

Anthem Hoosier Healthwise / Healthy Indiana Plan

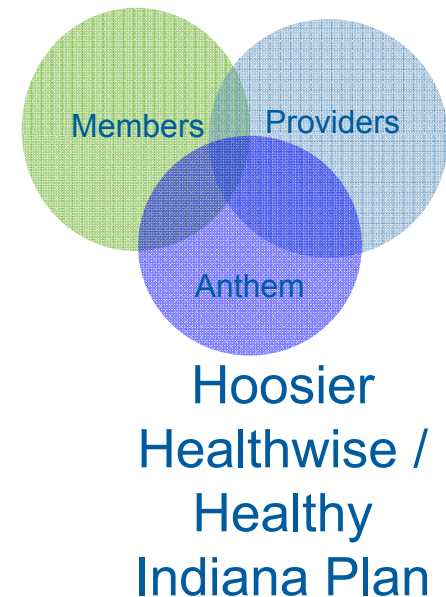
Behavioral Health Provider Training



HEALTH | DENTAL | VISION | LIFE | DISABILITY

An Innovative Solution for Hoosier Healthwise and Healthy Indiana Plan Members

- **Connecting everyone involved to help Indiana members improve health outcomes**
 - Strive to develop strong collaborative relationships with our provider/partners
 - Care Management / Disease Management programs to promote better health
 - Develop best practices



Program Objectives

Our Objectives

Making a difference in the lives of our Indiana enrollees

- Create health care efficiencies for Hoosier Healthwise and Healthy Indiana Plan members
- Implement a fully integrated quality-based managed care program
- Provide timely access to high quality healthcare in both traditional and non-traditional settings
- Significantly improve quality of care and specific health care outcomes
- Obtain innovative, results-oriented quality outcomes
- Provide care that promotes health and wellness

Our Goals

- Make fundamental differences in member health outcomes
- Integrate provider partnerships
- Enhance care coordination
- Provide service excellence

Integration of Care for Member's Better Health

Strive to develop strong collaborative relationships with our providers / partners

- Providers are one of the most powerful forces in influencing our member's care and health
- Our providers are team members, not vendors

Develop best practices

- Provide comprehensive care for members
- Preventive
- Acute
- Chronic

Case Management programs to promote better health

- Proactive Intervention
- Medical Management
- Increase health literacy
- Overcome social and other barriers

Disease Management Programs

- Co-Existing Depression and Anxiety Program (CODA)
- Maternity Depression Program (MDP)
- Bipolar Disease Management
- Attention Deficit Hyperactivity Disorder (ADHD) Program
- Autism Program

Why Integration?

- Integration is a vital part of Hoosier Healthwise and the Healthy Indiana Program
- Integration and Coordination of Care:
 - Insures member health needs are addressed throughout all levels and types of care;
 - Allows for the expeditious referral of members into one or more of the multiple disease management / condition care programs designed specifically for their needs;
 - Prevents both under and over utilization of services;
 - Mitigates multiple services / medications which are contraindicated;
 - Assures the holistic treatment of each member

Benefits Covered by Hoosier Healthwise and Healthy Indiana Plan

- Acute Inpatient / Outpatient Hospital Services
- Emergency Services
- Physician Services
- Preventative Services
- Ancillary Services
- FQHC / Rural Health Clinic Services
- Emergency Transportation Services
- Family Planning Services
- Comprehensive Disease Management Services
- Early Intervention Services (Early Periodic Screening, Diagnosis and Treatment) *
- Vision *
- Chiropractic Services *
- Non Emergency Transportation *
- Pre-natal Care *

Services with an asterisk are Healthwise Benefits Only

Benefits Covered or Excluded by The State

Benefits Covered by the State

- Pharmacy Services
- Medicaid Rehabilitation Option Services (HHW Only)
- Dental Services (HHW Only)
- Psychiatric Residential Treatment Facility Services (HHW Only)
- Psychiatric Treatment in a State facility (HHW)

Excluded Services

- Long-term Institutional Care
- Home and community-based waiver services

Hoosier Healthwise and Healthy Indiana Plan Self-Referral Services

- **Chiropractic Services**
- **Eye Care Services**
- **Podiatric Services**
- **Psychiatric Services**
- **Behavioral Health Services**
- **Family Planning Services**

Self-Referral Services may require prior-authorization

Key Contacts for Behavioral Health

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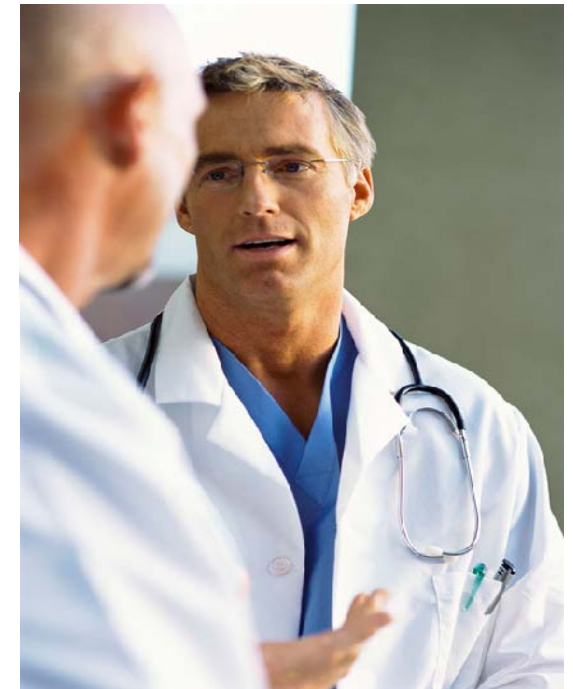
317-287-2855

Prior Authorizations:

Hoosier Healthwise: 866-408-7187

Healthy Indiana Plan: 866-398-1922

Facsimile (Data Sharing Form / OTR): 877-276-5036



Behavioral Health Programs and Philosophy

Tiered Case Management Program

- **Tier I** - Call Center and Outreach calls to members
- **Tier II** - Increased level of interaction with the member to assist with referral to provider or level of care and problem-solving with the member for any obstacles to receiving care, treatment, or ambulatory care follow-up services
- **Tier III** - Intensive Case Management offers interventions on an ongoing or episodic basis for members with 21 days of hospitalization within 90 days, three or more hospital admissions within 60 days, complex situations due to high risk, co-morbid medical and behavioral conditions placing the member in need of intensive support and treatment, and inpatient admissions for behavioral health or substance abuse

Behavioral Health Programs and Philosophy

- **Disease Management Programs**
 - Co-Existing Depression and Anxiety Program (CODA)
 - Maternity Depression Program (MDP)
 - Bipolar Disease Management
 - Attention Deficit Hyperactivity Disorder (ADHD) Program
 - Autism Program
- **Follow up after Hospitalization**
- **Partnering with Providers and Community**



Behavioral Health and Medical Integration

- **Provide a continuum of care management from initial contact to coordination of care and interventions**
- **Care Managers within the Utilization Management department support Behavioral Health Services**
 - Both teams are co-located to allow for prompt and thorough coordination of care
 - They share the same medical information system
 - Medical case managers refer members to behavioral health for coordination of care within our tiered Case Management Program
 - An innovative and integrated approach with medical exists for those members with both behavioral health and medical problems as well as members with substance abuse difficulties



Behavioral Health and Medical Integration

- **A specialized program for assisting members with alcohol and other drug difficulties exists with behavioral health/medical triage, outreach to members, and coordination of care**
- **Behavioral Health case managers work closely with PMPs, specialists, behavioral health providers, members, and community resources to:**
 - Provide additional education and training for both behavioral health and primary care clinicians to enhance their knowledge and skills needed to provide integrated services
 - Provide the PMP with a Quarterly Behavioral Health Profile which includes key information regarding the services his / her member is receiving such as:
 - Member Behavioral Health Utilization: Dates of each visit and name of treating provider;
 - Primary Behavioral Health Diagnosis for which the member is being treated
 - Detailed information regarding prescribed medications (Medication prescribed, date /dose / quantity dispensed, and name of prescribing physician
 - Communicate directly with the PMP when any significant events occur in a member's treatment, i.e. hospitalization, emergency services, etc. for integrated care plan development
 - Provide the PMP with the behavioral health notification form which includes significant findings from the initial assessment, medications prescribed, primary diagnosis, and other relevant information
 - Assist the member in securing necessary community support
 - Educate members and their family on services available within their community
 - Encourage member and primary medical provider (PMP) interaction

Disease Management: Co-Existing Depression & Anxiety

- **Provides a pathway for members enrolled in medical disease management or medical case management an avenue for early identification of co morbid depression**
- **Provides in depth Depression and Anxiety Screening for members with chronic medical conditions**
- **Offers education and resources for the appropriate behavioral health services**
- **Ensures treatment compliance and coordination of care between diverse treatment team**

Disease Management: Maternity Depression Program

- **The Maternity Depression Program's goal is to provide depression screenings, education and support to members during pregnancy and following delivery**
- **We work with the medical providers to assist members who are experiencing difficulties with chronic mental health and/or substance abuse disorders**
- **The program works to identify, triage, and enroll women in two distinct but coordinated behavioral health programs**
 - Tiered Behavioral Health Case Management
 - Maternity Depression Programs
- **All pregnant members will be screened for perinatal and postpartum depression**
 - Both perinatal and post-partum screening for depression will include the use of Patient Health Questionnaire 2 (PHQ-2) and/or Maternal Mental Health Survey to assess the severity and level of depression
- **Coordination of Care is a key piece of this comprehensive program**

Disease Management: Bipolar Disorders Program

- **Provides timely, proactive, and collaborative coordination of benefits and services for members enrolled in the program with Bipolar Disorders**
- **Utilizes daily reports from Pharmacy to identify new starts and late refills of prescribed medications**
- **Offers direct outreach to both the member and their physician to provide support and education to members and critical treatment compliance information to their physicians**
- **Offers both member and provider interventions to support the appropriate diagnosis, treatment and referral of members with Bipolar illness**
- **Focuses on improving quality by encouraging medication compliance**

Disease Management: Attention Deficit Hyperactivity Disorder (ADHD) Program

- Provides a Medication Review Card to the parents of children under the age of 18 who are newly started on medications used to treat ADHD which includes:
 - Recommended Follow Ups
 - Signs / Indicators to report to the prescribing physician
 - Educational information regarding side effects and when to contact the prescribing physician
- Offers resources for obtaining additional information on ADHD
- Offers personalized contact to discuss the Medication Review Card
- Outreach is conducted with parents/guardians of members age 6-12 years old newly started on ADHD medications
 - The purpose of the call is to encourage follow up with prescribing provider to monitor effectiveness of the medication

Disease Management: Autism Program

- This program will offer internal and community support, information, and resources for the families of children with Autism or related pervasive developmental disorders
- A letter and brochure will be sent to the physicians of identified children, six and under, to explain the range of services available through our vendor, About Special Kids (ASK)
- The physician will distribute the information when appropriate to the family of identified children
- Through ASK, parents will have access to
 - A Parent Liaison to assist them by offering personalized support and identifying resources available in their community
 - Specialized consultation on complex cases
 - Webinars

Behavioral Health Case Management Program

- **Members may have behavioral health needs beyond the scope of the Disease Management Programs and are eligible for the Behavioral Health Case Management Program**
- **The behavioral health care manager will work closely with the “Clinical Team” which includes the Medical Management Team, Primary Medical Provider, and Behavioral Health Service Provider**
- **Based on the Tiered Case Management Format**
- **The “Clinical Team” will conduct clinical staffing as needed to develop treatment/care plans, develop community resources, and engage the member in treatment**
- **Members can and will move to the various tier levels based on need**

Behavioral Health Prior Authorization

Prior authorization is required for all facility based services, which include:

- Inpatient
- Partial Hospital Programs (PHP)
- Intensive Outpatient Programs (IOP) –HIP benefit only

Prior authorization is not required for the first twelve (12) outpatient treatment sessions; HOWEVER, notification must occur in order for authorizations to be entered into the system for claim payment purposes

(HIP outpatient services do not require authorization or notification if the provider is contracted for HIP with Anthem)

Provider must; however, notify Anthem via the “Notification Form” within 5 business days of the initial visit and provide the following information:

- Significant findings from the initial assessment
- Primary and secondary diagnoses
- Medication(s) prescribed to the member
- Psychotherapy prescribed
- Any other relevant information

Prior authorization for Emergency Services is not required; however, please notify Anthem within 24 hours of service

Behavioral Health Continuity of Care: Anthem and Provider Responsibilities

Anthem Responsibilities

- Ensure uninterrupted ongoing behavioral health care for those who transition to another MCO or provider and new members to HHW / HIP
- Utilize HRA information pertaining to behavioral health needs of the member to proactively facilitate appropriate treatment services
- Coordination with other MCO's
- Quarterly Reports to the PMP
- Disease Management for those members with:
 - Co-Existing Depression and Anxiety Program (CODA)
 - Maternity Depression Program (MDP)
 - Bi-Polar Disease Management Program
 - Attention Deficit Hyperactivity Disorder (ADHD) Program
 - Autism Program
- Integration of Physical Health and Behavioral Health Services

Behavioral Health Continuity of Care: Anthem and Provider Responsibilities

Transition of Care

- **Inpatient**
 - Anthem will collaborate with the new MCO and treating IP facility to ensure appropriate discharge planning occurs
- **Outpatient**
 - Honor the previous MCO's authorization for 30 days
 - Facilitate a smooth transfer to an Anthem network provider if the current provider is not contracted
 - Enter into a single case agreement with the treating provider if clinically or geographically necessary
 - Communicate and coordinate with providers (medical and behavioral health) regarding the member's ongoing care
- ❖ **Anthem will not release information related to substance abuse services without written consent from the member**
- **MRO, transfers from other IHCP programs, and disenrollment**

Provider Responsibilities

- **Communicate and Coordinate Care with the member's PMP or other treating provider**
- **Encourage members to consent to the sharing of substance abuse treatment information**
- **Deliver services in a cultural sensitive manner**
- **Make appointments available to members consistent with their needs (emergent, urgent, routine care)**
- **Make a follow-up appointment available to all members within seven days of discharge from an Inpatient facility**
- **Seek authorization for all covered services**
- **Not Balance Bill the member for covered services**

Member Rights / Responsibilities

- **The right to be treated with respect and with due consideration for his or her dignity and privacy**
- **The right to receive information on available treatment options and alternatives, presented in a manner appropriate to his or her condition and ability to understand**
- **The right to participate in decisions regarding his or her health care, including the right to refuse treatment**
- **The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion**
- **The right to request and receive a copy of his or her medical records, and request that they be amended or corrected**

Behavioral Health Benefits: Hoosier Healthwise

Service	Reimbursed by Anthem	Package A Standard Plan	Package B/Package P Pregnancy Coverage Only	Package C Children's Health Plan
Mental health/Behavioral health services- Inpatient** (State Psychiatric Hospital)	NO	Covered for individuals under age 21 if in a certified wing.	Inpatient services available for Package B only. Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covered for individuals under age 21 if in a certified wing.
Mental health/Behavioral health services- Inpatient** (Free-standing Psychiatric Hospital, 16 beds or less)	YES	Covered.	Inpatient services available for Package B only. Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covered
Mental health/Behavioral health services- Inpatient** (Free-standing Psychiatric Hospital, more than 16 beds such as institution for mental diseases)	YES	Covered for members under 21 years of age, or under 22 and begun inpatient psychiatric services immediately before his/her 21st birthday.	Inpatient services available for Package B only. Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covered for members under 21 years of age, or under 22 and begun inpatient psychiatric services immediately before his/her 21st birthday.

Behavioral Health Benefits: Hoosier Healthwise

Service	Reimbursed by Anthem	Package A Standard Plan	Package B/Package P Pregnancy Coverage Only	Package C Children's Health Plan
Mental health/ Behavioral Health Services -Outpatient	YES, except MRO services	Coverage includes partial hospitalization services, Clinic Option services, mental health services provided by physicians, psychiatric wings of acute care hospitals, outpatient mental health facilities and psychologists endorsed as Health Services Providers in Psychology. Limited to one evaluation and five psychotherapy visits per rolling 12 months without prior authorization. MCOs are responsible for Methadone treatment provided in a clinic setting.	Coverage is limited to services related to pregnancy, as well as conditions that may complicate the pregnancy or urgent care services. Limited to one evaluation and five psychotherapy visits per rolling 12 months without prior authorization. MCOs are responsible for Methadone treatment provided in a clinic setting.	Coverage includes partial hospitalization services, Clinic Option services, mental health services provided by physicians, psychiatric wings of acute care hospitals, outpatient mental health facilities and psychologists endorsed as Health Services Providers in Psychology. Limited to one evaluation and five psychotherapy visits per rolling 12 months without prior authorization. MCOs are responsible for Methadone treatment provided in a clinic setting.
Medicaid Rehabilitation Option (MRO) -Community Mental Health Centers	NO	Coverage includes outpatient mental health services, partial hospitalization (group activity program) and case management.	Coverage is limited to services related to pregnancy, as well as conditions that may complicate the pregnancy or urgent care services.	Coverage includes outpatient mental health services, partial hospitalization (group activity program) and case management.

Behavioral Health Benefits: Hoosier Healthwise

Service	Reimbursed by Anthem	Package A Standard Plan	Package B/Package P Pregnancy Coverage Only	Package C Children's Health Plan
Psychiatric Residential Treatment Facility (PRTF)	NO (Member will be disenrolled from Hoosier Healthwise)	Reimbursement is available for medically necessary services provided to children younger than 21 years old in a PRTF. Reimbursement is also available for children younger than 22 years old who began receiving PRTF services immediately before their 21st birthday. All services require prior authorization.	PRTF services available for Package B only. Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Reimbursement is available for medically necessary services provided to children younger than 21 years old in a PRTF. Reimbursement is also available for children younger than 22 years old who began receiving PRTF services immediately before their 21st birthday. All services require prior authorization.
Transportation - Emergency	YES	Coverage has no limit or prior approval for emergency ambulance or trips to/from hospital for inpatient admission/discharge, subject to the prudent layperson standard.	Coverage is limited to services related to pregnancy, as well as conditions that may complicate the pregnancy or urgent care services.	Covers emergency ambulance transportation using the prudent layperson standard. \$10 co-payment applies.
Transportation - Non-emergent	YES	Non-emergency travel is available for up to 20 one-way trips of less than 50 miles per year without prior authorization.	Coverage is limited to services related to pregnancy, as well as conditions that may complicate the pregnancy or urgent care services.	Ambulance services for non-emergencies between medical facilities are covered when requested by a participating physician; \$10 co-payment applies. Any other non-emergent transportation is not covered.

Behavioral Health Benefits: Healthy Indiana Plan

Service Category	Benefit	Reimbursed by Anthem	Limitations/Co-pay	Subject to POWER Account Deductible?
Inpatient Facility	Mental Health/Substance Abuse	YES	Covered the same as physical illness	YES
Professional Services	Outpatient Mental Health/Substance Abuse	YES	Covered the same as physical illness.	YES
	Smoking Cessation Services	YES, with the exception of pharmacy services	Reimbursement is available for, at minimum, eight counseling sessions per rolling 12 months, and 24 weeks of pharmacotherapy treatment per rolling 12 months.	NO
	Ambulance	YES		YES

Clinical Practice Guidelines/ On-line Training Materials / Medical Necessity Criteria

Provider Resources Available On-Line at

www.anthem.com

- **Cultural Competency**
- **Co-Existing Disorders**
- **Anthem's Medical Necessity Guidelines**
- **Behavioral Health Clinical Guidelines**
 - Identification and Treatment of Adult Depressive Disorder
 - Identification and Treatment of Antenatal Depression and Postpartum Depression and Postpartum Psychosis
 - Identification and Treatment of Substance Use Disorders
 - Preferred Practice Guidelines for the Evaluation and Treatment of Children with Attention Deficit/Hyperactivity Disorder
 - Preferred Practice Guidelines for the Treatment of Bipolar Disorder

Grievances and Appeals

Hoosier Healthwise and Healthy Indiana Plan

Grievances and Appeals should be mailed to the address below:

Anthem Blue Cross and Blue Shield
ATTN: Grievances and Appeals Department
Anthem Blue Cross and Blue Shield
P.O. Box 6144
Indianapolis, IN 46206-6144

You may also submit your grievances and appeals via facsimile at 417-888-9005 utilizing the provider form located at www.anthem.com

Grievances and Appeals

Timeframes for filing for your grievance and appeals are:

- Grievances: 60 calendar days from the receipt date of Anthem's correspondence
- Appeals: 30 calendar days from the receipt date of Anthem's correspondence

Contact Numbers for inquiries:

866-408-7187

Facsimile: 866-387-2968

Claim Filing Guidelines

Timely Filing:

- Anthem Participating Providers: 90 Days
- Anthem Non-Participating Providers: 365 Days

Billing Guidelines:

Facility, Group, Individuals, Nurse Practitioners
IHCP supervisor / Modifiers

- It is important that you bill with the NPI number registered with the State of Indiana or your claim will not be paid
- For information about registering your NPI with the State of Indiana please see their website at:
www.indianamedicaid.com/ihcp/ProviderServices/npi.asp
- NPI / Taxonomy: Your NPI and Taxonomy number are required on all claims

Claim Filing Guidelines

CLAIM ADDRESS:

Anthem Blue Cross and Blue Shield
P.O. Box 105187
Atlanta, GA 30348-5187

Providers may file claims via paper or electronically

To file electronically contact Anthem at 800-470-9630 or anthem.edi@anthem.com to:

- Learn how to get connected
- List of approved clearinghouses
- Submit Directly if system compatible
- Technical Assistance

COB claims must include third party remittance advice and the third party letter explaining denial or reimbursement

Electronic Funds Transfer (EFT) is available

You may monitor the status of a claim on the provider website or through interactive voice response (IVR) at 866-408-6132

Important Numbers and Resources

Anthem Provider Resources available at www.Anthem.com

- **Anthem Provider Manual**
- **Clinical Practice Guidelines and Medical Necessity Criteria**
- **Member Eligibility**
- **Forms and Tools**

Indiana Medicaid Web Site: www.indianamedicaid.com

HHW Pharmacy Prior Authorization: 866-879-0106

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