

LATHAM ENGAGEMENT CENTER

2015 Quality Updates

The ValueOptions[®] Latham Engagement Center (LEC) is committed to being a center for excellence in developing and coordinating quality programs for members through our partnerships with you, our facilities and providers. We are committed to meeting or exceeding standards set forth by oversight bodies such as the National Committee for Quality Assurance (NCQA). These clinical and service activities require your knowledge, input and cooperation.

Behavioral Health Screening Programs

ValueOptions maintains behavioral health screening programs. These programs are aimed at wellness and prevention by providing outreach, assessment, referral, education, and self-help strategies.

The four areas of focus for the Empire Plan are Depression, ADHD, Eating Disorders and Co-occurring Bipolar and Alcohol Use Disorders. These programs use clinically validated screening tools to screen for a behavioral health issue in need of treatment. For more information on these programs, as well as educational materials, go to ValueOptions' Empire Plan website at

<https://www.achievesolutions.net/achievesolutions/en/empireplan/Home.do>, under *Quick Links*.

If you think a patient of yours would benefit from these programs, you may call ValueOptions at (877) 7-NYSHIP [(877) 769-7447], option 3, to speak with a clinician. Members can access these programs directly by phone or online.

A brief description of each program follows.

Depression Identification and Management (Major Depressive Disorder/MDD): This program addresses four major aspects of successful depression management: identification, education, access to services and care management. The Depression Identification and Management program targets those members who have possible depression based on the PHQ-9 screening tool, members who have been recently diagnosed and/or members who are currently receiving treatment for depressive disorders. Members can also self-refer to the program. The program will assist members in accessing care, provide a timely assessment by a trained clinician, educate members on treatment options and provide educational materials. All members in the program will also be offered a referral to a behavioral health specialist. Those members with more complex needs will be considered for placement in the Intensive Case Management (ICM) program.



ADHD Management (Attention Deficit Hyperactivity Disorder): This program targets children up to 18 years of age who may have undiagnosed ADHD, or who have been diagnosed but may benefit from additional support. The ValueOptions website contains educational information and a screening tool (ADHD Rating Scale-IV: Home Version) to help members with any concerns or questions they may have regarding any behaviors their child may be exhibiting. The program offers educational materials and referrals to appropriate providers.

Eating Disorder Management (Anorexia Nervosa, Binge Eating, Bulimia Nervosa): The goals of the Eating Disorder Management program are to assist members in receiving appropriate care, provide a timely diagnostic evaluation, educate members on treatment options, provide educational materials, and provide referrals to appropriate providers. The overall benefit of our program is enhanced coordination of care and resources for our members who have been diagnosed with an eating disorder; ultimately resulting in healthier outcomes for the members. Members can access this program directly by phone or online to discuss any questions or concerns regarding eating disorders. They are able to obtain educational materials, brochures and complete a brief screening titled "What's Your Eating Attitude?" Those members with more complex needs will be considered for placement in the Intensive Case Management (ICM) program.

Adult Co-Occurring Bipolar and Alcohol Use Screening and Stabilization Program The impact of alcohol use on persons with a bipolar disorder can be significant and result in poorer outcomes. Managed by the Intensive Case Management team, this screening program targets members with a bipolar disorder who may have a coexisting alcohol use disorder. Members are screened using the Alcohol Use Disorders Identification Test (AUDIT). Identified members are assisted with education, support and treatment needs.

Utilization Management Programs

ValueOptions is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well-being of the members. We are committed to supporting individuals in becoming responsible participants in their treatment.

Decisions: Utilization management clinicians are appropriately licensed behavioral health care professionals who work cooperatively with practitioners and agencies to ensure member needs are met. Practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions and other levels of care.

Criteria: ValueOptions utilizes internally developed behavioral health clinical criteria. ValueOptions substance use criteria are based on ASAM PPC-2 criteria published by the American Society for Addiction Medicine (ASAM). The criteria are assessed, and if necessary revised, at least annually, by the ValueOptions Corporate Executive Medical Management Committee. The criteria are available for your review in your [provider handbook](#).



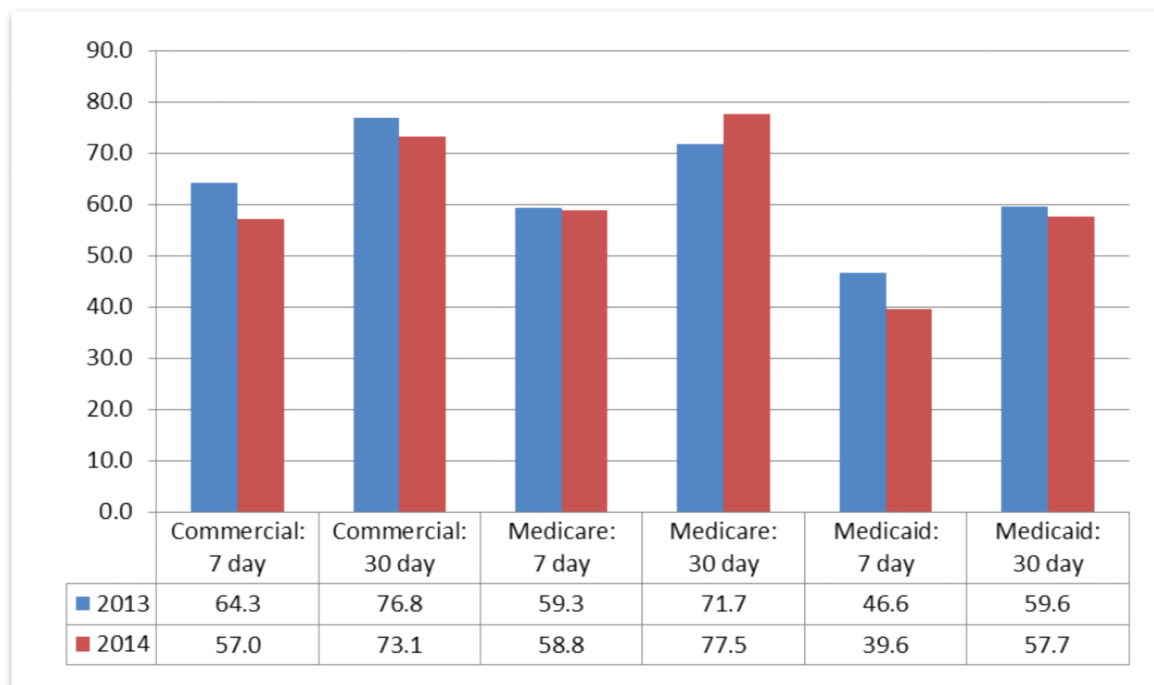
Quality Improvement Activities

The Latham Engagement Center (LEC) has several ongoing Quality Improvement Activities (QIAs) addressing clinical, patient safety and service areas.

Improving Ambulatory Follow-up after Hospitalization for Mental Illness

This QIA is designed to increase the rate of follow-up for all ValueOptions members discharged from inpatient care. An outpatient follow-up visit with a mental health practitioner after discharge ensures that the gains made during hospitalization are not lost, and has been shown to reduce the duration of disability and the likelihood of re-occurrence.

ValueOptions has clinical quality indicators to measure whether a member is seen for a follow-up appointment within seven (7) and thirty (30) calendar days after being discharged from an acute level of care. Follow-up rates are measured using the HEDIS FUH specifications.



The following steps are in place to improve follow-up rates:

- ◆ *Daily monitoring by clinical staff*
- ◆ *Communication with facilities to improve discharge planning*
- ◆ *Review of network expansion opportunities*
- ◆ *Targeted outreach to facilities with lower follow-up rates*
- ◆ *Requests for signed release of information from members to allow coordination with non-network providers*

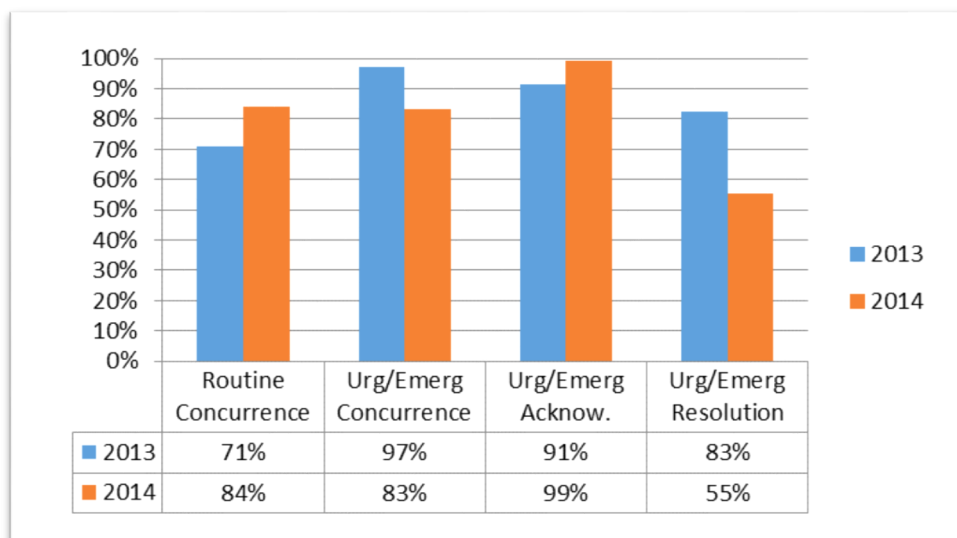
Improving Assessment and Follow-up for Members Seeking a Referral for Treatment

This QIA focuses on ensuring appropriate triage for members who call for a referral. Accurate assignment of Risk Rating is crucial to ensuring member safety and appropriate care.

Risk is determined from a triage conducted by a Clinical Care Manager (CCM). The triage includes an assessment of: problems that led to the call; active drug or alcohol abuse; threat of harm to self or others; co-occurring medical conditions. ValueOptions seeks to ensure member safety through appropriate care in a timely manner for all of its members.

Four measures are tracked to identify areas for improvement, including:

- ⇒ *Urgent/Emergent Concurrence*: Percentage of urgent/emergent cases where there is concurrence by a QM reviewer with the assigned risk rating.
- ⇒ *Urgent/Emergent Acknowledgement*: Percentage of urgent/emergent referrals with scheduled follow-up assessments/appointment within the ValueOptions policy timeframes.
- ⇒ *Urgent/Emergent Resolution*: Percentage of urgent/emergent referrals that have confirmed member attendance within the ValueOptions policy timeframes.
- ⇒ *Routine Concurrence*: Percentage of routine cases where there is concurrence by a QM reviewer with the assigned risk rating.



The following interventions are designed to achieve these goals:

- Ongoing and new hire staff training regarding risk rating assessment and documentation
- Daily review of urgent and emergent cases by a QM reviewer
- Clinical staff training regarding substance use issues
- Complex case review with clinical supervisors and medical directors
- Wellness checks to members for appointment reminders and education



Improving Effectiveness of Complex Case Management Services

This activity measures progress of members engaged in the Intensive Case Management (ICM) program. This program is designed to serve members with the most complex care needs, including those with serious persistent mental illness (SPMI). ICM cases may be initiated by ValueOptions internal staff, through health plan referrals, by member or caregiver referrals, or from provider and practitioner referrals. This activity measures:

- 1) Participation rate in the ICM program
- 2) Improvement in SF-12 PCS score (physical functioning) for those who had the SF-12 readministered
- 3) Improvement in SF-12 MCS score (medical functioning) for those who had the SF-12 readministered

Interventions include:

- ◆ Calls to members to encourage participation: there are tip sheets, workflows, and ongoing staff development
- ◆ Review of participation rate by ICM, to identify best practices that can be rolled out to rest of team
- ◆ Call audits to identify best practices that can be rolled out to rest of team
- ◆ Connection of members to physician care, home care, and other resources to address medical issues

Financial Incentives

ValueOptions does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review for denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientifically-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information guide the decision-making process.

Member Experience

The ValueOptions Latham Engagement Center conducts an annual member experience survey to determine a member's level of satisfaction with the service we provide. Member surveys are used to evaluate the quality of care from its network of providers and the quality of service from the LEC.

Members who have used LEC services within the previous year are surveyed on key aspects of service. In 2014:

Overall Satisfaction Overall satisfaction with ValueOptions services was 91.6%.

Appointment Availability 92.0% of members received their first appointment as soon as desired.

Provider Quality 93.2% of members rated the overall quality of their provider positively.

Cultural Competence 98.3% of members said their provider met their cultural, religious and language needs.

View Empire Plan Formulary Information

New York State Empire Plan members and prescribing providers can view the Empire Plan Drug Formulary at the following web addresses:

The formularies for Active Empire Plan Employees & Student Employee Health Plan as well as Excelsior Plan are at the following link:

<http://www2.caremark.com/nyship/?save-me-money>

The formularies for Medicare eligible retirees are at the following link:

<http://empireplanxprogram.silverscript.com/en-US/secondary-coverage.aspx>

Providers can call (877) 7-NYSHIP [(877) 769-7447], Option 4, for the Empire Plan Prescription Drug Program.

Clinical Practice Guidelines

ValueOptions clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

ValueOptions adopted clinical practice guidelines from the American Psychiatric Association (APA) for:

- Bipolar disorder
- Eating disorders
- Major depression
- Panic disorder
- Schizophrenia
- Acute Stress and post-traumatic stress disorder
- Substance abuse disorders
- Assessment and treatment of suicidal behaviors

ValueOptions adopted guidelines for Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder-Adolescent from the American Academy of Child and Adolescent Psychiatry. ValueOptions adopted guidelines for Generalized Anxiety Disorder Adult from the Canadian Psychiatric Association. Guidelines for Co-Occurring Related Disorder, Suboxone Treatment and Opioid-Related Disorders were adopted from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Promoting provider adherence to clinical practice guidelines is an integral component of the Latham Engagement Center Quality Management Program. The Latham Engagement Center Quality Management Department performs treatment record reviews and collects data related to adherence to clinical practice guidelines from those reviews. Reviews in 2014 noted the following adherence to clinical practice guidelines:

2014 Clinical Practice Guideline Adherence	
Treatment Standard	Average Score
Attention Deficit Hyperactivity Disorder	92%
Major Depressive Disorder	98%
Bi-Polar Disorder	93%
Schizophrenia	100%
Co-Occurring Disorders	94%

Clinical Practice Guidelines *(continued)*

ValueOptions' Clinical Practice Guidelines can be found on our website:

http://www.valueoptions.com/providers/Handbook/treatment_guidelines.htm. If you would prefer a paper copy of any ValueOptions clinical practice guidelines, please call (800) 397-1630.

Copies of the APA guidelines can be downloaded from its website:

<http://www.psychiatry.org/practice/clinical-practice-guidelines>

If you don't have Web access please call APA customer service line at (800) 368-5777.

If you have any questions or need assistance, please feel free to call the Provider Services Line at (800) 235-3149. The Provider Services Line is available between 8 a.m. and 8 p.m. ET, Monday through Friday.

Member Rights and Responsibilities

ValueOptions is committed to respecting our members' rights and responsibilities. Members have a right to:

- ◇ Receive information about the organization, services, practitioners and providers, and the members' rights and responsibilities.
- ◇ Be treated with respect and recognition of their dignity and right to privacy.
- ◇ Participate with practitioners in making decisions about their health care.
- ◇ A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- ◇ Voice complaints or appeals about the organization or the care it provides.
- ◇ Make recommendations regarding the organization's members' rights and responsibilities policies.

Members have a responsibility to:

- ◇ Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- ◇ Follow plans and instructions for care that they have agreed on with their practitioners.
- ◇ Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

View more information about ValueOptions' member rights and responsibilities:

[Click here for Member Rights and Responsibilities: English](#)

[Click here for Member Rights and Responsibilities: Spanish](#)



Complex Case Management (Intensive Case Management)

ValueOptions® offers an Intensive Case Management (ICM) program to address the health needs of our most complex and highest risk members. We identify potential participants through our predictive model analytics and through real time referrals from providers and from care team members based on established criteria. Criteria for referral may include:

- ◆ Multiple IP or ER admissions
- ◆ Complex co-morbid behavioral and medical health conditions
- ◆ Significant suicidal or homicidal risk
- ◆ Multiple unsuccessful Substance Abuse treatment attempts
- ◆ Repeated high risk behaviors
- ◆ Complex psychiatric cases
- ◆ New and unstable high risk diagnosis

Once a member is identified, ICM staff will outreach to the member, explain the benefits of the program, determine what they would like to accomplish to experience better health, provide a comprehensive assessment of their health and psychosocial needs, and develop a member centric plan of care to address their stated goals. Overall program goals and activities include:

- ◆ Experience a healthy and satisfying life
- ◆ Understand personal health care needs and self-care strategies
- ◆ Develop personalized goals based on the individual's needs
- ◆ Experience the benefit of coordination of behavioral health care with other health care services
- ◆ Overcome specific challenges affecting health
- ◆ Access resources available for the individual and care givers

Close coordination with treating providers is a key ingredient for a successful outcome within the ICM program. We identify which providers the member is currently working with and communicate the ICM care plan as well as ongoing progress. When necessary, we contact the provider to adjust the care plan to better meet the member's needs. We also identify service gaps and coordinate connections to new services. To be effective in this process, we welcome input from the treating provider and view our role as a supplement to your primary treatment. We look forward to working with you and the members we serve who are receiving case management services. If you think a patient of yours would benefit from the ICM programs, please see the ValueOptions ProviderConnect Web portal to refer a member to ICM. You may also call ValueOptions at (877) 7-NYSHIP [(877) 769-7447], option 3, to speak with a clinician.



Provider Information Updates

Treatment Records: Documenting the Care You Provide

Providers of mental health and substance abuse services face ever increasing requirements for documentation. A recent provider treatment record audit revealed trends that suggest you may not be receiving credit for the care you do. For example:

Do you ask your patients to sign release forms so you may speak to primary care physicians and other mental health specialists for coordination of care purposes?

Do you ask your patients for written consents for medications?

Do you document your patients understanding of the medications they are taking?

Do you obtain written consents from patients/ guardians to contact the patient's school to collaborate on treatment plans?

Coordination of care and patient education are essential parts of patient care and of the treatment record. By documenting these elements, you will not only meet the requirements, your records will show all of the care you provide.

Member Self-Management Tools

We invite you to access our Achieve Solutions web site to view interactive self-management tools you may share with your patients. These include:

[Healthy weight maintenance](#)

[Smoking and tobacco use cessation](#)

[Encouraging physical activity](#)

[Healthy eating](#)

[Managing stress](#)

[Avoiding at-risk drinking](#)

[Identifying psychiatric symptoms through self-assessment](#)

[Recovery and resiliency](#)

[Treatment monitoring](#)

For information on these and other topics, please visit our website,

www.achievesolutions.net/empireplan. We appreciate your time and look forward to your feedback regarding these links to self-management tools and/or other recommendations.

