

HIP Behavioral Health News

Fall 2007

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

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Satisfaction Survey Results

As part of our continuing commitment to enhancing the quality of our behavioral health care, HIP Behavioral Health Services (BHS) recently conducted a satisfaction survey for members receiving behavioral health treatment.

The questionnaire was comprised of questions from several satisfaction surveys used in the industry, covering a range of issues regarding

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

satisfaction with the plan, access to services, and members' perception of providers' attitude and services. Respondents were asked to rate the services they received on a 10-point Likert scale. The scale ranged from 0 (completely dissatisfied) to 10 (completely satisfied).

The Likert scale was divided into three categories:

- Very dissatisfied to dissatisfied (0 to 3).
- Neutral — neither satisfied nor dissatisfied (4 to 7).
- Satisfied to very satisfied (8 to 10).

The intent of the survey was to assess treatment that would be both recent enough to include questions about access to care and extensive enough to contain meaningful information about the effect of the relationship with the provider. For this purpose, claims data was used to identify members who had

an initial psychiatric interview (90801), followed by at least three psychotherapy sessions (90806), or medication management sessions (90862) during 2006. Members who received behavioral health services during 2005 were excluded from the sample. A random list of 2000 members was extracted from

the data file. The questionnaire was sent with a cover letter explaining the survey and its goal, along with a postage-paid envelope. After three weeks, a follow-up mailing was sent.

Of the 2000 members in the sample, 560 (28 percent) returned the survey.

- 342 respondents (61 percent) were women.
 - 409 respondents (73 percent) received behavioral health services from network providers.
 - 65 respondents (12 percent) received behavioral health services from HIP Mental Health Centers.
 - 86 respondents (15 percent) received services from both network providers and centers.
 - 154 respondents (27 percent) were seen by social workers.
 - 138 respondents (25 percent) were seen by two or more different types of behavioral health professionals.
 - 137 respondents (24 percent) were seen by psychologists.
 - 106 respondents (19 percent) were seen by psychiatrists.
 - 25 respondents (5 percent) were seen by others (nurse or ADA).
- The survey results (see table 1) indicate that 77 percent of the respondents were satisfied to very satisfied with the overall quality of HIP Behavioral Health Services. The respondents seemed more



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Satisfaction Survey Results

(Continued from cover)

satisfied with communication with their behavioral health provider (84 percent responded *satisfied to very satisfied* with the way the provider listened, 83 percent reported being *satisfied to very satisfied* with the way the provider explained things) and less satisfied with access to behavioral health treatment (68 percent reported being *satisfied to very satisfied* with the time elapsed between calling BHS and the initial consultation and 69 percent reported being *satisfied to very satisfied* with the ease of finding a HIP behavioral health provider).

Upon further analysis, it was discovered that while all results were significantly correlated with overall satisfaction, the questions that pertained to the member's relationship with the provider yielded the most robust Pearson Correlations Coefficients (see table 2). This indicates that while issues like access to care, provider's location and customer service are important to overall member satisfaction, the relationship with the behavioral health provider plays a paramount role. Interestingly, the question that yielded the strongest Pearson Correlations Coefficient asked about working with the provider toward a mutual goal (.902). A regression analysis revealed that this question contributed to no

less than 50 percent of the variability of the overall satisfaction.

These results convey the importance of the relationship between the patient and the provider. Members will be satisfied if they feel that their behavioral health providers are capable of helping them, communicating clearly and intently with them, and most of all, working with them to reach a shared common goal.

If you have questions or comments about this survey, contact Israel Romano, Ph.D., Director of Quality Management, HIP Behavioral Health Services at **1-646-447-7618** or **iromano@hipusa.com**.

Table 1: Results

Question Number	Question: Satisfaction With...	Satisfied to Very Satisfied	Neutral	Dissatisfied to Very Dissatisfied
1	Ease of finding a HIP Behavioral Health provider	69%	23%	8%
2	HIP Behavioral Health customer service	74%	22%	4%
3	Time waiting between calling HIP and initial consultation	68%	28%	4%
4	Time waiting between calling provider and initial consultation	77%	21%	2%
5	Convenience of provider's office location	76%	24%	0
6	The way provider listened	84%	14%	2%
7	The way provider explained things	83%	15%	2%
8	Working with the provider toward a mutual goal	79%	16%	5%
9	Ability of the provider to help	76%	17%	7%
10	Overall quality of behavioral health services	77%	19%	4%

Table 2: Correlation with Overall Satisfaction

Question Number	Question: Satisfaction With...	Pearson Correlation	Statistical Significance
1	Ease of finding a HIP Behavioral Health provider	.585	P <.001
2	HIP Behavioral Health customer service	.587	P <.001
3	Time waiting between calling HIP and initial consultation	.576	P <.001
4	Time waiting between calling the provider and initial consultation	.632	P <.001
5	Convenience of the provider's office location	.580	P <.001
6	The way provider listened	.849	P <.001
7	The way provider explained things	.872	P <.001
8	Working with the provider toward a mutual goal	.902	P <.001
9	Ability of the provider to help	.755	P <.001

Depression Disease Management Program

Depression is the most common behavioral health condition affecting the lives of millions of Americans. While highly effective treatments for depression are available, practitioners frequently report that treating depressed patients is difficult and sometimes frustrating. Often, depressed patients tend not to comply with their treatment regimen and stop taking medications prematurely.

In an effort to improve care and treatment compliance for members experiencing depression, HIP has created a depression management program. The goal of this program is to develop a partnership with the treating clinician that improves both the process and the outcome of depression care.

The program serves members diagnosed with Major Depression Disorder who have had either frequent visits to the emergency room (at least two in a year) or inpatient care. The depression management program:

- Educates members on depression, its treatment and adjunct services.
- Provides assistance with making appointments.
- Performs coordination of care.
- Monitors treatment adherence.
- Monitors treatment progress using the Patient Health Questionnaire-9 (PHQ-9).
- Sends progress reports to the referring practitioner.

The depression management program is free and members may disenroll at anytime.

If you would like more information or have ideas to enhance this program, please contact:

Dr. Israel Romano or **Dr. Andrew Kolbasovsky**
1-646-447-7618 **1-646-447-7231**
iromano@hipusa.com **akolbasovsky@hipusa.com**

Keep Us in the Loop Notify HIP of Any Practice Changes

So that we may expedite members' entry into outpatient behavioral health treatment, please notify us when any of your practice information changes.

Examples of these changes include:

- Your practice service location.
- Your correspondence or billing address.
- Your phone number.
- Your availability to accept new HIP members.

Notifying HIP of these and other changes may not be your first thought. However, notification is vital to our providing members with accurate information so that they may obtain the care they need when they need it. Notification is also part of your provider contract.

We ask that you become proactive in keeping us updated on any changes to your practice, even if you do not currently work with HIP members. You may notify us of changes by contacting your field representative or by calling HIP's Provider Hotline at **1-866-447-9717, option 5**. In addition, there is a Provider Update Form on the HIP Web site that may be faxed or mailed to us. The Web link for this form is: https://hipusa.com/downloads/providers/HIP_Provider_Update_Form_06.pdf.

C.O.R.E.

Creating Outstanding Relationships and Experiences

In our ongoing effort to provide you with outstanding customer service, behavioral health call center staff took part in C.O.R.E. training earlier this year. C.O.R.E., which stands for Creating Outstanding Relationships and Experiences, helps recognize the service strengths of staff and identifies those areas in need of further development.

Behavioral health service representatives, care managers, case managers and departmental management participated in this two-day training designed to develop and apply the skills that are critical to customer satisfaction: responsiveness, assurance, empathy, reliability and professionalism.

C.O.R.E. principles of excellent call center service include:

- Create an outstanding impression.
- Offer assistance.
- Relate to the customer's needs.
- End the contact leaving an impression of courtesy and helpfulness.

Calls are measured for individual success with continuous coaching from Customer Service and Quality



Improvement managers, who provide opportunities for ongoing communication, learning and growth.

Below are Call Center statistics for the first two quarters of this year, showing total incoming calls, average speed to answer, call abandonment rate and percentage of calls answered within 30 seconds. We are proud of the excellent level of customer service this data reflects and will continue working hard to provide superior service to you. Don't hesitate to let us know how we're doing.

2007 CALL CENTER: Q1 AND Q2

	Total Incoming Calls	Avg. Speed to Answer	Call Abandonment Rate	% Ans. 30 Sec.
Unit	YTD	YTD	YTD	YTD
Member	10,009	16 sec.	1.4%	89.5%
Provider	15,573	16 sec.	1.4%	97.4%
Total	25,582	16 sec.	1.4%	93.5%

Frequently Asked Questions

Q. How do I know if my patient fits the criteria for MH Parity for their plan?

The Mental Health Parity law does not apply to Medicaid, Medicare, Family Health Plus, Healthy NY, Governor's Bill or other Direct Pay members. If you have questions about a member's renewal effective date or if the biologically based illness section of the law applies to a patient in your care, call HIP's Provider Hotline at **1-866-447-9717, option 2** for information.

Q. How do I know if a member referred to me for outpatient treatment has utilized all of his or her outpatient behavioral health benefits?

Claims are paid on a first-come-first-served basis. It is important that you become aware of your patient's benefits and ask if he or she has been in prior behavioral health treatment during the calendar year in which you are providing treatment. You may check

patient benefits and the status of how many days/visits/claims have been paid by logging on to **hipusa.com**® or by calling the Behavioral Health Care Management line at **1-888-447-2526**.

Q. Where may I go to access resources or names of other HIP behavioral health providers for my patients?

HIP's Web site has a listing of professional providers that you may search by name or by specialty. Simply direct your browser to **http://hipusa.com/mentalhealth/health_providers.asp** and follow the prompts to obtain search results. If you do not have access to the Web, you may call the Behavioral Health Call Center at **1-888-447-2526** and we'll be happy to assist you.

Q. I am a participating HIP behavioral health provider and I am having difficulty getting a claim paid. Whom may I contact to get the issue resolved?

Please call HIP's Provider Hotline at **1-866-447-9717, option 2**.

Mental Health Parity Law Update

The Mental Health Parity Law, a.k.a. Timothy's Law, became effective January 1, 2007. This law mandates coverage for a minimum of 30 inpatient psychiatric days and 20 outpatient psychiatric visits for all commercial members who do not have a Direct Pay contract.

The law also mandates that all commercial large-group employers include mental health benefits equal to medical benefits for biologically based illness and for children with SED. This provision encompasses inpatient and outpatient treatment benefits as well as copays, and becomes effective for each group employer on their 2007 contract renewal date. Small-group employers are not mandated to purchase the biologically based illness or SED coverage and the law does not apply to Medicaid, Medicare, Family Health Plus, Healthy New York, Child Health Plus or Direct Pay members.

The vast majority of members who require inpatient or outpatient care do not require treatment beyond their benefit limits. But for those members with chronic and severe illness, this law allows them to continue treatment and improves continuity of care.

HIP has formed an interdepartmental team to address operational issues that may arise as a result of implementing this law, ensuring that members are given access to their new or expanded benefits and that claims are paid in a timely and accurate manner. Due to the time required to modify claims programming, some members will be eligible to recoup monies for copay overpayments to providers, since their mental health copay is reduced to the same rate as their specialist copay.

If you have questions about the law or its application in your practice, please call HIP's Provider Hotline at **1-866-447-9717, option 2**.

NPI Contingency Plan Announced

As you know, the U.S. Department of Health and Human Services (HHS) has established the national provider identifier (NPI), which is intended to serve as the standard identifier for health care providers who engage in electronic health care transactions such as claims submission. Health care providers, health care clearinghouses and most health plans are required to obtain and use the NPI.

The Centers for Medicare & Medicaid Services (CMS) recently announced that it is implementing a contingency plan for covered entities (other than small health plans) that have made a good faith effort to comply with the NPI rule. These entities may continue to accept legacy provider numbers on HIPAA transactions via this contingency plan that could last up to 12 months (until May 22, 2008).

Does this mean providers have an additional 12 months to obtain and begin using NPIs?

According to CMS, the answer to this question is "No." Providers who have not obtained their NPI should do so immediately. Failure to obtain an NPI may be viewed as a violation of the good faith provisions of CMS' contingency guidance.

How does this affect my electronic transactions with HIP?

In compliance with CMS' contingency plan, HIP will continue to accept input of your NPI in conjunction with your current provider

ID number on electronic claims submissions. If you have already submitted your NPI to HIP, you may begin submitting electronic claims using only your NPI. Providers not ready to bill with their NPI may continue to submit claims using only their current Provider ID number for as long as the contingency period lasts.

How do I let HIP know I obtained an NPI?

Please submit your NPI to HIP by directing your browser to our Web site at hipusa.com/NPICollection/NPI.asp. You may also submit your NPI to us by fax at **1-866-593-6986** or via e-mail at credrecredprocess@hipusa.com. Please indicate if the NPI is for you as an individual medical professional or for you as part of a group practice. Facilities should fax their NPI, along with all documentation received from the NPI Enumerator, to the Senior Contract Administrator at **1-646-447-3183**. The NPI will only be used to facilitate transactions with your offices and for internal informational purposes.

How do I get an NPI?

To apply for an NPI, and for more information on CMS' contingency guidelines, health care providers should go to <https://nppes.cms.hhs.gov>. You may also call **1-800-465-3203** or e-mail customerservice@npienumerator.com. Some IPAs, PCs and facility practices will be submitting batch requests for their physicians. Please check with your group.

Consumer Group Recognizes HIP Psychiatrist

HIP's Behavioral Health department congratulates Dr. Ludmila Davidov, board certified psychiatrist at the Queens Mental Health Center in Rego Park, Queens. Dr. Davidov was recently named by the Consumer's Research Council of America as one of "America's Top Psychiatrists." Dr. Davidov was also recognized by The Marquis Who's Who Publications Board in the 26th edition of *Who's Who of American Women* for the period 2007-2008. She is also a regular contributor to the Russian magazine, "Ladies' World."



HIP Assessing Benefits of Telehealth Technology

HIP Behavioral Health Services has started a pilot project to assess the benefits of using telehealth technology to assist psychiatrically hospitalized members. Members identified as being at elevated risk for psychiatric rehospitalization are offered case management services that include:

- Assistance in making and keeping outpatient appointments.
- Information on medication and treatment adherence.
- Monitoring functioning and providing supportive interventions.
- Coordination of care.



Arrangements have been made to place video-phones in several hospital inpatient units to allow members to meet their HIP case managers while still on the inpatient unit. Upon discharge, these members have the opportunity to have a videophone

installed in their homes, allowing for continued delivery of face-to-face intensive case management services.

Telehealth technology is not limited to videophones. As appropriate, members can opt to receive a medication dispenser to help them take their medications as prescribed, which simultaneously provides valuable information about medication adherence.

If you are working with a member recently hospitalized for a psychiatric condition, he or she may have a HIP intensive case manager and may even be using telehealth technology. In this case, you will likely receive a call from an intensive case manager to discuss ways that case management can assist you and to provide you with useful treatment information.

Spotlighting Dr. Wali Mohammad

The behavioral health team at HIP would like to take this opportunity to spotlight one of the many dedicated psychiatrists in our network.

Dr. Wali Mohammad has been in practice for more than 30 years, with vast clinical experience in both inpatient and outpatient settings. He currently has a private practice in both the Soundview and Throgs Neck sections in the Bronx and serves as a consultant at the Westchester Square Medical Center and as an attending physician at Montefiore Medical Center.

Dr. Mohammad works closely with therapists and communicates regularly with primary care doctors who refer their patients for psychiatric services. He is strongly committed to a medical psychosocial model in providing interventions that are useful in maximizing function in the members he treats.

Following the recent closing of our Bronx Mental Health Center, Dr. Mohammad worked closely with HIP staff to accommodate the many members who needed to transfer to a new provider. Dr. Mohammad recognized members' needs and was able to continue their care seamlessly. Dr. Mohammad shares his office with several social workers and psychologists, a practice style that not only allows members to see their therapist and psychiatrist in one location, but one that also fosters a spirit of collaboration between providers.

Upon meeting Dr. Mohammad, one is impressed with his soft-spoken manner and gentle approach. He displays a warm sense of empathy and concern when discussing members in his care. Likewise, the office staff and on-site therapists are all committed to providing a high quality of care and have been responsive to the needs of HIP members.

It is with great pleasure that we highlight the contributions of Dr. Wali Mohammad and commend his dedication and concern for members.

Dr. Andrew Weil to Present at 2007 Carl E. Flemister Symposium

HIP is pleased to welcome Andrew Weil, M.D. as the featured speaker at its Carl E. Flemister 2007 Annual Symposium on Mind/Body Medicine, Spirituality and Health.

Dr. Weil is the Founder and Director of the Program in Integrative Medicine at the College of Medicine, University of Arizona. He has devoted 30 years to developing, practicing and teaching others about the principles of integrative medicine, including natural and preventive medicine. He provides a unique approach to health care that encompasses body, mind and spirit. Dr. Weil is a Clinical Professor of Medicine and Professor of Public Health and the Lovell-Jones Professor of Integrative Rheumatology at the University of Arizona.

Andrew Weil is the author of many scientific and general articles and of 10 books including his latest, *Healthy Aging*. Dr. Weil also writes a monthly newsletter, *Dr. Weil's Self Healing*, maintains a popular Web site, www.drweil.com, is featured on PBS and contributes a monthly column for *Prevention* magazine.

Art and Science of Self-Care: Impact on Health and Healing

At this year's symposium, Dr. Weil will explain the art and science of self-care and its impact on the overall health and healing of patients. He will illustrate how physicians and health care practitioners may help patients to learn how to heal and stay healthy on their own and provide resources to achieve this goal. The art and science of self-care makes use of all appropriate therapies, both conventional and alternative. Dr. Weil will also speak on the future of medical care as integrative and healing-oriented medicine.

Carl E. Flemister 2007 Annual Symposium on
Mind/Body Medicine, Spirituality and Health

Featuring
Andrew Weil, M.D.

Wednesday, November 7, 2007 • 5:30 - 9 pm
HIP Health Plan of New York
55 Water Street, New York, NY

Due to the overwhelming response to this event, registration has been closed. We thank everyone who expressed interest in the program and look forward to welcoming confirmed registrants on November 7. Look for an overview of Dr. Weil's presentation in the spring 2008 issue of HIP Clinician.

Helpful Phone Numbers

HIP Behavioral Health Call Center	1-888-447-2526
Vytra Behavioral Health Call Center	1-800-528-3918
HIP Provider IVR	1-866-447-9717, option 1
HIP Provider Claims Customer Service	1-866-447-9717, option 2
HIP Pharmacy Prior Approval	1-866-447-9717, option 3
HIP Provider Relations Service Team	1-866-447-9717, option 5

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We invite your comments:

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