



**Holistic
PsycheHealth**
LLC

Provider Manual

Holistic PsycheHealth, LLC
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2026 Edition

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Contact Information

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Holistic PsychHealth Care Management L.L.C.

Mission Statement

Holistic PsychHealth, LLC manages a multi-disciplinary team of licensed independent and salaried behavioral health professionals (mental health and substance use disorder), providing ambulatory and telehealth managed behavioral care services, clinical behavioral health care, 24-hour emergency services access, utilization review and management, complex case management, connecting members with community resources and preventive health education, too. Additionally, Holistic PsychHealth maintains and administrates a contracted credentialed network of mental health and substance abuse specialists throughout the seven-county metropolitan Chicagoland area and throughout Illinois, Indiana, and the Midwest region, offering minority and multi-lingual clinicians as well as clinical sub-specialties, including child psychiatry, family therapy, substance abuse, sexual dysfunction, employee issues, and physical/sexual abuse.

Holistic PsychHealth is dedicated to the service provision and management for those individuals seeking behavioral health treatment regardless of the individual's ethnic background, language spoken, sex, religion, or sexual orientation. Holistic PsychHealth supports the human rights of each individual. Holistic PsychHealth actively promotes mental health via healthy lifestyle choices. We also work for non-violence, non-violent methods of discipline in child rearing, and alternatives to violent interactions. Holistic PsychHealth advocates for and upholds the rights of the child and the rights of the older adult. Holistic PsychHealth does not condone abuses of any types including child abuse, abuse of the elderly, emotional abuse, sexual abuse, domestic violence, and abuses of power.

We seek to provide services that, while being fair and ethical, are both treatment and cost effective for consumers, taxpayers and third-party payers. Holistic PsychHealth clinicians and network providers coordinate and monitor appropriate and timely managed care benefits as delegated by contracted health plans that fit your behavioral health care needs.

We believe that compassion and consideration is of utmost importance. We recognize that as we help each person, we help our families, our friends, and ourselves.

At Holistic PsychHealth we affirm that:

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.
4. Holistic PsychHealth also affirms that there is no conflict of interest between Holistic PsychHealth and its UM decision makers.

MEMBER'S RIGHTS AND RESPONSIBILITIES

We support human rights. We respect and protect the rights of our members or their guardians without discrimination. We support and respect your dignity, worth, confidentiality and privacy.

You are the center of the partnership between you and Holistic PsychHealth Care Team of licensed providers and experienced clinical staff. Together this team will enhance your ability to receive the maximum benefit from services as we provide, coordinate and monitor appropriate and timely managed care benefits that fit your behavioral health care needs.

Here is a summary of your rights and responsibilities as a member.

Member rights

1. Members have the right to receive information about their health plan, Holistic PsychHealth providers, policies and procedures, available services, benefits, and members' rights and responsibilities
2. Members have the right to courteous treatment. We respect your right to:
 - Be treated with respect and recognition of your dignity. We will not discriminate in the care offered to you based on race, religion, national origin, sex, age, sexual preference, type of illness or financial status.
 - Be addressed in a manner that is comfortable to you.
 - Know your health care providers. You have the right to ask all personnel involved in your care to introduce themselves, state their positions and explain what they are going to do for you.
3. Members have the right to available and accessible services, including emergency services. Responsibility for payment for such services will be determined by your plan's coverage.
4. Members have the right to privacy. Plan providers are required to respect the privacy of all members. Case discussions, examinations and treatment are confidential and conducted discreetly.
5. Members have the right to a candid discussion of appropriate or medically-necessary treatment options for their conditions, regardless of cost or benefit coverage.
6. Members have the right to be informed about their health care and to receive information about proposed treatments and alternatives in plain language. Members have the right to an explanation from health care provider(s) of:
 - Diagnosis
 - Recommended treatment and alternatives to treatment
 - costs and benefits, including not covered benefits.
 - Potential outcomes and/or prognosis
 - Significant benefits and risks of each alternative

You may choose to include family members, representatives or friends in this discussion.

7. Members have the right to participate with providers in making decisions about their care. These rights generally include:
 - Giving informed consent, i.e., agreeing to treatment based on a full explanation of your care plan and the risks and benefits of proposed treatment, as well as alternative treatments
 - Refusing diagnostic procedures or treatment. It is your right to decide whether you wish to be treated and, if so, by which method of treatment.

You may be treated without consent under certain circumstances, including in an emergency and when immediate action must be taken. The consent of a legal guardian may be required if you are a minor, unconscious or unable to give consent.

8. Members have the right to appropriate confidentiality of all medical and financial records in accordance with state and federal law. Generally, your medical records will not be released to persons outside your health plan unless you grant permission in writing, or we are required or permitted, under applicable law, to use or release this information. Certain examples of permitted releases of information are:
 - If required by a court order
 - To medical personnel in a medical emergency

You have the right to your Health Records.

9. Members have a right to voice complaints or appeals about their health plan or the care provided.
10. Members have the right to make recommendations regarding the plan's member rights and responsibilities.

- You have the right to be protected from abuse, neglect, exploitation and harassment.
- You have the right to make suggestions about our rights and responsibilities policy.
- You have the right to have a family member, support person, or other representative present. They can be involved in treatment decisions or make health care decisions, as permitted by law.
- You have the right to have an Advance Directive.

- You have the right to be informed about health problems, treatment options, and possible outcomes for care planning.
- You have the right to request, accept or refuse care, treatment or services. You have the right to be informed of the medical outcomes if you refuse care.
- You have the right to change of providers or a second opinion.
- You have the right to an interpreter and /or translation services.
- You have the right to privacy and confidentiality when you are receiving care.
- You have the right to practice and get advice about cultural, spiritual and ethical beliefs, if it does not affect the rights of others.
- You have the right to ask for support for difficult decisions about care.
- You have the right to be free from restraints or seclusion, unless medically necessary or needed for safety.
 - You have a right to safety, including zero tolerance for violence.
- You have a right to resources and advocacy facts.
- You have a right to kindly care at the end of life.
- You have a right to review medical records and receive answers about that record. You can ask to make changes to that record. You can get copies as per the law.
- You have the right to keep records confidential. Records will only be shared with those who can legally see them. You may request facts on who has received your record.
- You have a right to receive a copy of and details about bills.
- You have the right to ask about business links between payors, hospitals, and other health care providers that may affect care.
- You have a right to request an electronic version of your medical record, if the medical record is electronic.
- You have a right to not share your record with a health plan if you have paid out of pocket for services or per the law.

You and/or your family member, support person, or other person acting on your behalf have the **Responsibility** to:

- Provide correct and complete information about yourself and your health, including your current contact information, medical and behavioral health complaints, past health problems and hospital visits, medications you have taken and are taking (including prescriptions, over the counter and herbal medicines), alcohol and drug use and any other information you think your caregivers need to know
- Share your thoughts on a care plan that you accept
- Follow plans and instructions for the care plan you have agreed to with your providers
- understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Share what you expect in your care, including your pain or safety needs
- Follow your agreed-upon care plan and report on your progress
- Ask questions about your care, treatment, and services
 - Share any concerns about your care plan or attending treatment
- Learn what can happen if you do not follow the care and attend treatment
- Provide your Advance Directive if you have one.
- Respect the rights, property, privacy, dignity, and confidentiality of others
- For more information about your Patient Rights and Responsibilities, please see the link to our website http://www.HolisticPsychHealthl.com/pdf/Member_Rights.pdf or contact the Quality Department at Holistic PsychHealth

Contact us at: (providerservices@holisticpsychealth.com)

PROVIDER SERVICES DEPARTMENT

The Provider Services Department acts as a liaison between all participating practitioners and providers and the various departments of Holistic PsychHealth. Provider Services is supported by senior staff in Administration with Quality Improvement experience who are responsible for oversight of the daily operations of the Provider Services Department.

The Provider Services Department is responsible for the following functions:

- Recruitment of Practitioners and Providers, Network Development and Management
- Contracting of Practitioners and Providers
- Orientation of new practitioners and providers
- Educating practitioners and providers regarding Holistic PsychHealth Policies and Procedures
- Credentialing and Re-credentialing of practitioners and providers
- Conducting remote site visits and treatment record reviews during new and renewed credentialing process
- Problem resolution for practitioners and providers
- Contributing to Provider notices, communications and resources

Provider Orientation Program

The Provider Orientation Program is the first step in our commitment to developing a long lasting professional partnership with our contracted practitioners and providers. The purpose of this information is to introduce network practitioners and providers to Holistic PsychHealth's Mission Statement, clinical philosophy, operational and administrative policies and procedures.

Orientation Packet / Provider Manual

- The orientation packet includes a quick reference guide to current products managed by Holistic PsychHealth, a Key Departmental Staff Contact Information form.
- Welcome Letter
- The provider manual includes key policies and procedures, claims submission information, credentialing requirements and treatment record documentation requirements.
- The Holistic PsychHealth Provider Manual is reviewed and published on the holisticpsychealth.com website annually.

Ongoing Provider Education

- Holistic PsychHealth maintains a website www.holisticpsychealth.com
- Provider notices are distributed regularly; archival copies are available on the website and upon request.
- Provider Manual is reviewed annually, and any key updates are published.
- Provider education, including nationally recognized managed care behavioral health criteria specific to condition/situation is available by Holistic PsychHealth staff, as needed or requested, to individual providers on specific topics.

Member Resources offered on the www.holisticpsychealth.com website are;

- **Care Coordination contact**
- **Healthy Weight/Eating**
- **Physical Activity**
- **Suicide prevention**
- **M3 for Self-Assessment**
- **Short Progress Assessment**
- **Resiliency**
- **Stop Smoking**
- **At Risk Drinking**
- **Obtaining Personal Health Records**
- **Provider Search engine**

Provider Notifications and Updates

Holistic PsychHealth. posts provider information on a regular basis viewable to all network practitioners and providers. This mode of communication provides updates to practitioners and providers on new or revised products and operational procedures, the latest clinical research and publications, coding standards that recognize quality improvement initiatives and reports. We welcome relevant submissions, comments and suggestions for topics of discussion. Similarly, important memos, notifications, resources and health plan standards are equally accessible by visiting Q7 provider portal or the Holistic PsychHealth website at www.holisticpsychealth.com.

How to Contact the Provider Services Department

The Holistic PsychHealth Provider Services Team is available from 8:30 am – 4:30 pm Monday through Friday at 847-864-4961. Secure email communications may be directed to providerservices@holisticpsychealth.com.

We welcome communication of valuable input and feedback from our networks practitioners and providers. Please share your comments, questions, concerns, complaints and feedback of any kind. The most direct method of contacting us is providerservices@holisticpsychealth.com.

CREDENTIALING AND RE-CREDENTIALING

Holistic PsychHealth follows the State of Illinois Single Credentialing Cycle including use of State form, credentialing schedule, and other requirements. This applies when a provider is initially credentialed, when a provider's credentials data changes substantively, re-credentialing or when a provider, patient or quality assurance issue warrants it.

Data collection will coincide with a single-credentialing cycle that allows for collection of recredentialing data once and not more than every 3 years except as noted in the section above.

Practitioner Credentialing is a process all prospective practitioners must complete to evaluate their professional credentials and experience. The purpose of the credentialing process is to ensure that all Holistic PsychHealth practitioners meet the professional competency criteria established by the Credentialing Team and the standards established by state of Illinois and federal regulations. The credentialing process is initiated with the submission of a signed Provider Agreement and a complete application to Holistic PsychHealth Primary source verification (PSV) is conducted on all professional information requested in accordance with health plan requirements, state laws and federal regulations to ensure providers are qualified to treat a given population. The credentialing data elements requiring primary source verification and the minimum requirements for each are listed on page 29 of this manual.

Remote/virtual site visits may be conducted at new provider sites to ensure there are adequate access to facilities available. A review will be conducted on the practitioner's policies and procedures for maintenance of treatment records, and a mock or blind treatment record audit will be performed to ensure compliance with appropriate treatment record keeping practices. The credentialing records auditor will notify the applicant of findings and, if warranted, missing data elements to secure the required information prior to continuation of the credentialing process.

The credentialing process, including primary source verification, must be completed no later than 90 days from receipt of the complete credentialing application. Information accrued during the credentialing process is then submitted to the Credentialing team for evaluation and presentation to the EXQI Committee for final ratification. The applicant will be notified in writing of the Committee's decision.

Re-Credentialing

A participating network practitioner shall be expected to undergo a re-evaluation of credentials according to the 36-month Re-Credentialing cycle or as required by state or federal regulations. Re-credentialing of all licensed or certified network practitioners is conducted every 3 years to verify that the practitioner has no new professional liability claims and is still in good standing (current, active unrestricted license to practice in the state of Illinois) with various professional entities including, but not limited to, Medicare/Medicaid and the state department of professional regulation. Utilization management data, complaint information, quality improvement study results,

treatment record review data and member satisfaction data are also evaluated at the time of re-credentialing.

Re-Credentialing (continued)

The Credentialing Team has final responsibility for recommending reappointment of the practitioner to the EXQI Committee panel. The decision to accept or deny inclusion in the network is based upon the needs of the network, utilization and quality performance and the professional information obtained.

The following process will apply:

- A. Recredentialing Cycle will be based on the variable of the last digit of each provider’s Social Security Number
- B. Provides for a one-month notification period for each digit during which the credentialing department notifies those Physicians/Practitioners being recredentialed and of the time period during which the data is expected to be submitted: and provides for a two-month collection period for each digit during which the credentialing department receives data from those providers being recredentialed
- C. The single credentialing cycle reflects a six-month “OPEN” period when Holistic PsychHealth cannot collect data from a Provider except as noted in section above. This period coincides with the Illinois Department of Public Regulation’s licensing schedule of physicians.
- D. Once recredentialing is begun Holistic PsychHealth may continue to request data from the provider outside of the single cycle if it is not submitted by the deadline date listed in the schedule
- E. Holistic PsychHealth will monitor, on a monthly basis, in between recredentialing cycles, information on sanctions, limitations on licensure and complaints in accordance with URAC and/or NCQA standards.

The single credentialing cycle is as follows:

Year	2023	2024	2025	2026
Month				
January	8's	0's	4's	8's
February				
March				
April	9's	1's	5's	9's
May				
June				
July	OPEN	2's	6's	OPEN
August	OPEN			OPEN
September	OPEN			OPEN
October	OPEN	3's	7's	OPEN
November	OPEN	OPEN	OPEN	OPEN
December	OPEN	OPEN	OPEN	OPEN

Practitioners Rights During the Credentialing and Re-Credentialing Process

During the Credentialing and Re-credentialing processes, all practitioners have the right to:

- review the information obtained in support of their application;
- to be notified of any information obtained during the credentialing process that varies substantially from the information provided to Holistic PsychHealth by the practitioner;
- correct any erroneous information provided, and;
- confidentiality of all information obtained during the credentialing process except otherwise permitted by law;

Practitioner's Right to Appeal

A practitioner has the right to appeal an adverse decision not to appoint/reappoint him/her to the Holistic PsychHealth network reached as a result of information obtained, reviewed, audited during the credentialing/re-credentialing process. In the event that the Credentialing Team recommends an alteration of a practitioner's network status, the practitioner will be notified in writing of the determination. Information on how to appeal this decision will be included in the written notification.

Reporting of Adverse Decisions

In accordance with federal law, nationally accredited agencies and the State Licensing Agency, these parties may be notified of all practitioners and providers who have been terminated from the Holistic PsychHealth network for quality of care issues. The practitioner or provider will be notified during the termination process that a report may be sent to the accreditation licensing agencies. The practitioner or provider will then have the opportunity to further clarify issues and provide additional relevant information. In all cases, the practitioner or provider have the right to appeal an adverse credentialing determination.

Termination Events

Notwithstanding any other provisions in the Holistic PsychHealth Provider Agreement, Holistic PsychHealth may terminate its Provider Agreement at any time upon notice of the occurrence of any of the following events:

- Failure to maintain adequate malpractice or general liability insurance;
- Practitioner's conviction of a felony or misdemeanor involving moral turpitude;
- Professional incompetence of a practitioner or non-performance of professional responsibilities;
- Failure to comply with quality improvement and utilization review procedures and standards as established by Holistic PsychHealth, including but not limited to access and availability standards, billing practices, credentialing timelines.
- Suspension or revocation of the licenses required to fulfill the professional responsibilities;
- Physical disability, including alcohol or drug abuse, which impairs the practitioner's ability to practice his/her profession in a competent manner;
- Practitioner being a party to malpractice or other litigation or arbitration that has resulted in material judgments, settlements or awards against the practitioner.
- Failure to respond to Re-Credentialing request.

Change in Office Demographics

If a Provider has a change to his/her/their office(s) address, contact information, telehealth connection platform, or alter routine hours of operation, the Provider must promptly provide Holistic PsychHealth with 30 days advance written notice and include the effective date of such change. If a Provider discontinues/terminates operations at such office(s), the Provider must provide Holistic PsychHealth with 90 days advance written notice and include the effective date of termination.

ACCESSING SERVICES

Accessibility Standards

Holistic PsychHealth, LLC:

1. Has staff available to discuss UM decisions (referral authorizations and/or determinations regarding Behavioral Health care services) during normal business hours. Calls can be made to our toll-free number (800)753-5456; PsychHealth business operates in the central time zone, 8:30am – 4:30pm Monday thru Friday.
2. Access to the utilization staff is available via telephone, secure e-mail and/or fax.
3. Hyperlinks to emails of specific departments are accessible via the Holistic PsychHealth website.
4. Calls regarding UM decisions are taken after normal business hours via a Voice Mail system answering service at the same 800 number listed above.
5. Calls regarding UM decisions are returned within one business day of receipt.
6. TDD/TTY services are available to deaf, hard of hearing or speech impaired members. Direct access to the relay service can be reached by dialing 0-711. Sign Language service is available thru a vendor Lingualinx.
7. Language assistance is available for members to discuss UM issues (during office hours). Holistic PsychHealth utilizes a vendor called Lingualinx with access to over 250 language interpreters. Sign Language service is also available thru vendor Lingualinx. The after-hours answering service also has access to a language line. (Optimal Interpreting Services)
8. After hours urgent clinical calls are routed to a clinician for prompt intervention and follow up.

Emergency Services

Emergency services do not require pre-certification. Under circumstances when the Holistic PsychHealth UM staff is contacted, UM staff will arrange for or otherwise facilitate all needed emergency services. Holistic PsychHealth will follow the “prudent layperson” standard in making UM decisions related to emergency directives. Emergency services are never denied.

A representative of Holistic PsychHealth is available twenty-four hours a day to provide assistance with accessing emergency mental health and substance abuse benefits.

Non-Urgent Referral Requests

Non-urgent referrals will be reviewed and coordinated during normal business hours according to the certificate of covered benefits established by the member’s health plan. Providers and members are encouraged to contact Holistic PsychHealth clinical review team at the numbers listed below with questions about an initial request.

The Provider may submit requests for initial and continuation of established referrals by accessing the Holistic PsychHealth provider portal. This is a secure platform that provides access to member eligibility, utilization activity and claims management. Alternately, the Provider may complete the Holistic PsychHealth Outpatient Authorization of Services form and fax in, or call. Holistic PsychHealth requires 5 business days’ notice to process all ambulatory requests. A copy of the completed referral will be available to the provider on the secure Holistic PsychHealth provider portal.

Additional visits **must be prior authorized** by Holistic PsychHealth. Retro authorizations are not guaranteed and are subject to clinical review of office notes and records to determine proper documentation showing medical necessity.

A copy of the Outpatient Authorization of Service form can be found on the Holistic PsychHealth website.

Holistic PsychHealth Telephone Number for Routine Calls: (847) 864-4961

Holistic PsychHealth Toll Free Phone Number: (800) 753-5456

Holistic PsychHealth HIPAA Secure Fax Number: (844) 231-8858

Triage and Referral

All requests for services will be evaluated on the basis of medical necessity and services must be available to the member in accordance with the following accessibility standards:

Care Type	Definition	Access Standard
Life Threatening Emergency	A situation in which a member is at imminent risk for harm to self or others.	Immediately
Non-Life Threatening Emergency	A situation where the member is markedly distressed and there is a strong potential for rapid decompensation.	Within 6 hours
Urgent	A situation in which a member's condition could be anticipated to deteriorate to the point of being at risk of harm to self or others if not evaluated or treated.	Within 24 Hours
Routine	A request for a referral for members who are presently at no risk for harm to self or others.	10 Business Days

On Call Coverage/Covering Practitioners

In the event that a practitioner is unavailable to members who are in active treatment, the practitioner is responsible for arranging adequate emergency coverage during the absence. Holistic PsychHealth must be notified of all coverage arrangements. Covering practitioners must adhere to all Holistic PsychHealth administrative requirements, including but not limited to fee schedule, authorization procedures, accessibility standards and co-payment collection. *The covering practitioner must be of equivalent licensure level.*

Covering practitioners are not required to be a Holistic PsychHealth participating provider but it is recommended. All claims submitted by the covering practitioner should include the authorization number and indicate the provider for whom services are being covered. Payment for claims submitted without this documentation may be denied.

After Hours Access to Outpatient Practitioners

When a patient is referred to a practitioner for mental health treatment it the expectation of Holistic PsychHealth that the practitioner educate the patient on how to access care after normal business hours. You must provide your patients with a telephone number to call during non-business hours. Patients should be informed that if they call this number they will be contacted by you or your covering practitioner within a reasonable and appropriate timeframe. The after hours access information may be an answering service or a recording. If it is an answering service, the service shall instruct the patient as to how they will be placed in touch with you. If a recorded message is provided it may include:

- A telephone number where you can be reached,
- A pager number for you and instructions on how to activate a page and return call from you,
- The ability to leave a message and stating that you or your covering practitioner will return your call in a specified timeframe.

If the after hours access line is a recording it must also include the telephone numbers for local emergency services or law enforcement if patient cannot wait for a return call from you.

Nondiscrimination of Service

You must accept new referrals from Holistic PsychHealth without regard to race, religion, gender, sexual orientation, place of residence, national origin, insurance plan, age or physical or mental health status.

The only circumstances under which you may refuse a Holistic PsychHealth referral are:

- The patient requires treatment outside the scope of your clinical licensure or expertise.
- Your panel is closed to all new patients.

If you decide to stop accepting new referrals for any reason (such as: due to vacation, leave of absence, illness or your panel is full) you must notify Holistic PsychHealth in writing at the following address:

Holistic PsychHealth Care Management L.L.C.
Attn: Provider Services Department
P.O. Box 4973
Skokie, IL 60076-4973
Or Fax to: (844) 231-8858

Written notification should include a brief reason for the inability to accept referrals, an effective date and an end date if applicable.

UTILIZATION MANAGEMENT PROCEDURES

A) COMMUNICATIONS:

Telephonic Reviews

When conducting telephonic reviews, Holistic PsychHealth personnel shall routinely provide the following information (orally):

- First Name, Title and Corporation Name
- Utilization Review requirements of the benefit plan
- Holistic PsychHealth operational review policies and procedures

On-Site Reviews

Holistic PsychHealth does not conduct on-site reviews.

Secure Email and S-Fax Functions

In compliance with state and federal laws and regulations defining the privacy and security of patient identifiable information (PII) and protected/personal health information (PHI) Holistic PsychHealth has instituted secure email and secure fax platforms that meet business standards. Information integrity mechanisms are formulated to digitally direct communications in secure and encrypted formats to the user.

B) CLINICAL INFORMATION

Information Required for Initial Review

Holistic PsychHealth clinical review staff shall routinely request the following demographic information when conducting an initial review:

- Medical Group/Site number
- Patient demographics – name, address, date of birth, insurance ID#, phone, email
- Subscriber demographics (if other than patient)
- Date and time of admission
- Patient's room number or location

- Attending physician/practitioner information – name, address, phone/fax numbers, degree, license/certification status
- Primary Care Provider, if available
- Physician's Federal Tax ID number
- Facility demographics – name, address, phone/fax numbers, accreditation status, type of facility, Federal Tax ID number
- Treating staff qualifications and contact person for detailed clinical information

Holistic PsychHealth clinical review staff shall comply with health plan and state mandated time restrictions when conducting behavioral health **initial review** which are:

Behavioral Health initial reviews are prohibited for in-network services as follows:

- Inpatient services for Behavioral Health – 72 hours;
- Partial Hospitalization for Behavioral Health – 48 hours; and
- Inpatient and Outpatient services for Substance Use Disorder – 2 business days.

The following **clinical data** is necessary when conducting an initial review:

- Primary, secondary, tertiary diagnoses, multi-axial diagnoses per DSM IV (may be provisional)
- Current symptomatology sufficient to support diagnoses, appropriateness of the level of services proposed
- Proposed treatment plan including objective measurable treatment goals and timeframes for achieving goals.
- History of present illness including past treatment history, prior admissions
- Patient's prognosis
- Proposed length of stay and/or frequency/duration of services/initial discharge plans

Information Required for Concurrent (Continued Stay) Review

Efforts are made to ensure that concurrent reviews always be conducted prior to the expiration of authorization to ensure that no lapses in authorization and care coordination occurs. Therapeutic goal setting and discharge planning are expected to commence immediately upon admission to any level of care. Clinical case coordinators are available to facilitate this process and provide feedback as needed.

- Patient demographics sufficient to locate record
- Changes or updates in member demographics
- Name and title of contact providing review information
- Primary, secondary, tertiary diagnoses, multi-axial diagnoses per DSM IV (may be provisional unless final review prior to discharge)
- Progress made toward treatment goals since previous review
- All medications prescribed including dosages and frequencies, and relevant doctor's orders (precautions, specialty assessments)
- Results of specialty assessment reports
- Additional days, services and procedures proposed including frequency and duration
- Reasons for proposed extension including current symptomatology sufficient to support diagnoses, appropriateness and level of services proposed
- Discharge/aftercare plans that include scheduled post-discharge visit in the ambulatory setting within 7 days of discharge (transition of care visit)

Information in addition to the above data elements may be requested or voluntarily submitted when there is significant difficulty in reaching or agreeing upon a review determination.

Discharge Planning Guidelines

The Holistic PsychHealth Clinical review staff communicates with the designated facility discharge planner(s) to formulate, update and implement an effective discharge plan. Evaluation of potential discharge planning/case management needs, is initiated during the first review following notification of admission and continues to develop throughout the concurrent review process. The initial anticipated discharge plan will be updated and modified, if indicated, during each subsequent concurrent review, to facilitate a smooth, timely, and safe discharge when the patient's condition stabilizes. Discharge plans will be implemented by generating the appropriate referrals to contracted vendors/ancillary providers according to the patient's needs. The clinical staff is responsible for documenting pertinent clinical information and discharge plans in the Holistic PsychHealth case management system.

Assessment of Patient Needs:

- Discharge planning monitors diagnoses, symptoms, treatment history, risk factors, social supports, provider specialty, provider and patient locations, patient and/or family preferences and the patient's continued need for treatment.
- Potential impediments to accessing and following through with aftercare plan should be identified, minimized, and addressed prior to discharge.

Development of Discharge Plan by clinical review staff:

- Will assist in identifying in-network providers to meet aftercare needs.
- Are actively involved in coordinating the discharge plan with the hospital treatment team members and patient. Where appropriate and indicated, treatment planning involves coordination and/or review of aftercare plans with the patient's PCP.
- Approved providers must be utilized. In the event that in-network providers are not available, special agreements will be arranged, instituted, and approved by the Holistic PsychHealth Clinical Director.
- The use of community resources, where available, should not be overlooked, and may be incorporated in the discharge plan

Implementation of Discharge services:

- Finalized aftercare plans are communicated to the patient by the designated facility discharge planner(s). Clarification and modification of the plan may be obtained by the patient via communication with the designated facility discharge planner(s) or direct communication with the clinical review staff.
- The initial aftercare appointment with a behavioral healthcare provider should be scheduled to occur ideally within 7 days but no longer than thirty (30) days of discharge and documented on the member's discharge instruction sheet obtained from the hospital.
- Ongoing case management will be performed by a clinical review staff post discharge.

C) COORDINATION OF CARE

Coordination of Medical and Behavioral Health Care with proper authorization

Engaging in consultation and collaboration between the behavioral health provider and the medical provider is central to the delivery of appropriate and integrated care. In keeping with the philosophy that it is important to treat the whole person when addressing behavioral health care issues, Holistic PsychHealth providers are expected to coordinate care with the member's Primary Care Physician. To facilitate this process, behavioral health providers should obtain, upon initial evaluation, signed consent from the member to exchange clinical information with that member's PCP- *Release of Information*.

Consent forms for the release of patient information can be downloaded from our website at www.HolisticPsychHealth.com. Holistic PsychHealth clinical review staff are available to assist our providers in linking with the member's PCP.

Holistic PsychHealth Population Health/Complex Case Management Program

Case Management (CM) is the collaborative process of assessment, planning, care coordination, evaluation, and advocacy to address and meet individual and/or family's comprehensive health needs through communication and linkage to available resources to promote quality of care, cost-effective outcomes, and optimal health of the member.

Complex Case Management (CCM) is the systematic assessment and coordination of care and services provided to members who are experiencing multiple complex and/or high cost conditions requiring assistance and coordination of multiple services and/or health needs with significant barriers to self-care. Generally CCM cases in Behavioral Health present with one or more critical, complicated or catastrophic events or diagnoses (include high risk acuity, relapse risk, and social determinants impacting the case) that require extensive use of resources and help navigating the system(s) to facilitate appropriate delivery of care and services.

Providers have the ability to request case management and complex case management services for their members through the Provider Portal or by contacting the Clinical Care department.

D) OUTPATIENT UTILIZATION REVIEW

New therapy referrals are generally authorized for 1 initial evaluation and 16 follow up visits spanning 120 days, unless otherwise stated on the referral. Monthly medication management services to prescribing providers continue to use Twelve (12) as the number of authorized sessions requested for a 1-year (12 month) period of

time Treatment progress review is required for authorization of additional sessions. The following is a list of required information for each referral type:

Outpatient Therapy:

- Results of evaluation, including DSM (current version) diagnosis
- Presenting symptomatology
- Progress toward treatment goals
- Proposed treatment plan including frequency and modality of services
- Communication with Primary Care or Medical Specialist
- Anticipated number of sessions needed

Standard outpatient therapy authorizations are for a frequency of one session per week. If a member requires more intensive intervention than one session per week, a review of clinical information by the medical director will determine special authorization. *If a member is seen more than once in a week without a special authorization, the additional session(s) may be denied for "Session not Authorized" and the provider will be advised on the appeal process.*

Medication Evaluation and Management

- Results of evaluation, including DSM (current version) diagnosis
- Presenting symptomatology
- Progress toward treatment goals
- Medications prescribed including dosages
- Communication with Primary Care or Medical Specialist
- Proposed treatment plan including frequency and modality of services
- Anticipated number of sessions needed

The Holistic PsychHealth clinical manager will authorize sessions based upon the information provided, network provider status, recommended treatment plan and the patient's available benefit.

Electroconvulsive Therapy (ECT), inpatient or outpatient, requires prior authorization and approval by Holistic PsychHealth Medical Director.

E) STAFF QUALIFICATIONS

Non-licensed UM Administrative/Support Staff

Non-licensed personnel shall be limited to administrative support duties that in no way involve clinical review or clinical functions. This position may aid in the research, collection and transfer of demographic data, verification of member eligibility and benefits. Non-licensed personnel are directly supervised by a Licensed staff member.

Clinical Care Staff

Holistic PsychHealth Clinical Care staff are required to be licensed and/or certified (active/unrestricted) in order to make responsible determinations. Clinical Care staff are responsible for the day-to-day coordination and documentation of all information pertaining to utilization management cases throughout the review process. Specific responsibilities include but are not limited to direct communication of clinical case details in all settings with the Manager, Medical Director, Inpatient and Outpatient Utilization Review, case management activities and discharge planning.

The initial review is a first-level assessment that can flag those that need a more in-depth, second level review. If it does not meet the criteria, the case is referred to the behavioral health medical director or designee physician advisor for a final decision, not the initial reviewer.

Clinical review staff report to the Director of Clinical Services and always have the support of a licensed (active/unrestricted), board certified MD available to assist in review determinations.

Senior Clinical Manager

Knowledgeable and experienced with performance of the Clinical Care staff functions.

Participates in the training, supervision and management of Clinical Care staff and non-licensed UM administrative support staff. The Senior Clinical Manager is masters level experienced behavioral healthcare licensed clinician (active/unrestricted) with a minimum of 5 years' experience in utilization management. A thorough knowledge and understanding of health plan, state, federal, URAC and/or NCQA

Standards is also required. This position reports directly to the Medical Director and Director of Operations for administrative and operational functions.

Medical Director/Physician Advisors

The Medical Director holds the highest position of responsibility and oversight in the UM Program. The Medical Director must be a licensed (active/unrestricted) board certified psychiatrist and possess a thorough knowledge of current Clinical Practice Guidelines, clinical risk management and requirements of the JCAHO, URAC and/or NCQA Standards. Responsibility for oversight of the specialty physician advisors in accordance with Holistic PsychHealth policies and procedures belongs to the Medical Director as well. They must be available for review of an expedited appeal within the required timeframe for each health plan.

- All Holistic PsychHealth physician advisors and clinical staff involved in UM decision making are required to annually sign an Affirmation Statement affirming that there is no conflict of interest and have not been offered or received any incentives to limit or deny coverage or treatment to members.
- All licensed clinical staff must submit to Professional Employee Competency Verification process similar to provider credentialing.
- All Holistic PsychHealth consulting and/or contracted participating network physicians must be currently licensed in the state in which they practice and must submit to and comply with the policies and procedures of the Holistic PsychHealth Credentialing Plan.
- Training in the principles of utilization management, performance improvement, URAC and/or NCQA Standards is required of all Holistic PsychHealth personnel. All clinical Holistic PsychHealth staff are encouraged to attend continuing education programs to keep current with the latest research and treatment protocols.

QC Portal

- QC Portal is Holistic PsychHealth's HIPAA secure online system for Holistic PsychHealth providers to verify member eligibility, enter requests for outpatient referrals, submit clinical supporting documentation upon request, submit claims electronically, monitor claims adjudication performance and print EOB forms. Properly accessed via secure username and password prompt (renewed every 3 months) QC Portal performs a view only status of eligibility, referral and claims submitted by the provider in real-time. Once Providers have received outpatient referral authorizations and submitted claims they can request sign up on QC Portal.
- Providers may contact QC IT staff via email at contactus@holisticpsychealth.com to coordinate registration and training.

F) MEDICAL NECESSITY CRITERIA

The Holistic PsychHealth 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 EXQI Committee must annually review, update, and approve nationally recognized medical criteria used in medical necessity review and LOS determinations. Review and input of the selection from the Peer Review Team consisting of a multi-disciplinary representation of board certified, credentialed, licensed and actively practicing MDs and other behavioral health providers will be included before final approval. The most current edition of criteria will be utilized. The Committees will explore other nationally recognized medical criteria options as necessary.

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

- ***Apollo Managing Behavioral Health Care Guidelines, 2026 16th edition, 12th online edition.***
- **American Society of Addiction Medicine Criteria, ASAM fourth edition 2023 (latest publication in 2026)**

If it is identified that a diagnosis is not well represented within the nationally recognized criteria, additional scientific medical resources, evidence-based objective criteria, clinical pathways, and guidelines will be consulted for consideration by the Peer Review Team and EXQI Committee.

A provider may request a copy of selected criteria related to a case by contacting the Quality Department by email or phone.

G) CLINICAL SERVICES DESCRIPTIONS

Definitions of the available levels of care are specified below:

Acute Inpatient Psychiatric Admission: Inpatient psychiatric admission is required for treatment of a psychiatric disorder requiring admission to a hospital for 24 hour care to reduce the imminent risk of harm to self or others. Assessment of the member's presentation deems that services and care cannot be safely provided at a less restrictive setting.

Acute Chemical Detoxification: Detoxification is a medical regimen intended to safely reduce the amount of alcohol or drugs from a member's body and to control the degree of active withdrawal symptoms. These services may be provided in an inpatient or ambulatory setting depending on the needs of the member. Chemical detoxification is always conducted under the supervision of a qualified physician.

Inpatient Substance Abuse Rehabilitation: Inpatient substance abuse treatment will be utilized in only the most high risk/acute cases requiring 24 hour supervision and is designed to provide short term and intensive educational and multi-disciplinary treatment.

Adolescent Substance Abuse Residential Rehabilitation: Adolescent substance abuse residential treatment will be utilized in only the most high risk/acute cases requiring 24 hour supervision and is designed to provide short term and intensive educational and multi-disciplinary treatment and a stable environment to facilitate the recovery process.

Partial Hospitalization Program/Day Treatment (PHP): PHP is a program providing a more comprehensive and multi-disciplinary treatment plan at a less restrictive level of care than an inpatient setting to address mental health and/or substance abuse disorders. Services are provided in an outpatient setting with a minimum of six hours a day and a frequency of at least three days a week.

Intensive Outpatient Program (IOP): IOP Programs provide a more comprehensive and multi-disciplinary treatment plan at a less restrictive level of care than a day treatment or inpatient setting to address mental health and/or substance abuse disorders. Services are provided in an outpatient setting with a minimum of three hours a day and frequency of at least three days a week.

Outpatient Medication Evaluation and Management: Outpatient medication management benefits will be utilized as stabilization for members who are assessed to be free of imminent risk for harm to self or others and are not in need of a more structured level of care. Outpatient medication management sessions generally occur monthly and always in an office setting.

Outpatient Psychotherapy: Outpatient psychotherapy benefits will be utilized as an acute, short term, crisis stabilization for members who are assessed to be free of imminent risk for harm to self or others and are not in need of a more structured level of care. Outpatient psychotherapy sessions generally occur weekly and always in an office setting.

Psychiatric Consultations in Non-Psychiatric Facilities: Psychiatric consultations will be utilized when a member is on a medical unit in a hospital for medical problems and is exhibiting symptoms consistent with imminent risk for harm to self or others, psychosis or member needs chemical dependence treatment.

Electroconvulsive Therapy (ECT): Electroconvulsive Therapy will be utilized as an acute, short term, crisis stabilization to prevent life threatening illness for members with severe psychiatric symptoms who are assessed to be at imminent risk for harm to self or others and for whom problems have persisted despite multiple pharmacological interventions based on an evaluation by a psychiatrist. ECT may be done either on an inpatient or outpatient basis depending on other symptoms.

H) NON-CERTIFICATION DETERMINATION

Case Closure Due to Lack of Information: A Case Closure occurs when there is a lack of adequate clinical information requisite to make a determination within the established timeframe for the type of care requested. A *Case Closure is NOT a denial or approval of services*. You may resubmit a new request for authorization accompanied by all necessary clinical documentation. The new referral request will be processed in accordance with standard referral procedures.

Denial: A denial is a decision to deny authorization of plan benefits for any service, procedure, or consultation. There are 2 types of denial determinations:

Administrative Denial: A denial determination based upon:

- benefit plan limitations as stated in the member's Certificate of Coverage
- failure to comply with contractual requirements

Such denials must be appealed on an administrative level directly to the health plan.

Medical Necessity Denial: A denial determination based upon failure to meet medical necessity criteria for the type and level of care requested. Medical necessity denials must be made by a psychiatrist to ensure that appropriate clinical judgement is used. If the clinical staff determines that a request for service does not meet criteria for medical necessity, the Medical Director or appropriate physician advisor is consulted. *Only the Medical Director or appropriate physician advisor can make a determination to deny benefits.*

Particular consideration is given to the following areas when making a determination:

1. The service requested is required for the appropriate diagnosis and/or treatment of a DSM diagnosis.
2. There is not a less restrictive level of care or more appropriate treatment alternative which may be utilized for effective intervention.
3. The requested service or procedure is considered to be safe and effective according to clinical evidence reported by recognized medical professionals and publications.

Denial Process

If the provider requests a service, level of treatment or additional sessions that the Clinical care team determines may not meet medical necessity criteria, the provider is informed that the requested treatment regimen must be reviewed by the Medical Director/Physician Advisor. The Medical Director shall review the case to determine if a denial based on medical necessity is appropriate. If a determination to deny is made, the provider is offered an opportunity to have a Peer-to-Peer conversation with the Medical Director/Physician Advisor decision maker. Once that conversation has occurred the Medical Director/Physician Advisor issues a determination. If the provider declines the offer for a Peer-to-Peer conversation, the denial determination is pursued and issued with oversight from the health plan. The utilization case management module houses documentation of the determination made by the Medical Director/Physician Advisor. Determination of pre-service denial is documented and both provider and member are notified of the denial determination and their right to appeal the decision. This process from start to end meets health plan, state and federal laws and jurisdictions processes and timeframes.

Information Required in a Notification of a Medical Necessity Denial

Verbal, written, or electronic notification of a denial must include the following information:

- Type of review conducted
- Specific reasons for denial
- Date of admission or onset of services
- Date of denial
- An explanation of the right to appeal
- Where and how to request an appeal

APPEAL RIGHTS

An appeal is a specific request, oral or written by a member or the provider or other representative on behalf of the member, to modify a denial determination based upon medical necessity criteria.

Currently Holistic PsychHealth, LLC is not delegated for Appeal Management.

You may request direction of how to submit appeal of a UM denial by calling **1-800-753-5456** and request to speak with the Case Management department for further direction; or, request a standard appeal in writing by sending your request and all supporting documentation to be considered to:

**Holistic PsychHealth Care Management L.L.C.
Appeal Department
P.O. Box 4973
Skokie IL 60076-4973**

QUALITY IMPROVEMENT

Holistic PsychHealth is committed to the process of Quality Improvement as part of the framework to evaluate and improve the quality of care and services provided. Providers are required as part of the contract to cooperate with the quality improvement program as needed. Provider participation and feedback may be solicited for a number of quality improvement initiatives, including but not limited to, health plan provider satisfaction surveys, treatment record reviews, chart audits, member complaints, clinical and non-clinical quality issues.

Provider and Member Experience Surveys: In an effort to continually improve our relationships with our practitioners, providers and members, Holistic PsychHealth annually conducts surveys of in-network providers and members to assess their level of satisfaction with various aspects of our operational and clinical procedures. Results of the surveys are communicated via newsletter, and/or web site. Opportunities for improvement are identified through survey data in order enhance our relationships and improve the services Holistic PsychHealth provides to our network of providers and our customers.

Treatment Record Review

Medical record documentation is required to record pertinent facts, findings and observations about the patient's health history, including past and present illnesses, tests, treatments and outcomes. The medical record chronologically documents the care provided promoting quality care. The medical record should facilitate:

- the ability of the treating providers to evaluate and plan the patient's immediate treatment and to monitor health over time;
- communication and continuity of care among providers involved in the patient's care;
- appropriate utilization review and quality of care evaluations;
- accurate and timely claims review and payment;
- collection of data that may be useful for research and education.

A well documented medical record may facilitate claims processing and serve as a legal document to verify the care provided.

Payers have a contractual obligation to our enrollees, we require reasonable documentation that services are consistent with the insurance coverage. Holistic PsychHealth may request information to validate:

- the site of service;
- the medical necessity and appropriateness of the diagnostic and/or therapeutic services provided;
- the services have been accurately reported.

Treatment Record Review Requirements

See Appendix B - Sample of Intake and Treatment form for reference.

Holistic PsychHealth may request access to the treatment records of our members for cause or as permitted by state and federal law for the purposes of peer review and/or billing audits. Treatment record reviews will be conducted on a regular basis of high volume provider sites in accordance with Holistic PsychHealth policies and procedures. The records should include demographic information, health history, details of ongoing clinical issues and further dispositional plans. At a minimum all records should include the following information:

- DSM diagnosis
- Demographic information
- A comprehensive treatment plan including goals and treatment interventions
- Progress notes consistent with the presenting problems, history and diagnosis
- Mental health assessment with problem list
- Assessment of risk for harm to self others
- Social, family, alcohol, medical history
- Smoking status
- Allergy status
- Consents for release of information to coordinate care with other behavioral health providers and/or medical providers (PCP)
- Medications prescribed, including dosages and frequency, as applicable
- Collaboration with general medical care (PCP)
- An appropriate discharge plan established well in advance of termination of treatment

In addition to the above components, the treatment record should be:

- Organized and each patient should have his/her individual folder/chart
- Maintained in a HIPAA secure electronic platform
- Available/accessible to the practitioner at the time of treatment
- Retained upon discharge in accordance with all state and federal laws. Illinois mandates clinical records of all kinds must be maintained and accessible for a period of 10 years.

Providers must have formal policies and procedures for treatment record documentation, maintenance and access of records by Holistic PsychHealth in compliance with state and federal confidentiality laws.

Providers must give notice 90 days in advance of contract termination or business changes that impact access to patient records and work with Holistic PsychHealth to make patient records available.

GENERAL EXPECTATIONS BEHAVIORAL HEALTH PRACTITIONER:

1. Document patient care information and ensure timely and accurate completion of patient care records in accordance with policies and procedures
2. Analyze and evaluate patient data or test findings to diagnose nature or extent of mental disorder
3. Direct or administer psychotherapeutic treatment to treat mental, emotional, or behavioral disorders
4. Collaborate with physicians, psychologists, social workers, psychiatric nurses, or other professionals to discuss treatment plans and progress
5. Perform thorough patient psychosocial assessments to explore the physical, psychological, and social aspects of the patient and their conditions
6. Teach, take continuing education classes, and attend conferences or seminars to increase understanding of mental, emotional, or behavioral states or disorders

COMPLAINTS

Complaint: A complaint is defined by as an expression of dissatisfaction regarding the organization's products or services.

Holistic PsychHealth takes complaints from both members and providers very seriously. Documentation of the substance of the complaint is gathered and distributed to the appropriate individual(s) in question for a response. All responses received are evaluated and action taken is documented. Complaints are categorized by the nature of the problem as clinical care issues or non-clinical (service) care issues. The protocol for each is delineated below.

Clinical Quality Issues and Corrective Action

Clinical issues may be identified through chart audits, utilization review, claims audit or other QI processes. Treatment records will be made available to the Peer Review Team for review. After review by the Peer Review Team, the clinical members of the forum will decide if there is a potential quality of care issue.

Further information from the provider in question will be requested via certified return receipt mail. After review of additional information received, the Peer Review Team will rank the identified quality of care issue utilizing the severity levels outlined below:

- a. Rank 0 – No quality of care issue.
- b. Rank 1 – Nonstandard or unusual treatment/practice that may endanger the patient without risk of substantial harm, but no detrimental effect realized.
- c. Rank 2 - Nonstandard or unusual treatment/practice that may endanger the patient without risk of substantial harm, resulting in minor or short term detrimental effect.
- d. Rank 3 - Nonstandard or unusual treatment/practice that results in exposure of imminent risk to the health, safety or wellbeing of the patient.
- e. Rank 4 – Life threatening quality of care violation. Violation of an obligation has occurred in one or more instances which presents an imminent danger to the health, safety or wellbeing of the patient.

Corrective action required is based on the severity level ranking and is determined by the Peer Review Team:

- a. Rank 0 – No action required.
- b. Rank 1 or 2 – Letter to provider describing issue and determination by the committee.
- c. Rank 3 or 4 – Counseling or meeting with provider to discuss issues – continuing education classes; Suspension, Termination. Provider notified via certified return receipt mail.

Copies of all decision letters to providers will be placed in the provider's file. Terminations will be reported to the appropriate authorities.

Non-Clinical Quality Issues and Corrective Action

Non-clinical issues may be identified through site audits, member complaints, treatment record review, chart audit or other QI processes. When a non-clinical issue is identified, a letter from the Director of Operations will be sent to the provider stating the area of non-compliance, the time-frame for becoming compliant and the date of follow up from Holistic PsychHealth, (no later than 6 months).

If the provider continues to be non-compliant upon Holistic PsychHealth follow up review, the matter will be brought to the Peer Review Team. The provider may be invited to attend the Peer Review Team to respond to the concerns presented. The Peer Review Team may recommend corrective actions which may include but are not limited to:

- a. Intensified review
- b. Development of corrective action plan with follow-up timeframe
- c. Financial sanctions
- d. Suspension
- e. Termination

Action Taken by the Peer Review Team will be documented and placed in the provider's file. The provider may appeal the decision.

PROTECTED HEALTH INFORMATION, PATIENT CONFIDENTIALITY AND REQUIRED CONSENTS

Holistic PsychHealth ensures that patient-specific information obtained during the process of utilization management be kept confidential in accordance with applicable laws and regulations. Patient-specific information released by Holistic PsychHealth to direct service providers is limited to the information necessary to initiate appropriate treatment and to complete forms for reimbursement for services provided as permitted by state and

federal law. The patient-specific information released to Holistic PsychHealth by providers of services will be limited to the information necessary and will be used solely for the purposes of utilization management, quality improvement, discharge planning and for processing claims. With a consent for release of information form signed by the member (parent/guardian, if applicable), Holistic PsychHealth will release referral records to the party indicated on the form.

HIPAA Privacy Regulations and Protected Health Information (PHI)

PHI as defined as under HIPAA means protected health information. This would include any information that can identify a patient including demographic and/or treatment information.

HIPAA regulations define health information as "any information, whether oral or recorded in any form or medium" that

- "is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse"; and
- "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual."

While HIPAA's primary privacy concern is health information transmitted by or maintained in electronic media, the privacy rule also reaches to data "transmitted or maintained in any other form or medium" by covered entities. That includes paper records, fax documents, computer screen prints and all oral communications.

Documentation of Compliance with HIPAA Privacy Regulations

The following measures have been implemented by Holistic PsychHealth to ensure that the patient's right to have his/her personal health information kept confidential is protected:

- **Privacy Officer** – A designated staff person responsible for the development and implementation of the administrative policies and procedures in compliance with HIPAA guidelines. This is the responsibility of the Director of Compliance and Operations.
- **Contact Person** – A designated staff person responsible for receiving complaints and providing further information about the specifics of the privacy policy. This person is also responsible for facilitating a patient's request for an amendment to the record or documenting any limitations on the release of PHI requested by a patient. The Director of Compliance and Operations is responsible for these duties.
- **Staff Training** - All Holistic PsychHealth employees including salaried and non-salaried/consulting physicians or peer reviewers must be thoroughly trained in the requirements of HIPAA and all other applicable laws at a minimum frequency of every 2 years. All staff personnel are required to sign a Confidentiality Agreement indicating that they fully understand the patient privacy requirements, are aware of the penalties for violation and agree to comply with such requirements before being given access to any patient specific information.
- **Notice of Privacy Practices and Patient Rights** – Holistic PsychHealth and all its network providers must post a notice of privacy practices and patients' right to have confidentiality information kept confidential. Any healthcare provider that has a direct treatment relationship with the patient must:
 1. Provide the Notice no later than the date of the first service delivery, including service delivered electronically.
 2. In an emergency treatment situation, as soon as reasonably practical after the emergency treatment situation has stabilized.
 3. Obtain written acknowledgement of receipt of the Notice.
 4. Have copies available for those who request them and post notice in a clear and prominent location in the office, where patients can see it.
 5. If the provider maintains a website the Notice must be on the website and available electronically from the website.
 6. The notice may be provided by email if the patient agrees to electronic notice.

A Notice of Privacy Practices and Patient Rights is available for download on our website at www.HolisticPsychHealth.com.

CLAIMS SUBMISSION & PAYMENT

Holistic PsychHealth processes claims in accordance with the guidelines of the state specific Prompt Pay Laws. Clean claims will be processed within 30 days of the date received.

A Clean Claim is defined as a claim that has no defect, impropriety, lack of any required substantiating documentation, or particular circumstances requiring special treatment that prevents timely payment.

A Clean Claim must include the following information at a minimum:

- Member Name
- Member Identification Number
- Date of Birth
- Insurance Carrier
- Group, and Site Numbers
- Provider Name and Title
- Federal Tax Identification Number
- Location at which the services were provided
- Date(s) of Service
- Place of Service Code
- DSM Diagnosis
- CPT/HCPCS
- Revenue Code
- Rates/Charges
- Authorization number
- Group NPI number
- Provider NPI number

The following are additional requirements for claims submission to Holistic PsychHealth:

- All claims for services rendered must be submitted to Holistic PsychHealth on a completed CMS1500 Form or UB-04 Form.
- ICD-10 Coding and CPT-IV Coding must be utilized.
- Claims must be received by the Holistic PsychHealth no more than ninety (90) days from the date the services were rendered (unless otherwise specified in Provider Agreement). Provider agrees that any claim received after the established timely filing limit may be rejected at Holistic PsychHealth's discretion.
- Hand written claims are not accepted.

Member co-payments are to be collected by the provider at the time of services rendered. Holistic PsychHealth will deduct co-payments from the rate of reimbursement when processing claims.

Under no circumstances is a member responsible for any payment beyond the specified plan deductible and/or co-payment.

It is not necessary to re-submit claims in less than a minimum of 30 days. Excessive, unnecessary resubmission of claims may interfere with Holistic PsychHealth's ability to accurately process claims in a timely fashion as required under CMS guidelines, state law, and Holistic PsychHealth billing policies and procedures.

All complaints and/or appeals concerning incorrect, denied or delayed payments or any other claim issues must be conveyed to Holistic PsychHealth in writing within ninety (90) days from the date of the initial payment or denial of the claim. Any complaints or appeals filed more than ninety (90) days from the date of the initial payment or denial will not be considered and will be rejected as an untimely appeal.

In the event that an overpayment occurs, provider agrees to notify Holistic PsychHealth within ten (10) days and return the overpayment to Holistic PsychHealth within 30 days from receipt of overpayment. At such time that

Holistic PsychHealth would request a refund of an overpayment, Provider agrees to return payment within 30 days of the request for the refund. Any overpayments not returned within 30 days may be deducted from future payment at Holistic PsychHealth's discretion.

All claims may be reviewed by Holistic PsychHealth for use of proper coding and appropriate billing conventions. Holistic PsychHealth may employ technological means, methods, hardware and/or software to assure appropriate billing for services rendered, including software to detect and repair issues of improper bundling or unbundling of codes and appropriate coding in relation to the designated diagnosis codes.

If additional information and/or medical records are required by Holistic PsychHealth to properly adjudicate and process claims in accordance with the Provider Agreement, Provider shall provide such additional information and/or medical records at no cost to Holistic PsychHealth

Coordination of Benefits

In circumstances in which Provider becomes aware of any other third party payer, Provider shall notify Holistic PsychHealth and shall document such Coordination of Benefits (COB) information on a HCFA/CMS1500 (02- 12) form or UB-04 form.

Provider shall refund Holistic PsychHealth any payment made by Holistic PsychHealth for services for which Provider has received payment from any primary third party payer. Holistic PsychHealth shall have the right to collect and shall retain, any funds available because of Coordination of Benefits provisions. Provider shall not be entitled to retain any amounts greater than that provided.

Payment for Retroactively Ineligible Members

Holistic PsychHealth, is not liable for payment of services rendered to members who it determines at a later date were not eligible to receive services on the date the services were rendered. In such instances, the therapist may bill the member directly on a fee-for service basis. This clause applies even if a Holistic PsychHealth, authorization was issued. If Holistic PsychHealth, has paid a claim for such a member it shall have the right to seek reimbursement of the payment from the therapist. In any case, such right shall not exceed twelve months.

Claims Submission and Status Inquiries

Providers are encouraged to submit all claims electronically via the QC portal.

Please submit all Holistic PsychHealth paper claims to the address below:

**Holistic PsychHealth L.L.C.
Claims Processing Department
P.O. Box 4973
Skokie, IL 60076-4973**

Holistic PsychHealth implements a dedicated HIPAA secure email address for Claims submissions and inquiries claimsinfo@holisticpsychealth.com . Send scanned claims (Holistic PsychHealth cannot process handwritten claims forms) and/or leave specific claims related information, including call information and contact information for direct and expedited response.

Appendix A: Credentialing Data Elements and Minimum Requirements

Credentialing Element and Requirement	Time Limit	Verification Source
State License/Certification	180 days	State licensing agency - oral, written or internet verification is acceptable.
Clinical privileges in good standing at the practitioner's primary admitting facility, including date of appointment, and restrictions on scope of privileges.	180 days	Credentialing department or medical records department of primary admitting facility - oral or written verification is acceptable.
Valid DEA/Drug Enforcement Agency certificate or (CDS Controlled Dangerous Substance certificate.)	None (180 days)	Copy of the DEA or CDS certificate is acceptable verification. The DEA certificate must be valid and current at the time of credentialing. (Whenever possible, the Controlled Substance certificate should be verified. Under this circumstance, oral, written, or internet verification is acceptable.)
Board Certification	None	Written confirmation from the appropriate specialty board; or AMA Physician Master File
Education and Training	None	Written verification of <i>only the highest level</i> of credentials is required. Verification of physician board certification is acceptable. If a physician is NOT board certified, written verification of completion of residency is confirmation. Confirmation from the medical school is required for physicians who have not completed a residency program. If the physician is not board certified, any fellowship programs must be verified along with the residency. Non-physician practitioners' education is verified directly from the professional school.
Work history from previous 5 years	None	Primary source verification is not required. Clarification of any gaps in work history of 30 days or more require written clarification.
Professional liability insurance	None	Copy of current coverage including effective dates and amount of coverage at time of credentialing decision. A minimum of \$1,000,000 per occurrence/\$3,000,000 aggregate is required.
Professional liability claims history for the past 5 years	180 days	For MDs and DOs, query the National Practitioner Data Bank. For non-physician practitioners, written confirmation from the insurance carrier.
Medicare/Medicaid Status	180 days	Department of Health and Human Services, Office of Inspector General, Office of Enforcement and Compliance Cumulative Sanction Report.
Current clinical competence	180 days	At least two (2) references.
Specialized training for nontraditional practitioners	None	Written verification from school or training program.

Screening Tools and Programs

- 1. EPDS
- 2. C-SSRS (Columbia Suicide Severity Rating Scale)
- 3. Kessler 6 – Cage Aid
- 4. Ace (Adverse Childhood Experiences)
- 5. M3
- 6. BRS (Brief Resiliency Screening)
- 7. Monitor Treatment Short Progress Assessment (SPA)
- 8. The following Free Apps –
-
- 1. [MindShift](#) A great tool for anxiety available on [iPhone and Andoid](#), developed by [Anxiety BC](#). It teaches relaxation skills, develops new thinking, and suggests healthy activities. Designed for youth but useful to anyone.
- 2. [PTSD Coach](#)
- Helpful for symptoms of combat-related post-traumatic stress, this trusted military app has been downloaded over 100,000 times for [iPhone and Android](#). Featuring versions in French-Canadian and more.
- 3. [BellyBio Interactive Breathing](#)
- 4. [Positive Activity Jackpot](#) A unique augmented reality tool that uses the functionality of a smartphone in an innovative way. Combines a professional behavioral health therapy for depression called pleasant event scheduling (PES) with activities available in the user's location, mapped with GPS. For [Android](#) only.
- 5. [Take a Break! Guided Meditations for Stress Relief](#) From the excellent developers of relaxation apps at [Meditation Oasis](#) comes this free app to quickly recharge. Listen to a seven-minute Work Break or 13-minute Stress Relief recording with or without music or nature sounds. [iPhone](#) or [Android](#).
- 6. [Previdence](#) An assessment tool that allows users to check for symptoms of depression, anxiety, relationship issues, drug and alcohol issues, and other problems and makes recommendations for action. [iPhone](#) only.
- 7. [Operation Reach Out](#) This lifesaving app for [iPhone](#) and [Android](#) was developed by the military to prevent suicide. Recorded videos and menu options help users assess their thinking and reach out for help in crisis. Great guided meditation session for relaxation, helpful with anxiety and stress as well as a sleep aid. Available in [Android](#) and [iPhone](#) versions.
- 1. 9. [T2 Mood Tracker - Winner Best App 2019 Eating Disorder](#)
- 2. Tracks symptoms of depression, anxiety, PTSD, traumatic brain injury, stress and general well-being. Useful to share with clinicians and chart recovery. Another excellent app developed by the Department of Defense National Center for Telehealth and Technology (see their [complete list](#)), for [Android](#) and [iPhone](#)
- 3. Twenty-minute guided meditation with music to help you fall asleep. Relaxing and gentle. For [iPhone](#) and [Android](#).

Appendix B :

TREATMENT RECORD INTAKE AND EVALUATION FORM

I. Demographic Information

Today's Date: _____

Name: _____ Address: _____

City, State, Zip: _____

Phone (Home/Cell): _____ Phone (Work): _____

Date of Birth: _____ Identified Sex: _____ Email: _____

Guardianship (for children and adults when applicable): _____

Marital Status: _____ Referred by: _____

Employer: _____ Occupation: _____ School

(for children, and adults when applicable): _____

II. Emergency Contact Information

Name of Emergency Contact

Name: _____ Phone: 1. _____ 2. _____

Relationship to Patient: _____

Current Providers;

Primary Medical Practitioner: _____ Phone: _____

Patient does ___/does not ___ give permission to contact provider. (If patient does give permission, please ensure a copy of the release form in the medical record.)

Other Behavior Health Specialists or Consultants

Specialist: _____ Phone: _____

Patient does ___/does not ___ give permission to contact provider. (If patient does give permission, please ensure a copy of the release form in the medical record.)

Family Members

Name	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Past Family History (update every year)

Social History (update every year)

With Whom do you currently live _____ Who is your support system
_____ Any problems with family or
friends _____

III. Presenting Problem (include onset, duration, intensity)

Precipitating Event (why treatment now):

Problemn/Target Symptoms: Frequency/Duration Degree of Impairment

Symptom #1: _____

Symptom #2: _____

Symptom #3: _____

Symptom #4: _____

IV. Mental Status (circle appropriate items)

Orientation: Person Place Time

Affect: Appropriate Inappropriate Sad Angry Anxious Restricted Labile Flat Expansive

Mood: Normal Euthymic Depressed Irritable Angry Euphoric (describe details below)

Thought Content:

Obsessions - describe:

_____ Delusions (specify and comment):

_____ Hallucinations (specify and comment):

Thought Processes: Logical Coherent Goal-directed Detailed Tangential Circumstantial Illogical Looseness of Associations Disorganized Flight of Ideas Other _____

Speech: Normal Slurred Slow Rapid Pressured Loud

Motor: Normal Excessive Slow Other _____

Intellect: Average Above Below

Insight: Present Partially Present Impaired

Judgment: Intact Impaired

Impulse Control: Adequate Impaired

Memory: Immediate Recent Remote

Concentration: Intact Impaired

Attention: Intact Impaired

Behavior: Appropriate Inappropriate (describe _____)

Details/additional comments:

Patient name: _____

V. Risk Assessment- Harm to Self or Others

Suicidal Ideation - check (X) all relevant and describe in comments section								
None noted	Thoughts only	Frequency of thoughts	Plan	Intent	Means	Attempt	Active or passive	Chronic or acute

Homicidal Ideation - check (X) all relevant and describe in comments section								
None noted	Thoughts only	Frequency of thoughts	Plan	Intent	Means	Attempt	Active or passive	Chronic or acute

Comments

VI. Medical/Behavioral Health and Treatment History

Allergies (adverse reactions to medications/food/etc.)

Smoking Status (update every year) _____

Medications (update annually or every year)

Relevant medication history: _____

Is the member currently prescribed BH medication (s)? ___Yes ___No (If yes please indicate below)

A. Current BH Medications prescribed

(Include prescribed dosages, dates of initial prescription and refills, and name of doctor prescribing medication and check to indicate if member is adherent with each medication):

Were the risks and benefits of BH medication adherence discussed with the patient?

Patient name: _____

B. Is member taking other medications (prescribed or over the counter) or supplements? Yes___ No__ (if yes please list and indicate why).

Past Psychiatric History (Mental Health and Chemical Dependency):

Psychiatric Hospitalizations:

Prior Outpatient Therapy (include previous practitioners, dates of treatment, previous treatment interventions, response to treatment interventions (including responses to medications), and the source(s) of clinical data collected):

Results of recent lab tests and consultation reports (For physicians only and only where applicable):

Family Mental Health or Chemical Dependency History:

VII. Psychosocial Information

Support Systems:

School/Work Life:

Legal

History:

VIII. Substance Abuse History (complete for all patients age 12 and over- update every 3 years)

Patient name: _____

Substance	Amount	Frequency	Duration	First Use	Last Use	Comments
Caffeine						
Tobacco						
Alcohol						
Marijuana						
Opioids/ Narcotics						
Amphetamines						
Cocaine						
Hallucinogens						
Others:						

FOR CHILDREN AND ADOLESCENTS:

Developmental History (developmental milestones met early, late, normal): _____

Risk Factors:

- ◆ ___ Domestic Violence
- ◆ ___ Child Abuse
- ◆ ___ Prior behavioral health inpatient admissions ___ Sexual Abuse
- ◆ ___ History of multiple behavioral diagnosis ___ Eating Disorder
- ◆ ___ Suicidal/homicidal ideation ___ Other (describe)

Diagnostic Impression:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____ Mild _____ Moderate
 _____ Severe

- ◆ Nature of Stressors: ___ Family ___ School ___ Work ___ Health ___ Other

Axis V: _____

Current _____ GAF: _____

Highest GAF: _____

Patient name: _____

I. TREATMENT PLAN TEMPLATE

Patient's name: _____

All treatment goals must be objective, measurable, with estimated time frames for completion. This treatment plan is to be developed with the patient, and the patient's understanding of the treatment plan is to be documented in the medical record and reassessed as often as needed.

Treatment Goals [after each item selected, indicate outcome measures (i.e. "as evidenced by")]

- _ Reduce Risk Factors: _____
- _ Reduce Major Symptoms: _____
- _ Decrease Functional Impairments: _____
- _ Develop Coping Strategies to Deal with Stress: _____
- _ Stabilize (short term) Crisis: _____
- _ Maintain (long term) Stabilization of Symptoms: _____
- _ Medication referral to: _____

Planned Interventions-Patient Participation (must be consistent with treatment goals):

- | | | |
|--|-------|---|
| _ Assertiveness Training | _____ | _____ Problem Solving Skills Training |
| _ Anger Management | _____ | _____ Solution Focused Techniques |
| _ Affect Identification and Expression | _____ | _____ Stress Management |
| _ Cognitive Restructuring | _____ | _____ Supportive Therapy |
| _ Communication Training | _____ | _____ Self/Other Boundaries Training |
| _ Grief Work | _____ | _____ Decision Option Exploration |
| _ Imagery/Relaxation Training | _____ | _____ Pattern Identification and Interruption |
| _ Parent Training | _____ | _____ Medication Management |
- _ Engage Significant Others in Treatment: _____
 - _ Facilitate Decision Making Regarding: _____
 - _ Monitor: _____
 - _ Teach Skills of: _____
 - _ Educate regarding: _____
 - _ Assign Readings: _____
 - _ Assign Tasks of: _____
 - _ Referrals Planned: _____
 - _ Preventive Strategies: _____
 - _ Obstacles to change: _____

My therapist and I have developed this plan together, and I am in agreement to working on these issues and goals. I understand the treatment goals that were developed for my treatment.

Patient's Signature _____ Date _____
Provider's Signature _____ Date _____