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Dear Colleagues,

One of the many disturbing aspects of this BCBS/New Directions situation is that they have not given us any information about the new rules and treatment requirements included in the ND provider manual. If you don't yet have a copy of the manual you can get it online either by doing a Google search (i.e. "new directions" and "provider manual") or using this URL: https://www.ndbh.com/docs/providers-behavioral-health-plan-providers/provider-and-facility-manual-2011july.pdf?Status=Master. The following is my review of some of the most concerning parts of the manual:

New Directions –New Rules

- **Requirements for treatment record documentation**
  - *see pages 47-49*
    - They will require us to collect and document an extraordinary amount of information, particularly in the initial evaluation.
      - How will this affect our ability to develop and maintain effective treatment alliance? How much additional time will we have to spend just completing the paperwork?
        - This reminds me of how the increasing documentation and paperwork requirements have led to a steady degradation of the quality of inpatient psychiatry care.
    - *Some of the highlights*
      - Includes requirement for **"legibility"**
        - Can you imagine the uproar if this standard was applied to medical / surgical documentation?
      - Requires all clinical documentation to be either in "chronological" or "reverse chronological" order
      - Within the first three visits, the treatment plan must contain all of the following
        - Specific measurable goals
        - Documentation that these goals were discussed with the patient
        - Have estimated time frames for goal achievement
        - Documentation of the patient's strengths and limitations in achieving goals
      - Deferred or ruled out diagnoses must be revised within the first 3 visits (e.g. personality disorders)

        - *If a patient misses an appointment you must document in the record the attempts you have made to arrange a follow-up appointment.*
    - Charts will be audited to determine if they meet all the documentation requirements
        - They specify that there will be "random audits" although they don't specify the consequences if treatment record requirements aren't met--non-payment of services, additional training or "remediation", termination from the network?
        - ***"As part of the re-credentialing process, Providers seeing a high number of New Directions Members may be asked to submit several outpatient records for audit against these guidelines. A passing score is 80%"***

- **<u>Quality Improvement and Utilization management program</u>**
    - "Goals are established, measured, and analyzed"
    - Although the details of all the goals and how they will be measured and analyzed are not provided, here are a few that they did specify:
        - *Availability of appointments*
            - *"Routine appointments <u>must be available within 7 days</u>"*
        - *They will audit to assess the "Quality, type and availability of Providers"*
            - What does this even mean?

- **<u>Quality performance indicators / practice guideline monitoring</u>**
    - Section on "Tenets" (Page 14) includes "basic principles of care that we "encourage Providers to adopt"
        - Unclear what is meant by "encourage"—although they indicate that treatment records will be audited to determine whether these "principles" are "adopted"
        - Most of these "tenets" are quite vague, but here are some they are specific about:
            - For new diagnoses of major depressive disorder
                - "Members should receive a follow-up visit every two to three weeks for three months"
            - New prescriptions for ADHD
                - "we recommend Members receive follow-up visits within 30 days of new prescription"
                - **"Providers will be audited for these visits"**
        - Pages 51-53 specify treatment guidelines for Major depression, ADHD, and substance abuse
            - Although not specifically stated, "Tenets" section indicates that charts will or could be audited to determine whether providers have met treatment guideline standards
- **<u>Case management / intervention programs</u>**
    - ND manual (pages 43-44)

- ND has their own staff of "mental health professionals" who are "trained clinicians"
- These "trained clinicians" can "identify Members" and call them "as frequently as daily"
- ***I may be misinterpreting this, but my impression is that these "trained clinicians" can initiate an intervention without the request from, the permission of, or even the notification of the provider..***
    - *It sounds as if they would have the right to call our patients at any point and discuss their treatment as well as initiate their own treatment intervention.*

- **<u>Aggressive auditing to monitor for "fraud" and "abuse"</u>**
    - New Directions manual page 8
        - They will ***"aggressively" audit charts to identify instances of fraud and abuse.***
        - They are not very clear about what would constitute fraud or abuse; but here are a few interesting examples they give.
            - *"Providing or ordering medically unnecessary services or tests" would be considered "abuse"*
                - They don't give any information about how they will determine whether or not a test or service is medically necessary
                - Apparently ND can audit your records, make retroactive determinations about medical necessity, and charge you with abuse.
                    - Imagine how much time it could take us to have to prove medical necessity.
        - ND can determine that you are guilty of "fraud" if you make any "written *or oral* statements" that "contain materially false information, or a material fact is concealed"
            - This could be administered very much like Medicare where auditors are paid incentives for finding incidents of "fraud" and "abuse".
            - This type of monitoring will not be required for Medical / Surgical treatments. BCBS will only *recommend* that med /surg providers get training on what constitutes fraud and abuse.
            - An accusation of fraud or abuse could potential have serious legal ramifications.

Steps you can take to protest these changes as well as other documents and articles about the situation are posted on our website: www.sarkisfamilypsychiatry.com. Please pass this information on.

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