NAVIGATING BEHAVIORAL HEALTH SERVICES EXPANSION & THE HEALTH AND RECOVERY PLAN

Presented by:

Excellus BlueCross BlueShield
Provider Relations

Access this presentation & guidebook online at ExcellusBCBS.com/ProviderStaffTraining.

ABOUT OUR HEALTH PLAN

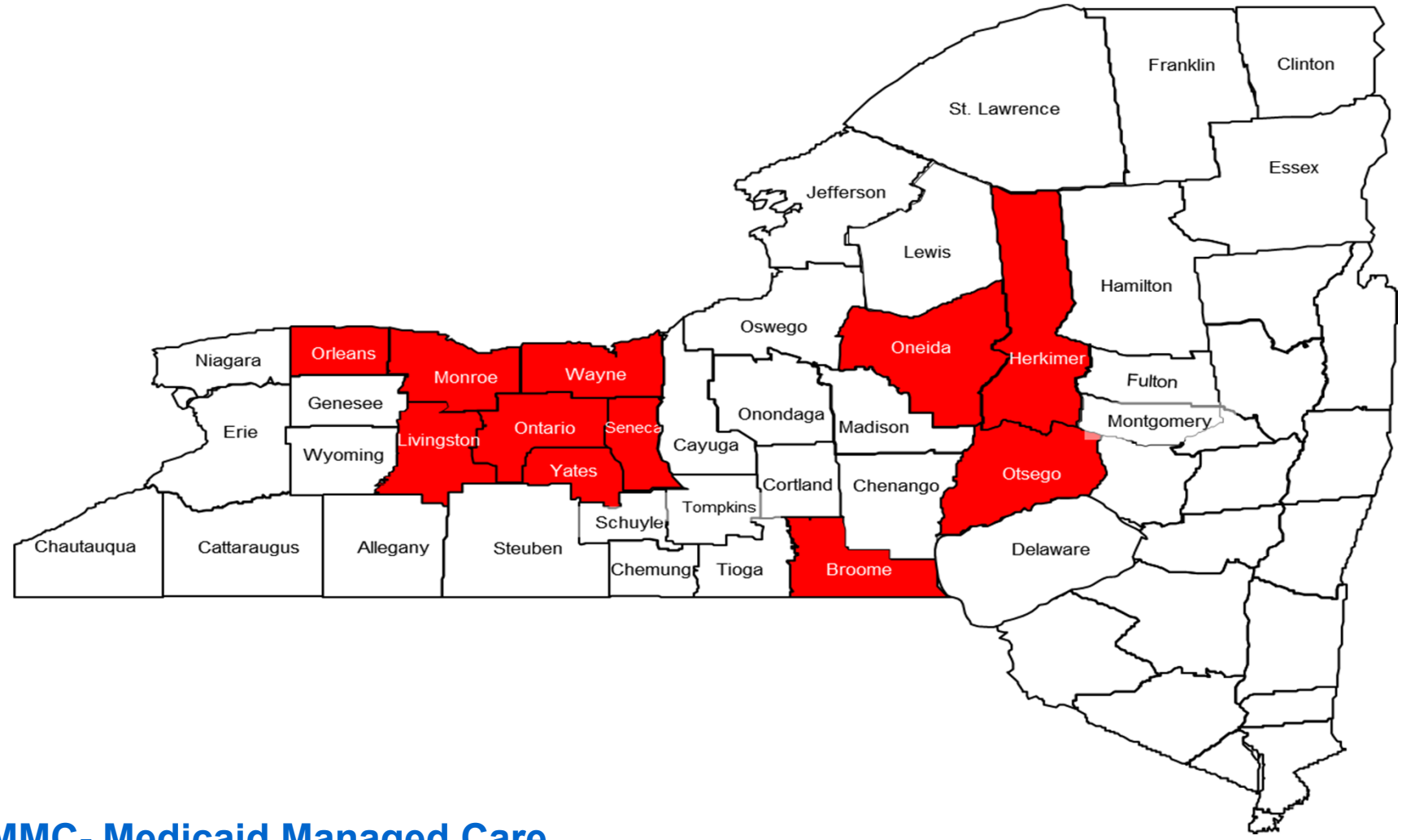
Excellus BlueCross BlueShield

- Mission: provide access to affordable and effective health care services, be responsible stewards of our communities' health care resources and work to continually improve the health of our members and those in the communities that we serve.

- Offers: Medicaid managed care programs, sponsored by New York state, that are intended to help ensure that medical coverage is available for the uninsured.

  - HMOBlue Option in Central New York: CNY Southern Tier & Utica regions
  - Blue Choice Option in the Rochester region
  - Excellus BCBS HARP product: Blue Option Plus and Premier Option Plus (Orleans County Only)

EXCELLUS BCBS MMC SERVICE AREA



MMC- Medicaid Managed Care

EXPANSION OF MEDICAID MANAGED CARE & BEHAVIORAL HEALTH

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Effective July 1, 2016:

- New York state has transitioned Medicaid behavioral health services from fee-for-service into managed care to create a person-centered service system focused on recovery and integration of physical and mental health.
- Medicaid transition is designed to help individuals age 21 and over with mental health (MH) and substance use disorders (SUD) obtain what they need to live, go to school, work and be part of the community.
- Benefits have expanded to include mental health and drug and alcohol treatment services.
- Excellus BCBS has begun managing certain behavioral health services that have been carved into the Medicaid managed care plans for eligible members.

INTRODUCTION OF HEALTH & RECOVERY PLAN (HARP)

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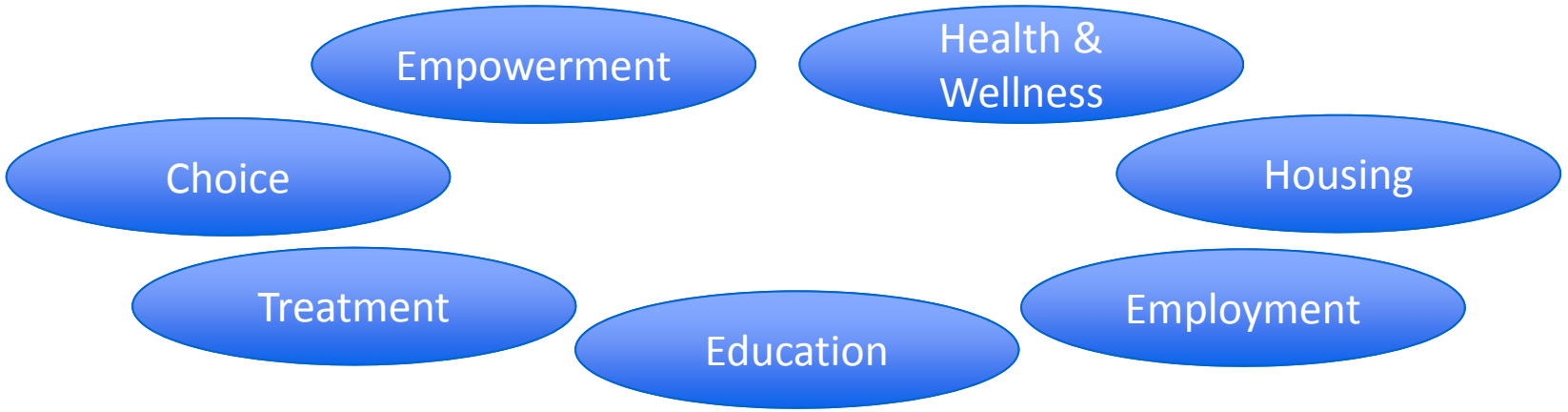
What is HARP?

- HARP is a managed care **plan/product** that coordinates physical, mental health and substance use services in an integrated way for adults with significant behavioral health needs (MH/SUD).

- HARP utilizes a care recovery model and supports a member's potential recovery by optimizing quality of life & reducing behavioral health symptoms through:



MEMBER ELIGIBILITY

Who is Eligible?

- **Medicaid Managed Care** - Adults age 21 and older who are eligible for Medicaid managed care (excludes Medicare members and certain other populations) will receive the full physical and behavioral health benefit through managed care.

- **HARP** - Adults enrolled in Medicaid age 21 years or older with select Serious Mental Illness (SMI) and/or SUD diagnoses will be eligible to enroll. Enrollment is based on provider referral and state specific assessment guidelines.

BEHAVIORAL HEALTH SERVICES

Seamlessly Integrate Behavioral & Medical Health

- We maintain, monitor and evaluate behavioral health care and services for clinical effectiveness and efficiencies, aligning with our corporate mission and goals.
- We believe in a person-centered approach to care that seamlessly integrates behavioral and medical health practices and delivery.
- Our clinical approach is to assist members in achieving positive and measurable outcomes through high-quality, cost-effective services that are delivered through an integrated care model that support the member in the least restrictive setting.

COVERED SERVICES

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Behavioral Health Services Carved into Medicaid Managed Care – July 1, 2016:

- Medically supervised outpatient withdrawal services
- Outpatient clinic and opioid treatment program
- Outpatient clinic services
- Comprehensive psychiatric emergency program
- Continuing day treatment program
- Partial hospitalization program
- Personalized recovery oriented services
- Assertive community treatment
- Health home care coordination and management
- Inpatient hospital detoxification service *
- Inpatient medically supervised inpatient detoxification*
- Inpatient treatment services *
- Rehabilitation services for residential SUD treatment supports *
- Inpatient psychiatric services
- Rehabilitation services for residents of community residences
- Intensive case management/supportive case management

COVERED SERVICES

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HARP Behavioral Health Services – October 1, 2016:

Tier 1 services:

- Education support services
- Prevocational services
- Transitional employment
- Intensive supported employment
- Ongoing supported employment

Tier 2 additional services:

- Family support and training
- Empowerment services – peer support
- Psychosocial rehabilitation
- Community psychiatric support and treatment
- Habilitation/residential support services
- Short term crisis respite
- Intensive crisis respite

EXPANDED BEHAVIORAL HEALTH SERVICES

Roles

The goal is for members to receive seamless, continuous and appropriate level of person-centered care, as well as strengthen system-wide continuity between medical and behavioral health care.

- Each member will be assigned to a care manager who is responsible for establishing and leading the member's Interdisciplinary Care Team (IDT).
- The care manager, in conjunction with the IDT, is responsible for developing the person-centered service plan (PCSP), which is a written description in the care management record which specifies the member's specific health care goals to be achieved and the amount, duration, and scope of the covered services.

Roles - Primary Care Physician

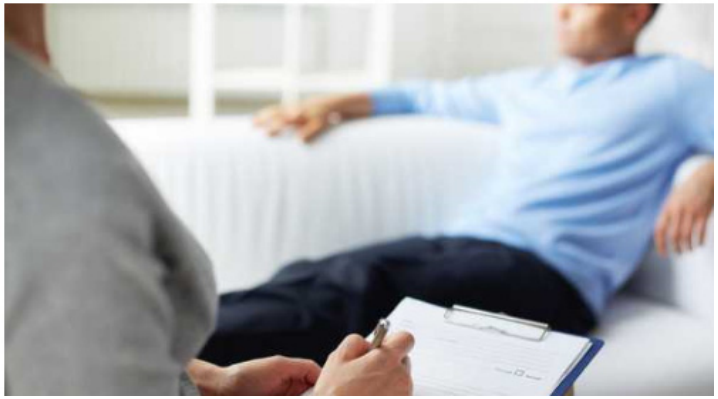
All Medicaid managed care members must have a PCP to help manage and oversee care.

- PCPs include pediatricians, internists, OB/GYN, family practitioners, general practitioners, physician extenders (PA, NP, CNW, etc.) and nurses who are acting as independent practitioners.
- PCPs supervise and coordinate medically necessary care, including providing 24/7 coverage.
- PCPs should conduct behavioral health screening (Screening, Brief Intervention and Referral to Treatment - SBIRT) for all members, as appropriate.
- https://www.samhsa.gov/sbirt

EXPANDED BEHAVIORAL HEALTH SERVICES

Roles - Behavioral Health (BH)

Behavioral health care providers are:



- People, partnerships or professional corporations comprised of certified substance abuse counselors, clinical psychologists, peers, clinical social workers, licensed substance abuse treatment practitioners, licensed practical nurses, family therapists, mental health professionals, physicians, professional counselors, psychologists, registered nurses, school psychologists, or social workers
- These providers work as part of a IDT using a systematic approach to provide patient-centered care.

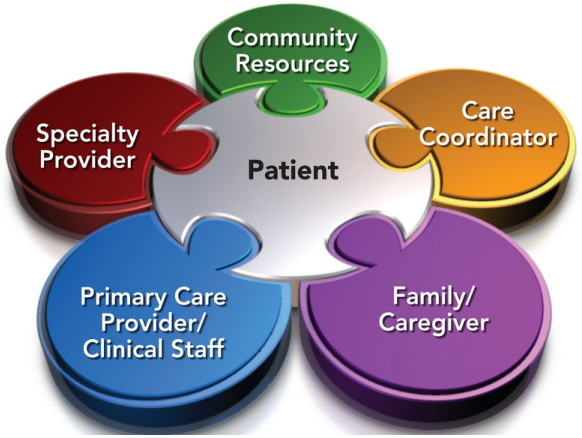
EXPANDED BEHAVIORAL HEALTH SERVICES

Roles - Health Home

- A health home is a care management service model in which all of the member's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

- A care manager oversees and provides access to all of the services the member's needs to ensure that he or she receives everything necessary to stay healthy, out of the ER and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected.

- Health home services are provided through a network of organizations – providers, health plans and community-based organizations. Health homes play a central role in HARP. Members in HARP are enrolled into Health homes, unless he or she opts-out.



EXPANDED BEHAVIORAL HEALTH SERVICES

Community Rehabilitation Services

Community Rehabilitation Services should be offered within **two weeks** of the request. These services include:

- **Psychosocial Rehabilitation (PSR)** – PSR services are designed to assist the member with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their behavioral health condition (i.e., SUD and/or MH).

- **Community Psychiatric Support and Treatment (CPST)** – CPST includes time-limited goal directed supports and solution-focused interventions intended to achieve identified person-centered goals or objectives as set forth in the member's plan of care and CPST individual recovery plan.

EXPANDED BEHAVIORAL HEALTH SERVICES

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Vocational Services

An appointment with Educational/Vocational or Employment Services should be offered to a member within **two weeks** of the request.

These services include:

- **Prevocational Services (PS)** - Limited time services that prepare a participant for paid or unpaid employment.
- **Transitional Employment (TE)**- Designed to strengthen the participant's work record and skills toward the goal of achieving assisted or unassisted competitive employment.
- **Intensive Supported Employment (ISE)**- This service assists individuals with MH/SUD to obtain and keep competitive employment. These services consist of intensive supports that enable individuals to obtain and keep competitive employment.
- **Ongoing Supported Employment (OSE)**- Provided after a participant successfully obtains and becomes oriented to competitive and integrated employment.

EXPANDED BEHAVIORAL HEALTH SERVICES

Crisis Respite Services

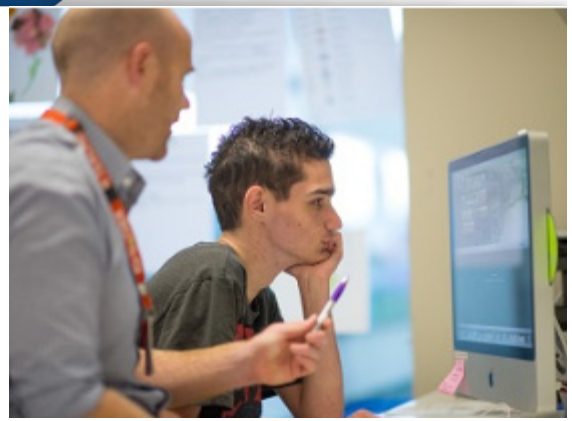
Crisis services are part of the HCBS benefit and connectivity to crisis respite services should be made within **24 hours** of the request.

- **Short-term Crisis Respite (STCR)** - Short-term care and intervention strategy for individuals with a mental health or co-occurring diagnosis and are experiencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the person's home and community environment without onsite supports.

- **Intensive Crisis Respite (ICR)** - This is a short-term, residential care and clinical intervention strategy for individuals who are facing a behavioral health crisis, including individuals who are suicidal, express homicidal ideation or have a mental health or co-occurring diagnosis and are experiencing acute escalation of mental health symptoms.

EXPANDED BEHAVIORAL HEALTH SERVICES

Education Support Services



These services are provided to assist individuals with MH/SUD who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.

An appointment should be offered within **two weeks** of request.

- They should consist of general adult educational services such as applying for and attending community college, university or other college-level courses.
- They may also include classes, vocational training and tutoring to receive a Test Assessing Secondary Completion diploma, as well as support to participate in an apprenticeship program.
- Members authorized for education support services must relate to an employment goal or skill development documented in the service plan.
- These services must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.

EXPANDED BEHAVIORAL HEALTH SERVICES

Empowerment Services - Peer Supports

These are peer-delivered services with a rehabilitation and recovery focus.

An appointment should be offered within **one week** of request unless appointment is pursuant to emergency or hospital discharge, in which case the standard is **five days**. Or if peer support services are needed urgently for symptom management then standard is **24 hours**.

- Designed to promote skills for coping with and managing behavioral health symptoms while facilitating the use of natural resources and the enhancement of recovery-oriented principles.

- Peer support uses trauma-informed, non-clinical assistance to achieve long-term recovery from SUD and mental health issues.

EXPANDED BEHAVIORAL HEALTH SERVICES

Habilitation/Residential Support Services

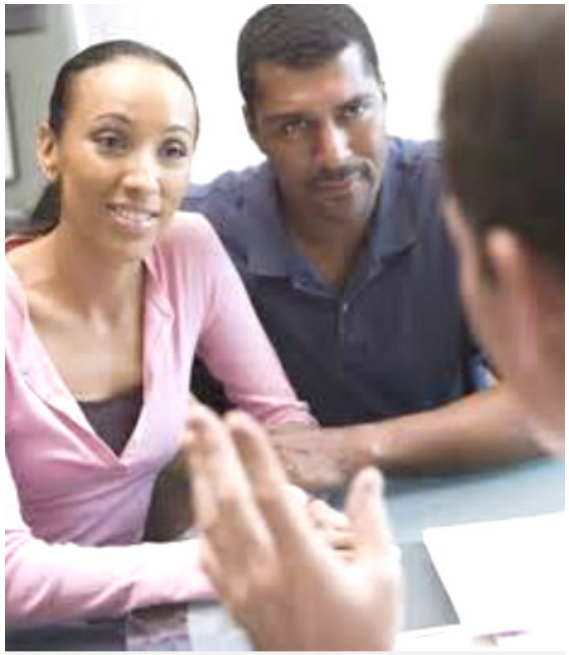
Habilitation/Residential Support Services are typically provided on a one-on-one basis and are designed to assist members with a behavioral health diagnosis in acquiring, retaining and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of community resources and adaptive skills necessary to reside successfully in home and community-based settings.

These services assist patients with developing skills necessary for community living and, if applicable, to continue the process of recovery from an SUD disorder.

Appointments should be offered within **two weeks** of the request.

EXPANDED BEHAVIORAL HEALTH SERVICES

Family Support & Training



These services facilitate engagement and active participation of the family in the treatment planning process.

Services are provided only at the request of the individual and appointments should be offered within **two weeks** of the request.

A person-centered or person-directed, recovery oriented, trauma-informed approach is used to partner with families and other supporters to provide emotional and information support, and to enhance their skills so that they can support the recovery of a family member with a substance use disorder/mental illness.

PREAUTHORIZATION & CARE MANAGEMENT

Utilization Management Program

- Our utilization management team is comprised of qualified behavioral health professionals whose education, training and experience are commensurate with the utilization management reviews they conduct.

- Access ExcellusBCBS.com/ProviderReferralsAuths *> Preauthorization > Request Preauthorization*, for details on services requiring preauthorization and information on how to request preauthorization.

Medical Necessity

- Member coverage is not an entitlement to utilization of all covered benefits, but indicates services that are available when medical necessity is satisfied.

- Member benefit limits apply for a calendar year regardless of the number of different behavioral health practitioners providing treatment for the member.

Medical Necessity

We use McKesson **InterQual®** criteria guidelines for both adult and pediatric mental health. For substance use medical necessity criteria, we use the criteria established by the Office of Alcoholism and Substance Abuse Services (OASAS) diagnostic tool **LOCADTR**.

- InterQual® is a nationally recognized instrument that provides a consistent, evidence-based platform for care decisions and promotes appropriate use of services and improved health outcomes.
- InterQual® criteria sets are proprietary and cannot be distributed in full; however, a copy of the specific criteria relevant to any individual need for authorization is available on the provider website by going to Patient Care>View Our Policies> InterQual® Clinical Criteria.
- LOCADTR was developed specifically for NYS by The National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia) and is based on ASAM medical necessity criteria.

PREAUTHORIZATION & CARE MANAGEMENT

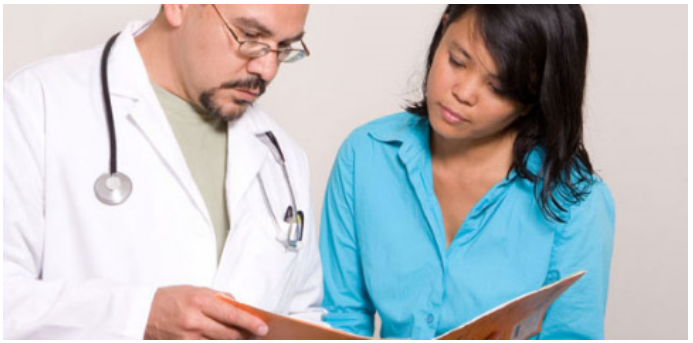
Care Management

The Care Management team works to:

- Increase community tenure
- Reduce recidivism
- Improve treatment compliance
- Facilitate positive treatment outcomes through the proactive identification of members with complex or chronic BH conditions that require coordination of services and periodic monitoring in order to achieve desirable outcomes

PREAUTHORIZATION & CARE MANAGEMENT

Grievances & Appeals



- We encourage our members to voice both positive and negative comments regarding care and services they have received.
- If a member has a concern that cannot be resolved immediately on the telephone with Customer Care, we inform the member of his or her right to file an appeal or grievance.

Emergency Care

- **Authorization is never required prior to providing services for emergency medical or behavioral conditions.**
  - A hospital that accepts a Medicaid member as a patient, including Medicaid members enrolled in a managed care plan, accepts the responsibility of making sure that the patient receives all medically necessary care and services. Other than for legally established copayments, a Medicaid member should never be required to bear any out-of-pocket expenses for:
    - Medically necessary inpatient services; or,
    - Medically necessary services provided in a hospital-based ER.

PREAUTHORIZATION & CARE MANAGEMENT

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Transitional Care

- In accordance with New York state guidelines, a member may continue BH care with his or her current provider for the same episode of care for up to two years post-transition to managed care.
- We will authorize the transitional care described above only if the provider agrees to continue to accept the reimbursement rates in effect prior to the start of the transitional period as payment in full, and to comply with all of our health plan's policies and procedures, including, without limitation, quality management and utilization management programs.
- It's important to note that transitional care rights do not apply to patients of a provider who leaves our network without a right to a hearing under the provisions of the New York State Public Health Law.

OUR PROVIDER NETWORK

Network of Quality Providers

- We maintain a network of quality providers to ensure that members are able to select providers from a wide range of specialties and facility types.

- Effective June 21st, 2017 Excellus has expanded the BH provider network to include; LCSWs without the R designation, LMFTs with 6 years post clinical experience.

- For contracting or credentialing, please complete the enrollment form, at ExcellusBCBS.com/Provider (click *Join Our Network*).
  - A list of provider types that require credentialing and agreements is also available via our website.

Credentialing

- Providers will be able to self-register on the Council for Affordable Quality Health Care (CAQH) website at www.caqh.org, or they will receive a letter from us with an ID number and helpful information on using the database.

- Credentialing applications are processed within 60 days of receipt of the completed application and contract.

ACCESS & AVAILABILITY

Appointment Availability Standards:

We follow access and availability standards, outlined below, established by NYSDOH. We conduct an annual audit to ensure compliance with these standards.

Minimum appointment availability standards for Medical Care:

- Emergency care: immediately upon presentation at a service delivery site
- Urgent care: within 24 hours of request
- Non-urgent "sick" visit: within 48 to 72 hours of request, as clinically indicated

- Routine non-urgent, preventive appointments: within four weeks of request
- Specialist referrals (not urgent): within two to four weeks of request

Visit our website at **ExcellusBCBS.com/ProviderStaffTraining** and select "Get Tip Sheets" to view our access and availability tip sheets.

ACCESS & AVAILABILITY

Behavioral Health Appointment Availability Standards:

We follow access and availability standards, outlined below, established by NYSDOH. We conduct an annual audit to ensure compliance with these standards and are used to improve Behavioral Health Care.

Minimum appointment availability standards for Behavioral Health Care:

- Urgent visit-Within 48 hours or less
- Routine visit-Within 10 days or less
- After-hours life-threatening behavioral health emergency- accessible immediately by telephone, 24 hours, 7 days a week
- After-hours non-life-threatening behavioral health emergency- Within 6 hours or less

New York State Billing & Coding Manual

A billing and coding manual outlining the reimbursement rates and billing codes for individuals enrolled in Medicaid managed care plans and HARPs can be accessed at: www.omh.ny.gov/omhweb/bho/billing-services.html

BILLING & CODING

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Claims & Payment

- We accept both paper and electronic claims
- For Workers' Compensation and no fault claims, please use the *No Fault, Workers' Compensation and Medicare Exhausted Benefits* form available via our website, ExcellusBCBS.com/ProviderContactUs > *Print Forms*.
- Submit all claims, including those for local subscribers, out-of-area subscribers and primary and secondary claims, to Excellus BCBS.
- Most participating provider agreements contain a time limit within which claims will be accepted, so providers should submit all claims as soon as possible after rendering service. Claims submitted after that time limit may deny for late filing.
- To ensure accurate and timely claims processing, you must include your National Provider Identifier (NPI) on all claims submissions. Providers must supply NPI information to our health plan. Those who have not already done so should contact their Provider Relations representative.
- To begin submitting claims electronically, contact our eCommerce department at 1-877-843-8520 or send an email to edi.solutions@excellus.com

Billing Information

In order to submit claims, you will also need the following information:

- **Your tax identification number**
- **Provider name and address**
- **NPI number**
- **Group NPI number (if applicable)**
- **Taxonomy code and NPI are required by Excellus BCBS when submitting claims**
- **Date of service**
- **Place of service**
- **Procedure code**
- **Diagnosis code**
- **Number of days/units**
- **Charges**

Paper Claims

- Must be submitted on the CMS-1500 (02/12) claim form for professional providers and UB-04 claim form for institutional providers.
- A combination of optical character recognition and human data entry is used to scan all paper claims.
- Claims submitted with missing or invalid information will be sent back to you
- Mailing Address for paper claims, Effective Oct 1st 2017:

Excellus BlueCross BlueShield
PO Box 21146
Eagan, MN 55121-0146

BILLING & CODING

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Electronic Claims

New York State Public Health Law Section 2807-e mandates that claims must be submitted electronically. Electronic claim submission is the fastest, most efficient way to submit claims for reimbursement. Electronic claim submission has many advantages including:

- Speed: Claim turnaround time is reduced through bypassing the "paper" process
- Efficiency: Access to claim status is typically within 48 hours from claim submission
- Precision: Electronic claim adjudication reduces manual errors, resulting in more accurate posting

We work closely with electronic billing software vendors to accommodate the testing of their programs. Once testing has shown that the vendor has met the necessary specification requirements, electronic billing can begin through the vendor's software.

To begin submitting claims electronically, contact our eCommerce department at 1-877-843-8520 or send an email to edi.solutions@excellus.com

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Claims & Payment

Claim Filing Limits

- Participating providers should submit all claims as soon as possible after rendering service (or after the paid date of a primary payer's explanation of benefits or EOB).
- The filing limit for Coordination of Benefit (information on COB provided on following page) claims begins on the date of payment from the primary payer.
- Claims submitted after the time limits will be denied for late filing
- Refer to your provider contract for specific timely filing requirements

Submitting Secondary Claims

We follow our contract with the with the New York State Department of Health regarding COB claims.

- COB claims can be submitted electronically.
- To balance secondary electronic claims, the following information is required from the primary carrier's EOB:

We follow our contract Allowed amount

- Deductible, coinsurance and/or copay applied
- Contractual adjustments/reduction of charges and description of associated reason codes
- Payment amount
- Patient responsibility
- Other carrier paid/process date
- For secondary paper claims, we require a copy of the primary carrier's EOB with the submission of the secondary claim
- Please attach the primary EOB on a separate sheet of paper

COMMUNICATIONS, RESOURCES & PROVIDER RELATIONS

Monthly Newsletter

Our *Connection* newsletter is published and posted to our website on a monthly basis.

- Best source for obtaining information regarding: billing and claims, reimbursement, new products, behavioral health updates, mandates, medical policies, BlueCard® updates, and more…

- Once the newsletter is posted to our website, an eAlert is emailed to providers and their staff who have opted in to receive the publication electronically. The email notification is only sent to those who have completed the **opt-in** process.

COMMUNICATIONS, RESOURCES & PROVIDER RELATIONS

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Provider Bulletins, Letters and eAlerts

- Bulletins, letters and eAlerts are used for information requiring immediate attention or to introduce important new products and programs.
- These communications explain specific updates and/or changes.
- To receive eAlerts, you must opt-in.

Provider Manual

- The manual is a reference and source document. It clarifies and supplements various provisions of a provider's participation agreement.
- The manual contains relevant program policies and procedures with accompanying explanations and exhibits.
- It's important that staff that performs administrative, billing and quality assurance functions have a copy of the manual.
- The manual is updated annually and is available via the website.

COMMUNICATIONS, RESOURCES & PROVIDER RELATIONS

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Customer Care

- Advocates are available at 1-800-920-8889
  - Monday through Thursday from 8 a.m. – 5:30 p.m.
  - Fridays from 9 a.m. - 5:30 p.m.

- Call with questions regarding:
  - Appeals
  - Claim denial
  - Member eligibility
  - Referral status
  - Medical and administrative policies
  - Benefits
  - Claim pricing
  - Coordination of benefits

COMMUNICATIONS, RESOURCES & PROVIDER RELATIONS

Provider Relations

Your Provider Relations representative is an important resource and is available to meet with you regarding provider contracting, staff education and recurring problems.

- Seminars
- Webinars/Conference Calls
- Onsite Training

Clinical Training

- Training materials are developed by a team of licensed behavioral health clinicians, with oversight provided by the clinical leadership team and medical director.
- All trainings are based on a commitment to continuous quality improvement, using culturally competent and recovery-based models throughout all modules.

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PCP Depression Toolkit

PCPs are often the primary contact for all health concerns and that many of our members feel more comfortable working directly with their PCP for all health issues. As such, it is critically important that PCPs able to identify behavioral health concerns, specifically one as prevalent as depression, so we offer a **PCP Depression Toolkit** that provides:

- Basic information regarding depression
- Depression screening tools
- Interventions and treatment options

CLINICAL TRAINING

First Episode Psychosis (FEP)

- Online resource materials and trainings for PCPs to support in the identification of FEP, and how to refer to appropriate FEP services and interventions will be available.

Additional EBP and Clinical Practice Training for PCPs and Health Homes

- Specialized training to PCPs and health homes will be available quarterly or as requested.

CLINICAL TRAINING

We will provide training to all providers around expanded behavioral services prior to benefit implementation. Ongoing educational trainings will be offered in each region at multiple times throughout the year.

CLINICAL TRAINING

In addition to the three topic areas previously mentioned, training topics offered by the clinical provider training team will include, but are not limited, to:

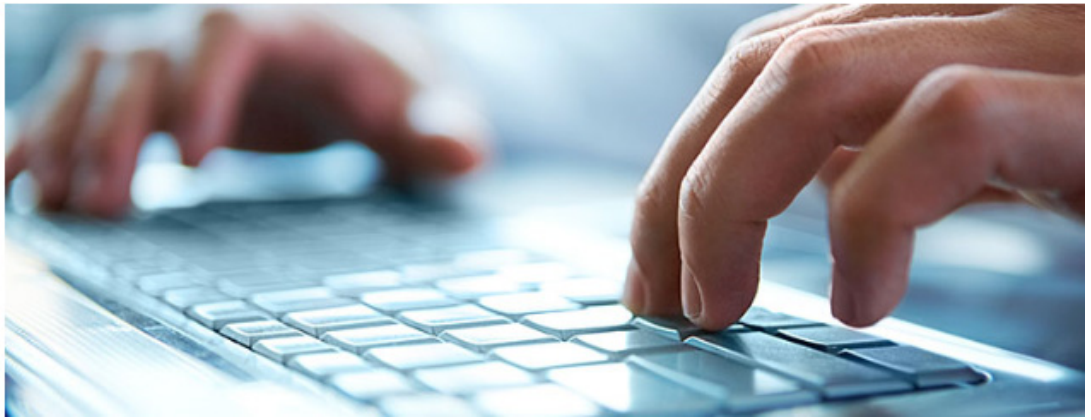
- Integrated Health Care
- Behavioral Health Screening Tools
- Medical Necessity Criteria
- SMART Goals
- Titrating Services
- Diagnostic Manuals:
  - DSM-5
  - ICD-10
- Motivational Interviewing
- Self Care
- Strengths Based Treatment
- Mental Health First Aid
- Behavioral Health 101
- Co-occurring Disorders:
  - BH and Substance Use
  - BH and Developmental Disabilities
- Recovery Principles
- Cultural Competence
- Poverty Competence
- Working with Homeless
- Trauma Informed Care

CLINICAL TRAINING

We will use multiple methods for training, including:

- Face-to-Face
- Virtual/Online
- Self-Training (through access to resource materials)

To view list of training topics and to register for in-person trainings or webinars, visit our website, ExcellusBCBS.com/ProviderStaffTraining. To request a new topic or in-person training, click on *Request Other Training*.



BEHAVIORAL HEALTH PROVIDER RELATIONS

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QUESTIONS?