

BEHAVIORAL HEALTH SERVICES

Provider education Session one

Important information

- Coding guidance provided does not — nor is it intended to — replace official coding guidelines or professional coding expertise. Providers should consult contract language and contact health plan representatives to fully understand any contractual coding requirements. For claims-specific questions, please contact your Provider Services representative Mary Ferber at Mary.Ferber@amerigroup.com.
- Attendees are eligible to claim 1.0 continuing medical education (CME) and 1.0 continuing education unit (CEU) for completion of one full hour of webinar training. For questions regarding continuing education, please email: continuing-education@anthem.com.
- Training is approved by the American Association of Family Physicians (AAFP) and accepted by the American Academy of Professional Coders (AAPC).

Agenda

- **Plan overview (five minutes)**
 - Our initiatives and strategies
- **Behavioral health services overview (20 minutes)**
 - Behavioral services and care management
- **Behavioral health and primary care coordination (15 minutes)**
 - Coordination of care and the standards of care (SOC)
- **Operational systems (20 minutes)**
 - Quality care teams, procedures and processes
- **Knowledge check (five minutes)**
 - Review of information and resources

PLAN OVERVIEW

Highmark BCBSWNY

- Highmark BCBSWNY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. Highmark BCBSWNY offers a full range of insured, self-insured and government programs.
- Medicaid Managed Care (MMC) and Child Health Plus (CHPlus), the government-sponsored health insurance programs, provide services to eligible members in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties. Services cover families and individuals. Highmark BCBSWNY also offers dental and vision plans. As a community-based, not-for-profit health plan, Highmark BCBSWNY contributes significantly to organizations that strengthen and enrich the health of our community.

Our strategy

Our strategy is to:

- Improve access to preventive primary care services by ensuring the selection of a primary care provider (PCP) who will serve as provider, care manager and coordinator for all basic medical services.
- Educate members about their benefits, responsibilities and the appropriate use of health care services.
- Encourage stable, long-term relationships between providers and members.
- Discourage medically inappropriate use of specialists and emergency rooms.
- Commit to community-based enterprises and community outreach.
- Facilitate the integration of physical and behavioral health (BH) care.
- Foster quality improvement mechanisms that actively involve providers in re-engineering health care delivery.
- Encourage a customer service orientation with regular measurement of member and provider satisfaction.

New York State (NYS) initiatives

- NYS Medicaid Managed Care Organizations (MMCOs) are managing the delivery of expanded Medicaid covered services for all Medicaid enrolled children.
- The transition of an expanded array of services and certain populations to MMC is a key component of the Medicaid Redesign Team (MRT) Children's Medicaid Redesign Plan to fundamentally restructure and transform the health care delivery system for individuals 21 and under who have BH needs and medically complex conditions.
- The Children's Medicaid Redesign Plan consists of a set of initiatives that will be implemented via proposed state plan amendments (SPA), which includes six new SPA services.

NYS initiatives (cont.)

- A key feature of the MRT initiatives is to transform the health care delivery system from a fee-for-service (FFS) chronic care model to a community-based MMC model.
- A critical component of the NYS vision for the Children's Medicaid Redesign Plan is an effective partnership between MMC and providers to:
 - Support delivery system transformation.
 - Promote early identification, prevention and treatment.
 - Reduce the need for intensive services, acute levels of care and out-of-home services.

BH SERVICES OVERVIEW

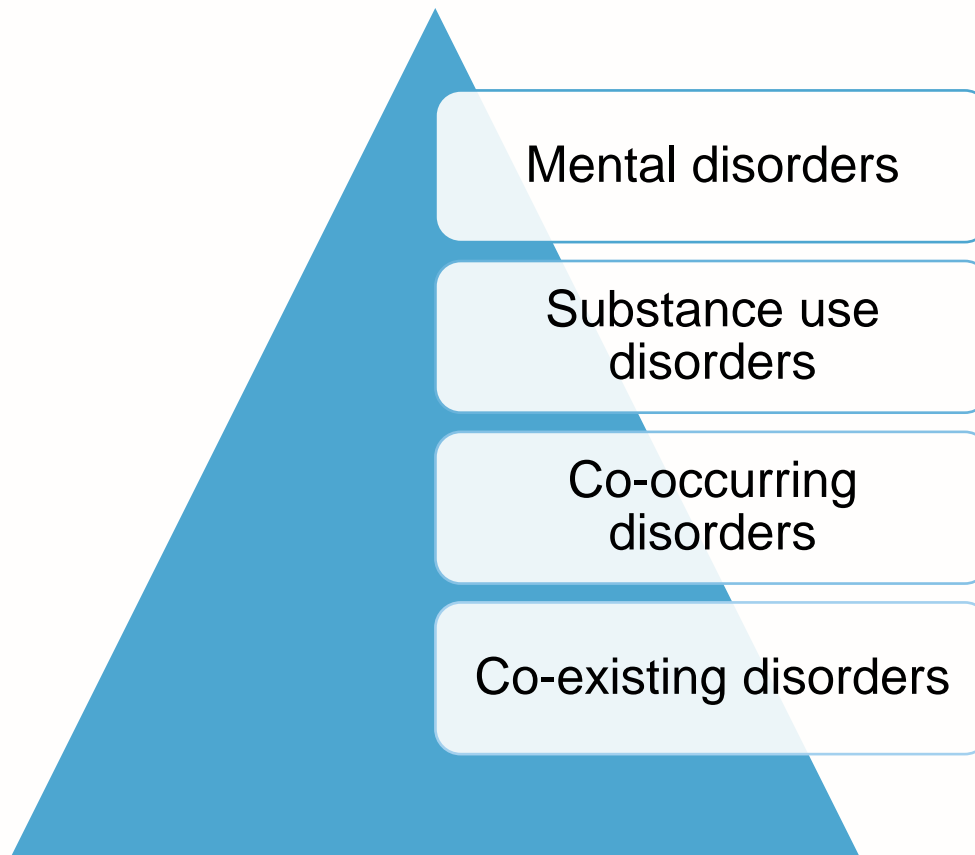
Goals of the partnership

Partnering to:

- Coordinate members' physical and BH care
- Provide education, access, care and outcome programs
- Lower costs and improve quality care for members

What is BH?

BH conditions include mental and substance use disorders.



How do we approach BH?

BH care usually starts with:

- Screening
- Treatment
- Recovery services



Mental health by the numbers



43.8 million adults in America experience mental illness of some kind in a given year.

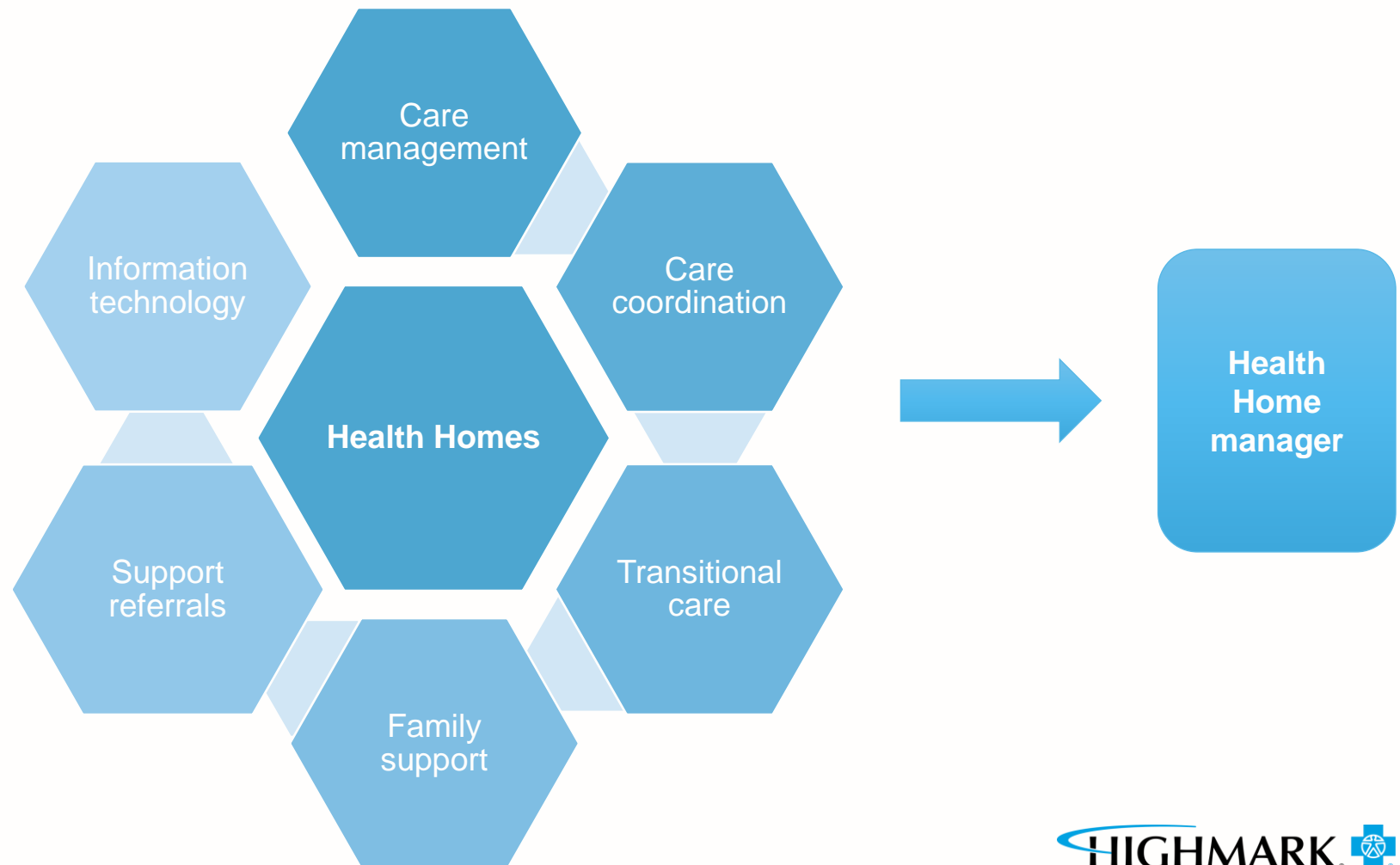
That's one in every five adults.

Highmark BCBSWNY BH program

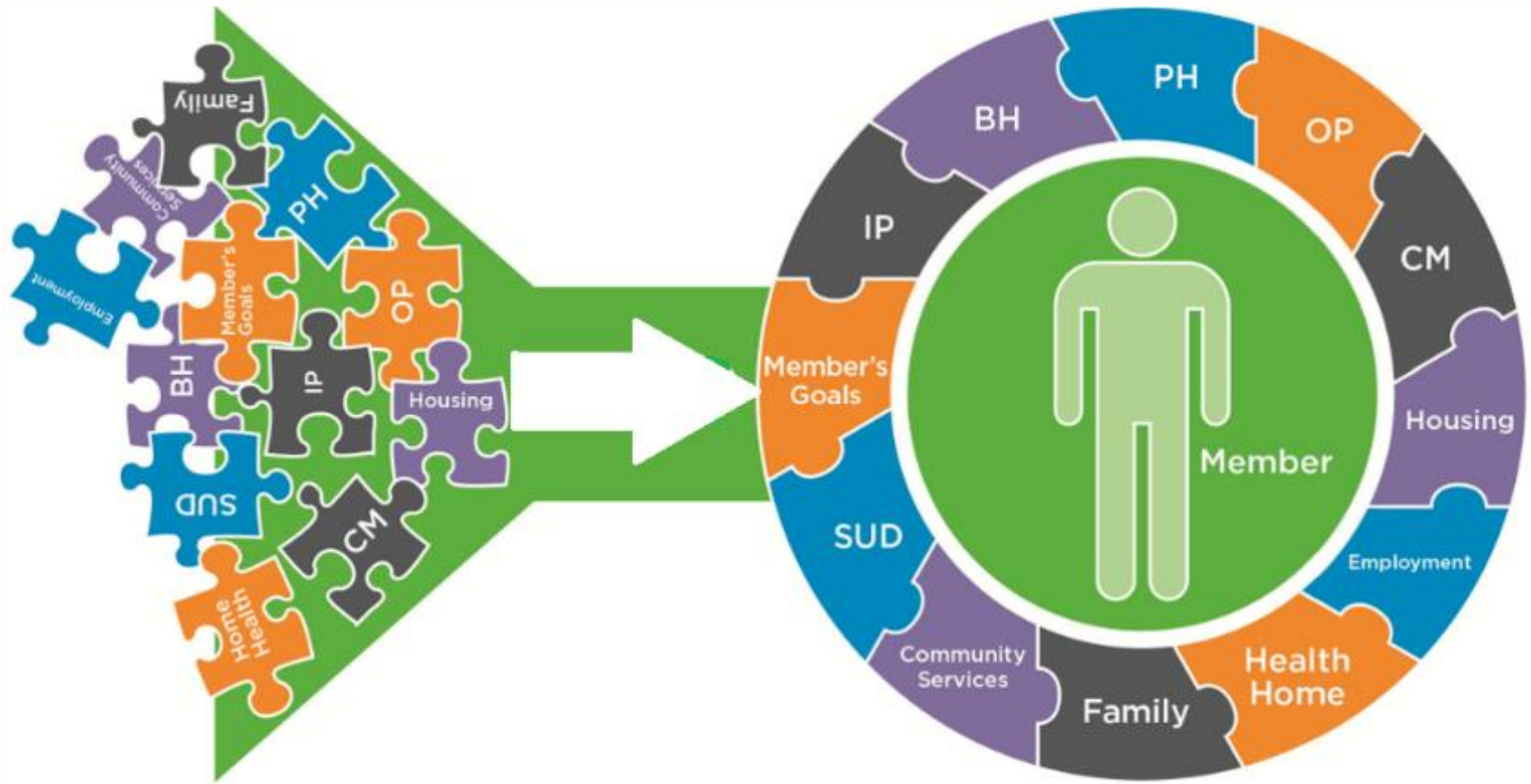


Helping to manage the needs of members seeking treatment for mental health issues and substance abuse

Health Homes



Integrated care



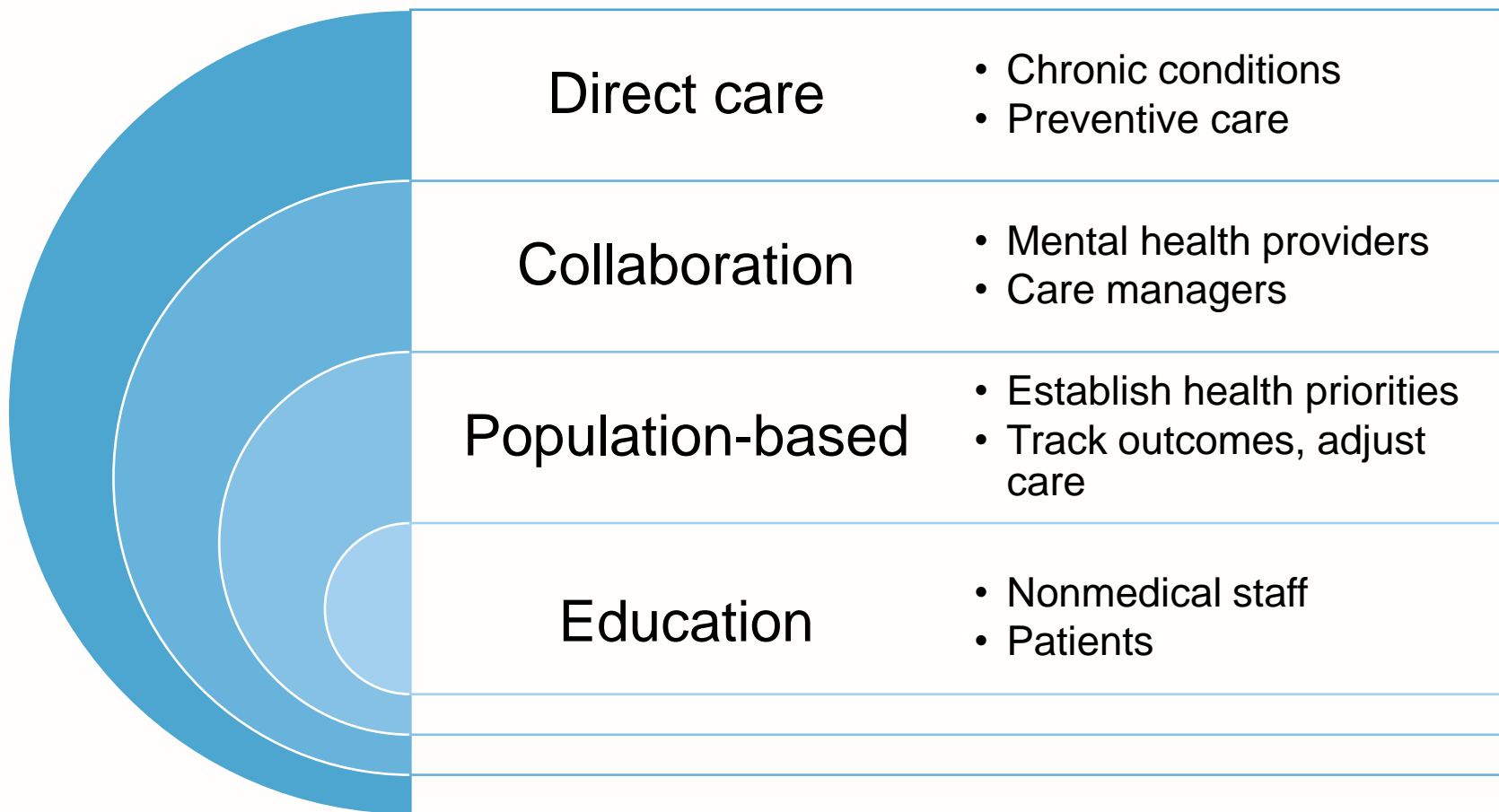
Person-centered care

- Care planning
- Individualized strategies
- Member centered
- Culturally competent

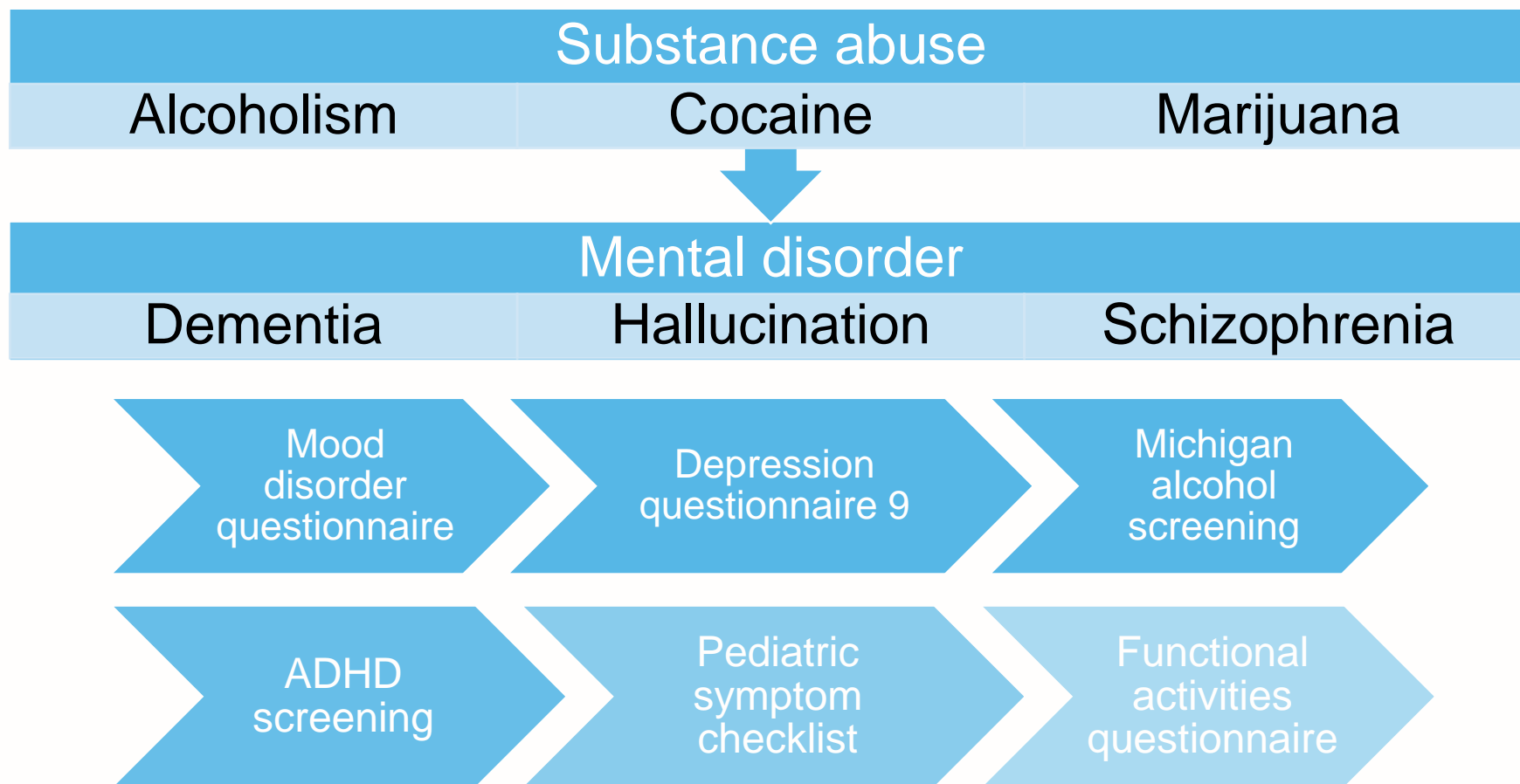


BH AND PRIMARY CARE COORDINATION

BH and PCP coordination



BH screenings and co-occurring disorders



Pediatric BH

Childhood mental illnesses often persist into adolescence, including:

- Attention deficit hyperactivity disorder (ADHD).
- Autism spectrum disorder (ASD).
- Generalized anxiety disorder (GAD).

Pediatric BH (cont.)

Children's services

Other
licensed
practitioner
(OLP)

Community
psychiatric
supports and
treatment
(CPST)

Psychosocial
rehabilitation
(PSR)

Youth peer
support and
training
(YPST)

Crisis
intervention
(CI)

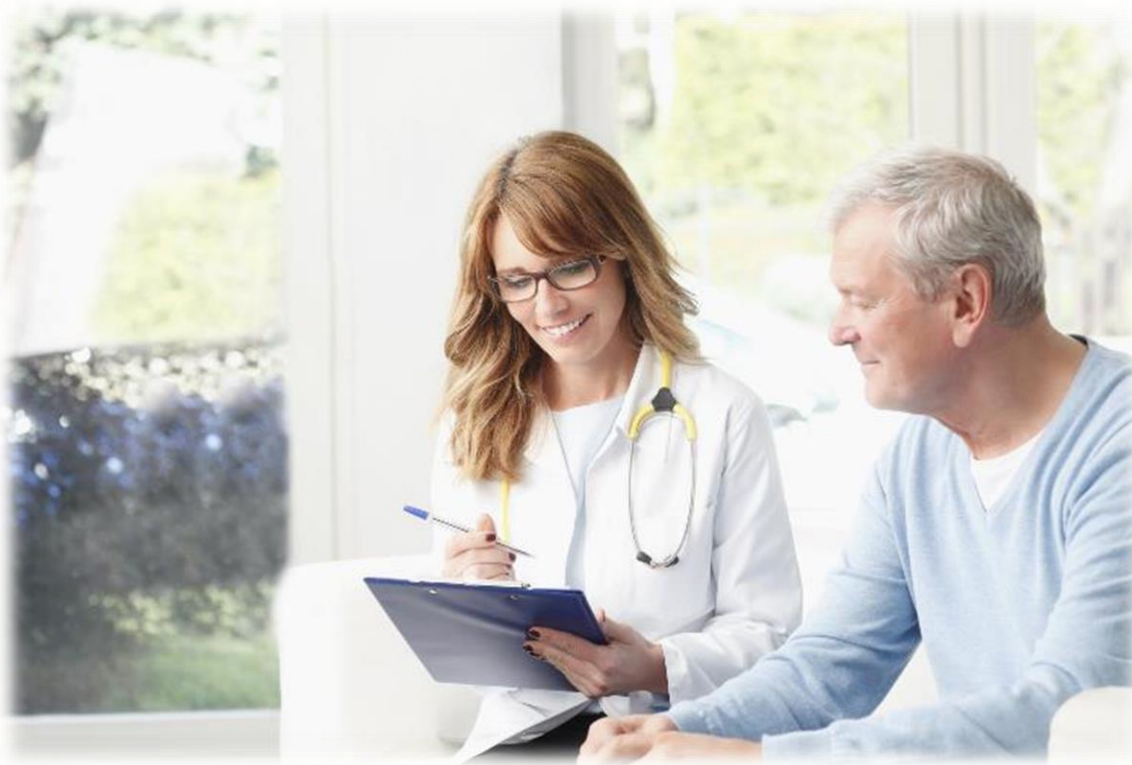
Clinical Practice Guidelines

- Using nationally recognized standards of care, Highmark BCBSWNY selects at least four evidence-based Clinical Practice Guidelines that are relevant to the member population each year.



Evidence-based practices

- Evidence-based practices involve collecting, evaluating and implementing evidence to improve patient care and outcomes.



OPERATIONAL SYSTEMS

Medical necessity

- Delivery of care
- Provider collaboration
- Level of care (LOC)
- Medical necessity tools:
 - LOCADTR for SUD
 - MCG Care Guidelines

Utilization management

- Utilization management involves:
 - Prevention of unnecessary and inappropriate services.
 - Trained health care professionals reviewing care based on:
 - Place of service.
 - Quality.
 - Medical necessity.
 - Medical decision making.
 - Length of stay (inpatient).
 - Available services used.

Authorization and precertification



Authorization and notification required for **some** services:

- Verify services or inquire about denied authorization.
- Providers call **1-877-269-5515** within seven business days.



Required services:

- All inpatient and residential services
- Community day treatment
- PROS and ACT
- Intensive outpatient and psychiatric rehabilitation



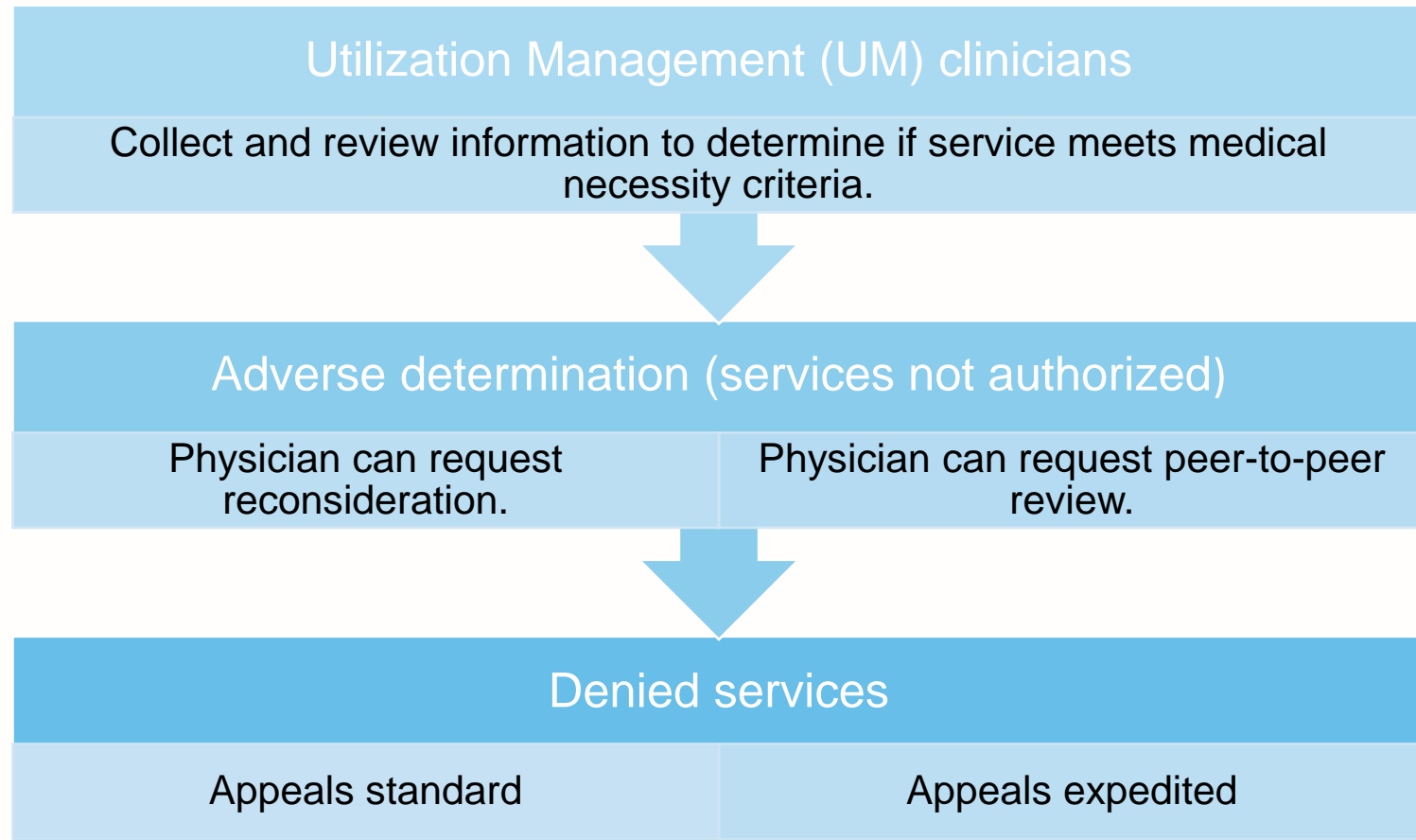
Precertification required for **some** services:

- Providers can access the Precertification Lookup Tool (PLUTO).
- Providers call **1-866-231-0847**.
- More information can be found by logging into Availity website.

BH services that require precertification

Service	Requirement	Comments
Behavioral Health/ Substance Abuse	Precertification	<ul style="list-style-type: none"> • Inpatient psychiatric, inpatient detoxification, inpatient substance abuse rehabilitation and ambulatory detoxification treatment require precertification and concurrent review. • No precertification is required for participating providers for coverage of traditional outpatient services such as individual, group and family therapy. • Precertification is required for coverage of psychological and neuropsychological testing. • Electroconvulsive therapy requires precertification. • Partial hospitalization – requires precertification • Rehabilitation services for residential SUD treatment supports (OASAS service) • Rehabilitation services for residents of community residences (year 2) • Precertification is required for the following services: <ul style="list-style-type: none"> ○ Continuing day treatment ○ PROS ○ ACT ○ Psychosocial rehabilitation ○ Community psychiatric support and treatment (CPST) • No precertification required for the following: <ul style="list-style-type: none"> ○ Medically supervised outpatient withdrawal – Ambulatory Detox ○ Outpatient SUD Services (OASAS BH Solo/ group practice) ○ Opioid treatment program / Methadone Maintenance (OTP services) ○ Outpatient services – MH (OMH services, BH solo/group practice) ○ Comprehensive psychiatric emergency program ○ Intensive case management/supportive case management ○ Health Home care coordination and management

Appeals



Appeals (cont.)

- Designee has 90 calendar days from the date of notice to file.
- In cases of retrospective services, a provider may file an appeal on their own behalf.
- An appeal may be filed by calling Member Services at **1-866-231-0847**, or in writing to:

Medical Appeals
P.O. Box 62429
Virginia Beach, VA 23466-2429

- All standard verbal appeal requests must be followed up with a written request.

Patient 360

Patient 360 is a longitudinal patient record that allows providers to see claims, authorizations, lab and medication data.

Member Care Summary

Claims

Utilization

Pharmacy

Care Management

Episodic Viewer

Date Range

Aug 25, 2012 to Feb 25, 2015

Update

Active Alerts

Source	Code	Description
HEDIS	CCA HEDIS Alert	Diabetes- HbA1c between 8-9 - Pending
HEDIS	CCA HEDIS Alert	Diabetes- LDL < 100 - Pending
HEDIS	CCA HEDIS Alert	Diabetes- HbA1c Testing - Pending
HEDIS	CCA HEDIS Alert	Diabetes- LDL Screening - Pending
HEDIS	CCA HEDIS Alert	Diabetes- HbA1c > 9 - Pending

Immunizations & Preventive Health

Date	Service	Provider
03/01/2014	Unspecified viral hepatitis w...	Demoski, G
02/20/2014	Unspecified viral hepatitis w...	Demoski, G
02/01/2014	Unspecified viral hepatitis w...	Demoski, G
01/30/2014	Unspecified viral hepatitis w...	Demoski, G

Lab Results

Date	Type	Value	Unit	Trend
07/01/2014 0...	CHOLESTER...	162	No Acuit...	162-212
07/01/2014 0...	TRIGLYCER...	159	H	159-255
07/01/2014 0...	HDL CHOLE...	45	No Acuit...	34-52
07/01/2014 0...	VLDL CHOLE...	32	No Acuit...	32-51
07/01/2014 0...	LDL-CHOLE...	85	No Acuit...	85-127
06/05/2014 0...	GLUCOSE	178	High	100-250
06/05/2014 0...	UREA NITR...	55	High	33-73

Inpatient

Admit Date	Discharge D...	Facility Name	Primary Diag
01/20/2014	01/30/2014	Demoski, G	N/A
01/09/2014	01/14/2014	Demoski, G	Cellulitis and abscess o...
07/03/2013	07/06/2013	Demoski, G	N/A
12/08/2012	12/14/2012	Demoski, G	Unspecified peripheral...
11/29/2012	12/03/2012	Demoski, G	Hyperkalemia

Emergency Department

Date	Facility Name	Primary Diagnosis
01/19/2014	Demoski	Closed fracture of intertrocha...
01/09/2014	Demoski	Cellulitis and abscess of foot...
08/24/2013	Demoski	Chest pain, unspecified
08/24/2013	Demoski	Preordial pain
07/03/2013	Demoski	Diabetes with other specified...
07/03/2013	Demoski	Diabetes with other specified...
12/06/2012	Demoski	Unspecified peripheral vascul...

Pharmacy

Date	Medication/Strength	Prescriber
08/14/2014	LANTUS INJ 100/ML	Demoski, A
08/14/2014	TRUETEST TES	Demoski, A
08/07/2014	MJNOCYCLINE CAP 100MG	Demoski, J
08/05/2014	CLOBETASOL CRE 0.05%	Demoski, M
07/26/2014	ZETIA TAB 10MG	Demoski, A
07/25/2014	APIDRA INJ U-100	Demoski, A
07/25/2014	LANTUS INJ 100/ML	Demoski, A

Authorizations

Auth Num	Start Date	End Date	Place of Serv	Referred To Provide	Status
TH0004...	05/24/2...	07/22/2...	Outpatient H...	Demoski, G	Complete
103946...	04/30/2...	04/30/2...	Patient's Home	Demoski, G	Complete
TH0001...	03/23/2...	05/21/2...	Patient's Home	Demoski, G	Complete
103986...	03/21/2...	06/18/2...	Patient's Home	Demoski, G	Complete
103909...	01/30/2...	03/20/2...	Skilled Nursi...	Demoski, G	Dischar...
C01548...	01/20/2...	01/30/2...	Inpatient Hos...	Demoski, G	Dischar...
103995...	01/15/2...	01/29/2...	Patient's Home	Demoski, G	Complete

Home Mods and Equipment Claims

Date	Provider	Service
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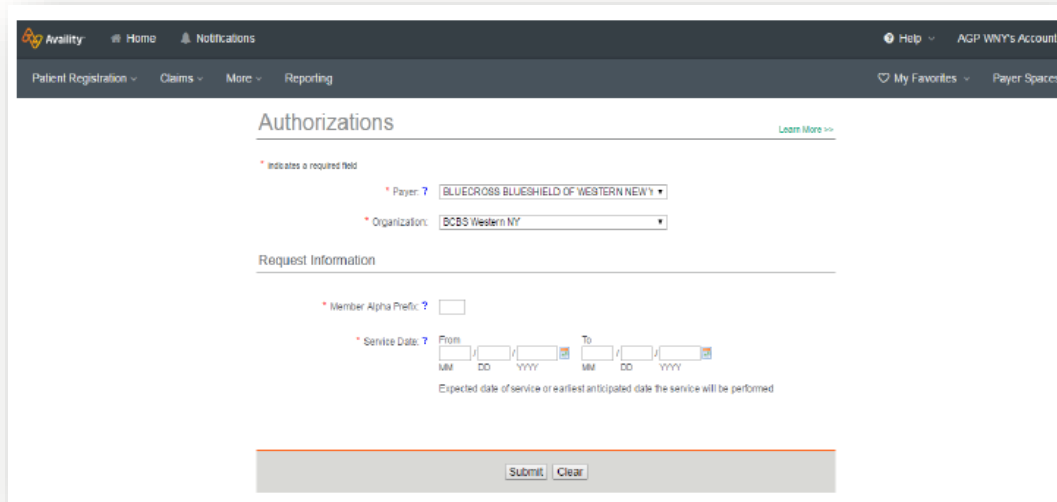
Office Visits

Date	Provider	Primary Diagnosis
08/07/2014	Demoski, J M	Other specified disease of...
08/05/2014	Demoski, P	Rash and other nonspecific...
07/31/2014	Demoski, T L	Unspecified peripheral vas...
07/07/2014	Demoski, J M	Other psoriasis
06/27/2014	Demoski, A D	Essential hypertension, ba...
06/24/2014	Demoski, S	Pain in joint, pelvic region...
06/14/2014	Demoski, C S	Difficulty in walking


Provider tools

Self-service:

- Claims submission
- Claims status
- Eligibility
- Authorizations
- Electronic funds transfer (EFT)
- Electronic remittance advice (ERA)



The screenshot shows the Availity web application interface. At the top, there is a navigation bar with the Availity logo, Home, Notifications, Help, and AGP WNY's Account. Below this is a secondary navigation bar with Patient Registration, Claims, More, and Reporting. The main content area is titled "Authorizations" and includes a "Learn More" link. A note indicates that an asterisk (*) denotes a required field. The form contains two dropdown menus: "Payer" set to "BLUECROSS BLUESHIELD OF WESTERN NEW YORK" and "Organization" set to "BCBS Western NY". Below these is a section for "Request Information" which includes a "Member Alpha Prefix" field and a "Service Date" range selector. The "Service Date" section has "From" and "To" date pickers with MM/DD/YYYY format. A note below the date pickers states: "Expected date of service or earliest anticipated date the service will be performed". At the bottom of the form are "Submit" and "Clear" buttons.



The screenshot shows the Availity login page. It features the Availity logo at the top. Below the logo are two input fields: "User ID:" and "Password:". There is a checkbox labeled "Show password as I type". At the bottom left is a link that says "Help! I can't log in!". At the bottom right is a large orange button labeled "Log in", which is highlighted with a red rectangular border.

Electronic claims submission

Electronic claims submissions improve:

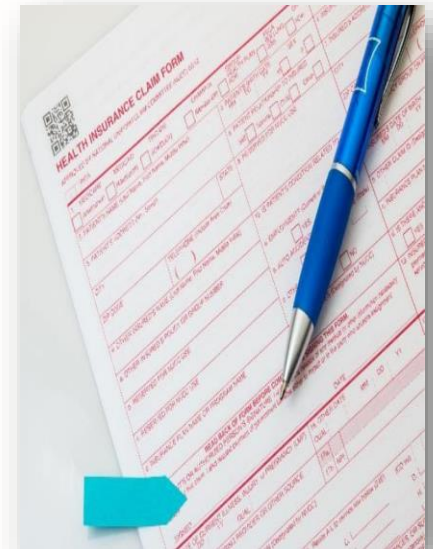


Paper claims submission

Optical Character Reading (OCR):

- OCR ensures faster turnaround time and adjudication.
- Claims must be submitted on original red claim forms *CMS-1500* or *UB04* within 120 days from date of service. Mail to:

Claims
P.O. Box 62509
Virginia Beach, VA 23466-2509



Electronic payment services

The Availity Portal is used to access electronic transfer information and electronic claims remittance advice for:

- EFT.
- ERA.
- To access, please visit <https://apps.availity.com>.

A screenshot of the Availity login portal. The header features the Availity logo (a stylized orange and yellow 'A' icon) and the word 'Availity' in white on a dark grey background. Below the header, there are two input fields: 'User ID:' and 'Password:'. The 'User ID' field has a blue border and a cursor. The 'Password' field has a grey border. Below the password field is a checkbox labeled 'Show password as I type'. At the bottom left, there is a link that says 'Help! I can't log in!'. At the bottom right, there is an orange 'Log in' button, which is highlighted with a red rectangular border.

Provider Relations

- Provider representatives are here to serve you.
- Perform provider outreach
- Perform provider education and training
- Engage providers in quality initiatives
- Give providers customer service
- Build and maintain the provider network
- Coordinate provider care and make appropriate referrals as necessary
- Provider Services: 1-866-231-0847

24/7 NurseLine

- Members can speak to a registered nurse who can answer their questions and help decide how to take care of health problems.
- If medical care is needed, our nurses can help a member decide where to go.
- The phone number, **1-866-231-0847 (TTY 711)**, is on the back of our member ID cards.
- When a member calls this service, a report is faxed to the office within 24 hours.

Key contact information

- Provider/Member Services: **1-866-231-0847**
- 24/7 NurseLine: **1-866-231-0847**
- Precertification: **1-866-231-0847**
- Pharmacy PA: **1-866-231-0847**
- Paper claims submission:

Claims

P.O. Box 62509

Virginia Beach, VA 23466-2509

- Website: <https://providerpublic.mybcbswny.com>

Next steps

- Listen to a recorded Availity webinar: <https://www.availity.com>.
- Register for Availity so you can access the secure Highmark BCBSWNY provider website.
- Register for the electronic data interchange (EDI).
- Register for EFT services.
- Read your provider manual.

KNOWLEDGE CHECK

Knowledge check

True or false:

BH screenings assist in determining if further assessment is needed in order to determine a diagnosis of a behavioral health disorder.

True

Knowledge check (cont.)

True or false:

Integrated care is provider knowledge of person-centered health and cultural competencies.

False

Integrated care is a physician treating both physical and mental health together.

Knowledge check (cont.)

True or False:

Co-occurring disorders are when a member has two mental conditions at the same time.

False

Co-occurring conditions are mental health conditions and substance abuse issues that occur at the same time.

Knowledge check (cont.)

Highmark BCBSWNY measures how many evidence-based practices annually to measure practice performance?

Four

Knowledge check (cont.)

_____ collects and reviews information to determine if a service meets medical necessity criteria.

Utilization Management

Resources

- Five most common disorders with addictions: <https://www.dualdiagnosis.org/co-occurring-disorders/5-common-co-occurring-disorders-addictions>
- *Highmark BCBSWNY Provider Manual*: <https://providerpublic.mybcbswny.com>
- *New York State Children's Health and Behavioral Health Services Transformation Provider Manual*:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf
- NYS screening, brief intervention and referral to treatment:
<https://www.oasas.ny.gov/admed/sbirt/index.cfm#WhatisSBIRT>
- Serious Mental Illness (SMI) among adults:
<http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>

Resources to download

Our plan website — <https://providerpublic.mybcbswny.com>

- A copy of the member ID card
- Orientation presentation
- Forms and provider manual
- EDI information
- Clinical policies and information
- Availity information
- Provider newsletters and communications

Question and answer session



THANK YOU



<https://providerpublic.mybcbswny.com>

Amerigroup Corporation, an independent company, administers utilization management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Corporation, una compañía independiente, administra los servicios de administración de utilización para el programa administrado de Medicaid de Highmark Blue Cross Blue Shield of Western New York.

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NYWPEC 2234-21 January 2022