

# Mental Health Minute

Fall 2016

## Protect Your Patient's Personal Health Information (PHI)

Submitting only the information requested is the best practice for protecting your patient's personal health information (PHI).

PHI is defined as any information about health status, provision of healthcare or payment for healthcare that can be linked to a specific individual. PHI may include demographic information, medical history, test and laboratory results, and insurance information.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and revisions to HIPAA made in 2009's Health Information Technology for Economic and Clinical Health (HITECH) Act, covered entities – which include healthcare providers, insurers, and their business associates – are limited in the types of PHI they can collect from individuals, share with other organizations, or use in marketing. In addition, organizations must provide protected health information to patients if requested – preferably in an electronic PHI format.

### Community Psychiatric Supportive Treatment (CPST)

Submitting justification for a Community Psychiatric Supportive Treatment (CPST) prior authorization request can be confusing when considering PHI. Please remember to only send Permedion what is necessary to make a determination regarding your CPST request. Include why CPST services are: (1) medically necessary; and (2) the interventions conducted by CPST workers to address the patient's treatment needs and to support medical necessity. Be sure to include in your request the number of CPST hours being requested.



### For Inpatient Appeals

Please note that per HIPAA regulations, appeals for any type of administrative, technical, or retro-eligibility issue should not contain clinical documentation. Please do not send the entire patient medical record in these instances.

## Clinical Documentation Reminder

Clinical documentation should meet clinical documentation standards. Without strong documentation, it becomes difficult to support the medical necessity of services provided and opens the door for additional information requests or potential denial of services.

### Seven Quick Reference Points for Quality Clinical Documentation

Provide enough space for the treatment staff to document a narrative note.

- **Legibility** – Electronic health records have reduced the amount of handwritten record entries, but there are still risks when entries are rushed or careless.

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- **Reliability** – Ensures the same yield will result each time the documentation is repeated.
- **Precision** – Must contain sufficient detail to support the condition(s) of the patient.
- **Completeness** – The provider has fully indicated a response to all concerns in the patient's record, including an appropriate authentication.
- **Consistency** – There are no contradicting statements from one progress note to another note.
- **Clarity** – Determines whether the encounter meets medical necessity.
- **Timeliness** – This is critical to the optimal outcome of the patient.

## Precertification Forms for Hospital Admissions

When filling out precertification forms and entering cases into the Medicaid Information Technology System (MITS) portal, it is important that the contact person listed be someone available during regular business hours who is familiar with the patient.

Under certain circumstances, the Permedion nurse reviewer may need to reach out to alert the provider of a problem with the case or to request additional clinical information. For this reason, it is vital that the contact information be checked for accuracy prior to submission. Inaccuracy of the contact information could lead to a delay in processing the request or prevent Permedion from obtaining vital clinical information, which may lead to an adverse determination.

## Community Psychiatric Supportive Treatment Services Authorization

Before submitting a CPST prior authorization request, please make sure you have completely filled out the form including these commonly missed fields:

- Correct agency National Provider Identifier (NPI) number
- Recipient's Medicaid ID number
- Current number of weekly CPST hours the client is using
- Accurate units requested either in hours or units

## Welcome to the Newest Member of the Permedion Behavioral Health Team

Robert Johnson is a Licensed Independent Social Worker and has worked in the mental health field for nine years. Johnson graduated from Ohio State University with a Bachelor of Science degree and a Master of Social Work degree in Clinical Social Work. He is trained in Trauma Informed Care, Motivational Interviewing, and Integrated Dual Disorders Treatment. He has previous experience in managed care, quality improvement, care management, clinical counseling, teaching, inpatient and outpatient behavioral health, and medical social work.

Johnson is a United States Navy veteran, where his experience in mental health began at the Great Lakes Naval Hospital in Chicago, Ill.

He will be responsible for provider relations, Community Psychiatric Support Treatment reviews and onsite survey reviews. Johnson resides in Westerville, Ohio. You can reach him at [robert.johnson@hms.com](mailto:robert.johnson@hms.com) or 614.918.5104.

## Thank you

Over the past year, the Permedion Behavioral Health staff have noticed a significant improvement in prior authorization request documentation to support medical necessity and timeliness of submissions. We would like to say thank you to all of the providers for your hard work.