

## Employer Contracts Effective January 2003

The following employer and health plan groups will be managed by Quest in 2003. All levels of behavioral healthcare must be pre-certified through Quest.

- Ephrata Community Hospital
- AmeriHealth Administrators - SCP
  - Manufacturers Assoc. of S. Central Pa. (*EAP new*)
  - York County Builders Assn.
  - L&H Trucking
  - Franklin County Area Dev. Corp.
- Glatfelter Insurance Group - SCP
- Lancaster General Hospital (Choice, Select, & Out of Area Plans)
- Pinnacle Health Plans
- The Reading Hospital & Medical Center (*EAP new*)
- Shipley Energy
- Summit Health
  - Chambersburg Hospital
  - Cumberland Valley Medical Services
  - Community Health Services
  - Summit Surgery Center
- WellSpan Health (all plans) – (*new - Gettysburg Hospital employees covered under Quest as of 1/1/03*).
- York City School District - SCP

Authorization requests for all levels of care and claims for these groups are to be sent to Quest Behavioral Health.

## Quest Receives NCQA Accreditation

Quest Behavioral Health recently received a full accreditation from the National Committee on Quality Assurance (NCQA), the nation's watch dog for health care quality.

NCQA standards are intended to help organizations achieve the highest level of performance possible. Full accreditation is granted for a period of three years to those plans that have excellent programs.

## A Word from the Clinical Director: The HIPAA-potamus

Scott Daubert, Ph.D.

*Clinical Director, Quest*

Greeting me from my desk each morning is a foam hippopotamus that reads "Are you ready for HIPAA?" In case you've been doing Internet therapy from a different planet, HIPAA is the Health Insurance Portability and Accountability Act of 1996, which our speedy federal government is finally getting around to enacting. The compliance dates are as follows: for Electronic Transactions and Code Sets - October 16, 2003; for Privacy regulations – April 14, 2003; and for the Security regulations – the final date is pending.

Back to Hermione...the hippo. I am not yet able to answer her affirmatively, but I have received a few odd glances from co-workers for naming my little hippo, assigning her as a co-leader of our HIPAA Task Force, and allowing for paid time off for mud wallowing. Nevertheless, through her anthropomorphic leadership, Quest is well on its way to on-time HIPAA compliance. For electronic data interchange, selected high volume sites will be established for Quest's "ProviderConnect" initiative, which allows for secure Web-based transmission of EDI files. Other providers may choose to submit HIPAA-compliant electronic format files to Quest, but it is not a requirement to submit claims or authorization requests in this fashion. As most practitioners and facilities are also currently doing, Quest is in the process of updating our policies, procedures, and forms in light of the final privacy regulations and the proposed security regulations. One of my remaining tasks is to rewrite Hermione's job description to include her new role as Privacy Officer, since nowhere does HHS say that the Privacy Officer has to be human. To see for yourself and to get the latest on the Privacy regulations, go to <http://www.hhs.gov/ocr/hipaa/>.

## Incentives

Quest authorizes services based only on appropriateness of care and service. Staff members do not receive rewards for denying care or services. Quest does not offer incentives to reduce care and services.

## Parity Laws, Extra-Contractual Benefits, and Self-Funded Plans

As most practitioners are well aware, Pennsylvania's mental health parity law, Act 150 of 1998, mandates certain additional mental health benefits under many health insurance policies. Employers that self fund their benefit plan are subject to federal ERISA regulations and may elect to exempt themselves from these state-mandated benefits. This is the case with all of the self-funded plans whose behavioral health benefits are administered through Quest. The self-funded plans under Quest vary significantly in the structure of outpatient mental health benefits, varying from the equivalent of 20 to 60 per calendar year. Note that most plans create an incentive for medication checks (90862) and group therapy (90853) by considering them as ½ sessions. In lieu of a mandated parity law benefit, self-funded plans that retained an outpatient benefit limit of 20 sessions worked with Quest in the development of a process and criteria to convert or extend outpatient benefits on a case-by-case basis. When Quest receives an appeal from a member or a practitioner for extra-contractual outpatient benefits, the request is evaluated using the five guideline criteria listed below. These were developed by Quest with practitioner input, recommended by the Quest Quality Management & Improvement Committee, and adopted by the self-funded employers. The ultimate decision for extra-contractual benefits resides with the self-funded employer, but no patient-identifiable information is communicated to employers in this process. Practitioner understanding of the criteria involved may be helpful in advising patients or in submitting additional information supporting a member appeal for extra-contractual benefits. In general, three of the following five criteria must be met to generate a recommendation by Quest for extra-contractual outpatient benefits:

- The current Treatment Plan meets Quest's existing outpatient medical necessity criteria for concurrent review.
- The case meets the current Pa. Act 150 Parity Law diagnosis requirements defining serious mental illness.
- There is a history of inpatient care within the past 12 months and a documented significant risk of hospitalization in the remaining calendar/benefit year if benefits were not extended.
- There is a history of increased medical morbidity, or documented significant risk of increased medical morbidity in the remaining calendar/benefit year if benefits were not extended.
- There is the presence of life-threatening risk factors.

## Name that Newsletter

Quest is looking for a name for our provider newsletter. Please drop your name suggestions in the mail to us at Quest Behavioral Health, 1803 Mount Rose Avenue, Suite C-2, York, PA 17403, Fax # 717/851-1414. If we choose your suggestion for the name of our newsletter we will give you a \$25.00 gift certificate to the local restaurant of your choice. Suggestions must be received by January 31, 2003.

## Quality Management Program

The purpose of Quest's QM Program is to improve the quality of care and service for members. Ongoing clinical studies include the following programs and reminders for providers.

- Complete a family session within 60 days for a child or adolescent newly diagnosed with ADHD. The family session is automatically authorized to complement individual treatment.
- Ensure members who have been hospitalized have follow-up care within 7 days of discharge.
- Members newly diagnosed with depression should be seen based on individual clinical needs but a minimum clinical rule-of-thumb may be **3 in 3: at least three visits in the first three months.** (see Article "Over Half..." on page 4)

## Member Satisfaction

Quest will complete the next annual member satisfaction survey using the ECHO survey, endorsed by NCQA in January 2003. Based on what members told us Quest:

- Added providers to the network (LMFTs and LPCs were added from high volume providers.)
- Provided member education on appointment's timeliness, what to expect when scheduling an appointment, and telephone contacts with office staff.

Members were encouraged to ask questions about:

- Side effects of medications.
- Information about different kinds of counseling available.
- Information about rights as a patient.

Most members indicated they did not receive information on support groups or community services that may assist them. The following list of regional resources may assist you in providing members with information on support groups or community services:

### *Berks County Mental Health Association*

- 610/379-3905

### *Franklin County Information & Referral*

- 717/263-0848

### *Lancaster Community Services*

- 717/291-LINC

### *CONTACT*

- 717/652-4400 (Harrisburg)
- 717/249-6229 (Carlisle)
- 800-932-4616 (Non-local)

### *FIRST*

- 717/755-1000 or 800-673-2529 (York)

We welcome your suggestions about how to increase patient satisfaction in the above areas or any other areas. In 2003, Quest will be able to compare its results to other companies that use this survey.

## Access and Availability

Our study of access and availability indicates there are a sufficient number of providers close to members in

driving time to meet needs, and that appointments are available to meet Quest's standards. We continually add providers to the network as a need is identified and new business is acquired. Please let us know if you have difficulty offering appointments within:

- 6 hours for members with non-life-threatening emergencies.
- 48 hours for members with urgent needs.
- 10 business days for members with routine needs.

Quest is currently exploring ways to increase the availability of child and adolescent psychiatric appointments.

## Provider Satisfaction

The next provider satisfaction survey will be initiated in January 2003. We value your opinion. Look for it, and let us know how we're doing.

## Claims

We consistently meet our claims payment time standard of within 45 days for a clean claim. Our average for clean claim payment time is 21 days. However, Quest does not pay claims for all products. Please be sure to provide complete and accurate information so your claim can be processed quickly.

## When the Helper Needs Help

Scott Daubert, Ph.D.

*Clinical Director, Quest*

Quest manages the benefits of many health care workers in Central Pa. Among these members are a substantial number of network providers, creating the sometimes awkward circumstance of network providers seeking referral from Quest for themselves or family members. For Quest network providers who are themselves in need of outpatient treatment, Quest is able to offer additional privacy measures.

- When a member of Quest's practitioner panel seeks outpatient care, Quest may exempt the case from the ongoing Outpatient Concurrent Review process as long as pre-certification is

completed, and the treatment is conducted by a Quest network provider. Thus, the only information that needs to be communicated to Quest is the treating provider, the principal diagnosis, and the services requested. Treatment goals and additional clinical information do not have to be provided to Quest under the outpatient exemption.

In addition, any Quest member can make an anonymity request with Quest, which removes the need for the patient's name on correspondence to and from Quest (e.g., authorization letters, claims). When this is done, the member resides as an assigned alias in our information system; the alias name is communicated to the treating practitioner; and all necessary information can be accessed with the alias name.

Treatment and member information at Quest is in a protected, secure electronic format. Information submitted on paper is either immediately destroyed or kept in locked storage for specified periods of time. No treatment or service access information regarding providers is communicated as part of our credentialing process. Accessing care will never adversely affect nor be a part of your credentialing as a Quest provider.

## Complaints

Quest's Quality Management Committee reviews complaints. Our standard for resolving urgent complaints within two business days or less, and routine complaints within 30 days or less has been continually met. If members report any dissatisfaction to you regarding our services please contact the QM Department at 1-800-364-6352.

## Preventive Behavioral Health Programs

Quest has two prevention programs designed to compliment patient care: Attention Deficit Hyperactivity Disorder and Major Depressive Disorder.

Our ADHD preventive behavioral health program is designed to:

- Improve clinical outcomes for children and their parents.
- Educate parents about ADHD and how they can work more effectively with their child by:
  - Recognizing the impact of ADHD on the family.
  - Teaching parents how to foster communication.
  - Describing ways to help modify problem behaviors at school and at home.
  - Providing ways to reduce the stress that they and other family members may experience.

Our MDD preventive behavioral health program is designed to:

- Improve clinical outcomes for members diagnosed with MDD.
- Educate members about depression and its symptoms, available treatments, the course of recovery, and their own role in the treatment process.
- Help members understand the importance of communicating with providers.
- Increase treatment compliance.

Please Encourage Patient Participation. Inform your patients about our preventive behavioral health programs and encourage them to participate. You or the patient may call us to receive more information about the ADHD Program or the MDD Program.

## Clinical Practice Guidelines for Depression

Quest has adopted the APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder (Revision). This replaces the ICSI Health Care Guideline: Major Depression in Specialty Care in Adults. The APA's Guideline was adopted because it provides best practices for psychiatrists and other behavioral health clinicians whereas the ICSI Guideline targets only psychiatrists. The APA's Guideline was printed in the American Journal of Psychiatry 157:4, April 2000 Supplement and is available through the local library and at [www.psych.org](http://www.psych.org). If you would like a paper copy of the Guideline, please contact us.

Quest measures compliance with the following elements of the Guideline:

1. Evidence of a suicide risk assessment in the initial evaluation.
2. ECT treatment should be included in the treatment plan if chronic, moderate to severe depression: with or without a specific effective psychotherapy if patient prefers or severe depression and any of the following: psychotic features, patient prefers, previous preferential response, need of rapid antidepressant response, intolerance of medication.
3. Evidence that members have been informed of the potential side effects of medication.

You may direct members to the Quest web site at [www.questbehavioralhealth.com](http://www.questbehavioralhealth.com), under the member news section to obtain a copy of the member information.

### **Over Half of Depressed Patients Do Not Receive Recommended Duration of Antidepressant Therapy**

James Hegarty, MD  
*Medical Director, Quest Behavioral Health*

The medical treatment of depression has been conceptualized as consisting of three phases; acute, continuation, and maintenance antidepressant therapy. The acute phase is defined as the initial period of treatment with improvement until reaching a stable clinical plateau. The acute phase typically lasts anywhere from 1-3 months. The continuation phase is defined as treatment during a period of stable improvement up from 3-6 months after the end of the acute phase. Maintenance therapy, treatment beyond 9-12 months is reserved for patients with recurrent illness or other significant risk factors for recurrence. Clinical research has shown that if antidepressant treatment is terminated before completion of the continuation phase, there is a much higher risk for relapse. However, recent study results from HEDIS (Health Plans Employer Data and Information Set,

2000)<sup>1</sup> indicate that most patients in treatment for depression never complete treatment through the continuation phase.

Percent of patients not receiving 3 and 6 months of therapy	
Acute Phase (1-3 months)	41.2%
Continuation Phase (3-6 months)	57.8%

Frequency of appointments should be based on the individual clinical needs of each case, but a clinical rule-of-thumb may be *at least three visits in the first three months*. Relapse risk can be minimized by encouraging patients to comply with these minimum treatment durations.

### **Patient Safety: Suicide Risk Assessment, Part II**

Scott Daubert, Ph.D.  
*Clinical Director, Quest*

A prior Quest newsletter article focused on the appropriate use of suicide prevention contracts. This current follow-up article draws heavily from the following source:

Canapary, D., Bongar, B., & Kleary, K.M. (2002). Assessing risk for completed suicide in patients with alcohol dependence: Clinicians' views of critical factors.  
*Professional Psychology: Research and Practice*, *33* (5), 464-469.

In Patient Safety, Part I, The Use of Suicide Prevention Contracts, the point was made that shorthand documentation such as "patient contracted for safety" in the absence of assessment of specific suicide risk factors and a plan for managing suicide risk likely does not enhance patient safety. This article will outline some of the specific suicide risk factors that have been

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<sup>1</sup> NCQA Health Plans Employer Data and Information Set. Available at: <http://www.ncqa.org/Programs/hedis/hedis2k.htm>

identified to help distinguish patients with suicide ideation from those that are in danger of completed suicide. These risk factors can be used to improve one's ability to assess for suicide risk and better recognize those people who may commit suicide without intervention. The difficulty of this prediction is compounded by the very low base rate of completed suicides. Statistically, clinicians could predict that every individual who walks into the office will not commit suicide and still be right over 99% of the time. Unfortunately, there is no single test or measure that accurately predicts imminent suicidal behavior. Likewise, demographic factors (e.g., older white males) identify high risk groups, but do not assist in prediction on an individual level.

Researchers and clinicians have turned to evaluation of risk factors as the current standard of care for the assessment of suicide risk. While the presence of a single risk factor is not nearly enough to predict suicide, risk factors are considered cumulative. The more risk factors that are present, the greater the suicide risk.

The following list of 8 critical risk factors are generalized across studies, but there is some evidence that additional risk factors are diagnosis-specific. Nevertheless, these are the basis of a sound suicide risk assessment for most patients:

- A diagnosis of major depression, alcohol dependence, or schizophrenia.
- Past suicide attempts.
- Medical seriousness (lethality) of past suicide attempts.
- Family history for suicide.
- Communications about suicide, severe hopelessness, and attraction to death.
- Current use of alcohol and/or drugs, or other causes of impulsivity.
- Recent interpersonal losses or anticipated losses.
- Lack of social support or living alone.

In addition to standardized questionnaires, attention to these 8 critical risk factors offers a practical framework for suicide risk assessments.

For more information, a copy of the prior newsletter article, and journal article reprints when permissible, contact Quest Provider Relations at 1-800-364-6352.

## **Treatment Records**

Your cooperation with the recent treatment record review in various offices is appreciated. Quest's performance standard is 90% for each criterion. Providers will be sent their individual results and comparative data for all records reviewed.

## **Request For Information**

For more information about Quest's QM Program, preventive behavioral health programs, clinical practice guidelines, medical necessity criteria, denial and appeals processes, confidentiality policies, members' rights and responsibilities statement, or other activities, or to request a paper copy of documents, please call the QM Department at 1-800-364-6352, or e-mail us at [QBHQuality@aol.com](mailto:QBHQuality@aol.com). You may also visit us at: [www.questbehavioralhealth.com/handbook.zip](http://www.questbehavioralhealth.com/handbook.zip) for more information about these topics and to view the Provider Handbook. If you would like to serve on our QM Committee, please let us know. We welcome your input and encourage suggestions about how to improve our services and our QM Program.

## **Announcements**

Precertification and recertification must be obtained for all levels of care by contacting 1-800-364-6352. Recertification forms are not intended to take the place of treatment plans. Recertification forms or claims may be mailed or faxed to:

Quest Behavioral Health  
1803 Mt. Rose Avenue, Suite C-2  
York, PA 17403  
FAX: 717/851-1414