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Behavioral Health Overview

BlueCross BlueShield of North Carolina | HealthyBlue

Agenda

- About Us
- Behavioral Health Services
- Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition
- Specialized Behavioral Health Services

About Us

- Introducing Healthy Blue
- Overview

Introducing Healthy Blue

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has established an alliance with Amerigroup Partnership Plan, LLC (Amerigroup), combining 85+ years of deep local expertise with best in class Medicaid managed care capabilities and experience to create our Healthy Blue offering.

The Healthy Blue offering aligns with the North Carolina Department of Health and Human Services' (NCDHHS) goals for Medicaid. Through Healthy Blue, Blue Cross NC will help coordinate physical and behavioral healthcare for enrolled Medicaid members and offer education and the Disease Management program.

We are dedicated to offering real solutions that lower costs and improve healthcare access and quality care for our Healthy Blue members.

Overview

- Blue Cross NC facilitates integrated physical and behavioral health services, and this integration is an essential part of our healthcare delivery system.
- Our mission is to comprehensively address the physical and behavioral healthcare 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.

Overview (cont.)

- To successfully meet the needs of Healthy Blue members with behavioral heath, substance use, and intellectual and developmental disabilities, Blue Cross NC works collaboratively with:
  - Hospitals
  - Group practices
  - Independent behavioral healthcare providers
  - Community and government agencies
  - Human service districts
  - Federally qualified health centers (FQHCs)
  - Rural health clinics (RHCs)
  - Community behavioral health centers
  - Other resources

Behavioral Health Services

- Program Goals
- Caring for our Members
- Access to Care Standards
- Covered Services
- Clinical Policies
- Level of Care Tools
- Authorizations

Goals

Goals of the Behavioral Health Program are to:

- Ensure service accessibility, including a comprehensive array of quality and evidence-based supports and services for eligible members.
- Integrate the management and delivery of physical and behavioral health services.
- Achieve quality initiatives, including HEDIS®, National Committee for Quality Assurance (NCQA), North Carolina Department of Health and Human Services (NCDHHS), and other governmental entities' performance requirements.
- Work with members, providers and community supports to provide recovery and resilience tools that support a member's progress toward their medical and behavioral health goals.
- Ensure utilization of the most appropriate and least restrictive medical and behavioral healthcare in the right place, at the right time.

Note: HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Coordination of Behavioral Health and Physical Health Treatment

Screening and identification of behavioral health conditions begins in the primary care provider's (PCP) office:

- No referrals are required for routine outpatient behavioral health services when provided by an in-network provider.
- As a network provider, you are required 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.
- For code-specific requirements for all services, visit our provider self-service website at https://provider.healthybluenc.com and select **Precertification Lookup** from our *Quick Tools* menu.

Continuity of Care

To ensure continuity of care for Healthy Blue members, Blue Cross NC will honor existing and active medical prior authorizations (PAs) on file with the North Carolina Medicaid or NC Health Choice program for the first 90 days after implementation or until the expiration/completion of a PA, whichever occurs first. For service authorizations managed by a Local Management Entity (LME)/managed care organization (MCO) and under the scope of *42 CFR Part 2*, Blue Cross NC shall deem authorizations submitted directly by impacted Healthy Blue providers as covered under this requirement.

For new PA requests submitted by providers to Healthy Blue on or after go-live, standard utilization management requirements and allowances as specified in Healthy Blue contracts apply. New PA requests submitted by providers to Healthy Blue may include requests for reauthorization of services initially authorized in fee for service (FFS).

Care Management

- Healthy Blue integrated care management design:
  - Improves member health outcomes
  - Integrates physical and behavioral healthcare
  - Identifies and uses of best practices
- Care management continuum of services and supports:
  - Are matched on individualized basis to meet the needs of the member
  - Identify at-risk members offered care management
  - Inpatient admissions due to behavioral health or substance use disorders

Key Elements for Coordinated and Integrated Health Services

- Ongoing communication, coordination and collaboration between primary care and behavioral health (behavioral health and substance use) providers, with appropriate documented consent.

- The expectation that both primary care and behavioral health providers regularly screen members for behavioral health, substance use (including tobacco), and high-risk behaviors (for example, gambling), and make referrals to specialty providers, as necessary.

- Patient-centered treatment plan development involves members, as well as caregivers, family members, and other community supports and systems when appropriate.

Utilization Management

- UM decision making is based only on appropriateness of care, service and existence of coverage.
- Practitioners or other individuals are not specifically 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 underutilization or create barriers to care and services.
- Behavioral Health UM guidelines can be found at https://provider.healthybluenc.com.

Timeliness of Decisions on Requests for Authorization

- If referral is made from an emergency room or a facility that does not have a psychiatric unit, the decision will be made and communicated to the provider within one hour of request.
- If in an inpatient facility where the member will be hospitalized, the decision will be made and communicated to the provider within 72 hours of the request.
  - **Routine, non-urgent request (initial request):** within two business days of receipt of all necessary information but no later than 14 days from the request for services
  - **Routine, non-urgent request (concurrent review):** within one business day of obtaining all necessary information but no later than 14 days from the request for services
  - **Retrospective review request**: within 30 days of request

Access to Care Standards

Timeliness of Appropriate Access to Behavioral Healthcare

Behavioral health

- Emergent: immediately upon presentation at the service delivery site; emergent, crisis or emergency behavioral health services must be available at all times and an appointment shall be arranged within one hour of request.
- Urgent: within 48 hours of referral/request
- Mobile crisis management services: within two hours
- Routine outpatient: within 14 days of request
- Outpatient following discharge from an inpatient hospital: within seven days of discharge

Behavioral Health Standard Plan Services

Behavioral Health state plan services	Behavioral Health visit limits/prior authorization (PA) requirements
Inpatient Behavioral Health services	PA requirements apply
Outpatient Behavioral Health emergency room services	No PA requirements apply
Outpatient Behavioral Health services provided by direct-enrolled providers	Behavioral Health visit limits/PA requirements apply
Partial hospitalization	PA requirements apply
Mobile crisis management	PA requirements apply
Facility-based crisis services for children and adolescents	PA requirements apply
Professional treatment services in facility-based crisis program	Behavioral Health visit limits/PA requirements apply
Outpatient opioid treatment	PA requirements apply
Ambulatory detoxification	PA requirements apply

Behavioral Health Standard Plan Services (cont.)

Behavioral Health state plan services	Behavioral Health visit limits/PA requirements
Research-based intensive Behavioral Health treatment-Autism Spectrum Disorder	Behavioral Health visit limits/PA requirements apply
Diagnostic assessment	Behavioral Health visit limits/PA requirements apply
EPSDT	PA requirements apply in some circumstances
Nonhospital medical detoxification	PA requirements apply
Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization (ADATC)	PA requirements apply
Institution of Mental Disease (IMD)-ILOS: Mental Health and Substance Use Disorder (SUD)	PA required
Peer support	PA requirements apply
Children's Developmental Service Agencies (CDSAs)	PA requirements apply

Carved-out Services: Services Covered by LME-MCO

Services Covered by LME-MCO:

- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Waiver services:
  - Innovations waiver services
  - Traumatic brain injury (TBI) waiver services
  - 1915(b)(3) services
- State-funded Behavioral Health and Intellectual and Developmental Disabilities (I/DD) services
- State-funded TBI services

Behavioral Health In Lieu of Services (ILOS)

In Lieu of Services (ILOS) are services or settings that are not covered under the North Carolina Medicaid State Plan but are a medically appropriate, cost-effective alternative to a State Plan covered service:

- **Behavioral Health urgent care-ILOS**: services include assessment and diagnosis for mental illness, substance use, intellectual and developmental disability issues; planning and referral for future treatment; medication management; outpatient treatment; and short-term follow-up care.
- **Institute for mental disease (IMD)-ILOS:** a hospital, nursing facility, or other institution of more than 16 beds primarily engaged in providing diagnosis, treatment of care, or care of persons with mental diseases. The treatment of alcoholism, substance abuse, or other chemical dependency syndromes is included in this definition.

Behavioral Health *Clinical Coverage Policies*

Mandatory *Clinical Coverage Policies*

8A: Enhanced Mental Health and Substance Abuse Services (limited to services listed):

- Mobile crisis management
- Diagnostic assessment
- Partial hospitalization
- Professional treatment services in facility-based crisis
- Ambulatory detoxification
- Nonhospital medical detoxification
- Medically supervised or ADATC detox crisis stabilization
- Outpatient opioid treatment

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Behavioral Health *Clinical Coverage Policies* (cont.)

8A-2: Facility-based Crisis Services for Children and Adolescents

8B: Inpatient Behavioral Health Services

8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers

8F: Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD

Behavioral Health Level of Care Tools

In addition to the state *Medical Policies* and MCG Care Guidelines, providers are required to use the following level of care tools for medical necessity reviews:

American Society for Addiction Medicine (ASAM) for substance use services for all populations except children ages newborn to 6. EPSDT criteria will be used for the evaluation for service for children.

Early Childhood Services Intensity Instrument (ECSII) or Children and Adolescents Needs and Strengths (CANS) for infants, toddlers and preschoolers for children ages newborn to 5.

Emergency Behavioral Health Services and Referrals

- **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.

- **Behavioral health self-referrals**
  - Blue Cross NC does not require Healthy Blue members to obtain a referral or 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 Healthy Blue 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 children's mental health services. If the member is unable or unwilling to access timely services through community providers, call Healthy Blue Provider Services at **844-594-5072** for assistance.

Behavioral Health Crisis Line

Behavioral Health Crisis Line

Members have access to the Behavioral Health Crisis Line 24/7, 365 days a year through a confidential, toll-free number with immediate access to trained, skilled, licensed Behavioral Health professionals who provide assistance for any type of Behavioral Health distress the member may experience. We offer assistance to link members to supportive, available community resources.

The Behavioral Health Crisis line toll-free number is 844-594-5076.

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Prior Authorizations

- To request a prior authorization, visit https://availity.com.
- Providers can also request a prior authorization for inpatient mental health and substance use disorder services by calling **1-844-594-5072**, 24/7, 365 days a year. Be prepared to provide clinical information to support the request.
- Use the prior authorization request form on https://provider.healthybluenc.com to fax requests. Fax the PA form to the numbers below.

Fax numbers	
For inpatient requests:	**844-439-3574**
For outpatient requests:	**844-429-9636**

Links to Behavioral Health Forms, Guidelines and Screening Tools

The following forms are located on the Healthy Blue provider website at https://provider.healthybluenc.com:

- Behavioral health and substance use covered services
- Services requiring PA
- Noncovered diagnoses
- Screening tools for primary care providers and behavioral health providers

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition — EPSDT

Standard Plans are required to provide NC Medicaid State Plan behavioral health or I/DD services subject to EPSDT that are typically offered only by Behavioral Health I/DD Tailored Plans to children under age 21 who require a service.

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition — EPSDT (cont.)

EPSDT does not cover habilitative services, respite services, or other services approved by CMS that can help prevent institutionalization. Those services will only be available in the Behavioral Health I/DD Tailored Plans:

- If a Medicaid enrolled child is enrolled in Healthy Blue and needs a service that is covered in the Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plans service array (but not Standard Plans), and the service meets the requirements for EPSDT, Healthy Blue must cover that service for any period the beneficiary is enrolled in Healthy Blue.
- When the encounter for that service comes to the Department, the Department will flag the beneficiary as Tailored Plan eligible and he/she will be disenrolled from Healthy Blue and moved into Medicaid Direct (until Tailored Plans go live), in accordance with the Auto Enrollment of Tailored Plan-Eligible Members.

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition

Standard Transfer:

- Assist the member, family and provider:
  - Request a review of eligibility by using the *Standard Plan Exemption/Tailored Plan Eligibility* form for provider to complete
- Provider to submit the form to the enrollment broker
- Enrollment broker decision will be communicated within five to seven calendar days of receipt
- Healthy Blue Care Management (CM) serves as a member's primary point of contact to coordinate the member's transition and warm hand off with the LME-MCO
- CM follows up within three to seven days with member or authorized representative to confirm services have continued

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition (cont.)

Urgent Transfer:

- Urgent transfer request for a beneficiary enrolled in a Standard Plan needing a service only available in the Behavioral Health I/DD Tailored Plans (NC Medicaid Direct/LME-MCOs prior to Behavioral Health I/DD Tailored Plan launch).
- Transfers can be requested as follows:
  - Provider submits request for an urgent transfer to Medicaid Broker on behalf of the Standard Plan beneficiary.
  - Standard Plan beneficiary must sign the urgent request, which acknowledges the request and that approval will lead to immediate disenrollment from Standard Plan and enrollment in a Behavioral Health I/DD Tailored Plan (or NC Medicaid Direct/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch).

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition (cont.)

- Enrollment broker will review and enroll the Standard Plan beneficiary in Behavioral Health I/DD Tailored Plans (or NC Medicaid Direct/LME-MCO prior to Behavioral Health I/DD Tailored Plan launch) effective retroactive to the date of the request.
- Healthy Blue CM also serves as member's primary point of contact to coordinate the member's transition and warm hand off with the LME-MCO.
- CM follows up within three to seven days with member or authorized representative to confirm services have continued.

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition (cont.)

Criteria for eligibility for Behavioral Health Intellectual and Developmental Disabilities (I/DD) includes:

- Serious mental illness (SMI)
- Serious emotional disturbance (SED)
- Severe substance abuse disorders (SUD)
- I/DD
- Traumatic brain injury (TBI)
- Enrolling or on waiting list for the Innovations Waiver
- Enrolling or on wait list for TBI waiver
- Using a Medicaid service only available through Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan

Behavioral Health Intellectual and Developmental Disabilities (I/DD) Tailored Plan Eligibility and Transition (cont.)

Criteria for eligibility for Behavioral Health Intellectual and Developmental Disabilities (I/DD) includes:

- Using a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Williams Syndrome, Angelman Syndrome and Prader-Willi Syndrome
- Identified by LME-MCO as meeting the definition of children with complex needs
- Member under 18 years of age with a claim or encounter that includes Schizophrenia or Schizoaffective disorder, regardless of service utilization
- Member with a claim/encounter for ECT regardless of diagnosis
- Members who have used clozapine or long acting injectable anti-psychotics, regardless of diagnosis
- Member with two ER visits for psychiatric care within an 18-month period
- Use of crisis services (mobile, facility based, detoxification, ADATC) during look-back period

Specialized Behavioral Health

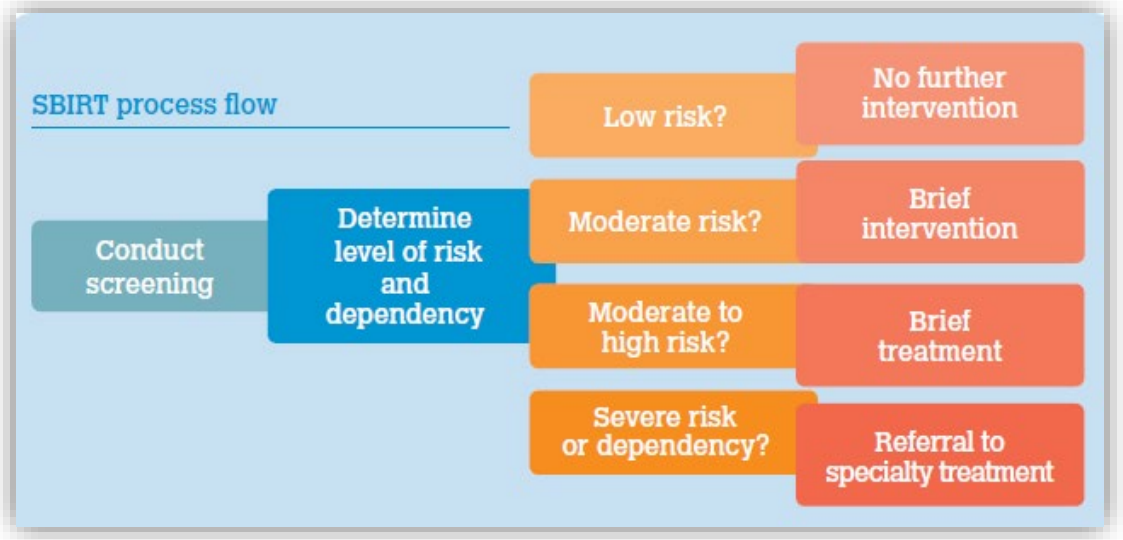
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Substance Use Disorder (SUD)
- Medication-Assisted Treatment (MAT)

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)

Substance use disorder 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 our SUD Recovery Support Program, a mobile platform that provides daily peer support through discussion groups and peer-to-peer messaging.

Providers may also request authorization for inpatient mental health and substance use disorder services by calling **844-594-5072**, 24/7, 365 days a year. Be prepared to provide clinical information in support of the request at the time of the call.

Medication-Assisted Treatment (MAT)

- Medication-assisted treatment (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.

- Office-Based Opioid Treatment: Clinical Coverage Policy https://files.nc.gov/ncdma/documents/files/1A-41_7.pdf

Medication Assisted Treatment (MAT) Links from SAMHSA

- **How to become a buprenorphine waivered 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

Thank You

We appreciate you taking the time to attend our training and hope the information covered today answered your questions.

In a world of escalating healthcare costs, we work to educate our members about the appropriate access to care and their involvement in all aspects of their healthcare.

We look forward to working with you to continue this education and provide valuable healthcare to our members — your patients.

Healthy Blue provider website:
https://provider.healthybluenc.com
Healthy Blue Provider Services: **844-594-5072**
NC_Provider@healthybluenc.com

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