Anthem HealthKeepers Medicare-Medicaid Plan (MMP)

Behavioral Health Presentation
About Anthem HealthKeepers Medicare-Medicaid Plan (MMP)

- HealthKeepers, Inc. participates in the Commonwealth Coordinated Care (CCC) dual demonstration program through its Anthem HealthKeepers MMP.
- The CCC program integrates care and reimbursement for dual-eligible individuals who are enrolled in both Medicare and Medicaid.
- The integration of the program is governed by a three-way agreement with the Centers for Medicare and Medicaid Services (CMS), the Virginia Department of Medical Assistance Services (DMAS) and managed care organizations, such as HealthKeepers, Inc.
- HealthKeepers, Inc. serves dual-eligible individuals residing in five supported regions (Central Virginia, Northern Virginia, Tidewater, Western/Charlottesville and Roanoke) for full access to both their Medicare and Medicaid benefits.
Agenda

- MMP Service Area
- Program Goals
- Member Eligibility
- Interdisciplinary Care Team (ICT)
- Program Objectives
- Behavioral Health Covered Services
- Behavioral Health Authorizations

- Forms, Guidelines and Screening Tools
- Program Integrity – Fraud, Waste and Abuse
- Cultural Competency
- Claim Filing Guidelines
- Verifying Eligibility & Member Panels
- Behavioral Health Provider Resources
- Questions and Answers
Anthem HealthKeepers MMP Service Area

HealthKeepers, Inc. serves dual-eligible individuals residing in five supported regions for full access to both their Medicare and Medicaid benefits:

- Central Virginia
- Northern Virginia
- Tidewater
- Western/Charlottesville
- Roanoke

A full list of counties and cities serves can be found in the Provider Manual under the Provider Education tab on the Anthem HealthKeepers MMP website at https://mediproviders.anthem.com/VA
Program Goals

Goals of Anthem HealthKeepers MMP Behavioral Health Program:

• Ensure accessibility to available services for eligible members
• Expand adequacy of service availability
• Promote integration of the management and delivery of physical and behavioral health services to members
• Achieve quality initiatives including those related to HEDIS, NCQA, and the Virginia Department of Medical Assistance Services (DMAS) and Centers for Medicare & Medicaid Services (CMS) performance requirements
• Work with members, providers and community supports to provide recovery tools and create an environment that supports members’ progress towards recovery goals
• Ensure use of the most appropriate, least restrictive, medical and behavioral health care in the right place at the right time
Member Eligibility

Virginians eligible for the Commonwealth Coordinated Care program include full-benefit, dual-eligible adults who are:

- Entitled to benefits under Medicare Part A and enrolled in Medicare Part B and Part D
- Eligible for full Medicaid benefits
- Elderly or Disabled with Consumer Direction (EDCD) and HIV/AIDS waiver participants
- Residing in nursing facilities
- Residing in assisted living facilities, in some cases
- Living in the demonstration service area
Care Management and Interdisciplinary Care Team (ICT)

Each Anthem HealthKeepers MMP member has a care manager and an Interdisciplinary Care Team (ICT) that provides person-centered coordination and care management for members. The ICT team consists of some combination of the following:

- Member and/or his or her designee
- Designated care manager
- Primary care physician
- Behavioral health professional
- Member’s home care aide or LTSS provider
- Other providers, either as requested by the member or his/her designee or as recommended by the care manager or primary care physician and approved by the member and/or his/her designee
Program Objectives

Objectives of Anthem HealthKeepers MMP Behavioral Health Program:

• Promote continuity and coordination of care among physical and behavioral health care practitioners
• Enhance member satisfaction by working with members in need to implement an individually tailored and holistic support and care plan that allows members to succeed at achieving his/her recovery goals
• Provide member education on treatment options and pathways to recovery
• Provide high quality case management and care coordination services designed to identify member needs and address them in a person-centered, holistic manner
• Work with care providers to ensure the provision of medically necessary and appropriate care and services to our members at the least restrictive level, including inpatient care, alternative care settings and outpatient care
• Enhance provider satisfaction and success by working to develop collaborative and supportive provider relationships built on mutually agreed upon goals, outcomes and incentives, promote collaboration between all health care partners to achieve quality and recovery goals through education, technological supports and the promotion of recovery ideals
• Use and promote provider use of evidence-based guidelines and clinical criteria
• Maintain compliance with local, state and federal requirements, as well as accreditation standards
• Ensure contracted providers deliver behavioral health (and substance use disorder) services in accordance with best practice guidelines, rules and regulations, and policies and procedures set forth by DMAS and CMS.
### Behavioral Health Covered Services

**Services** *(Note: some services are not covered under Medicare)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric diagnostic evaluation</td>
<td>Unlisted psychiatric procedure or service</td>
</tr>
<tr>
<td>Psychiatric diagnostic evaluation; with medical service</td>
<td>Psychological Testing with Interpretation and Report</td>
</tr>
<tr>
<td>Individual Psychotherapy (20-30 minutes)</td>
<td>Psychological Testing administered by technician</td>
</tr>
<tr>
<td>Individual Psychotherapy (45-50 minutes)</td>
<td>Psychological Testing administered by computer</td>
</tr>
<tr>
<td>Psychotherapy, 60 minutes with patient and/or family member</td>
<td>Neurobehavioral Status Examination</td>
</tr>
<tr>
<td>Family Therapy without patient</td>
<td>Neuropsychological Testing Battery</td>
</tr>
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<td>Family Therapy with patient</td>
<td>Neuropsychological Testing administered by technician</td>
</tr>
<tr>
<td>Multi-family group medical psychotherapy</td>
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</tr>
<tr>
<td>Group Therapy</td>
<td>Office Emergency Services</td>
</tr>
<tr>
<td>Electroconvulsive Therapy</td>
<td>Alcohol and/or Substance Abuse structured screening</td>
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<tr>
<td>Pharmacological Management</td>
<td>Mental Health Support</td>
</tr>
<tr>
<td>Substance Abuse Day Treatment for Pregnant Women</td>
<td>Substance Abuse Day Treatment</td>
</tr>
<tr>
<td>Substance Abuse Residential for Pregnant Women</td>
<td>Substance Abuse Crisis Intervention</td>
</tr>
<tr>
<td>Substance Abuse Opioid Treatment</td>
<td>Substance Abuse Intensive Outpatient Program</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation Assessment</td>
<td>Psychosocial Rehabilitation</td>
</tr>
<tr>
<td>Day Treatment/Partial Hospitalization (Adult) Assessment</td>
<td>Crisis Stabilization</td>
</tr>
<tr>
<td>Mental Health Support Assessment</td>
<td>Telehealth Services</td>
</tr>
<tr>
<td>Intensive Community Treatment Assessment</td>
<td>Temporary Detention Orders</td>
</tr>
<tr>
<td>Day Treatment/Partial Hospitalization (Adult)</td>
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<td>Ambulance Services</td>
</tr>
<tr>
<td>Methadone Treatment</td>
<td>Therapeutic or diagnostic Injection; subcutaneous or intramuscular</td>
</tr>
<tr>
<td>Targeted Case Management (Substance Use Only)</td>
<td>Therapeutic or Diagnostic Injection (Specify Material Injected); Subcutaneous or Intramuscular</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Therapeutic or Diagnostic Injection; Intravenous Push</td>
</tr>
</tbody>
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# Behavioral Health Authorizations

The services listed below DO NOT require authorization.

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The services/drugs listed below DO NOT require authorization.

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<tr>
<th>Services</th>
<th>Medication</th>
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<tbody>
<tr>
<td>Crisis Intervention</td>
<td>Cogentin</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>Benedryl</td>
</tr>
<tr>
<td>Pharmalogical Management</td>
<td>Haldol</td>
</tr>
<tr>
<td>Substance Abuse Opioid Treatment</td>
<td>Haldol</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation Assessment</td>
<td>Ativan</td>
</tr>
<tr>
<td>Day Treatment / Partial Hospitalization (Adult)</td>
<td>Prolixin</td>
</tr>
<tr>
<td>Mental Health Support Assessment</td>
<td>Prolixin</td>
</tr>
<tr>
<td>Intensive Community Treatment Assessment</td>
<td>Substance Abuse Crisis Intervention</td>
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The services listed below require authorization

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<tr>
<td>Inpatient Psychiatric Treatment</td>
<td>Neurobehavioral Status Examination</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Day Treatment</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>Residential</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>Electroconvulsive Therapy (ECT)</td>
</tr>
<tr>
<td>Unlisted psychiatric procedure or service</td>
<td>Anesthesia for Electroconvulsive Therapy</td>
</tr>
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<td>Psychological Testing administered by computer or technician</td>
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Notification or Request Preauthorization

You may request preauthorization for inpatient mental health services by calling our Anthem HealthKeepers MMP Customer Care team at 1-855-817-5788, 24 hours a day, seven days a week, 365 days a year.

• Be prepared to provide clinical information in support of the request at the time of the call

Submit inpatient authorization requests via fax to 1-877-434-7578.

Submit outpatient authorization requests via fax at 1-800-505-1193.

• Includes all requests for authorization for psychological and neuropsychological testing
Forms, Guidelines and Screening Tools

Find tools and forms on our provider self-service website at https://mediproviders.anthem.com/va, including:

- Mental Health and Substance Use Covered Services
- Services Requiring Precertification
- Screening tools for PCPs and behavioral health Providers
- Our Clinical Practice Guidelines (CPGs) Summary guidelines
Program Integrity – Fraud, Waste and Abuse

How you can help:

• Always confirm the recipient’s identity
• Ensure the services you render are necessary, completely documented in the medical records and billed appropriately
• If you suspect or witness fraud, waste, or abuse, tell us immediately:
  • Call the Fraud & Abuse phone line at 1-800-368-3580, Monday through Friday, 8 a.m.-6 p.m., Eastern time
  • Contact your Provider Services representative

Read more about reporting fraud, waste and abuse in your provider contract or provider manual.
Cultural Competency

HealthKeepers, Inc. fosters a strong cultural competency within our company and provider networks. By practicing cultural competency, you:

- Acknowledge the importance of culture and language
- Embrace cultural strengths with people and communities
- Assess cross-cultural relations
- Understand cultural and linguistic differences
- Strive to expand cultural knowledge

Cultural barriers between you and your patients can:

- Impact your patient’s level of comfort; this may increase fear of what you, the provider, might find upon examination
- Result in a different understanding of our health care system
- Cause a fear of rejection of your patient’s personal health beliefs
- Impact your patient’s expectation of you and of the treatment plan

Visit our Cultural Competency Training program for additional information.
Submitting Claims

We encourage you to submit your claims on our website or using EDI but we also accept paper claims. We give you several options to submit claims electronically:

- Submit both CMS-1500 and UB-04 claims online
- Submit 837 batch files and receive reports through the website at no charge; You must register for this service first
- Submit claims electronically by using a clearinghouse via Electronic Data Interchange (EDI). Using our electronic tool helps reduce claims and payment processing expenses and offers:
  - Faster processing than paper
  - Enhanced claims tracking
  - Real-time submissions directly to our payment system
  - HIPAA-compliant submissions
  - Reduced claim rejections
  - Reduced adjudication turnaround time
Submitting Claims (continued)

Paper claims:
Submit a properly completed claim for all services performed or items/devices provided to:

HealthKeepers, Inc.
Attn: Claims
P.O. Box 27401
Richmond, VA 23279
Verifying Eligibility and Member Panels

Use our Eligibility Lookup tool to get the most up-to-date member information. To check eligibility:

• Log in to Point of Care at https://poc.anthem.com/POC
• Select Eligibility under Tools > Eligibility & Panel Listings

You can also call the automated Provider Inquiry Line at 1-855-817-5788 to verify member eligibility.

Online member panel lists are available the most current information about members assigned to PCPs. To obtain your member panel:

• Log onto Point of Care at https://poc.anthem.com/POC
• Select Eligibility under Tools > Eligibility & Panel Listings
Your Behavioral Health Support System

Anthem HealthKeepers Medicare-Medicaid Plan (MMP)

Customer Care Center Phone: 1-855-817-5788
Inpatient BH Fax: 1-877-434-7578
Outpatient BH Fax: 1-800-505-1193
Hours of Operation: Monday to Friday, 8 a.m.-8 p.m.

Preauthorization Requests: 1-855-817-5788
Preauthorization Hours: 24 Hours – 7 Days a Week
Additional Resources

Our Anthem HealthKeepers MMP provider self-service website is available to all Behavioral Health providers.

For additional resources, tutorials and manuals, visit the Provider Education tab at https://mediproviders.anthem.com/VA.
Thank you

We appreciate your time today and the care you provide our Anthem HealthKeepers MMP members.