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Provider Line:
1.888.251.2224

Affordable Care Act (ACA) Re-enrollment/Revalidation

The Pennsylvania Department of Public Welfare (DPW) recently issued two bulletins related to re-enrollment/revalidation of Medical Assistance (MA) providers. The Office of Medical Assistance Programs (OMAP) issued Bulletin 99-14-06 titled, "Re-enrollment/Revalidation of Medical Assistance (MA) Providers" and the Office of Mental Health and Substance Abuse Services (OMHSAS) issued Bulletin OMHSAS-14-03 titled, "Affordable Care Act (ACA) Re-enrollment Guidance for Behavioral Health Providers." Both outline the requirements associated with the re-enrollment (revalidation) for continued participation in the MA program for currently enrolled providers.

The Department is requiring that all providers, regardless of provider type, re-enroll every five years by submitting:

- A completed provider enrollment application specific to the program for which they are enrolled.
- Any required additional documentation/information based on provider type for every active and current service location.

The regulation requires the Department to complete the initial revalidation of currently enrolled providers by March 24, 2016 and at least every five years thereafter. Providers may view enrollment requirements and applications online at: http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm

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Affordable Care Act (ACA) Re-enrollment/Revalidation

Providers of HealthChoices Supplemental Services, enrolled through the behavioral health managed care organization (BH-MCO), will continue to work with the BH-MCO related to securing enrollment. The BH-MCO provides the current HealthChoices Supplemental Services Provider Enrollment Application/required documentation and coordinates the submission of the provider enrollment application/documentation to OMHSAS for processing.

In order to determine their next enrollment deadline, providers can log into the PROMISe provider portal for each service location. The re-enrollment/revalidation date is displayed in the masthead of the provider portal for each service location. The date identified is the expiration date for that specific service location based on the most recent application on file with DPW. ***As a reminder, each enrollment deadline is service location specific.***

Service locations for which the provider has not completed the re-enrollment process by the assigned deadline date will expire and no longer remain active. If the enrollment is closed, the provider will not be paid for services provided after the date of the closure. Providers are still expected to submit a full application along with any required additional documentation to reactivate the closed enrollment. However, the effective date of the new enrollment will not be made retroactive to cover any lapsed enrollment periods.

At Community Care, we are working closely with our providers to do everything possible to try and prevent service interruptions for our members and payment interruptions for our providers. Currently, Community Care is developing processes to ensure a smooth implementation of the revalidation process. As always, the provider relations representatives are available to assist with the application and any questions that you may have.

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Information Online

Community Care has a wealth of information online. Visit www.ccbh.com to learn more about:

- Our Quality Improvement Program including goals, processes, and outcomes related to care and service.
- Our 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.
- The clinical practice guidelines and processes used to measure adherence to the guidelines.
- Our expectations for exchange of information with PCPs and within the behavioral health continuum to facilitate continuity and coordination of care.
- Our medical necessity criteria, including how to obtain or view a copy.
- The toll-free number to contact staff regarding utilization management issues or if you have a utilization management question.
- The availability of, and process for, contacting an appropriate peer advisor to discuss utilization management decisions.
- A description of the availability of an independent external appeals process for utilization management decisions made by Community Care.
- The availability of TDD/TTY services for members.
- How members may obtain language assistance to discuss utilization management issues.
- Our policy prohibiting financial incentives for utilization management decision makers.

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Information Online

- Our member's rights and responsibilities.
- Our confidentiality policies including what a "routine consent" is and how it allows us to use information about enrollees; their right to approve release of personal health information not covered by "routine consent"; how enrollees may request restriction on the use or disclosure of personal health information, amendments to personal health information, access to personal health information, or an accounting of disclosures of personal health information; our commitment to protect the enrollee's privacy in all settings and our policy on sharing personal health information with employers.
- Our behavioral health care screening programs.
- Member educational materials focused on improving health and wellness.
- Please see your provider manual, which can also be found at www.ccbh.com, for:
  - Our 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.
  - A description of the process to review information submitted to support your credentialing application; to correct erroneous information; and to be informed, upon request, of the status of your credentialing and recredentialing application.

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Adherence to Antidepressant Treatment in Adult Members

A major issue in the management of depression is adherence to antidepressant medication. It has been reported that up to 68% of individuals diagnosed with depression discontinue their antidepressants by three months; while of those individuals who continue to take their medication, fewer than 33% consistently take the antidepressant as prescribed (Tamburinno et al., 2009).

To assess antidepressant adherence among the adult population, we (Community Care) examined behavioral health service claims data to identify adult members diagnosed with a new episode of depression between May 1, 2012 and April 30, 2013. Next, we reviewed paid prescription claims data to determine which of the above members filled an antidepressant medication within 30 days of their diagnosis. For these members, we calculated adherence for two different measurement periods. We found that 50% of the members received 90 days of continuous antidepressant medication treatment during the 180 day period following their initial prescription. However, only 15% of the members had at least 270 days of continuous antidepressant medication treatment during the 365 days following the initial prescription.

We will continue to work with providers to develop additional strategies to address this concern. Your attention to it is also appreciated.

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Clinical Practice Guidelines

Community Care uses clinical practice guidelines to help providers and members make decisions on appropriate health care for specific clinical circumstances. The evidence-based guidelines are reviewed for updates, appropriateness, relevance to enrollees needs, and to ensure that they are up-to-date with current research.

Currently, Community Care uses and recommends the continued use of

- American Psychiatric Association (APA) Guideline for Major Depressive Disorder (Third Edition)
- National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment: A Research-Based Guide for Substance Use Disorders (Third Edition)
- APA Practice Guideline for the Treatment of Patients with Schizophrenia (Second Edition), as well as the APA's Treating Schizophrenia—A Quick Reference Guide

In 2014, Community Care identified attention-deficit/hyperactivity disorder (ADHD), a common neurobehavioral disorder of childhood that can significantly affect academic functioning, relationships with family, and social development, as prevalent within the child and adolescent membership. Community Care adopted the American Academy of Pediatrics (AAP) guideline, ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents, which was published in November 2011, as well as its supplement.

Community Care encourages providers in our network to consider using these guidelines when treating individuals with major depressive disorder, schizophrenia, substance use disorders, or ADHD.

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Member Satisfaction

It is important for providers to know if members are satisfied with the care and services they are receiving. Community Care contracts with The Myers Group to conduct an annual Member Satisfaction Survey. The survey includes questions focused on services unique to HealthChoices such as BHRS. The 2014 survey, based on care received in 2013, showed that member satisfaction was high in several areas.

In general, members and families responded that providers:

- Respected their physical and special needs.
- Listened carefully to them and explained things in a way they could understand.
- Made them feel safe and gave them the impression that their provider thought that they could get better.
- Gave them the opportunity to participate in treatment decisions.
- Were able to provide routine appointments (within 7 days) as soon as they wanted.
- Families continue to have high satisfaction with all of their BHRS or "wrap-around" services.

Areas that Community Care will continue to work with members and providers in efforts to maintain high satisfaction rates include:

- Urgent Access (members getting appointments same day/one day for urgent clinical needs)
- BHRS
- Member satisfaction with Complaints and Grievances

Community Care thanks providers for their efforts to increase member satisfaction. If you have any thoughts, ideas, or comments please call your provider representative.

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Childhood Obesity

One in three. That is the number of overweight or obese children & adolescents in 2012—according to the Center for Disease Control (CDC). For the past two decades this number has been increasing. This is a concern for many health care providers.

Risks of childhood obesity
Many risks are associated with obesity, including:

- High blood pressure & high cholesterol
- Type 2 diabetes
- Joint problems
- Social discrimination
- Trouble breathing including asthma & sleep apnea
- Gastro-esophageal reflux (i.e., heartburn)

Another risk, according to the Pennsylvania Department of Health (DOH), is the increased likeliness of obese children to become obese adults with potential for other serious health conditions.

Steps to prevent childhood obesity
To reduce the risks of childhood obesity, encourage healthy eating habits. Have high nutrient, low calorie foods at home & reduce calorie-rich temptations. Promote healthy habits by:

- Limiting sugar-sweetened drinks
- Preparing lean meats
- Having low-fat dairy products
- Providing lots of veggies & fruit
- Encouraging youth to drink plenty of water

Encourage parents to promote an active family lifestyle. The CDC recommends 60 minutes of moderate intensity physical activity most days of the week. Some examples include: walking, jumping rope, playing soccer, hiking, swimming & playing tag. Experts say that keeping exercise fun & varied helps to make it long lasting. Be sure to mix it up and have fun.

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