



Anthem Blue Cross and Blue Shield (Anthem) Behavioral Health

IHCP Works Annual Seminar 2023



Agenda

- Member benefit
- Coordination of care
- Access to services and strategy for missed appointments
- Interactive Care Reviewer
- Psych Hub
- Alerts Hub/Patient360
- Opioid treatment services
- Substance use disorder residential treatment
- Autism services
- Provider Relationship contacts



Member benefits

Member benefit overview

Self-referral services:

For psychiatric services, managed care members can self-refer to any Indiana Health Coverage Program (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
- Advance 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 benefit overview (cont.)

Covered services:

Hoosier Healthwise (Packages A and C), Healthy Indiana Plan (HIP) (including Maternity), and Hoosier Care Connect covered benefits

Note: Medicaid rehabilitation option (MRO) and 1915(i) services are not covered by Anthem but are covered under state benefits and can be coordinated with community mental health centers. Notification of 1915(i) services to our care management department are appreciated.

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

A photograph showing a male doctor with a beard and glasses, wearing a white lab coat and a stethoscope, looking at a smartphone held by a male patient with dreadlocks wearing a red shirt. They are in a clinical setting with a window in the background. A blue semi-transparent box is overlaid on the left side of the image.

Coordination of care

Exchanging health information

- **Primary medical providers (PMP) and behavioral health providers should exchange health information:**
 - When a member first accesses a PH or BH service.
 - When a change in the member's health or care plan requires a change in another provider's care plan.
 - When a member discontinues care.
 - When a member is admitted to or discharged from the hospital.
 - When a member is admitted, and a consultation is warranted.
 - When a member has a physical exam and/or laboratory or radiological tests.
 - Once a quarter, if not otherwise required.

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.

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 follow-up and/or continuing treatment prior to discharge. Anthem requires providers to schedule this treatment between one day after discharge and day seven after discharge.

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

Tips for providers

Substance use and depression screening:

- When doing an annual screening for substance abuse and depression, use standard screening tools. If your patient answers yes to any of the screening tool questions, refer the patient to a BH specialist for a complete BH assessment.


Substance use: treatment and follow-up visits after a diagnosis:

- HEDIS® requires all patients with newly diagnosed substance abuse be seen:
 - At least once within 14 days of being diagnosed.
 - Two or more times within 30 days of the initial visit.

Tips for providers (cont.)

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

- Fax to Anthem within 5 days of initial assessment and as required.
- Not needed for services that require authorization.
- Even if member declines to participate, basic sections are required.
- HIPAA allows for the sharing of information between provider and health plan.

Anthem  Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect and Medicare Advantage

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

This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield (Anthem).

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 address:	Member phone number:
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: _____

Initial diagnosis: _____

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect 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 submission. If you have questions, please contact your group administrator or your Anthem network representative.

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Tips for providers (cont.)

Antidepressant medication management:

- Depressive disorders can have a significant negative impact on a patient's quality of life and healthcare outcomes, and they are often diagnosed and initially treated in primary care. You should regularly monitor patients you're treating with antidepressant medications. Patients should also be maintained on these agents to allow for adequate trials.
- We strive to meet the HEDIS[®] goals by assessing the adequacy of medication trials for members 18 years of age and older who are diagnosed with a new episode of major depression and treated with (and kept on) antidepressant medication.



Tips for providers (cont.)

Follow-up visits after an ADHD diagnosis:

- Anthem has adopted the following *HEDIS* goals for ADHD medication follow-up:
 - At least one follow-up visit with a practitioner within a month of the first prescription
 - ADHD medication for all children 6 to 12 years old diagnosed with ADHD:
 - At least two follow-up visits in nine months for children who remain on ADHD medication for at least 210 days

A photograph of a male doctor with glasses and a stethoscope around his neck, wearing a white lab coat, looking at a smartphone held by a male patient with braided hair and a beard, wearing a red shirt. They are in a clinical setting with a window in the background. A blue semi-transparent box is overlaid on the left side of the image.

Access to care and strategy for missed appointments

Access to behavioral health

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.
- Failure to comply may result in corrective action.
- Access to care is outlined in the provider contract and the [Anthem 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:

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 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 case management via the [Care Management Referral Form](#).
- A case manager will contact the member and/or provider to determine the level of care that's needed.
- The case manager will communicate with the provider on action taken with the member, additional care plans, and the member's progress.

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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 <https://www.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 (cont.)

Benefits include:

- **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 tile > Applications > Access Your Custom Learning Center, select **Catalog** from the menu located on the upper-left corner of the *Custom Learning Center* screen.
2. Use the catalog filter and select **Interactive Care Reviewer-Online Authorizations** or **Authorizations** from the *Category* menu.
3. Select **Apply**.
 - There are two pages of online courses consisting of on-demand videos and reference documents. Find the course(s) you want to take, then:
4. Select **Enroll** and choose **Start** to take the course immediately or to save for later, select **Return to Dashboard**.

The screenshot displays the Availity Custom Learning Center interface. The top navigation bar includes 'Dashboard', 'Resources', and 'Catalog'. A search bar is located at the top right. The main content area features a 'Welcome to Your Custom Learning Center' banner with a list of available courses: 'Required training courses where notification was received' and 'Elective administrative support courses'. Below the banner is a 'Filter Catalog' section with a dropdown menu for 'Categories' set to 'Interactive Care Reviewer - Online Authorization'. The 'All Categories' list includes 'Authorizations', 'Claims Followup & Payments', 'Coding and Documentation', 'Interactive Care Reviewer - Online Authorizations', and 'Required Training'. A 'Released Dates' section is also visible. The main course list shows three results: 1. 'ICR - Behavioral Health ABA Services - Online Course' (10 min), 2. 'ICR - Behavioral Health Outpatient Requests - Online Course' (14 min), and 3. 'ICR - Dashboard - Online Course' (7 min). Each course card includes an 'Enroll' button and a 'Start' button. Red callout boxes with numbers 1 through 4 highlight the 'Catalog' menu, the category filter, the 'Apply' button, and the 'Enroll' button respectively.

Psych hub





Mental Health Practitioner Hub

- The Mental Health Practitioner Hub is an education resource for Anthem mental and behavioral health providers.
- For those who treat mental health, it moves practitioners from generalists to specialists by earning certificates and badges in evidence-based interventions and practices.
- What are the benefits?
 - No cost for Anthem providers.
 - Access to courses, videos, and other content.
 - Ability to earn continuing education units (CEU).

Mental Health Practitioner Hub (cont.)

Find everything needed to complement treatment in between sessions including:

- A foundational and specialty practitioner course.
- Therapeutic-specific companion videos.
- A mental health literacy video library.
- Journals and interactive exercises.
- Tip sheets with specific resources.
- Assessments to measure treatment progress.

To access the Mental Health Practitioner Hub:

- Visit <https://app.psychhub.com/signup/INAnthem-MHP>.
- Complete the *Let's Get Started* section.
- Check the box to agree to the Terms of Use.
- Select **Sign Up**.

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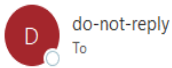
Alerts Hub/Patient360

Alerts Hub overview

- Alerts Hub, available on [Availity.com](https://www.availity.com), is a customizable, secure, member-specific data source for clinicians. It:
 - Supports compliance with interoperability and patient access federal 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.
- Provider 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)



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 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

Opioid treatment services



Opioid treatment program

For billing guidance and program details on opioid treatment services, refer to bulletins [BT201755](#) and [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 wanting to offer OTP services will also need to complete enrollment tool to add OTP.

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Substance use disorder residential treatment

Substance use disorder residential treatment

For billing guidance and program details on substance use disorder residential treatment, refer to bulletins [BT201801](#) and [BT201821](#). Services require prior authorization (PA), which can be obtained through the 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.
- 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

- [BT202104](#)

Further clarified coverage:

- The Indiana Health Coverage Programs (IHCP) expanded its coverage of substance use treatment in early 2018. Information on this expansion can be found in *IHCP Bulletin* [BT201801](#).
- 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). Protocols need to be established by a designated ASAM 3.1 or 3.5 SUD residential addiction treatment facility for qualified providers to:
 - 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.)

American Society of Addiction Medicine (ASAM) 3.5 is considered medium-intensity residential treatment.

SUD residential addiction treatment facility reimbursement:

- Providers enrolled with provider specialty 836 – SUD Residential Addiction Treatment Facility can only receive reimbursement for services included in the SUD per diem reimbursement bundle. However, 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:

- Providers enrolled as provider specialty 836 – SUD Residential Addiction Treatment Facility cannot be reimbursed for methadone under this provider type.
- To be reimbursed for methadone treatment, a facility must be enrolled with provider specialty 835 – Opioid Treatment Program.

Buprenorphine or naltrexone reimbursement:

- Providers enrolled as either provider specialty 835 – Opioid Treatment Program or provider specialty 836 – SUD Residential Addiction Treatment Facility 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).
 - To refer a member, call **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)

Applied behavioral analysis (ABA) therapy is covered for the treatment of autism spectrum disorder (ASD). Services require PA, subject to the criteria outlined in Indiana Administrative Code 405 IAC 5-3.

Provider requirements:

For purposes of the initial diagnosis and comprehensive diagnostic evaluation, a qualified provider includes any of the following:

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

Provider requirements:

ABA therapy services must be delivered by an appropriate provider:

- 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 (cont.)

- ABA therapist must have an NPI and hold a valid professional license as an HSPP or a valid board certification from the Behavior Analyst Certification Board as a BCBA or BCBA-D.
- 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.
- Claims are reimbursed according to the state's fee schedule, 40% of the billed charge for DOS on or after June 1, 2022.
- BCaBAs and RBTs must bill under the NPI of the supervising practitioner.
- 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

- Alisa Phillips
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317-517-1008
- Matthew McGarry
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- Michele Weaver
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Questions?

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





Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

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<https://providers.anthem.com/in>

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