

BEHAVIORAL HEALTH SERVICES

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BEHAVIORAL HEALTH SERVICES

In this chapter, you'll find our policies and procedures for mental health and substance abuse services, including:

- Prior approval procedures
- Post-discharge protocols
- Mental Health Parity Law
- Health Homes

OVERVIEW

EmblemHealth has engaged Beacon Health Options to administer behavioral health services for most of its members under two programs. Members of plans underwritten by HIP or HIPIC and ASO plans administered by Vytra Health Plans Managed Systems (VHMS) have their behavioral health services administered by Beacon Health Options under the Emblem Behavioral Health Services Program (EBHSP). GHI-underwritten plan members by have their behavioral health services administered by Beacon Health Options under the EmblemHealth Behavioral Management Program (BMP).

For information on accreditation, prior approvals, claims and more, please see the Beacon Health Options Provider Manual: beaconhealthoptions.com/providers/mvp.

It is very important for our physical health network practitioners to be aware of their patients' mental health and substance use disorders. We ask our PCPs to screen their patients for depression and other potential issues and to take these diagnoses into consideration when developing treatment plans. Where possible, please identify and coordinate care with your patient's behavioral health providers. Care for **FIDA** members will be coordinated in their IDTs and **Medicaid and HARP** members through their **Health Homes**.

EMBLEM BEHAVIORAL HEALTH SERVICES PROGRAM

Behavioral health services for members in plans underwritten by HIP or in ASO plans administered by VHMS are administered by Beacon Health Options under the Emblem Behavioral Health Services Program.

Provider Networks served by EBHSP include:

- Associated Dual Assurance Network
- EmblemHealth Dual Assurance Network
- Enhanced Care Prime Network
- Medicare Essential Network
- NY Metro Network
- Premium Network
- Prime Network
- Select Care Network

- VIP Prime Network

Under EBHSP, Beacon Health Options administers covered inpatient, outpatient and ambulatory behavioral health services including provider network and care management services such as utilization management and case management. Beacon Health Options also manages credentialing, claims processing, claims payment and grievances and appeals (except for Medicare plans), as well as other provider service issues related to Behavioral health.

Members may call **1-888-447-2526** or use our online **Find a Doctor** tool to find a mental health or substance abuse practitioner.

Montefiore members can access behavioral health providers in the Montefiore network. They also may use the Beacon Health Options network if they choose. For providers who are not Montefiore network participants, claims for members who have the Montefiore logo on their ID card must be submitted to Beacon Health Options. Utilization management functions for behavioral health services for these members, including prior approvals, are performed by Montefiore. Please call **1-800-401-4822** for help finding a Montefiore network mental health or substance abuse practitioner.

Note: EmblemHealth administers disease management, including the Depression Disease Management program, for all members except for Medicare plans which will be administered by Beacon Health Options effective August 1, 2015. For more information on **Serious and Persistent Mental Illness Disease Management Services**, visit the PATH Programs section of the **Health Promotion and Disease Management** chapter.

Health and Recovery Plan (HARP)

Our Health and Recovery Plan (HARP), Enhanced Care Plus, is designed to meet the unique needs of members living with serious mental illness and/or substance use disorder. For more information on HARP and other Medicaid services, please see the Medicaid section of the **Provider Network and Member Benefit Plans** chapter.

Medicaid Health Homes

All HARP members and qualifying Medicaid members will be assigned to Health Homes that will be responsible for coordinating all of their care. It is especially important for there to be coordinated care between a member's medical and behavioral health care providers. The Health Home will facilitate the development of a plan of care that encompasses both aspects of the member's health.

A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records

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are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual "Health Home."

For information on MMC and HARP covered services, please see the Medicaid section of the **Provider Network and Member Benefits Plans** chapter.

Contracting with Beacon Health Options: Emblem Behavioral Health Services Program

To care for all members served by the EBHSP, providers are required to participate in both of the Beacon Health Options practitioner networks and must have a Beacon Health Options practitioner agreement and a CHCS IPA agreement (collectively referred to as "Beacon Health Options Agreements").

Providers who only have a CHCS IPA agreement will only be permitted to provide in-network care to Health Insurance Plan of New York (HIP) members.

Providers who only have a Beacon Health Options practitioner agreement will only be permitted to provide in-network care to HIPIC-underwritten members and members of ASO plans administered by VHMS.

For patients in an active course of treatment prior to January 1, 2012, please see **Continuity of Care During Program Implementation**.

EMBLEMHEALTH BEHAVIORAL MANAGEMENT PROGRAM

Members of EPO and PPO plans underwritten by GHI have their behavioral health services administered by Beacon Health Options under the Behavioral Management Program (BMP).

Provider Networks served by BMP include:

- CBP Network, National Network, Tristate Network
- Network Access Network
- Medicare Choice PPO Network

Under BMP, Beacon Health Options manages covered inpatient, outpatient and ambulatory behavioral health services, including provider network and care management services such as utilization management and case management. Provider claims should be submitted to EmblemHealth, except those for Medicare members; these claims should be submitted to Beacon Health Options. Appeals and grievances should be submitted to Beacon Health Options, except for those of Medicare members; these appeals and grievances should be submitted to EmblemHealth.

Contracting with Beacon Health Options: Emblem Behavioral Health Services Program

To care for GHI members served by the BMP, providers are only required to have a Beacon Health Options practitioner agreement.

For more information about contracting with Beacon Health Options, please call the Beacon Health Options National Provider Line at **1-800-397-1630** from 8 a.m. to 5 p.m. and ask to speak with the Credentialing department.

REFERRING PATIENTS FOR BEHAVIORAL HEALTH SERVICES

Providers must be contracted in the Beacon Health Options network(s) to provide covered behavioral health care to members served by BMP and EBHSP.

You and your patients are able to find EBHSP and BMP practitioners and facilities by going to our online **Find a Doctor** tool by going to **www.emblemhealth.com/find-a-doctor** and entering the patient's ID number at the beginning of the search. Since some of our benefit plans use different provider networks, entering the patient's ID number will ensure that the search locates a provider that participates in the patient's benefit plan.

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PRIOR APPROVAL REQUIREMENTS

In some cases, coverage of behavioral health services to a member served by EBHSP or BMP requires a prior approval before the service can be rendered. Members may be subject to a copay and/or deductible depending on their benefit plan.

Routine Outpatient Services - No Prior Approval

Prior approval is not required for routine outpatient services. These services include initial consultation and individual, group, family, couple and collateral treatment. Beacon Health Options will, however, reach out to practitioners when there are questions regarding the member's clinical treatment.

Services Requiring Prior Approval

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Prior approval is always required for the following services:

- Inpatient behavioral health treatment
- Ambulatory detoxification treatment
- Outpatient ECT (electro-convulsive treatment)
- Partial hospitalization
- Intensive outpatient treatment
- Neuropsychological testing
- Psychological testing

HOW TO OBTAIN PRIOR APPROVAL	
Program	Instructions
Emblem Behavioral Health Services Program (HIP members)	Requests may be submitted via the ValueOptions Provider Connect website: https://www.beaconhealthoptions.com/providers/beacon or by calling Beacon Health Options at 1-888-447-2526 .
	(For members who have the Montefiore logo on the lower left corner of their ID card) Montefiore members can access behavioral health providers in the Montefiore network. Requests may be submitted by calling 1-800-401-4822 .
EmblemHealth Behavioral Management Program (GHI members)	Requests may be submitted via the Beacon Health Options Provider Connect website: https://www.beaconhealthoptions.com/providers/beacon or by calling Beacon Health Options at 1-800-692-2489 .

Note: Once Beacon Health Options approves the service, you must notify your patient of the approval. You must notify Beacon Health Options if you are unable to reach your patient (or his or her designee).

All providers must verify member eligibility and benefits prior to rendering non-emergency services.

CLAIMS

Beacon Health Options encourages electronic claim submission through their secure **ProviderConnect** website in order to expedite claims processing and assist participating providers in submitting claims and other routine transactions. Electronic claim submission is also accepted through clearinghouses. When using the services of a Clearinghouse, providers must reference Beacon Health Options' Payer ID, **FHC &Affiliates**, to ensure Beacon Health Options receives those claims. For more information, please contact a Beacon Health Options Electronic Claims Specialist at **1-888-247-9311**.

If submitting on paper, outpatient professional services must be billed on a CMS-1500 form and include the billing and rendering providers' NPI and Tax Identification Numbers. Please note: Billed lines are limited to 10 per claim form. Please send paper claims submissions to:

Beacon Health Options
PO Box 803
Latham, NY 12110

To check on the status of a claim, please go to **beaconhealthoptions.com** or call **1-800-235-3149**.

CASE MANAGEMENT PROGRAM

The Case Management Program is administered by ValueOptions for all members (except for those with the Montefiore logo on their ID card).

Patients who have the greatest risk of needing intensive behavioral health services including inpatient care are eligible for case management services. Patients are identified through multiple sources including provider referrals.

An enrolled patient is assigned a case manager who will contact them, devise a treatment care plan and will work with their treatment provider(s) to assist with medication adherence and treatment plan compliance. The Case Management Program involves frequent telephonic counseling sessions between the case manager and patient to aid the patient in staying out of the hospital.

To refer a patient to the Case Management Program, please call the Mental Health number on the back of the member's ID card.

BEHAVIORAL HEALTH SCREENING TOOLS

Behavioral Health Screenings for Patients in the Primary Care Setting

The role of the primary care physician has evolved to include discussing and addressing mental health and substance use disorders with patients. The relationships that the primary care physician creates with their patients have proven to be one of the most important factors in ensuring individuals receive appropriate care for behavioral health needs.

Recognizing the signs of a mental health disorder is not always easy. We are providing you with the following behavioral health screening tools to assist in diagnosing and referring individuals for further care.

Measures	Tool	About the Tool	Scoring and Action Steps
Depression	PHQ-2*	Depression Screen - 2 Questions	Score of 0-2 = Negative screen Action: None Score of 3+ = Positive screen Action: Administer the PHQ-9.
	PHQ-9*	Depression Screen - 9 Questions	Score of 1-4 = Minimal depression Action: Watchful waiting; repeat PHQ-9 at follow-up visit. Score of 5-9 = Mild depression Action: Watchful waiting; repeat PHQ-9 at follow-up visit. Score of 10-14 = Moderate depression Action: Develop treatment plan, consider pharmacotherapy and/or referral to behavioral health treatment provider for psychotherapy. Score of 15-19 = Moderately severe depression Action: Active treatment with pharmacotherapy and/or referral to behavioral health

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			<p>treatment provider for psychotherapy. Score of 20-27 = Severe depression. Action: Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy exists, expedite referral to a behavioral health treatment provider for psychotherapy and/or collaborative management.</p>
Anxiety	GAD-2*	Anxiety Screen - 2 Questions	<p>Score of 0-2 = Negative Screen Action: None Score of 3+ = Positive screen Action: Administer the GAD-7.</p>
	GAD-7*	Anxiety Screen - 7 Questions	<p>Score of 1-4 = Minimal anxiety Action: Watchful waiting; repeat GAD-7 at follow-up visit. Score of 5-9 = Mild anxiety Action: Watchful waiting; repeat GAD-7 at follow-up visit. Score of 10-14 = Moderate anxiety Action: Further diagnostic assessment by PCP or behavioral health treatment provider. Consider pharmacotherapy and/or psychotherapy. Score of 15-21 = Severe anxiety Action: Immediate initiation of pharmacotherapy</p>

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			and, if severe impairment or poor response to therapy exists, expedite referral to a behavioral health treatment provider for psychotherapy and/or collaborative management.
Substance Abuse	NIDA-Quick Screen**	Alcohol/Drug and Tobacco Screen - 4 Questions	If respondent indicates "No" for all drugs in prescreen. Action: Reinforce abstinence. If respondent indicates "Yes" to any of the drugs listed. Action: Review current list of medications to ensure medications prescribed are not at risk for abuse. Consider referral to behavioral health treatment provider.
	CAGE-AID***	Alcohol/Drug Screen - 4 Questions	1 or more "Yes" responses are a positive screen. Action: Consider further assessment and/or referral to behavioral health treatment provider.
Suicidality	CSSRS - Clinical Screener****	Suicide Severity Screen, Clinical Practice Screen - 6 Questions	1 or more "Yes" responses are a positive screen. Action: Refer to behavioral health treatment provider to evaluate risk factors and determine appropriate treatment setting. A "Yes" response to question #4 or #5 in the past

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			<p>month or any behavior in question #6 is an indication of severe risk.</p> <p>Action: Refer to behavioral health treatment provider to evaluate for hospitalization.</p>
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Our **Physician Pocket Reference**, a comprehensive booklet that incorporates all of these screening tools, is available for your use. We hope you find it useful in your practice.

* Spitzer, R.; Williams, J.B.W.; Kroenke, K. and colleagues, with an educational grant from Pfizer. No permission required to reproduce, translate, display or distribute.

** National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

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**** Developed by Drs. Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.

Additional Behavioral Health Screening Resources

Measures	Tool	About the Tool	Scoring and Action Steps
Depression	PHQ-A	Depression Screen - 9 Questions (Adolescents)	See instructions for more information.
Depression	EPDS	Postnatal Depression Screen - 10 Questions	See instructions for more information.
Substance Use	ORT	Opioid Use Screen - 5 Questions	See instructions for more information.
Substance Use	ASSIST	Substance Use Screen - 8 Questions	See instructions for more information.
Substance Use	AUDIT-C	Alcohol Screen - 3 Questions	See instructions for more information.
Substance Use	AUDIT	Alcohol Screen - 10 Questions	See instructions for more information.
Substance Use	MSSI-SA	Alcohol/Drug Screen - 16 Questions	See instructions for more information.
Substance Use	NIAAA	Alcohol Screen - 3 Questions	See instructions for more information.
Substance Use	SOAPP	Opioid Screen - 14 Questions	See instructions for more information.

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Suicidality	CSSRS- Pediatric Lifetime /Recent	Suicide Severity Screen, Initial Visit - 5 Questions	See instructions for more information.
Suicidality	CSSRS- Pediatric Since Last Visit	Suicide Severity Screen, Since Last Visit - 5 Questions	See instructions for more information.
Suicidality	CSSRS- Risk Assessment Page	Protective and Risk Factors Checklist for Suicidality	See instructions for more information.

MENTAL HEALTH CHECKUPS FOR ADOLESCENTS

For Adolescents, or members that are between the ages of 11 to 18, emotional or mental health can affect how prepared they will be for school, their ability to connect with friends and family, and their ability to bounce back when faced with life's setbacks. Supporting an adolescent's emotional development and well-being is just as important as their physical health. Sometimes it is hard to know if an adolescent's emotional development is on track.

EmblemHealth engages practitioners with a wide range of services, supports and information to help our practitioners determine their member's emotional health needs.

The Mental Health Checkup

Primary care practitioners (PCPs) are responsible for conducting applicable behavioral health screenings. We ask our PCPs to have our adolescent members complete a **Patient Health Questionnaire for Adolescents** while they are in the waiting or exam room. The questionnaire can help evaluate if an adolescent is suffering from depression, anxiety or other condition. When a mental illness is identified early, the adolescent has the best chance to lead a healthy life and reach their full potential.

Why Primary Care Practitioners

PCPs are in a unique position to help detect mental health conditions. According to the US Surgeon General, 21 percent of our nation's youth suffers from a diagnosable mental disorder that causes impairment, but 80 percent are not identified and do not receive help. Further, about two million teenagers are affected by depression; however, most of them go undiagnosed and untreated.

EmblemHealth looks to its PCPs to be on guard for potential behavioral health diagnosis. Mental health screening is an effective way to identify an at-risk adolescent and its recommended by the US Preventive Services Task Force the Institute of Medicine, American Academy of Pediatrics, American Academy of Family Physicians and National Association of

pediatric Nurse Practitioners.

PCPs may consult with Beacon Health Options, who manages the Behavioral Health benefit, regarding appropriate medication management. PCPs may also refer higher risk adolescents to a behavioral health practitioner. The New York State Office of Mental Health regulations define appropriate access to services and quality of care for children and adolescents treated in Clinics licensed by the New York State Office of Mental Health. For more information on these and other guidelines, please visit the New York State Office of Mental Health website:

https://www.omh.ny.gov/omhweb/clinic_restructuring/appendix2.html.

ADDITIONAL RESOURCES

Note to all Providers: Although offered in context of FIDA, the **downloadable provider trainings** are a useful resource for you and your staff regarding cultural competency, identifying and supporting patients with behavioral health issues and accommodating the disabled and the elderly. The **Behavioral Health Training** explains how to identify and support individuals with various diagnoses. For more EmblemHealth training presentations and other learning opportunities, please see the **Learn Online** webpage: <http://www.emblemhealth.com/Providers/Provider-Resources/Learn-Online.aspx>.

Please click on the links below for additional resources that will assist providers in identifying and supporting patients with Behavioral Health needs:

- **Serious and Persistent Mental Illness Disease Management Services**
- Beacon Health Options Treatment Guidelines: <http://www.beaconhealthoptions.com/providers/beacon/>
- Depression: PHQ-2/PHQ-9 http://www.phqscreeners.com/overview.aspx?Screener=02_PHQ-9
- Anxiety: <http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf>
- **Mental Health Checkups for Adolescents**
- **Serious and Persistent Mental Illness Disease Management Services**
- Drug & Alcohol Use (General): <http://www.integration.samhsa.gov/images/res/CAGEAID.pdf>
- Alcohol Use (over 60): http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MASTG.pdf
- Mental Health Problems in Older Adults - http://www.cdc.gov/aging/pdf/mental_health.pdf
- Suicide Risk: http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf
- Additional screening tools and best practices: <http://www.integration.samhsa.gov/clinical-practice/screening-tools>

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (MHPAEA)

On October 3, 2008 Congress enacted the Health Parity and Addiction Equity Act of 2008

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(MHPAEA). The MHPAEA is a federal law that applies to large group, Medicare and Child Health Plus members whose group enrolled in a plan on or after October 3, 2009.

Under the MHPAEA, the expanded coverage for behavioral health services enacted by the New York State legislature under Timothy's Law was further enhanced to include substance abuse treatment and non-biologically based mental health treatment.

As a result of the MHPAEA, there is no day or visit limitation for members covered by the act who have a behavioral health benefit and meet medical necessity criteria. Prior approval requirements continue to apply to these services.

As of November 1, 2009 there are no limits to behavioral health services for Child Health Plus members.