



Community Behavioral Health

PROVIDER
OPERATIONS
MANUAL

A component of the

**Department of
Behavioral Health**

serving Philadelphia's uninsured, underinsured
and Medicaid-eligible residents

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This Provider Operations Manual includes policy and procedure changes contained in Provider Bulletins up to 5/1/05.



CITY OF PHILADELPHIA

DEPARTMENT OF BEHAVIORAL HEALTH AND MENTAL RETARDATION SERVICES
1101 Market Street, 7th Floor
Philadelphia, Pa 19107

July 21, 2005

Dear Colleague:

We're pleased to present the newest edition of the Community Behavioral Health Provider Operations Manual. Inside you will find key policy statements and up-to-date information on obtaining authorizations and submitting claims. We've incorporated material you've received in bulletins since our last manual was published and added a number of other helpful reference tools to make your work easier.

An electronic version of the Provider Manual has been mailed to you in a CD format and is also available on the CBH website. As changes are made, we will post them on our website so that you can incorporate the updates to the Provider Manual. Printed versions are also available for providers who are unable to utilize the electronic formats.

We recognize that complying with state-mandated information requirements can be a complex task. We continue to make our staff available to you through training workshops or on-site meetings to make the process as easy as possible.

The Commonwealth's HealthChoices program and the creation of Philadelphia's Behavioral Health System in February 1997 provided all of us with the opportunity to improve and expand mental health and substance abuse services for people in need. The formal integration of all of Philadelphia's Behavioral Health System administrators (Office of Mental Health, CODAAP, and CBH) in December 2003 continued this vision. Achieving this aim continues to require a partnership between those managing public resources and those whose clinical expertise and compassion can make a real difference to the lives of Philadelphia's most vulnerable citizens. In pursuing that goal, we remain committed to playing a key role in your success, as you have played a key role in ours.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur C. Evans, Ph.D.", written in a cursive style.

Arthur C. Evans, Ph. D.

Director

Philadelphia Department of Behavioral Health



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Purpose Of This Provider Manual

This manual describes the procedures developed by Community Behavioral Health (CBH) under the HealthChoices initiative to assure that all clients of mental health and substance abuse services receive the most appropriate treatment in the least restrictive environment possible. CBH is not only committed to helping people live in the community, but also to help people live with the community. To that end, treatment should be focused around the principles of recovery, resilience and self-determination.

The DBH/CBH Provider Manual Series consists of five separate volumes:

Volume One - Provider Operations Manual

Volume Two - Delegated Credentialing

Volume Three - Clinical Care Guide

Volume Four - Utilization Management Guide

Volume Five - Discharge Planning Guide

The Provider Manual assists network providers in meeting the requirements established for:

- ▶ authorization to provide treatment
- ▶ claims processing
- ▶ quality management
- ▶ credentialing and re-credentialing
- ▶ the complaints, grievance and appeals process
- ▶ utilization review
- ▶ determining appropriate levels of care
- ▶ the discharge planning process

DBH/CBH expects to work in partnership with stakeholders of the provider network in assuring that resources are used effectively to meet the mental health and substance abuse needs of Philadelphia's citizens. From time to time and for a variety of purposes, DBH/CBH will invite representatives from the provider network, clients and advocacy groups to sit on committees or advisory boards, to provide feedback on new ideas, or otherwise assist DBH/CBH in meeting the needs of the Philadelphia community. Instituting managed care concepts in the public sector behavioral health-care environment is a continuing challenge and requires cooperation and collaboration at all levels of the system. This manual provides a foundation for these relationships.

Frequently Called Telephone Numbers

Emergency Services	(215) 413-7171
Non-Emergency Services Requiring Prior Authorization	(215) 413-3100
Member Services	1-(888) 545-2600
Provider Relations Hotline	(215) 413-7660
Claims Hotline	(215) 413-7125

Philadelphia's Behavioral Health System

The Philadelphia Department of Behavioral Health consists of three components:

Philadelphia Office of Mental Health and Mental Retardation (OMH/MR)	(215) 685-5400
1101 Market Street, 7th Floor Philadelphia, PA 19107	
Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP)	(215) 685-5444
1101 Market Street, 8th Floor Philadelphia, PA 19107	
Community Behavioral Health (CBH)	(215) 413-3100
801 Market Street, 7th Floor Philadelphia, PA 19107	

Philadelphia Department of Behavioral Health

The County of Philadelphia has integrated its behavioral healthcare services into one comprehensive system, which became a distinct city department for behavioral health. It is comprised of the Office of Mental Health and Mental Retardation (OMH/MR), the Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP) and Community Behavioral Health (CBH). This vision of an integrated behavioral health care system permits the separate funding streams of Medical Assistance, County and Commonwealth of Pennsylvania dollars to be administered by the Department of Behavioral Health (DBH). This ensures one point of accountability, as well as flexibility and cost efficiencies in the design and delivery of services.

Office of Mental Health and Mental Retardation

The Philadelphia OMH/MR is a component of DBH operated by the City of Philadelphia. Within the Commonwealth of Pennsylvania's mental health system, each county has the responsibility to serve as the central authority in providing administrative, fiscal and program planning management for a comprehensive array of services targeting persons with mental illness. OMH/MR is primarily funded by the Pennsylvania Department of Public Welfare (DPW), through State Base Allocation and Federal Block Grant dollars. Funding is also provided by the City of Philadelphia through its General Fund in order to comply with state match requirements and to further efforts to address the mental health needs of the citizens of Philadelphia.

Coordinating Office for Drug and Alcohol Abuse Programs

The CODAAP is a component of the Philadelphia DBH. It is also a Single County Authority (SCA) in the Commonwealth of Pennsylvania's drug and alcohol system. In both roles, CODAAP has responsibility for planning, funding and monitoring substance abuse prevention, intervention and treatment services within Philadelphia. CODAAP receives the majority of its funds in the form of Pennsylvania Base Allocation dollars and Federal Block Grant dollars from the Pennsylvania Department of Health (DOH). CODAAP also receives Philadelphia General Fund dollars which it uses to meet the required State match, as well as to fund services which meet the unique needs of drug and alcohol abusers living in Philadelphia.

Community Behavioral Health

CBH is the managed care component of the integrated DBH. It is one of the few behavioral health Medicaid managed care organizations in the country that is managed by a city government. Under the Pennsylvania DPW's HealthChoices initiative, CBH contracts with agencies or independent practitioners to provide in-plan mental health and substance abuse services to covered adults, children and adolescents.

CBH was created by the City of Philadelphia and is organized and operated as a nonprofit, 501c(3) corporation.

CBH is committed to providing the most appropriate and effective services possible while managing resources to best meet the needs of the Philadelphia community. The joining of managed

care concepts with public sector services creates a uniquely effective model for the management and delivery of behavioral healthcare services to Philadelphia recipients of Medical Assistance. In order to carry out these goals, CBH will:

- ▶ review the credentialing standards and procedures of agency and individual providers
- ▶ contract with those entities meeting the credentialing requirements
- ▶ authorize in-plan services under HealthChoices to be delivered to clients
- ▶ manage the utilization of those services
- ▶ pay appropriate claims for services
- ▶ maintain a quality management program and
- ▶ resolve disputes among clients, providers and CBH

The provider network is maintained at a level to accommodate these needs and allow significant choice among clients.

Mission And Values

Mission Statement

The purpose of CBH, as part of DBH, is to ensure that Philadelphia residents with mental health and substance abuse needs receive the most appropriate and effective treatment in the least restrictive and most cost-efficient setting. CBH is not only committed to helping people live in the community, but also to help people live with the community. To that end, treatment should be focused around the principles of recovery, resilience and self-determination.

CBH:

- ▶ plans for and coordinates the delivery of covered services to recipients of MA and works closely with OMH/MR and CODAAP to ensure a full and appropriate range of behavioral health treatment modalities and supportive services;
- ▶ engages third parties to provide mental health and substance abuse services; and
- ▶ monitors and evaluates services and requires its contracted providers to be accountable.

Values Statement

Philadelphia is committed to a “seamless” system of care for all public sector clients. The DBH is organized around core principle of delivering high quality treatment services in a way that is fully accessible and cost efficient. Pursuit of this principle is guided by a commitment to the provision of treatment that is comprehensive, community based, and delivered in the least restrictive setting with a focus on cost efficient service. DBH utilizes the non-profit, public-sector service delivery system as the core of its treatment network.

To fulfill these values, DBH adheres to and believes in the following guiding principles:

- 1 Family integrity is of paramount importance. Needs for security, permanency and cultural ties in family relationships should pervade all planning. Families should participate fully in all decisions concerning planning, placement, program and discharge of their children and adolescents. DBH will work with all social service departments within the City of Philadelphia to achieve this outcome.
- 2 Clients should participate fully in all service planning decisions. The uniqueness and dignity of the client should govern service decisions. Individualized service plans should reflect the client's developmental needs which include family, emotional, intellectual, physical, social and cultural factors.
- 3 Culturally competent services will be guided by the concept of equal, responsive and nondiscriminatory services matched to the client population. Cultural competence involves working with natural, informal support and helping networks within minority communities. Inherent in cross-cultural interactions are dynamics which must be acknowledged, accepted and adopted. Cultural competence extends the concept of self-determination to the community.
- 4 DBH must recognize that minority populations are at least bicultural and that this status creates a unique set of mental health and substance abuse issues to which the system must be equipped to respond. Thus the system must sanction and, in some cases, mandate the incorporation of cultural knowledge into practice and policy-making.
- 5 Clients who have mental illnesses and/or substance abuse problems should be treated with dignity and respect, as they have the same needs, rights and responsibilities as other citizens. Thus these individuals should have the same access to opportunities, supports and services to help them live successfully in the community.
- 6 Services should help clients to empower themselves, focus on strengths, maintain a sense of identity and enhance self-esteem. Services should help people develop their potential for growth and movement towards independence.
- 7 Services should meet the special needs of people with mental illness and/or substance abuse problems who are also affected by one or more of such factors as: old age, physical disability, mental retardation, homelessness, the AIDS virus and/or involvement in the criminal justice system.
- 8 Services should be coordinated through mandated linkages with clients/families, both at the local and state levels. Continuity of care for people discharged from hospitals to community-based services must also be ensured.
- 9 Treatment providers should be accountable to clients, who should help plan, implement, monitor and evaluate the services they receive.

Key Departments

The following is intended to introduce key departments within CBH and provide basic information about them. Detailed information about each department will be provided in later sections of this manual as necessary. Following are brief summaries of the departments working most closely with the provider network: Provider Operations, Clinical Management, Member Services and Network Development.

Provider Operations



Provider Hotline: (215) 413-7660
Monday-Friday, 8:30 am–5:00 pm

Provider Operations, which consists of Provider Operations, Quality Review, and Contracting is designed to contract, maintain and coordinate a comprehensive network of treatment providers. As a liaison between DBH/CBH and providers, this department is responsible for providing the support and resources necessary for maintaining the provider network. In addition, Provider Operations is also responsible for supporting quality management of providers including the resolution of client complaints and grievances.

Quality Review monitors and evaluates behavioral health services in order to ensure that the best treatment options are provided to clients in a culturally sensitive and quality-driven environment. To this end, Quality Review monitors complaints, incidents and quality concerns, and audits activities to determine compliance with established quality of care standards. Quality Review also establishes objective and measurable criteria to assess client care, and establishes a system, which identifies risk potential to clients or providers.

Provider Relations/Contracting:

- ▶ helps triage all non-clinical issues from providers
- ▶ offers assistance to providers in various capacities
- ▶ clarifies policies and procedures
- ▶ interprets contract language and rates
- ▶ works jointly with the Claims Department to resolve payment issues
- ▶ moves provider complaints and grievances through the system
- ▶ assists providers in accessing the information or department they need

Clinical Management



Clinical Management—Emergency: (215) 413-7171

24 hours a day, 7 days a week

Clinical Management—Non-Emergency: (215) 413-3100

Monday-Friday, 8:30 am–5:00 pm

Clinical Management assures that each client receives a comprehensive array of clinical services at the appropriate level of care in the least restrictive environment. Clinical Management, along with Medical Affairs, coordinates the ongoing treatment of each client.

Clinical Management is responsible for:

- ▶ coordinating care
- ▶ determining levels of care
- ▶ authorizing services
- ▶ conducting concurrent reviews
- ▶ conducting retrospective reviews
- ▶ maintaining a clinical liaison with providers
- ▶ resolving problems related to utilization management issues.

Member Services



Member Services: 1-(888) 545-2600

24 hours a day, 7 days a week

Member Services is dedicated to ensuring that all clients obtain needed services and works to remove barriers to treatment. Member Services works closely with all other DBH departments to assure that DBH/CBH clients obtain prescribed services. Member Services staff include individuals who have first-hand experience as clients or family members of those in recovery from behavioral health issues.

Member Services is responsible for:

- ▶ working directly with clients
- ▶ functioning as internal ombudspersons
- ▶ recording initial information about client complaints or grievances and resolving service-related issues, and forwarding it to Provider Operations for a quality review and investigation.

- ▶ confirming client eligibility
- ▶ collecting relevant demographic clinical information about the client
- ▶ scheduling appointments for assessments
- ▶ determining special needs

Network Development



Network Development: (215) 413-3100
Monday-Friday, 8:30 am–5:00 pm

Network Development is responsible for credentialing and re-credentialing providers in the DBH/CBH network. DBH/CBH staff review the qualifications of professional and paraprofessional staff employed by treatment providers in the network, and examine provider policies and procedures that are an integral part of the assurance of the delivery of quality care.

The department also performs on-site clinical audits, either as a part of a credentialing visit or as a result of concerns about quality of care issues raised about a provider. Further, the department includes Clinical Systems Analysts who provide technical assistance, education and consultation services to providers in the network. When Network Development and Provider Operations identify systemic problems during the audit, review and quality management process, Clinical Systems Analysts are contacted to serve as short-term consultants. They assist agency staff in rectifying problems and address issues relevant to the provision of quality care.

Network Development is also charged with program development with new or existing providers.