

# PsycHealth, Ltd. Provider NEWSLETTER

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## Special points of interest:

- Supplements have record of safety
- Annual Attestations and Notes for Providers

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## What are they thinking? Bill wants to give FDA authority over supplements yet FDA has publicly admitted that they can't do the job they are supposed to do!

My thanks to LEF Magazine, Mr. William Faloon, author, and LEF, for their permission in sharing the quoted statements below. Please go to [www.LEF.org](http://www.LEF.org) for additional information and research. Mr. Faloon writes, "In response to our alert last week, more Life Extension® members than ever before contacted their Senators to protest a bill that would give the FDA draconian new powers."

"This bill is called The Dietary Supplement Safety Act (DSSA), which is a misleading title because it purports that there are lethal problems associated with dietary supplements. The reality is the FDA has all the power it needs now to protect the public against supplements that are spiked with prescription drugs, or otherwise adulterated."

"The Dietary Supplement Safety Act will give the FDA discretionary authority to ban any supplement it chooses. What some have yet to comprehend is the horrific way the FDA has historically abused powers Congress bestows them."

"The FDA already has broad powers to remove dangerous products. This legislation would enable the FDA to ban anything if they have only 'reasonable probability' that there is a serious problem with a product. This kind of discretionary authority gives the FDA tyrannical power to ban supplements, a power they have not hesitated to use when they've had it."

As basic biochemistry clearly demonstrates the importance of appropriate nutrition as well as vitamin and mineral levels in both physical and mental health, I must state that I wonder why anyone would introduce or support measures to disempower individuals and further limit our health choices? Do they not want people to support their own health or treat themselves with the least intervention for improved health? The safety record on vitamins and supplements remains clear and untarnished while the world of pharmaceutical medications is full of adverse effects and reports of death. Clearly, logic is not behind the proposed bill. I urge all practitioners to review and protest this bill with their Senators and Congresswomen or men. The data and the FDA's poor record by their own admission clearly does not support the need for change which will cost us all yet more money at the expense of our health options.



## Despite the Challenges Inherent in the System, We Remain Mandated Reporters.

While interfacing with DCFS holds challenges and barriers to surmount as well as frustrations regarding DCFS follow through on reported cases, our responsibilities as mandated reporters continue. Child protection is an ongoing issue and a DCFS report is one mechanism in place for child safety. Do not fail to use it for cases of suspected or clear abuse. DCFS has an excellent training module available on line for those who would like a refresher course. My recommendations remain to err on the behalf of the child as your report may be lifesaving.

Here is a summary sent to me in my role as EPOCH-USA volunteer Board Member by Nadine Block (CED/EPOCH-USA, Director) from Victor Vieth, CEO and President of the National Child Protection Training Center regarding child abuse data from the National Incidence Study (NIS-4) for years 2005-2006:

- Number of maltreated children. Under the strict "harm standard", 1.256 million children were maltreated during that period (see page 3-4 of the report, table 3-1). Under a broader "endangerment" standard, 2.9 million children were maltreated (p. 3-15).
- Degree of injury. During the year of this study, 2,400 died from maltreatment (p. 3-11), 39% suffered serious harm (life threatening injuries or "long term impairment"), and 55% suffered "moderate harm" (injuries that persisted in observable form for at least 48 hours and emotional distress that did not require professional treatment).

- Perpetrators largely parents. According to NIS-4, 80% of the perpetrators are biological parents, 12.4% are non-biological parents and parents' partners, and 6.8% are classified as "others." Most perpetrators of sexual abuse are men (87%), with women committing most of the physical and emotional neglect (see table 6-3).
- Teachers make most of the child maltreatment reports—but most reports from schools are not investigated. School teachers and other school officials recognized 52% of the children meeting the harm standard (p. 7-4) but only 16% of these cases were investigated (table 8-6, p. 8-10).
- Most serious cases of abuse never investigated. Only 50% of the maltreated children identified in this study had their cases investigated by CPS. When the researchers examined the most severe cases of abuse, the numbers were more alarming. Only 30% of the children suffering "serious harm" had their cases investigated by CPS and only 29% of children suffering moderate harm had their cases investigated (table 8-2, p. 8-6). If CPS had followed its own screening policies, most of the un-investigated cases of children would have been investigated. NIS-4 researchers interviewed CPS supervisors about their screening policies and concluded that if these policies had been followed, "CPS would have probably investigated nearly three-fourths (72%) of the investigated children who experienced maltreatment under the Harm Standard." (p. 8-27).

## One-Third of Teen Mothers Do Not Earn High School Diploma or GED

New Child Trends research reports that one in three or 34% of young women who became teen mothers did not earn their high school diploma or a GED. This statistic is especially significant when compared with only 6 percent of young women who did not become teen-aged mothers. Additional findings include that older teen mothers are more likely to obtain their high school diploma while African American teen mothers are more likely than Hispanic or Caucasian teen mothers to earn their high school diploma or GED by age 22.

"Earning a high school diploma or GED reduces the risk of subsequent teen pregnancy, which has been linked to even poorer outcomes," said Kate Perper, M.P.P., lead author of the study. "Higher parental education is also

linked to improved outcomes among children that may reduce their risk of early sexual activity and teen pregnancy, thus reducing inter-generational cycles of disadvantage."



Data used presented from this study were formulated from the National Longitudinal Survey of Youth-1997 Cohort.

Dr. Gomez comments: As based on my readings and "Inside the Brain" by R. Kotulak,

lowered educational status is correlated to the amount of stimulation that young mothers give their babies. A baby completely changes one's lifestyle and can be associated with resentment on the part of the mother. Parental education and the importance of the need for play, singing, holding, and activities which stimulate brain development should be shared at birth with all mothers but especially with our younger or teenaged mothers. If this education were made mandatory, it would likely to reap benefits for the children as well as society which would be evident almost immediately. The data continues to support that once we have failed to maximize the window of opportunity in the early years of child formation, our options and hopes for positive interventions after the fact reduce significantly.

## Smoking and Depression both Negatively Impact Health



A new study in the British Journal of Psychiatry reports that both smokers and individuals with depression had a higher risk of death than others. The survey covered 60,000 people and reviewed death records during the 4 year period post-survey. Depression impacts multiple life functions including activities of daily living (ADLs), energy, sleep and appetite. Depression has been found from past research to affect body systems such as cardiac. One might posit as based on this survey that the supporting the reduction of smoking as well as depression could positive impact the health of countless individuals. It is clear that health maintenance involves many factors both from the physical side as well as that of mental health. Without health oriented choices which include exercise, relaxation, appropriate diet, attention to endocrine factor, positive sleep patterns and choices which do not embrace abuse of self or others, the cost to human quality of life will remain high.

## PSYCHEALTH ANNUAL ATTESTATIONS AND INFORMATION:

### Access to PsychHealth UM Staff

#### Please be informed that at PsychHealth, Ltd.:

1. Calls regarding UM determinations can be made to our toll-free number at (800) 753-5456;
2. Calls regarding UM decisions are taken after normal business hours via a Voice Mail system or answering service at the same 800# listed above;
3. Calls regarding UM decisions are returned within one business day of receipt.

### Nationally Recognized Medical Necessity Criteria

The PsychHealth, Ltd. UM Staff apply professionally and nationally recognized and approved criteria when performing utilization review of requested healthcare services in a consistent and professional manner. These criteria are based upon sound clinical evidence and currently accepted clinical practice guidelines.

The Executive Committee annually selects, reviews, updates, and approves nationally recognized medical criteria used in medical necessity review and level of care determinations. Review and input from the Peer Review Committee consisting of a multi-disciplinary representation of board certified, credentialed, licensed and actively practicing MDs and other behavioral health providers is obtained before final approval. The most current edition of criteria will be utilized.

The screening criteria to be used for all prospective, concurrent, and retrospective review and case management activities are:

**APOLLO Managing Behavioral HealthCare Manual Third Edition, 2010 update and APA Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium, 2006.**

A copy of the medical necessity criteria for a specific diagnosis is available upon written request by contacting PsychHealth, Ltd. offices.

#### At PsychHealth, Ltd. we affirm that:

**An individual has the right to treatment in the least restrictive level of care.**

**1. UM decisions are based on medical necessity, which includes appropriateness of care and services, and the existence of available benefits;**

**2. this organization does not specifically reward practitioners, health plan staff, or other individuals for issuing denials of coverage, care or service; and**

**3. incentive programs are not utilized to encourage decisions that result in under/over-utilization.**  
PsychHealth, Ltd. also affirms that there is no conflict of interest between PsychHealth, Ltd. and it's UM decision makers.

### Notes to Providers

**Technical Difficulties:** PsychHealth experienced some technical difficulties with our referral line for two business days. We apologize for any inconvenience this may have caused. The problem was immediately addressed thanks to your reports and has been rectified. We trust that there will be no further issues but always feel free to alert us if you have any problems leaving information or interfacing with any of our Staff.

**Retro-adjustments:** PsychHealth is dependent upon the eligibility data that is sent to us by our Health Plans and Medical Groups. While out of our control, the reality of notification of retro-terminated members does occur. PsychHealth is not responsible for payment for terminated members which may include these scenarios:

Member was retroactively terminated and has no current coverage, therefore provider may seek reimbursement from the member.  
Member was retroactively terminated and was reinstated with a gap in coverage, therefore the provider may seek reimbursement from the member.  
Member was retroactively terminated and has current coverage through a non-PsychHealth managed plan, therefore provider may seek reimbursement from the new plan.  
Member was retroactively terminated and has current coverage through another PsychHealth

managed plan, therefore provider may submit current eligibility information in order for PsychHealth to research and reprocess claim accordingly.

PsychHealth will give providers the option to repay the overpayment or to have the overpayment deducted from future services. Until the world of data becomes strictly real time, we will follow the contractual guidelines and standard procedures in this area.

**What changes with parity:** Your interface with PsychHealth will not change with regards to parity. PsychHealth will continue to manage mental health benefits and authorizations for the members. Requested services will still need to meet medical necessity criteria. It should be noted that the richness of any particular benefit should not be the rationale for treatment planning and request for services. Services should be requested as medically necessary and as based on "the least medicine (or treatment) for the cure or stabilization." (Gomez & Hall, 2008) There is such a large need for treatment of many members that patient hoarding need not ensue. Furthermore, members should be empowered towards health as well as supported in moving towards a prn or as needed schedule. Decreasing a member's reliance on the mental health system through promotion of health and positive choices remains a reasonable goal. The literature overwhelmingly points to

patient-therapist fit and expansion of social support systems as significant factors in patient progress and improvement. In light of this, while patients may start therapy treatment requiring weekly sessions, as symptoms begin to abate, reducing session frequency to every other week and moving towards monthly follow-up should be considered and implemented if appropriate. While there are proponents of a fixed termination model for therapeutic services, I prefer moving to a prn model where the member is aware of triggers and symptoms that would warrant a call for an appointment. In this way, we can act in a timely manner and give support as needed.

#### Co-pays: Q12 How does the ACT impact BC HMO co-pays?

If a member is treated by their PCP, the PCP co-pay is applied.

If a member is treated by any MH/SA professional, the specialist co-pay is applied.

If member is seeing a rehab therapist, the rehab co-pay applies.

If there is no difference between the specialist and PCP co-pay, the PCP co-pay is applied.

*PsycHealth, Ltd.*



## **Daily Dose of Humor**

Why did the chicken cross the road?

Isaac Newton: Chickens at rest tend to stay at rest; chickens in motion tend to cross roads.

## **Food for Thought**

Humanness is a garden that needs tilling to flower. You can't diagnose "bad soil" merely because there are weeds in a neglected lot.

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