

HIP Behavioral Health News

Spring 2007

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HEALTH PLAN OF NEW YORK

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Mental Health Parity Law

One of George Pataki's last acts as Governor was to sign, on December 22, 2006, a historic piece of legislation known as the Mental Health Parity Law, also known as Timothy's Law. Timothy was an adolescent with a history of mental illness and multiple hospital admissions who committed suicide. Timothy's family cited limitations on their mental health insurance coverage as a factor adversely impacting Timothy's treatment.

Like other health plans, HIP is working diligently with regulatory agencies and the New York Health Plan Association to assure compliance and to implement this important, recently enacted legislation. The Mental Health Parity Law, which became effective January 1, 2007 and is effective upon members' policy renewal date, has three central features.

1. All small and large group health insurance policies must offer a minimum of 30 days for inpatient mental health treatment and 20

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

visits for outpatient mental health treatment.

2. The cost-sharing for mental health treatment must be consistent with the cost-sharing for medical treatment. This means that mental health copays, coinsurance and deductibles must be the same as those for medical coverage. (In the past, some products have had higher cost-sharing.)
3. The law states that mental health coverage for "biologically based mental illnesses" should be comparable to medical coverage. This means that coverage for specific biologically based disorders may not have any limitations on inpatient or outpatient days or visits, as long as they are medically necessary. This section of the law is mandated for large group policyholders (50 or more employees) and small groups (49

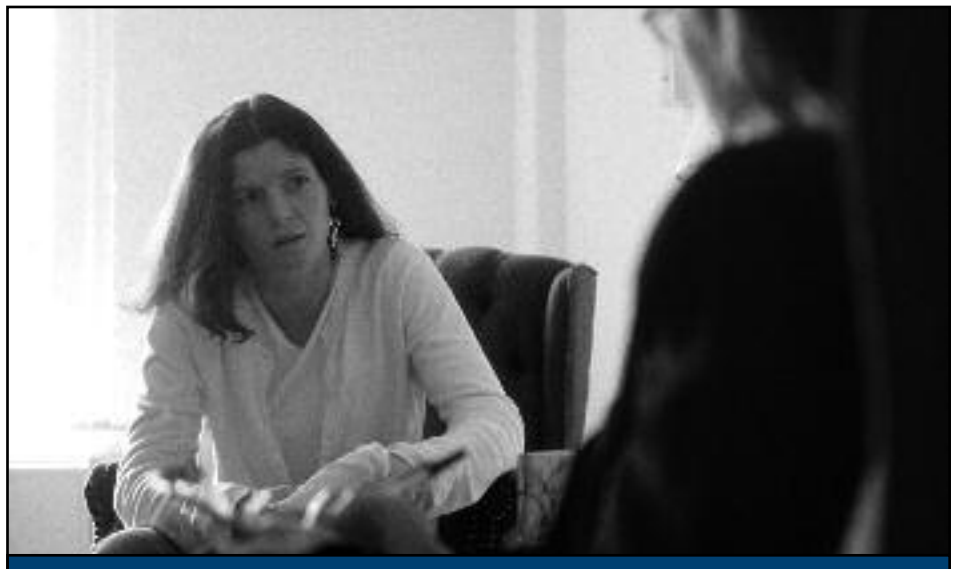
or fewer employees) must be offered the option of purchasing a rider. These biologically based illnesses have been defined as: schizophrenia/psychotic disorder, major depression, bipolar disorder, delusional disorder, obsessive-compulsive disorder, panic disorder, bulimia and anorexia.

In addition, children with Severe Emotional Disorders (SED) are also covered by the biologically based clause when they have one of the following three diagnoses and one of the following four psychosocial condition diagnoses:

Diagnoses:

1. Attention-deficit hyperactivity disorder (ADHD).
2. Disruptive disorder.
3. Pervasive developmental disorder and psychosocial condition.

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Mental Health Parity Law

(Continued from cover)

Psychosocial conditions:

1. Serious suicidal symptoms or other life-threatening self-destructive behaviors.
2. Significant psychotic symptoms (hallucinations, delusions, bizarre behavior).
3. Behavior caused by emotional disturbances that place the child at risk of causing personal injury or significant property damage.
4. Behavior caused by emotional disturbances that place the child at substantial risk or removal from the household.

Other key reminders:

1. Prior approval and concurrent review will continue to be required on all inpatient cases, partial hospitalization, outpatient electroshock therapy (ECT), neuropsychological testing and psychological testing to ensure that care is delivered in the appropriate setting and that it meets the criteria for medical necessity. Prior approval and concurrent review are not required for routine outpatient care but are monitored from a quality management perspective.
2. The Mental Health Parity Law does not apply to the following Plan members: Medicaid, Medicare, Family Health Plus, Healthy New York, Governor's Bill and other Direct Pay members. The law also does not apply to chemical dependency disorders.

There was a very short time frame between the signing of the law and its effective date. HIP is working diligently to make the necessary system changes to implement the new benefits. 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.

Communicating with Primary Care Physicians

HIP Monitoring Compliance

Your role as a behavioral health provider is multifaceted, including assessment, evaluation, treatment and case management of patients. Because cooperation between behavioral health specialists and others on the treatment team is essential, HIP requires behavioral health professionals to communicate with the patient's primary care physician (PCP). This communication is vital and must occur in a timely manner.

To facilitate communication with a patient's PCP, HIP has developed the Behavioral Health Consultation Form, which may be downloaded from the Mental Health portal of hipusa.com® or found in the Provider Manual. The Behavioral Health Consultation Form must be completed at the time of the patient's initial consultation and includes diagnostic impressions, treatment recommendations and comments.

It is our expectation that the behavioral health provider will send the consultation form to the member's PCP. However, the member must first sign a Consent Form granting permission for his or her case to be discussed with the treatment team. This consent form may also be downloaded from the Mental Health section of hipusa.com or found in the Provider Manual. If a patient refuses to provide consent, the provider must document it.

In July 2006, HIP Behavioral Health began monitoring provider compliance with this policy. Monitoring is performed by randomly selecting 100 HIP members who receive an Initial Psychiatric Consultation (CPT code 90801). Practitioners who provide this service are asked to provide a copy of the Behavioral Health Consultation Form to HIP. A practitioner who fails to do so, or who does not reply to the survey is considered noncompliant with HIP policy.

If you have any questions about this policy, please call Israel Romano, Ph.D., Director of Behavioral Health Quality Management, at **1-646-447-7618**.

Manhattan and Bronx Mental Health Centers Closing

HIP's Manhattan and Bronx Mental Health Centers are closing on April 30 and May 31, respectively. The majority of staff from both centers are relocating to the Brooklyn Mental Health Center at 185 Montague Street and many patients will continue with their therapist at the Brooklyn location. A transition plan has been developed to ensure that all patients receive appropriate continuity of care.

HIP has a comprehensive mental health provider network throughout the greater New York City area, including Manhattan and the Bronx. If you need assistance in making an outpatient referral, please call our Behavioral Health Care Management line at **1-888-447-2526** from 9 am to 5 pm, Monday through Friday.

Bipolar Clinical Practice Guideline Update

At its last meeting, the HIP Behavioral Health/Substance Abuse Committee approved the updated Clinical Practice Guideline for Bipolar Illness. Several changes were made, but the overall intent remained the same: to facilitate the diagnosis and treatment of this challenging disorder.

It has been demonstrated that it takes the average patient with bipolar disorder seven years to be accurately diagnosed. If the initial presentation is mania, the diagnosis is relatively straightforward. However, since depressive episodes tend to increase in number over the course of the illness and since patients often fail to acknowledge past manic episodes, the diagnosis is often obscured.

There still is no substitute for a complete patient history as the foundation for diagnosis and an optimum treatment plan. This must include a family history to establish any genetic linkage (first-degree relatives are 10 times as likely to have this diagnosis as the general population). In questioning the patient, it's important to

note that manic states do not always include "highs." Rather, the behavior described may be more dysphoric, irritable and agitated.

The questioning, with permission, of relatives or others who have known the patient over time may be quite helpful in establishing the diagnosis, especially since the manic state is often considered by the patient as welcome and unremarkable. A history of gambling, substance abuse or instability in relationships, when combined with mood instability, may also indicate a bipolar diagnosis.

The guideline for treating bipolar illness, which is easily accessed on hipusa.com[®] under "Provider Materials," includes the Mood Disorder Questionnaire. Since patients often reveal more in self-reporting than they do in a clinical interview, this survey is useful both for diagnostic purposes as well as for monitoring the illness over time. The updated guideline also provides telephone numbers for easy access to psychiatric consultation and other treatment options.

Over recent years, the spectrum that includes bipolar disorders has broadened. HIP is dedicated to the quality and accessibility of care necessary to address this complex and often hidden illness.

You May Use Your NPI Now on HIP Transactions

As of October 2, 2006, HIP began accepting your National Provider Identification (NPI) number, as well as your traditional plan identification number on any HIP transaction. You may begin using your NPI on claims with HIP as well as continuing to use your traditional ID number. In fact, we recommend using both numbers until May 23, 2007. We remind you that starting May 23, all health care professionals who conduct HIPAA-related electronic transactions are required by federal law to have an NPI and use it exclusively in these transactions.

If you have already obtained your NPI, good for you! Please submit your NPI to HIP by going to hipusa.com[®], rolling your mouse over "As a Provider You Can" and selecting "Send us your NPI." 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 this NPI is for you as an individual medical professional or for you as part of a group practice. Your NPI will only be used to facilitate transactions with your offices and for internal informational purposes only.

For additional information, or if you have not received your NPI, you may call the NPI Enumerator Call Center at **1-800-465-3203** or access <https://nppes.cms.hhs.gov>. If you have any questions for HIP, you may contact your Provider Representative or call our Provider Relations Service Team at **1-866-447-9717, option 5**.

Note: In order to allow providers to submit paper claims with the new NPI, the National Uniform Claims Committee (NUCC) has created a new 1500 Health Insurance Claim form, which includes a place (Box 17b) to report the provider's NPI along with other provider ID numbers (Box 17a).

New Practice Opportunity

Are you looking to build your practice? Do you believe that behavioral health care is an important part of proper medical care? To ensure the highest quality of care for members with coronary artery disease, HIP now has a coronary artery disease management program. The disease management team reaches out to members who have experienced a coronary event, such as a heart attack, angioplasty or bypass surgery, to offer the opportunity to enroll in HIP's disease management program. Participation in the program offers many benefits, including health coaching, coordination of care and access to important health-related information.

As you may be aware, depression often accompanies coronary artery disease and can negatively impact treatment adherence as well as medical outcomes. Because the identification and proper treatment of depression among people with coronary artery disease is so important to overall care, each member in the program is screened for depression. Members screening positive for depression who are interested in behavioral health treatment are referred to HIP's network of behavioral health providers.

A list of clinicians, including both psychiatrists and therapists, interested in receiving referrals from the coronary artery disease management program is currently being collated. While referrals are typically for depression, these members may also seek treatment for other behavioral health issues as well. The disease management program is seeking clinicians who are not only interested in receiving referrals, but are able to provide timely appointments to adults with coronary artery disease. Just as with any HIP member, it is expected that a Behavioral Health Consultation Form, (described on page 2 of this newsletter) will be sent to the member's PCP, following the initial behavioral health evaluation.

If you are interested in receiving referrals and providing behavioral health care to members with coronary artery disease, simply provide your name, phone number and address via e-mail or telephone to Roseann Innella-Raia at Rinnella2@hipusa.com or **1-646-447-7226**.

In addition to potential referrals to your practice, you may receive information about coronary artery disease and behavioral health. You must be a HIP credentialed psychiatrist or therapist to participate in this program.

Frequently Asked Questions

With the passage of the Mental Health Parity Law, a k a Timothy's Law, are providers now required to obtain prior approval for routine outpatient mental health or substance abuse care?

As of January 1, 2006, providers have not been required to call Behavioral Health Care Management for initial approval or submit Outpatient Treatment Reviews (OTRs) for existing patients. Partial hospitalization, ambulatory detoxification, outpatient ECT, psychological and neuropsychological testing continue to require prior approval. The elimination of the prior approval requirement for routine outpatient services applies to both initial entry into treatment and continued outpatient care.

This protocol is not affected by the Mental Health Parity Law, a k a Timothy's Law.

How will Mental Health Parity, a k a Timothy's Law, affect current and new HIP members in my practice?

Clinicians should now identify whether the member is covered under provisions of the mandated mental

health benefits and "biologically based illness" sections of the Mental Health Parity Law, a k a Timothy's Law, described on page 1 of this newsletter. This is essential because certain lines of business are excluded from the provisions of the bill and small groups are not required to purchase riders covering the biologically based illnesses outlined in the bill. This information is not yet available on HIP's Web site, however, clinicians may call HIP's Provider Hotline at **1-866-447-9717, option 2** to verify whether the mandated mental health benefits or the biologically based illness section applies to members in their care.

Keep in mind that all treatment must continue to meet the requirements of medical necessity; this means that members who meet medical necessity criteria for biologically based reasons will no longer have treatment denied because their benefits have been exhausted.

Do "biologically based illness" visits count toward a member's limited Mental Health benefit?

Yes, biologically based illness visits do count toward a member's benefit limit, whether the member is covered by the biologically based illness section of the bill or not. If the member is covered by the biologically based illness section, then those visits are unlimited, based on medical necessity.

HIP/Vytra Merger Update

Since June 2006, many Vytra Health Plans members have been changing their Vytra benefit plan coverage to HIP benefit plan coverage. Every month upon their group's renewal date, thousands of Vytra members become part of HIP. January 2007 was a bellwether month, with 36,000 members making the Vytra-to-HIP transition. This process is tentatively slated to continue until July 2007, when the last Vytra group contract is up for renewal. At that time, all Vytra members will have migrated to HIP benefit plans or another health plan. Many Vytra providers have also made the transition to HIP's provider network. Vytra will continue to manage over 29,000 members on administrative service only (ASO) contracts.

Did You Know?

HIP has a behavioral health case management program consisting of clinicians who provide case management services to members with significant psychiatric histories

in need of additional support. If you are interested in having a member evaluated for case management services, he or she can call the Behavioral Health Case Management line at **1-800-447-0769**.

Spotlighting a Shining Star

Licensed clinical social worker **John Greenbaum** is a highly valued member of HIP's behavioral health co-location program. In this program, behavioral health specialists are integrated into physician group practices to work collaboratively with physicians in treating mental health conditions that commonly present in primary care settings. The fact that the program has been successful enough to expand to sixteen locations is largely due to Mr. Greenbaum's efforts. He brings a wealth of clinical experience to his role in primary care, having previously served as a Director of Residential Services for adults with mental illness prior to working full-time as a clinician at a HIP Mental Health Center.

Since he joined the integrated program at the Staten Island Physician Practice in 2004, Mr. Greenbaum's work has been instrumental in improving access to behavioral health care, especially

among older adult members, and to improving the coordination of care between physicians and mental health clinicians. According to Mr. Greenbaum, "It has long been known that many members seek care for mental health concerns by first speaking with their primary care physician. The chances that members will access mental health care improve dramatically when it is located just down the hall."

Results from the program show that more members are getting needed care and moreover, that this collaborative care is leading to greatly improved outcomes. The success of the program, however, cannot simply be credited to co-location. It is Mr. Greenbaum's dedication and concern for members, as well as his commitment to collaborating with primary care physicians that have helped to improve the quality of care for hundreds of Staten Island members. Mr. Greenbaum goes on to say that although co-location makes communication easier, "collaboration can occur in any setting."

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Behavioral Health News

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We invite your comments:

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.

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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