EMPIRE PLAN

NetworkNotes

United Behavioral Health-Albany Care Advocacy Center News for The Empire Plan Clinicians and Facilities Fall 2010

Outpatient Clinical Review Reminders

Thank you to all practitioners who provided services to Empire Mental Health and Substance Abuse (MH/SA) Plan enrollees during the past year. Your efforts contributed to a successful implementation and we look forward to our future work together.

As we head into our second year, we offer these tips aimed at reducing confusion and facilitating our clinical interface:

1. Each enrollee and their covered dependents receive *ten pass through visits per practitioner during an episode of care*. This means that an enrollee does not automatically receive 10 pass through visits on January 1 of each year.
2. An acknowledgement/authorization letter with a copy of an Outpatient Treatment Report (OTR) is sent to the practitioner. This is **not** an additional authorization of care and is simply a written record of the pass through transaction.
3. Any care beyond 10 visits must be pre-certified via the OTR as indicated in the New York State Empire MH/SA Plan Manual Addendum. It is recommended that OTRs be submitted two weeks prior to the required authorization start date to ensure certification is in place prior to providing services. Services provided without prior certification (when required) are subject to denial, with no liability to the member. If you receive a claim denial as a result of not pre-certifying via the OTR, you can administratively appeal this denial. Information on how to file an administrative appeal can be found on page 7 of the New York State Empire MH/SA Plan Manual Addendum.

If you have questions about pass through visits or the OTR process, please contact Care Advocacy.

ATTENTION:
Important Annoucement Concerning Federal Mental Health Parity and the New York State Empire Plan

The Federal Mental Health Equity and Addiction Act Interim Final Rules were issued in February 2010. These apply to group health plans for plan years beginning on or after July 1, 2010. Different dates may apply for certain collectively-bargained plans which means any parity changes to the NYS Empire Plan will not go into effect until January 1, 2012.

Follow-Up After Behavioral Health Hospitalization

We are committed to working with facilities and clinicians to ensure that members receive timely follow-up care after discharge. We expect inpatient facilities to assist members in scheduling an appointment with an outpatient behavioral health clinician (to occur within seven (7) days of the member's discharge date) prior to the member's discharge. Our Care Advocates can be instrumental in assisting facilities and members in locating an outpatient clinician who is able to provide timely appointments.

If you are treating a member that has been discharged from an inpatient setting, regardless of diagnosis, we expect the person to be seen within seven days of their discharge from the facility. A prompt appointment post-inpatient treatment promotes:

- Stabilization
- The likelihood that gains made during the hospitalization will not be lost
- Detection of early post-hospitalization reactions or medication problems
- Continued assessment, education and treatment
- Treatment outcomes by reducing the occurrence of re-hospitalization

One key to improving treatment compliance involves our Inpatient Follow-Up Program staff contacting clinicians to verify that hospitalized members have made aftercare appointments and that members were able to keep the appointments. As a network clinician with a signed agreement with UBH, you are able to release appointment information to us without violating Health Insurance Portability and Accountability Act (HIPAA) guidelines. Refer to your provider agreement for this information.

The Inpatient Follow-Up Program is designed to support your treatment. Your help in ensuring timely and adequate follow-up for members discharged from inpatient care is vital to facilitating therapeutic gains and successful outcomes.

New York Legislation

The State of New York recently implemented Chapter 237 of the Laws of 2009 which amended statutes related to claims processing for all insurers and managed care organizations. These changes impact members in fully insured commercial groups sitused (policy was issued) in the State of New York and providers who practice in New York. These changes are important to healthcare providers with patients in commercial group plans. The results of some of these statutory changes are covered in more detail in the current national edition of *Network Notes*.