Behavioral Health Quality Standards for Providers

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## I. Behavioral Health Quality Standards (For Established Patients)

### A. Access Standards

The following table presents the required access standards set by the National Committee for Quality Assurance (NCQA) for services provided by all behavioral health practitioners participating with Excellus BlueCross BlueShield. These standards are used by Excellus BlueCross BlueShield for quality and regulatory purposes.

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<td>Timeliness of behavioral health emergency care</td>
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*HEDIS®, which is the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures designed to provide purchasers and consumers with information to reliably compare the performance of health care plans. HEDIS is sponsored, supported and maintained by the NCQA.
After-Hours Coverage

According to the participating provider agreement, behavioral health practitioners are required to provide necessary telephonic services to members on a 24-hour-per-day, seven-days per week basis, and shall arrange for complete back-up coverage from other participating practitioners in the event the practitioner is unable to provide covered services to established patients or patients’ family members concerning clinical emergencies. This is critical for coordinating care. In addition, the Managed Care organization standard states access to a behavioral health practitioner for life-threatening emergencies should be available on a 24 hour/ seven-days-per-week basis.

The acceptable answering options for members to receive when contacting you after-hours includes reaching:

1. The practitioner or a person with the ability to patch the call through to the practitioner (e.g., answering service); or
2. An answering machine with instructions on how to contact the practitioner or his/her backup; or
3. An answering machine that allows messages to be automatically forwarded to a phone (e.g., practitioner’s cell phone, or pager) that allows the practitioner to retrieve and respond to those after-hours messages for life-threatening emergencies, as soon as possible.
Unacceptable answering options for members to receive when contacting you after-hours includes:

1. Reaching an answering machine that instructs the member to go to the nearest emergency room, crisis center and/or to call 911 or life line;
2. Reaching an answering machine with no instructions;
3. Reaching an answering machine message recommending that the member call during business hours;
4. Receiving no answer;
5. Getting a busy signal three times, within 30 minutes.

Continuity and the Coordination of Care

Excellus BlueCross BlueShield works to maintain continuity and coordination of general medical care with behavioral health care. The goal is for members to receive a seamless, appropriate level of care, and for medical and behavioral health care to have strengthened continuity between medical and behavioral health care.

The Behavioral Health department collaborates with behavioral health care practitioners, primary care physicians, pharmacies, other health care facilities, and medical providers to monitor and improve coordination between medical care and behavioral health care. The Behavioral Health department collects data annually and assesses the following five areas for collaboration between them:

1. Exchange of information
2. Appropriate diagnosis, treatment, and referral
3. Psychopharmacological medication
4. Access and follow-up of coexisting medical and behavioral health disorders

5. Preventive behavioral health guideline or program

6. Special needs of members with severe and persistent mental illness

Collaboration and communication between a behavioral health practitioner, primary care physician (PCP), and other appropriate treatment providers should occur no later than when the initial assessment is completed and a working diagnosis has been made; and the initial plan of care has been completed. Providers are expected to document collaboration in the patient’s chart. Collaboration encompasses coordination of care with the member’s medical team. This may include, but, is not limited to, the member’s PCP, OB/GYN, surgeon, and/or other medical practitioner(s). A summary should be presented to the PCP with the patient’s consent for release. Written consents are required by the New York State Department of Health (NYSDOH).

There are three critical components Excellus BlueCross BlueShield measured annually for continuity and coordination of care. The components align with the aforementioned five areas for collaboration between medical and behavioral healthcare and are HEDIS measures. The components are:

1. **Follow-Up After Hospitalization for Mental Illness (FUH)**. Upon discharge from an inpatient psychiatric admission, Excellus BlueCross BlueShield requires the member have an outpatient therapy appointment within five business days or seven calendar days.
2. The second critical component is the Antidepressant Medication Management (AMM) component. This measure looks at those members 18 years of age and older with a diagnosis of major depression who were newly treated with an antidepressant medication, and remained on an antidepressant medication treatment. Two rates are reported:

   a. Effective Acute Phase Treatment – Those members newly diagnosed and treated, who remained on an antidepressant medication for at least 84 days (12 weeks).
   b. Effective Continuation Phase Treatment (CPT) - Those members newly diagnosed and treated, who remained on an antidepressant medication for at least 180 days (6 months).

Excellus BlueCross BlueShield requires practitioners to document (in the member’s medical chart) continuity and coordination of care with the patient’s primary care physician and any other medical team members (e.g., OB/GYN, therapist).

3. Four Schizophrenia and / or Bipolar HEDIS Measures. Patients dispensed an antipsychotic are significantly more likely to have a higher incidence of the following illnesses, as compared to those people who did not take an antipsychotic:

   a. Diabetes
   b. Cardiovascular concerns
   c. Higher level of blood cholesterol

Additionally, these members receive less treatment and monitoring for these conditions, as compared to those members not taking an antipsychotic. The following four HEDIS measures include:

   a. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD). Members who are 18 – 64 years of age with schizophrenia or bipolar; who were dispensed an antipsychotic medication and had a diabetes screening test during the calendar year.
   b. Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD). Members who are 18 – 64 years of age with schizophrenia and diabetes, who had both an LDL-C test and an HbA1c test during the calendar year.
   c. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC). Members 18 – 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the calendar year.
   d. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)*. Members 19 – 64 years of age during the calendar year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Excellus BlueCross BlueShield requires practitioners to document (in the member’s medical chart) continuity and coordination of care with the patient’s primary care physician and any other medical team members (e.g., OB/GYN, therapist).
4. **Follow-Up Care for Children Prescribed ADHD Medication (ADD)**

Excellus BlueCross BlueShield expects participating providers to support children of newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication to have at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported,

a. **Initiation Phase**: Members who are 6-12 years of age as of the prescription start date with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

b. **Continuation and Maintenance (C & M) Phase**: Members who are 6-12 years of age as of the prescription start date with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase.

Excellus BlueCross BlueShield requires practitioners to document (in the member’s medical chart) continuity and coordination of care with the patient’s primary care physician and any other medical team members (e.g., OB/GYN, psychiatrist, psychologist, therapist).

5. **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)**

Adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who receive:

a. **Initiation of AOD Treatment**: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

b. **Engagement of AOD Treatment**: The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

For questions regarding the Behavioral Health quality standards or measures, please call 1-800-240-6956 or email penny.weller@excellus.com.
Child and Adolescent Psychiatry Consultative Services for Primary Care Physicians

Excellus BlueCross BlueShield is conscientious of the shortage of child and adolescent psychiatrists in the nation and in New York state. Psychosocial problems are among the most common reasons for pediatric office visits. But, because there is a critical shortage, many pediatricians and family physician’s end up providing much of the patient’s care. We want to remind you of the services available to you and you’re patients. The following services are available:

1. Pediatric Mental Health Resource – To help pediatricians and family practitioner in these cases, Excellus BlueCross BlueShield has arranged to provide two hours per week for phone and e-mail consultations with a board-certified child and adolescent psychiatrist.

Dr. James Wallace can be reached at 1-585-273-2561 from 4:30 – 5:30 p.m. on Mondays and 12:30 p.m. – 1:30 p.m. on Fridays. An email request can be sent to jwallace325@mac.com.

Please have questions formulated and the patient’s chart in hand, including detailed history of any medication trials and mental health or special educations services. This service may be used for all lines of business.
2. Child and adolescent psychiatry for primary care (CAP PC) program – CAP PC is a collaborative care program funded by the New York State Office of Mental Health. This program brings together the child psychiatry divisions at the Departments of Psychiatry and the University at Buffalo, University of Rochester, Columbia University, SUNY Upstate, and Long Island Jewish/North Shore University.

These services provide real-time access to a CAP PC child and adolescent psychiatrist for phone consultation support from 9 a.m. to 5 p.m five days a week (excluding holidays). Access to CAP PC liaison coordinators can assist you with linkage and referral to specialty child mental health services. For details about CAP PC, view American Academy of Pediatrics at, www.aapdistrictii.org/cappc.htm.

In addition, the Excellus BlueCross BlueShield allows child and adolescent psychiatrists to bill two initial evaluations per year / per member for child and adolescents.

B Buprenophine (Suboxone®) Initiative:

Our Behavioral Health department supports the outpatient use of buprenorphine, through the buprenorphine (Suboxone) initiative. The purpose of this initiative is to expand access for treatment of opioid dependency in an outpatient setting; eliminate inpatient treatment that is ineffective, not medically necessary, and unduly costly; and to ensure coordination of care.

We welcome physicians in the following categories to join us in supporting this effort: primary care, psychiatrist or specialist physician certified by the American Society of Addiction Medicine who administers buprenorphine to our members for opioid dependency in an outpatient setting and is not yet enrolled in the initiative.
When a physician enrolls in this initiative, we allow him/her to bill code H0033, “oral medication administration, direct observation” for the first three visits of induction, as clinically indicated. We allow payment of $225 per visit for code H0033 for commercial programs and $200 per visit for Child Health Plus, Family Health Plus, Medicaid / SafetyNet managed care and Special Programs.

For additional information or to enroll, contact Penny S. Weller, LCSW-R, Accreditation, Compliance & Quality Administrator of Behavioral Health at 1-800-240-6956 or via email at Penny.Weller@Excellus.com.

To view our medical policy on Opioid Addiction Treatment, go to: excellusbcbs.com/provider > Patient Care > Quick Links > Medical Policies > Search Policies.

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**Outpatient Mental Health Groups**

Outpatient mental health groups need preauthorization for a member to engage in these services. Groups can only be preauthorized if they have been approved through our Behavioral Health department.

Group forms can be found on the BCBS website www.excellusbcbs.com/provider > print forms > benefits management > outpatient mental health group form or the Monroe Plan website (providers > administrative > resources > forms > administrative > outpatient mental health group form), or at www.monroeplan.com >providers > forms > benefit management > group therapy format description form.

If you have questions please contact the Behavioral Health department, Ann Dupre, MOL, CASAC, 1-877-830-3286, or email at ann.dupre@Excellus.com, or Dana Cooley, LMSW, CPC, 1-877-830-0980, or email at dana.cooley@Excellus.com.
The Care Management Program is a fully integrated program that assists with managing the member’s health along the health care continuum. This collaboration and integration includes Behavioral Health Utilization, Medical Utilization Management, Medical Care Management, and Pharmacy Management Staff. The team consists of qualified health care professionals who have experience in behavioral health. The Behavioral Health Care Management program collaborates with members, providers, and practitioners to maximize effective, person-centered treatment while maintaining cost efficiency and effectiveness.
If a member experiences a gap in care (e.g., lack of transportation, financial concerns) and does not already have an active case or care manager, our Behavioral Health Care Management Service may be able to help you. There is no fee to talk to our Care Management Team.

To obtain more information please call our staff at:
• Commercial and Medicare: 1-800-277-2198
• Medicaid Managed Care, Family Health Plus and Child Health Plus
  – CNY and Utica Regions: 1-877-208-5027
  – Southern Tier and Rochester Regions: 1-800-624-8152, ext. 8458
Behavioral Health CPT and E&M Codes

Excellus BlueCross BlueShield advised behavioral health providers of the American Medical Association’s changes to Current Procedural Terminology (CPT) and Evaluation and Management (E&M) codes for behavioral health services, which became effective January 1, 2013.

While behavioral health CPT and E&M codes have changed, documentation and reporting requirements have not.

If you have not yet purchased a 2013 CPT Code book to ensure that you have access to the most current and correct codes for all services, we encourage you to do so.

If you have questions, contact your Provider Relations (PR) representative. If you do not know who your PR representative is, go to Excellusbcbs.com / For Providers / Contact PR Representative.

For further details on the CPT and E&M codes, go to Excellusbcbs.com.
III. Provider Tools & Resources for Behavioral Health Quality Standards

A National Resources
1. www.ncqa.org
2. RHIO consent forms – http://www.grrhio.org/patients/default.aspx
3. CSAT Buprenorphine Information Center – http://www.buprenorphine.samhsa.gov/

B State Resources
1. Child and Adolescent Psychiatry for Primary Care – http://www.cappcny.org/home/
3. Prescription Monitoring Program Registry (NYSPMP) – https://www.commerce.health.state.ny.us

C Local Resources
1. County Mental Health Office, Department or Clinic(s)
2. County Office of the Aging

D Clinical Practice Guidelines
1. Depression Guideline for Adults in Primary Care – Excellusbcbs.com > For Providers > Patient Care > Clinical Practice Guidelines & Patient Information Sheets.
Tip Cards

1. Antidepressant Medication Management
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Schizophrenia/Bipolar – Diabetes and Cardiovascular Screening & Monitoring for Mental Health Practitioners
4. Schizophrenia/Bipolar – Diabetes and Cardiovascular Screening & Monitoring for Primary Care Physicians
5. Diabetes

To request a PDF of the Tip Cards, please call 1-800-240-6956 or email penny.weller@excellus.com.