

Member Services Education and Training Presentation

August 2024



Acentra
HEALTH



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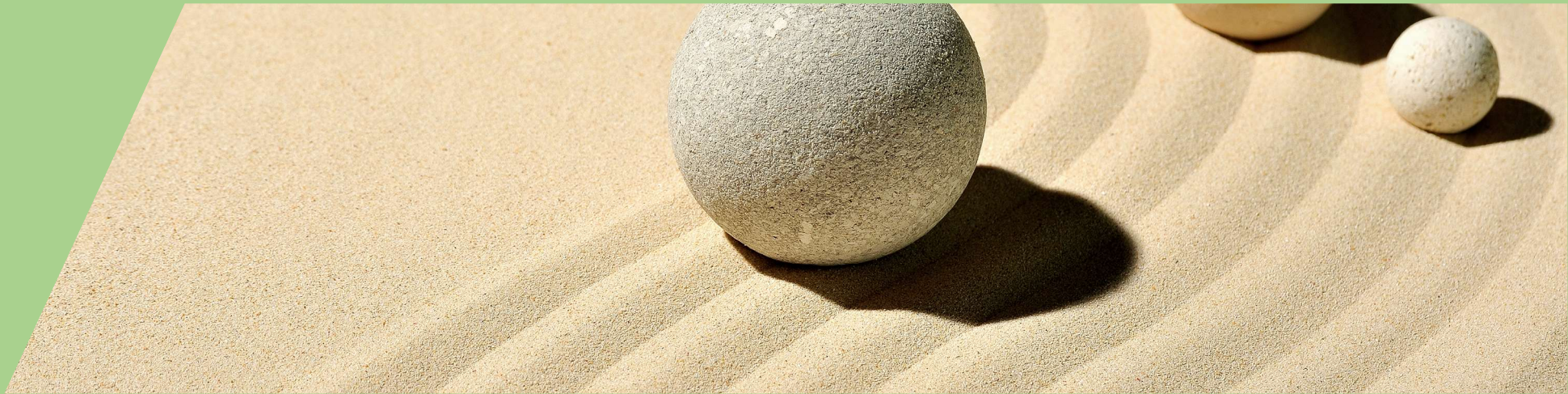
HEALTH

- **Part One: Acentra Health and You**
- **Part Two: Acentra Health Utilization Review**
- **Part Three: Talking with Your Providers**
- **Part Four: Member Liaison Role Part Five: Resources You can Use**

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Part One- Acentra Health and You



Who is Acentra Health?

- **Acentra Health, was hired by Maine's Department of Health and Human Services (DHHS) to review behavioral health and substance abuse services in Maine.**
- **Acentra Health is an Administrative Services Organization (ASO).**
- **This means Acentra Health is paid by the State to review and help manage behavioral health and substance use services.**

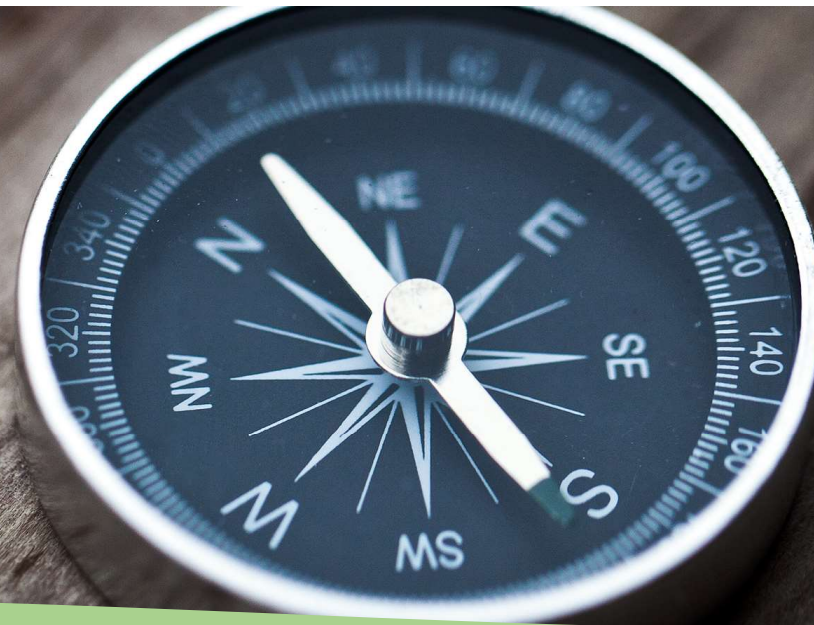


Why Does Acentra Health Matter to Me?

- **It is important to understand how Acentra Health works to make the best use of your services through MaineCare**
- **Knowing how Acentra Health works, helps you advocate for yourself and for your services with your provider**

How does Acentra Health Review Services?

- **Acentra Health Clinical Reviewers look at clinical information given to Acentra Health by providers when they request services for members. They also look at MaineCare Rules. This process is called “utilization review”.**
- **Clinical Reviewers are masters level clinicians that have worked for agencies and in private practice through out the State.**
- **Clinical Information may include your diagnosis, LOCUS, CAFAS, CHAT scores (examples of functional assessment tools). Your treatment and discharge plans are also included in the information that we look at.**



Clinical Reviewer Decisions

➤ There are three decisions a clinical reviewer can make:

- 1. Authorize or approve:** The services asked for by the provider are approved as requested.
- 2. Authorize or approve with changes:** This means they approved the service for a shorter length of time so your services can be reviewed more often. You will receive the same amount of services.
- 3. Ask one of Acentra Health's doctors to review the request:** The doctor may decide to approve, approve with changes, partially approve, or deny the services.



Part Two- Utilization Review



What does Utilization review Mean?

- Utilization – means to make use of.
- Review - means to look over.
- When we put those words together “Utilization Review” means making use of the information that we are given to look over.
- Acentra Health does this by using the clinical information that we are given and the MaineCare Rules to decide about your services.



The MaineCare Benefits Manual

- DHHS wrote the MaineCare Benefits Manual (MBM). It describes all the services MaineCare members are eligible to receive.
- The MBM outlines the clinical information that you need to receive a service.
- When a Care Manager approves your review they are making sure your clinical information meets MaineCare rules.
- The Care Manager focuses on these five things:
 - Eligibility
 - Medical Necessity
 - Progress
 - Clinically appropriate amount of time
 - Services delivered in the least restrictive setting

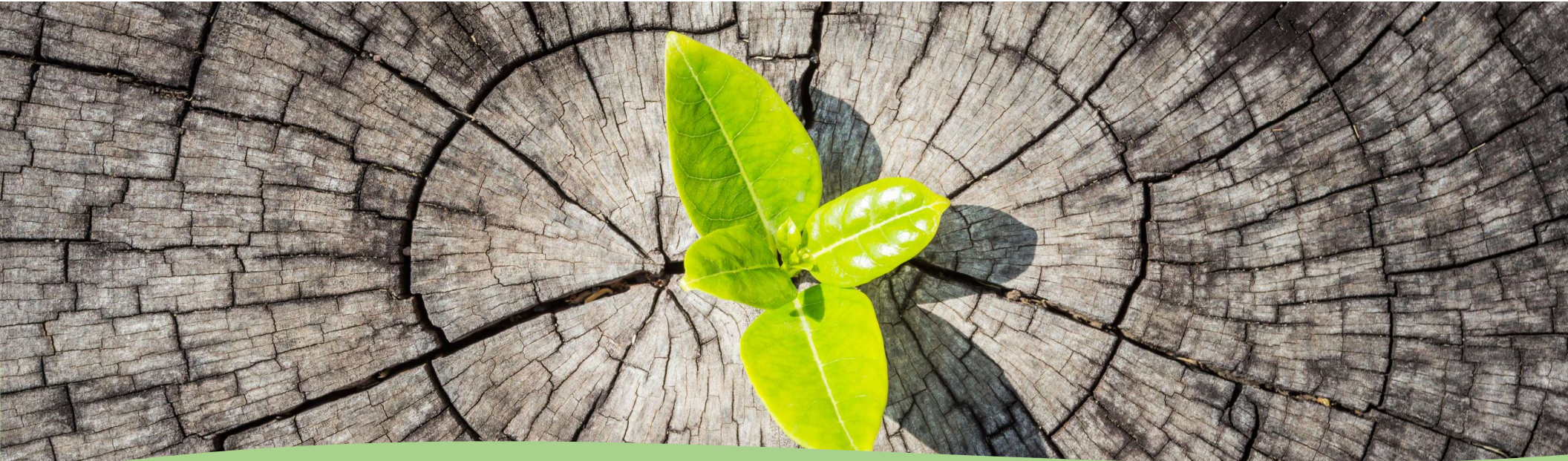
Eligibility

- Eligibility refers to the established MaineCare criteria needed for the member to qualify for the given service.
- The Clinical Reviewer looks at each case to match the information submitted with the necessary criteria.
- All elements of the stated criteria for each service must be met in order for the member to be determined eligible to receive the service.



Medical Necessity

- Right Service
- Right Amount of Time
- Right Level of Care
- Consistent with accepted standards of practice



Progress

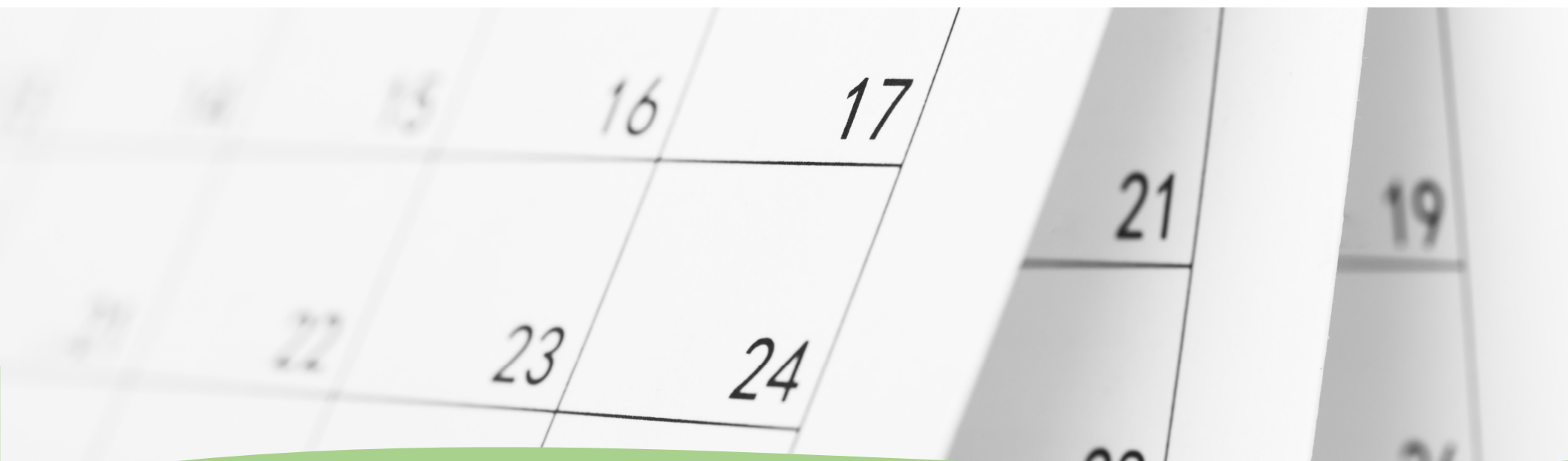
- **When you begin any service with a provider you are asked what your goals are or what you want to get out of that service.**
- **Sometimes these are called Individual Service Plans (ISP) or Treatment Plans.**
- **Treatment plans are a way of measuring the progress you are making towards your goals. At least every few months you have to review and sign your treatment plans with your providers.**

Progress Continued...

- When Clinical Reviewers look at services they can tell how much progress you are making by looking at your treatment plans to see if you have met your goals.
- If you are meeting your goals your services may be decreased or your provider may move you to a lower level of care to increase independence.
- If you are not making progress in your treatment then you and your provider will need to come up with a way to help you meet your goals. You might need different services or a higher level of care.

Least Restrictive Setting...

- Your services or treatment should be provided in the least restrictive environment that can effectively and safely address your needs and preferences.
- If your symptoms are very serious you may need to be hospitalized or be in a crisis unit.
- If your symptoms are less severe then you can see someone in your home, the community or their office.




Clinically Appropriate Amount of Time

- Services are approved for specific amounts of time per DHHS.
- Some services like outpatient therapy are approved for a year at a time.
- Other services are approved for six months or three months at a time.



Part Three- Talking with Your Providers

The Importance of Talking with Your Providers



- Talking with your providers about Acentra Health and your services is very important.
- Acentra Health knows that you and your provider have a limited amount of time together and you don't want to spend too much time talking about Acentra Health.
- You need to be informed about the clinical information that the provider is sending to Acentra Health.
- A service review can be denied if your provider forgets to submit the right clinical information.



Talking to Your Providers

- **Remember these are your services and its ok to talk about them and to know what the provider is submitting to Acentra Health.**
- **Ask your provider to go over the review they are sending to Acentra Health. Talk with them about the information and ask why they are putting that information in the review.**
- **Talking with your provider will make sure that you have a say in your services.**

Talking to Your Providers

We also asked some members what makes it hard to talk to their providers.

Here are their comments:

- “When my provider is not listening to me”.
- “When my provider gets my records mixed up with someone else”.
- “My provider wants to put me in services that I don’t think I need or want.”
- “My provider doesn’t return my phone calls”.
- “My provider is always late for appointments”.

Talking to Your Providers

- Even though at times it might be hard to talk with your providers the more you do it the easier it becomes.
- It is a team effort to provide your services. We need you to be a part of that team.





Part Four- Member Liaison Role

Member Liaison Role



- Member Liaison position is part of Acentra Health Management Team
- Member Liaison will answer Member calls to Acentra Health
- Member Liaison explains the process of appeal for Members
- Member Liaison accepts Member comments to improve Acentra Health services
- Member Liaison chairs the Acentra Health Member Advisory Council (MAC)



Member Advisory Council

- Acentra Health Member Advisory Council consists of MaineCare members, families or guardians
- Member Advisory Council reviews documents for readability
- Member Advisory Council reviews Acentra Health performance data
- Member Advisory Council advises Acentra Health on ways to improve quality
- Member Advisory Council provides feedback to Acentra Health – from perspective of members and community impact



Part Five- Resources You Can Use

Acentra Health Member Services

Call Acentra Health Member Services if you:

- Receive a letter from Acentra Health and don't understand it
- Have any questions or comments about Acentra Health
- Would like Acentra Health Member Services to visit your group or organization to talk about Acentra Health

The toll-free number is 1-866-521-0027, Option 1.

For the deaf or hard of hearing our TTY number is

207- 239-3252 or please use Sorensen Voice

Response Services.



DHHS Eligibility Specialist- 1-800-977-6740

Call a DHHS Eligibility Specialist if you:

- Do not receive your MaineCare card.
- Have questions about financial eligibility.
- Become pregnant or have a baby.
- Lose your MaineCare card or someone steals your card.
- Move, or have family members or other people move in or out.
- Get or lose other health insurance.
- Get or lose a job.
- Have questions about your monthly premiums.

MaineCare Member Services



Call MaineCare Member Services if you:



Have questions about your benefits.



Have questions about co-payments, or get a bill from a provider.



Need help finding a provider who takes MaineCare.



Need help finding transportation to a provider.



1-800-977-6740



If you are deaf or hard of hearing and have a TTY machine, call 1-800-977-6741.



Acentra Health Member Handbook

- Another resource for members is Acentra Health's Member Handbook. The Handbook can be found at the following web address:
- <https://f.hubspotusercontent00.net/hubfs/5627605/member-handbook-oct-2018.pdf>
- Printed copies may be requested by contacting Acentra Health Member Services toll-free at 1-866-521-0027, Option 1



Thank you from all the people who put together this training and for participating.