



**Integrated Behavioral Health Program
Transition to In-House Administration
Frequently Asked Questions
For BCBSTX Providers Only**

1Q. What is the integrated Behavioral Health program?

1A. The integrated Behavioral Health program is a portfolio of resources that helps Blue Cross and Blue Shield of Texas (BCBSTX) members access benefits for behavioral health (i.e., mental health and substance abuse) conditions as part of an overall care management program. BCBSTX's integrated Behavioral Health program aims to support behavioral health physicians and other professional providers in better assessing the needs of members who use these services and engage them at the right time in the right settings.

The goal of the integrated Behavioral Health program is to support early identification of members who could benefit from co-management of behavioral health and medical conditions. This service delivery model may result in improved outcomes, enhanced continuity of care, greater clinical efficiency and reduced costs over time.

2Q. What program changes are expected?

2A. Effective January 2011, BCBSTX will manage behavioral health services for all non-HMO members, replacing Magellan Health Services.

Please note the following exceptions:

- Employee Assistance Program (EAP) behavioral health services for all members will continue to be administered by Magellan Health Services.
- HMO Blue[®] Texas behavioral health services will continue to be delivered by Magellan Health Services' provider network.

Members will be responsible for requesting preauthorization for all covered behavioral health services provided by behavioral health physicians and other professional providers and facilities. A preauthorization request should be submitted before an inpatient/partial hospitalization admission or the first outpatient service/visit. All services must be deemed medically necessary as outlined in the member's benefit booklet. You may request preauthorization on behalf of the member, but the responsibility lies with the member.

Although behavioral health services will be managed internally effective January 2011, preauthorization requirement changes will not be in effect until the member's group renewal.

All program changes comply with the regulations of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and Interim Final Rules (IFR) of 2010.

3Q. Why was the decision made to move the administration of the integrated Behavioral Health program in-house?

3A. BCBSTX is further integrating behavioral health care management with our Blue Care Connection[®] (BCC) medical care management program to provide better care management services across the health care continuum. BCC offers personal attention, resources and support of members' healthy behaviors and improved outcomes.



Individuals with behavioral health conditions may suffer from medical conditions that can worsen their behavioral health conditions, limit their responses to treatment and even shorten their life span. Individuals with medical problems may also experience behavioral health issues that can mimic medical symptoms, interfere with treatment and cause treatable medical conditions to become chronic physical problems. Health care experts realize that people with co-existing behavioral health and medical concerns can benefit from early recognition and treatment of both conditions for maximum results.

The improved integration of behavioral health care management with medical care management will allow our clinical staff to assist in the early identification of members who could benefit from co-management of behavioral health and medical conditions. This change may result in improved outcomes, enhanced continuity of care, greater clinical efficiency, and reduced costs over time.

Using state-of-the-art technology, independently licensed behavioral health professionals will help covered members navigate the health care system and may also refer members* to other BCC medical care management programs, as needed. The BCC programs are designed to identify and help close potential gaps in care through evidence-based and member-focused approaches to health care and benefit decisions.

** 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.*

4Q. What is the transition of care plan for current patients?

4A. BCBSTX will work with the member's current behavioral health physician or other professional provider to help limit the possibility for disruptions in patient care coordination during this transition. Members and behavioral health physicians and other professional providers can use the same phone number on the back of the member's ID card for requesting preauthorization, submitting continuity of care plans, contacting customer service and more.

During this transition, Magellan Health Services will:

- Continue to make medical necessity determinations for dates of service **up to and including December 31, 2010**, for outpatient, intensive outpatient and partial hospitalization covered services.
- Make medical necessity determinations for covered inpatient admissions that **begin on or before December 31, 2010**.
- Answer questions or claim inquiries regarding care authorized or claims submitted with dates of service **on or before December 31, 2010**.
- Authorize services in January 2011, if needed; any authorizations made will be transferred to BCBSTX.

Additional information about transitioning care will be provided at a later date.

5Q. What is preauthorization?

- 5A. Preauthorization involves submitting a request to the Behavioral Health Unit for a determination of whether the requested service or treatment meets the definition of medically necessary care under the member's policy certificate and/or benefits booklet and/or summary plan description.

Approval of services is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as the preexisting condition waiting period, if any.

6Q. Are there any changes to preauthorization requirements for behavioral health services?

- 6A. Members will be responsible for requesting preauthorization for all covered inpatient, partial hospitalization and outpatient behavioral health services provided by behavioral health physicians and other professional providers and facilities. Members should request preauthorization with BCBSTX before an inpatient/partial hospitalization admission or the first outpatient service/visit. All services must be deemed medically necessary as outlined in the member's benefit booklet.

You may request preauthorization for outpatient behavioral health services on behalf of the member. There are no changes to preauthorization requirements for inpatient behavioral health services.

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

Members may receive authorization for up to 10 outpatient visits to any behavioral health physician(s) or other professional provider(s) without the need to submit medical records/Outpatient Treatment Request (OTR) forms. For example, if a member sees, on an outpatient basis, one behavioral health physician or other professional provider three times, another six times and a third once, these visits represent the total first 10 outpatient visits. We encourage you to coordinate care with all behavioral health physician(s) or other professional provider(s) the member may be seeing/have seen.

All outpatient behavioral health visits scheduled after the first 10 visits will require you to submit an OTR form for BCBSTX to evaluate if the requested services are medically necessary as outlined in the member's benefit booklet. The OTR form can be submitted at any point prior to the 11th visit. You can call BCBSTX with the required information using the number on the back of the member's ID card.

Outpatient behavioral health services can include:

- Intensive outpatient programs
- Outpatient office visits
- Group therapy

Inpatient behavioral health services can include:

- Acute inpatient treatment
- Residential treatment center programs -- *Residential treatment centers are only considered inpatient behavioral health services for those groups whose health plans include coverage for these treatment options.*

Members who do not request preauthorization for inpatient behavioral health treatment will experience the same benefit reductions that apply for failing to preauthorize for inpatient medical services. There will be no benefit reductions if members fail to request preauthorization for outpatient behavioral health treatment. However, BCBSTX may request clinical information from the behavioral health physician or other professional provider to determine if the requested services are medically necessary prior to claim adjudication. The member may be financially responsible for services that are deemed medically unnecessary.

7Q. How do members request preauthorization for behavioral health services? How will members be notified that they need to preauthorize? How does the behavioral health physician or other professional provider know that the member has been authorized for care?

7A. Members can call the phone number on the back of the member's ID card to request preauthorization for covered inpatient, partial hospitalization and outpatient behavioral health services provided by behavioral health physicians and other professional providers and facilities. Members should request preauthorization with BCBSTX prior to an inpatient/partial hospitalization admission or before the first outpatient service/visit.

You may request preauthorization on behalf of the member 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. *BCBSTX will comply with all federal and state confidentiality regulations before releasing any information about the member.*

If a member receives outpatient behavioral health visits without preauthorizing, a letter will be sent notifying the member that outpatient preauthorization is required once the claim has been submitted. This letter will also provide instructions for requesting preauthorization.

Once a preauthorization determination is made, the member and the behavioral health physician or other professional provider will be notified of the authorization, regardless of who initiated the request.

The phone number for requesting preauthorization will not change, making this an easy transition for members and behavioral health physicians and other professional providers. Members and behavioral health physicians and other professional providers can use the same number for requesting preauthorization, submitting continuity of care plans, contacting customer service and more.



- 8Q. Will the behavioral health physician or other professional provider be reimbursed for outpatient services rendered if the member does not call for preauthorization?**
- 8A. BCBSTX may request that you submit clinical information to determine if the outpatient services requested meet the medical necessity definition under the member's benefit plan prior to claim adjudication. The member may be financially responsible for services that are deemed medically unnecessary.
- 9Q. What clinical screening criteria will be used?**
- 9A. Generally, our licensed behavioral health clinicians will use the Milliman Behavioral Health Guidelines or BCBSTX Medical Policies as clinical screening criteria.
- 10Q. How do members find a behavioral health physician or other professional provider?**
- 10A. Members can select an independently contracted network behavioral health physician or other professional provider in their area by using the online Provider Finder[®], located at *bcbstx.com* and selecting Find a Doctor. Members can also call the number on the back of their ID cards to request assistance from a behavioral health advocate in finding an independently contracted network behavioral health physician or other professional provider.
- 11Q. Will current behavioral health physician or other professional provider administrative tools and processes change because of this transition?**
- 11A. All customer service contact information and service hours will remain the same. Beginning in January, call the phone number on the back of the member's ID card to:
- Submit treatment plans
 - Get information on OTR forms
 - Request preauthorization
 - Ask for continuity of care plans
 - Contact customer service
- There will be no change in the claim submissions process.
- 12Q. How will future information about the integrated Behavioral Health program be communicated?**
- 12A. Updates about the integrated Behavioral Health program will be communicated in the *What's New* section on *bcbstx.com/provider* and in *Blue Review*.