

We are making progress - check out the Access and Availability survey results!

In the fall of 2008, the North American Testing Organization (NATO) conducted the annual Anthem Blue Cross Access and Availability survey. We worked directly with those practitioners who did not meet one or more of the standards and through our combined efforts great progress was revealed in the follow up survey conducted in spring of 2009. We are pleased to share that our results demonstrate compliance was met or exceeded in all categories except those listed below. It is through this partnership with you, our providers, that we can continue to improve our survey results thereby improving the access and availability to care for our members!

Opportunities for improvement

Non-Life Threatening Emergency standard: Results from the fall 2008 survey show that 88 percent of Psychiatrists, 86 percent of Psychologists and other behavioral health practitioners, and 87 percent of EAP practitioners met or exceeded the standard. However, we did note a significant decrease in compliance with this standard from 2007 results. With your help, we are hoping to see an improvement when this standard is measured again in the fall 2009 survey.

After-hours Availability standard: As noted above, following the work we did with non-compliant practitioners in this area, the results of the spring 2009 follow up survey show an average increase of 60 percent in compliance for all practitioner types! We continue to need additional improvement in this area. Survey data identified most answering machine messages lacked important information. **Please check your outgoing message to ensure it indicates the timeframe in which calls will be returned.**

Appropriate Emergency Instructions standard: The spring 2009 survey results show that identified non-compliant Psychologists and other behavioral health practitioners increased compliance from 85 percent to 94 percent in this category. Results for non-compliant Psychiatrists increased from 68 percent to 79 percent. While significant improvement was noted for Psychiatrists, continued improvement is needed in this area.

Please refer to the **How do I comply?** section, just to the right of this article, to find guidance on how to access information about the standards. Make sure to review the standards and make any necessary changes in order to comply in preparation for the upcoming annual survey in the fall of 2009.

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Do you perform Workers' Compensation services?

Please see the enclosed insert for important information.

How do I comply?

The access and availability standards can be found on pages 14-16 in the *Quality Improvement* section of your 2009 *Anthem Blue Cross Behavioral Health/EAP Provider Operations Manual*. In addition to the standards, the manual also contains helpful information on how to specifically comply with each standard. Call us with any questions you may have regarding the standards at 800-728-9493, Option 1#.

BlueCard® hours of operation

Beginning March 13, 2009, BlueCard® Claims Customer Service changed FRIDAY servicing hours to: 7 a.m. - 2:30 p.m. and 3:30p.m. - 5 p.m. Pacific time. Monday through Thursday operation hours have not changed.

Great things happening with Zagat

Zagat Health Survey, the online survey tool that allows members to review feedback and share their physician experiences, has expanded to the greater San Francisco, San Diego and Sacramento areas.

Since launching the tool last year in the greater Los Angeles area, we have seen a very positive response. Nearly 90 percent of members who completed the survey recommended their physicians and offered useful comments

about their experiences. The most recent comments are displayed first, and physicians have the option to rate the usefulness of comments and report suspicious comments.

Working with Zagat Survey, Anthem Blue Cross is helping to address an unmet need for peer-to-peer interaction among health care consumers. The Zagat Health Survey tool provides a vehicle for members to review physicians based on a set of distinct criteria, creating a trusted resource to support informed member decision-making. This tool not only helps members, but is also designed to assist physicians in understanding members' experiences. Members can complete the Zagat Health Survey by logging in to the secure member portal on the Anthem Blue Cross website.

Network practitioners can access their own survey results online through ProviderAccess®.

Click on the Zagat Health Survey link that appears on the *Overview and Reports* section of the website.

Don't have ProviderAccess®? Just log in to provider2.anthem.com/wps/portal/ebpmybcc.

For technical questions or support concerning ProviderAccess® please call 866-829-4545.

2009 Anthem Blue Cross Behavioral Health Medical Necessity Criteria (MNC)

When?

Effective July 1, 2009.

What?

This document lists the required criteria for treatment of psychiatric and substance-related disorders for both inpatient and outpatient services. The criteria are organized into levels of service. Each level of service identifies the severity of symptoms and the intensity of services required for that specific level of service. Anthem Blue Cross also uses the criteria to review new psychiatric or substance abuse programs to determine if the programs meet the type and intensity of services our members require. The criteria are reviewed and updated annually based on clinical literature and input from Anthem Blue Cross clinicians. The 2009 Behavioral Health MNC is part of the *Facility Agreement* and the *Participating Mental Health Practitioner Agreement*.

Why?

To ensure that patients receive timely, appropriate, and cost effective care. Benefit coverage decisions are made with this in mind.

Who?

Anthem Blue Cross clinicians use the Behavioral Health MNC as a guideline to determine if the requested treatment is medically necessary under the member's Evidence of Coverage. If the criteria are not met, the information is referred to a psychiatrist review or a clinical reviewer for assessment. Anthem Blue Cross clinicians are available for questions at 800-277-2773.

Anthem is going green

Online tools provide convenience and efficiency for network practitioners. Anthem Blue Cross continues to improve the features of our internet self-service tool – ProviderAccess®. Effective June 20, 2009, benefit and remittance advice are available on ProviderAccess®.

- At your own convenience you can search by specific criteria.
- You can view, print, and save remittances in a protective PDF format.
- **Don't have ProviderAccess®?** Log in to **provider2.anthem.com/wps/portal/ebpmybcc** to register.
- Save time and stay connected. For more details log in to **anthem.com/ca**> Providers.
- Call Behavioral Health/EAP Network Relations at 800-728-9493, Option 1# with questions.

We are here for you

Behavioral Health/EAP Network Relations staff answers questions about your contract, fee schedule, and procedures Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific time. Call us at 800-728-9493, Option 1#.

More Questions?

You can find the 2009 Behavioral Health MNC on our Anthem Blue Cross website at **anthem.com/ca**>Medical Policies and Clinical UM Guidelines> Behavioral Health UM Guidelines adopted by Anthem Blue Cross.

If you need a hard copy or a *Summary of Changes Document*, you may contact Behavioral Health/EAP Network Relations at 800-728-9493, Option 1#.

FREE Interpretation and translation services available to Anthem members!

On January 1, 2009, the Language Assistance Program (LAP) became available at no cost to Anthem Blue Cross and Anthem Blue Cross Life and Health HMO members, PPO members and Employee Assistance Program (EAP) enrollees. That's right, no cost to the member and no cost to you!

Members can have health care documents translated into their native language, and trained interpreters are available by phone to assist members with interpretation needs.

NEW phone option now available. To access the LAP, call Provider Care at 800-677-6669 and select **Option 1** for Interpretation Services. EAP Practitioners may call 800-728-9492, **Option 2**.

Your commitments under the LAP are described in the 2009 *Anthem Blue Cross Behavioral Health/EAP Provider Operations Manual*. We believe in the value of cultural diversity, and ensuring optimum health and wellness for our members, your patients. If you have any questions about the LAP, call Behavioral Health/EAP Network Relations at 800-728-9493, Option 1#.

Need help with claims?

Help is available by calling the Customer Service number on the back of the member's identification card.

Come see what's new on the web!

Anthem Blue Cross considers clinical practice guidelines to be an important component of our medical care delivery system, and we require contracted psychiatrists, other behavioral health practitioners, and Primary Medical Groups/IPAs to adopt our practice guidelines. The most current adopted Clinical Practice and Preventive Health guidelines are available on our website at **anthem.com/ca**>Providers>Click Enter>Provider Services: Practice Guidelines. Select the practice guideline of your choice.

In addition to their availability on our website at **anthem.com/ca**, we provide (upon request) hard copies of our adopted Clinical Practice and Preventive Health guidelines. To obtain a hard copy, please call 877-273-4189. Current Medical Policies are also available on our website. From the "Practice Guidelines" page, click on the blue button reading, "Medical Policy and Clinical UM Guidelines."

Behavioral Health Networks
9655 Granite Ridge Drive, 6th Floor
San Diego, California 92123

(800) 728-9493, Option 1#
Fax (858) 278-7449
anthem.com/ca

Help keep our database up to date!

It is very important to submit a change to any practice, mailing or billing address, phone or fax number, and e-mail or taxpayer identification number within 30 days of the change. Any taxpayer identification number change must be accompanied by a W-9.

Are you an EAP practitioner?

We need you! Please fax a current resume to 858-571-8209. Make sure to include your contact information, experience with alcohol and drug treatment and any other EAP experience.

Do you specialize in the treatment of autism?

Please fax a Practice Profile to 858-571-8209 to ensure our database is up to date. We keep this information on file to help refer members to you for these services. Log in to anthem.com>click Enter>Provider Forms>Behavioral Health Practice Profile. Do you know anyone who treats autism? **Please contact Behavioral Health/EAP Network Relations at 800-728-9493, Option 1# with referrals.**

Earn extra \$\$...it's easy

Participating practitioners in the Anthem Blue Cross Behavioral Health Network are automatically eligible to receive an additional payment for participating in a quality program that encourages an outpatient follow-up appointment within seven days after discharge from an acute psychiatric program. The goal of the program is to increase the quality of care for members by decreasing the likelihood of relapse or re-hospitalization. You may receive a call from the psychiatric facility, the member, or from our Outreach Care Specialists inquiring about your appointment availability.

Earning this payment is simple.

Just render a follow-up visit to an Anthem Blue Cross member within seven days of an acute psychiatric hospital discharge and submit the claim to receive payment in accordance with your Anthem Blue Cross contract. **The additional payment will be mailed separately from your normal claim reimbursement;** no additional paperwork is required! Payments are mailed to practitioners with a qualifying visit on a monthly basis.

A colorful stuffer will be included in the payment envelope to identify these checks as the additional payment. Please communicate this to your billing and accounts receivable staff for record keeping purposes.

We thank you, the hundreds of our valued practitioners who have participated in this program and continue to meet the

needs of our members, your patients. This partnership represents our commitment to improving patient care and supporting our network practitioners. If you have questions regarding this program, please contact Behavioral Health/EAP Network Relations at 800-728-9493, Option 1#.

Do you know what Network Leasing Arrangements are?

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 those "Other Payors" and "Affiliates" are treated like Anthem Blue Cross members. As such, they are entitled to the same Anthem Blue Cross billing considerations, including discounts and freedom from balance billing. You can obtain the "Other Payors" list on ProviderAccess® at anthem.com/ca. If you do not have Internet access, please contact Behavioral Health/EAP Network Relations for assistance at 800-728-9493, Option 1#.

NEW! Mobile Provider Finder released in California

Now, members can find practitioners and facilities by name, geographic location, type and more on their mobile device. They just go to anthem.com/ca/mobile/ on their phone's web browser and give it a try today!

Coordination of Care - We need your help

Coordination of care among practitioners is a vital aspect of good treatment planning to ensure appropriate diagnosis, treatment and referral. Anthem Blue Cross would like to take this opportunity to stress the importance of communicating with your patients' other health care practitioners. This includes primary care physicians (PCPs), medical specialists, psychiatrists and other behavioral health practitioners.

It is important to keep in mind that PCPs prescribe approximately two-thirds of all psychotropic medications. In addition, there are numerous patients who have complex conditions involving treatment by multiple practitioners who require care to be coordinated.

Anthem Blue Cross urges all of its practitioners to obtain the appropriate permission from these patients to coordinate care with their PCP at the time treatment begins. A copy of the *Patient Consent to Exchange Information* form is available online at anthem.com/ca and under the *Exhibit* section of the *Behavioral Health Network/EAP Provider Operations Manual* that can be found on ProviderAccess® at provider2.anthem.com/wps/portal/ebpmybcc.

We expect all psychiatrists and behavioral health practitioners to:

1. Discuss with the patient the importance of communicating with other treating practitioners.
2. Obtain a signed release from the patient and file a copy in the medical record.
3. Document if the patient refuses to sign a release.
4. Document in the medical record if you request a consultation.
5. If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.
6. Document evidence of clinical feedback (i.e. consultation report) that includes, but is not limited to:
 - o Diagnosis
 - o Treatment Plan
 - o Referrals
 - o Psychopharmacological medication (as applicable)

Quality Improvement: You're part of the process

The Atypical Antipsychotic Medication Monitoring Program, Concurrent Antipsychotic Medication Program, and Psychotropic Medication Monitoring Program are quality improvement programs that strongly support efforts directed at the coordination of care between medical and behavioral health professionals to ensure patient medication awareness, safety and health care cost reductions. It is important for psychiatrists to communicate with any other prescribing physicians and take whatever clinical action deemed necessary for patient compliance. We review member pharmaceutical data and share that with you in an effort to improve quality of care for our members. If you receive a mailing, please take the time to review the patient detail report and complete the program evaluation forms. We are interested in your feedback and any other suggestions on ways we can further improve communication.

Attention Deficit Hyperactivity Disorder Program

Anthem Blue Cross has various programs designed to improve patient outcomes. The Attention Deficit Hyperactivity Disorder (ADHD) Therapy Management Program is an initiative that represents an opportunity to increase the percent of children 6-12 years of age who initiate a prescription for ADHD and ensure they have follow up visits with the prescribing physician, by sending an educational mailing to the parents or guardians of the child. It includes the Vanderbilt Assessment Follow-up Parent Evaluation and encourages parents or guardians to complete the screen and review it with the prescribing physician.

Parents and guardians are also encouraged to have the child see the prescribing physician (PCP or psychiatrist) within 30 days of filling the prescription, and then at least once a month until the prescribing physician determines that the medication is working effectively. In addition, two more appointments within the next nine months are encouraged. These recommendations are supported by Anthem Blue Cross clinical practice guidelines for ADHD. Preferred Practice Guidelines for the evaluation and treatment of children with Attention Deficit Hyperactivity Disorder are available at anthem.com/ca.

Workers' Compensation Medical Provider Network (MPN)

The Workers' Compensation Reform Legislation was conceived to tackle many of the primary cost drivers and related issues regarding the state Workers' Compensation system. The bill allows self-insured employers and insurance carriers to form MPNs.

An MPN is a group of health care providers selected by the insurer or self-insured employer (usually administered by their TPA) and approved by the State of California Department of Workers' Compensation's (DWC) administrative director to provide medical care to injured workers. Health care professionals must provide medical services to all injured workers including existing and new work related injuries or illnesses. By establishing an MPN, the insurance carriers or self-insured employers will be able to control the medical care of an injured worker's claim for most injuries.

We are providing our clients (Other Payors) access to our Anthem Blue Cross Workers' Compensation Network which is comprised of our Prudent Buyer Network, Occupational Medicine Network, and the Behavioral Health Network to use as a state-certified MPN for treating eligible injured workers. Our MPN currently provides network access, bill review, case management and utilization review services

to insurance companies, TPAs and self-insured employers (Other Payors) in California.

If you do not treat workers' compensation injuries or illnesses and have chosen to terminate your participation in the Workers' Compensation Network, or if your demographic information is not current, you will not appear in our online directory thus causing you to be terminated from our client's MPN.

You may have been approached last year regarding this issue. If you have already responded there is no need to reply again.

If any of the above applies to you, or you have further questions, please contact Behavioral Health/EAP Network Relations at 800-728-9493, Option 1#.

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Please confirm your workers' compensation status by completing the pertinent information below and **fax back to 858-571-8209**. If you have more than one practice address or tax ID please include the information on a separate sheet.

_____ **I do not accept workers' compensation ***

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tax ID: _____

Practice Address: _____

***This removal will not affect your network participation for other Anthem Blue Cross products.**

Your Connection to More Information

For additional information regarding the obligations of the treating physician within the MPN other MPN issues, visit the Anthem Workers' Compensation Services website at wcs.anthem.com/ProviderResources.htm or call our MPN Services at 866-700-2168.