

# HIP Behavioral Health News

Fall 2006

Now that's **HIP**  
HEALTH PLAN OF NEW YORK

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- integration of HIP and Vytra behavioral health
- alcohol screening and brief intervention
- new disease management program for depression

## Predicting Future Inpatient Utilization

The use of inpatient psychiatric services signals that a mental health condition is significantly affecting a member's health and well-being. For this reason, it is very important that members discharged following a psychiatric hospitalization receive high-quality outpatient mental health aftercare. This can be challenging, as members can be reluctant to schedule an aftercare appointment. To ensure that members hospitalized for psychiatric conditions are connected with an outpatient mental health provider, preferably within five days of discharge, HIP Case Management staff monitor each discharge and work with both members and providers to overcome any potential barriers to timely outpatient care.

HIP Case Management staff now have a new tool to assist members hospitalized for psychiatric conditions: a predictive model for psychiatric re-hospitalization. This model involves an analysis of utilization data over a 12-month

THE BEHAVIORAL HEALTH PROVIDER NEWSLETTER FROM HIP HEALTH PLAN OF NEW YORK AND VYTRA HEALTH PLANS

period to predict the number of days a member is likely to be re-hospitalized for a psychiatric condition in the 12 months following their initial hospitalization. The results from this model enable HIP Case Management staff to immediately identify a member's risk of future psychiatric hospital utilization at the time of discharge, allowing for member stratification based on risk.

Consistent with the principles of disease management, the most intensive case management services can be delivered to members in greatest need as early as possible, and other interventions can be delivered to lower risk members as appropriate to their needs.

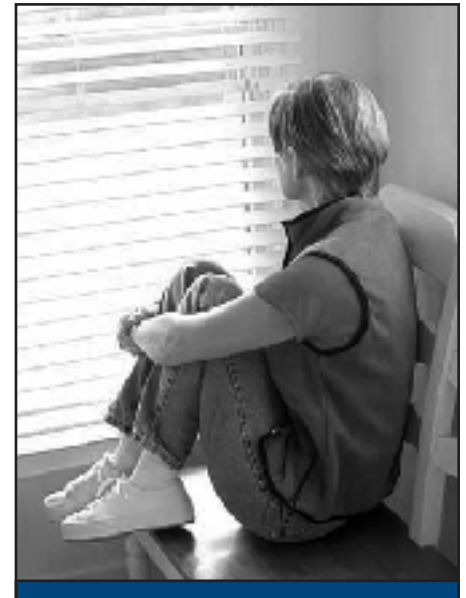
HIP Case Management can offer additional services to your patients who are identified at various levels of risk for future psychiatric hospitalization. The levels are divided into high, moderate and lower risk.

### High Risk

HIP Case Management offers Intensive Case Management (ICM) services to these members and assigns a case manager who will work with members and treatment providers to help keep the member in treatment while promoting continuity of care and adherence to treatment and medication regimens.

### Moderate Risk

HIP Case Management contacts the member and all providers on his or her care team to assess treatment needs. Case Management works closely with providers to help keep members connected with care.



### Lower Risk

HIP Case Management ensures that these members attend a mental health outpatient appointment following hospitalization and may also send the member informational materials on accessing appropriate outpatient care.

By pairing early identification with these additional services, HIP members receive high quality aftercare following psychiatric hospitalizations. As a provider, you should be aware that HIP Case Management may refer members to your practice and may also work with you to help keep your patients engaged in treatment. Through the collaboration of HIP members, network providers and Case Management staff, the aftercare of members can be optimized to improve the overall health of our members.

## Integration of HIP and Vytra Behavioral Health

In March 2006, the New York State Department of Insurance (DOI) approved the merger of Vytra Health Plans with HIP Health Plan of New York. Current Vytra members will continue to receive the same benefit package as under their existing Vytra plan until their renewal date, with no disruption in service. Upon renewal, employer groups will be offered expanded HIP health plan choices at competitive pricing. We expect that the vast majority of Vytra members will choose to become HIP members.

This merger enables HIP to fully utilize the talents of the Vytra behavioral health team in serving both HIP and Vytra members. Other

immediate benefits include the expansion of HIP's Intensive Case Management Program. This important initiative uses a newly developed predictive model to identify members at high risk for inpatient hospitalization. Once identified, high-risk members receive clinical outreach services, including face-to-face visits and coordination of care with their primary care physicians to produce positive outcomes.

Another immediate benefit of the merger is the expansion of our clinical outreach team, which focuses on developing partnerships with providers to deliver care to our members. Michael Byrne, L.M.S.W., who has been supervising Vytra staff, will now have additional responsibilities developing relationships with both HIP and Vytra mental health professionals. Michael's focus will be on enhancing communication with the treatment community and

identifying opportunities for improvement. He can be reached at 631-577-5356.

Finally, on May 1, 2006, Vytra began implementing the prior approval policy that HIP adopted on January 1, 2006. Under this policy, participating network providers are no longer required to obtain prior approvals for routine outpatient behavioral health services, including initial entry into treatment and any additional sessions that may be required. However, Vytra will continue to require prior authorization for members who belong to select self-funded employer groups (VHMS). Participating practitioners will continue to be responsible for determining that a patient is an active Vytra member and has outpatient behavioral health benefits. Please continue to use Vytra's toll-free Behavioral Health Service Line at 1-800-528-3918 to determine benefit information.

## HIP Behavioral Health in Top 25% of eValue8™ Ranking

eValue8™ is a request-for-information tool developed by the National Business Coalition on Health (NBCH) and the Watson Wyatt Group. It assists employers and individuals in evaluating health plans for their evidence-based

practices, patient-centered orientation and preventive programs. They can also review the safety, efficacy and overall quality of the programs and services the plans deliver. eValue8 ranks health plans on performance in customer support, use of technology, pharmacy services, medical disease management, and behavioral health services. On behavioral health performance, which focuses on the screening and treatment of depression and alcohol disorders, HIP ranked third among the 11

metropolitan area plans evaluated. Areas rated include communication to providers and members, timely access to services, screening for depression and alcohol disorders, and use of clinical practice guidelines. HIP excelled in the areas of member identification and screening and use of evidence-based clinical practice guidelines. For more information on eValue8, visit the NBCH Website at [www.nbch.org](http://www.nbch.org).

# Alcohol Screening and Brief Intervention

Alcohol-related illnesses and injuries, as well as the medical care and lost productivity associated with problem drinking, cost the United States economy billions of dollars each year. It is estimated that almost 14 million Americans need alcohol-related treatment, yet only slightly more than two million actually receive care.<sup>1</sup> To address the need for increased access to treatment for alcohol abuse, HIP has launched a new alcohol screening and intervention program.

In this program, HIP members discharged from medical hospitalization as well as members with diabetes who do not complete an annual eye exam are asked the single screening question for problem drinking<sup>2</sup> as part of a larger health risk assessment:

*“When was the last time you had more than five drinks (four drinks for women) in one day?”*

- Never.
- In the past three months.
- Over three months ago.

Members answering “in the past three months” are considered to have a positive screen and are given the AUDIT, a 10-item alcohol-use assessment. Consistent with the World Health Organization (WHO) protocol, brief interventions should be administered based on the member's total AUDIT score. The table below summarizes the interventions associated with each risk zone.

The technique of Screening and Brief Intervention is a highly efficient and effective alcohol intervention method.<sup>3</sup> These interventions will help members recently discharged from a medical hospitalization, as well as members with diabetes who have not had an annual eye exam, to reduce risky drinking practices.

Alcohol Risk Zone	Intervention
Zone 1 (lowest risk)	Remind member about safe drinking limits; answer any questions.
Zone 2	Determine if safe drinking limits are exceeded; inform member of safe limits; review handouts; establish goal to change drinking behavior.
Zone 3	Review handouts; assess motivation; offer self-help booklet; provide tips for behavior change; set goals.
Zone 4 (highest risk)	Make referral to specialized alcohol treatment.

However, these two member populations are hardly the only ones who could benefit from alcohol screening and brief intervention. Alcohol abuse has a high prevalence among people with mental health conditions and as a behavioral health practitioner, you may want to consider incorporating screening and brief intervention into your clinical work. To learn more, comprehensive information is available at the following WHO Web sites:

Brief Intervention Manual	<a href="http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf">http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf</a>
AUDIT Manual	<a href="http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf">http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf</a>

1. NIAAA (1998). Drinking in the United States: Main findings from the 1992 National Longitudinal Alcohol Epidemiologic Survey; SAMHSA (2002). National Household Survey on Drug Abuse.

2. Williams, R. & Vinson, DC. (2001). Validation of a single question screen for problem drinking. *Journal of Family Practice*, 50(4), 307-312.

3. Hester, R. K., & Miller, W. R. (Eds.) (2003). *Handbook of alcoholism treatment approaches: Effective alternatives* (3rd ed.). Boston, MA: Allyn & Bacon.

## New Disease Management Program for Depression

One of the greatest challenges facing successful depression treatment is patient adherence to the treatment regimen. To overcome this challenge, HIP Mental Health Services is currently developing a Depression Disease Management Program that will include outreach calls aimed at emphasizing treatment engagement and medication adherence, ongoing assessment using the Patient Health Questionnaire-9 (PHQ-9), coordination of care, and feedback to treating providers and PCPs. The goal of the program is to develop a partnership with treating providers that will improve both the process and outcome of depression care.

The intention is that clinicians will refer all patients being treated for depression to the Depression Disease Management Program. For patients who are enrolled in the program, treating providers will receive important information gathered between office visits, such as patient progress (as measured by the PHQ-9) and notification of medication adherence. In addition, the Depression Disease Management Program will work directly with your patients to encourage adherence with your specific treatment recommendations.

We hope that clinicians will find the HIP Depression Disease Management Program a useful resource in the challenging task of providing high quality depression care. If you would like more information or have ideas to share while the program is in development, please contact:

Dr. Israel Romano  
1-646-447-7618  
iromano@hipusa.com

or

Dr. Andrew Kolbasovsky  
1-646-447-7231  
akolbasovsky@hipusa.com

More information about this program will be forthcoming shortly.

## Depression Clinical Practice Guideline

In May of 2006, the Psychiatric Best Practices Committee, consisting of board certified psychiatrists, revised HIP's Clinical Practice Guideline for Depression. This evidence-based clinical guideline for the diagnosis and treatment of depression contains specific recommendations for practice within the HIP system and draw from American Psychiatric Association guidelines.

This recent revision to HIP's guideline, which was originally developed in 2004, involves three modifications, the first of which is the recommendation that adults be screened for depression. The U.S. Preventive Services Task Force recommends that providers screen adults for depression using the following two questions:

1. *Over the past two weeks, have you ever felt down, depressed or hopeless?*
2. *Over the past two weeks, have you felt little interest or pleasure in doing things?*

A positive answer to either question should trigger a full diagnostic interview.

The second modification to HIP's depression guideline calls for providers to incorporate outcome assessments into treatment. By using measures such as the Patient Health Questionnaire-9 (PHQ-9) throughout the course of treatment, providers will have important information to help guide treatment decisions and to monitor progress toward remission. For your convenience, a copy of the PHQ-9 is included in the appendix to the depression clinical practice guideline.

Because bipolar disorder can be mistaken for unipolar depression, a final modification to the guideline emphasizes the importance of assessing not only for depression, but for bipolar disorder as well. Any patient experiencing symptoms of bipolar disorder should be referred to a psychiatrist for an evaluation. This can be done by calling either the Mental Health Service line at 1-888-447-2526 or any one of the HIP Mental Health Centers directly.

HIP's Clinical Practice Guideline for Depression can be a useful tool for providers, as it contains practical information on treating depression within the HIP system. A copy of the revised clinical practice guideline is available at [hipusa.com](http://hipusa.com)<sup>®</sup> in the Provider portal under "Provider Materials."

## The National Provider Identifier

### Background and Update

Most behavioral health providers are required to obtain a National Provider Identifier (NPI). The U.S. Department of Health and Human Services (HHS) established the NPI to serve as the standard national identifier for providers who engage in electronic health care transactions, such as submitting claims via fax, computer or telephone. Its use was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

All health care providers, whether individuals or organizations, may obtain NPIs, but HIPAA-covered health care providers must use this identifier. Generally, these include health plans, health care clearinghouses and health care providers who conduct standard electronic transactions. Implementation of the NPI will eliminate the need for health care providers to use different identification numbers when conducting standard HIPAA transactions with multiple health plans.

The NPI is designed to be a lifelong identifying number that will not change, even if a provider or practice relocates or a change in specialty occurs. An NPI is a 10-digit, "intelligence-free" numeric identifier. Intelligence-free means that the numbers do not carry information about the health care provider (such as the state of residence or the specialty). The NPI implementation launch date was May 23, 2005 and providers have until May 23, 2007 (two years) to apply for their NPI.

You may apply for an NPI in one of three ways:

1. Online, through the easy-to-use Web-based application process at <https://nppes.cms.hhs.gov>.

2. By completing a paper application and mailing it to Enumerator. A copy of the application and Enumerator's mailing address are available at <https://nppes.cms.hhs.gov>. Or, you may call Enumerator at 1-800-465-3203 to request that an application be sent to you. If you use a special telephone device for persons with hearing or speech impairments, call 1-800-692-2326 to request an application.
3. With your permission, an organization may submit an application for your NPI on your behalf. Such organizations may include professional associations of which you are a member or health care facilities where you work. These organizations may submit your information along with electronic files for their entire group.

The end result of the NPI initiative will be simpler electronic transmissions for health related transactions. HIP will commence accepting NPI in electronic claims submission on October 2, 2006. From October 2, 2006 to May 23, 2007, you will be permitted to use either your NPI or your standard plan identification number, or both. We encourage all providers submitting NPI during this timeframe to continue to submit their standard plan identification number ("legacy" number) in addition to their NPI. All health plans and providers must accept and use NPIs by May 23, 2007.

Please look for more information and updates on NPI in future editions of this newsletter.

For more information on NPI, call the HIPAA Hotline at 1-866-282-0659 or e-mail [AskHIPAA@cms.hhs.gov](mailto:AskHIPAA@cms.hhs.gov). Comprehensive information is also available at the Health and Human Services Web site at <https://www.cms.hhs.gov/NationalProvIdentStand/>.

## Frequently Asked Questions

**As a provider, I understand that obtaining initial prior approval is no longer required for routine outpatient mental health treatment or routine substance abuse care. Is an Outpatient Treatment Review (OTR) submission required at any time during treatment for continued payment or for quality-of-care monitoring?**

The elimination of the prior approval requirement for routine outpatient services applies to *both initial entry into treatment and continued outpatient care*. As of January 1, 2006, providers are no longer required to call Behavioral Health Care Management for initial approval or submit Outpatient Treatment Reviews (OTRs) for existing patients. However, prior approval continues to be required for partial hospitalization, ambulatory detoxification, outpatient ECT, and psychological and neuropsychological testing.

*(Continued on back cover)*

## Spotlighting a Shining Star

**Jeanne Pierro**, Manager of the Mental Health Care Management Call Center, is a star at HIP's corporate offices. One of Ms. Pierro's responsibilities is supervising Mental Health Customer Service representatives, who are your first line of contact with HIP's Mental Health department. These reps verify member eligibility and benefits and direct calls appropriately. As their manager, Ms. Pierro often handles the more complex calls, which demand her considerable expertise and experience.

HIP would like to congratulate and thank Ms. Pierro for the excellent service that she provides to our

members and providers. Many of you who have been helped by Ms. Pierro have written letters of commendation or made phone calls expressing thanks. We would like to share some of those comments with you:

D.I. of Brooklyn writes: "Ms. Pierro immediately gets to the heart of an issue or problem. She knows what to do to and how to do it. She gets it done! HIP Mental Health should be proud to have an employee the caliber of Ms. Pierro."

J.C. of Manhattan states: "It is such a pleasure working with Ms. Pierro. She is always pleasant and helpful, often going the extra mile to resolve a problem."

For her continued dedication to superior customer service we say, "Thank you, Jeanne Pierro!"

## Frequently Asked Questions

*(Continued from page 5)*

### I currently participate with HIP. Does the HIP/Vytra merger mean that I may now see Vytra members too?

If your contract includes Vytra benefit plans, then yes. Otherwise, you may see only HIP members. If you recently received an Amendment to your contract, please review the networks and

products listed on Attachment B of that Amendment for your plan participation status.

If you received a HIP Network Services IPA and/or HIP Insurance Company of New York contract, we encourage you to sign and return the contract as soon as possible.

If you have any questions, contact the Provider Relations Service team for additional information regarding your specific participating lines of business at **1-800-447-8386**.

## Helpful Phone Numbers

HIP Behavioral Health Service Line.....	<b>1-888-447-2526</b>
Vytra Behavioral Health Service Line.....	<b>1-800-528-3918</b>
HIP Provider Relations Service Team.....	<b>1-800-447-8386</b>
HIP Provider Claims Customer Service.....	<b>1-800-447-8275</b>
HIP Provider IVR.....	<b>1-877-833-2729</b>
HIP Pharmacy Prior Approval.....	<b>1-800-447-0829</b>

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### We invite your comments:

The editors of *Behavioral Health News* want to hear from you! If you have suggestions for stories that might interest HIP's affiliated physicians and behavioral health professionals, please share them with us. Phone Neil Meyerkopf at 1-646-447-7228 or e-mail [nmeyerko@hipusa.com](mailto:nmeyerko@hipusa.com).

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