ExecutiveReport

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MHCA's 2003 Fall Meeting

Come With Us to Scottsdale

It's good to be in the Southwest in November...come with us to Scottsdale, Arizona for MHCA's Fall Meeting, November 4-7, where we will enjoy once again the Radisson Resort and Spa on Scottsdale Road.

Be sure to arrive early if you plan to attend Tuesday's New Trends Forum. It will be held at 3:30 pm following several other "typical Tuesday" committee meetings.

Keynoting our program Wednesday morning will be Nelson Otto, futurist and former guest speaker, who delivered an exceptionally fine message to MHCA members in Spring, 1998 when we met in Austin, Texas. Otto will address his vision of the future and how behavioral health leaders should prepare to anticipate, manage, and control predicted changes.

On Wednesday afternoon two tracks offer (1) consecutive Futures and Corporate Structures Forums, and (2) a Marketing Committee/Focus Group where issues explored at MHCA's Summer Meeting will be examined further through best practice examples. CEOs are encouraged to bring marketing staff for the latter.

Thursday's General Session includes presentations as follows: (1) *Mergers/Acquisitions: Lessons Learned* by Craig Savage and Brian Ackerman, (2) *Psycho-Education Intervention Strategies: A Win-Win Proposition* by David Dangerfield, DSW of Valley Mental Health, (3) *The Role and Value of Atypical Antipsychotic Medications: A National Perspective* by David M. Ziegler of Southeastern Consulting, and *The Role of Technology in Enhancing Clinical Practice* by May Ahdab, CEO, UNI/CARE Systems, Inc. and Chairman, SATVA.

The Mental Health Risk Retention Group (MHRRG) will host shareholders at a reception and dinner on Thursday evening. MHCA will host receptions both Wednesday and Thursday evening. ❖

Plans Shaping Up for Second International Knowledge Exchange

The Board of Advisors of IIMHL (International Institute of Mental Health Leaders) will meet November 17 in Washington, D.C. to begin shaping the second international exchange program for behavioral health leaders. MHCA CEO Don Hevey along with Board Chair Dick DeSanto, Erv Brinker and Denny Morrison will attend the Advisors meeting. Also represented will be NIMH-E (National Institute of Mental Health, England) and MOHNZ (Ministry of Health, New Zealand). The meeting will be held in the offices of the Substance buse and Mental Health Services Administration 's Charles Curie.

A tentative schedule for the 2004 Exchange is as follows:

May 17-18: (Monday/Tuesday)
MHCA members host UK and NZ behavioral health leaders on-site at local centers.
May 19: (Wednesday) *Travel Day*
May 20-22: (Thursday-Saturday)
MHCA/IIMHL Meeting in Washington, D.C. with MHCA's Board of Directors meeting on Saturday.

IIMHL Director Fran Silvestri will be contacting MHCA members soon regarding hosting opportunities for the 2004 Exchange. We expect numerous UK and NZ behavioral health leaders to make the trip to the US - plan to be among those who welcome them!

President's Column by Donald J. Hevey

Donald J. Hevey

Setting and Attaining Goals

We are in the process of developing MHCA's Strategic Plan for 2004-2006. Part of the process includes reviewing our current 2000-2003 plan and the goals we had set for ourselves three years ago. Here are the major new initiatives adopted then. It's nice to see that they have all been completed or are in the final phases of completion.

1. Development of benchmarking and data based standards. A core set of administrative, clinical and financial performance indicators for benchmarking purposes was adopted in 2002, and the initial data collection from the membership was completed.
GOAL: *Complete analysis of data and identify reports to be developed from the data by May 2003. Present analysis of the data and the reports at the Spring Quarterly meeting.*
GOAL: *Produce an individualized report for each member who completed and submitted the survey by September 2003.*
GOAL: *Modify the instrument as necessary and set a calendar for the next round of data collection and analysis by November 2003.*

2. Cultural Succession.
GOAL: *Edit and produce the first in a series of cultural succession videos by December 31, 2002.*
GOAL: *Schedule and make available specific activities, meetings and opportunities that encourage cultural succession for management personnel of member centers such as: focus groups; list servs, etc.*

3. Develop culture of "boundaryless" products and services through the effective use of new technologies and development of global relationships.
GOAL: *By December 31, 2002 finalize plans for at least one "knowledge exchange" study tour with peers from behavioral healthcare programs on another continent.*
GOAL: *Formalize the establishment of an MHCA International Planning Committee by July 2002.*
GOAL: *Continue emphasis on the use of technology.*
GOAL: *Conduct Internet, and list serv training at one or more of our quarterly meeting each year.*

4. Consistent and recognizable MHCA branding. The term branding has been replaced with the expanded concept of marketing. A Marketing Committee was established at the end of 2002.
GOAL: *Finalize development of the committee's marketing work plans and strategies for MHCA and its members by the end of the Fall Quarterly Meeting.*
GOAL: *By November 2003, begin semi-annual marketing focus group meetings and incorporate the EAP Focus Group into the Marketing Focus Group.*
GOAL: *Schedule a presentation specific to marketing in behavioral health care for one of our 2003 quarterly meeting along with a panel presentation on "marketing best practices" by MHCA members.*

Thanks for your part in helping us stay on track!

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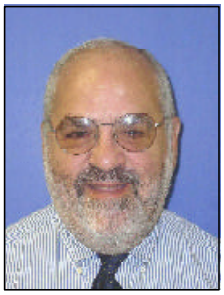
Mental Health Corporations of America, Inc.
1876-A Eider Court
Tallahassee, Florida 32308
Telephone: 850-942-4900
FAX: 850-942-0560
WEB PAGE: http://www.mhca.com

Bill Joslin Will Be Missed

Human Technologies Corp. President/CEO Bill Joslin died July 19 in New York. He had served as CEO of Human Technologies since its founding in 1986. Vice President David LaValla said, "Bill loved his position and the people with disabilities that we served. He's affected hundreds and hundreds of lives in the Mohawk Valley." MHCA extends sympathies to Bill's wife, Patrice, and family. Patrice serves as Vice President of Program Operations at the Center and has often attended MHCA meetings with Bill.

❖

New Members from Georgia, Indiana



Dennis Wool

Hank Milius

MHCA is pleased to welcome Satilla Community Services of Waycross, Georgia as our latest member. CEO Dennis Wool, PhD attended our May meeting in Savannah and our August meeting in Seattle where he participated in several committees and forums and was welcomed by Chairman Dick DeSanto. Satilla serves an eight county area in rural southeast Georgia.

Comprehensive Mental Health Services, Inc. of Muncie recently became Indiana's seventeenth MHCA member. Hank Milius is the CEO. Hank's name may be familiar - he was a member briefly several years ago when he was CEO of Northwest Alabama CMHC. Comprehensive MHS serves three counties in East Indiana with a budget of $14.5 million and a staff of 169 FTE. The organization is accredited by both CARF and JCAHO. ❖

MHCA To Meet with Software Group

MHCA representatives will participate in the semi-annual members' meeting of SATVA (Software and Technology Vendors Association) on Friday, October 10 in Napa, California. The invitation comes from SATVA's Executive Director Tom Trabin, PhD, who says, "MHCA has played a significant role in influencing our quality initiatives, and we want to continue a closer working relationship with your association. The purpose of your attendance would be to explore those possibilities." Attending for MHCA will be CEO Don Hevey, IS Chair Grady Wilkinson, Board Chair Dick DeSanto and others. ❖

Vinfen Appoints COO

Vinfen Corporation of Cambridge, Massachuesetts has announced that Bruce Bird, PhD, joins the organization as Chief Operating Officer. Dr. Bird will oversee Vinfen's 169 programs in Massachusetts and Connecticut that serve individuals facing mental retardation, mental health or behavioral health challenges. He will also provide executive management for the planning, development, and operation of Vinfen's programs and will focus on enhancing the agency's strong record of quality services, with emphasis on rehabilitation and recovery.

Dr. Bird reports to Vinfen President and CEO Gary W. Lamson and replaces Tony Zipple, former Vinfen COO, who recently became CEO at Thresholds of Chicago, Illinois. ❖

Member Survey Due September 12

A survey soliciting member opinion was circulated at our Summer Meeting and mailed to those not present in Seattle. Please return it as soon as possible, preferably by September 12. Results will help shape MHCA's 2004-2006 Strategic Plan in issues concerning member orientation, recruitment, satisfaction and meeting scheduling.

Correction:

It was earlier announced in the *Executive Report* that returning member Mark Monson of Rutland MHS, now known as Community Care Network, in Vermont is a PhD - according to his staff, he's a lot of great things, but not a "doc."

MHCA's Summer Meeting in Seattle

Marketing, Training, Benchmarking, Connecting

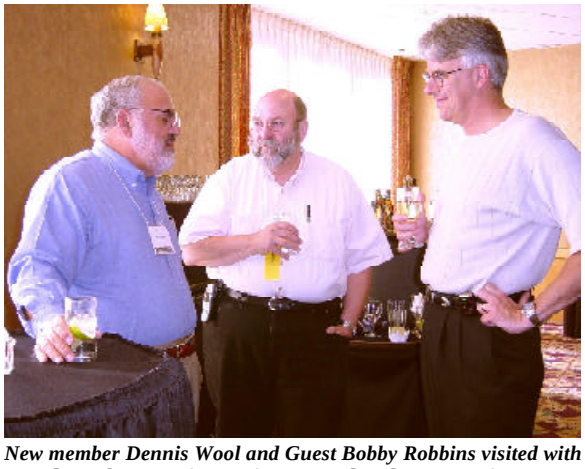
Keynoter Edith Jardine of OPEN MINDS (far right) opened a lively conversation on marketing behavioral healthcare. MHCA Panelists picked up the topic (left to right) Moderator Charles Maynard, David Paine, Linda Valianti and Dennis Morrison, PhD.

The City of Seattle beamed with blue skies and comfortable temperatures as MHCA members and guests arrived for our 2003 Summer Meeting, August 12-15. A lively program challenged participants on topics ranging from behavioral health marketing to international partnerships. Tuesday's agenda included a Strategic Planning session led by Len Altamura. Wednesday's keynote by Edie Jardine was followed by a well-received MHCA panel that expanded on her marketing concepts. Thursday's four general session presentations all received high marks. A great meeting!

Sheree Graves of Conundrum Communications described her online training product for the behavioral healthcare field.

Leslie Mariner (left) of Criterion Health and Vicki Vink of Summit Pointe presented "Practical Solutions to Enhance Clinical Programs" using Criterion's Navik product.

Microsoft and Vinfen teamed up to share information about the Outcomes and Records System. (Seated) Robert Satterwhite of Microsoft and Vinfen's Mike Boyd. (Standing) Chris Mundy and Gary Lamson, CEO, Vinfen



New member Dennis Wool and Guest Bobby Robbins visited with Board member Dennis Morrison at Wednesday's reception.

International Knowledge Exchange Benefits Guests and Hosts Alike

MHCA members representing 13 behavioral health centers joined six New Zealand colleagues in a professional knowledge exchange with United Kingdom mental health centers in June. On-site visits and tours of facilities preceded a conference in Birmingham, England, sponsored by National Institute of Mental Health-England (NIMHE). The event was sponsored by the International Institute of Mental Health Leaders (IIMHL). Four MHCA members reported on their experience at our Summer Meeting in Seattle. A second exchange is planned for May 2004 in Washington, D.C. where IIMHL will link its program to MHCA's Spring Meeting. ❖

(Left to right) Dick DeSanto, Fran Silvestri - Director IIMHL, Wes Davidson, Barbara Daire and Charley Maynard

Benchmarking Report Enthusiastically Received

After several years in the making, MHCA's first annual benchmarking report, "Benchmarks for Excellence in Behavioral Health Care," was introduced in its final form to an enthusiastic audience at our Summer Meeting in Seattle. Individualized reports for the 70 member centers that participated are being delivered in September. A generalized summary report for all members is included with this *Executive Report.*

Benchmarking Subcommittee Chairperson Susan Buchwalter, PhD has reported on the project at each quarterly meeting since Fall 2002. In Seattle she thanked participants and encouraged all members to participate in the 2004 survey. ❖

Susan Buchwalter

Qualifacts Hosts Microsoft Tour for MHCA Members

What an opportunity! Thanks to Qualifacts, MHCA members were treated to a luncheon and tour of Microsoft's Redmond Campus just outside Seattle on Friday, August 15 while in the area for our Summer Meeting. Tim Study and Bill Crounse, MD of Microsoft along with Lisa Miller of the Washington Publishing Company delivered a luncheon program followed by a tour of the Microsoft Museum. ❖

MHCA's CEO Don Hevey joined 35 members for the tour.

Improving the Clinical Record as an Element of Risk Management

By ***Heritage Behavioral Health Center, Decatur, Illinois***
Winner: Chairman's Award, 2003 Negley Awards for Excellence in Risk Management

A pattern or practice of poor documentation places healthcare providers at enormous risk for charges of healthcare fraud. Among other things, this can result in substantial paybacks, fines and monetary penalties that can severely damage a provider's ability to optimize its resources for the provision of services.

While healthcare compliance has been on the radar screen of medical healthcare providers for at least a decade, it has only recently become a compelling issue for most behavioral healthcare providers. Among the many compliance issues that can place a healthcare provider at risk is submitting a bill for clinical services prior to verifying that a progress note exists to support the bill.

To address this issue, Heritage Behavioral Health Center has developed a process that makes it highly unlikely it would submit a bill for services without credible verification that a progress note exists to support the bill and that the progress note would be accurate and complete. This process also improved the quality of the clinical record.

Background

In the 1990s, Heritage engaged in billing practices that were common at the time but that were becoming increasingly problematic because of heightened government interest in healthcare compliance. Because of this, in early 2000 we began to pay far closer attention to compliance issues. That summer, key staff representing a wide range of the organization began meeting with a nationally recognized consultant on a monthly basis in order to improve our understanding of healthcare compliance and to conduct a risk assessment of key compliance concerns. By the fall of 2000, we determined that our number one priority was to verify the existence of supporting documentation prior to billing. Other related priority items we identified were accurate coding, thorough documentation, timely completion of documentation, and accurate transfer of information from the clinical record to the billing program. (FY 0 1-02 Compliance and Integrity Plan, Attachment A)

Our Best Practice Documentation Process

Given the way our billing and clinical documentation system operated prior to implementing our best practice process in February 2001, our Accounts Receivable (AR) staff had no way of knowing whether a particular bill had a progress note to match it, much less whether the codes used were accurate or the components of the note complete. We would only know this after a retrospective audit. Even then, we only knew the status of a sample of documentation. This system made it impossible to ensure that a progress note existed prior to submitting a bill.

To correct this, Heritage designed and implemented a process in February 2001 in which the AR staff submitted a bill only after they had received credible verification that a progress note existed to support it. Since we tied this process to our Electronic Clinical Record (ECR), as well as to our internal clinical documentation training (Attachment B), this process also ensured that the codes used would be accurate and the components of the progress note complete.

Our process allows the clinician to enter his/her schedule, billing information and progress notes directly into the ECR (Attachment C). Initially, the clinician enters client contact information in the scheduler module of the ECR (either before or after the actual contact). The ECR completes an edit check to ensure the clinician is qualified to provide the service coded, that the code used is appropriate for a given program, and that the code can be applied to a client based on that client's registration information.

The clinician then enters his/her clinical contact information into the progress note module of the ECR. We designed the progress note screen so that the clinician must document to each of five areas required for a complete individual

contact note and for the four areas required for a group session note (Attachment D). Upon completing a progress note, the clinician prints it. When the clinician does this, the ECR secures the note so that no further changes can be made.

The clinician is expected to print his/her progress notes for a given day within twenty-four hours, to bundle them, and to print a Staff Activity Log (Attachment E). This log identifies those clients whom the clinician served, for how long, the location where the clinician provided the service, and the billing code selected by the clinician.

The clinician reviews the Staff Activity Log, ensures that there is a progress note for each service listed on it, checks that the information on the log matches that contained in the progress notes, and signs the log verifying it is accurate. By signing the log, the clinician is authorizing the AR staff to bill for those services. The clinician sends the bundled progress notes and the signed log to his/her supervisor. The supervisor double-checks that there is a progress note for every activity listed in the log, completes a random quality review (e.g., that the documentation matches the code used, sufficiency of content, etc.) and signs the log verifying a progress note exists for each service listed on it. The supervisor then sends the Staff Activity Log with the progress notes to the AR staff for billing. They bill from the Staff Activity Log and send the bundled progress notes to Medical Records for filing. (The printing of hardcopy progress notes has been a temporary measure related to the issue of authentication of electronic signatures. Heritage expects to resolve this issue by the end of the year.)

The AR staff has two signatures verifying that a progress note exists to support each bill. Because of this, it is very rare that we would submit a bill without an existing progress note to support it. Furthermore, this process, in combination with our documentation training, makes it unlikely that the codes used will be inappropriate or that the required components for a complete progress note will go unaddressed.

To maximize timely completion of progress notes, the AR supervisor produces an Untagged Services Report (Attachment F) that she brings to our Leadership Council (management team) on a weekly basis. This report identifies progress notes started but that remain incomplete. Additionally, the MIS supervisor produces a Daily Staff Service Hour Report (Productivity Hours) (Attachment G) that he brings to Leadership Council on a weekly basis as well. This report identifies the number of hours each clinician has documented on a daily basis and that he/she has authorized AR to bill. It also identifies clinicians who have completed no progress notes.

Clinical supervisors on our Leadership Council communicate the information from these two reports to the direct supervisors of staff identified as having incomplete/no progress notes or other productivity issues. The direct supervisors then work with their staff to complete their progress notes in a more timely fashion. Prior to the use of the ECR, it took an average of nine days to file a progress note in the chart from the time the clinician provided the service. It now takes an average of two days. Further, Heritage witnessed a substantial reduction of risk as evidenced by a precipitous decline in paybacks to state funders because of deficiencies uncovered in yearly audits. For example, in 1999 and 2000, Heritage repaid a combined total of just over $5000 in each of these two years to the Office of Alcohol and Substance Abuse (OASA) and the Office of Mental Health (OMH). However, because we implemented our best practice process in February of 2001, Heritage repaid OASA and OMH a combined total of only $774 for 2001. For 2002, we repaid OASA just $60. Heritage's OMH audit results were so favorable in 2001, they exempted us from an audit in 2002.

Quality of Care

Heritage designed the best practice process described above in order to reduce the legal and financial risks associated with submitting bills prior to establishing that a progress note exists to support the bills, inaccurate use of codes, and progress notes lacking in quality and content. This best practice process also improved the accessibility and quality of the clinical record because clinical information is placed into the chart quicker and the note itself is more complete.

see Risk Management, page 8

Risk Management, continued from page 7

What these improvements mean is that clinicians who require current client information are in a better position to provide care to those clients. Examples of clinicians in this situation would be those who work with clients in crisis; those who work with clients who have multiple internal providers; and/or those covering for other clinicians due to sickness, vacation, etc. In all these situations, client care is positively affected by clinical information that is as up-to-date and complete as possible.

Summary

In short, our risk management program has allowed Heritage to do three things. It has virtually eliminated the likelihood that Heritage would submit a bill for a clinical service without a progress note to support it. It has substantially enhanced the quality of the progress note. And it has significantly increased the value of the client record for clinical decision-making. ❖

2003 Chairman's Award Winner

Heritage Behavioral Health Center, Inc., is a charitable [501(c)3] service corporation governed by a 15 member Board of Directors. Founded in 1956, its corporate mission is to provide high quality, comprehensive mental health and substance abuse services. including prevention, crisis resolution, short-term treatment and support services, without regard for the client's ability to pay. Heritage operates out of five sites in Decatur, Illinois, with its primary site located at 151 North Main Street in the center of the city. It is the largest provider of community - based behavioral health care in greater Macon County, with an annual operating budget of approximately $8.9 million, supporting approximately 191 staff and a broad continuum of outpatient and residential services. Treatment services for mental illness and/or addictive disorders are provided to nearly 3,500 clients each year, with thousands more receiving prevention and crisis intervention services. Heritage is accredited by the Joint Commission on the Accreditation of Healthcare Organizations and recognized by the Illinois Department of Human Services as a licensed provider of substance abuse services and a certified provider of Medicaid mental health services. ❖

Calendar

MHCA 2003 Fall Meeting
Dates: November 4-7, 2003
Location: Radisson Resort and Spa
Scottsdale, Arizona
☎ (480) 991-3800
Rate: $139 single/double
Registration Deadline: October 2, 2003

MHCA 2004 Annual Meeting
Dates: February 24-27, 2004
Location: The Don CeSar Beach Resort & Spa
St. Pete Beach, Florida
☎ (800) 282-1116
Rate: $209 single/double
Registration Deadline: January 20, 2004

MHCA 2004 Spring Meeting
in conjunction with
IIMHL Conference
Dates: May 20-22, 2004
(May 17-18: site visits, May 19: Travel)
Location: Hotel TBA
Washington, DC

Rate: TBA
Registration Deadline: Mid-April

The Negley Awards
for Excellence in Risk Management

The Negley Awards were established in 1990 by Negley Associates, Inc., underwriting managers for the Mental Health Risk Retention Group. The Awards recognize and reward outstanding achievements in risk management by community behavioral health centers and are open to all MHRRG shareholders and members of MHCA and NCCBH. Since the award program's inception, in excess of one-quarter million dollars have been awarded to deserving applicants. The **Chairman's Award** provides a $5,000 cash prize to the recipient organization. ❖

2004 Negley Applications Available

Your company could be a Negley winner in the coming year! Deadline for applying for the 2004 Negley Awards is November 8, 2003. Applications have been sent to all eligible companies - if you need another copy, contact MHCA at 850-942-4900 or email tboyter@mhca.com