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First Quarter 2024

Carelon Behavioral Health
Provider Newsletter

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IMPORTANT CMS CALENDAR YEAR 2024 FINAL RULE FOR MEDICARE COVERAGE OF LMFT, LMHC AND IOP SERVICES

The Centers for Medicare and Medicaid Services (“CMS”) recently issued its 2024 Physician Fee Schedule final rule for 2024.

Effective January 1, 2024, licensed marriage and family therapists (“LMFTs”) and licensed mental health counselors (“LMHCs”) may enroll in Medicare and begin billing for their services. LMFTs and LMHCs currently participating in Carelon’s provider networks who are eligible to enroll in Medicare may begin offering and billing for Medicare-covered services provided to Medicare Advantage Members.

This rule also implements Medicare coverage of intensive outpatient program (IOP) services when furnished by hospital outpatient departments, community mental health centers, and FQHCs and RHCs.

For more information, please check out The Medicare Learning Network® booklet on Medicare & Mental Health Coverage.

If you have additional questions, please reach out to the Carelon National Provider Service line at 1-800-397-1630, from 8 a.m. to 8 p.m. ET, Monday through Friday.

CARELON NOW HAS A WEB-BASED FILE SHARE OPTION

We are excited to share we have a new web-based file share option, **Blackberry Workspaces** (formerly WatchDox), making it easier and faster for our providers to transmit records (e.g., as part of quality of care case reviews). Providers can now upload documents electronically, as opposed to sending via fax.

To request access to Blackberry Workspaces, please email us at CorporatePQOC@carelon.com

In addition to our new web-based option using Blackberry Workspaces, providers can also send files by using the following sharing options:

» **Fax**: (855) 677-7672

» **Secure Email**: CorporatePQOC@carelon.com

CLINICAL PRACTICE GUIDELINES AND RESOURCES

Carelon Behavioral Health reviews and endorses clinical practice guidelines and resources on a regular basis to support providers in making evidence-based care treatment decisions on a variety of topics.

The most up-to-date, endorsed, clinical practice guidelines are posted on the Carelon Behavioral Health website.

Additionally, each year, Carelon Behavioral Health measures providers' adherence to at least three (3) Clinical Practice Resources. Carelon Behavioral Health has chosen the following two adult-focused and one child-focused Clinical Practice Resources for 2024 national measurement, unless otherwise required by contract:

Clinical Practice Resources

1. American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia – Third Edition (PDF)
2. American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder (PDF)
3. American Society of Addition Medicine (ASAM) Clinical Practice Guideline on Alcohol Withdrawal Management (PDF)
4. American Society of Addition Medicine (ASAM) National Clinical Practice Guideline for the Treatment of Opioid Use Disorder
5. Substance Abuse and Mental Health Services Administration (SAMHSA) Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants (PDF)
6. American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition (PDF)
7. American Academy of Pediatrics Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention Deficit/ Hyperactivity Disorder in Children and Adolescents (PDF)

Please take time this month to review the clinical practice guidelines and measurement tool to ensure your standards of practice align.

Learn more

MEASUREMENT OF CLINICAL PRACTICE GUIDELINES

As part of our member safety program and the recredentialing process, Carelon Behavioral Health measures provider adherence to clinical practice guidelines. Measurement of evidence-based care is conducted through three modalities: Treatment Record Reviews, review of selected Healthcare Effectiveness Data and Information Set (HEDIS®) measures or Carelon Behavioral Health-defined measures that follow HEDIS guidelines.

Treatment Record Reviews

Depending on contract and accreditation requirements, Carelon Behavioral Health reviews a random sample of provider/facility charts at least every 36 months. The treatment record review includes a review of required documentation for the following key areas:

- Coordination with other behavioral health (BH) providers
- Coordination of care with primary care providers (PCPs)
- Assessment
- Treatment plan
- Adherence to clinical practice guidelines
- Monitoring HEDIS measures

Monitoring HEDIS measures

Depending on contract and accreditation requirements, Carelon Behavioral Health will monitor two adult CPG's and one child/adolescent CPG through the following HEDIS measures:

- Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation & Continuation/Maintenance Phase
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia SAA & Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD)
- Follow-Up after Hospitalization for Mental Illness (FUH), 7 & 30 day

FREE ONLINE SELF-MANAGEMENT TOOLS FOR MEMBERS – ESPECIALLY FOR DEPRESSION, SUICIDE, AND COMORBIDITY ISSUES

When members can self-identify risk factors or health issues early on, they can proactively take steps to improve their health and reduce potential risk factors.

Offering self-management tools encourages members to monitor, track, and take charge of their own behavioral and/or physical health conditions.

Carelon Behavioral Health offers member-specific self-management tools and educational content on its Achieve Solutions platform, which you can find on the Carelon Behavioral Health website by visiting the Achieve Solutions page.

Topics include, but are not limited to:

- Adult BMI Calculator
- Reducing High-Risk Drinking
- Increasing Physical Activity
- Integrated Care: Taking Charge of Your Health
- Do You Have a Nicotine Addiction?
- Are Your Weight Management Habits Healthy?
- Managing Stress in Your Life
- Identifying Common Emotional Concerns
- How Well Do You Bounce Back from Life's Challenges?

Consider using these member-specific tools with Carelon Behavioral Health members and/or recommending the website to members and their families, when appropriate.

REMINDER TO USE STANDARDIZED SCREENING TOOLS WITH MEMBERS 13 YEARS AND OLDER

Carelon Behavioral Health supports the early detection and treatment of depressive and comorbid disorders to promote optimal health for members 13 years and older.

Carelon Behavioral Health offers many screening tools and programs available at no cost:

- Provider Toolkit
- Depression Screening Program (PDF)
- Comorbid Mental Health and Substance Use Disorder Screening Program (PDF)

Use screening tools at the first visit and repeat at regular intervals as clinically indicated to identify potential symptoms that may need further evaluation.

Depression

- Patient Health Questionnaire 9 (PHQ-9) is a brief, multi-purpose tool for assessing depression, and is available in English, Spanish, and a variety of other languages in Carelon Behavioral Health's Provider Toolkit.
- When assessing for depression, remember to rule out bipolar disorders; you may choose to use the Mood Disorder Questionnaire (MDQ).

Suicide

- Carelon Behavioral Health's Provider Toolkit endorses the National Action Alliance for Suicide Prevention's Recommended Standard Care for People with Suicide Risk, which screens individuals for suicide and includes a list of screening tools in the Appendix.

Comorbidity issues

- Remember to screen for possible mental health disorders when a diagnosis of a substance use disorder is present and conversely to screen for a potential substance use disorder when a mental health disorder is present.
- The CRAFFT Screening Interview (PDF) assesses for substance use risk specific to adolescents.

MEDICAL NECESSITY CRITERIA

Medical Necessity Criteria Available Online

Carelon Behavioral Health's clinical criteria, also known as medical necessity criteria, are based on nationally recognized resources and updated at least annually.

The National Committee for Quality Assurance (NCQA) accreditation standards (UM2 Factor 4: Practitioner Involvement) requirements accredited health plans to seek annual non-staff network practitioner feedback on the development, adoption and review of clinical criteria used to make utilization management decisions.

"Non-staff network practitioners must also be involved in developing, adopting and reviewing criteria, because they are subject to application of the criteria. The organization may have practitioners review criteria it if does not develop its own UM criteria and obtains criteria from external entities."

Practitioners with clinical expertise in the use of criteria sets are asked to provide commentary on either the development and adoption of these criteria sets, or on the instructions for applying these criteria sets Medical necessity criteria vary according to individual state and/or contractual requirements and member benefit coverage.

Learn more

The following questions may help to guide provider feedback but are not meant to be limiting: (please identify which criteria set you are referencing)

1. Do you use the criteria when requesting prior authorization or concurrent review?
2. Do you have any suggestions for improving either one or both of the medical necessity criteria noted above?
3. Have you had any difficulty using either one or both of the medical necessity criteria?
4. Is there any new scientific evidence that would support a change to either one or both of the existing criteria?
5. Any additional comment/feedback on either one or both of the medical necessity criteria noted above?

To find out more information about the development of Carelon Behavioral Health's Medical Necessity Criteria, submit feedback or to obtain copies free of charge Please email Provider.Inquiry@carelon.com

*Disclosure Statement: All feedback and recommendations about the medical necessity criteria (MNC) will be aggregated and shared in a de-identifiable format with the organization, governmental entity or 3rd party vendor that issued the MNC.

DIVERSITY AND CULTURAL AWARENESS

Carelon Behavioral Health serves a diverse population, representing multiple cultural and linguistic groups and includes pediatric, adult and geriatric individuals across the United States. Carelon Behavioral Health is committed to promoting health equity to our members and providers to:

- Expand and standardize the collection, analysis and reporting of member preferences, demographics and attributes including race, ethnicity, language, and gender identity
- Cultivate and sustain a culture of health equity
- Offer trainings on diversity and cultural competency to our participating providers
- Offer interpretation services and written materials in alternative languages and formats for our membership (over 250 languages)
- Meet our members' cultural and linguistic needs and preferences.
- Improve our Provider Directory to contain accurate information on the race/ethnicity and languages spoken by the Provider community.

Carelon Behavioral Health's Health Equity Program's purpose is to assess and improve healthcare quality and equity by reducing health care disparity and to deliver culturally, ethnically, and linguistically appropriate health care services to its member population. We assess the race, ethnicity, and language needs as well as gender identify and sexual orientation of our membership to ensure our network is able to meet our membership's cultural needs and preferences. Carelon Behavioral Health's strives to improve culturally and linguistically appropriate services, access and availability of language services, cultural competency in materials as well as information, training and tools for staff and providers to support culturally competent communication. Additionally, we collect data from our provider community to inform our Health Equity Program evaluation and planning.

Please assist the Carelon Behavioral Health team by updating your provider directory profile for language capabilities, race and ethnicity so we can better serve our membership.

- **Practitioners:** Visit CAQH, update, and attest
- **Provider Groups and Facilities:** Visit our provider portal or call our National Provider Service Line at 1-800-397-1630

Diversity and cultural awareness *continued*

Our Care Managers make referrals to participating providers, taking into account member preferences such as geographic location, hours of service, cultural or language requirements, ethnicity, race, gender and type of degree the participating provider holds. As part of Carelon Behavioral Health's Quality Management Program, Carelon Behavioral Health incorporates principles designed to encourage the provision of care and treatment in a culturally competent and sensitive manner. These principles include:

- Emphasis on the importance of culture and diversity
- Assessment of cross-cultural relations
- Expansion of cultural knowledge
- Consideration of sexual orientation and gender identity
- Adaptation of services to meet the cultural, racial, ethnic and linguistic needs of members
- Make resources available to members who require culturally, linguistically, and/or disability competent care such as disability and language lines

Participating providers are reminded to take the cultural background and needs of members into account when developing treatment plans and/or providing other services.

We encourage our participating providers to take Carelon Behavioral Health's Cultural Competency Training and attest completion via CAQH.

Helpful Articles and Webinars

Visit Achieve Solutions through our provider portal to find more information on Diversity and Cultural Awareness. Offerings include:

Articles:

- Dealing With Prejudice
- Showing Respect
- Look to Your Culture to Cope With Trauma
- Talking to Children About Discrimination
- Culture Matters: How to Bridge Gaps and Work Effectively
- R-E-S-P-E-C-T Spells Cultural Competency
- Caring for Our Communities
- Look to Your Culture to Cope with Trauma
- Culture and Resilience

Webinars:

- Cultural Competency Training
- Fostering Inclusion in the Workplace
- Nurturing Respect in the Workplace
- Raising Children to Respect Diversity
- Unconscious Bias

IMPROVING CARE COORDINATION: AN ESSENTIAL COMPONENT OF CLIENT CARE

Improving Care Coordination: An Essential Component of Client Care

The Agency for Healthcare Research and Quality (AHRQ) defines care coordination as "deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."

Coordination of care between healthcare providers is an important and necessary process for optimal client health and wellness. This includes coordination of care between behavioral health providers and medical providers as well as coordination between different behavioral health providers who may be involved in a member's treatment.

Tips to Improve Coordination of Care

1. Request a release of information from the member to coordinate with his/her medical providers or behavioral health providers. Use motivational interviewing techniques to encourage information sharing across providers.

    - Educate the member that care coordination improves patient safety and can lead to improved treatment outcomes. Explain in detail what will be shared and why.
    - Discuss any concerns about care coordination with the member. Encourage questions and provide adequate time for discussion.

2. Use a standard form to share information. You can use your own or one of the version available for free on Carelon Behavioral Health's website: www.carelonbehavioralhealth.com/providers/forms-and-guides.
    - Example Authorization Forms for Coordination with a Primary Care Provider or other Behavioral Health Providers
        - » Authorization for Coordination of Behavioral Healthcare
3. Follow a standard process for sharing and requesting information with the member's medical or behavioral health provider(s).
    - Call the provider's office and ask the office manager or receptionist how best to communicate and share information. Discuss a protocol for any urgent medical or behavioral health needs.
    - Routinely communicate with any other treatment providers at specific points in treatment, such as when treatment begins, when there are changes in the member's status, or upon discharge.
4. Ensure that this coordination of care is documented in the member's medical record. Audit your own records for compliance with your policies and procedures.
5. Ensure that your intake paperwork/process includes medical history and any other treatment history.
6. Keep the member in the communication loop, as clinically appropriate. Provide ongoing updates on communication between you and other providers.

REFERRING TO CARELON'S CARE MANAGEMENT PROGRAM

Carelon Behavioral Health's Care Management Program assists members with a variety of behavioral health care needs to achieve and maintain optimal functioning in the community. Dedicated clinical staff work directly with members who may need a wide range of support, from brief assistance connecting to supportive services to those with more complex conditions requiring individualized case management services over a longer period of time.

Carelon Behavioral Health clinicians offer members enrolled in the program assistance such as accessing behavioral health benefits, coordinating with medical care providers, providing condition-specific educational materials and patient safety education, and developing a plan to improve social determinants of health.

If you have a client you would like to refer to Carelon Behavioral Health's Care Management Program, you may do so via ProviderConnect. After logging in, click the "Enter Case Management Referral" link on the home page and then follow the prompts to complete a brief referral. Providers may also call the National Provider Service Line at 1-800-397-1630 to make a referral. Carelon clinicians will review the request and follow up with the member as appropriate.

Members of any age can be referred to the program and are triaged according to risk. Examples of factors indicating high-risk case management services include, but are not limited to, the following:

- Multiple recent inpatient admissions for primary behavioral health issues or comorbid behavioral/medical health conditions and lack of outpatient follow-up
- Multiple recent emergency room admissions with psychiatric complaints and no evidence of ongoing treatment support
- Complex comorbid behavioral and medical health conditions, including but not limited to: diabetes, heart disease, obesity, HIV, pregnancy, postpartum depression or psychosis
- Significant suicidal or homicidal risk or repeated high risk behaviors
- Multiple failed substance use treatment attempts
- New and/or unstable high-risk behavioral health diagnoses such as eating disorder, schizophrenia, schizoaffective, or dissociative identity disorder
- High utilizers: Members in the top one to five percent of overall behavioral health service utilization for service population
- Special vulnerable populations with no evidence of ongoing treatment support to resolve potential issues associated with their condition, such as:
    - » Pregnant women with substance use disorders
    - » Children five years old or younger with a bipolar diagnosis
    - » Children 10 years old or younger with inpatient admission

HEDIS®

What is HEDIS®?

HEDIS® refers to the Healthcare Effectiveness Data and Information Set developed by the National Committee for Quality Assurance (NCQA). HEDIS is a set of performance measures used in the managed care industry, is part of NCQA accreditation, and is an essential activity for Carelon to ensure members are getting the best care possible. This is accomplished through the collection and analysis of data documenting the clinical care received by individual plan members from providers, influenced through activities and programs delivered by the health plans. The data is aggregated and reported collectively to reflect the 'collective' or population-based care received by the plan's membership. These reports have become a major component of quality rating systems that measure the clinical quality performance of health plans by Centers for Medicare & Medicaid Services, states offering Medicaid, and other entities.

Why is HEDIS® important?

HEDIS is an important part of the Quality Improvement Strategy at Carelon Behavioral Health. Strong HEDIS performance reflects enhanced quality of care. Additionally, since over 90% of health plans participate in HEDIS and the NCQA provides specific definitions for measures, Carelon Behavioral Health can compare rates across the organization in addition to setting performance targets and using benchmarks to monitor performance for our health plans in an 'apples to apples' way.

What Behavioral Measures does HEDIS® monitor?

HEDIS is a collection of over 90 measures across six domains of care. Nearly 20 of those measures are behavioral health focused, specific to mental health and substance use. These behavioral health measures focus on areas like medication adherence, effectiveness of care, utilization of services, and access and availability of care for mental health and substance use.

Follow Up After Hospitalization for Mental Illness: 7 & 30 Day (FUH)

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in re-admittance to an inpatient facility. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient's return to baseline functioning in a less-restrictive level of care. The FUH measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

Continues on following page

HEDIS® *continued*

Follow Up After Emergency Department (ED) Visit for Mental Illness: 7 & 30 Day (FUM)

Research suggests that individuals who receive follow-up care for people with mental illness have fewer repeat ED visits. Additionally, the ability to provide continued care can result in improved physical and mental health outcomes and better compliance with follow-up instructions. The FUM measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of the ED visit, but no later than 30 days from the ED date.

Follow Up After Emergency Department (ED) Visit for Substance Use: 7 & 30 Day (FUA)

Over 20 million adult and adolescent Americans were classified as having a substance use disorder in 2016. Substance use reduction, future ED use, hospital admissions, and bed days were all associated with timely follow-up care after an ED visit for substance use disorder. The FUA measure assesses the percentage who receive an outpatient appointment within seven days of the ED visit, but no later than 30 days from the ED date.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Early identification of substance use disorder issues can help your patients avoid future drug-related illnesses and deaths, as well as improve quality of life. The IET measure assesses the percentage of new episodes of substance use disorder that result in a treatment event within 14 days of diagnosis, as well as those who have received an initiation of treatment event and one or more additional qualifying services within 34 days of the initiation visit.

Antidepressant Medication Management (AMM)

According to NCQA's "State of Health Care Quality 2013" report, approximately 50% of psychiatric patient and primary care patients prematurely discontinue antidepressant therapy (when assessed at six months after the initiation of treatment):

» Less than half of those impacted by depression receive treatment even though effective treatments are available.
» Appropriate dosing and continuation of medication therapy in both the short-term and the long-term treatment of depression decrease the recurrence of depressive symptoms.
» Increasing client compliance with prescribed medications, monitoring treatment effectiveness, and identifying and managing side effects are all best practices when managing care for clients with depression.

The AMM measures assess the rate of members aged 18 and older with a diagnosis of major depression who are treated with an antidepressant medication and remain on antidepressant medication throughout their treatment period.

Follow Up Care for Children Prescribed ADHD Medication (ADD)

Attention-deficit/hyperactivity disorder (ADHD) is the most common mental health disorder affecting children. The estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey, is 6.1 million (9.4%). This number includes 2.4 million children aged 6-11 years.

Both medication and/or behavioral therapy are recommended ADHD treatments, however:

- 43% are treated with medication alone
- 13% are treated with behavioral therapy alone
- 31% are treated with combination therapy (i.e. medication and behavioral therapy); and
- 6.5% of children with ADHD are receiving neither medication treatment nor behavioral therapy

The ADD measure assesses the rate of members ages 6-12 on ADHD medication who had at least one follow-up care visit within 30 days of the ADHD medication being dispensed (i.e., initiation phase), and if the member remains on ADHD medication for at least 210 days (about 7 months), the member should also have at least two follow-up visits within 9 months after the end of the initiation phase.

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HEDIS® *continued*

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

As many as 60% of patients diagnosed with schizophrenia do not take medications as prescribed. When antipsychotics are not taken correctly, member outcomes can be severe, including hospitalization and interference with the recovery process. Medication adherence problems may make it difficult for a prescriber to assess the member's medication response. Prescribers may unnecessarily alter medication type of dosage in order to resolve what appears to be medication complications for a member who actually has an adherence problem. The SAA measure assesses the percentage of members 18+ diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Screening & Monitoring Measures for People with Schizophrenia or Bipolar who are Using Antipsychotic Medication

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes; because of this, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream. The SSD measure assesses the percentage of members aged 18 – 64 with schizophrenia or schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The SSD measure assesses the percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

The SMC measure assesses the percentage of members aged 18 – 64 with schizophrenia or schizoaffective disorder AND cardiovascular disease who had an LDL-C test.

Diabetes Monitoring for People with Diabetes & Schizophrenia (SMD)

The SMD measure assesses the percentage of members aged 18-64 which schizophrenia or schizoaffective disorder AND diabetes who had both an LDL-C and an HbA1C test.

Please visit our website for additional information about these Behavioral Health Measures. Carelon Behavioral Health's website offers Provider Tip Sheets, as well as member and provider-level tools to assist you in finding needed member services and other useful resources.

Important Reminder: Carelon Behavioral Health strives to provide members with accurate, current provider directory information. Providers are required to notify Carelon Behavioral Health's about any inaccuracies so that appropriate corrections may be made.

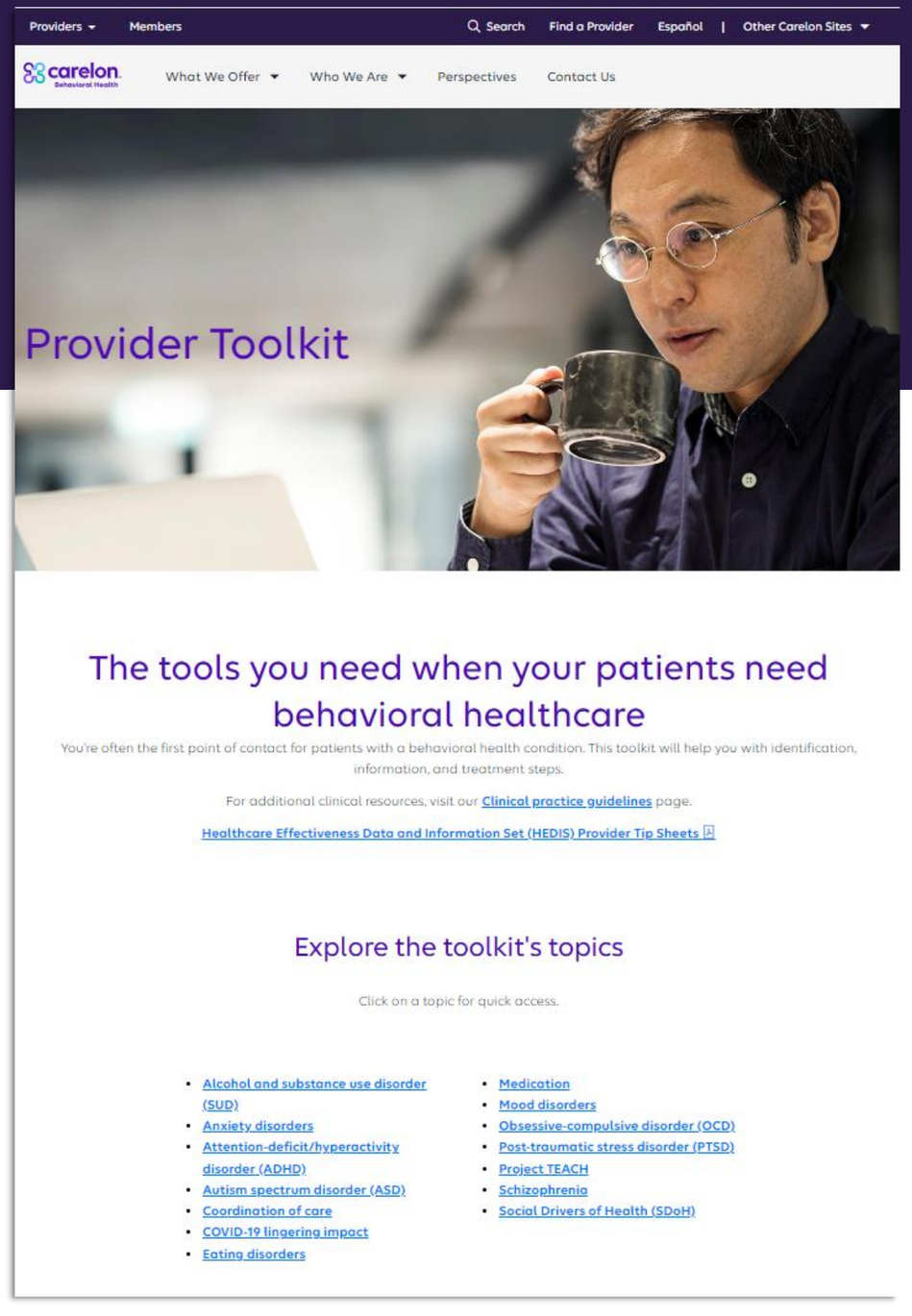
- **Practitioners:** Visit CAQH, update, and attest
- **Provider Groups and Facilities:** Visit our provider portal or call our National Provider Service Line at 1-800-397-1630

THE PROVIDER TOOLKIT

The Provider Toolkit is intended to support primary care clinicians by providing a quick guide to behavioral health references. The toolkit is also a great resource for behavioral health providers and our health plan partners. The toolkit is useful for managing populations with co-occurring disorders. The toolkit promotes an integrated healthcare approach encouraging whole person health by offering provider resources they can use with the members they serve.

The toolkit includes resources for the management of attention-deficit/hyperactivity disorder, alcohol and substance use disorders, anxiety disorders, autism spectrum disorder, mood disorders (depression and bipolar disorder), eating disorders (including binge-eating disorder), obsessive-compulsive disorder, post-traumatic stress disorder, and schizophrenia disorder. The toolkit also includes information as it pertains to coordination of care, COVID-19, behavioral health medications, and social determinants of health, and Project TEACH. All sections include resources that the provider can use with the member including screening tools.

Click here to access the Provider Toolkit



HELPFUL REMINDERS

Member Rights and Responsibilities

Carelon Behavioral Health's Member Rights and Responsibilities Statements are available in English and Spanish for download from our website.

Providers and practitioners are encouraged to ensure your practice supports the Rights and Responsibilities of our Members.

Learn more

Reminders Regarding Carelon's Ethical Approach to Utilization Management Decisions

Licensed behavioral health care professionals work cooperatively with practitioners and provider agencies to ensure member needs are met. Utilization management decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

Carelon Behavioral Health does not provide rewards to any of the individuals involved in conducting utilization review for issuing denials of coverage or service. There are no financial incentives to encourage adherence to utilization targets and discourage under-utilization. Financial incentives based on the number of adverse determination or denials of payment made by any individual involved in utilization management decision making are prohibited.

Appointment Access Reminder

Carelon Behavioral Health strives to provide members with accurate, current Provider Directory information. Participating providers are expected to maintain established office hours and appointment access. Carelon Behavioral Health's provider contract requires that the hours of operation of all network providers be convenient to the members served and not discriminatory. Participating providers are required to maintain the following access standards:

If a member has a:	They must be seen:
Life-threatening emergency	Immediately
Non-life threatening emergency	Within 6 hours
Urgent needs	Within 48 hours
Routine office visit	Within 10 business days
Routine Follow-up office visit (non-prescriber)	Within 30 business days of initial visit
Routine Follow-up office visit (prescriber)	Within 90 business days of initial visit

The table above reflects the access standards that are the minimum standards for Appointment Accessibility for all states. Some state or market specific requirements may be stricter.

As a reminder, if at any time your practice is not able to meet the appointment access requirements, please update your Provider Directory information:

- Practitioners: Visit CAQH, update, and attest
- Provider Groups and Facilities: Visit our provider portal or call our National Provider Service Line at 1-800-397-1630

REGIONAL NEWS
California

MATERNAL MENTAL HEALTH PROVIDER TRAINING

Maternal Mental Health (MMH), also known as perinatal mental health, refers to a mother's overall emotional, social, and mental well-being, both during and after pregnancy. MMH disorders are often unrecognized and therefore untreated.

In this one-hour training, Dr. Jessica Langenhan, Medical Director at Carelon Behavior Health, will share information regarding the prevalence, risk factors, and impact of MMH disorders. Specific MMH disorders, including depression, psychosis, PTSD, OCD, will be discussed. Dr. Langenhan will provide information on screening tools, diagnosis, treatment interventions, and other resources that are recommended for providers to utilize to support this population. Carelon Director of Behavioral Health Services, Mandy Kullar, will share information about linking members to Carelon providers and MMH Services.

If you are interested in learning more, please join one of the upcoming trainings. Please register for the specific training date below:

Friday March 15, 2024 | 11:00 AM – 12:00 PM [PST]
Registration link:
https://attend.webex.com/weblink/register/r78265ba17f2418aacfe9b9076634e70d

Monday April 11, 2024 | 12:30 PM – 1:30 PM [PST]
Registration link:
https://attend.webex.com/weblink/register/rab2ee8c5d7f2eef0a0b95a12139df04f

2024 MEDICAL NECESSITY CRITERIA- CALIFORNIA

Carelon Behavioral Health of California, Inc. is a professional corporation duly organized under the laws for the State of California and operated as a Behavioral Health Knox-Keene Licensed Health Plan, which enters into agreements with organizations such as managed health care service plans, employer groups, preferred provider organizations, exclusion provider organizations and other purchases of medical services (collectively referred to as "Plans") for the arrangement of the provision of health care services to subscribers or members of the Plans. Carelon Behavioral Health provides Utilization Management for Mental Health services and Substance Use related conditions. Medical Necessity Criteria can vary according to individual contractual obligations, state/ federal requirements and member benefit coverage. Carelon Behavioral Health uses the following as a guide based on plan type and the type of service being requested:

1. For all Medicare members, identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members, Change Healthcare's Interqual® Behavioral Health Criteria or MCG would be appropriate.
   * Exceptions if criteria sets not found in 1 or 2 above:
     - Either Carelon Behavioral Health of California's Medical Necessity Criteria or relevant Elevance Clinical UM Guidelines may be appropriate to use.
3. For **behavioral health services**, custom criteria is often state or plan/contract specific:

- California Commercial Plans utilize LOCUS, CALOCUS-CASII and ECSII criteria.
  * Exceptions for Commercial plans due to there being no non-profit criteria currently available:
    - InterQual® Behavioral Health Criteria or Elevance Clinical UM Guidelines are utilized for Behavioral Health Treatment (BHT) services.
    - MCG may be used for Transcranial Magnetic Stimulation (TMS) services
- County Medi-Cal Plans utilize:
  Specialty Mental Health Services (SMHS): Title 9 California Code of Regulations
  Non-Specialty Mental Health Services (NSMHS): The most current guidance provided by the state's All Plan Letter.
  * Exceptions for Medi-Cal plans due to there being no non-profit criteria currently available:
    - InterQual® Behavioral Health Criteria or Elevance Clinical UM Guidelines are used for Behavioral Health Treatment (BHT) services.

4. For **substance use related services**, Carelon Behavioral Health of California uses the American Society of Addiction Medicine (ASAM) criteria for all lines of business.
   * Exception for Medicare membership:
     - InterQual® Behavioral Health Criteria (Substance Use Lab Testing Criteria) and NCD criteria (Detoxification and/or Rehabilitation).

2024 Medical Necessity Criteria- California *continued*

Carelon Health IPA (CHIPA) is a professional corporation duly organized under the laws for the State of California and operated as an independent practice association, which enters into agreements with organizations such as health care service plans, preferred provider organizations, exclusion provider organizations and other purchases of medical services (collectively referred to as "Plans") for the arrangement of the provision of health care services to subscribers or members of the Plans. CHIPA provides Utilization Management for Mental Health services and Substance Use related conditions. Medical Necessity Criteria can vary according to individual contractual obligations, state/ federal requirements and member benefit coverage. CHIPA uses the following as a guide based on plan type and the type of service being requested:

1. For all Medicare members, identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members, Change Healthcare's InterQual® Behavioral Health Criteria would be appropriate.
   * Exceptions if criteria sets not found in 1 or 2 above:
   - CHIPA's Medical Necessity Criteria may be appropriate to use.
3. For **behavioral health services**, custom criteria is often state or plan/contract specific:

➢ California Commercial Plans utilize LOCUS, CALOCUS-CASII and ECSII criteria.
   * Exceptions for Commercial plans due to there being no non-profit criteria currently available:
   - InterQual® Behavioral Health Criteria are used for Behavioral Health Treatment (BHT) services.

➢ County Medi-Cal Plans utilize:
Specialty Mental Health Services (SMHS): Title 9 California Code of Regulations
Non-Specialty Mental Health Services (NSMHS): The most current guidance provided by the state's All Plan Letter.
   * Exceptions for Medi-Cal plans due to there being no non-profit criteria currently available:
   - InterQual® Behavioral Health Criteria are used for Behavioral Health Treatment (BHT) services.

4. For **substance use related services**, CHIPA uses the American Society of Addiction Medicine (ASAM) criteria for all lines of business.
   * Exception for Medicare membership:
   - InterQual® Behavioral Health Criteria is used for Substance Use Lab Testing.

Carelon Behavioral Health of California and CHIPA have adopted the World Professional Association for Transgender Health (WPATH) Standards of Care as a practice guideline for individuals with Gender Dysphoria.

An updated copy of the criteria is available on your health plan's website.
» Carelon Behavioral Health of California at www.carelonbehavioralhealthca.com/medical-necessity-criteria
» CHIPA at www.chipa.com/providers

Providers from either health plan can also email provider.inquiry@carelon.com to request a printed copy of the appropriate MNC, free of charge, or contact your health plan at:
» Carelon Behavioral Health of California at (800) 228-1286
» CHIPA at (833) 969-2190

ANNUAL AFFIRMATIVE STATEMENT

Please be advised that **Carelon Behavioral Health of California's** policy (CSNT 117CA) and **CHIPA's** policy (UM 086) regarding Utilization Management decision making is as follows:

1. All Utilization Management (UM) and Case Management (CM) decision making are based only on appropriateness of care and services and existence of coverage. The member's healthcare is not compromised at any time. Medical Necessity Criteria are used as a guideline.
2. There are no financial incentives to encourage adherence to utilization targets and discourage under-utilization. Financial incentives based on the number of adverse determination or denials of payment made by any individual involved in UM decision making are prohibited.
3. Carelon Behavioral Health of California / CHIPA does not make decisions regarding hiring, compensation, termination, promotion or other similar matters with respect to any individual based upon the likelihood that the individual will support the denial of benefits.
4. The prohibition of financial incentives does not apply to financial incentives established between health plans and health plan providers.
5. Utilization Management staff in no way rewards or incentivizes, either financially or otherwise, practitioners, utilization reviewers, clinical case managers, physician advisers, or other individuals involved in conducting utilization/case management review, for issuing denials of coverage or service, or inappropriately restricting or diverting care including staff that engage in contract/network management activities that could potentially influence referrals to specific providers/services.

BEHAVIORAL HEALTH PROFESSIONAL FEE SCHEDULE UPDATE – EVALUATION AND MANAGEMENT

Anthem Blue Cross and Blue Shield (Anthem) in Connecticut periodically reviews and updates its professional fee schedules.

Effective for dates of service on or after March 1, 2024, the rates for evaluation and management services performed by a behavioral health provider will be updated. The new fee schedule will be available for you to access at www.availity.com. Please refer to this site or contact the Provider Call Center 1-800-922-3242 if you have any questions about compensation.

These changes will apply to Century 90 and Century Preferred programs (including PPO, EPO, CDHP products, and State Preferred); BlueCare Health Plan programs (including POE, POS, Prime, and State BlueCare); Pathway Small Group HMO and PPO; Pathway Individual HMO and PPO products, programs and benefit plans. *Please note that these changes do not apply to MediBlueSM HMO and PPO products, programs and benefit plans.

Thank you for working together with us to provide our members, your patients, with access to affordable, quality healthcare benefits and services.

REGIONAL NEWS
Connecticut

CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP UPCOMING EDUCATIONAL FORUM

Substance use, society, and social impact: A presentation and fireside chat with Dr. Gabor Maté

Tuesday, March 19, 2024, 12 p.m. to 2 p.m. EST

Join leading experts to:

- Learn the social basis of addiction in economic, cultural, and political dislocation and disempowerment.
- Enhance self-awareness to foster a reflective approach that positively impacts the delivery of behavioral health services.
- Understand the correlation between chronic conditions (such as substance use) and social environments.
- Explore ways to support a healthier population and the development of therapeutic relationships in addiction treatment.

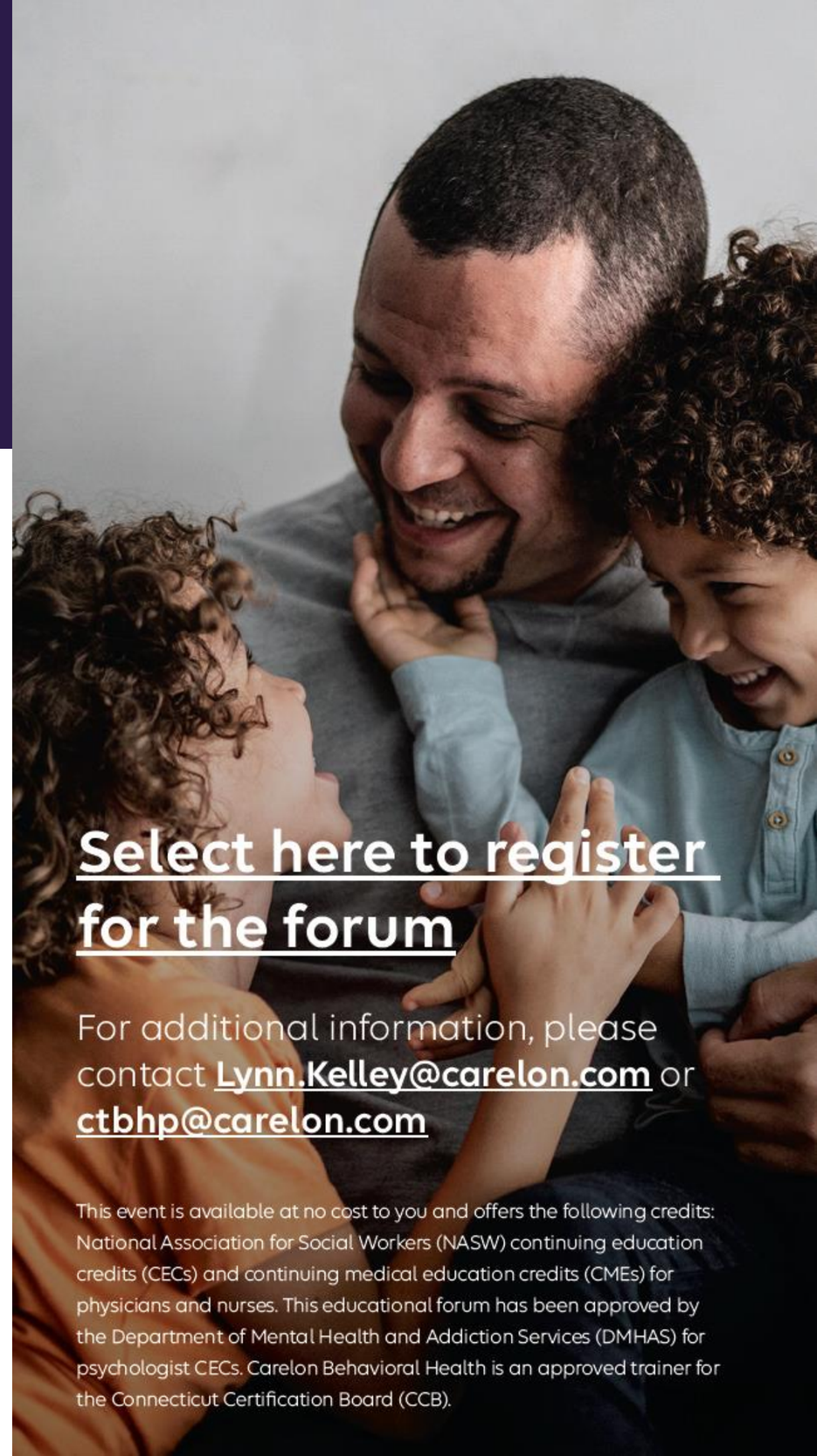
Click here for more information and to access the forum flyer

Click here to register for the forum

Connecticut BHP
Supporting Health and Recovery

Administered by carelon Behavioral Health

CHA CONNECTICUT HOSPITAL ASSOCIATION



REGIONAL NEWS
New York

Making the Connection: Conversations Around Integrated Care Series

It is widely accepted that integrated care improves treatment outcomes and reduces the cost of care for individuals with both mental health and substance use diagnoses. Despite this, individuals frequently receive care for mental health treatment in one clinical setting and substance use treatment in another. Treatment providers, however, can play a key role both clinically and within their organization to promote integrated care in the same setting.

Join Carelon Behavioral Health, MCTAC, the Center for Practice Innovations (CPI), New York City's Department of Health and Mental Hygiene (NYC DOHMH), New York State's Office of Mental Health (NYS OMH) and Office of Addiction Services and Supports (NYS OASAS) in the third part of our series, Making the Connection: Conversations Around Integrated Care, where we explore strategies and approaches to integrating mental health and substance use treatment. Each interactive session will address and highlight key integration topic areas and will be followed by a case study discussion. Leaders from Carelon's Clinical Case Management and Medical Director teams are eager to share their insights with our provider community.

Target Population:
OMH & OASAS Programs

Register for one of the upcoming sessions:

April 9, 2024 | Registration Link:
https://registration.nytac.org/event/?pid=1&id=2134

May 7, 2024 | Registration Link:
https://registration.nytac.org/event/?pid=1&id=2135

#TAKEASTAND AGAINST DOMESTIC VIOLENCE

Intimate partner violence (IPV) is a problem that affects millions of people in America.

IPV is abuse that occurs between romantic partners.
- A partner can be a current or former spouse or dating partner.
- It can occur among straight or same-sex couples and does not require sexual intimacy.
- It might happen one time or many times over many years.

Data from a CDC Survey (NISVS) show:
- About 25% of women have had some type of sexual or physical violence or was stalked by an intimate partner during their life.
- About 10% of men have had some type of sexual or physical violence or was stalked by an intimate partner during their life.
- Over 43 million women have had some verbal and non-verbal language used to harm them mentally or to have control over them by an intimate partner in their life.
- About 38 million men have had some verbal and non-verbal language used to harm them mentally or to have control over them by an intimate partner in their life.
- When IPV occurs in adolescence, it is called teen dating violence (TDV). About 11 million women and 5 million men experienced some form of violence before the age of 18.

Programs that teach young people healthy relationship skills are important. Skills such as:
- Communication
- Managing feelings
- Problem-solving

These skills can stop violence before it occurs.

TIPS FOR TOBACCO RECOVERY

Quitting tobacco is not easy. Many people want to quit and try to quit many times before stopping for good. Here are some tips and steps to help you quit.

Step 1 – Begin your plan to quit

- Pick a date you want to quit
- Think about how your life will improve when you quit
- Get rid of anything that makes tobacco tempting
- Think about things that will help you from past attempts to quit

Step 2 – Get support from others

- Talk to family, friends and others about why you want to quit
- Ask them to keep tobacco out of sight
- Get Help. You can ask your doctor for advice. Call 1-800-QUIT-NOW for free counseling and additional supports and resources to quit

Step 3 – Activities or things to distract you

- Plan ways to distract yourself when you have an urge or craving
- Have items nearby to hold or put in your mouth
- Try new and fun activities that do not include tobacco
- Be ready to manage withdrawal symptoms

Step 4 - Medications for tobacco recovery

- There are medications available to help your tobacco recovery journey
- Using medication can help you increase the chances of quitting for good
- Nicotine Replacement Therapy (NRT) medications offer small and steady doses of nicotine that help with cravings
- Some NRTs are available over the counter such as gums, inhalers, lozenges or patches. Other medications need to be prescribed by a doctor.
- Many states (including PA) offer free nicotine patches and lozenges and quit coaches to get you started on your tobacco recovery. Call 1-800-QUIT-NOW (1-800-784-8669) to learn more. Medicaid and Medicare may cover the cost of medications. Contact your PCP or physical health plan to find out more.
- Be sure to talk with your doctor about how medication can help you quit and be tobacco free.

For additional information: www.Smokefree.gov www.BecomeAnEx.org
Source: CDC.gov

ADVANCE DIRECTIVES FREQUENTLY ASKED QUESTIONS

Q. What is a Mental Health Advance Directive?
A. A Mental Health Advanced Directive is a document that allows a person to make preferences regarding mental health treatment known in the event that the person is incapacitated by his/her mental illness. In effect, the person is giving or withholding consent to treatment in advance of when treatment is needed. This allows a person to make more informed decisions and to communicate his/her wishes more clearly. A new law was passed in Pennsylvania, effective January 28, 2005, that makes it possible for a person to make and enforce a mental health advance directive. Pennsylvania law allows for three types of mental health care advance directive: a declaration, a power of attorney, or a combination of both.

Q. What are my responsibilities as a provider?
A. You must do the following things:

- Inquire whether or not a person has a mental health care advance directive.
- Inform people who are being discharged from treatment about mental health care advance directives as part of discharge planning.
- You may not choose whether to accept someone as a patient based solely on the existence or absence of a mental health care advance directive.
- Upon notification of the existence of an advance directive, you must place a copy in the person's mental health care record.
- You must make any revocation or amendments part of the person's mental health care record.
- You must comply with the instructions unless the instructions are contrary to accepted clinical practice and medical standards or because medical treatment is unavailable, or if the policies of the provider preclude compliance.
- If you are the mental health care provider that makes a determination regarding capacity to mental health care decisions, you must make that determination part of the person's mental health record.

Advance Directives Frequently Asked Questions *continued*

Q. What if I can't comply with the instructions in the mental health care advance directive?
A. As soon as the possibility of non-compliance becomes apparent, you must inform the person, agent, guardian, and/or any other legal representative. It may be possible to discuss and resolve the issue with the person or agent. If compliance is still not possible, you must make every reasonable effort to transfer the person to another mental health care provider who will comply with the instructions. While the transfer is pending, you must treat the patient in a way consistent with his/her advance directive. If all efforts to transfer fail, you may discharge the patient.
Remember that just because consent is provided in advance to a particular medication or treatment, that you will not prescribe that treatment or drug unless it is appropriate treatment at the time of the person's illness. Consent only means that consent is given to treatment if it is a suitable choice at that time within the standards of medical care. You will also have to consider if a particular treatment option is covered by the person's insurance. If, for example, the HMO does not cover a certain drug on its formulary, you may prescribe a drug that is similar, but is on the HMO formulary (unless the person has specifically withheld consent to that drug).

Q. What if compliance with the instructions could cause irreparable harm or death?
A. You may file a petition with the court seeking a determination that following the instructions may cause irreparable harm or death. The court may invalidate some or all of the provisions of the mental health advance directive and issue an appropriate order within 72 hours from the filing of the petition. Even if the court invalidates some of the provisions of the directive, the remaining provisions will remain in effect.

Q. What if there is a conflict with instructions in another power of attorney or declaration?
A. If there is a conflict, the provisions of the document latest in date of execution must be followed.

Q. How does a Mental Health Advance Directive affect commitment under the Mental health Procedures Act?
A. The voluntary and involuntary commitment provisions of the Mental Health Procedures Act are not affected by having a mental health care advance directive. What is affected is the provision of treatment after a person is committed.

*Instructions and forms for Mental Health Advanced Directives for Pennsylvanians https://www.dhs.pa.gov/docs/For-Providers/Documents/Behavioral%20Health%20Services/Instructions%20%20Forms%20-%20English.pdf

PENNSYLVANIA STATEWIDE TOBACCO-FREE RECOVERY INITIATIVE

The following messages are issued on behalf of the PA STFRI Advisory Board to (1) share a brief statement to reinforce the importance for tobacco-free behavioral health services and (2) generate and sustain awareness of the PA STFRI. For more information visit the PA STFRI website at: www.tobaccofreerecoverypa.com

Message: Tobacco dependence treatment during addictions treatment was associated with a 25% increased likelihood of long-term abstinence of alcohol and illicit drugs. Stopping smoking in the first year after intake predicted long-term recovery from substance use and remission status 9 years later.

Resource: https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5069qg.pdf

Message: Evidence suggests that smoking may cause some mental health problems, and that the tobacco withdrawal cycle partly contributes to worse mental health. By stopping smoking, a person's mental health may improve, and the size of this improvement might be equal to taking antidepressants. Healthcare professionals can compassionately and respectfully raise the topic and integrate evidence-based methods into routine care to help their patients stop smoking.

Resource: https://purehost.bath.ac.uk/ws/portalfiles/portal/210533857/Manuscript_revised_clean_06302020.pdf

Message: American Society of Addiction Medicine - Recommendations For Integrating Tobacco Use Disorder Interventions in Addiction Treatment

1. Screen all patients for tobacco use disorder
2. Offer evidence-based treatment to all patients with tobacco use disorder
3. Use motivational and harm reduction strategies for patients ambivalent about quitting
4. Implement organizational policies to support treatment of tobacco use disorder

Resource: https://www.asam.org/quality-care/clinical-recommendations/tobacco?utm_source=UCSF&utm_medium=email&utm_campaign=Tobacco

REGIONAL NEWS
Pennsylvania [Medicaid]

SEEKING INDIVIDUAL PREFERRED PROVIDERS OF TRAUMA AND SEXUAL OFFENDER TREATMENT

Carelon and our County Partners believe that the treatment of trauma and treatment of sexual offenders is fundamentally different from traditional psychotherapy in a number of ways. Providers treating trauma and/or sexual offenders must have specialized experience, training, and supervision. Carelon is seeking to expand our Preferred Provider Network. If you are interested in joining the preferred provider network and meet the below qualifications, please reach out to Kristy Matesic at Kristine.Matesic@Carelon.com.

Preferred Provider Trauma Requirements

Trauma Providers must be able to demonstrate significant knowledge about:

- Human behavior and development
- Comprehensive mental health evaluations/clinical interview
- Psychosocial assessment
- Specific treatment techniques for specific age groups
- Treatment protocols that include Cognitive Behavioral Therapy (CBT), skill building for emotional regulation, and a Trauma Narrative component

The minimum standards for preferred providers treating trauma:

- Credentialed with Carelon
- Licensed and/or Licensed Eligible Professional (LPC, LCSW, LSW, LMFT, Psychologist, Psychiatrist)
- Evidence Based Practices: Utilized Trauma-Focused CBT, certification and/or documentation supporting the completion of a SAMHSA-approved training program or course.
  - For practitioners in the NW3 and SW6 counties, it is preferred that this certification be accomplished via the Trauma-focused Cognitive Behavioral Therapy (TF-CBT) National Certification Program
- Screening Tool: Utilizes the trauma symptom checklist for adults and children
  - Carelon welcomes the use of additional screening tools, but request that the practitioner submit the tool to Carelon for prior approval. The screening tool used should be culturally sensitive and appropriate.
- Clinical supervision minimum of one (1) time per month, for a minimum of one (1) hour, by a trauma trained supervisor. Carelon prefers that the supervision is provided by a trauma trained/certified supervisor but is not required.
- Practitioner must provider documentation of twelve (12) house of trauma-focused training every two (2) years.

Seeking individual preferred providers of trauma and sexual offender treatment

continued

Preferred Providers of Sexual Offender Requirements

Sexual offender treatment providers must be able to demonstrate significant knowledge about:

» The criminal justice and corrections systems
» Specific treatment techniques for specific age groups
» Diagnostic criteria or classifications
» Normal and aberrant human sexual development
» Psychological and psycho-physiological testing relevant to appropriate sexuality and sexual deviance

The minimum standards for preferred providers of sexual offender treatment:

» Credentialed with Carelon
» Licensed (LPC, LCSW, LSW, LMFT, Psychologist, Psychiatrist)
» Must have individual current clinical membership with the Association for Treatment of Sexual Abusers (ATSA) or individual Sexual Offender Assessment Board (SOAB) certification as a board member or provider of sex offender treatment (Individuals under a group certification such as employed with a provider/facility that has ATSA or SOAB membership or under the supervision of an ATSA or SOAB member are excluded from consideration)
» Ongoing CEUs must meet individual licensing requirements

Approved providers for the Preferred Provider status of either Trauma or Sexual Offender treatment will be required to attest yearly to meeting the requirements and need to submit requested documentation.

PROVIDER MEDICAID ENROLLMENT AND REVALIDATION REQUIREMENTS

Click here for information related to the TMHP Provider Enrollment and Management System (PEMS) and Revalidation Process.

Highlights and Tips

» NPI's are assigned by CMS through the National Plan and Enumeration System (NPPES)
» Taxonomy codes used for billing Medicaid services must be attested to the corresponding billing NPI's
» NPPES Taxonomies must be up to date to successfully enroll and revalidate in PEMS.
» Carelon utilizes CAQH for credentialing and recredentialing. ***You should re-attest your CAQH every 6 months.

**Practice Addresses, NPI's and Taxonomy codes should all match between NPPES, PEMS, and CAQH

Issues and Common Errors seen when applying or revalidating Medicaid status

» Incorrect systemic deficiencies triggering for Providers
» Converted data triggering incorrect deficiencies
» Not disclosing all principals and managerial employees
» Legal doing-business-as-names and assumed name certificates not matching
» Application fee requirements for different programs
» Not all practice addresses are being reported or attested for each MCO plan and program affiliated with

TELEMEDICINE AND TELEHEALTH DELIVERY OF BEHAVIORAL HEALTH MEDICAID RESOURCES

Click here to access Texas Medicaid & Healthcare Partnership (TMHP) resources

As mandated by House Bill 4, passed by the 87th Legislature, Regular Session 2021, the Texas Health and Human Services Commission, or HHSC, implemented changes to most Medicaid behavioral health medical policies.

These changes allow for the delivery of behavioral health services by synchronous audiovisual or synchronous telephone audio-only technology, henceforth referred to as audiovisual and audio only technology, if this delivery method is determined to be clinically appropriate and safe and is agreed to by the person receiving the services.

These changes took effect on September 1st, 2022.

To assist providers in understanding the changes, HHSC has created two infographics that highlight the services that may be provided using these modes of delivery. Each infographic shows the service group, service type, procedure codes for each service, and key information about additional requirements for delivering the service.

Additionally, HHSC has also created an instructional video outlining the new requirements for permanent audio-only delivery of some behavioral health services, as well as examples of clinical scenarios demonstrating how requirements can be met. Providers can find that video on the TMHP YouTube channel, located here: TMHP YouTube Video - Policy Update: Telemedicine/Telehealth Delivery of Behavioral Health Services

More information can also be found in the Texas Medicaid Provider Procedures Manual TMHP TM PPM

POTENTIALLY PREVENTABLE ADMISSIONS (PPA)

Carelon Behavioral Health is partnering with Parkland Community Health Plan to decrease the number of PPAs in 2024. One way to avoid preventable hospital admissions is through coordinated and comprehensive outpatient care.

Some key points to remember:

» Coordinate with other behavioral health providers.
  - Therapists and prescribers should communicate at least quarterly
  - Transitions between levels of care (inpatient to outpatient) should address therapy and medication needs

» Coordinate with physical health providers
  - Quarterly communication for all patients
  - When prescribing new medications or adjusting dosages
  - When patients report untreated medical concerns

» Regular screening for depression using a standardized tool such as the PHQ9 (or PHQ-A for adolescents and ASQ for children) can help identify symptoms that need further evaluation. Additional information on Carelon's Depression Screening Program along with links to screening tools can be found at Depression Screening Program (carelonbehavioralhealth.com)

» Develop treatment plans that include whole-health goals and address social drivers of health (SDOH). See Carelon's Provider Toolkit for additional information SDOH | Carelon Behavioral Health.