MHN
A Health Net Company℠

September 2020

PRACTITIONER *Update*

Dear MHN Practitioner,

Thank you for taking the time to review this September 2020 MHN Practitioner Update.

This issue includes important information about Timely Access to Care and Language Assistance regulations. We've also included information about our new quality improvement initiative focusing on the Follow-Up Care for Children Prescribed ADHD Medication (ADD) HEDIS metric.

Also note that as of 1/1/2021, MHN will only be credentialing/recredentialing providers through the Council for Affordable Quality Healthcare, Inc. (CAQH).

Regards,
The MHN QI Department

REMINDER

The annual Appointment Availability Survey for providers in California is being administered now through the end of the year. If you receive a survey via email, fax or phone call, your response is REQUIRED. ***Both in-person and telehealth appointments count.*** **Please respond to the survey with your soonest available appointment, regardless of whether it is an in-person or a telehealth appointment.**

IN THIS ISSUE:

ANNUAL REGULATIONS NOTIFICATIONS: TIMELY ACCESS TO CARE

Health plans are required by regulators to provide timely access to care. This means that there are limits on how long your patients should have to wait to get behavioral health care appointments and telephone advice.

In-Office Appointment Wait Time:	Timeframe:
In-office wait time Consumer Assessment of Healthcare Providers and Systems (CAHPS) requirement	**Seen within 15 minutes of appointment time**

Appointment Type:	Timeframe:
Urgent Care (prior authorization not required)	**48 hours**
Non-Urgent (routine) Doctor Appointment with a psychiatrist	**15 business days**
Non-Urgent (routine) Mental Health Appointment (non-physician*)	**10 business days**

*Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers

If your patient is unable to obtain a timely referral, you may contact the patient's health plan by using the toll free number located on the back of the member's ID card.

ANNUAL REGULATIONS NOTIFICATIONS: LANGUAGE ASSISTANCE AND INTERPRETER SERVICES

The Health Care Language Assistance Act, effective since 2009, requires all California managed care health plans to provide language assistance and culturally sensitive services to members who are limited-English proficient (LEP).

To comply with this mandate, MHN created the Language Assistance Program (LAP) to ensure that LEP members are able to obtain language assistance while accessing mental health care services. MHN provides members with language assistance through face-to-face, telephonic interpretation

services, and written translation services as well as through our diverse network of practitioners. Interpretation services are arranged by MHN prior to referral to a practitioner to support MHN members' linguistic and cultural needs. MHN maintains ongoing administrative and financial responsibility for implementing and operating the language assistance program for members and does not delegate its obligations under language assistance regulations to its participating providers.

Should you discover that a member needs interpretation services after beginning treatment, please contact MHN immediately so that we can assist in obtaining the necessary resources. **To access these services for Managed Care members, please call the toll free number located on the back of the member's identification card. If this number is unavailable, or to access services for EAP members, please call the MHN Language Assistance Services Line at (888) 426-0023.**

Even though several elements of our LAP are required in California, **MHN offers the same, free telephonic and in-person interpreter and written translation services to members outside of California.**

LAP Overview

MHN's Language Assistance Program includes the following:

- Interpreter services for LEP MHN members are available 24 hours a day, seven days a week at all points of contact, by contacting MHN Language Assistance Services at (888) 426-0023. This assistance includes face-to-face, telephonic interpretation services and written translation services.
- MHN provides a notice of language assistance services with vital documents to all California members. MHN will provide translated documents in threshold languages (Spanish, Chinese, Korean, and Vietnamese) and provide interpretation and translation services in many more languages, upon request. This notice is also available to contracted providers for distribution to members upon request.

Provider LAP Compliance Requirements

All MHN providers are required to support the LAP by complying with the following:

- **Interpreter Services** – Use qualified interpreters for LEP members. Interpreter services are provided by MHN at no cost to the provider or the member. You may contact the MHN Language Assistance Services Line or MHN Customer Service to arrange interpretation services.
- **Member Complaint/Grievance Forms** – Members wishing to file a grievance or complaint should call the number listed on the back of their identification card, or access the MHN Appeals and Grievances web page to obtain complaint/grievance forms, also available in Spanish, Chinese, Korean and Vietnamese (links to printable format also provided).
- **Independent Medical Review Application (CA only)** – Locate the DMHC's Independent Medical Review (IMR) application and provide it to members upon request. This application is available here in English, Spanish, Chinese, Korean and Vietnamese on the DMHC website.

- **Documentation of language preference** - Document the member's language preference and the refusal or use of interpreter services in the member's medical record. MHN strongly discourages the use of adult family or friends as interpreters, except in emergency situations. If, after being informed of the availability of interpreter services, the member prefers to use an adult family or friend as an interpreter, the provider must document this in the member's medical record. The use of a minor as an interpreter is only permitted in emergency situations.
- **Engage telephonic referral if face-to-face interpreter is late** – If a scheduled face-to-face interpreter fails to attend appointment within an acceptable timeframe, providers are encouraged to offer the patient the choice of using a telephonic interpreter. Providers can call MHN Customer Service and a customer service agent will conference in the telephone interpreter to expedite services. To access these services for Managed Care members, please call the toll free number located on the back of the member's identification card. For EAP members, please call the MHN Language Assistance Services Line at (888) 426-0023.
- **Notify MHN of Language capability changes** - Practitioners are contractually obligated to notify MHN of any change to their practice, including changes in language abilities, 30 days prior to the effective date of such a change, by attesting to these changes via the Provider Portal at www.mhn.com. MHN does not track bilingual changes among office staff, however practitioners must notify us when there has been an addition/departure of a bilingual clinician from a group practice.

Cultural Competency Training

MHN recommends that all providers participate in a cultural competency training course as part of their continuing education. The United States Department of Health and Human Services' Office of Minority Health (OMH) offers a computer-based training (CBT) program on cultural competency for health care providers. This program was developed to furnish providers with competencies enabling them to better treat California's increasingly diverse population. For more information, refer to the OMH Think Cultural Health website here.

ADDITIONAL INFORMATION

If you have additional questions regarding translation or interpretation services available to our members, contact the MHN Service Team indicated on the back of the member identification card.

If you have any other questions about your network participation, please submit a Contact Us form through MHN's Provider Portal or email MHN Provider Services here.

BEHAVIORAL HEALTH AND CULTURAL COMPETENCY CONTINUING EDUCATION

In addition to the offerings in our new Behavioral Health Training Catalog, we have additional details about free continuing education in Cultural Competency. The "Think Cultural Health" website we mention above features information, continuing education opportunities, resources and more for health and health care professionals to learn about culturally and linguistically appropriate services, or CLAS. Launched in 2004, Think Cultural Health is sponsored by the Office of Minority Health (OMH).

Courses are available for:

- Doctors, physician assistants and nurse-practitioners
- Oral health professionals
- Nurses
- Disaster and emergency personnel
- Healthcare administrators and providers
- Licensed alcohol and drug counselors, nurses, psychiatrists, psychologists and social workers.

Specific trainings for behavioral health providers can be found on the "Improving Cultural Competency for Behavioral Health Providers" web page.

ONGOING QUALITY IMPROVEMENT PROJECT (QIP) AND NEW QUALITY IMPROVEMENT INITIATIVE (QII)

QIP: FOLLOW UP AFTER PSYCHIATRIC HOSPITALIZATION (FUH)

Two rates are reported for this measure:

1. The percentage of discharges for which the member received **follow-up within 7 days** after discharge.
2. The percentage of discharges for which the member received **follow-up within 30 days** after discharge.

When working with members that are at-risk for inpatient psychiatric hospitalizations or have recently been discharged from an inpatient psychiatric stay, **remember to discuss the importance of timely follow up care with their behavioral health providers within one week of their discharge from the hospital.** "Failure [to get] follow-up care after discharge greatly increases non-adherence to prescribed medications, relapse and rehospitalization."[i] **If a current patient has recently been discharged from an inpatient psychiatric stay, make sure to schedule a follow up appointment within 7 days after their discharge.**

QII: FOLLOW UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

Two rates for **children between 6 and 12 years of age** are reported for this measure:

1. **Initiation Phase:** Children who were diagnosed with ADHD **and** had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.
2. **Continuation and Maintenance Phase:** Children who had a prescription for ADHD medication **and** remained on the medication for at least 210 days **and** had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

When working with families who have children in this age range that have been diagnosed with ADHD, **remember to educate the parent or guardian that the child must be seen, in person or via telehealth, by a provider with prescribing authority within 30 days of starting the medication.** If you prescribe medications for ADHD, consider limiting that first prescription to a 30-day supply and make sure to schedule a follow up visit within that first month. And, **remind parents and guardians of the importance of follow-up appointments by scheduling at least two additional follow-up appointments, in person or via telehealth, with a medical or behavioral health provider in the 9 months following the initial 30 day prescription.**

SAVE THE DATE!
Strategies to Prevent, Treat and Manage Opioid Use Disorder and Overdose
Wednesday, October 21, 2020, Noon PST

Presenter: Mersedeh Hashemian, Pharm.D., APh, Clinical Pharmacist

Webinar objectives:

- Describe at least two different types of pain and treatment goals
- Explain at least three DSM-5 criteria to identify and treat opioid-dependent individuals
- List at least two ways to assess and monitor patients that are prescribed opioids

To register for this webinar, click here.

CLINICAL PRACTICE GUIDELINES AND POSITION PAPERS

MHN began the process of developing Clinical Practice Guidelines in 1997. MHN considers a number of resources in this process, including our own research on the effectiveness of elements of the

guidelines, reviewing the literature about treatment of disorders and reviewing guidelines from professional organizations. The guideline is drafted and then reviewed by the MHN Quality Improvement-Utilization Management Committee (QI-UMC). The QI-UMC then submits the guideline to the Health Net Medical Affairs Committee (MAC) with a recommendation that it approve the guideline. Health Net makes the final decision to approve and adopt the guideline.

We currently have the following Clinical Practice Guidelines:

- Attention-Deficit Hyperactivity Disorder in Children
- Substance Use Disorder Clinical Practice Guideline

We currently have the following Clinical Position Papers:

- Ketamine Use for Treatment Resistant Depression or PostTraumatic Stress Disorder
- Medication Assisted Treatment Guidelines for Substance Use Disorders
- Dialectical Behavior Therapy (DBT)

These documents are available online via the links above. It is important to remember that the guidelines are suggestions for treatment, and elements of the guidelines may not be applicable in all cases. You must use your clinical judgment in making final decisions about application of the guidelines.

In response to accrediting requirements, MHN evaluates compliance with our Practice Guidelines in the following ways:
For Substance Use Disorder we monitor:

- whether the patient was referred to a self-help/peer support group
- the HEDIS IET-AOD Initiation Measure
- the HEDIS IET-AOD Engagement Measure

Information gleaned from the evaluation of compliance with the Clinical Practice Guidelines will be used both to improve practitioner performance and also in MHN's process to update and improve our Clinical Practice Guidelines.

The next Practitioner Update is scheduled for February 2021

[i] Outpatient Follow-Up Visit after Hospital Discharge Lowers Risk of Rehospitalization in Patients with Schizophrenia: A Nationwide Population-Based Study