Quest Provider News – June 2004

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

- Quest's Quality Improvement Program 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 clinical practice guidelines and process to measure adherence to the guidelines.
- Quest's expectations for exchange of information between behavioral health providers and 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 members; their right to approve the release of personal health information not covered by the "routine consent;" how the member may request: restrictions on the use or disclosure of personal health information, amendments to personal health information or an accounting of disclosures of personal health information; how members may obtain access to their personal health information; Quest's commitment to protect the member'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 practice sites 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 at 1-800-364-6352. Our provider handbook with important information is located at: www.questbehavioralhealth.com/providerhandbook.doc

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FDA and Antidepressants: Quest Medical Director Responds

James Hegarty, MD

Concerns have been raised about a possible link between antidepressant medications and suicide. The FDA has recently strengthened the "Warnings" section of some package inserts to encourage close observation by providers for evidence that a patient's depression is worsening or for the emergence of suicidal thinking and behavior in both adult and pediatric patients. The FDA has clearly stated that no link has been established but additional studies are being conducted. Quest strongly supports the FDA's recommendations for close monitoring of patients particularly early in treatment.

The drugs that were affected by the FDA's labeling change were as follows:
Prozac (fluoxetine)
Zoloft (sertraline)
Paxil (paroxetine)
Luvox (fluvoxamine)
Celexa (citalopram)
Lexapro (Escitalopram)
Wellbutrin (bupropion)
Effexor (venlafaxine)
Serzone (nefazodone)
Remeron (mirtazapine)

The FDA is not recommending avoiding the use of antidepressants; in fact, untreated depression presents a greater risk for suicide.
For more information, we encourage you to direct members to a section of the FDA website that provides the latest safety information and safety alerts for drugs, biologics, devices and dietary aids: *www.fda.gov/medwatch/SAFETY/2004/safety04.htm#drugs*.

Rate Increase - Family Visits for Children and Adolescents

Last year, Quest increased the reimbursement rate for family visits for all providers. We know behavioral health problems, which emerge in childhood or adolescence, are frequently related to, or mitigated by, problems within family systems. Other problems affect family dynamics in ways that may impair a family's ability to effectively cope with and support the child or adolescent experiencing behavioral problems. Accurate assessment of causality related to children's behavioral problems and rapid incorporation of familial

support are important in treating children and adolescents. The American Association of Child and Adolescent Psychiatry's Guideline for the Evaluation and Treatment of Children and Adolescents states that family assessment should be included as soon as possible for the development of a treatment plan. We believe children and adolescents in treatment should receive a family visit within the first 60 days of treatment. To encourage that we reimburse every family visit (code: 90847) an additional $5. Other companies may not reimburse for this service. However, Quest strongly supports family involvement in treatment and we encourage you to provide this service.

Provider Satisfaction

Quest completed its annual provider satisfaction survey in the beginning of the year. Thank you for responding.

Respondents reported 98% satisfaction with the ease of reaching UM staff; 95% satisfaction with the clarity of the precertification process and the paperwork required; 97% satisfaction with obtaining benefit information and the time required by Quest to precertify care.

Respondents also told us they were:

- 97-98% satisfied with the ease of obtaining precertification and recertification for outpatient, inpatient, partial and IOP services.
- 94% satisfied with the ability to obtain the level of care they felt was necessary for their patient.
- 94% satisfied with obtaining inpatient follow-up.
- 94% satisfied with care management after inpatient service.
- 98% satisfied with their ability to obtain emergency services.
- 96% satisfied with the complaint / grievance process.
- 95% satisfied with the timeliness in processing appeals.

Respondents reported 98% overall satisfaction with Quest Utilization Management.

The practitioner satisfaction survey also indicated respondents were:

- 99% satisfied with clinical practice guidelines and Quest's prevention programs.
- 97-98% satisfied with the use of Medical Necessity Criteria for precertification, recertification and discharge, the provider handbook, Quest's acceptance of feedback regarding Quest and its Quality Management Program, Quest compared to other managed care companies, and the quality of interaction with Quest staff.
- 96% satisfied with the knowledge of Quest staff and with their perception of how satisfied members are with Quest.

Areas that fell below 90% included satisfaction with the clinical appropriateness of denials (84%), reimbursement rates compared to other managed care companies (68%) and claims payment timeliness (89%). A new question added to the survey about satisfaction with communication from PCPs regarding medical information showed 80% satisfaction.

The clinical appropriateness of denials was an area Quest looked at last year. As a result of feedback from practitioners, Quest streamlined the denial process, improving efficiency by having UM staff complete the entire denial process.

Quest reviewed the medical necessity criteria on which denials are based to ensure the criteria are objective and evidence-based, taking into account Quest's membership, the local delivery system, and the medical appropriateness of health care services.

Satisfaction with reimbursement rates compared to other managed care companies has persistently been an area of lower satisfaction for practitioners. Last year, Quest increased the master's level reimbursement rate as a result of feedback from practitioners. The substance abuse rate was increased to match the rate of mental health practitioners; residential substance abuse treatment was renegotiated on a case-by-case basis.

Practitioners reported 89% satisfaction with claims payment timeliness. Quest allows 45 days to process a clean claim. Quest processes claims in approximately 30 days.

The question regarding satisfaction with communication from PCPs regarding medical information, a new question this year, showed 80% satisfaction. Quest reviewed the results with the PCP Advisory Group and made all PCPs aware of the results and encouraged them to communicate with behavioral health providers.

Member Satisfaction

Quest completed its annual member satisfaction survey to find out how members think we are doing. We use the ECHO survey endorsed by NCQA (National Committee for Quality Assurance). Our goal is for members to report satisfaction in most areas at 90% or more.

In our most recent survey respondents told us they were more than 90% satisfied that providers:

- Made the member feel safe (97.6%).
- Explained things in understandable way (97.1%).
- Showed respect for what member said (96.6%).
- Listened carefully to the member (95.7%).
- Involved the member in counseling as much as wanted (93.8%).
- Spent enough time with member (92.8%).

Eighty percent (80%) of respondents gave the person providing counseling or treatment a positive rating.

Most respondents (92.3%) told us they felt the counseling was helpful in improving their quality of life. More than 90 percent (90.9%) said they received help from counseling or treatment. Respondents also indicated that they saw an

improvement in problems and symptoms 84.2% of the time, an improvement in ability to deal with daily problems 83.4% of the time and in accomplishing things they want to do 78.8% of the time. Seventy-four percent (74%) gave a positive rating of counseling or treatment.

More than ninety percent (94.2%) of respondents told us they had counseling within 15 minutes of their appointment. For respondents who said they needed treatment “right away” more than seventy-four percent said they were always or usually able to get treatment right away. Respondents were seen the same day or the next day 44.8% of the time, while some reported a 2-3 day wait (27.5%), and the remaining members (27.5%) reported being seen within 4 days or longer.

Respondents told us they obtained an appointment “as soon as they wanted” 81.9% of the time. Nearly 72% percent (71.9%) got an appointment within 10 days. Obtaining appointments when members need or want them is an area we have been working to improve. We have added providers to our network and will continue to do so. If you have difficulty providing appointments to members when they need or want them, please notify our care managers or our provider relations department.

Of the respondents who called to get professional help over the phone, 62.7% said they were always or usually able to get help over the phone. We notified members what to expect when they call their provider. We told them providers do not conduct professional counseling over the telephone, but that providers are available by telephone to assist members in emergencies or routine questions. We told them to expect a call from their provider within 1 hour if they call with a non-life-threatening emergency, 3 hours if the call is an urgent need and 1 business day if the call is a routine need.

Respondents told us office staff always or usually:

- Treated them with courtesy and respect 90.6% of the time.
- Were helpful 86.7% of the time.

Respondents said they:

- Were given information on how to manage their condition 84.5% of the time.
- Were given information on choices of treatment available 42.4% of the time.
- Felt like medication or treatment could be refused – 97.1% of the time.

We encourage you to provide members with information on how to manage their condition and explain the different treatment options such as different types of therapy, different medications and levels of care for treatment. We have encouraged members to be active participants in treatment through our current and previous member newsletters.

Most respondents (72.9%) said they were never told about support groups. We have spoken to providers who said they often do not provide information on support groups unless the member asks. We encouraged members to ask our providers for information on support groups. Here are some resources that members can be referred to for assistance:

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)

An area previously targeted for improvement by Quest was awareness of patient rights. The percentage of respondents who said they were informed about patient rights improved from 78% to 93.7%. Changes related to HIPAA may have contributed to an increasing awareness about patient rights.

We have been focusing on patient safety issues. An area we targeted, and saw an improvement in, was respondents who were “told about possible side effects of prescription medications.” Of those respondents who took prescription medications, 88.4% said they were told about side effects of those medications. This number has been steadily increasing since 2001 when the rate was 81.6%. We published a series of member educational articles on patient safety in 2003 that focused on the risks and benefits of medications. We checked with our high volume providers to make sure they are informing members about potential side effects of medication. Almost half (46.8%) of respondents told us they experienced side effects. Most respondents (62.1%) said they were told about other medications that would be helpful. We encourage you to tell members about medication options, side effects, and potential drug interactions.

Almost a quarter of respondents (23.2%) reported they used all their benefits. The majority (87.8%) felt they still needed treatment. Of those, 55.8% were told of other ways to receive treatment. If members utilize all their benefits, encourage them to contact Quest for assistance in finding appropriate treatment resources. Such resources could include discussing the possibility of a sliding fee schedule with the treating practitioner or identifying other referral resources in the member’s community. Some health plans qualify for the “Parity Law.” However, most of the health plans Quest administers do not qualify for the Parity Law so be sure to check with Quest, if the member’s outpatient mental health benefits are exhausted.

Most respondents (89.5%) told us they did not experience delays in treatment while awaiting approval from Quest. Quest met its time standards for processing authorization requests.

Access and Availability

Quest has standards for the numbers and types of practitioners and treatment facilities in its network and for how far these providers should be from Quest's members. We measure our performance against these standards annually. We have consistently met our standards for numbers of practitioners and facilities

Our goal is for a Quest member to travel 20 miles or less to a practitioner or a facility (such as a hospital) if the member lives in an urban area, and 45 miles or less if the member lives in a rural area. All of our members in both urban and rural areas have access to practitioners within these standards. Our most recent review of available facilities found that we met or exceeded our standards for the number and types of facilities. We found one urban area where the drive distance to a substance abuse inpatient program was more than 20 miles. A provider in the area has been asked to join the network. We have had no complaints regarding access or availability of practitioners or facilities.

Our care managers work with members to ensure that all Quest members have been offered an appointment based on the urgency of their situation. We track members from the time of their contact with us to their scheduled appointment to ensure they receive the services in a timely fashion. Our goal is for our providers to offer members appointments as soon as possible based on the urgency of the situation.

Our standards for member access to services are:

- Life-threatening emergency needs – immediate.
- Non-life-threatening emergency needs – appointment offered within 6 hours.
- Urgent needs – appointment offered within 48 hours.
- Routine needs – appointment offered within 10 business days.

Access to services is an area Quest has targeted for improvement. We added providers, including two new disciplines, the Licensed Marriage and Family Therapist (LMFT) and the Licensed Professional Counselor (LPC) to the Network. We have added child and adolescent providers. Access to routine care has improved with these changes.

Access to Psychiatry and Psychological Testing

We specifically studied access to psychiatrists for members with routine needs. We found child and adolescent psychiatrists had the most difficulty in offering appointments for members within 10 business days. We added child and adolescent psychiatrists to the network whenever possible and increased rates for child and adolescent services when possible. We met with local hospital administrators and providers notifying them of the difficulty obtaining timely appointments. The lack of child and adolescent providers is of national concern. We encourage the use of Primary Care Physicians for ongoing routine medication management and add additional child psychiatrists as often as we can. Please let us know if you have difficulty providing this service or if you are aware of member difficulties.

Clinical Practice Guideline Review

Quest adopted and disseminated clinical practice guidelines (CPGs) that address treatment of major depressive disorder and panic disorder. Quest developed measures to measure compliance. The guidelines and the adherence measures were distributed to providers and are available on the Quest website.

APA Guideline for the Treatment of Patients with Major Depressive Disorder-2nd Revision

Depression continues to be among Quest's top inpatient and outpatient diagnoses. Members newly diagnosed with major depression between July 1, 2002 and June 30, 2003 were selected for review of adherence to the guideline. Measurement was completed at high volume provider offices via record review. Three measures were assessed for compliance with the guideline. Findings are as follows:

Guideline Recommendation	**Percent of Cases by Year**	
Adults with a new diagnosis of major depression:	2003	2002
▪ That have evidence of a suicide risk assessment in the initial evaluation.	100% (101/101)	90% (72/80)
▪ That have evidence of ECT included in the treatment plan with specific modifiers.	50% (1/2)	60% (3/5)
▪ That have evidence that members have been informed about potential side effects of medication.	86% (48/50)	81% (22/27)

Two of the three measures showed improved compliance: evidence of suicide risk assessment and evidence members have been informed of potential side effects of medication. The suicide risk assessment is a patient safety concern for Quest. Provider Newsletters have included articles on patient safety specifically assessing suicide risk that were designed to compliment the guideline. Information has also been distributed to members on suicide and suicide prevention.

Evidence that members have been informed of potential side effects of medication increased slightly. Quest has distributed information in the member and provider newsletters to both members and providers on the importance of knowing about medications and asking about side effects. As previously mentioned we encourage providers to inform members about potential side effects.

The ECT measure did not improve, however the sample size (n=2) was small.

APA Guideline for the Treatment of Patients with Panic Disorder

Members newly diagnosed with panic disorder between July 1, 2002 and June 30, 2003 were reviewed for adherence to the guideline. Measurement was completed at high volume providers via record review. Three measures were assessed for compliance with the guideline. Comparative data are as follows:

Guideline Recommendation	Percent of Cases per Year		
Number of adults with a new diagnosis of panic disorder who:	2003	2002	2001
Have a medical evaluation by their PCP within six months of the diagnosis.	83% (5/6)	65% (13/20)	79% (11/14)
Have a co-morbid diagnosis of substance abuse or dependence and are treated for both.	0% (0/1)	33% (1/3)	100% (2/2)
Are receiving an anxiolytic, antidepressant or psychotherapy within one month of diagnosis.	100% (6/6)	100% (10/10)	100% (14/14)

Panic Disorder continues to be among the top outpatient diagnoses. Compliance with the measures either increased or remained the same except for the second measure that is reflective of only one member.

Treatment Record Review
Continuity and Coordination of Care

Quest has established documentation guidelines and standards for treatment records. High volume practitioner records were reviewed. Quest expects its practitioners to maintain an organized treatment record-keeping system. The performance goal for each criterion is 90%. Thirty-four areas were reviewed. Practitioners scored 90% on 27 of the 34 criteria. Overall, treatment records continue to improve across the network. Treatment records are assessed annually on-site at the practitioner's offices. Randomly selected treatment records from high volume ambulatory care sites are included in the assessment.

Several of the areas targeted for improvement last year showed improvement. These include:

Criterion	Compliance by Year	
Records with documentation of:	2003	2002
▪ Coordination of Care at Admission	58%	50%
▪ Coordination of Care at Change in Level of Care / Medications	41%	35%
▪ Treatment Plan with Measurable Goals	83%	81%
▪ Time Frames for Attainment of Goals	96%	84%
▪ Informed Consent for Medication	89%	70%
▪ Allergies and Adverse Reactions	91%	83%

Evidence of a signed authorization to release information to the PCP was found in 64% of the records reviewed. Providers have told us they struggle to keep releases current; have members who refused to authorize the release information but did not document the refusal; or used HIPAA consent forms in lieu of releases, which is not acceptable.

Quest requires authorizations be kept current. An up-to-date authorization to release information facilitates timely communication with the PCP. Document a member's refusal to authorize the release information. HIPAA consent forms do not meet the intent of an authorization to release information. Quest previously distributed a sample release form. You may obtain a sample release form by contacting the Quality Management Department of Quest.

Providers across the network continue to improve treatment record documentation.

A member treatment record documentation goal sheet outlining Quest's goals for treatment record documentation was distributed to providers. We ask that you put the goal sheet in the front of each chart as a reminder of the areas targeted by Quest for improvement. These areas include:

- Current authorization to release information to the PCP.
- Informed consent for medication, as appropriate.
- Documentation of explanation of side effects of medication prescribed, as appropriate.
- A separate treatment plan with measurable goals and established time frames.
- Evidence of exchange of information with the PCP at admission and at change in medication or level of care.
- Documented suicide risk assessment.

Continuity and Coordination of Care

Quest fosters the exchange of information across all levels of care and all behavioral health practitioners and facilities. An important function of the Care Managers is to promote continuity and coordination of care by ensuring timely and appropriate exchange of information between members and behavioral health practitioners and facilities and between different behavioral health practitioners and facilities treating the same member. The Care Manager communicates the essential clinical aspects of cases to practitioners and facilities at every juncture in the referral process or transition of care process. The Care Manager also encourages direct communication between and among behavioral health practitioners and facilities.

As part of the treatment record review, Quest evaluated exchange of information within the behavioral health care continuum as an indicator of continuity and coordination of care. The collection of such data across settings is part of Quest's ongoing monitoring of patient safety.

Providers did an excellent job of exchanging information within the behavioral health care continuum across levels of care and settings. On very few occasions providers did not exchange information with other treating providers.

Also as part of the record review, continuity and coordination of care between behavioral health and non-behavioral health providers was reviewed. Quest found that 100% of providers had coordinated care with non-behavioral health providers (i.e. teachers, or other individuals involved in a patient's care) as

appropriate. No opportunities for improvement were identified.

Exchange of information between behavioral health and the PCP were reviewed as part of the treatment record review. Data were collected for exchange of information with the PCP from inpatient, partial hospital and IOP settings of care. These measures included the presence of a signed authorization to release information and an authorization along with evidence of communication with the PCP. Three inpatient hospitals scored below 90% on evidence of communication between medical and behavioral health. The remaining facilities were at or above 90% compliance. Partial programs had evidence of releases to the PCP 57% of the time, but only 29% of those releases were signed and current; there was evidence of communication with the PCP, 57% of the time. The IOP programs reviewed met Quest's standards for releases and exchange of information with the PCP. Some ways to provide evidence of PCP communication include a check box on the discharge form, a separate PCP communication form or a carbon copy (cc) indicated on the discharge summary with a date sent to PCP.

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 unless they ask not to be included. A follow-up survey is sent after the third mailing to ask members about the usefulness of the program.

Quest evaluates this program annually. This past year 87 members participated in the program. Members who responded to the survey told us the program was most helpful in providing the following types of information:

- Symptoms associated with depression.
- Working effectively in talk therapy.
- Continuing treatment.
- Communicating with their doctor or therapist.
- Making changes in their life to cope better with depression.

Members consistently reported being more informed after receiving the newsletters than before. The majority of members did not share the newsletters with family or friends. We encouraged them to do so.

Attention-Deficit / Hyperactivity Disorder (ADHD)

Quest also offers a series of three educational mailings about ADHD. Parenting a child with ADHD is challenging. The newsletters on ADHD are free to parents of all children and adolescents with a new diagnosis of ADHD. Parents receive the mailings about ADHD unless they ask not to be included. A follow-up survey is sent after the third mailing to ask members about the usefulness of the program.

Annually Quest evaluates this program. This past year there were 27 participants in the program. Parents who responded to the survey told us the program was most helpful in providing information:

- About dealing with their child's anger and frustration.
- In helping them understand their child's behavior.
- About helping reduce their stress.
- To improve their ability to work with their child.
- To improve their family's ability to help their child.

Parents reported significantly less stress after reading the material contained in the mailings
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Member comments about both programs have been positive. Both prevention programs are designed to be 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 at 1-800-364-6352. Please encourage members to participate.

Quality Management Program

The purpose of Quest's Quality Management (QM) Program is to improve the quality of care and service for members. Our Quality Management and Improvement Committee analyzes data from our many measurement activities to identify ways to improve. When opportunities are identified, we take actions to improve. Feel free to provide your input into our QM Program. You can request a report on our QM Program, including a description of the program and how we are doing at meeting our QM goals, by contacting the Director of Quality Management.

In 2003, Quest's Quality Management Program enjoyed significant accomplishments. We wanted you to know about some of them:

Intensive Case Management Program

Our intensive case management program assists members who are at high risk to obtain necessary services. After hospitalization for behavioral health care, outpatient treatment is usually needed. We've been working to improve our rate of follow-up after hospitalization. We added providers to assure appointments are available, worked with providers on discharge planning, provided information to members and providers about the importance of follow-up after hospitalization and added case management staff. You can assist us in this activity by encouraging members to keep their appointments.

Family Involvement

When children and adolescents receive behavioral health treatment, the whole family is usually affected. This is why we encourage a family visit for assessment or therapy whenever possible. Actions we have taken to date to increase

the number of family visits include: immediately authorizing family visits and sending providers and parents copies of the authorizations, reviewing and strengthening our initial authorization letter to encourage family visits, adding additional providers, providing members and providers with information about the importance of family visits for children and adolescents, and increasing the reimbursement rate for family visits. We encourage you to incorporate family assessments into your treatment of children and adolescents.

Depression

Many patients treated for depression with medication do not stay in treatment. Without proper follow-up care there is a greater risk that the depression will return. While every person's treatment is different, we recommend at least 3 visits with the treating practitioner in the first 16 weeks. Actions we have taken to increase the number of members with depression who complete at least 3 visits in the first 16 weeks include providing information to members, providers, and PCPs about the importance of treatment during the initial phase of depression; authorizing sessions to reflect the time frames and number of sessions needed; adding providers to the network; and adding information to our prevention program.

Other Areas of Study

There are a number of other areas that Quest is studying to look for ways to improve care and services for members. Studies suggest less than 1% of the population is treated for drug and alcohol problems but as many as 18% need treatment. We are encouraging PCPs, as well as behavioral health providers, to screen for substance use and refer members for an evaluation and treatment if appropriate. Contact Quest at 1-800-364-6352 if you would like us to send you a screener for substance use. A fact sheet on Alcohol Problems appropriate for distribution to members is available at http://www.mentalhealthscreening.org/alcohol/factsheet.htm.

We are looking at the treatment of adjustment disorder. Since many adjustment problems resolve within six months, we encourage a psychiatric evaluation for members who have been in treatment longer than six months. This is only for members being treated with psychotherapy alone. The goal of the evaluation is to ensure the proper diagnosis and that the most effective treatment is being utilized.

Contact us if you have a member like this and we will authorize a psychiatric evaluation.

Complaints

Quest's Quality Management and Improvement Committee reviews complaints and sets standards for timeliness of complaint resolution. All complaints were resolved within our time standards. Few complaints were received in 2003. Most had to do with dissatisfaction with a provider or with billing concerns. Quest investigated every complaint and took action as appropriate. None of the complaints involved safety concerns and none of the complaints were clinically urgent.

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.

Privacy & Confidentiality

In order to do our job, we receive and use protected health information or PHI about members. This information could be in the form of medical records, claims and other administrative data that are personally identifiable. Privacy and confidentiality are very important to us. We send out privacy notices to our members. We follow strict policies and procedures to protect privacy and confidentiality in all settings. Our policies and procedures are available on the web at www.questbehavioralhealth.com. If you have questions and would like additional information, you may contact the Privacy Officer, (Quest's Clinical Director) at 717/ 851-1486 or 800-364-6352 or at the address listed above.

Patient Safety Corner

Adverse events are a leading cause of injury and death despite the availability of safer practices. Standardization of best practices is becoming the way of the future rather than the exception. We collect patient safety data through a number of different ways. This year we will ask our inpatient facilities to begin reporting on inpatient patient safety issues and actions taken to improve patient safety. We will collect this data and will be publishing it in the future. We have endorsed the 2004 Behavioral Health Care National Patient Safety Goals from JCAHO. These goals target patient safety in behavioral health care. They are:

- Improving the accuracy of client information through the use of at least two client identifiers (not including room numbers) when taking blood samples or administering medications.
- Improving the effectiveness of communication among caregivers with a "read back" system of the complete order or test result by the person receiving the order or test result or standardizing the abbreviations, acronyms and symbols used throughout the organization.
- Improving the safety of using high-alert medication (through standardization and limitation of drug concentrations available).
- Improving the safety of using infusion pumps (ensuring free-flow protection on all general use intravenous pumps).
- Improving the effectiveness of clinical alarm systems (implementing preventive maintenance and testing, ensuring appropriate audible setting).
- Reducing the risk of health care acquired infections (through compliance with CDC hand hygiene guidelines) and / or managing adverse events related to death or permanent loss of functioning due to health-care acquired infections.