MHN
A Health Net Company℠

February 2020

PRACTITIONER *Update*

Dear MHN Practitioner,

The MHN Quality Improvement Department is pleased to present the next issue of the MHN Practitioner Newsletter.

Included in this edition is information about our new Provider Directory Accuracy quality improvement project as well as results from our annual member and provider satisfaction surveys. Also included is a link to our new continuing education catalog.

Thank you for taking the time to read this newsletter.

Regards,
The MHN Quality Improvement Department

Click here to view our new
Behavioral Health Continuing Education Catalog!

2019 PRACTITIONER SATISFACTION SURVEY RESULTS

Each year, the MHN Quality Improvement program administers a Practitioner Survey. In 2019, MHN used Survey Monkey to send an online survey to contracted practitioners that have a valid email address on file. In 2019, 3,228 practitioner email addresses were included in the sample. There were 1,666 respondents, giving the survey a response rate of 51.6%, which is 10% higher than the 2018 response rate. The five highest rated items were related to accessibility and availability and the authorization/referral process (Table 1). The lowest rated items were related to claims and coordination of care (Table 2).

Table 1: Highest Rated Performance Indicators

Performance Indicator	% Positive Response
Availability of interpreter services for members inquiring about behavioral health services with you	97.2%
Availability of interpreter services for patients during treatment/ evaluation with you	97.0%
Ease of obtaining immediate services for a patient with a life threatening, emergency situation	95.4%
Distribution of clinical guidelines and/or protocols endorsed by MHN	95.4%
Information in the MHN Practitioner Newsletters	94.8%

Table 2: Lowest Rated Performance Indicators

Performance Indicator	% Positive Response
Information provided to you on your patients leaving a hospital setting	83.4%
Helpfulness of MHN Customer Service staff in addressing claims issues	83.3%
Care coordination with Primary Care Providers (PCPs) on patients' behalf	80.6%
Timeliness of information received from PCPs about your patients	75.2%
Ease of resolution of claims problems	73.7%

The results from the practitioner survey are reviewed each year by the Quality Improvement Department and other appropriate MHN departments. When warranted, workgroups are formed and corrective action plans or quality improvement initiatives are implemented to improve practitioner satisfaction.

2019 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 some of MHN's stand-alone lines of business.

The annual member satisfaction survey began in July 2019 with a total survey response period of 13 weeks. The sample included Health Net and Arizona Complete Health members who used MHN services between April 1, 2018 and March 31, 2019. Response rates for all affiliated lines of business ranged from a low of 2.7% for the Health Net Life Commercial Non Marketplace EPO line of business up to a high of 29.2% for Health Net Oregon Medicare members.

Among the highest rated items for most lines of business were choice of provider, travel distance to appointments and the ease of rescheduling appointments with both psychiatrists as well as non-physician behavioral health providers.

Among the lowest rated items for most lines of business were whether their behavioral health provider discussed the importance of coordinating care with the member's primary care physicians and other behavioral health providers and the member's ability to get a timely appointment in both urgent and non-urgent situations.

Please consider the following to help us improve our member satisfaction:

- Emphasize to the member the importance of coordinating care with the member's PCP in addition to any other behavioral health providers
- Thoroughly discuss with the member any potential side effects for newly prescribed medications
- And, always keep in mind MHNs timely access to care requirements for behavioral health appointments!

NEW QUALITY IMPROVEMENT PROJECT (QIP) & QUALITY IMPROVEMENT INITIATIVE (QII)

QIP: PROVIDER DIRECTORY ACCURACY

MHN is currently focusing on ensuring that our Provider Directory is accurate and reliable so our members can easily receive the care they need, when they need it.

Please make sure you let MHN Provider Services know as soon as possible:

- When you retire
- When your practice location(s) move or close
- When you are no longer accepting new patients
- When your personal contact information changes (addresses, phone numbers, email addresses, etc.)

If you notice that your current information is incorrect or out of date, practitioners may log in and submit these kinds of changes using the "Profile" section of the MHN Provider Portal website. Or, practitioners may contact the Provider Services Department directly by phone at **800-647-7526 option #3** or email at MHN.ProviderServices@Healthnet.com to update their practice information.

QII: ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

This HEDIS® metric measures the percentage of members, 18 years of age and older, who are being treated with an antidepressant medication, have a diagnosis of major depression and who remain on an antidepressant medication regimen.

Two rates are reported:

1. **Effective Acute Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 12 weeks.
2. **Effective Continuation Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 6 months.

If you are working with a member that is prescribed an antidepressant medication or if you are a prescribing provider yourself, it's important to keep in mind that medication adherence is a crucial part of their treatment success. If they have concerns about side effects or any other risks associated with taking this type of medication, please be sure to address those concerns and keep that conversation going.

MHN CARE SHAPING CLINICAL PHILOSOPHY

MHN's clinical philosophy is based on the recognition that there are a number of different approaches to providing clinically effective and efficient treatment to individuals requiring treatment for mental illness and substance use disorders. We also recognize that providers who are treating our members are, in effect, an extension of MHN. It is important that we recognize our providers' value and work with them to facilitate optimal treatment for our members. We will clarify differences in clinical judgment while providing support and assistance to these providers as they deliver care for our members. With the initiation of managed healthcare, utilization review became a basis for authorization of treatment reimbursable under health plans. In this process, the clinical status of the member, along with the requested treatment, is reviewed, and the decision about whether or not to authorize payment is made based upon clinical guidelines and benefits available. MHN recognizes that, because behavioral health conditions (mental illness and substance use disorders) are complex, more than just traditional utilization review should be provided.

MHN's clinical philosophy goes beyond the decision of whether or not to authorize payment for services. Working in collaboration with providers, MHN utilizes a process of clinical review called "care shaping." This is a collaborative approach whereby MHN joins with our providers as partners in working to assure that effective and efficient care for our members is provided. This interaction is much more consultative than is usually seen in rule-based utilization management.

This Care Shaping Model makes decisions that take into account interventions that will benefit both the immediate needs of the member and the long-term outcome for the member. MHN expects providers to not only assess and diagnose, but also to develop a full treatment plan that utilizes the least restrictive, safe, and effective levels of care. The typical utilization review model tends to assume that there are right and wrong answers. This Care Shaping Model recognizes there is no absolute right answer. The goal is to achieve common ground with the provider and reach an agreement on a treatment plan for the member. MHN adds value in this process through the breadth of its clinical research review, the resources dedicated to awareness of successful treatment approaches, and the support of new treatment considerations.

During the Care Shaping process, MHN receives member-specific clinical information as well as a requested treatment plan. The clinical status of the individual is reviewed through the use of InterQual guidelines (nationally recognized set of level of care guidelines developed by McKesson) to determine if the level of care requested is appropriate to the signs and symptoms and overall condition of the individual. Next, MHN reviews the treatment plan to ensure that it is based on clinical evidence and has a reasonable probability of providing a positive outcome. Finally, within the review, MHN ensures the treatment is provided in the least restrictive environment. When all of those criteria are met, an authorization for care is issued and treatment moves forward. When those conditions are not met, MHN will engage in a dialogue with the provider in an attempt to reach agreement on a plan. We work to understand the perspective of the provider as well as help the provider to understand our viewpoint. The goal is to develop a mutually agreeable approach allowing for authorization to occur and treatment to move forward.

Through the use of this approach, MHN is usually able to reach an agreement with the provider and issue an authorization. MHN strives to achieve denial, appeal, and appeal overturn rates that are below the national average. Our levels of utilization are similar to those published in national and regional data. We believe that our success in achieving this occurs primarily because of our efforts to work collaboratively with our providers. The Care Shaping Model is generally well received by the provider community. MHN is repeatedly noted as one of the companies with whom providers like to work. We believe that has to do with our recognition of the expertise and value of our providers and our efforts to work with them in developing a mutually agreeable approach to treatment.

MHN has a strong belief in the use of evidence based treatment protocols. MHN's website publishes a number of clinical practice guidelines for specific diagnoses as well as a series of position papers on specific types of treatment. There are several documents published in the provider support area of the website. Examples include treatment guidelines for Major Depressive Disorder, Attention Deficit Disorder, and Autism Spectrum Disorder. Examples of position papers include those discussing the use of phototherapy for Seasonal Affective Disorder and buprenorphine therapy for opioid dependence. These documents give the provider community evidence based information that they can use to improve their own practices beyond MHN members. Documents are updated bi-annually at a minimum, and more frequently when major changes in treatment become known.

Through the use of evidence based approaches and population based management, MHN provides clinical feedback that benefits all its members. These tools help MHN to assist our members in receiving effective treatment that is expeditious and utilizes the least restrictive environment possible.

To ensure that our goals are met, MHN collects and uses data in several ways to maintain the integrity and quality of the process. This includes:

1. Ensuring we have repeatable results across all clinical operation teams through the use of regular inter-rater reliability testing. This utilizes a set of standard cases and ensures that all clinicians would reach the same result with each case.
2. Regular feedback to providers treating a significant number of MHN members. By providing this feedback we assist them in improving their approaches and results, aid them in evaluating their clinical approach, and allow them to engage in their own ongoing clinical quality improvement. This, in turn, impacts not only MHN members, but also other individuals they treat.
3. Regular surveying of members to determine not only satisfaction with MHN services and providers' treatment, but also to receive member feedback on how effective the treatment was in meeting their needs.

Oversight of our clinical philosophy is provided by our Clinical Leadership Committee, which is co-chaired by MHN's Operational and Clinical leaders. This Committee meets weekly to study clinical policies, procedures, practice guidelines, treatment position papers, and provider review methodology to ensure our clinical approaches are current. The Committee also works to make certain that there is a working relationship with the treatment community to effect meaningful treatment for our membership.

IMPROVE TREATMENT OF OPIOID USE DISORDER (OUD) DURING PREGNANCY

You can help our members improve health outcomes and prevent birth defects by providing patients with early treatment in pregnancy and being aware of recommended evidence-based strategies.

Know your best option may be methadone or buprenorphine

Methadone and buprenorphine can offer the best treatment option for pregnant women with OUD. Too often, attempting to "detox" pregnant women who are using heroin or pain medication

yields poor results. Studies have shown that most women return to drug use within a month after self-detox.[i] The following recommendations are adapted from the American Society of Addiction Medicine (ASAM) practice guideline:[ii]

- Treat pregnant women who have OUD with methadone or buprenorphine monoproduct instead of withdrawal or abstinence.
- Initiate treatment with methadone as early as possible during pregnancy.
- Hospitalization when initiating treatment with either medication may be advisable, especially in the third trimester.
- Buprenorphine monoproduct is a recommended alternative to methadone during pregnancy, but there is not enough evidence to back the safety of combination buprenorphine/naloxone formulation.
- Encourage breastfeeding for mothers receiving methadone and buprenorphine monoproduct for OUD.

Note ACOG and CDC recommendations

The following evidence-based strategies are recommended by the American College of Obstetricians and Gynecologists (ACOG) and the CDC:[iii]

- Consider an early screening (e.g., National Institute on Drug Abuse Quick Screen and CRAFFT for women younger than age 26) and counseling to minimize the risk for the mother and the fetus.
- If clinically indicated, consider non-opioid pharmacologic treatments or non-pharmacologic therapies (e.g., exercise, physical therapy and behavioral approaches) for pain management.
- If use of opioids are indicated, discuss the treatment goals, risks and benefits of opioid use, and how opioid therapy will be discontinued if benefits do not outweigh risks. Review the Controlled Substance Utilization Review and Evaluation System (CURES) to determine whether the patient has received opioids or other high-risk medications in the past. Mandatory consultation became effective Oct. 2, 2018, before prescribing a Schedule II, Schedule III or Schedule IV controlled substance for the first time and at least once every four months thereafter.
- Consider prescribing naloxone to patients at risk of overdose if clinically indicated.
- Consider care coordination and referral to pediatric care provider for neonatal abstinence syndrome.
- Ensure access to medication assisted therapy (MAT), postpartum care, including mental health, relapse-prevention programs and family planning services.

More resources for patients and providers

Tell patients about myStrength*

myStrength is an evidence-based, behavioral health self-help resource. It offers interactive, individually tailored applications that empower members to address depression, anxiety, stress, substance use, chronic pain, and sleep challenges, and has added a new nicotine recovery program and a new pregnancy and early parenting program.

Why myStrength?

myStrength is a personal and dynamic website. Its clinically proven resources are secured via web and mobile technology. Resources include:

1. Techniques to improve mood.
2. Weekly action plans.
3. Step-by-step eLearning modules.
4. Self-help workbooks.
5. Interactive tools.
6. Daily inspirations.

Health Net Members can access myStrength online at Health Net MyStrength Site.

*Available only to Health Net members

REMEMBER:

MHNs Treatment Record Documentation Standards are on our Provider Portal!

For more information about our treatment record documentation standards, please go to our Provider Portal here: Link to Provider Portal.
On the left hand side, click on 'Working with MHN'
Click on 'Clinical Operations Practices'
Click on 'Treatment Record Documentation Standards'

Remember, each treatment record must include:

- Copies of the appropriate releases of information consistent with State/Federal regulations
- All appropriate consent forms such as informed consent for medication/treatment demonstrating the patient's understanding of their treatment plan

The next Practitioner Update is scheduled for May 2020

[i] http://pcssnow.org/wp-content/uploads/2015/10/WAGBrochure-Opioid-Pregnancy_Final.pdf
[ii] https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf
[iii] www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy