Behavioral Health Program

Integrated, holistic health care delivered with compassion, respect and integrity ... for every member.

Montana BH Provider Meetings
December 2013

John Gorman LPC
Sr. Manager of Utilization Management

Melissa Cantu MS, LPC
Manager of Case Management

Bonnie Peterson RN, MHP, MBA
Sr. Manager of BH Clinical Account Consultants
BCBSMT Provider Webinar Agenda

Opening Remarks
Introductions

Blue Cross and Blue Shield of Montana

Behavioral Health Program Overview

Questions / Discussion
Please contact:
Susan Lasich, BCBSMT Provider Network Representative
Susan_Lasich@bcbsmt.com
406-437-6223

• to share names/email addresses of participants attending webinar today
• to submit any follow up questions
• to provide feedback you have about presentation today

Thank you!
our purpose

To do everything in our power to stand with our members in sickness and in health
Behavioral Health Managed Membership

9,050,000
Integration of Behavioral Health and Medical means:

✓ Holistic approach to health care
✓ Overall medical care costs increase enormously by costs associated with unrecognized psychiatric syndromes
✓ Early, proactive identification of behavioral issues affecting medical conditions (and vice versa)
✓ Integration of medical and behavioral data – clinical, utilization and pharmacy
✓ Systematic monitoring of all health care activity
✓ Integration and coordination between medical and BCBS behavioral health clinicians as well as providers

Why? Mind and Body
Integrated Service Delivery Model

Strong mental and physical health can lead to a better overall quality of life. Co-management/Integration increases the probability of a positive outcome.

68% of adults with a mental disorder reported having at least one general medical disorder

29% of those with a medical disorder had a comorbid mental health condition

System Integration
- Same view of member
- Real-time referrals

BH Liaison Role
- 100% review of referrals
- Education

Medical Directors
- Consultations
- Integrated Rounds

Source: Robert Wood Johnson Foundation, Mental Disorders and Medical comorbidity, Feb. 2011
Behavioral Health Program Overview

**Behavioral Health Call Center**
- Call Center, 24/7*
- Members and Providers
- Verify eligibility, quote benefits, assist with accessing network providers, transfer to clinician, refer to group EAP/other vendors

**Clinical Operations**
- Care/Utilization Management
- Case and Condition Case Management
- Specialty Care Teams (Eating Disorders, Autism)
- Crisis Calls*, 24/7 BH Clinicians
- Integration/Co-Management
- Medical Directors and Masters prepared/Licensed Clinicians

**Quality Management**
- Regulatory Compliance, Privacy
- Accreditation
- Member / Provider Satisfaction Surveys
- Audits
- Service and Quality Care Concerns
- Appeals and Peer Review

*24/7 access for emergency inpatient authorizations provided by licensed clinicians
BH Incoming Calls from Members and Providers

BCBSMT CUSTOMER SERVICE
for any inquiries at 800-447-7828

Calls will be routed to the BEHAVIORAL HEALTH Call Center as indicated
- New BCBSMT ID Cards will include BH Call Center number
- 855-313-8909
Behavioral Health Call Center

Health Advocate Role

- Benefits
- Network Providers
- Care Options
- Initial Case Creation
- Transfer to BH Clinician
- Campaign Manager
- Eligibility

BEHAVIORAL HEALTH CALL CENTER
BCBSMT 855-313-8909
High Level of Care (HLOC) Services:

- **Preauthorization and Concurrent reviews** for Acute Inpatient, Residential Treatment Centers and Partial Hospitalization Programs

  - [✓] Milliman Behavioral Health Care Guidelines® for Mental Health conditions
  - [✓] American Society of Addiction Medicine (ASAM) criteria for Chemical Dependency diagnoses **effective 1/1/2014**

When a case does not allow for approval during the initial or concurrent review, the case will be referred to BH Medical Director for medical necessity determination / telephonic peer to peer discussion as necessary.

- **Care Coordination Early Intervention (CCEI)** - outreach post-discharge for high risk members by Discharge Coordinator

- **24/7** immediate response to **HLOC and Crisis** needs by licensed behavioral health clinicians

- **Eating Disorder Team** (see appendix for more information)

**FOCUS:** Ensure members receive the right level and type of care
Clinical Review Process

Initial (Preauthorization) Review

Facility clinician calls BCBSMT to request authorization/preauthorization

Information required at time of initial telephonic review for all BCBSMT membership as of 1/1/14:

- Presenting situation/symptoms;
- Mental health treatment history and medications;
- Alcohol/substance use treatment history;
- Medical history, medications and current treatment regimes;
- Mental status (reported by physician/practitioner);
- Risk potential;
- Current support systems; and
- Diagnosis (reported by physician/practitioner)

Reviewers utilize Milliman Behavioral Health Care Guidelines® for mental health and American Society of Addiction Medicine (ASAM) clinical criteria for chemical dependency to determine the following:

- Medical necessity of the requested care;
- Appropriateness of the location and level of care;
- Appropriateness of the length of stay; and
- Assignment of the next anticipated review point, schedule appointment
Clinical Review Process

Concurrent Review

**Concurrent telephonic scheduled review:**
- ✓ Assess the appropriateness of requests for continuation of clinical services by telephonic review
- ✓ Utilizes the same guidelines as the Initial Review

**Concurrent reviews allows the clinicians to:**
- ✓ Evaluate necessity for continued authorization of treatment
- ✓ Promote timely interventions
- ✓ Identify and authorize changes in treatment plan or level of care
- ✓ Revise or develop discharge plan
- ✓ Identify and authorize intra-facility transfers as needed
- ✓ Identify members at risk who may benefit from Case Management referral
Discharge Review

• **Discharge review allows for opportunities to:**
  - Identify cases appropriate for BH Case Management and/or Medical program referral
  - Inquire about coordinating care with PCP, assist with providing names of in net work providers as needed
  - Confirm follow up appointment is scheduled **within 7 days post discharge** with in network provider
  - Verify contact information to follow up with member post discharge as indicated

• **Identify cases for Care Coordination Early Intervention (CCEI) program**
  Follow-up calls are made by Discharge Coordinator to ensure:
  - Understanding and compliance with discharge plan
  - Member has a follow up appointment with outpatient provider **within 7 days post discharge** and barriers to following through with appointment are addressed
  - Discharge plan is effective
  - Referral to BH Case/Condition Case Management program as indicated, is facilitated
  - Other referral opportunities to medical management programs such as Case/Disease/Lifestyle Management programs are facilitated
Preauthorization for:
- Intensive Outpatient Programs (IOP)*
- Electroconvulsive Therapy (ECT)*
- Psychological/Neuropsychological testing—under development for implementation mid 2014

Focused Outpatient Management Program (Implementation 1/2015)
OUTREACH AND ENGAGEMENT to the identified provider and member to ENGAGE AND COLLABORATE on treatment plans and benefit options

Data-driven CLINICAL INTELLIGENCE RULES (CIRs) are utilized to identify “outliers” who may benefit from further review

Autism Care Team (see appendix)

Why Preauthorize?
✓ Ensures intensive services are:
  - Medically necessary
  - Clinically appropriate
  - Contribute to a successful treatment outcome
✓ Allows for management through the full BH continuum of care

* 1/1/2014 Forms available bcbsmt.com website, provider and/or forms section
Outpatient Forms

*1/1/2014 Forms available bcbsmt.com website, provider and/or forms section
Website: bcbsmt.com
Intensive Case Management

Condition Case Management Programs

- Depression
- Alcohol / Substance Abuse Disorders
- Anxiety / Panic Disorders
- Bipolar Disorder
- Eating Disorders
- Schizophrenia & other Psychotic Disorders
- ADD / ADHD

Online Tools

In-depth Condition Assessments for 5 core conditions

- Asthma
- Coronary Artery Disease
- Diabetes
- Depression
- Substance Abuse

- Click to Chat
- Online video health tutorials
- Links to health resources
Follow up outreach calls to potential high risk members who have:

- Left Inpatient setting Against Medical Advice
- Called Crisis Line
- Did not meet Medical Necessity for Inpatient admission
- Exhausted Benefits
- Experienced Adverse Incident

Interventions designed to keep the member in the community and alleviate the need for a higher, more restrictive level of care. These include but are not limited to:

- Offer support and help to minimize risk
- Assist with referrals and/or resources
- Coordinate care
- Enroll in BH CM programs, offer other BH services
- Ensure a BH Plan of Care is in place
Case Management Value

ER Visits Decreased

16%

After Behavioral Health Case Management Engagement

Readmissions decreased from

12% to 9%

following enrollment in a Behavioral Health Case Management Program*

A MEASURE OF FUNCTIONAL HEALTH AND WELL BEING FROM PATIENTS’ POINT OF VIEW

23.9% increase in the Mental Component Score suggests a positive impact of the program on functional health -- quality of life, improved emotional well being, etc.**

Short Form-12 (SF-12) Questionnaire
Members with Behavioral Health and Core Medical Conditions

- 20% lower PMPM ($263) for members with diabetes and a BH condition engaged in medical DM = more than $3,000 per year
- 4% lower ($58) for members with CAD and a BH condition are = approx. $700 per year

$93 LOWER PMPM
$1,100 / member / year
-7% total PMPM, -19% medical PMPM

PROPER BEHAVIORAL HEALTH TREATMENT LEADS TO LOWER MEDICAL COST
9% LOWER when treated by a BH provider vs. a primary care physician
42% LOWER with BH provider and BH Case Management engagement
Our Behavioral Health Program received the 2013 URAC Best Practices Bronze award for the development of and positive outcomes related to our Integrated Approach to Addressing Medical And Behavioral Comorbidity with a Managed Care Organization population.

Conclusion

Our fully integrated medical and behavioral health program helped members manage their co-morbid conditions and improve their health outcomes, resulting in significant claim cost savings.
Goal …
to provide products and services of the highest quality and value with a direct focus on meeting the needs of customers

- Clinical and Quality Service Indicators
- Regulatory Oversight, Privacy Officer
- Ethics and Compliance
- Clinical Practice Guidelines (see appendix)
- HEDIS measures
- Audits
- BH Policies/Procedures
- Appeals / Peer Review

- Quality Improvement Projects
- Provider Advisory Council
- Member Satisfaction Survey
- Provider Satisfaction Survey
- Client Satisfaction
- Complaints, Adverse Incidents
- QM Communications
- Accreditations

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<th>Member Satisfaction Results</th>
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<td>2011</td>
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<table>
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<th>Provider Satisfaction Results</th>
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<td>86%</td>
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• When a case does not allow for approval during the initial or concurrent review, the case will be referred to a BH Medical Director for medical necessity determination.

• Initial/appeal reviews - Peer to Peer will be done telephonically with one of the BH MD’s and facility MD. (Note: If one of our internal MD's are not available, an ERO Psychiatrist will perform the required review.)
  • There are times when different information may be presented during an initial/appeal review with the treating physician. If different information is presented vs. what was received during the standard UM review process, we may ask for records as 'evidence' of the new information.
  • If records corroborate the treating physician's testimony, we may overturn the initial adverse determination.
• Standard Appeals will require submission of clinical documentation from the medical record, but will not normally be required on initial or expedited appeal requests.

• The facility will be advised of the outcome of the appeal and options in a timely fashion, meeting all regulatory and URAC standards.

**Contact Information:**

Appeal Coordinator  
Blue Cross and Blue Shield of Montana  
BH Unit PO Box 4669  
Helena, MT  59604  
Right Fax: 312-565-2308  
Toll Free Fax: 855-649-9681  
Phone: 855-313-8909
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Thank you!
Happy Holidays from Behavioral Health

http://www.ecardsforhealth.com/cgi-bin/ecards.pl?e=1939893871001_s00all_c00prevention_end
APPENDIX OF RESOURCES

- BH Leadership Contacts
- Autism Care Team
- Eating Disorder Care Team
- Clinical Practice Guidelines
- Member and Provider BH flier
- Online Educational Tools for Members
Behavioral Health Contacts

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Sr. Manager of BH Clinical Account Consultants
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EATING DISORDER CARE TEAM

Eating disorders are serious clinical problems that require professional treatment by doctors, therapists, and nutritionists.

The team includes:

• A dedicated team of BH unit care coordinators, case managers and a medical director with background in the treatment of eating disorders
• A specialized clinical review template intended to address the medical / psychosocial / psychological nuances of eating disorders
• Immediate and automatic referral into the intensive case management program for all acute care admissions
• Automatic trigger to refer to BH case management by medical UM / CM if an eating disorder diagnosis is identified
• Established partnerships with identified eating disorder experts and treatment facilities
AUTISM CARE TEAM

FOCUS:
Supporting families in planning the best course of Autism Spectrum Disorder (ASD) treatment

GOALS:
• Provide clinical and case management expertise
• Locate referrals and resources in member’s geographic area
• Coordinate member’s behavioral health care with medical care
• Inform members how to make the most of covered benefits
• Provide Autism education materials on Plan websites
Acute Stress Disorder and Posttraumatic Stress Disorder (PTSD)
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1670530


Attention-Deficit/Hyperactivity Disorder (ADHD)
“Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder” (2007) American Academy of Child and Adolescent Psychiatry

Bipolar
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1669577


Eating Disorders
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1671334

http://psychiatryonline.org/content.aspx?bookid=28&sectionid=39113853

Continued…
Depression
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1667485

“Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders” (2007) American Academy of Child and Adolescent Psychiatry
http://www.aacap.org/galleries/PracticeParameters/Practice%20Parameter%20Depressive%20Disorders.pdf

Obsessive Compulsive Disorder
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1678180

Panic Disorder
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1680635

Schizophrenia
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1665359

http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1682213

Substance Use Disorders
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1675010

Behavioral Health Fliers

Member

Behavioral Health
Getting help is the first step in getting better

Most people know someone who is dealing with depression, anxiety, or other mental health issues. Seeking treatment is key to maintaining your mental health.

Information is managed by the program director.

We can help you
manage many behavioral health issues including:
- Anxiety
- Depression
- PTSD
- Substance Abuse
- Alcohol and Substance Abuse
- Mood Disorders
- Attention Deficit Disorders
- Bipolar Disorder
- Eating Disorders
- Schizophrenia and other Psychotic Disorders

Provider

Behavioral Health
Support for a Healthy Mind and Body

Primary care physicians and behavioral health professionals know that many of their patients present with both medical and behavioral health issues. Effective identification and treatment of these conditions can lead to better overall outcomes and reduced costs over time.

Information is managed by the program director.

Additional Resources
- Take advantage of these support resources for BCBSMT members:
  - Blue Access for Members**: Open member portal
  - 24/7 Telephone Access: Call 1-877-695-7233

Provider Folders: Online member resources are available on the Blue Access for Members portal.

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BCBSMT's licensed behavioral health professionals will help members:
- Find network behavioral health providers and physician
- Coordinate better communication and management of their medical and behavioral health care needs
- Answer questions about their care and health plan benefits

*24/7 Telephone Access: Registered nurses answer general health questions and offer medication therapy management services, which are paid for in addition to their health insurance plan.

**Blue Access for Members (BAM) offers members access to a variety of health and wellness services, including appointment scheduling, health and wellness tips, and more.

Information is managed by the program director.

Blue Access for Members (BAM) helps you to better care.

Behavioral Health Program

Member Folders: Online member resources are available on the Blue Access for Members portal.

Providers: Visit the Behavioral Health Program website at bcbst.com/behavioral-health for more information.

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www.bcbsmt.com
Health & Wellness – BH articles

Blue Access for Members℠
My Health – Health Topics, Videos, Resources

Well onTarget®
HA, Self-Directed Courses, Life Points,
Wellness Coaching (Stress Management), Health Library

Care onTarget℠
Self-Service Condition Assessments, Recommendations,
Tutorials, Health Resources, Click to Chat with Clinician

Be Smart. Be Well.®
• Life stories to help us all
• Health and safety information, Personal videos

Social Media

Facebook
Twitter
YouTube
eCards for Health
My Blue Community
BlueCross BlueShield of Montana