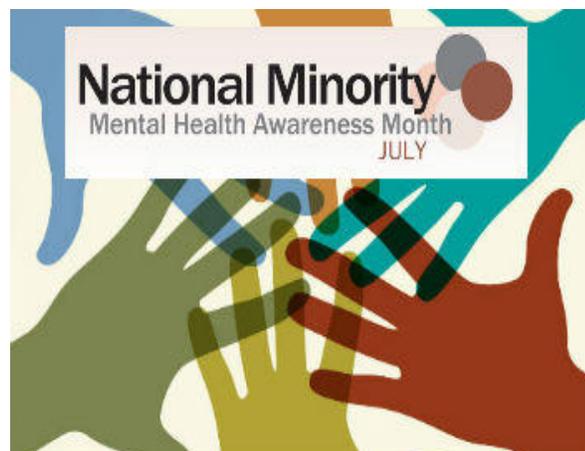
Registration (all attendees must register): To be added to our webinar email list or for more information about our other CME/CE activities please email: cqi_medicare@healthnet.com.

PLANNING AHEAD:

**JULY IS NATIONAL MINORITY
MENTAL HEALTH AWARENESS MONTH!**

Established in 2008, **National Minority Mental Health Awareness Month** emphasizes that behavioral health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness and substance abuse, regardless of their background. However, background and identity can make accessing treatment much more difficult.

Each year millions of Americans face the reality of living with a behavioral health condition. Taking on the challenges of mental health conditions, health coverage and the stigma of mental illness requires all of us working together. In many communities,



these problems are magnified by less access to care, cultural stigma and lower quality care.

For more information and to learn how you or your practice can participate in **National Minority Mental Health Awareness Month** activities near you, please visit the [National Alliance on Mental Illness](http://www.namimh.org) site. America's entire mental health system needs improvement, including when it comes to serving marginalized communities.

EVIDENCE BASED TREATMENTS FOR DRUG ADDICTION¹

There are many treatment options available to your members that are struggling with addiction. Each approach is intended to concentrate on a specific facet of addiction, its ramifications for the person, and their family or society as a whole. Some approaches are used to supplement behavioral health treatment while others are utilized independently.



Pharmacotherapy Treatment:

OPIATES: Methadone, Buprenorphine and Naltrexone

TOBACCO: Nicotine Replacement Therapy (NRT), Bupropion (Zyban®) and Varenicline (Chantix®)

ALCOHOL: Naltrexone, Acamprosate, Disulfiram and Topiramate

Behavioral Treatment helps engage people in treatment, provide incentives for abstinence, modify attitudes and behaviors related to drug use and improve coping skills to better deal with stress and environmental cues that can trigger cravings for drugs.

Below are just a few behavioral therapies proven to be effective in addressing specific substance abuse issues:

- # **Cognitive-Behavioral Therapy** - Alcohol, Marijuana, Cocaine, Methamphetamines, Nicotine
- # **Contingency Management Interventions/Motivational Incentives** - Alcohol, Stimulants, Opioids, Marijuana, Nicotine
- # **Community Reinforcement Approach Plus Vouchers** - Alcohol, Cocaine, Opioids
- # **Motivational Enhancement Therapy** - Alcohol, Marijuana, Nicotine
- # **The Matrix Model** - Stimulants
- # **12-Step Facilitation Therapy** - Alcohol, Stimulants, Opioids

For additional information on the treatment modalities mentioned above and more, please visit the [National Institute on Drug Abuse web site](http://www.drugabuse.gov).

¹ <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment>

IMPROVING COORDINATION OF CARE

Patients engage in behavioral health treatment for many reasons. Coordination of care includes, for the best care possible, the sharing of information with other treatment team members and is a critical part of responsible practice. Sharing of information with other providers may not be necessary in all situations, but 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 or other medical practitioners, or if the PCP will be following the patient for psychotropic medications.

Be sure to encourage your members to sign the appropriate authorization forms so pertinent information can be released back to the member's PCP as needed. Even if authorization isn't needed at the present time, having a signed authorization form on file may prove helpful to the member in the future. To assist you with this, MHN has developed this [Behavioral Health Care Coordination Form*](#) which you can use to help foster open communication between all responsible providers.

**Federal regulations (42 CFR 2.3) restrict disclosure of confidential substance use diagnosis or treatment information without member consent.*

HELP US **STAMP OUT STIGMA!**



Along with the Association for Behavioral Health and Wellness, MHN and Health Net are working to reduce stigma surrounding mental illness and substance use disorders. This campaign challenges everyone to transform the conversation on mental health and addiction. While recovery from addiction and mental illness is possible, misconceptions and misinformation prevent many people from seeking help or talking openly about their experiences. So, we are helping to reduce the stigma of mental illness and addiction by participating in the **Stamp Out Stigma** campaign.

The campaign seeks to reduce the stigma of mental illness and addiction through the **three "R's"**:

- ✦ **Recognize** when you or your loved ones need help. Recognize the signs. Recognize when someone isn't getting the help they need. Recognize when stigma is creating a barrier to care. Recognize the high prevalence of mental illness.
- ✦ **Reeducate** others to help them learn there is help and hope. Reeducate yourself and others on mental and emotional health. Reeducate yourself and others on how to find the path to recovery and that it is possible for all. Reeducate yourself on resources: What are your current benefits? Who can you talk to? What can you do?



- ✦ **Reduce** stigma. Reduce hesitation to seeking care. Reduce misunderstandings. Reduce bullying and insensitivity

How you can participate:

As treatment providers, you play a crucial role in reducing the stigma of mental illness and addiction, encouraging others to seek help and facilitating open communication with your patients. As a first step, we encourage you to take the pledge to **Stamp Out Stigma** and clear the path to health and wellness. Next, consider launching your own **Stamp Out Stigma** campaign! This [Stamp Out Stigma](#) website includes a variety of resources to help you support your patients.

Together, we can make a difference by Stamping Out Stigma!

DID YOU HEAR?

The National Committee for Quality Assurance (NCQA) made a few changes to some Behavioral Health Healthcare Effectiveness Data and Information Set (HEDIS®) measures for 2018:



FUH (Follow up After Hospitalization) metric:

- ◆ **Inclusion** of tele-health services
- ◆ **Exclusion** of same day, on-site 'bridge' appointments

IET-AOD (Initiation & Engagement in Alcohol or Other Drug Treatment) metric:

- ◆ **Inclusion** of medication-assisted treatment (MAT)
- ◆ **Inclusion** of tele-health services
- ◆ **Engagement visit time frame** extended to **34 days**

To learn more about HEDIS® measures, visit the [NCQA website](#). For more information about Medication-Assisted Treatment, visit the [Substance Abuse & Mental Health Services Administration \(SAMHSA\) MAT site](#).

You can learn more about our current Behavioral Health Quality Improvement Initiatives at any time by visiting: [Providers.MHN.com](#) > *Working with MHN (top of the page)* > *Quality Management* > *Quality Improvement Initiatives*

The next Practitioner Update is scheduled for September 2018



Thank you for your time and attention!

The MHN Quality Improvement Department