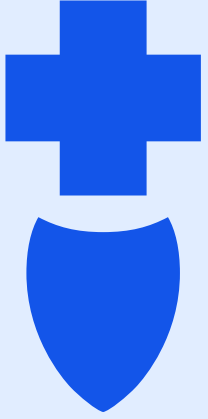


We will begin momentarily

- ✓ Provider website: <https://providers.anthem.com/oh>
- ✓ All callers are muted as they enter the webinar.
- ✓ If you are having sound issues through your computer, use the call-in feature by dialing into the number below:
- ✓ Phone number:
- ✓ Access code:



Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

Behavioral health provider orientation



About us

Anthem

As one of the nation's leading health plans, Anthem has proudly served individuals in Ohio with our commercial and Medicare plans for over 80 years. Since February 1, 2023, we have been supporting Medicaid members in all 88 counties.

Our Medicaid plan aligns with the Ohio Department of Medicaid's (ODM) goals for Medicaid, putting the individual at the center of focus and improving the design, delivery, and timeliness of care coordination.

Anthem (cont.)

We are proud of our commitment to Ohio. Since go-live, our associates have volunteered their time serving those in need and supporting local organizations.

Since 2019, Anthem has provided \$6 million to support programs for Ohioans in need. Our locally based employees dedicated more than 12,500 hours of volunteer time to community partners such as schools, non-profits, and other local organizations.

Our mission

Anthem's integrated physical and behavioral health services align with ODM's mission. The integration is an essential part of our healthcare delivery system.

Our mission is to comprehensively address the physical and behavioral health of the members by offering a wide range of targeted interventions, education and enhanced access to care, to ensure improved outcomes, and quality of life for members.

Anthem works collaboratively with a wide variety of community partners to successfully meet the needs of members with behavioral health and substance use.

Our mission (cont.)

Ohio Department of Medicaid (ODM) mission



Improve wellness and health outcomes



Emphasize a personalized care experience



Support providers in better patient care



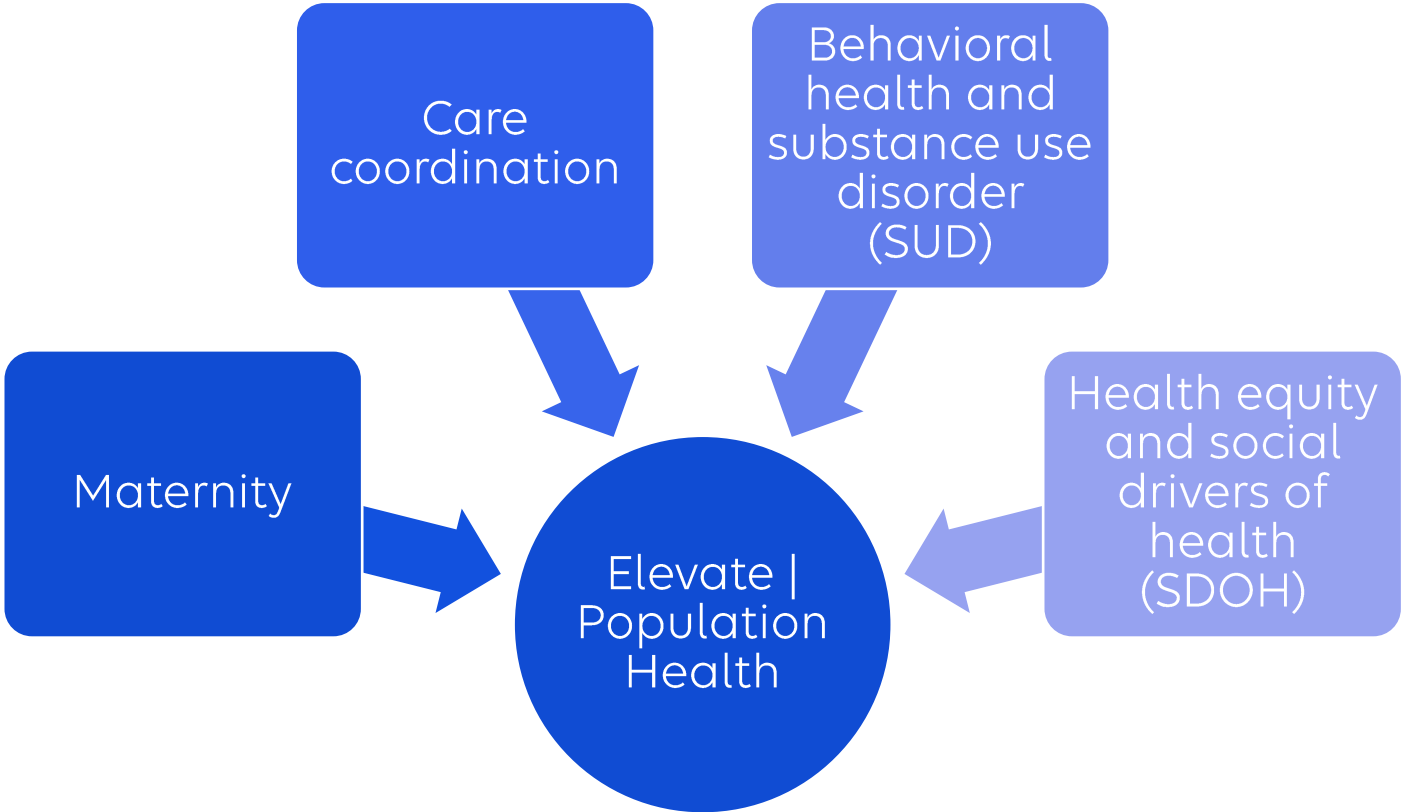
Improve care for children and adults with complex needs



Increase program transparency and accountability

Elevate | Population Health

Our population health model, Elevate | Population Health, reflects the top health priorities in Ohio. Within the Elevate | Population Health model, Anthem has identified four focus areas that align with ODM's goals and vision:



Social Determinants of Health (SDOH)

A large, dark blue cross is centered in the background. To its right, a dark blue shield is partially visible, with its top edge curved. The entire scene is set against a solid blue background.

SDOH programs — employment services

Program overview

- Support members ranging from complex needs to skilled job seekers that are unemployed/underemployed or are looking for career exploration or educational opportunities.
- Youth between the ages of 6 and 18.

Strategy

- **Employment Flex Funds** — Flexible funds to support member with employment related expenses.
- **ULearn** — Online platform with industry certifications, skills review and other educational opportunities designed through individualized career pathways. GED Prep also available.
- **University of Cincinnati** — Coursework offered in **Career Exploration** or **Job Search**, UC instructors also provide coaching and 1-on-1 support.
- **TutorMe** — 24/7 online tutoring platform. Connects students with live tutors in over 300 subjects, including a writing lab (ages 6 to 18)

To make a referral

- Employment referrals at <https://anthemoh.findhelp.com/>. Enter your zip code and search **Anthem Blue Cross and Blue Shield**. Select the *Anthem Program* card to see specific program details and referral requirements. Click **Refer** or **Apply Now** and complete the screening form with referral details and contact information.

SDOH — Transportation Program

Standard benefit:

- Anthem provides non-emergency medical transportation through Access2Care (A2C) to any member requesting transportation when the member must travel 30 miles or more from their home to receive medically necessary, Medicaid-covered medical, vision, dental, and pharmacy appointments.

Value-added benefits (VABs):

- To supplement the County Non-Emergency Transportation (NET) Program, Anthem provides members with 30 round trips or 60 one-way trips per calendar year for trips less than 30 miles to medical appointments and community resources such as essential shopping, grocery stores, WIC appointments, and more.

Transportation can include:

- Ambulatory sedans, vans, rideshare, bus passes and tickets, wheelchair-accessible vans, mileage reimbursement, and other appropriate modes of transportation. Car seats and wheelchairs are not provided.

Scheduling numbers

Anthem Transportation Services Line:

- **800-282-9720** (Monday through Friday, 8 a.m. to 7 p.m. ET)
- Option **2** for **Where's My Ride/Ride Assist**.
- TTY 711

Anthem Member Services:

- **844-912-0938** (Monday through Friday, 7 a.m. to 8 p.m. ET)
- TTY **711**

48 hours before, up to 30 days in advance

Urgent/same day requests provided for:

- Trips to urgent care
- Hospital/facility discharge
- Chemotherapy
- Radiation
- Dialysis
- OhioRISE members

SDOH — Housing Flex Fund program

The Housing Flex Fund program is intended to prevent, divert, or resolve homelessness among our members by paying housing related expenses.

- The program is a partnership between Anthem and community organizations that recognize housing as a critical need in our community.
- One-time intervention to help overcome a specific need:
 - Unexpected expense
 - Health/accident-related loss of work
 - Arrears that are a barrier to exiting homelessness

Join our preferred referral network!

To make referrals to the Housing Flex Fund program email Housingohio@anthem.com to set up a training and overview of program guidelines.

Funds are limited; interventions must lead to permanent stable housing.

Common fund requests:

Rental arrears

Utility arrears

Security deposit

Essential move-in items

Others as approved

Not a rental subsidy. Support for a specific critical need.



Value-added services

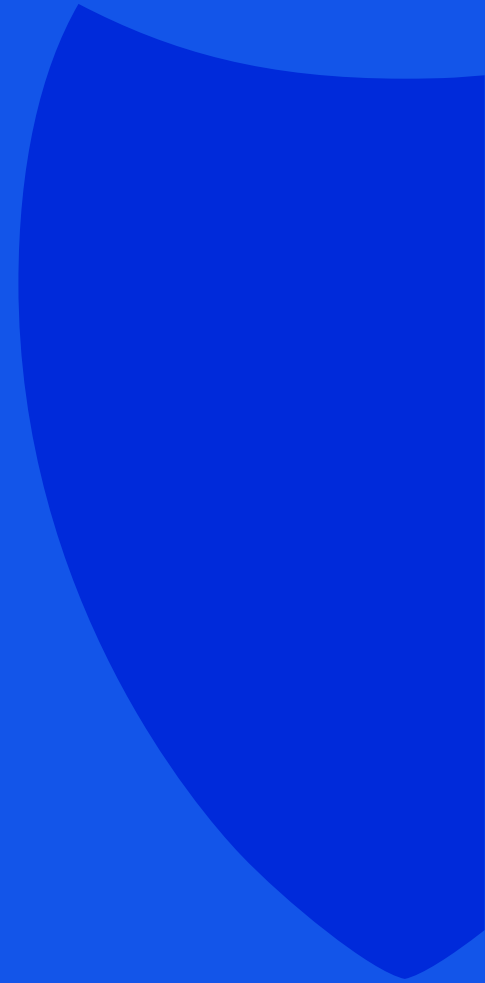
Value-added services

- Value-added services gives Anthem the tools — beyond just traditional physical and behavioral care — to help the people of Ohio reach their health goals. It is about keeping members connected to their community, finding or advancing employment, learning new skills, and even getting organized financially.



Our value-added services include SUD recovery support.

Behavioral health services



Behavioral health self-referral

- Anthem does not require members to obtain a referral or prior authorization (PA) for the first mental health or substance dependence assessment completed in a 12-month period.
- Members may self-refer to any behavioral healthcare provider in the Anthem network. Providers and members have access to a complete list of mental health and substance use disorder providers, including provider groups and practitioners specializing in mental health services located on our website.
- If the member is unable or unwilling to access timely services through community providers, call Anthem Provider Services at **844-912-1226** from Monday to Friday, 7 a.m. to 8 p.m., for assistance.

Coordination of behavioral health and physical health treatment

Behavioral health is essential to overall health and not separate from physical health:

- Screening and identification of behavioral health conditions begins in the primary care provider's (PCP) office.
- As a network provider, it is recommended to notify a member's PCP when a member first enters behavioral healthcare and any time there is a significant change in care, treatment, medications, or need for medical services.
- You must secure the necessary release of information from each member or the member's legal guardian for the release of treatment information.

Coordination of behavioral health and physical health treatment (cont.)

Key elements of our model for coordinated and integrated health services include but are not limited to:

Ongoing communication, coordination, and collaboration between PCPs and specialty providers, including behavioral health providers, with appropriate documented consent.

The expectation that primary care providers will regularly screen members for behavioral health, substance use (including tobacco), co-occurring disorders, and refer members to behavioral health specialty providers, as necessary.

The expectation that behavioral health providers will screen members for common medical conditions including tobacco use and refer members to the primary care provider for follow-up diagnosis and treatment.

Collaboration between all healthcare providers with support from Anthem in managing healthcare conditions of members.

Coordination of behavioral health and physical health treatment (cont.)

Key elements of our model for coordinated and integrated health services include but are not limited to:

| | |
|---|--|
| Referrals to primary care providers or specialty providers, including behavioral health providers, for assessment and/or treatment for members with co-occurring disorders and/or any known or suspected and untreated health disorders | Development of patient-centered treatment plans involving members, as well as caregivers and family members, and other community supports and systems when appropriate |
| Care management, disease management and population health management programs to support the coordination and integration of care between providers | The requirement of all providers to complete an annual integrated care self-assessment using the Substance Abuse and Mental Health Services Administration (SAMHSA) Integrated <i>Practice Assessment Tool</i> and report their results to Anthem upon request |

Behavioral Health Crisis Line and services

- Members have access to the Behavioral Health Crisis Line 24 hours a day, 7 days a week, 365 days a year through a confidential, toll-free number with immediate access to trained, skilled, licensed behavioral health professionals who aid with any type of behavioral health distress the member may experience. We help link members to supportive, available community resources.
- Anthem works with ODM, the Ohio Department of Mental Health and Addiction Services (OMHAS), and other entities as identified by ODM to develop a robust continuum of behavioral health crisis services.
- The Behavioral Health Crisis line toll-free number is **844-912-2425**. After hours crisis calls will be routed to the statewide crisis line.
- Emergency behavioral health services providers should immediately refer any member in crisis or who is a threat to self or others for emergency care. An emergency referral for behavioral health services does not require PA or pre-service review.

Learn to Live app

What is Learn to Live?

Learn to Live is a web and mobile online community designed to help members cope with emotional health issues such as depression, anxiety, and stress, insomnia, and managing drugs or alcohol.

Who is eligible?

Members 13 years and older.

What are the benefit limits?

There are none.



How can members access this VAB?

Members can access Learn to Live via the public and member website. They can also visit the website to sign up, log in, and access benefits.

Website:

learntolive.com/welcome/ohanthem

Access code:

OHANTHEM



OhioRISE

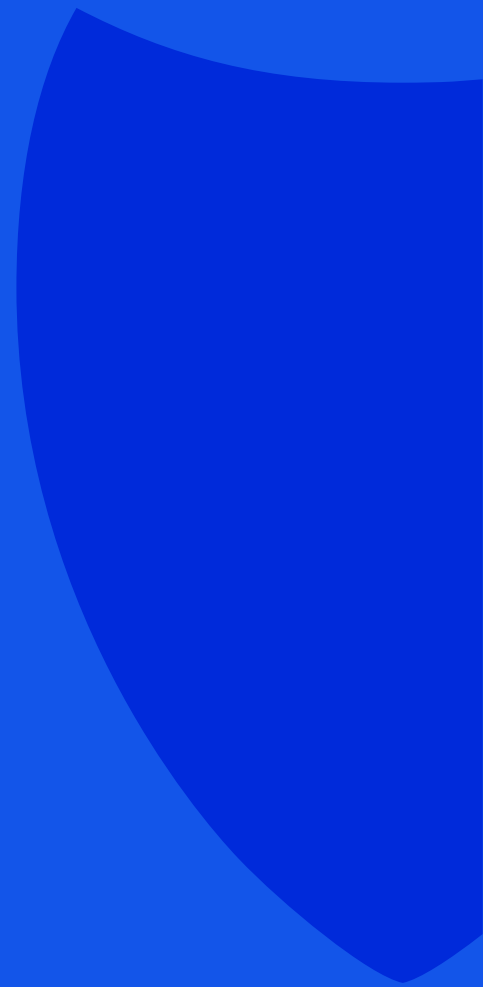
OhioRISE (Resilience through Integrated Systems and Excellence)

A specialized Medicaid managed care plan with tailored services for youth with complex behavioral health and multisystem needs.

1. **Shared governance model** — OhioRISE features multi-agency governance to drive towards improving cross-system outcomes.
2. **Specialized Managed Care Organization (MCO)** — ODM selected Aetna Better Health of Ohio as the MCO to administer benefits. An inpatient health plan (PIHP) to ensure financial incentives and risk sharing are in place to drive appropriate use of high-quality behavioral health services.
3. **Coordinated and integrated care and services** — OhioRISE brings together local entities, schools, providers, health plans, and families as a part of our approach for improving care for enrolled youth.
4. **Prevent custody relinquishment** — OhioRISE uses a 1915c waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.

[For healthcare providers | OhioRISE — Aetna Better Health](#)

Child and Adolescent Needs and Strength (CANS)



CANS

- Child and Adolescent Needs and Strengths (CANS) is a multiple purpose information integration tool developed for children's services to support decision-making, including level of care and service planning, facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. CANS is designed to be the output of an assessment process.
- Members under the age of 21 who meet the ODM-determined threshold score on the CANS assessment or who are admitted for an inpatient behavioral health stay with a primary diagnosis of mental illness or substance use disorder are eligible for enrollment in the OhioRISE plan.

CANS (cont.)

Who can do the assessment:

- Providers who would like to become a CANS provider must complete the appropriate Ohio Children's Initiative CANS training, obtain certification, and request the addition of the specialty:
 - CANS providers will be identified with a CANS assessor specialty (ORC).
 - The billing code used for CANS assessments is **H2000**.
- CANS assessment training dates are available on the ODM site: [Child and Adolescent Needs and Strengths \(CANS\) Resources | Ohio Medicaid Managed Care](#)



Mobile Response and Stabilization (MRSS)

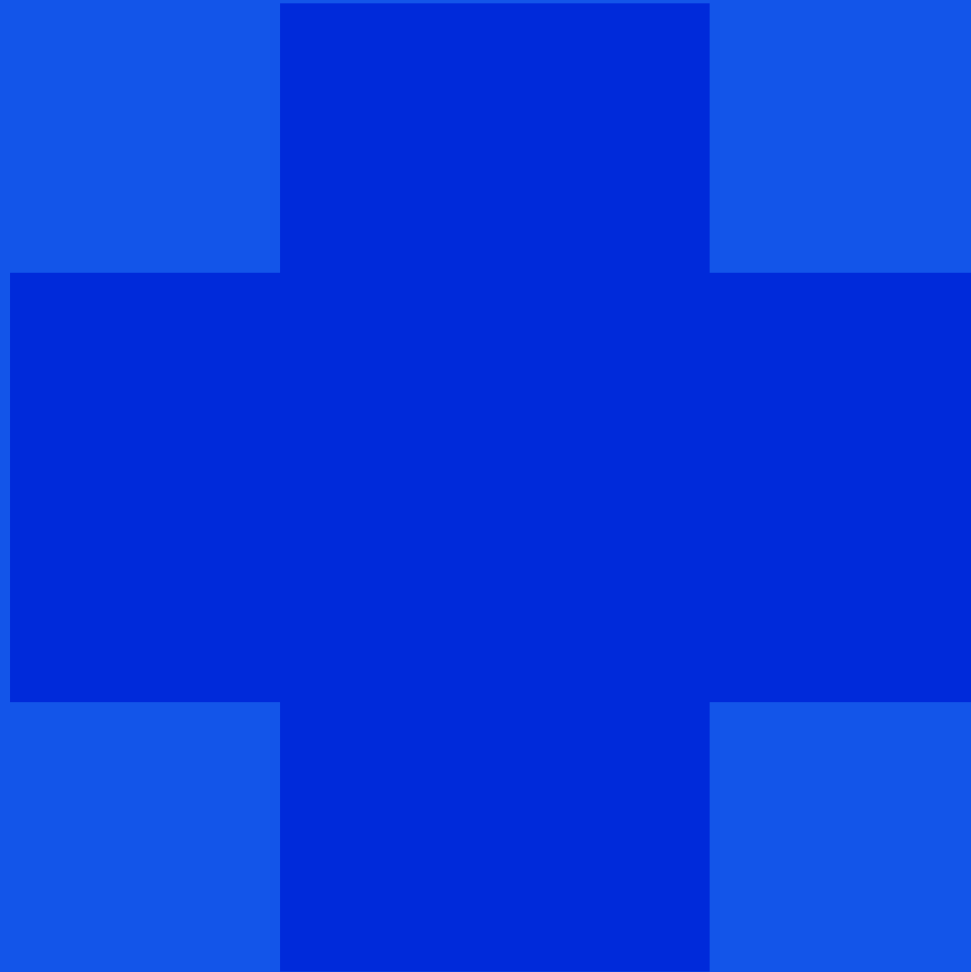
MRSS

MRSS includes:

- Mobile assistance in response to families with youth and/or young adults experiencing difficulties or distress.
- Response available 365 days a year, 24 hours a day, 7 days a week within 60 minutes after contacting MRSS.
- Medicaid covers mobile response (first 72 hours) and stabilization components.
- Stabilization services (intensive, in-home services, and linkage to on-going supports) are available after crisis stabilization for up to six weeks.
- MRSS is an evidence informed practice demonstrating successful outcomes.

More information at OhioMHAS website [here](#).

Telehealth



Telehealth

Anthem has been providing members with telehealth services since 2013.

By using telehealth, members can:

- Access our Language Link Kiosk program with language line interpreter services and video conferencing behavioral health visits.
- Access scheduled consultations with Ohio-licensed psychiatrists and mental health counselors.
- Access a SUD recovery support program.
- Meet with ODM-enrolled, licensed psychiatrists, psychologists, therapists, and dietitians through group therapy and individual sessions with personalized treatment plans:
 - SUD recovery support programs
 - Medication-assisted treatments (MAT)

Telehealth (cont.)

Bright Heart Health:

- Bright Heart Health provides care for alcohol use disorder and substance use disorders and offering access to MATs and other services from members' home and from primary care locations in Ohio.
- Referrals: [Patient Referral | Bright Heart Health](#)

Brave Health:

- Brave Health provides behavioral healthcare offering therapy, psychiatry, medication management, care management, and SUD services for members ages 16 and up.
- Referrals: [Refer a Patient - Brave Health \(bebravehealth.com\)](#)

Visit <https://providers.anthem.com/oh> for more information and additional resources.



Care management

Care management

Our care managers and care guides will work with members to identify their needs and goals, collaborating with OhioRISE, care management entities, community hubs, and care coordination entities (CCEs) to help members navigate available resources and develop actionable care plans, particularly when social barriers prevent access to available covered health benefits.

Integrated care management:

- Improves members health outcomes.
- Provides whole person care.
- Identifies and uses best practices.
- Are matched on individualized basis to meet the needs of the members.



Prior authorizations (PA)

Utilization management

- Utilization management (UM) decision-making is based only on appropriateness of care, service, and existence of coverage.
- Practitioners or other individuals are not rewarded for issuing denial of coverage or care. Decisions about hiring, promoting, or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denial of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in under-utilization or create barriers to care and services.
- Behavioral health UM guidelines can be found on the Anthem provider website.



Behavioral health clinical criteria

In addition to the state *Medical Policies* and Care Guidelines, Anthem uses the follow level of care tools for medical necessity reviews:



American Society for Addiction Medicine (ASAM) for substance use services for youth and adults

Other clinical criteria utilize (for example, MCG/InterQual)

Behavioral health prior authorization (PA)

How to determine if authorization is needed:

- No PA requirement for the following behavioral health services:
 - CANS assessment
 - Up to six weeks of MRSS

Other resources:

- Our **Prior Authorization Lookup Tool** is located on the Anthem provider website at <https://providers.anthem.com/oh>.
- Inpatient BH fax number: **866-577-2184**
- Outpatient BH fax number: **866-577-2183**

Note: For provider types 84/95, Anthem follows the *ODM Behavioral Health Provider Manual PA* requirements located on the ODM behavioral health website at <https://bh.medicaid.ohio.gov/manuals>.

Timelines of decisions on requests for PA

Anthem will provide notice to the provider and member as expeditiously as the member's health condition requires for standard authorization decisions, but no later than 10 calendar days following receipt of the request for service, except as specified in paragraph (B)(3)(g) of this rule: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-26-03.1>

| Authorization and appeals | Timeframe |
|-----------------------------|--|
| Authorization standard | 10 calendar days |
| Authorization expedited | 48 hours or next business day whichever is later |
| Appeal resolution standard | 10 calendar days |
| Appeal resolution expedited | 48 hours |



Access to care standards

Access to care standards

As part of our commitment to providing the best quality provider networks for our members, we conduct annual phone surveys to verify provider appointment availability and after-hours access. Providers will be asked to participate in this survey each year.

| Service | Minimum standard |
|--|---|
| Emergency service | 24 hours, 7 days/week |
| Urgent care (includes medical, behavioral health, and dental services) | 24 hours, 7 days/week within 48 hours of request |
| Behavioral health non-life-threatening emergency | Within 6 hours |
| Behavioral health routine care | Within 10 business days or 14 calendar days, whichever is earlier |
| CANS initial assessment | Scheduled Within 72 hours of identification and complete assessment within 10 business days |
| ASAM residential/inpatient services — 3: 3.1, 3.5, 3.7 | Within 48 hours of request |
| ASAM medically managed intensive inpatient services — 4 | 24 hours, 7 days/week |

Specialized behavioral health



Screening, brief intervention, and referral to treatment (SBIRT)

SBIRT is a comprehensive, integrated public health approach to the delivery of early intervention and screening for individuals with risky alcohol and drug use. For patients at a high risk of developing a substance use disorder or already dependent on substances, SBIRT helps get them more intensive substance use treatment quickly.

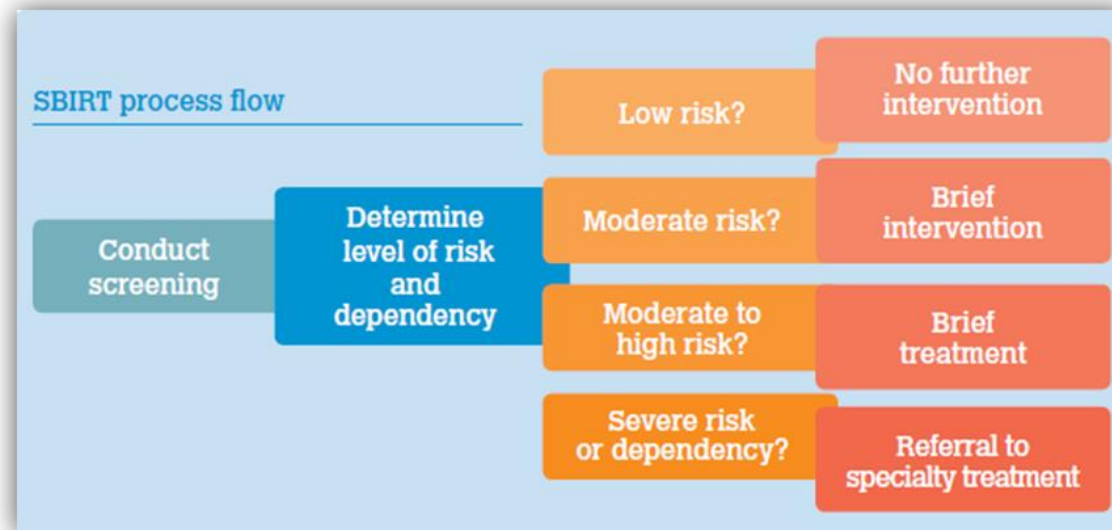
The Substance Abuse and Mental Health Services Administration (SAMHSA) describes a SBIRT visit as:

- Brief (typically about 5 to 10 minutes for brief intervention and 5 to 12 minutes for brief treatment).
- Universal.
- Targeting one or more behaviors regarding risky alcohol and drug use.
- Delivered in a public health, nonsubstance abuse treatment setting.
- Comprehensive — comprising screening and referral.
- Involving research, evaluation, and collection of experiential evidence to assess the model's effectiveness.

Delivering SBIRT services

Primary care centers provide opportunities for early intervention with at-risk substance users before more severe consequences occur:

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to treatment** provides those identified as needing treatment that is more extensive with access to specialty care.



Substance use disorder (SUD)

SUD services help prevent misuse of alcohol and other drugs and help people with substance use disorders obtain the appropriate services and support they need to live a life in recovery.

Eligible members will receive access to the Connections app — our SUD Recovery Support Program — a mobile platform that provides daily peer support through discussion groups and peer-to-peer messaging, counselor messaging, care plan reminders, goals, journals, high-risk location alerts, and content to support ongoing recovery.

Connections app

Community discussion forums — public and private:

- Anonymous
- 24/7 moderation by CHES peer team
- Video support group meetings
- Content library
- Digital CBT program
- Daily check-in
- Weekly assessments
- Gamification/contingency management
- Recovery help button
- And more



Recovery help button for urgent assistance:

- Helplines
- Speak with CHES peers

CHES recovery adherence strategy:

1. Reduce relapse risk moments.
2. Strengthen recovery coping skills.
3. Provide 24/7 one-to-one support by the CHES Peer Engagement team when there is heightened or imminent risk.

Chess risk response protocol

shared with customers: Provider-specific communication plan for CHES to alert providers re: one-to-one support we give their patients.

Connections app (cont.)

How can members access this service?

Members can call into our member services department or providers can email us to request enrollment into Connections at OHBHCaseManagement@anthem.com.

[**OH_CAID_ConnectionsRecovery.pdf \(anthem.com\)**](#)

Medication-assisted treatment (MAT)

MAT is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

More must be done to facilitate treatment options and the development of therapies to address OUD as a chronic disease with long-lasting effects. This means helping more people secure MAT, which requires us to break the stigma often associated with some of the medications used to treat OUD. It also requires us to find new and more effective ways to advance the use of medical therapy for the treatment of OUD.

MAT SAMHSA links

How to become a buprenorphine waived practitioner:

<https://samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>

How a practitioner can increase their XDEA panel size:

<https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>



Resources and training

Anthem provider website



Ohio Providers

AAA Login

Resources

Claims

Patient Care

Eligibility & Pharmacy

Communications

Our Network

Members

Welcome, providers!

At Anthem Blue Cross and Blue Shield (Anthem), we combine national expertise with an experienced local staff to operate community-based healthcare plans. Anthem is dedicated to offering real solutions that improve healthcare access and quality care for our members.

On this site, you'll find resources that help healthcare professionals do what they do best — care for our members.

[Join Our Network](#)



Psych Hub

The Mental Health Practitioner Hub is designed to keep both generalist and specialist providers up to date on the latest mental health resources, interventions, and evidence-based interventions to guide patient care.

How to access:

1. Go to app.psychhub.com/signup/OHAnthem-MHP.
2. Complete **Let's Get Started** section.
3. Mark box to agree to *Terms of Use*.
4. Select **Sign Up**.

What are the benefits?

- No cost for Anthem providers
- Access to courses, videos, and other content
- Ability to earn continuing education units

Psych Hub (cont.)

In the mental health practitioner hub

Everything needed to complement treatment in between sessions:

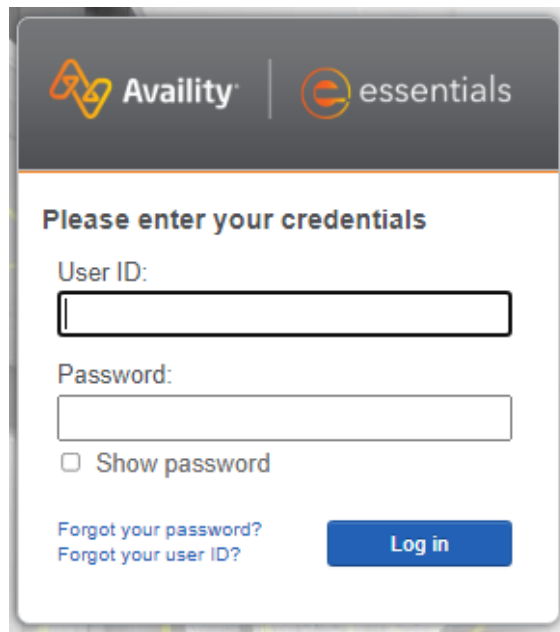
- Foundational and specialty practitioner course
- Therapeutic-specific companion videos
- Mental health literacy video library
- Journal and interactive exercises
- Tip sheets with specific resources
- Assessments to measure treatment progress



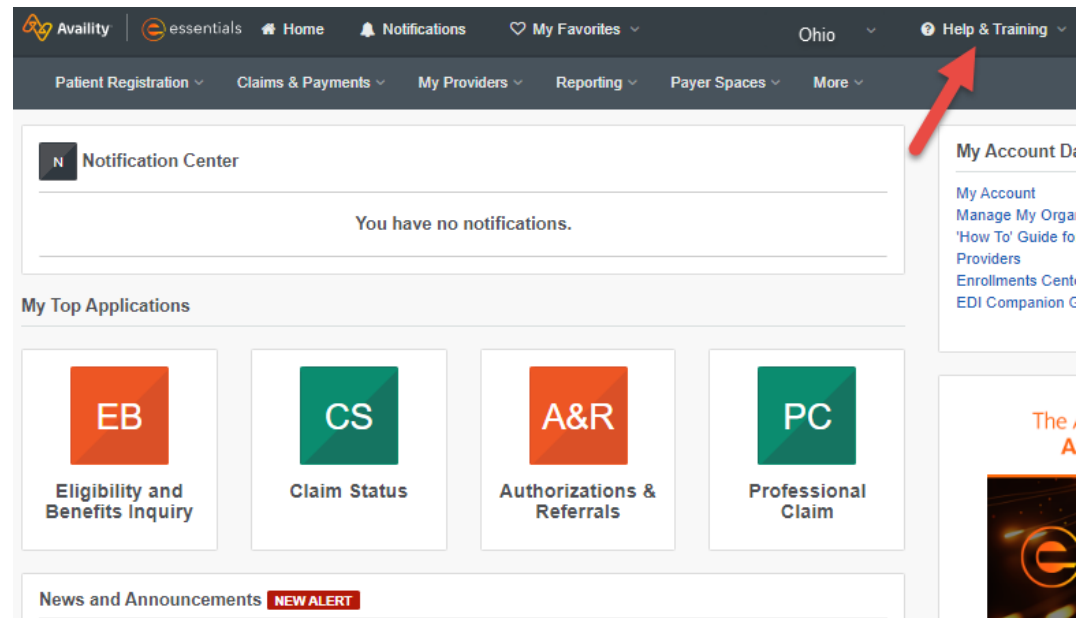
Availity Essentials

Availity Essentials ([Availity.com](https://www.availity.com)) is a website used by providers to securely access patient information, such as eligibility, benefits, claim status, authorizations, and other proprietary information.

Healthcare providers can use a single login to access multiple health plan providers at no cost. The registration process is easy, and multiple resources and trainings about site navigation are available.

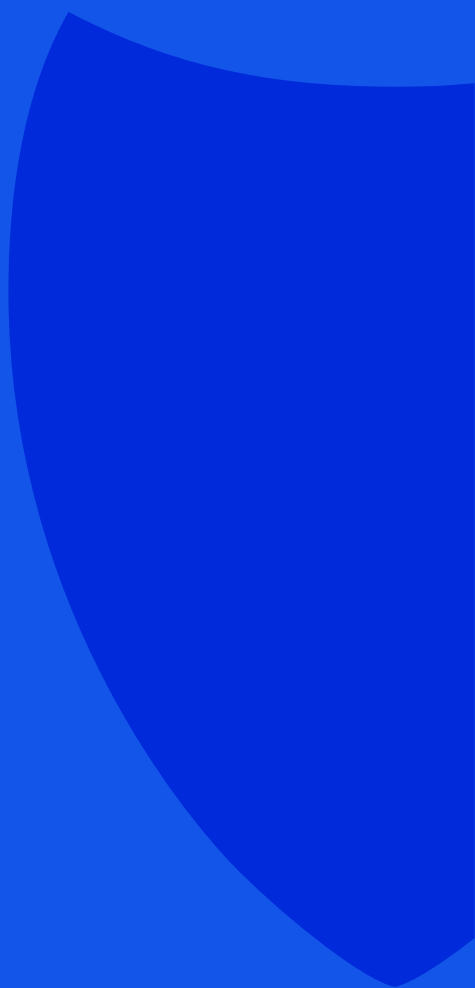
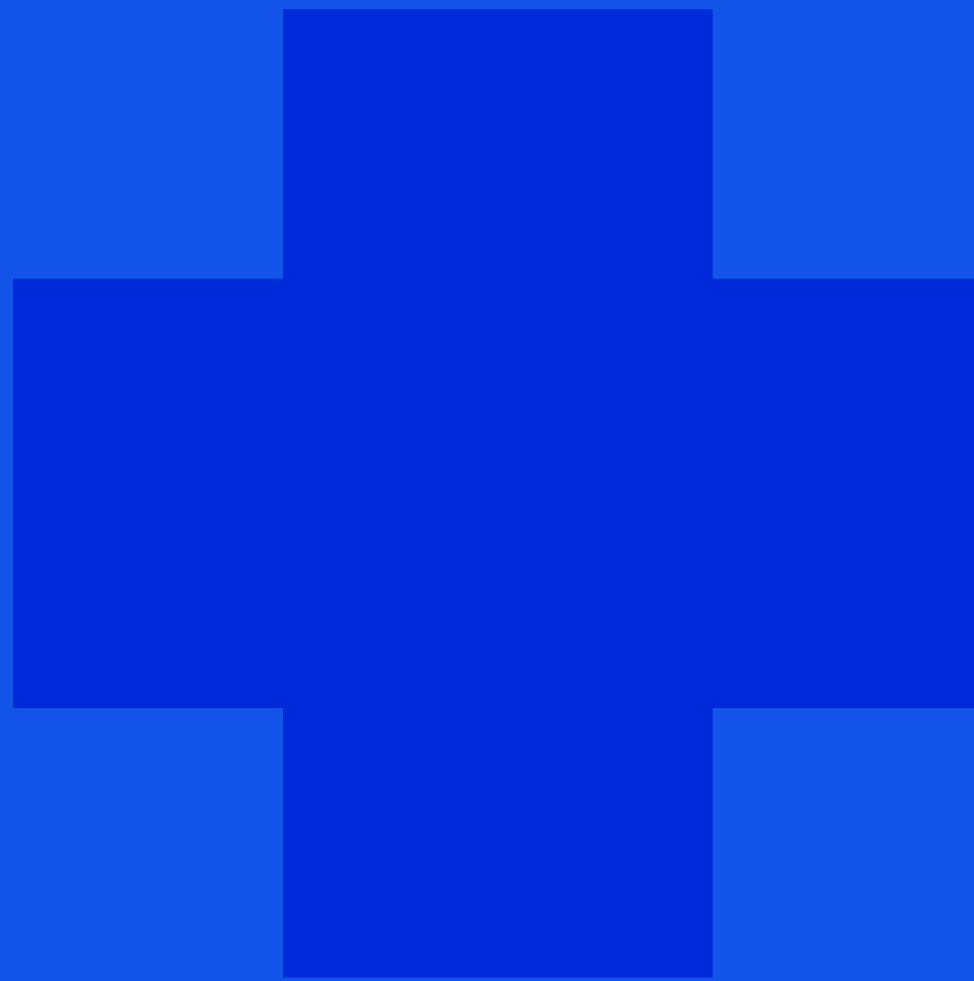


The image shows the login page for Availity Essentials. At the top, there are logos for Availity and essentials. Below the logos, the text "Please enter your credentials" is displayed. There are two input fields: "User ID:" and "Password:". Below the password field, there is a checkbox labeled "Show password". At the bottom left, there are links for "Forgot your password?" and "Forgot your user ID?". At the bottom right, there is a blue "Log in" button.



The image shows the main dashboard of Availity Essentials. At the top, there is a navigation bar with the Availity logo, "essentials", "Home", "Notifications", "My Favorites", "Ohio", and "Help & Training". Below the navigation bar, there are several menu items: "Patient Registration", "Claims & Payments", "My Providers", "Reporting", "Payer Spaces", and "More". A red arrow points to the "Help & Training" link. Below the navigation bar, there is a "Notification Center" section with the text "You have no notifications." Below that, there is a "My Top Applications" section with four tiles: "EB Eligibility and Benefits Inquiry", "CS Claim Status", "A&R Authorizations & Referrals", and "PC Professional Claim". At the bottom, there is a "News and Announcements" section with a "NEW ALERT" badge. On the right side, there is a "My Account" section with links for "My Account", "Manage My Orga", "How To Guide fo Providers", "Enrollments Cent", and "EDI Companion C".

Staying connected



Contact information

| | |
|--|---|
| Provider Services: | 844-912-1226 |
| Member Services: | 844-912-0938 |
| Crisis Support: | 844-912-2425 |
| Availity Essentials: | Availity.com |
| Anthem provider website, including provider manual: | https://providers.anthem.com/oh |
| Medicaid provider relationship management mailbox | OhioMedicaidProvider@anthem.com |

Stay in touch!



Register to stay in touch and receive all provider communications and our monthly provider newsletter, *Provider News*, via email. Register now by going to <https://providers.anthem.com/oh>.

Note: *Provider News* emails will come from providercommunications@email.anthem.com.

Partnership

We value your participation in our behavioral health network. Providing care for those who need it most requires a team effort. As the provider, you are the most critical person on this team.

Our challenge is to find ways to help you use our resources as efficiently and productively as possible; that begins by listening to the problems you encounter and the ideas you have to make the system work better.

To locate your dedicated provider relationship management representative, select [here](#) and scroll down to *Territory Map*.

Together, we can find the real solutions that can make a difference in people's lives. For assistance, email ohiomedicaidprovider@anthem.com.



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