

Behavioral Healthcare Providers

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# Provider Handbook

2022 Edition

I. Table of Contents

Provider Handbook..... 1
Introduction..... 3
I. Contact Information..... 4
II. Website..... 4
III. Network Services..... 4
A. Information Changes..... 5
B. Credentialing Criteria..... 5
C. Site Visits..... 5
D. Practitioner Rights..... 5
IV. Referral Population..... 6
V. Utilization Management Program..... 7
A. Utilization Management Program..... 7
B. Decision-Making Turnaround Time Requirements..... 7
C. Denial and Appeal Process..... 8
D. Affirmative Statement Regarding Incentives..... 9
E. Services..... 9
VI. Quality..... 10
A. Clinical Quality Activities..... 10
B. Quality Improvement Activities..... 10
C. Clinical Practice Guidelines..... 11
D. Behavioral Screening Program..... 11
E. Affirmative Statement Relating to Communication with Patients..... 12
VII. Privacy Information..... 12
A. Confidentiality of Records..... 12
B. Privacy Practices..... 13
VIII. MHealth Fairview and Behavioral Healthcare Providers Code of Professional Behavior..... 13
IX. Professional Behavior by Health Care Practitioners..... 14

## Introduction

Behavioral Healthcare Providers (BHP) is a nonprofit corporation dedicated to enhancing behavioral health through providing quality health care services since 1995. BHP has established a comprehensive, multi-state network of managed behavioral services. This managed network offers the complete continuum of integrated managed behavioral care, providing ambulatory, residential, acute, and supportive behavioral services. BHP's psychiatrists, psychologists, and therapists have the experience and ability to work effectively with managed care organizations. BHP offers geographic convenience, expedited access, and quality outcomes provided by an efficiently managed network of professionals. BHP desires to improve behavioral care delivery systems while helping people and communities improve their behavioral and emotional health. BHP has experience in delivering care in clinically and financially integrated systems of primary care and behavioral professionals.

BHP maintains compliance with National Committee for Quality Assurance (NCQA) guidelines for Managed Behavioral Healthcare Organization and is knowledgeable about DHS guidelines.

BHP is a wholly owned subsidiary of MHealth Fairview.

### **Mission Statement**

BHP is a nonprofit behavioral health care organization dedicated to helping people and communities reach their potential. BHP is dedicated to enhancing behavioral health through innovation.

## I. Contact Information

Department	Phone	Fax	Email
Contract & Credentialing	763-545-1746, option 7	763-486-4436	<a href="mailto:nservices@bhpnet.com">nservices@bhpnet.com</a>
Triage and Transition Services	763-210-4690	763-486-4439	<a href="mailto:DECHelp@bhpnet.com">DECHelp@bhpnet.com</a>
BHP Scheduling Department	763-210-4670	763-486-4439	<a href="mailto:Intakedept@bhpnet.com">Intakedept@bhpnet.com</a>
Main Number/Reception	763-525-1746 1-866-604-2739	763-486-4436	N/A
Care Management (Utilization Review)	763-486-4445	763-486-4437	<a href="mailto:CMmail@bhpnet.com">CMmail@bhpnet.com</a>
Quality Improvement	763-210-4687	769-486-4437	<a href="mailto:Quality@bhpnet.com">Quality@bhpnet.com</a>

## II. Website

BHP provides updates to behavioral health information and services through our website [www.bhpcare.com](http://www.bhpcare.com)

The website includes the following:

- Most Recent Provider Manual
- Documents and Forms
- Level of Care Guidelines
- Clinical Practice Guidelines
- Quality and Preventative Health Information
- Case Management program Information
- Credentialing links and information
- Notice of Privacy Practices for BHP
- Member Rights and Responsibilities
- Provider Search Feature Including Location and Specialization

## III. Network Services

Behavioral Healthcare Providers (BHP) has a robust and comprehensive network of over 2,500 combined programs and providers throughout Minnesota and bordering states. Our network includes hospitals, substance abuse facilities, community mental health centers, psychiatrists, psychologists, licensed clinical social workers, licensed practicing professional counselors, clinical nurse specialists and licensed marriage and family therapists.

## A. Information Changes

The MN Uniform Practitioner Change Form is required to change a provider's information including;

- Primary practice location
- Billing address location
- Phone/Fax/Email changes
- Name changes
- Social Security Number (SSN) or Tax Identification Number (TIN) & National Provider Identifier (NPI)

## B. Credentialing Criteria

BHP credentials and re-credentials providers and facilities in compliance with NCQA accreditation standards and applicable state and federal laws. The BHP Credentials Committee makes decisions regarding credentialing and re-credentialing.

Minimum criteria for consideration as a Provider in the BHP Network include:

- Be licensed for independent practice
- Maintain acceptable level of professional liability insurance (preferred coverage is \$1,000,000 occurrence/\$3,000,000 aggregate but may vary according to State law or Plan requirements) ❖
- Have an email address and access to the internet
- Have 24-hour coverage

## C. Site Visits

As part of the credentialing or re-credentialing process, BHP may conduct a structured site visit of offices/locations. Site visits include an evaluation using the BHP site visit standards and BHP clinical recordkeeping standards. Any site visit will be arranged in advance.

## D. Practitioner Rights

BHP makes available the information provided in a practitioner's credentialing file for their review. This policy also makes allowance for the practitioner to be able to ensure that all information is accurate, to their best understanding and knowledge, and for ensuring confidentiality. This includes notification of the following situations or information:

- The right to review information submitted to support their credentialing application;
- The right to check the status of the application and publicly available documents at any time during the credentialing process;
- The right to correct erroneous information such as substantial variation in the information collected during the credentialing process versus the information submitted by the practitioner.
- Notification of these rights and of the credentialing decision within 60 calendar days of the decision

### IV. Referral Population

As a provider in the BHP network, you will receive referrals for patients through several service lines.

**Emergency Crisis Assessments and Intervention (DEC)** is a service that utilizes Licensed Mental Health Professionals (LMHPs) and provides clinical assessment and intervention for patients coming to an Emergency Department in a Mental Health or Addiction crisis. These services are provided within all of the M Health Fairview hospital EDs as well as several non-Fairview hospitals throughout Minnesota and northern Wisconsin. These services are available twenty-four hours per day; 7 days per week.

**EmPATH Services:** Within the FV Southdale Hospital ED there is a specialized emergency psychiatric service for adults called EmPATH (Emergency Psychiatric Assessment, Treatment and Healing). The service provides a more calming atmosphere than a medical ED and allows our LMHPs along with psychiatric providers and nurses to help stabilize patients and guide their clinical care. Advantages of the EmPATH include a calming physical setting, up to 48 hours of care and a full mental health professional team.

**Transition Clinic:** Our Transition Clinic services act as a bridge for those needing programmatic or outpatient MH services, but who are experiencing a delay in availability and the start of care. The Transition Clinic sees patients 7 days per week during days and evenings. LMHPs provide counseling services and the clinic has an APN who can help manage medication protocols, additionally the Transition Clinic team work closely with the Recovery Clinic to support patients in early SUD recovery.

**Assessment Center:** Patients recommended for outpatient programmatic care require a Diagnostic Assessment to ensure that they meet the clinical requirements of the programs and qualify for payer support for their care. LMHPs, LADCs and dual licensed clinicians within the Assessment Center provide Diagnostic Assessments and admission guidance for pediatric and adult programmatic care for patients with mental health, substance use and co-occurring disorders.

**BHP Scheduling** is a service that bridges the gap between medical providers and behavioral health services. Patients are referred for behavioral services by their primary care provider and/or clinic, Employee Assistance Program, or self refers through our website.

**BHP Managed Population** are patients with an insurance product contracted with BHP for utilization management. Care Management staff assist members in scheduling behavioral services such as individual therapy, substance use disorder assessments, psychological testing, etc. This population currently consists of PreferredOne commercial insurance products.

For all patients referred through BHP’s service lines it is the expectation that providers and programs provide attendance outcomes for each patient scheduled. It is the goal of BHP to ensure all patients receive the necessary services to meet their behavioral health needs.

## V. Utilization Management Program

### A. Utilization Management Program

The purpose of the Utilization Management (UM) Program is to provide effective and efficient quality of care and services to our members. We provide impartial access to care, and fair and consistent UM decision making that ensures the delivery of quality care while maximizing benefits and minimizing cost. The objectives of the UM Program are the following:

- To identify the designated senior practitioner involved in the UM program implementation.
- To define UM staff responsibilities and accountability for UM activities;
- To describe the scope, structure, and content of the UM program;
- To describe policies and procedures used to manage utilization review; and
- To outline UM program evaluation and approval.

### B. Decision-Making Turnaround Time Requirements

It is important to both the member and practitioner that a request for treatment is responded to quickly. This ensures that treatment continues to minimize the disruption in provision of healthcare. BHP follows State of Minnesota statutes and NCQA guidelines to determine turnaround time requirements.

If the decision is to deny the request, all standard denial and appeal options apply.

Decision Type	Approval Decision	Approval Notification	Approval Notification Type	Denial Decision	Denial Notification	Denial Notification Type
<b>Urgent Preservice</b>	72 hours from request	72 hours from request	Written, telephonic	72 hours from request	72 hours from request	Written, telephonic
<b>Urgent Concurrent</b>	24 hours from request	24 hours from request	Written, telephonic	24 hours from request	24 hours from request	Written, telephonic
<b>Standard (non-urgent) Preservice</b>	10 calendar days from request	10 calendar days from request	Written, telephonic	10 calendar days from request	10 calendar days from request	Written, telephonic
<b>Post Service</b>	30 calendar days from request	30 calendar days from request	Written, telephonic	30 calendar days from request	30 calendar days from request	Written, telephonic

A practitioner may request that a UM decision be expedited by contacting BHP’s Care Management department via telephone or in writing. Standard (non-urgent) Preservice allows UM decisions to be made within 72 hours of request for expedited reviews.

If additional information is requested and not received, NCQA standards allow for the following UM decision making options:

- If there is no reply, the Medical Director may make a decision based on the information provided;
- The Medical Director may make a decision to deny the request;
- UM staff may extend the UM decision making timeframe

BHP allows for the following extension timeframes, based on NCQA and State of Minnesota statutes.

Decision Type	Extension
Urgent Pre-service	48 Hours
Urgent Concurrent	72 Hours
Standard (non-urgent) Preservice	15 Calendar days
Post-Service	15 Calendar days

### C. Denial and Appeal Process

The purpose of our appeal process is to ensure a member’s right to appeal an adverse utilization decision, and that the appeal is completed within specified time frames.

- This policy applies to both mental health and chemical dependency services.
- An American Board of Psychiatry and Neurology Certified Psychiatrist make the final determination to deny. The review, determination, and notification are completed in a timely manner.
- BHP Care Management staff consistently make available and use a standard peer review and appeal process for the reconsideration of utilization determination to not certify requested service(s).
- Peer Reviewers are either board-certified physicians or doctoral level licensed psychologists, as required, for all denials and appeals.
- An appeal is available at the request of the facility, practitioner, patient, or representative for the reconsideration of a utilization determination.
- The appeal process may be requested in writing or telephonically following the determination.



- Standard appeals are completed within 30 calendar days for Pre-service requests and 60 calendar days for a Post-service requests.
- BHP makes available an expedited appeal completed within 72 hours of the request.

For questions or further discussion concerning a request, an appropriate peer reviewer is available telephonically to discuss the UM determination based on medical necessity and/or clinical appropriateness. A request to schedule a telephone conference with a peer reviewer can be initiated by contacting BHP's Care Management department.

### D. Affirmative Statement Regarding Incentives

All UM decision making is based only on appropriateness of care and existence of coverage. BHP does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage for services. BHP employs no financial incentive payment arrangements with its UM staff and consultants.

BHP does not use incentives to encourage barriers to care and service. BHP is prohibited from making decisions regarding hiring, promoting or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

### E. Services

**Triage** - When necessary, BHP licensed staff are responsible for triage and assessing the degree of risk and/or severity of members' symptoms. They assist in determining the level of care needed and the urgency of appointment scheduling.

**Case management** - Care managers provide complex case management through our Personalized Outreach Program (POP). These patients are identified by the following:

- All members that are triaged as a crisis call with licensed BHP staff
- All members with inpatient mental health admissions
- By request of a provider, UR staff, Case Manager, or other involved party
- Members taking certain high-risk psychotropic medications
- By request of a member
- Through UR data (treatment plans, clinical information received, etc.)

**Discharge Planning** - By an interdisciplinary coordination of efforts, Care Managers are available to aid patients or providers in developing a feasible plan for care following release from an inpatient or outpatient program. Care Managers will assist in scheduling behavioral health services as needed.

## VI. Quality

### A. Clinical Quality Activities

BHP continues to monitor and assess clinical quality activities that reflect our organization's delivery system and member population. We assess and evaluate at least three meaningful clinical issues that address the following considerations:

- Are meaningful and relevant to BHP's enrollees;
- Uses measures that are objective and quantifiable;
- Uses measures that are based on current scientific knowledge;
- Establishes goals or benchmarks for each measure;
- Data collection methods identify the appropriate population, draws appropriate samples and collect valid data;
- Data collected is quantitatively and qualitatively analyzed;
- Identifies opportunities for improvement, implements intervention to improve and measures the effectiveness of the interventions.

The data collected during the UM process provides an array of reporting capabilities that allows BHP to design clinical quality activities and UM activities that address and satisfy the considerations listed above. BHP's Care management system is internally designed to meet the varying requirements by health plan and to capture extensive data that allows BHP to develop reports that are used in the daily monitoring and planning of quality and UM activities. An analysis of potential underutilization or over utilization of services is done annually. The results of this analysis are documented in the QMI year-end report.

### B. Quality Improvement Activities

#### **Scheduling of Appointments for DEC Patients prior to Discharge from Emergency Department**

When patients are discharged from an emergency department, attendance and follow through with outpatient recommendations improve when patients are scheduled for their appointments prior to discharge from the emergency department. BHP is pursuing a QIA that would work to increase the instances patients are scheduled with a follow-up appointment prior to leaving the emergency department after a DEC visit.

#### **Coordination of Care between DEC services and Primary Care Providers**

Coordination of care between behavioral and medical providers has been a long-standing BHP quality initiative. BHP will monitor coordination of care between DEC services and Primary Care Providers and will look at ways to increase the number of instances in which coordination occurs.

## **Follow-Up After IP Discharge**

This activity works to improve patient attendance of follow-up appointments post discharge from an IP facility. BHP monitors whether a patient is scheduled with a follow-up appointment by the hospital post discharge and if one is not in place offers to schedule an appointment. If an appointment is scheduled by BHP, attendance information is also obtained. BHP also documents how quickly the patient is scheduled post discharge. BHP's goal is that most patients will have a follow-up appointment within 30 days of discharge.

## **Response Rate for Patient Satisfaction Surveys**

Obtaining feedback from member and patients is a key step in improving patient care and responding to patient needs. BHP will monitor and improve patient survey response rates in order to ensure that a representative sample of patients have been heard through survey feedback.

## **C. Clinical Practice Guidelines**

BHP currently has five clinical practice guidelines related to the following:

- The assessment and/or treatment of ADHD (*American Academy of Child and Adolescent Psychiatry*)
- The assessment and treatment of Major Depressive Disorder (*American Psychiatric Association*)
- The treatment of Bipolar Disorder (*American Psychiatric Association*)
- The assessment and treatment of Substance Use Disorders (*American Psychiatric Association*)
- The assessment and treatment of Autism Spectrum Disorder (*American Academy of Child and Adolescent Psychiatry*)

BHP has adopted guidelines from nationally recognized agencies. Each guideline is reviewed and updated at least every two years or sooner if the national guidelines are updated prior to the two-year review. The guidelines are reviewed annually in the Quality Improvement Committee and are published to the BHP website for members and providers to review.

## **D. Behavioral Screening Program**

BHP has two defined behavioral health screening programs; one is designed to screen for co-existing mental health and substance use disorders, the other is designed to screen for Generalized Anxiety Disorder. The screening program for co-existing conditions utilizes results from the PHQ-9 and the CAGE-AID, while the screening program for Generalized Anxiety Disorder utilizes the GAD-7 screening tool. These screening programs assist BHP staff in identifying potential mental health and substance use concerns in members. BHP uses the results of these screening programs to help members access and schedule appropriate behavioral health services and also coordinates care by relaying the results of the screening program to any providers or practitioners the member is scheduled with. The co-existing screening program is administered to eligible members through BHP's Intake department and through

the Complex Case Management Program (POP). The screening program for Generalized Anxiety Disorder is also administered through the Complex Case Management Program (POP).

### **E. Affirmative Statement Relating to Communication with Patients**

Patients shall be given by their attending practitioner complete and current information concerning diagnosis, treatment alternatives, risks and prognosis as required by the practitioner's legal duty to disclose. This information shall be in terms and language that patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall include the likely results of the treatment and alternatives. This information shall be given to the patient, guardian, or other persons designated by the patient and his or her representative when deemed advisable. Individuals have the right to refuse this information. The patients shall have the right to a candid discussion of the appropriate or medically necessary treatment options, including medication treatment, for their conditions, regardless of cost or benefit.

## **VII. Privacy Information**

### **A. Confidentiality of Records**

The practitioners and staff in the BHP network provide case and utilization management to patients in need of mental health and chemical dependency services. To ensure compliance with confidentiality requirements as set out by regulatory agencies, the following parameters have been established:

- Each staff is required to sign a confidentiality document that states the employee's intent to comply with confidentiality protocols and federal and state laws governing confidential information. This document is signed upon the first date of employment and kept on file with the System Director.
- Security measures have been taken at the BHP operations site to ensure the safe keeping of confidential information. These measures include the following:
  - Office space where confidential information is stored requires a security card for access;
  - Entry into the computer system requires an employee specific password. An employee's job classification dictates the level of access they are allowed, as such, access into the database that contains confidential information is restricted;
  - All patient information is kept within file cabinets that are locked and not accessible to anyone except appropriate BHP employees;

- Confidential information is used solely for the purposes of utilization review, quality assurance, discharge planning, case management, intake and referral, and billing. This information is shared only with organizations or persons who have the authority to receive such information.
- When required, a release of information is obtained from the member. The member has the right to approve or refuse the release of identifiable personal information, except when release is required by law.
- In the care and treatment of a minor or adults who are unable to exercise rational judgment or give informed consent, release of information will be obtained in writing from the parent or person with legal guardianship or custody.
- Information is shared internally to avoid duplication of requests for information. Only necessary information is shared internally with those individuals who need access to information to complete case/utilization management, quality improvement, billing, and intake and referral tasks.
- When requested from an employer, all patient data do not implicitly or explicitly identify the member, unless the member provides specific consent.
- When information is released, the patient's identity is protected as required.
- Original records are only released in accordance with Federal or State laws, court orders or subpoenas. Otherwise, copies are released upon request and with consent as outlined above.

### **B. Privacy Practices**

Please refer to the Notice of Privacy Practices found at [www.bhpcare.com](http://www.bhpcare.com). This notice explains how personal information and protected health information are collected, used, and disclosed to third parties. BHP has implemented security measures to prevent the unauthorized release or access to personal information.

When a member performs a search on [www.bhpcare.com](http://www.bhpcare.com), BHP does not record any information identifying the member and/or link the visitor to the search performed.

## **VIII. MHealth Fairview and Behavioral Healthcare Providers Code of Professional Behavior**

### **MHealth Fairview's Vision**

Fairview is driving a healthier future.

## Our values

**Dignity:** We value the uniqueness of each person and work to ensure everyone's right to privacy. We respect the cultures, values, beliefs and traditions of others and honor their talents and contributions.

**Integrity:** We say what we mean and do what we say. We communicate openly and honestly and behave ethically. We demand the best of ourselves and accept shared accountability for our actions.

**Service:** We work to make a difference in people's lives and in our communities. We strive for excellence by anticipating, meeting and exceeding expectations. We continually improve our programs and skills through learning and innovation. We responsibly manage our resources.

**Compassion:** We recognize and respond to the emotional, spiritual and physical needs of all the people we serve. We create a caring environment, conducive to healing, growth and well-being for all.

**Innovation:** We support clinical research that leads to tomorrow's cures. We advance new business models that will change health care. From the bedside to the call center, we are committed to continual improvement. Innovation is part of who we are.

## IX. Professional Behavior by Health Care Practitioners

### MHealth Fairview and Behavioral Healthcare Providers System Policy

**Policy Statement:** To assure a safe environment for all employees, Medical Staff and Allied Health Staff, patients, families and volunteers at Fairview Health Services ("Fairview") facilities through a defined Code of Professional Behavior and framework for addressing unprofessional and dangerous/disruptive behavior.

#### Purpose:

I. In accordance with Fairview's values and the Fairview Medical Staff Code of Professional Behavior, it is the policy of Fairview that all individuals: patients, patient family and friends, practitioners and hospital employees be treated with courtesy, respect and dignity. This requires that all medical and allied health professional staff conduct themselves in a professional and cooperative manner.

II. The medical and allied health professional staff has the responsibility as professionals and acknowledged leaders on health care teams to understand and exhibit these core behaviors while working within the Fairview System and participating in patient care, quality improvement initiatives and other staff interactions.

III. Fairview is dedicated to honest and effective communication to help achieve optimal patient care. Fairview, the Medical Staff and Allied Health Professional Staff are dedicated toward effectively resolving conflict, dealing honestly and ethically with others and being sensitive to the needs of fellow health care workers.

IV. This policy identifies professional, unprofessional and dangerous/disruptive behaviors and the process which will be implemented to correct or resolve issues related to unprofessional and dangerous /disruptive behaviors.

Definitions:

I. Practitioner- Any medical staff or allied health professional staff who holds membership and/or clinical privileges at a Fairview hospital.

II. Professional Behavior- Professional Behaviors are outlined in the Medical and Allied Health Staff Code of Professional Behavior and include:

- A. Place the patient at the center by being approachable and respectful to patients and their family and friends as well as all members of the care team
- B. Apply the best science by attending continuing education and avoiding treatments or procedures that are not in keeping with the latest science.
- C. Model the highest level of professionalism by communicating effectively and respectfully with colleagues and patients
- D. Actively engage as a collaborative member of the care team by communicating honestly and forthrightly about concerns.
- E. Be aware of and comply with the medical staff Bylaws, Rules & Regulations and applicable policies.

III. Unprofessional Behavior- Unprofessional Behaviors include, but are not limited to the following behaviors:

- A. Verbal, written or physical contacts with others, whether isolated or frequent, which creates a hostile, offensive or intimidating environment. This may include intentionally condescending, degrading or demeaning comments regarding patients and their families, nurses, physicians, hospital personnel and/or the hospital.
- B. Use of profanity or disrespectful language while in the hospital or while speaking with or in the presence of a patient or other hospital personnel.
- C. Inappropriate comments written in the medical record
- D. Blatant failure to respond to patient care needs or staff requests
- E. Deliberate lack of cooperation with other members of the care team without good cause.
- F. Deliberate refusal to return phone calls, pages, or their messages concerning patient care or safety.
- G. Retaliation in response to a filed complaint or concerns brought forward.

IV. Dangerous/Disruptive Behavior- Dangerous behavior includes, but is not limited to:

- A. Physically threatening language directed at anyone in the hospital including patients, physicians, nurses, other medical staff members or any hospital employee, contractor, administrator, or member of the Board of Directors.
- B. Intentional physical contact with a patient, a patient family member or other member of the care team that is threatening or intimidating.
- C. Throwing instruments, charts or other things.
- D. Threats of violence or retribution against the patient, a patient's family member or member of the care team
- E. All types of harassment, including sexual, with respect to a patient, a patient's family member or a member of the care team

### Procedure:

I. Fairview encourages effective conflict resolution and intervention at the earliest opportunity between the parties involved. If an employee or practitioner feels that a medical staff or allied health professional staff member is behaving in an unprofessional or dangerous manner, he or she is encouraged to attempt to resolve the problem with the concerned individual. This should be done through direct contact with the practitioner in question if possible. If the employee or practitioner is not comfortable with a direct resolution process, he/she should report the incident to their manager or the Vice President of Medical Affairs (VPMA) or designee.