Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

Behavioral Health with Anthem

2024 IHCP Works Annual Seminar

Anthem

Agenda

- Member Benefits
- Coordination of Care
- Access to Services and Strategy for Missed Appointments
- My Diverse Patients
- Interactive Care Reviewer
- Alerts Hub/Patient360
- Inpatient Psych and Substance Use Disorder
- Opioid Treatment Services
- Substance Use Disorder Residential Treatment
- Autism Services
- Provider Relationship Contacts

Member Benefits

Member Benefits Overview

Self-referral services:

For psychiatric services, managed care members can self-refer to any Indiana Health Coverage Programs (IHCP) enrolled provider licensed to provide psychiatric services within their scope of practice. However, for behavior health (BH) services from any of the listed provider types, self-referrals must be in-network (that is, to providers enrolled within the Anthem network).

- Outpatient mental health clinics
- Community mental health centers (CMHCs)
- Psychologists
- Health service provider in psychology (HSPP)
- Certified social workers
- Certified clinical social workers
- Licensed marriage and family therapist
- Licensed mental health counselor
- Licensed clinical addiction counselor
- Psychiatric nurses
- Independent school psychologists
- Advanced practice nurses (APNs)
- Persons holding a master's degree in social work, marital and family therapy, or mental health counseling (under *405 IAC 5-20-8*)

Member Benefits Overview (cont.)

Covered services:

- Hoosier Healthwise (packages A and C)
- Healthy Indiana Plan (HIP) (including Maternity)
- Hoosier Care Connect
- Indiana PathWays for Aging

- Inpatient services (except inpatient services provided in a state psychiatric hospital or psychiatric residential treatment facility)
- Residential Substance Abuse Treatment
- Opioid treatment program
- Partial hospitalization services
- Outpatient services, including psychological testing
- Applied behavioral therapy
- Smoking cessation services
- Telemedicine
- Intensive outpatient

Enhanced Benefits for Members

Enhanced Benefits

- **Healthy Adults, Healthy Results** – Online on-demand fitness and exercise videos, a home fitness kit, gym membership for six months, and a Weight Watchers voucher.
- **Healthy Meals** – Healthy frozen meals delivered to your doorstep.
- **Asthma & COPD Relief Products** – Choose from a catalog of asthma/COPD relief products.
- **Non-Pharmacologic Pain Management** – Therapeutic devices to help manage pain.
- **Personal Care Essentials** – Members will be able to select health and wellness products from an online selection.
- **High School Equivalency Testing** – Anthem will cover the costs of the high school equivalency test.

Enhanced Benefits (cont.)

- **Vision Rehabilitation Training** – Members with visual impairment can receive community- and home-based services to help them stay safely at home.
- **OB Telehealth Kits** – Kit to help pregnant women obtain accurate vital readings at home to support their virtual meetings with providers.
- **Fresh Fruits & Vegetables** – A box of fresh produce delivered at home for members who are pregnant or nursing up to 6 weeks postpartum.
- **Essentials for expectant parents** – Online learning courses on pregnancy and new baby care, plus items to keep parent and baby comfortable and safe.

Enhanced Benefits (cont.)

- **Essentials for expectant parents** – Online learning courses on pregnancy and new baby care, plus items to keep parent and baby comfortable and safe.
- **Goodwill Employment Support** – Receive personalized support from a dedicated Goodwill Guide for education, employment, and financial literacy resources.
- **Community Resource Link** – On the Community Support page.

- **Note:** Benefits may be different per Medicaid plan. Please consult the member website for plan specific benefits. Members can create an account to track enhanced benefits and healthy rewards on the Member Website.

Coordination of Care

Working Together to Treat the Whole Person

- **Physical health (PH) and behavioral health (BH) go hand in hand**. Comorbid conditions can complicate treatment of and recovery from both PH and BH issues. A member is more likely to stick to a medical treatment plan if their BH needs are properly met and vice versa.
- **Collaboration leads to well-informed decisions**. Providers working together to develop compatible courses of care increases the chances for positive health outcomes and prevents adverse interactions.
- **Sharing relevant case information in a timely manner is an Anthem policy**. It is also a National Committee for Quality Assurance (NCQA) standard for health plans to ensure coordination of care between primary medical providers and BH providers.

Exchanging Health Information

Primary medical providers (PMPs) and BH providers should exchange health information when:

- A member first accesses a physical health or behavioral health service.
- A change in the member's health or care plan requires a change in another provider's care plan.
- A member discontinues care.
- A member is admitted to or discharged from the hospital.
- A member is admitted, and a consultation is warranted.
- A member has a physical exam and/or laboratory or radiological tests.
- Once a quarter, if not otherwise required.

Provider Roles and Responsibilities

- Participate in the care management and coordination process for each Anthem member under your care.

- Notify Anthem within five calendar days of the member's initial visit, and submit information about the treatment plan, diagnosis, medications, and other relevant information on Anthem's *Behavioral Health and Physical Health Treatment Coordination of Care and Data Sharing Form*

- Work with physical health providers to document and share the member's primary and secondary diagnoses, findings from assessments, medication prescribed, psychotherapy prescribed, and any other relevant information

Provider Roles and Responsibilities (cont.)

- Notify Anthem and the member's PMP of any significant changes in the member's status and/or change in the level of care including timely notification of discharge and aftercare plan.

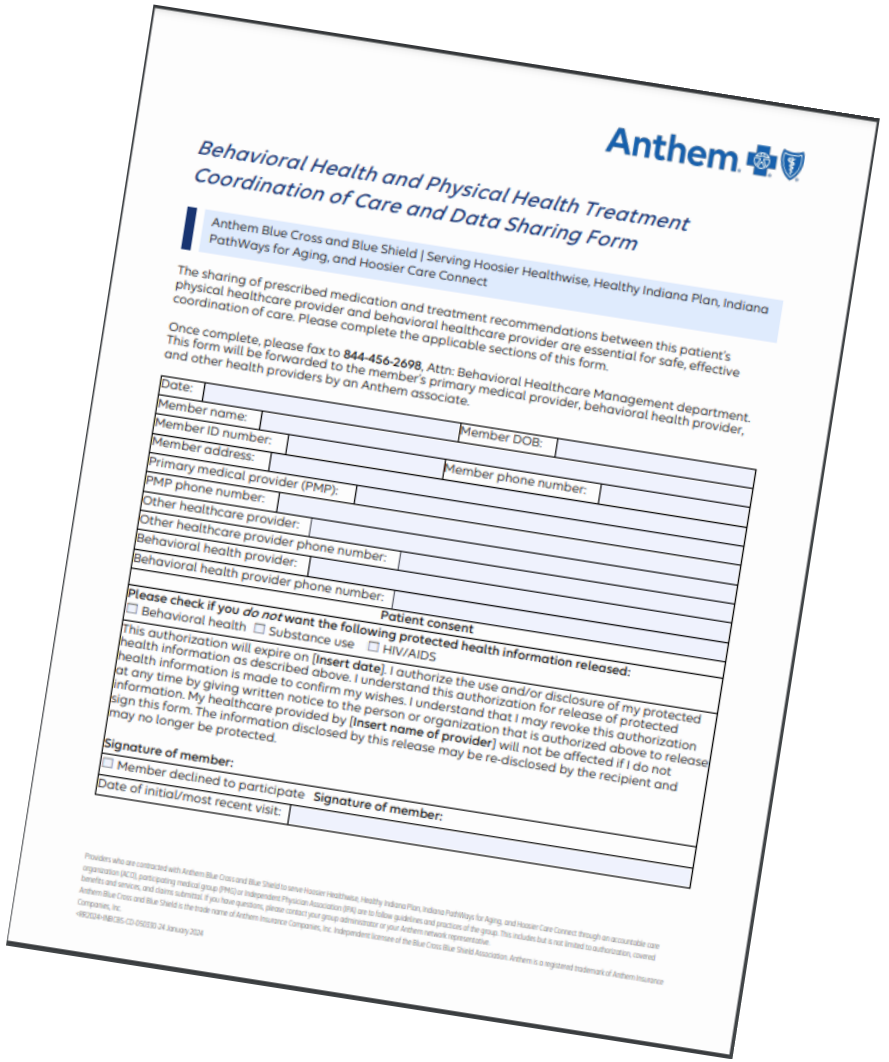
- Ensure that members receiving inpatient behavioral health services are scheduled for a follow-up and/or continuing treatment prior to discharge. Anthem requires providers to schedule this treatment between day one and day seven after discharge.

- **Note:** Anthem care mangers may call to confirm these appointments. It is not a *HIPAA* violation to share this information with Anthem.

Data Sharing Form

Behavioral Health and Physical Health Treatment Coordination of Care and Data Sharing Form

- Fax to Anthem within 5 calendar days of initial assessment and as required (fax number is on the form).
- Not needed for services that require prior authorization.
- Even if the member declines to participate, basic sections are required to be completed.
- *HIPAA* allows for the sharing of information between provider and health plan.



Anthem

Behavioral Health and Physical Health Treatment Coordination of Care and Data Sharing Form

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Indiana PathWays for Aging, and Hoosier Care Connect

The sharing of prescribed medication and treatment recommendations between this patient's physical healthcare provider and behavioral healthcare provider are essential for safe, effective coordination of care. Please complete the applicable sections of this form.

Once complete, please fax to **844-456-2698**, Attn: Behavioral Healthcare Management department. This form will be forwarded to the member's primary medical provider, behavioral health provider, and other health providers by an Anthem associate.

Date:
Member name: Member DOB:
Member ID number: Member phone number:
Member address:
Primary medical provider (PMP):
PMP phone number:
Other healthcare provider:
Other healthcare provider phone number:
Behavioral health provider:
Behavioral health provider phone number:

Patient consent

Please check if you *do not* want the following protected health information released:
☐ Behavioral health ☐ Substance use ☐ HIV/AIDS

This authorization will expire on [**Insert date**]. I authorize the use and/or disclosure of my protected health information as described above. I understand this authorization for release of protected health information is made to confirm my wishes. I understand that I may revoke this authorization at any time by giving written notice to the person or organization that is authorized above to release information. My healthcare provided by [**Insert name of provider**] will not be affected if I do not sign this form. The information disclosed by this release may be re-disclosed by the recipient and may no longer be protected.

Signature of member:

☐ Member declined to participate **Signature of member:**

Date of initial/most recent visit:

Access to Care and Strategy for Missed Appointments

Access to Behavioral Health

- BH providers must have a system in place to ensure members are able to call after-hours with questions or concerns.
- Anthem monitors BH provider compliance with after-hours access on a regular basis.
- Access to care is outlined in the provider contract and the Medicaid Provider Manual.

Access to Behavioral Health (cont.)

- Providers must follow the below protocols for response to appointment requests including after-hours inquiries made by members:

Nature of Visit	Appointment Standard
Emergency examinations	Immediate access during office hours
Behavioral health emergent, non-life threatening and crisis stabilization	Within six hours of request
Urgent: behavioral health	Within 48 hours of the referral/request
Non-urgent routine exams	Within 21 calendar days of the member request
Specialty care examinations	Within three weeks of the request
Outpatient behavioral health examinations	Within 10 calendar days of the request
Routine behavioral health visits/initial visit for routine care	Within 10 business days
Outpatient treatment	Within seven calendar days of discharge
Post-psychiatric inpatient care	Within seven calendar days of discharge

Strategies for Missed Member Appointments

No-Show Guidelines:

- A no-show is someone who misses an appointment without canceling at least 24 hours before the scheduled appointment time or someone who arrives 15 minutes or more after the scheduled appointment time.
- Be sure the member understands the office's appointment cancellation and no-show policy.
- After three consecutive no-shows during a 12-month period refer to Anthem care management via the *Care Management Referral Form*.
- A case manager will contact the member and/or provider to determine the level of care needed.
- The case manager will communicate with the provider on action taken with the member, additional care plans, and the member's progress.

Reminder: Per the Provider Enrollment Reference Module providers may not charge IHCP members for missed appointments.

Provider Training in MyDiversePatients.com

MyDiversePatients.com

Patient profiles are increasingly diverse; needs are becoming more complex. It is important for providers to have the knowledge, resources, and tools to offer culturally competent and linguistically appropriate care to their patients. Anthem wants to help as we all work together to achieve equity across all health outcomes:

- We offer an eLearning platform called MyDiversePatients.com.
- When a care provider (doctor, nurse, health professional, or office staff) starts an online continuing medical education (CME) course, they now have the option to register a National Provider Identifier (NPI).

Goals of MyDiversePatients.com

- Offer a comprehensive repository of resources for care providers to help support the needs of diverse patients and address disparities.

- Provide cultural competency for relevant resources from external sources (such as medical journals and medical/quality organizations).

Features of MyDiversePatients.com

- **Flexibility**: Self-paced learning gives the learner the freedom to decide when and where to take the trainings.

- **Multi-device accessibility**: The course site is fully responsive and designed to work with multiple devices, including smartphone, tablet, and desktop.

- **Progress tracking**: The NPI registration allows the platform to monitor and track learning progress and achievements, helping health professionals meet their CME requirements efficiently.

Features of MyDiversePatients.com (cont.)

- **Credit management**: Upon completion of a CME course and review of the recommended materials, the user has the opportunity to fill in a certificate of completion with the information they wish to appear on the document itself.

- **FindCare provider search tool**: If the learner chooses to register their NPI when they take a CME course, their progress is tracked to completion. The NPI number allows for a cultural competency indicator to appear beside the provider's name in directories (FindCare). This is designed to support referring practitioners and members by being able to identify providers who have received certificates in cultural competency.

Benefits of MyDiversePatients.com

- Availability of multiple free CME resources — including CME courses offered through the American Academy of Family Physicians.
- Real life stories about diverse patients and the unique challenges they face.
- Tips for working with diverse patients to promote improvement in health outcomes.
- New courses with CME credits and nursing continuing education units will be added throughout 2024.

Interactive Care Reviewer

Interactive Care Reviewer

- Interactive care reviewer (ICR) is a secure, online provider utilization management tool.
- Access the ICR tool via Availity.
- Organizations not registered to use Availity can register at Availity.com by selecting **Get Started** in the upper right corner.
- Availity administrator grants access:
  - Authorization and referral request for submission capability.
  - Authorization and referral inquiry for inquiry capability.
- Each user needs their own unique user ID and password.
- Find the tool under *Patient Registration and Authorizations & Referrals* on the Availity website.

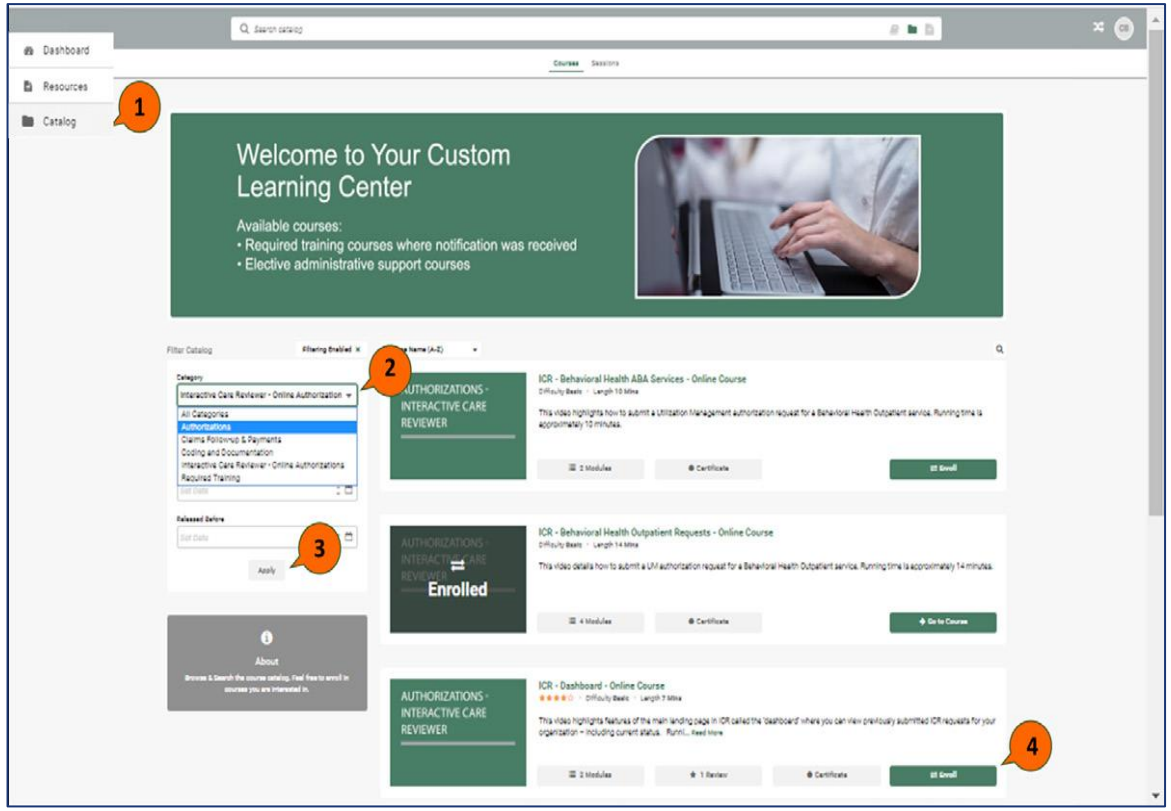
Interactive Care Reviewer Benefits

- **Free** — There are no additional cost to use.
- **Easy to use** — You can submit requests online.
- **Access from almost anywhere** — You can submit requests from any computer with internet access (Microsoft Edge, Chrome, Firefox, or Safari are suggested for optimal viewing).
- **Automated routing to ICR from the Availity Inquiry capability** — You can find information on any request affiliated with you tax ID, even if previously submitted via phone or fax.
- **Determine if preauthorization is needed** — For most requests, you will receive a message indicating whether a review is required.
- **Reduces the need to fax** — ICR allows both text detail and photo/image attachments to be submitted along with the request.
- **Receive viewable decision letter** — You can view, save, or print decision letters.
- **Save favorites** — You can save 25 requesting providers, 25 servicing providers, 25 facility providers.
- **Comprehensive view of all precertification requests** — You have a complete view of all requests.

Interactive Care Reviewer Resources Located on the Custom Learning Center

Follow these steps to access ICR courses and resources:

1. From the Availity home page > Payer Spaces > Anthem Blue Cross and Blue Shield > Applications > Access Your Custom Learning Center, select **Catalog** from the menu.
2. Use the catalog filter and select **Interactive Care Reviewer - Online Authorizations** or **Authorizations**.
3. Select **Apply:**
   - There are two pages of online courses consisting of on-demand videos and reference documents.
4. Select **Enroll** and choose **Start** to take the course immediately or to save for later.



Alerts Hub/Patient360

Alerts Hub Overview

- Alerts Hub, available on Availity.com, is a customizable, secure, member-specific data source for clinicians:
  - Supports compliance with federal interoperability and patient access regulation (*CMS-9115-F*) and the State of Indiana Medicaid mandate to share information between PMPs and behavioral health practitioners.
  - Provides secure notification of clinical events, such as admissions, discharge, transfers, Nurseline calls and behavioral health visits, and medications.
- Providers are required to set up their preference to receive the alerts in Availity.

Alerts Hub: Email Notification Example

SIT Alerts Hub Clinical Event Notification (secure)

D do-not-reply
To

This is a notification to inform you of your patients' clinical events within the last 24 hours; there were 10. We've called out the priority admissions and discharges for your immediate action.

Admission, Discharge and Transfer (ADT): 5 patient(s). Please schedule patient(s) follow-up as requested for each event.

- **Hospital Discharges** – 3 patient(s) discharged. A clinical visit is needed in no less than 30 days.
  - **Against Medical Advice Discharges** – 1 patient(s) discharged AMA. Follow-up with a phone call within 2 business days of the discharge date and a clinical visit preferably within 7 days but no more than 30 days of the discharge date.
  - **Medicare Transitions of Care (TRC) discharges** – 1 patient(s) discharged from an inpatient setting. Follow-up Follow up with a clinical phone call, in-person, or telehealth visit preferably within 7 days but no more than 30 days of the discharge date.
  - **Medicare ER 7- day Follow Up (FMC) discharges** – 1 patient(s) discharge from the ER with multiple chronic conditions. Follow-up with a clinical phone call, or in-person or telehealth visit within 7 days of the discharge date.

- **Medicare TRC Admissions** – 1 patient(s) admitted to inpatient. Download the notification of admission within 3 days of the admission and file in the patient record to close Medicare Stars care gap. Link to member admission details for downloading.

Nurseline: 1 patient(s) had an Anthem Nurseline recommendation.

Behavioral Health Visits and Medications: 2 patient(s) had a behavioral health office visit or was dispensed a medication in the last 90 days.

ICP/HRA: 2 patient(s) had an Individual Care Plan or Health Risk Assessment Initial Plan or Update.

Please log on to https://www.availity.com, select Payer Spaces, Payer, Alerts Hub, and you will be able to view the patient data.

Patient360

- Patient360 is an interactive dashboard that gives instant access to detailed member information including demographic information, care summaries, claims details, authorization details, pharmacy information, and care management related activities.
- Medical providers have the option to include feedback for each gap in care listed on the patient's active alerts posted on the application's Member Summary.
- To access Patient360, you must have the following role assignment: clinical role > Patient360.
- To access Patient360 through Availity: Availity Portal > Payer Spaces > Applications Tab **or** Eligibility and Benefits.

Inpatient Psych and Substance Use Disorder

Inpatient Reminders

- Providers must submit inpatient claims using the revenue code that has been authorized for the admission.
- Billing diagnoses must be appropriate for the submitted revenue code.
- Present-on-Admission Indicators – hospitals are required to report whether the principal diagnosis and each secondary diagnosis was present on admission (POA). Exempt diagnosis codes should not contain an indictor:
  - Exempt codes can be found at CMS POA Indicator
- In cases of retro-eligibility or change in primary coverage - providers can follow the retro-eligibility process to receive retro review/authorization:
  - Retroactive Eligibility Bulletin

Opioid Treatment Services

Opioid Treatment Program

For billing guidance and program details on opioid treatment services, refer to bulletin *BT202357*.

A qualified provider must:

- Be enrolled with IHCP with an addiction services provider type 11 and a specialty 835 Opioid Treatment Program (OTP).
- Maintain a Drug Enforcement Administration (DEA) license.
- Maintain certification from the state's Division of Mental Health and Addiction (DMHA).
- Enroll with Anthem through the Availity Digital Provider Enrollment tool:
  - Current participating providers with Anthem will need to complete enrollment tool to add OTP service.

Substance Use Disorder (SUD) Residential Treatment

SUD Residential Treatment

Services require prior authorization, which can be obtained through the Interactive Care Reviewer accessed from Availity and must include the State's SUD Forms.

A qualified provider must:

- Have designation by the DMHA as offering American Society of Addiction Medicine (ASAM) Patient Placement Criteria level 3.5 and/or 3.1.
- Enroll with IHCP with provider type 11 and specialty 836 Substance Use Disorder (SUD) Residential Addiction Treatment Facility.
- Engage with an Anthem contract manager to decide if a contract amendment or enrollment application is required.

Billing reminders:

- 55 is the only acceptable place of service.
- Services must be billed under the facility NPI – not a rendering provider NPI.

Anthem follows IHCP Coverage for Substance Use Treatment

- *IHCP clarifies coverage for substance use treatment (BT202104)*

- Providers designated as ASAM patient placement criteria levels 3.1 (clinically managed low-intensity residential services) and 3.5 (clinically managed high-intensity residential services) are required to have protocols for the continuation of medication-assisted treatment (MAT):
  - Provide access to buprenorphine or naltrexone.
  - Connect members to methadone in an OTP setting.
  - Arrange for and monitor pharmacotherapy for psychiatric medications.

Anthem follows IHCP Coverage for Substance Use Treatment (cont.)

Reimbursement:

- Providers enrolled with provider specialty 836 can only receive reimbursement for services included in the SUD per diem reimbursement bundle.
- The following services associated with MAT provided to a patient within a residential addiction treatment facility are reimbursable outside the daily rate when provided by individuals practicing within their scope and under a separate provider enrollment:
  - Evaluation to assess for medications associated with treatment of substance use disorder (including alcohol, sedative hypnotic, nicotine, or opioid use disorder).
  - Prescribing medication for treatment of substance use disorder when clinically indicated.
  - Daily, weekly, or monthly follow-up assessment with patient associated with prescribing medication for treatment of a substance use disorder.
  - Laboratory or other medical monitoring necessary for medication associated with treatment of substance use disorder.
  - Prescribing additional medications as medically needed by patient.

Medication Assisted Treatment

Methadone treatment reimbursement:

- To be reimbursed for methadone treatment, a facility must be enrolled with provider specialty 835.

Buprenorphine or naltrexone reimbursement:

- Providers enrolled as either provider specialty 835 or provider specialty 836 cannot be reimbursed for buprenorphine or naltrexone MAT.
- To be reimbursed for these services, qualified prescribers must be enrolled and bill under another IHCP provider type and specialty appropriate for delivering these services:
  - *IHCP Provider Enrollment Type and Specialty Matrix*

Autism Services

Case Management

Autism Spectrum Disorder Case Management:

- Anthem offers case management for members diagnosed with Autism Spectrum Disorder (ASD):
  - Includes all plans (Hoosier Healthwise, Hoosier Care Connect, Healthy Indiana Plan, and Indiana PathWays for Aging).
  - Anyone can refer a member by calling **866-902-1690, option 2**.
- Anthem case managers work with families to develop treatment plans through all phases of the diagnosis including:
  - Educating the member and family.
  - Coordinating care between multiple providers and pharmacies.
  - Finding community resources and support.
  - Recommending mental health and wellness services.

Applied Behavioral Analysis (ABA)

ABA therapy is covered for the treatment of ASD. Services require PA, subject to the criteria outlined *Indiana Administrative Code 405 IAC 5-3*.

Provider Requirements:

Initial Diagnosis and Comprehensive Diagnostic Evaluation:

- Licensed physician
- Licensed pediatrician
- Licensed HSPP
- Licensed psychiatrist
- Other BH specialist with training and experience in the diagnosis and treatment of ASD

ABA Therapy Services:

- HSPP
- Licensed or board-certified behavior analyst, including bachelor-level (BCaBA), master-level (BCBA) and doctoral-level (BCBA-D) behavior analysts
- Credentialed registered behavior technicians (RBT)

Applied Behavioral Analysis (ABA) (cont.)

- IHCP enrolls BCBA-D and BCBA under provider type 11 and provider specialty 615:
  - For reimbursement of ABA therapy services, providers already enrolled as a licensed HSPP must add the ABA specialty (615).
  - See the Provider Enrollment Module for more information.
  - BCaBAs and RBTs must bill under the NPI of the supervising practitioner.

Applied Behavioral Analysis (ABA) (cont.)

- Beginning January 1, 2024, IHCP requires U modifiers on ABA claims. See *BT2023169* for more information.
- National Correct Coding Initiative (NCCI), procedure-to-procedure (PTP) edits, and medically unlikely edits (MUEs) apply.
- Additional billing guidance for ABA therapy services can be found in the Behavioral Health Services Module.

BH Provider Relationship Contacts

Acute hospitals
Tish Jones Latisha.Willoughby@anthem.com **317-617-9481**
Community mental health centers/federally qualified health centers/rural health clinics
Matthew McGarry Matthew.Mcgarry@anthem.com **463-202-3579**
SUD/OTP
Alisa Phillips Alisa.Phillips@anthem.com **317-517-1008**
SUD/OTP
Michele Weaver Michele.Weaver@anthem.com **317-601-3031**

Questions?

Thank you for your participation in serving our members enrolled in Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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