

PROVIDER UPDATE

INSIDE THIS ISSUE:

<i>Introducing: Stephen J. Kozak</i>	2
<i>Aiming for Full Recovery In Depression</i>	2
<i>HIPAA Regulations Now In Effect</i>	2
<i>Follow-Up After Discharge</i>	3
<i>Provider Satisfaction Survey Results</i>	3
<i>Thank You</i>	3
<i>Treatment Record Review Reminder</i>	4
<i>New Web-Based Provider Search</i>	4
<i>MedSpan Members Con- verting to Oxford Plans</i>	4

Important Reminders

- (1) To ensure accurate and timely processing of your OTR, please complete AXIS I--V and fill out the number and frequency of sessions being requested.
- (2) Visit our website at behavioralhealthct.com for more information on BHC.
- (3) Claims for services provided to Aetna's Connecticut members in its HMO, QPOS, USAccess and Open Access HMO plan should be sent directly to BHC.

From the President

Dear Provider:

A heart-felt thank you goes out to those of you who responded to our 2002 provider satisfaction survey distributed last fall. Forty-one percent of you responded, well above the 28% who responded in 2001 and far in excess of typical response rates for similar surveys.

As a provider-sponsored organization, BHC is acutely aware of the many issues facing behavioral health providers in today's turbulent environment, and we are sensitive to the administrative burdens placed upon you as a result of new legislation and managed care accreditation standards. Therefore, we are continuously assessing our processes and procedures in an attempt to make your interactions with us as streamlined, responsive and problem-free as possible. We carefully analyze your feedback from the annual surveys, and incorporate your suggestions into our quality improvement initiatives.

It appears our efforts have been productive. In 2001, 65% of providers responding to the survey indicated overall satisfaction with BHC's services. This figure increased to 79% in 2002. The greatest increases were in the areas of care manager availability, provider education and provider credentialing. We have developed processes to monitor our performance in these and other key performance areas, such as telephonic response time and claim payment turn around time. Our goal is not just to meet, but to exceed established industry standards in these areas. I'm pleased to report that we have been successful, but this is not a time to rest on our successes. We realize that there are additional areas to be improved upon, and we encourage you to contact us with any suggestions you might have.

Like the provider community, managed care organizations such as BHC have also been affected by the new HIPAA regulations, both those that went into effect last April and those due for implementation this coming October. As noted in an article in this issue of the newsletter, all of BHC's policies, procedures and code sets have been reviewed for compliance with HIPAA, and revised where necessary. We are presently in the process of developing and implementing systems to receive and transmit authorization and claim information electronically. These will be on line prior to October 1st. We view these enhancements as another improvement upon the services already available to you. In the near future you will be receiving communications from us with information about how to access these new features.

During the current legislative session, BHC testified in favor of new statutes that will regulate companies like ours to insure increased accountability of managed care organizations and preferred provider networks. As the only behavioral health managed care organization in support of this legislation, we welcome the Legislature's initiative in passing regulations that will ensure consumers and providers a consistent standard for all behavioral health contractors.

In closing, I thank you again for your valued feedback and for the quality care you provide to the patients we serve. I wish you all a safe and enjoyable summer.

Sincerely yours,



Stephen Larcen, Ph.D.
President

Introducing:
Stephen J. Kozak, MSW, CEAP
BHC's Director of Clinical Operations

BHC is pleased to announce the latest addition to our management team. Steve Kozak, our new Director of Clinical Operations, brings with him a wealth of experience as a direct service provider and a manager of behavioral health care. Mr. Kozak provided clinical services in the St. Louis area for seven years, treating children, adolescents and adults in outpatient, intensive outpatient and residential settings. He has worked for national managed behavioral health care companies for the past eight years as a therapist/consultant, care manager and clinical director. In addition, he has provided administrative and clinical oversight for employee assistance programs across much of the middle and western United States.

After only two months at BHC, it is already apparent that Steve's managed care principles are a perfect match with BHC's vision and mission as a provider owned and operated managed care company. In Steve's words, "I am very impressed with Behavioral Health Connecticut, as a managed care program that remains oriented towards excellent customer service, timely responses to participants and providers, and excellent outcomes." BHC is equally confident that Steve's experience and values are essential assets toward the organization's continued development as a full service managed behavioral health care company.

Aiming For Full Recovery In Depression
By Dr. Bennett Enowitch, MD

How the world has changed. For decades doctors were more than satisfied if their depressed patients would only respond to the two families of antidepressants that were available up to 1988, namely the tricyclics and the monoamine oxidase inhibitors. In fact, some 65% to 70% did respond. Why was the medical profession satisfied with this response or, in other words, a partial remission? Basically because increased dosages of these drugs caused unbearable side effects ranging from ileus to tremors. These untoward reactions create compliance issues so that many patients were on sub-therapeutic dosages.

The SSRIs and SNRIs have allowed higher dosages, fewer side effects, improved compliance rates and now, a goal of total remission or recovery.

However, as 40% to 50% of patients who respond to treatment do not achieve remission within the first 8 weeks of therapy, there remain problems with relapse and possible chronicity of their illness.

Double blind, parallel group and placebo-controlled studies have helped determine which antidepressants are more effective. Response has been defined as a 50% decrease in the Hamilton Scale for Depression. Remission has been defined by a reduction of a HAM-D total score to 7 or lower. This means the patient is asymptomatic.

SSRIs vs. TCAS

Dr. Michael Thase has shown in a meta-analysis of 62 randomized controlled trials that there were no statistical differences among various SSRIs over the TCAs. The SSRIs were better tolerated.

However, a sub-group analysis suggested more improvement was found with TCAs in severely depressed inpatients. The TCA drugs mentioned were Clomipramine and Amitriptyline - as both of these drugs have dual neurotransmitter actions (serotonin and norepinephrine).

Evidence of Dual Receptor Inhibition as Effective Treatment for Depression

Eight studies using pooled analysis found that the dual reuptake inhibitor, Venlafaxine, at dosages of 200 mg to have a remission rate of 45% compared to SSRI 35% and placebo 25%.

With remission the major goal now in the treatment of depression, treatment should include the technique of adding a norepinephrine reuptake blocker to an SSRI, using a dual neurotransmitter reuptake blocker, and innovative augmentation techniques i.e. Lithium, T3, to help or achieve the sought after goal. It will be interesting to see if these results will continue to be statistically significant as more studies are completed. For a list of articles used in this article please contact BHC at (877) 593-5062.

HIPAA Regulations
Now In Effect

On April 14, 2003, new components of the federal law often referred to as HIPAA officially went into effect. These components govern the conditions under which medical information can be shared, and they identify what information is considered private.

Under the law, **protected health information** (or "PHI") includes patient identity, address, age, social security number, any other identifying information about the patient or their past and/or present medical conditions.

HIPAA requires that PHI be kept confidential, and prohibits the disclosure of PHI unless the patient provides written consent for the information to be shared. Behavioral Health Connecticut is firmly committed to the privacy of our members and strictly adheres to the requirements of HIPAA.

HIPAA does in very limited circumstances allow PHI to be shared without the patient's individual written consent. Signed authorization is not required when the information is needed to **provide treatment, to process claims or payment, or to conduct healthcare operations** (which are considered to be those activities necessary to support the treatment or payment processes; these include training/education of new staff or of future healthcare professionals, quality assurance/auditing, and review of the qualifications/competence of providers, facilities, or health plans).

Network clinicians have periodically asked about submitting release of information forms signed by their clients in order to explicitly authorize utilization review, or allow examination of a chart selected for audit. But federal law under HIPAA allows these kinds of activities without individual consent, requiring that the information be used only for the reason it was collected.

Not everyone realizes that the portion of HIPAA dealing with member privacy is only a small component of the regulations. What has come to be known as "HIPAA" officially stands for The Health Insurance Portability and Accountability Act of 1996.

The law consists of many parts, becoming effective gradually over a broad period of time. Its main requirements actually address the **portability** of insurance coverage, and **administrative simplification**, which is designed to reduce the administrative costs of providing and paying for healthcare by standardizing electronic data transactions and code sets. BHC has reviewed and revised all of its policies and procedures to comply with HIPAA regulations. We have also confirmed that our existing procedure and revenue code sets, as listed in your provider agreements, are HIPAA compliant.

The Importance of Follow-Up After Discharge

The HEDIS Follow-up After Hospitalization for Mental Illness measure indicated the percentage of health plan members age 6 and older that received inpatient treatment for a mental health disorder, and then had an ambulatory or day/night follow-up visit after being discharged. The measure collected the percentage of members that received follow up care within seven days, and those that received follow-up care within 30 days.

For instance, in the "State of Managed Care Report" of 2001, the National Committee on Quality Assurance (NCQA) reported that more than 40 million American adults were affected by one or more mental disorders, and 5.5 million were disabled by severe

mental illness. In an attempt to help contribute to the recovery of its members, BHC launched its Follow-Up After Hospitalization program in 2001. In the past, BHC has requested the assistance of its in network facilities and participating providers in this process, and is once again asking for their assistance.

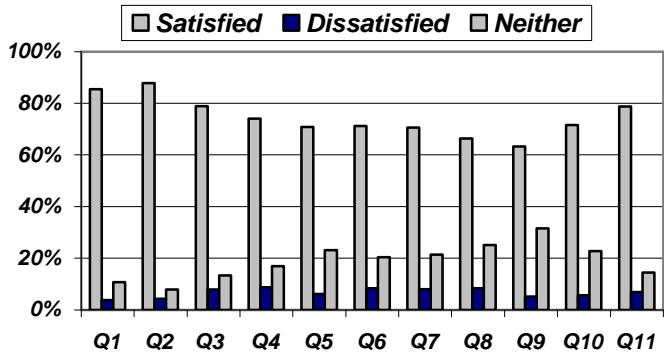
BHC's goal for 2003 is an 85% member compliance with follow-up care. To achieve this result, BHC is requesting that all of its network facilities ensure that members have an outpatient appointment scheduled and in place prior to discharge. It can sometimes be very difficult to locate appointments that suit the patient's geographic and scheduling needs; facilities are encouraged to contact BHC if it is proving difficult. We can be of assistance in finding and scheduling an outpatient appointment for a member. In addition, BHC is requesting that providers refer members who have canceled their appointment, back to BHC Member Services Department for further assistance.

It is only with the help of our participating facilities and providers that BHC will be able to reach its targeted goal of 85% member compliance with follow-up care. The success of this initiative will directly enhance the clinical outcomes and chances of recovery of our members, and your assistance is greatly appreciated.

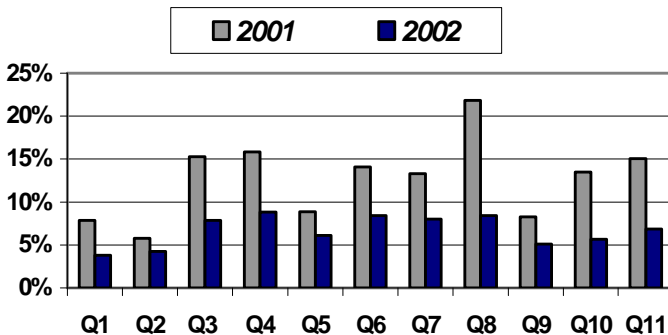
BHC 2002 Provider Satisfaction Survey Results

Questions	Satisfied	Dissatisfied	Neither
Q1 Availability	85.51%	3.80%	10.69%
Q2 Courteousness	87.84%	4.28%	7.88%
Q3 Auth. Timeliness	78.88%	7.87%	13.26%
Q4 Clinical Response	74.15%	8.84%	17.01%
Q5 Clarity of Info.	70.81%	6.11%	23.08%
Q6 Concern of Care Mgr.	71.25%	8.40%	20.36%
Q7 Availability of Care Mgr.	70.62%	8.01%	21.36%
Q8 Contact a Care Mgr.	66.42%	8.39%	25.18%
Q9 Provider Education	63.34%	5.14%	31.51%
Q10 Provider Credentialing	71.56%	5.69%	22.75%
Q11 Overall satisfaction with BHC	78.71%	6.87%	14.41%

2002 Survey Results



2001 vs. 2002 Dissatisfaction Rates



Thank You

BHC would like to take a moment to thank everyone who chose to complete our 2002 Provider Satisfaction Survey. An overwhelming 41% of you responded. It is only with your assistance and feedback that BHC is able to continuously improve.

In 2001 BHC listened and responded to the concerns that you expressed. Changes were implemented in areas of credentialing, the outpatient process, and the availability of care managers.

It is clear from the 2002 survey analysis (refer to pg. 3), that the BHC's response to your concern has been well received. BHC asks that you continue to give us your input on issues that are important to you and your practice. It is only with your assistance that we are able to improve our processes to serve you better.

**Treatment Record Review
Reminder**



In order to demonstrate the things that BHC network clinicians do well, and in order to find opportunities to improve the mental health and substance abuse benefits we provide our members, BHC conducts treatment record reviews of its high volume network providers. BHC utilizes The National Committee for Quality Assurance's (NCQA) Treatment Record Review Documentation Standards. Please note that BHC's treatment record review complies with all federal and state laws concerning the confidentiality and privacy of medical records and protected health information, including the new HIPAA regulations effective April 2003. If you are identified as a high-volume provider, you may be contacted to arrange a convenient time to have a BHC quality consultant visit your location. Once an appointment has been scheduled, you will receive a confirmation letter stating the date, time, and individual charts to have available for review. Upon arrival, BHC's reviewer will provide you with a signed confidentiality agreement, stating our commitment to use information obtained through the site visit and chart audit process in an appropriate manner. Your assistance with the treatment record review will ensure its completion in an effective and efficient fashion. BHC thanks you for your understanding and cooperation in this matter.



**New Web-Based
Provider Search**

BHC is constantly improving the accessibility of our network providers to the insured members we serve. Our latest efforts in this area have resulted in the development of a provider search function on our website, BehavioralHealthCT.com. This function allows members to search for participating providers by plan, type/degree and geographic location. Provider listings are updated monthly. However, given the dynamic nature of provider participation status, even this frequency may result in errors, of either inclusion or omission. Therefore, we encourage you to assist us by checking your status listing and by informing our Provider Relations Department (877 593-5062) of any necessary updates.

**MedSpan Members Converting to
Oxford Plans**

MedSpan patients will be converting to other health plans, most often Oxford, throughout this calendar year. The dates of these conversions usually coincide with patients' health insurance re-enrollment dates. BHC will continue to manage patients' care while they remain under MedSpan plans. However, it is important to note that you will need to obtain new authorizations for continued treatment from the applicable plan administrator, in most cases, Oxford, when patients change plans. Therefore, it is important that you remind your MedSpan patients to inform you of their re-enrollment dates and the plans they will be migrating to.

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We're on the Web!
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