

# THE CBH PROVIDER CONNECTION

Quarterly publication produced by CIGNA Behavioral Health's  
Professional Relations Department

## 1<sup>st</sup> Quarter 2004 Volume IX

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## EAP CORNER

### MANAGEMENT REFERRAL SPECIALTY

The EAP department is establishing a new designation for the EAP providers. In the next several months, we will be coding providers in our database who have specific experience with EAP management referrals.

**Q: What is a Management Referral?**

**A:** At the first sign of a decline in an employee's performance, early intervention can help to get the employee back on track. The CIGNA Behavioral Health (CBH) EAP consultant works with management to get the employee connected with a provider. With written consent from the employee, the CBH EAP consultant, together with the provider, report the employee's compliance to the referring manager.

If you are an EAP provider with experience providing the service described above, please send email only to [Dana.Kiel@CIGNABehavioral.com](mailto:Dana.Kiel@CIGNABehavioral.com) for consideration of the new designation.

### EAP REGIONAL RECRUITMENT

**New England Region**—Our New England Regional EAP Manager is recruiting for all EAP specialties (SAP, on-site presenters and Critical Incident Debriefing specialists) in Connecticut, Massachusetts, Rhode Island, New Hampshire, Maine, and Vermont. If you are interested in providing these services, please email [daniel.fallon@CIGNABehavioral.com](mailto:daniel.fallon@CIGNABehavioral.com).

**Mid-Atlantic Region**—Recruitment for Critical Incident Debriefers and providers experienced in delivering on-site supervisor trainings at corporations in Maryland, Delaware, Virginia, West Virginia, Kentucky, Arkansas, North Carolina, and South Carolina. In addition, there is a specific need for presenters in Baltimore, Maryland, and Washington, DC. Please email [carlton.weinstein@CIGNABehavioral.com](mailto:carlton.weinstein@CIGNABehavioral.com).

**Southeast Region**—There is a need for presenters in New Orleans, Louisiana; Birmingham, Alabama; and Naples, Florida. Additional recruitment needs are described in Marsha Shewanown's profile below. Please email [marsha.shewanown@CIGNABehavioral.com](mailto:marsha.shewanown@CIGNABehavioral.com).

**Western Region**—Our Western Regional EAP Manager is looking for SAPs and presenters for employee education. Please email [bruce.steele@CIGNABehavioral.com](mailto:bruce.steele@CIGNABehavioral.com).

**Midwest Region**—The Midwest Regional EAP Manager is looking for SAPs up-to-date with the 2004 requirements. There is also a need for all EAP specialties in western Texas. In El Paso, Texas, we are looking for both English and bilingual (Spanish-English) speakers. If interested, please email [robbie.hamill@CIGNABehavioral.com](mailto:robbie.hamill@CIGNABehavioral.com).

**Northeast Region**—Recruitment for SAP providers in New York, New Jersey, and Pennsylvania. There is an acute need for individuals who can provide on-site employee education in Harrisburg and

Altoona, Pennsylvania, as well as Syracuse and Albany, New York. Please email [dana.kiel@CIGNABehavioral.com](mailto:dana.kiel@CIGNABehavioral.com).

## NEW EMPLOYEE ASSISTANCE PROGRAM (EAP) CLAIMS CODE

Beginning immediately, CBH will be using the CPT code 99404 for all EAP services, including Substance Abuse Professional (SAP) services. The reimbursement rate for 99404 will be the same as your current 90806 rate. After March 31, 2004, claims must be submitted using this new code in order for you to receive claim payment.

You can continue to submit a standard claim form, including the CPT code 99404 for EAP services, to receive claim payment. For your reference, a sample claim form can be found in the Provider Guide. Visit <http://www.CIGNABehavioral.com>, click “are you a Provider,” then News & Resources. You will see a link to our Provider Guide on the left side of the page. The sample claim form is located in Appendix B.

Or you may submit your claims on-line at <http://www.CIGNABehavioral.com>. Click “are you a Provider,” then Submit a Claim.

## PROFESSIONAL RELATIONS CORNER

### ADDING DIVERSITY TO OUR PROVIDER NETWORK

Diversity is so important. To that end, CBH strives to maintain as diverse a network as possible. Whether it’s gender, languages, ethnicity, religious affiliations, or another unique aspect of your background, we are always seeking out professionals with diverse backgrounds to meet the needs of participants in plans we manage. If you or a peer is interested in adding your diversity to the CBH provider network, please contact your local Professional Relations department. CBH network affiliation determinations are based on provider licensure and credentials. CBH does not discriminate on the basis of age, sex, religion, or any other personal characteristics.

### LOOKING FOR A FEW GOOD SAPS

CBH is actually looking for more than a few good SAPs (substance abuse professionals who qualify under the new DOT regulations). We need SAPs across the country, as changes in DOT regulations have thinned the ranks of those who qualify as SAPs (think “practice expansion opportunity”). If you are currently a SAP and can provide documentation of the required training and passing test score, or if you would like more information on the new DOT/SAP qualifications and where you can get the required training and test, please email <mailto:ProviderEducation@CIGNABehavioral.com>. (No need to reply if you are already in our SAP network and have submitted the necessary documentation to us.)

## GUIDELINES FOR COMMUNICATING WITH PRIMARY CARE PHYSICIANS

CBH encourages communication between therapists and physicians providing psychiatric care to participants and the participants' primary care doctors. The consent for treatment emphasizes the need for treating clinicians to communicate and puts the burden of refusal on the participant.

It is always important to use discretion in communicating information received in the privileged setting of the therapist's office, but the following items are priority for transmittal to Primary Care Physicians:

- Initiation or significant change in pharmacotherapy. It is imperative that a treating psychiatrist knows what medications a participant is receiving from other sources. Given some participants' incomplete knowledge of their medications, a direct exchange with other physicians is advisable.
- Any information that relates to compliance with medical care. Such information includes departure from prescribed medication instructions or lifestyle practices that impact on other illnesses, such as dietary and cigarette consumption. Caution must be exercised, of course, in conveying information regarding substance abuse, which is protected under separate federal law.
- Answer any questions the PCP might have asked in a consultation request. As consultants, we must treat PCPs as "customers" whose continuing interest in the participant's psychological well-being should be encouraged.
- Information about illness that becomes apparent in the context of the psychiatric interview. Examples include ongoing use of laxatives or diuretics, or an intercurrent illness that the participant has not reported. On one occasion a participant came to the psychiatrist's office with massive swelling in both legs. The participant interpreted this as a drug reaction, failed to call the internist, and showed for a routine psychiatric appointment, having stopped all his medications. Needless to say, the participant was immediately put in touch with the internist and admitted with acute venous obstruction due to a tumor.

We would encourage you when ordering labs to work through the PCP's office. By coordinating such workups through the PCP's office, participants can be directed to labs covered under their insurance and will allow the PCP to receive a copy of the lab report.

To maintain good relations with the participant, the participant must be informed that such information is going to be given to the PCP.

## QUALITY MANAGEMENT CORNER

### ENSURING TIMELY ACCESS TO CARE

To ensure timely access to care, CBH monitors whether callers are able to reach our staff quickly when they call. We also monitor whether participants are able to obtain timely appointments for services with network practitioners and providers.

CBH has staff available telephonically 24 hours a day, 7 days a week, 365 days a year. Monthly we collect data on our telephonic average speed of answer and abandonment rates. Our standard is that callers reach a non-recorded voice within an average of 30 seconds or less, and that abandonment rates not exceed 5%. We monitor the adequacy of access to telephonic services against these goals and through a review of complaints and participant satisfaction survey results.

Because of the open-access nature of our Care Advocacy Program, CBH may not always be directly positioned to assure care and service accessibility. For those participants who do not call us, practitioners now must take a growing responsibility to ensure that service and clinical access standards are realized. By taking a proactive role in your practice, you can assure a high level of achievement for these important goals.

CBH's Appointment Access Standards are outlined below:

- In a life-threatening emergency situation, where an immediate danger to the individual or others is known or suspected, the participant should be transported to a facility for immediate evaluation.
- When there is a danger posed to the individual or others, but not immediately life-threatening, then the participant should be transported to a safe environment such as a facility and evaluated within 6 hours.
- When a potential risk of danger to the welfare of self or others exists, yet there is no immediate danger, or where one is perhaps unable to determine with any certainty that the participant's situation is routine, then an urgent appointment should be scheduled as soon as possible after becoming aware of the situation, but in no case later than 48 hours.
- If a participant presents no obvious risk of danger to self or others, and there is sufficient evidence that the participant's situation is not urgent, then a routine appointment should be scheduled as soon as possible, but reasonably in a time frame not to exceed 10 (ten) working days.

At least annually, CBH collects and performs analysis of data that measures performance against telephone and appointment accessibility standards. The following table illustrates national performance for CBH in 2003.

Standard	Standard Measure	Goal	Tampa	Chesapeake	California	Dallas	National Care Center
<b>Appointment Access</b>							
Life-Threatening Emergent	Immediate	100%	100%	99.4%	94.3%	99.9%	99.5%
Non-Life Threatening Emergency	Within 6 hours	100%	97.6%	91.4%	97.5%	100%	97.6%
Urgent	Within 48 hours	90%	93.3%	76.7%	100%	91.2%	87.6%
Routine	Within 10 working days	75%	83.02%	82.11%	79.29%	82.52%	84.0%
<b>Telephone Access</b>							
Average Speed of Answer	<30 seconds	<30 seconds	20 seconds	14 seconds	31 seconds	17 seconds	19 seconds
Abandonment Rate	<5%	<5%	4.87%	4.42%	3.62%	3.06%	3.62%

Recognizing that not requiring precertification for coverage means you may be the one receiving the first call, CBH invites you to embrace the challenge to be responsive and accessible for participants seeking services. Changes in your schedule, or the availability of after hours, weekend, or crisis appointments should be communicated to CBH. When you are not able to schedule a caller within an appropriate timeframe, please direct the participant to CBH for other referral options.

CBH has met its goals for telephone access at all sites except for California, which only missed the goal for speed of answer by 1 second. CBH has also demonstrated improvement across a number of sites in appointment access. The improvements can be attributed to the growth in the practitioner and provider network over the past year. In addition, improvement to urgent and non-life-threatening emergent categories are the result of creating a Crisis Stabilization Network of practitioners readily available to assist participants in an urgent or emergent situation. However, opportunities for improvement continue to exist for urgent access for the Chesapeake and National sites as well as for non-life threatening emergency for most sites.

Further growth of the Crisis Stabilization Network is needed. By designating practitioners available for crisis stabilization services, our staff will be able to more quickly locate timely appointments for participants in a crisis situation. If you would like to participate in CBH's Crisis Stabilization Network, contact a Professional Relations Representative at the CBH Operating Unit you work with most often to learn more.

## IMPROVING THE TIMELINESS OF VISITS FOLLOWING HOSPITALIZATION

The immediate period following discharge from hospitalization can be a difficult time for participants. Failure to engage patients in outpatient services during this time may greatly increase the probability of relapse and readmission.

As a result, CBH has been striving to improve the rate of participants being seen within 7 days of discharge from the hospital. Literature has demonstrated that facilitating the linkage from inpatient to outpatient care increases the likelihood of the participant attending scheduled follow-up.<sup>1</sup>

This linkage consists of:

- Starting care with the outpatient practitioner while the participant is still in the inpatient setting,
- Ensuring timely communication between inpatient staff and outpatient clinicians about the patient's discharge plans, and
- Involving family/loved ones during the hospital stay.

CBH is focusing interventions around these critical linkages. The following are actions that have been taken to facilitate improved rates of follow up after hospitalization:

- Arranging "Meet and Greet" visits with the outpatient practitioner while the participant is still in the inpatient setting. CBH has also arranged for a higher reimbursement level for practitioners for the "Meet and Greet" service.
- Using CBH staff to ensure an outpatient follow-up appointment is scheduled before participant is discharged from inpatient care.
- Sending reminder letters to home of participants at time of admission with the "Staying Well" flyer (refer to the "Staying Well" article below) which includes an emphasis on continued treatment and provides tips for self-care post-hospitalization.
- Sending reminder letters at time of discharge to encourage keeping follow-up appointments.
- Partnering with high volume facilities to improve discharge planning and communication.

We encourage you to see participants while they are inpatient to develop that critical contact to influence the follow-up visit. As you work with participants, encourage the need for continued care following inpatient discharge. Schedule timely follow up appointments for participants and consider using the "Staying Well" flyer in your sessions. Involve the family members or loved ones of the participant as appropriate and make outreach calls to those who miss scheduled appointments in the period after hospital discharge.

If you have any questions regarding the "Meet and Greet" visit or other content from this article, please contact your Professional Relations representative.

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<sup>1</sup> Identifying Risk Factors and Key Strategies in Linkage to Outpatient Psychiatric Care, Boyer et al; Am J Psychiatry 2000; 157:1592-1598.

## IMPROVING CARE THROUGH INNOVATION

Since 1993, CBH has been a key partner in the CIGNA Health Technology Assessment Program. New and evolving technology is assessed monthly to keep pace with innovation and to ensure safe and effective participant care.

Actual benefit design is a contractual matter. However, changes in policy and coverage may be recommended if an emerging or evolving technology demonstrates positive impact on health outcomes based on:

- Published scientific evidence,
- Recommendations from government regulatory bodies,
- Information from practicing experts, and
- Reports from nationally recognized research organizations.

Medical-behavioral collaboration in the CIGNA Health Technology Assessment Program can improve participant care options. One good example concerns the use of Light Therapy for Seasonal Affective Disorder (SAD). After exhaustive evaluation of therapeutic potential, the CIGNA Health Technology Assessment Program recommended inclusion of Light Therapy as a benefit option. As a result, individuals in your care may have access to benefits for this treatment under certain conditions.

To determine coverage, a behavioral health practitioner may phone the Customer Services office number located on the member card. After meeting privacy requirements, the practitioner can learn whether a particular benefit plan provides coverage for approved Light Boxes as Durable Medical Equipment (DME). All coverage is subject to medical necessity determination and benefit availability. Procedures or benefits for any specific benefit plan may differ slightly.

For CIGNA HealthCare participants, if coverage is determined to apply, practitioners are referred to a DME vendor. The vendor will deliver the Light Box by arrangement and bill the health plan directly. Practitioner billing for treatment services is submitted to the designated claims office and, specific to the participant's benefit contract, should be accompanied by appropriate diagnostic information.

## PREVENTIVE HEALTH PROGRAM UPDATE

Through a shared initiative that began in 2000, CBH and CIGNA HealthCare have provided regular depression screening for chronic medical populations. As a part of a Disease Management Program called the CIGNA *Well Aware* Program for Better Health, proactive depression identification and intervention is now routine for participants who are diagnosed with low back pain, diabetes, heart disease, asthma, and chronic obstructive pulmonary disease.

Although we are proud of this achievement in Preventive Health, we are committed to delivering access to the highest possible quality in health care. Therefore, a Task Force was assembled in 2003 to critically review behavioral health screening in CIGNA's disease management programs to identify potential improvement opportunities. On our behalf, CIGNA HealthCare's disease management vendor brought together a team of psychologists, clinical social workers, primary care physicians,

psychiatric nurses, and experts in adult learning. Feedback and recommendations were also sought from customers, physicians, and a leading national accrediting organization.

The review produced the following program enhancements that were implemented in January 2004:

- The PHQ-2, a highly validated and well-accepted component of the PRIME – MD Depression Screening Inventory, has replaced the former Depression Screening Tool.
- A second component of the PRIME – MD Depression Screening Inventory, called the PHQ-9, is now offered to participants who score positive for depression on the PHQ-2. The PHQ-9 takes only 5 minutes to complete. However, it provides reliable and valid confirmation of diagnostic criteria and assesses severity, which is important for guiding treatment decisions.
- Behavioral health screening now includes stress and anxiety screening for chronic obstructive pulmonary disease and asthma.

As in the past, those who screen positive for depression receive intensive care management and educational and other resource materials. Care Guides, Tip Sheets, and other resource materials are made available to Primary Care Physicians to aid depression treatment in conjunction with medical treatment. Those who screen positive for anxiety receive intensive care management and may receive referral to their primary care physician or to a behavioral health practitioner, educational resources, and anxiety management tools.

If you would like more information about our Preventive Health Programs, please feel free to contact the Quality Service Manager at the CBH office nearest you.

## PROVIDING CONVENIENT SERVICES

CBH understands that for participants to attend and benefit from treatment, they need geographically convenient access to behavioral health practitioners and facilities. Annually, CBH analyzes data on where participants live and compares that to the location of contracted network practitioners. We evaluate the availability of psychiatrists, non-physician therapists and facilities against geographical standards for rural and urban/suburban market areas. We also review the number of practitioners and facility providers available per covered participant.

In 2003, CBH measured access for each of its five operating units. The Dallas, Chesapeake, Tampa, National and California Operating Units met all goals for geographical convenience as measured in miles from participants to practitioners and providers. All CBH sites also met targets for the ratios of participants to practitioners and providers.

*Additionally, CBH sets standards and measures performance as needed for state specific regulatory requirements. For example, the Chesapeake Operating Unit measured geographic convenience by drive time for the State of Vermont. The time standards include: 1 practitioner within 30 minutes, 1 outpatient facility within 30 minutes and 1 inpatient facility within 60 minutes. The Chesapeake Operating Unit met all time standards for the State of Vermont.*

## STAYING WELL

At CIGNA Behavioral Health, we realize coming home from the hospital is an adjustment, as is staying on course with your recovery. We hope this guide can provide some helpful information.

*It is important to monitor your progress as well as maintain good health and well-being after returning home. Here are a few tips:*

- **Monitor How You Are Feeling:** If you begin having difficulty attending to your daily responsibilities, are having ideas about harming yourself or others, or if you are abusing alcohol and/or drugs, seek help right away!
  - **Maintain Wellness:** In order to help maintain your emotional well-being, get sufficient sleep and maintain a balanced diet. In addition, it is very important to find time for exercise, relaxation and meaningful activities (hobbies, volunteer events, spending time with friends). As a matter of fact, strong and healthy relationships with others can be key to a balanced life.
  - **Take Charge:** It is crucial that you learn about your diagnoses and become involved in your treatment. Don't be afraid to ask questions of your treating providers. Do research to understand what the best course of treatment for you may be, and make responsible choices. Also, locate a consumer advocacy group that focuses on your diagnosis. This can be a tremendous source of information and support.
  - **Understand What Can Cause You To Relapse:** Identify what triggers your symptoms, so that you can create a plan to try to avoid those triggers. Understand what symptoms indicate that you are starting on a downward spiral. Recognizing these signs early may allow you to catch yourself, or allow someone else to identify a relapse risk for you. Also, once you know what triggers your symptoms, you can create a plan to try to avoid them.
  - **Expand Your Support Network:** Having good people that can provide support around you is an excellent plan to help in difficult times. Friends and family can be very helpful, but need to understand how best to help you. Make sure that you educate them to your diagnosis and medication and let them know the trigger signs of relapse so that they can help you to identify difficult times.
  - **Develop A Personal Action Plan:** Make a list of names and phone numbers that you might need in an emergency or if symptoms begin to appear. Write directions to the clinic or the closest emergency room in case someone needs to take you to care in an emergency. Decide who to contact and when to contact them. Identify one person to be your primary support in an emergency situation. Make sure that you give copies of your action plan to all parties, including your treating providers.
  - **Recognize Your Warning Signs:** There are a number of signs that will identify that you may be on the road to a relapse. Pay attention to the following things:
    - Increase in daily symptoms
    - Return to former symptoms
    - Changes in feelings or behaviors
    - Changes in biological rhythms
    - Concern of others
- If you identify any of these signs and symptoms, make sure that you contact your physician or treating providers immediately, and put your personal action plan in place.

***CIGNA Behavioral Health is concerned about your ongoing treatment needs. We are available 24 hour a day, 7 days a week to help you access care -- all you have to do is call. We welcome and encourage your calls and hope that we can be of assistance to you should you have questions or concerns about accessing care for mental health or substance abuse issues.***

## BENEFIT OF OUTPATIENT SERVICES

It is very important to keep your appointment with your outpatient therapist and doctor. Benefits of seeing your therapist and doctor include:

- Discussing your concerns and recognizing your successes in a confidential and supportive environment.
- Receiving education about your diagnosis and treatment options.
- Learning new ways to communicate and problem solve.
- Learning to identify and cope with the impact of an illness in your life.
- Identifying and building a personal support network.
- Reducing stress (which promotes physical health too).
- Learning more about yourself and what to expect as you continue with your care.
- Receiving professional and knowledgeable support and guidance.

If you do not have an outpatient therapist or doctor, please call us at the number listed on your member card.

## MEDICATION

You may have been prescribed medication during your hospital stay. Some medication may have been necessary only while you were in the hospital to stabilize your condition. Your doctor will determine which medications you should continue to take regularly after you leave the hospital to keep your symptoms from returning. If you do not already have the answers to the questions below, please call your doctor or nurse to obtain the information as soon as possible:

- Do I need prescriptions for any of the medication I have been taking while I was hospitalized?
- How often should I take the medication?
- How long before I start to see some improvement?
- Are there side effects that I should call about immediately?
- Who will be monitoring my medication and do I need to schedule an appointment?
- What should I do if I'm thinking of stopping the medication?

You should review this information with those that are providing support around you as well. Often family members and friends are helpful in monitoring your condition while you are getting into your routine. If you have more questions about your medication after you leave the hospital, you should call your doctor, nurse, or pharmacist.

## THE HOME DELIVERY PHARMACY PROGRAM FROM CIGNA TEL-DRUG

Participants with pharmacy benefits through CIGNA HealthCare and who take prescription medications ongoing may be able to fill their prescriptions simply and conveniently without ever leaving their homes. The CIGNA HealthCare Home Delivery Pharmacy Program from CIGNA Tel-Drug can save time and money, while providing prompt and confidential delivery, and around-the-clock access to urgent pharmacy assistance and customer service. The benefits include:

- No claim forms to complete. Tel-Drug directly bills CIGNA HealthCare.
- Up to a three-month or 90-day supply of medications are available.
- No additional charge for standard delivery, which typically takes two weeks for new orders and less time for renewals. Faster delivery can be arranged by request, when needed. Orders requiring refrigeration are specially packaged and shipped for overnight delivery at no extra charge.
- Copayments can be made online or by phone with a credit card, or by check or money order through the mail. Refills can be ordered by phone, online, or by mail using Member ID number and prescription information.
- The status of an order may be tracked easily by calling a toll-free number.
- Prescriptions are filled and checked by registered pharmacists and arrive with a helpful patient advisory pamphlet.
- There is around-the-clock access to responsive customer service and urgent pharmacy service.

CIGNA Tel-Drug offers a convenient QuickSwitch® option to initiate the service with one phone call. Alternately, participants may obtain and mail their prescription to CIGNA Tel-Drug, along with completed order and health information. Prescriptions can be refilled by phone, mail, or online, whichever method best suits their need.

You may wish to suggest that eligible patients in your care explore the benefits of the CIGNA Tel-Drug Program. CIGNA Tel-Drug can be reached at 1.800.835.3784 or online at [www.teldrug.com](http://www.teldrug.com).

CIGNA Tel-Drug refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. QuickSwitch® is a registered trademark of CIGNA Intellectual Property, Inc.

## THINKING CAP MAKES CBH A SMARTER COMPANY!

Ernest Hemingway is often quoted as having said: “I learn a lot by listening.” We agree. We asked participants and practitioners how we could improve. We learned that improved access to care was important to you. You spoke with one voice, and the wisdom was so compelling that CBH did something unprecedented in the managed care industry.

In July 2003, we created a new paradigm called the Care Advocacy Program (CAP). Through CAP, CBH strengthened its role in working with participants and practitioners to improve access to care and to support treatment.

Under the CAP, participants may self-refer for routine outpatient treatment. There is no need to call **CBH** for preauthorization of benefit coverage. If participants choose to call us, they find improved value in their contact with a Personal Care Advocate who can assist them to obtain:

- Benefit advice and Customer Service support
- Educational packets, articles, and tools that support treatment
- Access to online educational information and treatment support tools
- Telephonic consultation, assistance with appointment scheduling, and crisis management

Under the CAP, providers find that **CBH** acts to:

- Eliminate paperwork because there is no need to authorize benefit coverage for routine outpatient care
- Eliminate concurrent review for routine care that is progressing and meeting guidelines
- Support treatment with patient education materials
- Provide case consultation, when desired or indicated
- Enhance electronic capabilities with Internet access to web tools, clinical and pharmacy information, eligibility and benefit lookup, and electronic claim submission
- Enhance ability to improve outcomes using claim-based alerts and earlier intervention on cases where value can be added.

The delivery of care has been improved through our Care Advocacy Program. We learned by listening to you, and we believe that the CAP does indeed make **CBH** a smarter company.

## CLAIMS & CUSTOMER SERVICE CORNER

For 2004, CBH will implement an improved strategy to address Participant Satisfaction. All CBH care centers will use the Experience of Care and Health Outcomes (ECHO) survey—an NCQA-sponsored instrument that has become the leading instrument in the behavioral health industry. ECHO surveys will be mailed to participants in mid-March, then followed up with a telephone call, if necessary. Results are expected during the summer.

### CLAIM DIAGNOSTIC CODING UPDATE

Did you know CBH receives approximately 7,000 to 10,000 claims per month with an invalid diagnostic code, delaying the processing for reimbursement of behavioral health claims?

To help ensure prompt claim payment, valid coding will be required. The official coding system in the United States is the ICD-9-CM (International Classification of Diseases 9<sup>th</sup> Revision – Clinical Modification). The majority of coding errors occur when a diagnosis has a fourth or fifth digit, and the claim is filed missing that required fourth or fifth digit.

If a claim is submitted with an invalid diagnostic code, it will be pended and you will be asked to resubmit the claim with a valid code. We regret any inconvenience this may cause you and thank you in advance for your cooperation.

A friendly reminder that if you submit your claims electronically via our website, [www.CIGNABehavioral.com](http://www.CIGNABehavioral.com), this will speed up your claim submission time. There is a Diagnosis Lookup tool that will provide you with the most current and appropriate mental disorder codes.

### HOURS OF AVAILABILITY

The Customer Service department representatives are available Monday, Tuesday, Wednesday, and Friday from 7:30 a.m. until 6:00 p.m. and Thursday from 8:30 a.m. to 5:00 p.m. (CST). Our

Interactive Voice Response (IVR) system is available through a toll-free phone number (800.926.2273) 24 hours a day, 365 days a year.

For participant callers, after regular business hours the IVR provides a message instructing callers to call back during business hours. The IVR does, however, provide an option for crisis situations for participants. When a participant chooses that option from the call prompt, the call is routed to the After Hours team, who provide clinical service to participants after regular business hours. Through that team, a CBH clinician is available 24 hours a day, 7 days a week.

**For providers our IVR is available 24 hours a day, 7 days a week.** Categories of information available include the following:

- Claims
- Eligibility/Benefits
- Authorization
- Medical Records/Appeals
- Application/Contract Information
- Web Assistance
- Claims Mailing Address
- Live Customer Service Representative