

THE CBH PROVIDER CONNECTION

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Professional Relations Department*

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EAP CORNER

New!

On October 1, 2002, CIGNA Behavioral Health launched a new release of Online Treatment Request (OTR). OTR is now available for Employee Assistance Program (EAP) cases. In addition to its current functionality, you can use OTR to:

- ★ Close the EAP case
- ★ Review the participant's Behavioral Health benefits
- ★ Open a behavioral health case for the same participant

It's fast, easy, and efficient!

Continue to check the web page for future enhancements. Later this year: Web Claims for OTR users.

Wanted: Critical Incident Debriefing Specialists

CIGNA Behavioral Health has a long history of providing quality Critical Incident Debriefings for our EAP customers in response to workplace trauma. Our existing CISD network has done a wonderful job, especially this past year responding to the terrorist attacks. However, we could use a few more of you!!!

The volume of Critical Incident Debriefing requests has tripled in the past four years. In addition, we rely on our CISD providers to respond to requests for on-site layoff counseling. This service has also increased significantly, due to recent economic stresses on our corporate customers.

Criteria for Critical Incident Providers:

- CBH contracted provider with state license
- Knowledge of trauma issues and crisis theory
- Completed training at a Critical Incident training program that meets state board requirements for CEUs
- Or experience in providing CISDs and provision of a reference
- Willingness to clear schedule to provide services with little notice
- Willingness to supply CBH a pager or cell phone number
- Knowledge of the Mitchell Model
- Previous experience on-site at a corporation a plus

If you meet the above criteria and are interested in providing CISD services, please send email only to Dana.Kiel@CIGNABehavioral.com. If possible, please include resume and references.

If you are interested in attending training in the Mitchell Model, one resource is www.icisf.org.

Know Your Regional EAP Manager (REM)

In order to enhance the REM relationship with the provider community, we will be profiling a REM from each of the six regions in upcoming newsletters. The role of the Regional EAP Manager is to work with EAP customers making their programs the best they can be and to work with our EAP providers. Initiatives with providers include: recruiting; training; and certifying for EAP specialties, such as Critical Incident Debriefings, SAP services, Employee Education, and Supervisor Trainings.

Our first Profile is of our REM from the Greater New England Region, Dan Fallon.

Dan, can you please describe your educational background and EAP experience?

I am a Licensed Professional Counselor, National Certified Counselor and Certified Employee Assistance Professional. I have a graduate degree in Counseling and a post-graduate certificate in Family Counseling from Long Island University. In my current role as a program manager, I provide clinical oversight and administrative consulting in the design, implementation, integration and promotion of EAP and Work/Life services.

How long have you been with CIGNA Behavioral Health?

I have been with CIGNA Behavioral Health since January 1990 and have over 20 years of experience in the EAP field. I have held clinical and administrative positions within inpatient, partial hospitalization, and outpatient behavioral care programs managing the integration of employee assistance program resources into the delivery of behavioral health services.

Where is your office located and what states are included in your region?

I am located in the Regional Care Center in Bloomfield, Connecticut, and cover the Greater New England states of Connecticut, Massachusetts, Rhode Island, New Hampshire, Vermont, and Maine.

What is your philosophy about the value of EAP to our customers?

A successful EAP and Work/Life program must strive to identify and integrate the multiple needs of the organization, management, union leadership, employees and their household members into accessible service delivery strategies. Benefits managers within dynamic business environments are looking more to their EAP and behavioral health care partners for assistance in integrating prevention, intervention, wellness, and disease management initiatives.

Who are the major EAP customers in your region?

Some of the customers I work closely with include: Arch Wireless, Black and Decker, CIGNA Corporation, Colby College, C & S Wholesale Grocers, Federal Reserve Bank of Boston, General Electric, Invensys, Sherwin-Williams Company, Tyco International, and University of Maine System.

Is there anything special you would like the providers to know about your customers?

The broad clinical experience of our providers, their knowledge of community resources and local business environments enables CIGNA Behavioral Health to leverage multiple resources and EAP specialty services in support of unique customer needs. Their commitment, flexibility, and skill in responding to routine, crisis, and emergency situations come into play on a daily basis. Their tireless provision of support, outreach and aftercare services to the many individuals impacted by the tragic events of September 11 and the recent anniversary received special recognition from many CBH customers across the country.

Do you have any particular need for providers in your area?

Additional EAP providers with experience in the areas of education and training, critical incident response services, DOT Substance Abuse Services (SAP), and executive coaching/consultation are currently needed and will continue to be in demand in the Greater New England Region.

What do you think about the strength of CBH's provider community and their value as a "face to the customer"?

The skill of our EAP provider community in developing "face-to-face" relationships with key business leaders has enabled CIGNA Behavioral Health to further integrate their EAP and Work/Life services in support of maximizing employee health and productivity during times of organizational change and recommitment. CIGNA Behavioral Health's ability to expand our consultative alliances with providers will continue to be critical to our success in meeting the needs of our customers and growth in the marketplace.

A thanks to Dan for his time!! If you are a provider in the Greater New England area and would like to contact Dan about providing additional services for the EAP, please send email only to: Daniel.Fallon@CIGNABehavioral.com

Look for the REM from your area in upcoming newsletters!!

FROM OUR QUALITY MANAGEMENT DEPARTMENT

Risk Assessment: Identification and Documentation

Suicide is a serious public health problem, and suicidal thoughts or plans are frequently the reason for a referral or self-referral to a behavioral health care provider for evaluation and treatment. Additionally, individuals with already diagnosed psychiatric disorders

may be at increased risk for suicide, based on their history, family history, age, gender and/or current clinical state. The Surgeon General of the United States in 2001, acknowledging the impact of suicide, published National **Strategy for Suicide Prevention**, which is available on the Internet at www.mentalhealth.org/suicideprevention or at <http://www.surgeongeneral.gov/library>.

All behavioral health care providers should be aware of the need to perform and document a risk assessment on all new patients. This should include a specific review of risk factors to include:

- History of prior suicide attempts
- Family history of suicide
- Hopelessness/helplessness
- Impulsive or aggressive tendencies
- Relationship, social, work, or financial loss
- Physical illness
- Easy access to lethal methods (particularly firearms), plans for a method to use
- Influence of significant others who have committed suicide
- Local epidemics of suicide
- Isolation
- Age and gender
- Barriers to accessing mental health treatment
- Cultural and religious beliefs
- Psychiatric diagnoses

Follow-up visits should include documentation of reassessment if risk is noted in prior visits. The National Committee for Quality Assurance (NCQA) has included risk assessment as a required element of medical records documentation for behavioral health care providers.

Additional information (complete with CME credit for physicians) is available on the Internet at <http://www.medscape.com/viewprogram/352> and <http://www.medscape.com/viewprogram/353>.

Building a Better Medical Record

CIGNA Behavioral Health believes that well-documented treatment records, whether electronic or paper, facilitate appropriate communication, coordination, and continuity of care; and promote the efficiency and effectiveness of treatment. To help providers with this process, CIGNA Behavioral Health has listed record keeping standards in its *Provider Guide*; please refer to this list for more detailed information. CIGNA Behavioral Health routinely audits providers' records for compliance. In 2001 the following items were more likely than others to be missing from the record:

- Treatment plan goals that include targeted timeframes
- Patient's agreement with the treatment plan
- Informed consent for medication
- Whether permission for communication with Primary Care Physicians had been obtained or not and evidence of communication with consent
- Developmental history
- Medical history of allergies or lack of allergies

Please assess your record keeping practices to evaluate if these areas are opportunities for improvement in your documentation. Aside from being a standard for clinical practice, quality clinical record keeping may also reduce your risk management vulnerabilities by providing a record of the treatment progress along with documentation of informed consent, the patient's understanding of his/her rights and responsibilities, and the patient's understanding of the treatment plan.

CLAIMS

Coordination Of Benefits

As a provider, it is vitally important that you are paid correctly and in a timely fashion. One of the things you can do to assure this occurs consistently is to verify, at the time of your office intake, if a patient has multiple insurance coverage. This is known as Coordination of Benefits (COB). Here are some common scenarios in which a patient may have multiple coverage:

- Both the insured and his/her spouse are employed and carry health insurance.
- The identified patient is a dependent child of divorced parents who both carry insurance.
- The insured has two (2) employers and carries health insurance through both employers.
- The patient has retired and is eligible both for retiree coverage through his/her employer as well as through Medicare.
- The insured is covered both as a retiree under a group plan as well as an active employee under another insurance plan.
- The insured is eligible for Medicare due to disability.

While there are other causes, we hope this gives you an idea of the frequency with which COB issues arise and how you can troubleshoot them to prevent delays in claims payment. To assist you further, attached is a Coordination of Benefits form. This form is effective for one year from the date of signature.

Credentialing

Recredentialing Pilot Project

After a year of planning, negotiation, and preparation, CIGNA Behavioral Health and three other major behavioral health companies are about to undertake a recredentialing pilot project with Aperture Credentialing, Inc., our credentialing verification organization. The providers who participate in more than one of the managed behavioral health organizations are assigned a common recredentialing date and are required to complete only one recredentialing application for any of the four companies with whom they contract. Each company will continue to have their own Credentialing Committee and each company may request additional information from providers who have been involved in malpractice suits or disciplinary action. Those providers are a small percentage of the total. The pilot will begin with providers in Maryland, Massachusetts, Missouri, New Mexico, and Rhode Island who are due to be recredentialed in April, 2003.

This can be a winning proposition for everyone. It will significantly reduce the “hassle factor” for providers and it will provide cost savings for the managed care organizations involved. Assuming the pilot is successful, additional states will be gradually added, with full implementation expected within 9-12 months.

Treating Depression and Earning CME Credits

Annual statistics for CIGNA Behavioral Health indicate that Mood Disorder is the highest diagnostic category represented by participants who access care, with the breakdown indicating that Major Depressive Disorders drive this prevalence rate. CIGNA HealthCare’s HEDIS 2002 results on this population indicate that opportunities for improvement exist in the management of these individuals during their acute treatment phase and in their continuation/maintenance treatment phase.

The American Psychiatric Association offers an Online CME courses. This site is funded through the American Psychiatric Foundation. Included in their CME offerings is; *Practice Guideline for the Treatment of Patients with Major Depressive Disorder.* The course is based on the same guidelines that you recently received in the mail.

The completion of this course will provide you with 3.0 hours of credit. The cost is \$15.00 for APA members and \$30.00 for non-members. This course is easy to access and allows you to leave the site and return to exactly where you were. The total time to complete the course and take the test is approximately 3 hours.

COORDINATION OF BENEFITS

Please complete the information below. If you have any questions regarding this form, please contact CIGNA Behavioral Health Customer Service at 800.926.2273.

Your policy contains a "coordination of benefits" provision that allows CIGNA Behavioral Health to share responsibility in covering health care expenses with any other company covering you or your family for medical benefits. When health care expenses are shared between two or more companies, out-of-pocket expenses for the member may be reduced. In addition to benefiting the individual member, coordination of benefits is beneficial to all members because it avoids duplication of payments that would result in higher premium rates.

- 1. Employee _____ Date of Birth _____
- 2. Employer Name _____ Account Name _____
- 3. Social Security Number _____
- 4. Patient Name _____ Participant Date of Birth _____
- 5. Patient Address _____

If married complete the following:

Name of spouse of employee _____ Date of Birth _____
 Spouse's employer & address _____
 Is spouse covered under his/her employer's health plan? Yes ___ No ___
If yes, please complete the following:
 Employer's health plan name _____
 Address for submitting claims _____
 Policy # _____ Effective Date _____
 Single Coverage _____ Family Coverage _____
 If family coverage, list all covered members _____

If you are divorced and/or remarried with dependents, please complete the following:

Dependents	Person with Physical Custody	Relationship	Person Responsible for Dependent Health care Expenses per Divorce Decree

If you or your family members are covered under any other medical/dental plan in addition to the coverage listed above (i.e., Medicare or Medicaid, other insurance), please complete the following section. (This **does not** include the employee's current insurance plan.)

Health Plan Name	Name of Person Covered	Policy Number	Effective Date

I certify the above information is true and correct. I understand that the purpose of this information is to assure appropriate coordination of benefits of all plans.

_____ (Date) _____ (Participant Signature) (OR) _____ (Provider Signature)

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