



**Integrated Behavioral Health Program Updates  
Frequently Asked Questions  
For BCBSNM Providers Only**

Effective January 1, 2012, Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement changes to the Behavioral Health Program\* by introducing the Focused Outpatient Management Program.

BCBSNM is responsible for the effective management of its members' behavioral health benefits. That is why the Behavioral Health Focused Outpatient Management Program was developed as a new and innovative way to address the unique aspects of managing behavioral health conditions and treatment, and continue to ensure that members receive medically necessary and appropriate quality, behavioral health outpatient care. The Focused Outpatient Management Program is expected to improve coordination of care for behavioral health services and reduce the administrative burden on members and providers.

Focused Outpatient Management is a claims-based approach to behavioral health care management that uses data-driven analysis and clinical intelligence rules to identify members whose care and treatment may benefit from further review and collaboration. The cornerstone of this model is outreach and engagement from BCBSNM to the identified providers and members to discuss treatment plans and benefit options. The goal is to collaborate with providers and members to maximize the benefits available to the member under his or her benefit plan.

The Focused Outpatient Management Program will replace BCBSNM's current behavioral health outpatient preauthorization requirements<sup>†</sup> for members that have outpatient management as part of their benefit plan. With the introduction of the Focused Outpatient Management Program, preauthorization will only continue to be required for the following four outpatient behavioral health services prior to initiation of service:

- Electroconvulsive therapy (ECT)
- Psychological testing
- Neuropsychological testing
- Intensive outpatient programs (IOP)

Preauthorization will continue to be required for all inpatient, residential treatment and partial hospitalization admissions.

The benefits of Focused Outpatient Management include:

- Helping address member needs to improve the quality of care and outcomes
- Improving collaboration with providers on complex cases
- Providing referrals to appropriate programs
- Raising awareness of the availability of additional benefits, more intensive treatments, community based resources, and integrated care and condition management programs where appropriate
- Increasing member and provider satisfaction by reducing their administrative burden

By identifying members who can benefit from referrals to case or condition management programs, BCBSNM helps ensure members have access to the services they need to improve both quality of care and outcomes.

\* The Behavioral Health program is available only to members enrolled in a BCBSNM health plan that includes behavioral health benefits through BCBSNM.

† Outpatient behavioral health management applies only to members who have outpatient management as part of their behavioral health benefit plan through BCBSNM.

## FOR BCBSNM Providers Only

*The following Frequently Asked Questions (FAQs) provide information about the Behavioral Health Program and the new Focused Outpatient Management process.*

### BCBSNM BEHAVIORAL HEALTH PROGRAM:

**Q1: What is the BCBSNM Behavioral Health program?**

The Behavioral Health program is a portfolio of resources that help BCBSNM members access benefits for behavioral health (i.e., mental health and substance abuse) conditions as part of an overall care management program. BCBSNM's Behavioral Health program aims to support behavioral health professionals and physicians to better manage the needs of members who use behavioral health services. A key goal of the Behavioral Health program is to support early identification of members who could benefit from co-management of behavioral health and medical conditions.

The behavioral health program is an integrated component of the Blue Care Connection®\* (BCC) medical care management program. The BCC suite of programs and services offers personal attention, resources and support that can empower BCBSNM members to take charge of their health.

Using state-of-the-art technology, BCBSNM's staff of behavioral health professionals help members navigate the health care system and may refer members\*\* to other BCC care management programs. BCC programs are designed to help identify and help close potential gaps in care through evidence-based and member-focused approaches to health care and benefit decisions.

BCBSNM manages behavioral health services for all members who have behavioral health benefits through BCBSNM. Please note:

- Employee Assistance Program † (EAP) behavioral health services for members who have BCBSNM EAP benefits are administered by Magellan Health Services
- New Mexico BlueSalud<sup>SM</sup> behavioral health services are administered by OptumHealth<sup>SM</sup> New Mexico (the statewide behavioral health entity)
- Federal Employee Program (FEP) members are managed by BCBSNM. FEP members are not required to request preauthorization for any outpatient behavioral health services

*\* Blue Care Connection is available to members whose employers have purchased this program as part of their health plan.*

*\*\* Members experiencing inpatient hospitalization, complex or special health care needs or who are at risk for medical complications may be referred to BCC programs through a variety of mechanisms such as predictive modeling, claim utilization, inbound calls, self-referrals and physician referrals. If members do not have BCC as part of their group health plans, they will not be referred to other BCC programs.*

## FOR BCBSNM Providers Only

### Q2: What are the components of the Behavioral Health program?

The Behavioral Health program includes:

- Care/Utilization Management for inpatient, partial hospitalization and some outpatient behavioral health care services (see Q6 of this document)
- Condition Management (seven conditions)
  - *Depression*
  - *Alcohol and Substance Abuse Disorders*
  - *Anxiety and Panic Disorders*
  - *Bipolar Disorders*
  - *Eating Disorders*
  - *Schizophrenia and other Psychotic Disorders*
  - *Attention Deficit and Hyperactivity Disorder (ADD/ADHD)*
- Case Management
- Referrals to other BCC medical care management programs, wellness and prevention campaigns

### BEHAVIORAL HEALTH PROGRAM CHANGES:

#### Q3: What changes are being made to the Behavioral Health Program?

BCBSNM is introducing the Focused Outpatient Management Program, a claims-based approach to behavioral health care management that uses data-driven analysis and clinical intelligence rules to identify members whose care and treatment may benefit from further review and collaboration. The cornerstone of this model is outreach and engagement from BCBSNM to the identified providers and members to discuss treatment plans and maximize benefits.

The Focused Outpatient Management Program will replace BCBSNM's current behavioral health outpatient preauthorization requirements, which will be eliminated with four exceptions (as listed in Q6 of this document), for members that have outpatient management as part of their benefit plan.

#### Q4: How will the Behavioral Health Focused Outpatient Management Program work?

When a member is identified through the program as potentially benefiting from further review and collaboration, BCBSNM will contact the member's provider by letter and request additional clinical information about the member's care and treatment. The provider will be asked to complete an enclosed Clinical Update Request Form and return it to BCBSNM within 30 days of the date of the letter. Clinical information provided will be reviewed by Behavioral Health clinical staff for further recommendations and determination of coverage based on member benefit plans.

In addition to the provider outreach and collaboration described above, BCBSNM will also send a letter to the member to inform him or her that their provider has been asked to provide clinical information to BCBSNM to ensure the member is getting medically necessary and appropriate quality care and treatment. The letter will explain that the member's current treatment is approved during this 30-day period. If the provider does not submit the requested information within the 30-day timeframe, BCBSNM may not be able to determine if the care and treatment provided is medically necessary or appropriate. As a result, authorization for continued services may be discontinued and the member may be financially responsible.

## FOR BCBSNM Providers Only

### **Q5: What should I do if I am contacted about behavioral health services?**

Providers will be notified by letter that the member's care and treatment may benefit from further review and collaboration through the Behavioral Health Focused Outpatient Management Program. To assist in this effort, you will be asked to complete a Clinical Update Request Form which will be included in the initial notification. BCBSNM will review the information provided for further recommendations and make a determination of coverage based on member benefit plans. If BCBSNM does not receive this important clinical information within 30 days from the date of the letter, claim reimbursement for applicable services may be denied. If BCBSNM is unable to determine that these services meet the criteria for medical necessity as outlined in the member's benefit plan, the member may be financially responsible for those services.

### **PREAUTHORIZATION:**

### **Q6: What services require preauthorization?**

With the introduction of the Focused Outpatient Management Program, preauthorization will only continue to be required for the following four outpatient behavioral health services prior to initiation of service:

- Electroconvulsive therapy (ECT)
- Psychological testing
- Neuropsychological testing
- Intensive outpatient programs (IOP)

There are no changes to preauthorization requirements for inpatient behavioral health services. Non-emergency inpatient care must be preauthorized at least one day prior to admission, and emergency inpatient care must be preauthorized within two business days of admission.

As always, all services must be deemed medically necessary as outlined in the member's benefit booklet. Services deemed not medically necessary will not be reimbursed.

All behavioral health professionals and physicians, both BCBSNM network and out-of-network, will need to submit clinical information forms/information as requested.

Members are responsible for requesting preauthorization for behavioral health services provided by behavioral health professionals, physicians and facilities when preauthorization is required. You may request preauthorization for behavioral health services on the member's behalf.

A member's family member may also request preauthorization on behalf of the member. *BCBSNM will comply with all federal and state confidentiality regulations before releasing any information about the member.*

### **Q7: What happens if a member fails to preauthorize services requiring preauthorization?**

If a member receives any of the four outpatient behavioral health services requiring preauthorization (as listed in Q6 of this document) without requesting preauthorization, BCBSNM will request clinical information from the behavioral health professional or physician for a medical necessity review. Medically unnecessary claims will not be reimbursed. The member may be financially responsible for services that are deemed medically unnecessary.

Members who do not request preauthorization for inpatient behavioral health treatment may experience the same benefit reductions that apply for inpatient medical services. Medically unnecessary claims will not be reimbursed. The member may be financially responsible for services that are deemed medically unnecessary.

These requirements and benefit reductions apply for BCBSNM network services. If a member's benefit plan includes out-of-network options, the same requirements apply.

## FOR BCBSNM Providers Only

**Q8: How do members request preauthorization for behavioral health services, when preauthorization is required?**

Members can call the phone number on the back of their ID card to request preauthorization for behavioral health services provided by behavioral health professionals, physicians and facilities, when preauthorization is required (as listed in Q6 of this document). Members should request preauthorization with BCBSNM prior to the initiation of these services.

You may request preauthorization on the member's behalf by calling the number on the back of the member's ID card. A member's family member may also request preauthorization on behalf of the member. *BCBSNM will comply with all federal and state confidentiality regulations before releasing any information about the member.*

If a member receives any of the behavioral health services requiring preauthorization (as listed in Q6 of this document) without calling for preauthorization, the behavioral health professional or physician will be asked to submit clinical information to BCBSNM for a medical necessity review. The member will also receive notification.

In addition to requesting preauthorization, members can consult with BCBSNM's licensed behavioral health staff professionals, who can:

- Provide guidance regarding care options and available services based on the member's benefit plan
- Help find network providers that best fit the member's care needs
- Improve coordination of care between the member's medical and behavioral health providers
- Identify potential co-existing medical and behavioral health conditions

**Q9: When preauthorization is required, how does the behavioral health professional or physician know that the member has been authorized for care? Can the behavioral health professional or physician continue to see the patient if there has not been a preauthorization?**

Once a preauthorization determination is made for services requiring preauthorization, the member and the behavioral health professional or physician will be notified of the authorization, regardless of who initiated the request. If a member receives any of the behavioral health services requiring preauthorization (as listed in Q6 of this document) without calling for preauthorization, the behavioral health professional or physician will be asked to submit clinical information to BCBSNM for a medical necessity review. The member will also receive notification.

**Q10: Will the behavioral health professional or physician be reimbursed for behavioral health services requiring preauthorization rendered if the member does not call for preauthorization?**

BCBSNM will request that you submit clinical information for a medical necessity review. Medically unnecessary claims will not be reimbursed. The member may be financially responsible for services that are deemed medically unnecessary.

## FOR BCBSNM Providers Only

### OTHER INFORMATION:

**Q11: What clinical screening criteria are used?**

Generally, our licensed behavioral health clinicians will use Milliman Behavioral Health Guidelines, BCBSNM Medical Policies and clinical practice guidelines as clinical screening criteria.

If a specific claim or preauthorization request is denied and there is an appeal, BCBSNM will provide the applicable criteria used to review the claim or preauthorization request upon request by the behavioral health professional, physician or member.

If a behavioral health professional or physician engages in a particular treatment type and requests the criteria that BCBSNM applies in determining whether the treatment meets the medical necessity criteria set forth in the member's benefit plan, BCBSNM will provide the applicable criteria used to review specific diagnosis codes and CPT/other procedure codes which are appropriate for the treatment type.

**Q12: How do members find a behavioral health professional or physician?**

Members can select an independently contracted and licensed behavioral health professional or physician in their area by using the online Provider Finder<sup>®</sup> located at *bcbnsm.com* and selecting Find a Doctor. Members can also call the number on the back of their ID cards to request assistance in finding an independently contracted and licensed behavioral health professional or physician.

Updates about the Behavioral Health program will be communicated in the News and Updates and Clinical Resources sections on *bcbnsm.com/provider* and in *Blue Review*. Please see the Behavioral Health program page of the Clinical Resource section on *bcbnsm.com/provider* for more information.