

# QUEST PROVIDER NEWS

## JUNE 2003

### **A Special Thank You to Scott Daubert, PhD**

*Bob Green, MS, MBA  
President, Quest*

As many of you are aware, Quest has been fortunate enough to have Dr. Scott Daubert as the Clinical Director for the past three years. Dr. Daubert has recently accepted another position. All the staff here at Quest has appreciated his hard work and dedication. We extend our best wishes to Dr. Daubert as his next "quest" begins and we are looking for a qualified candidate to fill the position of Clinical Director. If you or someone you know has an interest, please contact Michelle Baker at 717/225-5100.

### Quest Responds to Provider Satisfaction Survey

Quest completed its annual provider satisfaction survey. Thank you for your feedback. We analyze everything you tell us and make efforts to improve any unsatisfactory areas. Providers told us they were highly satisfied:

- 99.4% satisfied with the ease of reaching a UM staff member.
- 98.2% satisfied with the time required by Quest to process precert / recert requests.
- 98% satisfied with the knowledge of Quest staff.

We reviewed reimbursement rates for all disciplines. As a result of the review, an opportunity for improvement was identified; Master's Level reimbursement rates will increase effective July 1, 2003.

Providers reported a 90% satisfaction with the denial process. As a result Quest streamlined the denial process, allowing for more efficiency, developed a denial database and reviewed and revised our mental health, substance abuse, and eating disorder medical necessity criteria. You can obtain a copy by calling the QM department of Quest at 1-800-364-6352.

Providers reported a 90% satisfaction with Quest's complaint and appeal process. We therefore wanted to remind you about our complaint and appeal process.

### **Complaints**

Quest's QM Committee reviews complaints. We observe time standards for resolving complaints. We resolve urgent complaints within 2 business days or 72 hours whichever is less, and routine complaints within 30 days or less. We resolved the majority of the complaints within our time standards; those not resolved within our time frame involved requests for medical records, in order to thoroughly investigate member concerns.

The minimal number of complaints that we did receive in 2002 mostly had to do with dissatisfaction with a provider. Quest investigated every complaint and took action as appropriate. We worked with one of our providers to review their intake procedure for inpatient admissions. None of the complaints involved safety concerns nor did they involve clinically urgent issues.

### **Appeals and Grievances**

A member or provider, with member consent, may appeal a Quest decision regarding denial of services and resolution of complaints. When a denial of services occurs, members are notified in writing of how to appeal the decision.

An appeal must be requested within 180 days of the denial notification. There are at least two levels of internal appeal. At the first level, a single reviewer conducts the review. A determination is made. If the member is dissatisfied with the outcome, a second level appeal must be requested within 180 days of the first level decision.

At the second level, a panel of at least three professionals conducts the review. At both levels the reviewers have appropriate knowledge and experience and no prior involvement in the case. Members are notified in writing of each appeal decision. The notification explains how to further appeal after each level of appeal, until the appeal process is exhausted.

Under some circumstances, appeals may be eligible for an external or independent review. Only decisions where Quest has determined the care or service was not medically necessary are eligible for external or independent review. The external review is conducted by an organization that is not connected to Quest in any way. By its own policy Quest must go along with the decision of the review organization and carry out its instructions. Members are not responsible for the cost associated with the review. External reviews are referred to the Department of Health or the Department of Insurance. If there are questions about the complaint or grievance process please contact Quest.

### Surviving Suicide<sup>1</sup>

The last several articles of the provider newsletter have given providers information on completing a thorough suicide risk assessment. For every suicide there are six to 10 family members who are affected by the death - about 186,000 new individuals each year. Suicide is traumatic for those family and friends that are left behind (the survivors). The stigma that surrounds suicide can make it difficult for survivors to deal with their grief. Working with family members is vitally important.

Most clinicians are familiar with the risk factors associated with completed suicide. A number of demographic, clinical and individual risk factors exist. Some of the groups that have higher than average suicide risk include:

- Males in general.
- Gays, lesbians and bisexuals.
- Teens and the elderly.

<sup>1</sup> [www.apa.org/monitor/nov01/intervening.html](http://www.apa.org/monitor/nov01/intervening.html)  
[www.apa.org/monitor/nov01/suiciderisk.html](http://www.apa.org/monitor/nov01/suiciderisk.html)  
[www.apa.org/monitor/nov01/warningsigns.html](http://www.apa.org/monitor/nov01/warningsigns.html)

- People living alone or who are socially isolated.
- Whites, Native Americans.
- Occupations with the highest professional rate include: physicians, psychiatrists, psychologists, dentists, police officers, and attorneys.
- The unemployed.
- Those with major depression, chronic emotional or physical pain.
- Those with terminal illnesses.
- Loss of physical functioning.
- Those with a history of prior suicide attempts or family history of suicide.

Clinicians can provide a number of interventions to assist family members. These include:

- Onsite interventions. In Baton Rouge the Local Outreach to Suicide Survivors (LOSS) works with the coroner and police to provide support for family members as close to the death as possible.
- Reconstructing the events. Families may struggle with the “why” it happened for as long as necessary or until satisfied with a partial answer. Helping family members share their perceptions can create a more accurate picture to facilitate healing and closure.
- Attending the funeral. This can help the family and the clinician.
- Offering reassurance and encouraging the grieving process. The intensity of feelings associated with grieving suicide can include explosive emotions, guilt, fear and shame. Encourage providers to accept the intensity of the grief.
- Offering community resources. The American Association of Suicidology at [www.suicidology.org](http://www.suicidology.org) provides information on prevention and support groups.

### [www.questbehavioralhealth.com](http://www.questbehavioralhealth.com)

Quest Behavioral Health (Quest) would like to remind practitioners and facilities about our website [www.questbehavioralhealth.com](http://www.questbehavioralhealth.com). We include information about many topics of interest on our website. You can view and/or download information about the following topics on the website:

- Quest's Quality Improvement Program description including goals, processes and outcomes as related to care and service.

- Quest's efforts to measure the availability of practitioners, facilities and treatment programs and actions taken to improve availability.
- Quest's efforts to measure the accessibility of care and service for our members (such as how long it takes to get an appointment) and actions taken to improve accessibility.
- Quest's member satisfaction activities (such as our annual member satisfaction survey), including what we did to improve satisfaction.
- Quest's clinical practice guidelines and process to measure adherence to the guidelines.
- Quest's expectations for exchange of information with medical care or PCPs and within the behavioral health continuum to facilitate continuity and coordination of care.
- Quest's Medical Necessity Criteria, including how to obtain or view a copy.
- The availability of, and process for, contacting an appropriate Quest Peer Reviewer to discuss utilization management decisions.
- A description of the availability of an independent external appeals process for utilization management decisions made by Quest.
- Quest's policy prohibiting financial incentives for utilization management decision-makers.
- Quest's member rights and responsibilities statement.
- Quest's confidentiality policies including what a "routine consent" is and how it allows Quest to use information about enrollees; their right to approve the release of personal health information not covered by the "routine consent;" access to the enrollee's medical records; Quest's commitment to protect the enrollee's privacy in all settings and Quest's policy on sharing personal health information with employers.
- Quest's privacy notice.
- Information about Quest's preventive behavioral health programs including how successful these programs have been.
- Quest's treatment record policies regarding confidentiality of treatment records, documentation standards, systems for organization of treatment records, standards for availability of treatment records at the practice site and performance goals.

If you have any questions about accessing our website or if you would like more information or paper copies of any of the above items, please call the Quality Management Department. Check out the Quest website in August or September and see the new Quest web page.

Our provider handbook is located at:

[www.questbehavioralhealth.com/providerhandbook.doc](http://www.questbehavioralhealth.com/providerhandbook.doc)

## Prevention Programs

### ***Depression***

Quest offers a series of three educational mailings about depression. They are free to all members. The mailings describe the treatments for depression and what to expect in treatment. A follow-up survey is sent after the third mailing to ask members about the usefulness of the program. All members with a new diagnosis of depression receive the mailings about depression unless they ask not to receive them.

Annually Quest reviews this program. This past year there were 121 participants in the program. Members who responded to the survey told us the program was most helpful in providing information:

- About the symptoms associated with depression.
- About antidepressant medications.
- On things to do to cope better when depressed.

Members reported being more informed after receiving the newsletters than before.

### ***Attention Deficit Hyperactivity Disorder (ADHD)***

Quest also offers a series of three educational mailings about ADHD. They are free to all members. The mailings describe the treatments for ADHD, and ways parents can work with children who have ADHD to reduce stress. A follow-up survey is sent after the third mailing to ask parents about the usefulness of the program. The parents of all children and adolescents with a new diagnosis of ADHD receive the mailings about ADHD unless they ask not to receive them.

Annually Quest reviews this program. There were 41 participants in the program. Parents who responded

to the survey told us the program was most helpful in providing information about:

- Understanding their child's behavior.
- Communicating with their child.
- Reinforcing and rewarding their child.
- Disciplining their child.
- Dealing with their child's anger and frustration.

Parents reported being less stressed after receiving the newsletters.

Members did tell us that both programs were straightforward and basic in their nature. That's because we make every effort to make sure written information is easy to read and understand. If you have patients newly diagnosed with either Depression or ADHD we encourage you to enroll them in the appropriate preventive program by contacting Quest's Quality Management Program.

### **Change in Credentialing Requirements**

The Credentialing Committee recently revised the malpractice insurance requirements from a recommended 1 million / 3 million to a required 1 million / 1 million for physicians and non-physicians, with psychiatric supervision that have additional umbrella liability insurance. Private practice non-physicians without psychiatric supervision, and additional umbrella insurance will be required to carry 1 million / 3 million in malpractice insurance.

### **Quality Management Program**

The purpose of Quest's QM Program is to improve the quality of care and service for members. Our QM Committee analyzes data from our many measurement activities to identify ways to improve them. When opportunities are identified, we take actions to improve services. Providers can request additional information about our QM program, including a description of our QM program by contacting the QM program at Quest.

### **QM Initiatives**

In 2002, Quest's Quality Management Program had significant accomplishments. We wanted you to know about them:

#### ***NCQA Accreditation***

- We obtained a full, three-year accreditation, from the National Committee on Quality Assurance (NCQA), the nation's authority on quality health care plans.

#### ***Intensive Case Management Program***

- We have initiated an intensive case management program that assists members who are at high risk. One group of members our program helped, were members who were hospitalized on an inpatient unit. After hospitalization for behavioral health care, outpatient treatment is usually needed. We worked with providers to be sure outpatient treatment began soon after discharge from the hospital. We increased the number of members who kept an outpatient appointment within 30 days of discharge from 55.7% to 81.5%. Please let us know if we can assist in arranging an appointment for a member. This will reduce the risk of re-hospitalization and the risk of a worsening condition.

#### ***Family Involvement***

- When children and adolescents receive behavioral health treatment, the whole family is usually involved. This is why we encourage a family visit whenever possible. We increased the number of families who receive a family visit when a child or adolescent is in treatment. The rate improved from 13.6% to 23.5%. We're still doing more to improve this rate. For example, we now immediately authorize a family visit and send parents a copy of the authorization. A child or adolescent can still be seen individually but we are committed to the family's involvement in treatment.

#### ***Treatment Dropouts***

- Many patients treated for depression with medication do not stay in treatment. Without proper care there is a greater risk that the depression will return. While every person's treatment is different, we recommend at least 3 visits in the first three months. We encourage members to stay in treatment and talk with their provider about the best treatment options.

#### ***Access to Members***

- We've made ourselves available promptly to our members. In 2002, our number of abandoned telephone calls was well below our standard of 3%; we were successful in answering more than 99% of our members' calls within 30 seconds.

Feel free to provide your input into our Quality Management Program. You can also request a report on how we are doing at meeting our QM goals by contacting the QM program at Quest.

## Medication treatment of ADHD decreases risk of future substance abuse<sup>2</sup>

**James Hegarty, MD**  
**Medical Director-Quest**

A recent Massachusetts General Hospital (MGH) study found that medication treatment for children with ADHD resulted in an almost two-fold reduction in the risk of future substance abuse. The report appeared in the January 2003 issue of *Pediatrics*. "We know that untreated individuals with ADHD are at a significantly increased risk for substance abuse. And we understand why parents often ask whether stimulant medications might lead to future substance abuse among their children," says Timothy Wilens, MD, MGH Director of Substance Abuse Services in Pediatric Psychopharmacology, the paper's lead author. "Now we can reassure parents and other practitioners that treating ADHD actually protects children against alcohol and drug abuse as well as other future problems."

The researchers searched the medical literature for studies of children, adolescents and adults with ADHD that included follow-up information on later substance abuse. They identified six studies including 1,000 participants with ADHD (674 who received stimulant treatment and 360 who were non-medicated) followed for four years or more. The researchers found a significant overall reduction in the risk of subsequent substance abuse among those receiving stimulant treatment. They note that four of the six studies showed "striking protective effects of stimulant medications."

The MGH team also noted that the protective effect of stimulant treatment for ADHD in childhood was not as strong in young adults as it was in adolescents. While some of this could relate to the fact that adolescents are still subject to parental

supervision, the researchers also suggest that past recommendations that stimulant treatment be discontinued in adolescence could cause the protective effect to disappear in subsequent years.

## Member Satisfaction

Quest completed its annual member satisfaction survey to find out how members think we are doing. We used the ECHO survey endorsed by NCOA. We take member responses seriously. We analyze everything they tell us and make efforts to improve areas of lesser satisfaction.

We added Licensed Professional Counselors (LPCs) and Licensed, Marriage and Family Therapists (LMFTS) from our high volume groups for greater access for our members. Three areas we targeted showed improvement.

Respondents told us positive things about our providers:

- In 2001, they "saw someone as soon as they needed" 75.7% of the time. In 2002, this improved to 88.7%.
- In 2001, the "frequency of getting an appointment as soon as they wanted" was 81.9%. In 2002, it improved to 86.4%.
- In 2001, they were "told about side effects of medication" 81.6% of the time. In 2002, this improved to 86.3%.

Quest is continuing to target improvements in these three areas this year. By adding more providers on a monthly basis and actively encouraging providers to discuss side effects of medications with members, we hope to continue showing improvement.

### **Respondents told us:**

- They felt 100% satisfied that they were "involved in counseling as much as they wanted".
- They were more than 97% or more satisfied:
  - Providers "explained treatment in an understandable way".
  - Providers "showed respect for what they had to say".
- More than 95% were satisfied that their provider:
  - "Spent enough time with them".
  - "Listened carefully to them".
  - "Made them feel safe".

<sup>2</sup> Massachusetts General Hospital News & Information, January 6, 2003.

- “Had counseling within 15 minutes of appointment”.

Respondents told us they “got professional help over the phone” as needed 56.7% of the time. Members may call their provider during the course of treatment. Our standards for providers to return member calls are as follows:

- Emergent calls should be returned as soon as possible but no later than 1 hour.
- Urgent calls should be returned within no later than 3 hours.
- Routine calls should be returned to members within 1 business day.

We’ve encouraged members to indicate how quickly they require a response.

Respondents told us their satisfaction level with information received on:

- How to manage their condition - 79.6%.
- Their rights as a patient - 78%.
- Different kinds of treatment available - 46.3%.

Sixty percent (60%) of respondents told us they were never told about support groups. The following list of regional resources may assist you 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’ve encouraged members to ask providers about additional support groups, different kinds of counseling that may be available, information on managing their condition and patient rights. Members were encouraged to be informed about treatment, ask questions and actively participate in treatment.

When looking at member satisfaction with customer service and benefit information Quest found,

seventy-seven percent (77%) of respondents reported it was not a problem getting help from customer service. Seventy-eight percent (78%) reported the company handling benefits (Quest) was the best possible. There have been a number of benefit changes this year. We felt a reminder for providers about Parity law and benefit information may assists members and providers.

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 visits 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 specific 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; 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 requirement 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.

Usually Quest will review mental health and substance abuse benefits; however, there may be times when Quest is required to refer a member to a third party administrator (TPA) for benefit information. There have been a number of benefit changes in the past year for various benefit plans. Encourage members to contact Quest for their benefit information.

### Quest Offers Integrated Product

Quest offers an employee assistance program (EAP) for employers. The program is confidential, professional and helps employees and their immediate family members identify and resolve personal issues that may be affecting them at work or in their personal lives.

Quest is pleased to announce two area employers, Manufacturers Association and The Reading Hospital & Medical Center, have contracted with Quest to provide Employee Assistance Program (EAP) services to their employees. A third area employer, Summit Health, will add Quest EAP services beginning August 1, 2003.

If members need additional services after EAP services are complete, Quest can efficiently assist in accessing the member's benefit.

### Employer Contracts Effective with Quest

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

- Ephrata Community Hospital
- AmeriHealth Administrators - SCP
  - Manufacturers Assoc. of S. Central Pa.
  - 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
- Shipley Energy
- Summit Health
  - Chambersburg Hospital
  - Cumberland Valley Medical Services
  - Community Health Services
  - Summit Surgery Center
- WellSpan Health (all plans)
- 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.

### HIPAA-potamus Update

Did you know a Hippopotamus can eat up to a 100 pounds of vegetation in one night? By now it might seem like you have a hundred pounds of mail related to HIPAA privacy notices. That's because new privacy regulations became effective April 14, 2003. The privacy regulations ensure health plans, pharmacies, hospitals and other covered entities limit the ways personal medical information can be used.

We've revised our privacy and confidentiality policies and procedures to be compliant with HIPAA privacy requirements. The information about members we collect could be in the form of medical records, claims and other administrative data that are personally identified. This information is known as protected health information or PHI. We follow strict policies and procedures to protect privacy and confidentiality in all settings. Our policies and procedures address:

- Who has access to member's PHI?
- How a member can request restrictions on the use or disclosure of PHI.

- How a member can request amendments to PHI.
- How a member can request an accounting of disclosures of PHI.
- How we internally protect member PHI in our organization whether the PHI information is in oral, written or electronic form. We have security provisions in place to protect member PHI.

We send out privacy notices to our members. The privacy notice gives a detailed description of our use or disclosure of PHI and member health information rights; providers get copies of these policies and procedures along with some others that describe ways to protect privacy and confidentiality at their credentialing, recredentialing and can look for revisions on the provider section of the Quest website. Quest's Quality Management Committee oversees confidentiality and issues of privacy. The QM Committee looks at ways to reduce the amount of PHI information that is collected.

We are permitted to use or disclose PHI under the following circumstances:

- To ensure members receive proper treatment.
- To ensure services provided to members are billed to and payment may be collected, to determine eligibility of benefits or to coordinate coverage.
- For other health plan operations including quality assessment and improvement activities.
- For case management and preventive services.
- As required by law.
- To avert a serious threat to health or safety.
- Under other special circumstances.

Members have the following rights regarding PHI in our possession:

- Right to inspect and copy.
- Right to amend.
- Right to request a list of our disclosures of member PHI that is not required or permitted.
- Right to request restrictions or limitation on the PHI we disclose.
- Right to request confidential communication of PHI; that is, members may request we

disclose PHI in a certain way or certain location.

- Right to request a paper copy of our privacy practices.

If we use information for other reasons, we will change or remove any portions that could allow someone to identify a member or we will contact them to ask for written authorization to release the information. Members can deny or limit permission to release information. Examples of when we would contact members include requests for information to process a worker's compensation or automobile insurance claim; sharing behavioral health treatment information with the member's primary care physician; and research.

The authorization for release of protected health information includes:

- The name of the person or entity providing the information.
- The type of treatment or the level of care the release is effective for.
- The specific information to be released.
- The purpose for the release.
- The individual or entity authorized to receive the information.
- The expiration date of the authorization.
- Signature of member or member's legally authorized representative.
- Member's date of birth and social security number.
- Signature of witness.
- Date of the authorization.

Minors under the age of 14 and members who are under legal guardianship are not able to give written authorization to release information. In these circumstances, we ask the member's legally authorized representative to give written authorization to release information. We only provide information to persons who are legally authorized to receive information.

Employers may request information from Quest. Often we can provide data and information without identifying the member. We require employers to agree in writing to protect all information that identifies members from being used in any decisions that affect the member. We require special protections be in place before we provide any protected health information. Quest provides only

the minimum amount of information needed. We never share any protected health information outside of that mentioned without member written authorization.

Quest does not provide direct care or treatment. We do not maintain medical or treatment records. A member's physician, therapist, hospital or other treatment facility keeps records. Members are directed to obtain information about treatment from them.

If a member believes their privacy rights have been violated, they can file a complaint with the Quest Behavioral Health Privacy Officer, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

The next HIPAA related issue is Electronic Transactions and Code Sets. Compliance is required by October 16, 2003. Quest has decided to contract with a clearinghouse for electronic data interchange; selected high volume sites will have the ability to participate in 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.

For more HIPAA information go to <http://www.hhs.gov/ocr/hipaa/>.

### Incentives

Quest authorizes services based only on appropriateness of care and service and existence of coverage. Staff members, practitioners or other individuals do not receive rewards for issuing denials of coverage or service care. Financial incentives for UM decision makers do not encourage decisions that result in underutilization or offer incentives to reduce care and services.

### Name that Newsletter

There's still time to suggest a name for the provider newsletter. Please drop your name suggestions in the mail by August 31, 2002 at Quest Behavioral Health, P.O. Box 1032, York, PA 17405-1032 or fax to 717/851-1414. If we choose your suggestion for the name of the provider newsletter we will give you

a \$25.00 gift certificate to the local restaurant of your choice.

### Access and Availability

Quest sets standards for the amount and types of providers that must be available to members within certain distances. We measure our performance against our standards annually.

Our goal is for a Quest member living in an urban area to travel 20 miles or less to see a provider and travel 45 miles or less if the member is living in a rural area. More than 98% of practitioners are available to urban members and more than 99% of providers are available to rural members. Our most recent review of available providers found we met and exceeded our standards for the amount and type of providers within travel distances. We have had no complaints regarding access or availability of providers.

We visit high volume providers annually to make sure they have appointments available for our members.

If a member has a life-threatening emergency direct them to the nearest emergency room.

Sometimes a member needs to be seen "right away". Our standards are for providers to offer appointments within:

- 6 hours for members with non-life-threatening emergencies.
- 48 hours for members with urgent needs.

Our care managers have worked with members to ensure all Quest members have been offered an appointment based on the urgency of their situation.

Other times members were seen "as soon as they want to be seen". Our standard is for a provider to offer an appointment within:

- 10 business days for a member with routine needs.

We study routine appointments for access to psychiatrists. Our data has shown us that members have delays in accessing appointments with child & adolescent psychiatrists. Interventions to improve access to these providers and / or services have been initiated. A number of child and adolescent psychiatrists are being added to the Quest network of providers. Nurses are more involved in assisting

with medication issues. Specific local child and adolescent providers are being credentialed. Additionally, all types of providers are being added on a monthly basis to offer greater amounts and types of providers for our members.

Please let us know if members are having difficulty obtaining an appointment within the appropriate time frame; or if members have indicated they have any special needs or cultural preferences. We collect this information to be sure we meet member special needs and preferences.

### How to Obtain Services

You must call Quest to pre-authorize **all** mental health and substance abuse services. Assessment Counselors are available 24 hours a day, 7 days a week, if you have an emergency. The telephone number is 1-800-364-6352. For routine services, call weekdays between 8 AM and 4:30 PM.

### Clinical Practice Guidelines for Depression

Quest measured compliance with the two clinical practice guidelines currently implemented: the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder (Revision) and the APA Guideline for the Treatment of Patient with Panic Disorder. The most recent measurement period assessing compliance with the guidelines found the following:

#### **Depression Guideline Measures**

- Evidence of suicide risk assessment in the initial evaluation - 90% compliance.
- Evidence of inclusion of ECT treatment in the treatment plan for appropriate members - 60% compliance.
- Evidence members have been informed of the potential side effects of medication - 81% compliance.

#### **Panic Guideline Measures**

- PCP Evaluation within 6 months of diagnosis - 65% compliance.
- Evidence of co-morbid treatment of substance abuse diagnosis - 33% compliance.
- Members newly diagnosed with panic disorder received antidepressant treatment, anti-anxiety or psychotherapy within one month of diagnosis - 100% compliance.

Providers were notified of their individual results. The next compliance review will occur in August. If you would like a copy of the guidelines go to [www.psych.org](http://www.psych.org). Under the site guide click on "clinical resources" then choose "practice guidelines". Or you can request a paper copy of the guidelines by contacting us.

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 specific information relevant for members. If you would like a paper copy of the member information, please contact us.

### Treatment Records

Quest completed a treatment record review of high volume providers in 2002. The performance standard is 90% for each criterion. Individual and comparative results were distributed to providers. Two areas previously targeted showed improvement. These included: consent for PCP release improved from 46% to 69% and documenting measurable treatment goals improved from 53% to 81%. These constitute significant improvement gains.

A third area targeted for improvement, continuity and coordination of care between PCP and behavioral health saw little change. Quest requires communication with the PCP (at a minimum) at the time of admission, at the time of a change in medication or level of care and at the time of discharge. The documentation rates are as follows:

Continuity and Coordination of Care	2002	2001
At the time of admission	50%	56%
At the time of change in medication or LOC	35%	21%
At the time of discharge	21%	25%

This area continues to be an area identified for improvement. Quest distributed a Model Release of Information and a Best Practice Example of Continuity and Coordination of Care. We encourage providers to obtain a release of information for a member's PCP and document if the member refuses. Additionally, communication with the PCP is required at the time of admission, a change in medicine or LOC and at the time of discharge. We

believe this provides improved coordination of care and promotes positive outcomes for members.

Re-measurement of treatment records will occur in August of 2003. Your cooperation is appreciated.

### Provider Advisory Panel

If you would like to serve on our Provider Advisory Panel, please let us know. We welcome your input

and encourage suggestions about how to improve our services and our Quality Management Program.

Have a safe and enjoyable summer.

