Regence

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Behavioral Health CONNECTION

www.wa.regence.com/provider

Creating an environment of consumer engagement through access to information

Regence believes the key to transforming health care lies in helping consumers gain a better understanding of the system, how they can access it, and how they can make informed decisions within it. And while the concept of complete and open access to health care information has been talked about and is touted by many, today very little information is publicly available, and what information is available is more often provider-focused.

As a result, in 2007, Regence launched its Transparency effort designed to provide consumers with access to relevant, accurate health information across multiple dimensions of value (cost, quality, patient experience). In April 2008, Regence rolled out its Member Feedback feature—the first in a series of online Transparency tools. Using the Member Feedback feature, Regence members can now share feedback about their health care experiences with other members and providers online at **myRegence.com**, powered by the Regence Engine. To date, Regence has collected more than 28,000 numeric surveys and nearly 3,800 individual member comments through the Member Feedback feature. In addition, we continue to see a steady, weekly uptick in the number of registered members on **myRegence.com**.

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While the launch of the Member Feedback feature has given Regence members insight into other members' experiences, this is just one piece of the health care information puzzle. To make more informed health care choices, each patient needs access to a variety of information. In addition, we know that each patient has his or her own "recipe" for making choices and may value one piece of information over another.

In early 2009, Regence will launch the second in our series of online tools—the Enhanced Provider Profile feature. This new feature fosters more informed patient-practitioner matching by enabling Regence members to choose the provider that is right for them based on their needs and values. It also gives practitioners a new venue to distinguish themselves by providing valuable information about their expertise and practice.

The Enhanced Provider Profile feature was designed to meet the needs of our members while enabling you to create a personalized space to share information about your practice with potential new and current Regence patients. The following benefits are available to providers who choose to participate in enhancing their profile:

- A direct link from the provider's individual profile on **myRegence.com** to the provider's practice Web site.
- Better alignment of patient needs with provider characteristics may result in improved satisfaction and efficient interactions.
- Online presence for providers who do not already have a practice Web site.
- Future releases will enable members to sort, filter and compare physicians, dentists and other health care professionals based on data captured in the profiles using the **myRegence.com** Provider Search tool.

We are grateful to those behavioral health practitioners who have given us feedback on our Transparency efforts, and we will continue to look for opportunities to collaborate as we move forward on the design and development of other new features. If you have any questions about the Enhanced Provider Profile feature or Regence Transparency efforts please contact your provider relations representative or email us at **ehughes@regence.com**.

Regence launches innovative outcomes system

In support of Regence's commitment to information transparency, the Behavioral Health department began researching quality measures that would be meaningful to our members. After a thorough review of available quality indicators and discussion with our provider advisors, we ultimately selected an outcomes-focused system that recognizes the clinician as the most important element in the treatment process. The system is built on the concept of outcomes-informed care, which refers to the practice of incorporating patient-reported treatment outcomes data into the treatment process. Clinicians are able to use the data generated by the Regence Behavioral Health Outcomes Measurement System as a tool to monitor progress and inform treatment.

The Regence Behavioral Health Outcomes Measurement System was developed in collaboration with Jeb Brown, Ph.D., a national expert on behavioral health outcomes measurement. Dr. Brown is the director of Center for Clinical Informatics, a consulting group specializing in the development of outcomes management systems for large systems of care. He and his collaborators have published extensively in various peer-reviewed journals and are co-authors of a forthcoming book on outcomes management.

The Regence Behavioral Health Outcomes Measurement System differs in several important ways from outcomes measurement initiatives previously implemented by other health plans. Key features of Regence's system include:

- Web-enabled outcomes system
- Provider data and reporting update every 24 hours
- Dedicated, HIPAA-secured Web site for providers
- Open source model with non-proprietary technologies
- Continued development of system with ongoing provider feedback
- Voluntary provider participation

How the system works

- Provider administers patient self-report clinical questionnaires at multiple points during treatment
- Provider faxes questionnaire to secured data center (no patient-identifying information transmitted)
- Clinical data and reports are uploaded to the provider's individual Web portal
- Treatment progress is assessed by benchmarking the patient's actual progress against an estimate of expected progress using case-mix adjusted normative data

Pilot

Regence first piloted its clinical outcomes system in January 2007 at Western Psychological and Counseling Services in Portland, Oregon. Western's CEO, Daryl Quick, Ph.D., a strong proponent of outcomes measurement systems, notes that these systems allow providers to demonstrate objective results and value to payers, purchasers and patients beyond anecdotal information. He acknowledges the debate within the behavioral health community regarding the best tool for measuring quality, but notes that the absence of an agreed-upon standard should not inhibit the development of reliable and valid tools. Western has participated in several large outcomes measurement projects and has received several awards of distinction.

Dr. Quick describes the partnership with Regence as being particularly strong and states, "We wouldn't be where we are now without the excellent resources and technical support provided by Regence." Western currently has 120 clinicians participating in the Regence Behavioral Health Outcomes Measurement System and has measured the treatment outcomes of over 7,000 patients to date.

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Results

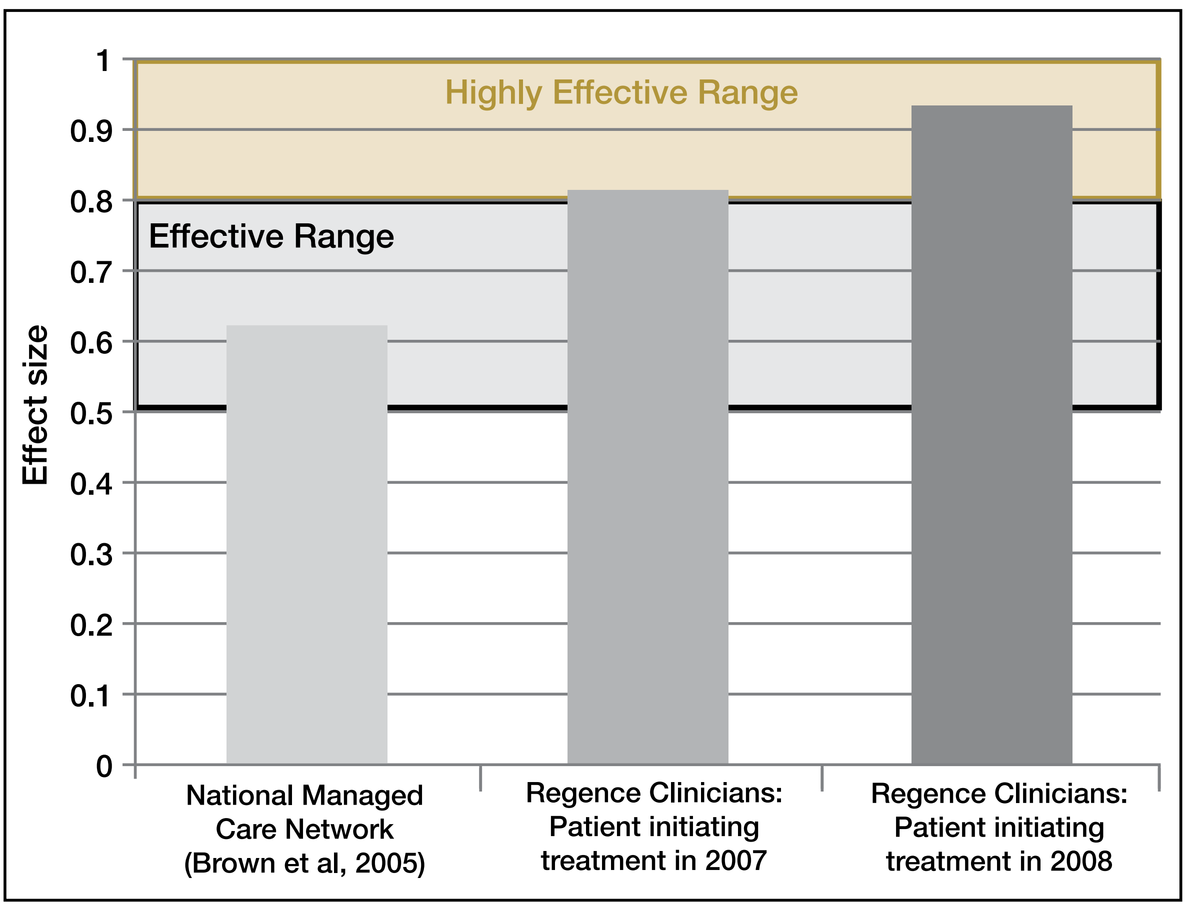
The clinical effectiveness of Regence outcomes-informed clinicians exceeds the results from a national managed care clinical outcomes program. Additionally, Regence outcomes appear to be improving. Patients who began treatment in 2007 have an average effect size of .82, compared to an effect size of .92 for patients who initiated treatment during the first five months of 2008, a result that is statistically significant ($p<.05$). The graphic below illustrates the outcomes for these cases compared to published results from a national managed care network.

Invitation

We invite you to access this powerful clinical resource. The Regence Behavioral Health Outcomes Measurement System is now available to all of our providers at no cost. For more information or to enroll, contact Christa Castaneda at (206) 470-4298 or **cjcasta@regence.com**.

Daryl Quick, Ph.D., is also available to answer questions regarding the implementation and use of the Regence Behavioral Health Outcomes Measurement System from a clinician's perspective. He can be reached via email at **dquick@teleport.com**.

Outcomes for all cases in the clinical range



Measuring outcomes:

A clinician's perspective

River Valley Psychological Services is a multidisciplinary group consisting of 25 therapists, with offices in Issaquah and Tukwila, Washington. The practice was founded in 1995. At that time we began collecting data on every patient in an attempt to assess and monitor quality. We currently use the SCL 90, a commonly used patient self-report instrument consisting of 90 items related to mood and perception.

In 2008, River Valley was invited to participate in the Regence Behavioral Health Outcomes Measurement System. As one might imagine, taking on a project of this size is daunting. However, given our history of attempting to assess quality since the inception of the clinic, I was receptive to exploring whether this system might be effective. I have very little doubt of the quality of the services we provide at River Valley, but am certainly interested in having that affirmed by reliable data, which can be shared with those who pay for the services we provide, such as patients, insurance companies, and employers.

I understand that the idea of measuring and reporting outcomes may be distasteful or even frightening to providers. However, I believe clinicians who are confident in their skills and recognized by their patients as being helpful should actually welcome the chance to show that they are worth what they get paid, maybe more.

It has become clear that purchasers and payers are increasingly requiring information that objectively supports the value of the treatment services we provide. Most clinicians reading this article are likely experiencing a number of competing emotions. I would like to add mine to the mix. I certainly recognize that there is a crosscurrent we have to navigate. I am long past the point of fighting the idea that I am going to be assessed. I just want to be assessed correctly, and the Regence Behavioral Health Outcomes Measurement System allows for ongoing development of this tool based on clinician feedback.

We are new to the process of developing reliable and valid measures, but I intend to make clear to my clinical staff and the insurers we work with that we are dedicated to helping patients get better and that we are willing to expose potential weaknesses in clinical practice in order to improve the services we provide. I also see this as an opportunity to create an environment where my clinicians can help the patients they work with in the most scientifically valid way and to provide them the tools they need to further develop their skills.

Kevin Connolly, Ph.D.
Director, River Valley Psychological Services

Regence Online Services for Providers

Regence Online Services for Providers is a free, Web-based tool that allows physicians, other health care professionals and facilities to access information for most Regence members. The tool can save your office time by eliminating the need to call Customer Service for routine patient information. It's easy to learn and use.

The online tool allows you to:

- Verify patient eligibility and general benefits (including copays and deductibles)
- View existing referrals
- View deductible and coinsurance maximum amounts
- Review the status of submitted claims and payment information
- View payment vouchers for specific claims
- Obtain eligibility and claim information for members of other Blue Cross and/or Blue Shield Plans
- Review and respond to feedback Regence members have shared about their experiences with you
- Access A.D.A.M. QuickSheets—illustrated patient education materials customized with your practice logo and individual notes
- Search for providers
- Create your Enhanced Provider Profile in early 2009

For Innova℠, Engage℠ and Activate℠ patients you can also:

- View some benefit limitations and accumulations
- Search for vouchers by provider name, voucher number or check number
- View entire payment vouchers

For more information, visit our *Provider Web Site* and click on the Regence Online Services icon or contact your provider relations representative.

Our NPI dual-use period extended

The Health Insurance Portability and Accountability Act (HIPAA) requires physicians, other health care professionals and facilities that use electronic transactions to include a National Provider Identifier (NPI) on all electronic claims. We offered a dual-use period to enable providers and payers to test their transactions to ensure claims would be transmitted correctly using the NPI and the provider identifier before limiting identifiers to the NPI only.

Regence is extending our NPI dual-use period until further notice because many entities are in varied stages of compliance. You may continue to submit claims with only your NPI and tax identification (ID) number or your NPI, tax ID and Regence provider identifier. You will be notified when we will no longer accept your Regence provider identifier on claims.

Remember to:

- Include your physical/rendering address along with your billing address on the claim.
- Always submit your tax ID. This is part of the American National Standards Institute (ANSI) transaction.

We strongly urge all providers who are filing claims electronically or via paper to obtain an NPI number.

- If you are including your NPI on a paper claim, you must use the revised CMS-1500 (08-05) or UB-04. These forms have specific fields to accommodate your NPI.
- If you are using older versions of these forms that do not include fields to accommodate the NPI, please enter only your Regence provider identifier.
- Do not use the NPI with older versions of the paper claim form.

For more information or to obtain an NPI, please visit the CMS Web site at **www.cms.hhs.gov/NationalProvIdentStand**.

If you have not yet done so, please share your NPI with Regence using one of these four methods:

- **Online** submission is available using the Provider Information Update Form located on our *Provider Web Site* in the Provider Library section, under Forms.
- **Print** and fax the completed Provider Information Update Form to 1 (888) 289-1313.
- **Call** your provider relations representative.
- **Mail** your NPI to:
  Regence BlueShield
  Attn: Provider Network Management
  P.O. Box 21267 M/S 916
  Seattle, WA 98111-3267

You can find more detailed information, including an online training course, on our *Provider Web Site* in the Claims & Billing section, under NPI.

Behavioral health care professionals, clinics and facilities save time with Office Ally

Office Ally accepts electronic submission of claims through the Internet from your office. Once registered and on Office Ally's Web site you can pre-populate your patient's information, health plan information and the specific codes routinely used. The pre-populated online form looks like a CMS-1500 claim form. Push a button and the claim is submitted. It's that simple! Office Ally is capable of transmitting claims electronically to over 2,000 health plans, including Regence BlueShield. Office Ally enables us to help our behavioral health professionals, clinics and facilities by improving claim submissions, reimbursement tracking and repetitive data entry. Office Ally is HIPAA-compliant and focused on making your interactions with health plans both simple and seamless.

Office Ally's services are free and easy. Claims are received quickly, facilitating faster processing and payment. Training and support is available 24 hours a day, seven days a week through Office Ally. No contract or commitment is necessary.

Contact Office Ally for more information at (949) 464-9129, via email at **info@officeally.com** or by visiting our *Provider Web Site* at **www.wa.regence.com/provider** under Claims & Billing, Electronic Transactions.

Documentation of therapy sessions

Clinicians frequently have to balance the concern for confidentiality of patients' personal health information with the need for a valid record of clinical status, the nature and timing of treatment interventions, and progress made. The behavioral health patient's office record (referred to here as "chart") consists of clinical notes for each contact with the patient, which establishes that medically necessary, quality care was provided in keeping with current professional standards of community practice. These clinical notations do not have to be lengthy or overly detailed.

The patient's chart also can serve to communicate needed clinical information to other entities at the patient's request and authorization, and in compliance with HIPAA regulations. If transfer of behavioral health care is needed, the written record of treatment contributes to the continuity of care and can inform the direction of subsequent therapeutic interventions. A billing record of dates of service, CPT codes and diagnosis, such as a completed health plan claim reimbursement form, is not equivalent to the clinical record of an office visit for documentation purposes.

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What should be included in clinical notes in the behavioral health outpatient chart?

- Date and length of the therapy session or medication management visit
- Patient's diagnosis and current mental status
- Brief description of major themes forming the content of a given session
- A summary of the therapeutic intervention during the session, noting modality(ies) used and patient response
- The practitioner's assessment of patient progress toward achievement of therapy goals
- Treatment plan for the immediate future, reflecting patient's current status
- Any changes to the treatment plan to address lack of improvement in patient's condition
- Medications prescribed by the writer, with name, dosage, instructions, effect or lack thereof, and notation of any side effects; lab tests associated with medication management
- For non-prescribing behavioral health practitioners, notation of any contacts with the patient's primary care provider or other psychotropic medication prescriber to coordinate care
- Clinical justification for prolonged treatment, extended sessions or other atypical situations, or referral for psychological testing or psychiatric or other specialty consultation

Psychotherapy notes

In addition to the standard patient chart, a behavioral health practitioner may also keep psychotherapy notes. These may be personal notations, comments on the content or process of a session, reminders about a previous theme or historical event in patient's life history, ideas about possible connections between current content and past life experience, etc. They are kept separate from the patient's office chart, do not have to be disclosed to the patient, and require specific authorization from the patient to be disclosed to other entities. This is in contrast to the general consent under HIPAA governing the allowed sharing of clinical information from the patient's office chart with the patient and with designated entities (such as the health plan) for the purposes of treatment, payment and operations.

Definition of medical necessity

Member health plan contracts provide coverage (payment) for those services that are considered medically necessary. An important aspect of documenting therapy sessions is to establish that the services provided were medically necessary. Medically necessary or medical necessity means health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating illness, injury, disease or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treament of that patient's illness, injury or disease

Generally accepted standards of medical practice

Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.

Frequently asked questions

Claims

How do I find out the status of my claim?

Providers may access Regence Online Services to check the status of submitted claim(s) 24 hours a day. You may find information by accessing Regence Online Services on the *Provider Web Site* at **www.wa.regence.com/provider**.

Where do I send claims for members with Blue Cross and/or Blue Shield Plan coverage in another state?

Claims for Regence BlueShield members may be submitted to the following address:
Regence BlueShield
P.O. Box 30271
Salt Lake City, UT 84130-0271

IMPORTANT REQUIREMENT: It is necessary to include the three-character alpha prefix of the insured's identification (ID) number in section 1a of the CMS-1500 claim form so that we may correctly identify and route out-of-area claims.

Contracts/credentialing

What are the contracted reimbursement rates?

This information may be obtained from your provider relations representatives (see right column).

What are the Regence provider networks and which networks do I participate in currently?

The Regence commercial networks include the Participating (PAR), Preferred Provider Organization (PPO), and the Managed Behavioral Health (MBH) network for the Selections® Plan. The Medicare network is Regence MedAdvantage. To find out which networks you currently participate in, please contact your provider relations representative (see right column).

How do I find out the status of my credentialing application?

This information may be obtained from your provider relations representatives (see below).

How do I complete the credentialing application or re-credentialing form?

Specific inquiries pertaining to the credentialing application or re-credentialing form should be directed to your provider relations representative (see below). The credentialing application is a universal form used by all licensed provider types; therefore, some of the questions may not apply to your licensure. In these instances you do not need to complete those sections.

Changes to practice information

How do I report changes in my practice?

You may report updates or changes to your practice information to your provider relations representative either by fax or email.

Your provider relations representatives are:

Joeleen Horning-Dinh (206) 470-4503
Email: jhorning@regence.com
Fax: 1 (800) 331-3505

Erin Hughes (206) 470-4308
Email: ehughes@regence.com
Fax: 1 (800) 331-3505

Changes may include but are not limited to:

Physical address
Billing address
Telephone number
Fax number
National Provider Identifier (NPI)
Tax identification number (TIN)—Note that this change requires that you submit a copy of your signed W-9 tax form, which you may obtain from the IRS Web site at **www.irs.gov**.

Clinician's corner

Welcome to *The Clinician's Corner*, a column highlighting current administrative and clinical issues impacting behavioral health clinicians. *The Clinician's Corner* is written by Regence Behavioral Health Medical Director, Diane C. Stein, M.D., who is a licensed adult and child psychiatrist in both Oregon and Washington. It is important to us—through efforts such as *The Clinician's Corner*—to strengthen our relationship with behavioral health care professionals, clinics and facilities and to enhance collaboration on behalf of our members.

Extended Individual Psychotherapy Session: CPT 90808

CPT 90808 refers to an extended individual therapy session of 75-80 minutes in duration. It is defined as: *Insight-oriented, behavior-modifying and/or supportive psychotherapy, in an office or outpatient facility, approximately 75-80 minutes face-to-face.* **CPT 90809** is a companion code for **CPT 90808**. **CPT 90809** refers to an extended session *with medical evaluation and management services*.

Both **CPT 90808** and **CPT 90809** are not considered medically necessary on a routine basis and should be reserved for special circumstances only. The ongoing use of this extended session **CPT 90808/90809** (or multiple units of any therapy code) to accommodate specific types of therapy is not considered medically necessary. Clinicians administering this extended therapy service are expected to document in patient records the necessity of a lengthened treatment session and to define the exceptional circumstances that warrant it.

Health plans and Regence Behavioral Health Advisory Committee members (composed of contracted community practitioners) have collectively defined several circumstances when the use of extended psychotherapy sessions in outpatient practice might be needed.

These include:

- Unexpected crisis situations arising in the course of a regularly scheduled 45-to-50-minute psychotherapy session, with extended time required to provide patient stabilization, possible family involvement, and/or the arrangement of emergency care
- Brief intervention with a patient who experienced an acute trauma, allowing for abreaction of the event, exploration of the critical incident and a transitional time at the conclusion of the session for emotional stabilization
- Unexpected complexity in medication management when the clinician is also providing psychotherapy services
- Therapies tapering to lesser frequency, with temporary need for extended sessions, or patients seen less frequently due to geographic or transportation factors
- The occasional need to include family members at the time of an individual session with the patient (*e.g., in therapy with a child or an elderly person with such involvement defined as supportive of the patient's individual treatment and not considered to be family or couples' therapy)*

Following current health care industry standards, Regence coverage for **CPT code 90808** and **CPT 90809** is considered medically necessary in exceptional circumstances similar to the examples above. A patient's office record should detail the special need for a psychotherapy session of extended length.

Clarifying, simplifying and standardizing billing practices across our behavioral health network is a priority for Regence Behavioral Health. We hope that in clarifying coverage of the appropriate use of extended individual psychotherapy sessions we will increase transparency and open communication channels with our valued behavioral health care professionals, clinics and facilities.

Contact us

Regence Behavioral Health is your main point of contact for billing, coding, contract terms, demographic information changes and other issues specific to behavioral health. Contact your behavioral health provider relations representative for:

- New office orientations
- Questions on contract terms
- Explanations of specific medical, administrative or reimbursement policies
- General education regarding billing and coding methods
- Requests for Regence contracts
- Provider information changes (e.g., address or tax identification changes)
- Provider complaints or grievances

Erin Hughes (206) 470-4308
Email: ehughes@regence.com
Fax: 1 (800) 331-3505

Joeleen Horning-Dinh (206) 470-4503
Email: jhorning@regence.com
Fax: 1 (800) 331-3505

Writers

Carson Graves
Christa Castaneda
Diane Stein, M.D.
Kevin Connolly, Ph.D.
Laura Stevenson

Executive Oversight—Behavioral Health

Elisabeth Buchman, M.A., LMHC
Director

Diane Stein, M.D.
Medical Director

Indira Paharia, Psy.D, MBA
Assistant Director, Clinical Services and Wellness

Carson Graves, M.H.A., M.A., LMHC
Assistant Director, Provider Services & Operations

Christa Castaneda, M.A., LMHC
Manager, Provider Services

Behavioral Health Provider Services

Mail Station S510
1800 9th Avenue
Seattle, WA 98101

Provider Web Site:
www.wa.regence.com/provider

Regence

Mail Station S510 - MM #102M
P.O. Box 21267
Seattle, WA 98111

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