

## Letter from the medical director

*As we head into 2009, we are excited to introduce our Anthem Blue Cross Language Assistance Program effective January 1st 2009. You may have seen the article in the May 2008 Behavioral Health Network News.*

*Our program includes free interpretation services and translated documents. The languages available are Spanish, Chinese, Vietnamese, Korean and Tagalog. Services are easily accessible by the member. The member simply calls the number on their member ID card and follows the recorded instructions. This program does not include American Sign Language interpretation services for our hearing impaired members.*

*You will find more information about this program and how a member accesses it in the Anthem Blue Cross Behavioral Health Network/EAP Provider Operations Manual you should have received in November. We will continue to send updates regarding our program in newsletters and notices as the 2009 year progresses.*

*I am always available to answer any questions you may have and I can be reached at 800-728-9493, ext 8129.*

*Sincerely,*

*Paul R. Keith, MD*

## Did you get your new operations manual?

The 2009 Anthem Blue Cross Behavioral Health Network/EAP Provider Operations Manual was released in late November. This new manual is effective February 26, 2009. You may contact Behavioral Health Network Relations for a walkthrough of the changes in this new version. Under the terms of your Agreement with Anthem Blue Cross, this manual was delivered certified mail with return receipt. If you or your staff were not available to sign for the manual, the postal service left a notice in your mail box giving you

instructions for pick up.

This manual contains a description of the policies and procedures to which you have agreed to under the terms of your Agreement. You must abide by these policies and procedures or provide written notice to the contrary. For a full disclosure of this process, you may refer to Health Care Providers' Bill of Rights in the Rights and Responsibilities section of the manual for more information. You may also call Behavioral Health Network Relations for more information at 800.728.9493, Option 1#.

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## Pharmacy: Formulary

For a copy of the Anthem Blue Cross Formulary, please access the Anthem Blue Cross website at [anthem.com/ca](http://anthem.com/ca) > Learn More > Pharmacy > Formulary. You may also call Customer Service at 800.700.2541.

## Have you seen the new Outpatient Treatment Plan Form?

Anthem Blue Cross recently revised the Outpatient Treatment Plan Form and included it in the 2009 Anthem Blue Cross Behavioral Health Network/EAP Provider Operations Manual. We added and expanded some elements on the form, including more information on substance abuse. We have also included modifications intended to improve ease-of-use. We hope that you will find the revised version to be user friendly and we look forward to hearing your feedback (see insert). You may call 800.399.2421 with questions and to offer feedback.

## 2009 Behavioral Health Clinical Practice Guidelines

Anthem Blue Cross considers clinical practice guidelines to be an important component of our medical care delivery system. The following behavioral health practice guidelines were approved and adopted for continued use in December 2008:

- Identification and Treatment of Depressive Disorder
- Evaluation and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder (ADHD)
- Identification and Treatment of Substance Use Disorders (SUD)
- Evaluation and Treatment of Bipolar Disorder

- Identification and Treatment of Antenatal Depression (AND), Postpartum Depression (PPD) and Postpartum Psychosis (PPP)

Clinical practice guidelines are available on our website, [anthem.com/ca](http://anthem.com/ca) > Provider > Provider Home > Provider Services: Practice Guidelines. We also provide paper copies of our guidelines. Just call us at 877.273.4189.

## Find more of the BlueCard® information you need

We are pleased to announce that soon you'll find more information about our BlueCard members. By year's end, you can access more eligibility, benefits and claims status information for most BlueCard members from other Blue Cross and/or Blue Shield Plans.

You can access the same up-to-date information available to our Customer Service Representatives. Just submit an EDI Eligibility Inquiry (270/271) or Claims Status Inquiry (276/277) Transaction or log in at ProviderAccess® at [anthem.com/ca](http://anthem.com/ca).

## Contacting BlueCard Customer Service

- To verify benefits and eligibility, call 800.676.BLUE (2583). Before calling, be sure to have the member's ID number available, including the 3-digit alpha prefix.
- For claim status, contact National Accounts Customer Service at 800.444.2726

## Access to the Behavioral Health Medical Necessity Criteria

Each year, Anthem Blue Cross revises its Behavioral Health Medical Necessity Criteria and Medical Policies. These are important documents to be familiar with as they describe our criteria and policies for approving all levels of behavioral health care. We encourage you to obtain copies and review these documents.

Anthem Blue Cross' Behavioral Health Medical Necessity Criteria and Medical Policies are available to members, member representatives, providers and the public. Members may access this information online at [anthem.com/ca](http://anthem.com/ca) > Member > Learn More: Medical Policies and Clinical UM Guidelines. Members may also call their Customer Service Unit, using the telephone number on their Anthem Blue Cross member ID card, to receive copies of these criteria and policies.

These criteria and policies are also available online for providers at [anthem.com/ca](http://anthem.com/ca) > Provider > Learn More: Medical Policies and Clinical UM Guidelines. The 2009 Anthem Blue Cross Behavioral Health Medical Necessity Criteria will be available on our website this month.

If you have questions regarding these criteria, contact the Utilization Management Department at 800.274.7767. Providers without

internet access may contact Behavioral Health Network Relations at 800.728.9493, Option 1# for paper copies.

## Company to transition to standardized ID cards

In September 2008, Anthem Blue Cross began the transition to a new standardized format for our members' ID cards. We are making this change at the request of the Blue Cross and Blue Shield Association. The Association has mandated the adoption of standardized ID cards across all Blue Cross and/or Blue Shield plans effective Jan. 1, 2009. This means that all Blue Cross and/or Blue Shield member ID cards — including those issued by Anthem Blue Cross — will now have a consistent and uniform look and format. The familiar information that you've come to expect on our ID cards will be placed in a more organized and straightforward way.

Please request that your patients present their most current ID cards each time they receive services. This will ensure appropriate claims routing and processing. Provider offices should carefully review ID numbers on members' ID cards when filing claims.

Remember to submit claims with ID numbers exactly as they appear on members' ID cards including alpha prefixes — using letters and numbers appropriately.

## Zagat Health Survey information now available to providers

In January 2008, Anthem Blue Cross and Zagat Health Survey launched a new survey tool for consumers to rate their individual experiences with their practitioners, including behavioral health care practitioners. The initial release included providers in Ohio, Connecticut and the greater Los Angeles, CA area. In January 2009, the program will expand.

This online survey tool uses Zagat Health Survey's highly regarded approach for surveying consumers. It leverages the power of consumer recommendations on their experiences with their practitioners and addresses the need for peer-to-peer interaction in the health care industry. Consumers are able to review their doctor visits based on the following:

### ***Trust, Availability, Communication, Office Environment***

Consumers can also indicate whether they would recommend their practitioners. The survey features a comments section allowing members to share experiences in their own words to expand on their ratings. These categories are solely designed to reflect a consumer's experience with a practitioner and not to reflect the quality of care they received. For each network practitioner, the online entry will display contact information, ratings on a 30-point scale for each of the four categories, and the percentage of members who recommend that practitioner. The most recent comments will be displayed first, with the option to view all comments.

Since launching the tool in January, we have seen a very positive response from our members, as nearly 90 percent of members who completed the survey recommended their practitioner and offered useful comments about their experiences. Anthem Blue Cross is committed to sharing this valuable consumer feedback with you and is not in any way tied to your reimbursement levels or performance assessment.

Network practitioners can access their own survey results online on Anthem Blue Cross' ProviderAccess® website. Log on to [https:// provider2.anthem.com/wps/portal/ebpmybcc](https://provider2.anthem.com/wps/portal/ebpmybcc) and click on the Zagat Health Survey link that appears on the Overview and Reports sections of the website. Access to the Zagat Health Survey Results is authorized by your Site Administrator; please contact them if you have questions. For technical questions or support concerning ProviderAccess, please call 866.829.4545.



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## Network Leasing Arrangements Disclosure

Anthem Blue Cross has network leasing arrangements with a variety of organizations, which we call “other payors.” Other payors and affiliates use the Anthem Blue Cross network. Under the terms of your provider agreement, members of these other payors and affiliates are treated like Anthem Blue Cross members. As such,

Management protocols and policies for these members are administered according to our medical policy.

For your information, an alphabetical listing of these other payors was included in the 2009 Anthem Blue Cross Behavioral Health Network/EAP Provider Operations Manual you recently received. As always, you may also access a list on ProviderAccess and by calling Behavioral Health Network Relations at 800.728.9493, Option 1#.

**If you have questions regarding EFT please contact an EDI Solutions Specialist.**

**Hours available: 8:00 AM – 4:30 PM PT**

Telephone: 800.227.3983

Fax number: 818.234.9847

Web address: [anthem.com/edi](http://anthem.com/edi) > California

E-mail address: [edi.operations@wellpoint.com](mailto:edi.operations@wellpoint.com)

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## Web-based approach via MD On-Line, Inc.

Anthem Blue Cross has partnered with MD On-Line to provide a suite of web-based transactions including electronic claim entry, electronic remittance advices, patient eligibility, and benefit and claim inquiries – **all at no charge** to Anthem Blue Cross providers who submit professional claims to us. Providers can submit and receive electronic transactions with or without the need for practice management software. The only requirement is a personal computer with Internet access.

Providers can register to submit and receive Anthem Blue Cross transactions without cost. MD On-Line also offers a fee-based, all-payer option. Visit our web site at [anthem.com/edi](http://anthem.com/edi) > California > Services > Web Based Claims Submission and Electronic Options for details about all the MD On-Line electronic solutions available.

they are entitled to the same Anthem Blue Cross billing considerations, including discounts and freedom from balance billing. Claims and eligibility questions can be answered by using ProviderAccess® at <https://provider2.anthem.com/wps/portal/ebpmybcc>. Medical