

Jay Hale Accepts New Position

Written by David Patterson, President and CEO of CBHA

Jay Hale, LPC, CEAP, Director of Health Plan Administration at CBHA has accepted the position of Manager of Clinical Services at Beacon Health Options in Mt. Laurel, New Jersey. Beacon Health Options is the behavioral health business unit for Horizons Blue Cross & Blue Shield in New Jersey.

The move to Beacon Health Options gives Jay a platform for professional growth in a larger organization, and it allows Jay's family to live in the same region of the country.

Jay has worked at CBHA for eleven years and has contributed significantly to the ongoing success of the company.

Jay's knowledge and work ethic will be missed, but we wish him well as he takes on his new responsibilities. His last day at CBHA will be Friday, April 21, 2017.

David Patterson
President & CEO

Welcome New Clinical Care Manager

CBHA welcomes Nathan Cassidy, LPC, LCAS, CS-I, NCC, as our newest clinical care manager. He joined us in November 2016 and will work 12 pm to 4pm every day, except for Mondays (12 to 4:30) and Thursdays (1:30 to 5). Along with Amy Harris, BSN, RN, and Karen Dawes, BSN, RN, he will be able to assist you with your care management needs.

Nate has worked as a clinician at several practices throughout the Piedmont, including Asheboro and Greensboro, during his career. He has extensive experience with Family Centered Treatment and as a substance abuse program coordinator. In addition to his counseling, he has also served as a supervisor to associates and qualified professionals. Nate obtained his Masters in Professional Counseling from Liberty University and a Bachelor of Arts in Sociology at The University of North Carolina at Greensboro.

CBHA Continues with Implementation of ECHO

Written by Jay Hale, LPC, Director of Health Plan Administration

CBHA began offering more payment options to providers in October, 2016 through a vendor relationship with ECHO. This was rolled out initially to providers in the Winston-Salem area and will soon be offered to the rest of the provider panel.

ECHO is a payment disbursement organization that can pay providers via QuikRemit-a virtual visa card, electronic funds transfer directly into your bank account or through traditional check. You will need to register with ECHO in order to have the payment choice that best meets your practice's needs. If you do not register with ECHO, you will be sent a virtual visa card. You can register with ECHO by calling them at 888-834-3511. Do not communicate payment choices to CBHA, as this would delay your registration with ECHO. CBHA anticipates that the new payment process will be offered to the rest of the provider panel no later than 5/1/17.

You Can File Claims Electronically

We continue to receive occasional feedback from providers wishing to be able to file claims electronically. Therefore, CBHA would like to remind its paneled providers this is something you are currently able to do. In order to utilize this convenient method of filing claims, you must first register with CBHA's clearinghouse. To initiate this electronic filing method, visit the Claimsnet website at www.claimsnet.com/cbha and click on "Register" at the bottom of the page. Follow the steps on the screen to complete your registration so you may utilize electronic filing.

Helpful Hints for Getting Claims Paid Quickly

Written by Jay Hale, LPC, Director of Health Plan Administration

As behavioral health providers in private practice, you want to make sure that you are paid quickly and accurately for the services that you provide. Calling the health plan or re-filing claims can be time consuming and delay your payment. Here are some things that you can do, as you are filing claims.

1. Be sure to use the new ICD-10 codes for all dates of service after 10/1/15. Most providers do this, but, occasionally, we see providers using DSM numbers or a non-behavioral health code. Remember, ICD-9 and DSM are appropriate for any claims prior to 10/1/15, but more recent

dates of service must have the ICD-10 codes. For behavioral health, these should start with an "F."

2. If you move locations, begin practicing from a new location or change tax ID numbers, let CBHA know quickly. You can fax this information to us at (888) 908-7140. Be certain to give us a number where we can call you with any questions. We can update your file with this information, or call you, if we need something further.
3. Know the timelines for how quickly CBHA processes claims. We have an average claims processing time of 6.95 days (including weekends) and an average time to check cutting of 9.43 days (including weekends). Sending duplicate claims to us in this time period only slows down our claims processing.
4. As an in network provider, you have 180 days from the date of service to send us a claim, but most providers want to be paid faster than that. Be certain to get your billing to us quickly, so that we can get you paid quickly. Many providers bill at least once a week or more.
5. The Consumer Driven Health Plans have changed how people access care. Consumer Driven Health Plans are different from traditional PPO's, in that members have high deductibles they must fulfill before the health plan pays claims. All medical related claims (pharmacy, medical and behavioral health) will count against the deductible, so knowing when a deductible is met can be difficult. As a result, these members are more aware of costs and more concerned about when they will meet their deductible. We quote benefits for them to the best of our ability, but what they owe may change, based on what claims hit the entire health plan (medical, pharmacy and behavioral health) at what time. The faster you send us a claim, the more likely the payment you receive is consistent with what we have quoted at any given time.

Remember, the top three reasons we see for claims being denied are, in order: Duplicate Claim, Diagnosis Not Covered and Timely Filing. The actions you take in terms of completing and filing claims can make a real difference in the timeliness of your payment and the completeness of your payment. Simple changes in billing procedures can support the success of your practice.

Which Outpatient Services Require Pre-authorization?

As of two years ago, CBHA no longer requires pre-registration of care for standard outpatient services, including psychotherapy and medication management. Due to this change, fully-licensed, in-network providers have been able to see members without pre-registration, as long as they are filing codes that are consistent with standard psychotherapy and medication management (e.g., 90834, 90837, 99213, 99214, etc.), and as long as the member is not concurrently seeing another similarly-licensed provider. However, remember some services still require pre-authorization, and since our care managers receive the occasional call about which services still require pre-authorization, review the list of services below that do.

The services that still require pre-registration include:

- DBT
- Psychological or Neuropsychological testing
- Home Health Visits
- Concurrent Care Exceptions (e.g., having a separate psychiatrist for Suboxone therapy, VNS monitoring, ECT monitoring or a separate therapist for EMDR or other time-limited therapies)
- Ambulatory Detox
- Mobile Crisis
- Evaluation in an Urgent Psychiatric Care Setting
- ECT
- VNS
- Transcranial Magnetic Stimulation

Even though standard outpatient care no longer requires registration, CBHA will continue to monitor outpatient treatment and will make inquiries when billing falls outside of generally accepted practices.

A great resource for providers regarding our utilization management and authorization policies is our FAQ page on the CBHA website. Go to www.cbhallc.com, click on “Providers” and then look for “Provider FAQs” on the left side of the screen. You will find several subjects addressed on this page. However, if you remain unclear about a policy, call 800-475-7900 and ask to speak with a clinical care manager.

Referrals to an Intensive Level of Care

There are times when a CBHA member may come to you for outpatient services, and it becomes apparent he/she is in need of an inpatient setting, partial hospitalization or an intensive outpatient program. A client needs assurance her admission to these services is as seamless as possible. And, now that some of our plans do not have out-of-network benefits, this could be a potential issue for a member if she is referred to an OON facility. You must remember not all facilities within your area/city may be in-network with CBHA, and it is more cost efficient and beneficial for members to utilize the in-network facilities.

If you find yourself in a situation where a CBHA client needs an intensive level of care, care managers are available to assist you with locating an in-network facility. Call 800-475-7900 for assistance with identifying facilities for your CBHA client, or, access our website, www.cbhallc.com and click on “Find a Provider” at the top of the page. Under

“Search by Provider Type,” click on the down-arrow and choose “Facility” for a list of CBHA options in your area.

Provider Hall of Fame

“Enrollee Satisfaction Surveys” are regularly distributed to randomly-selected CBHA members, offering them a chance to provide feedback on the services they received from both CBHA and its panel. This section of our newsletter serves as a forum in which we like to acknowledge any providers who were noted on these surveys. The following providers and programs were recognized by our enrollees since the distribution of our fall 2016 newsletter:

Karen Green, MD, with offices in Winston-Salem and Charlotte, NC – A member noted, “I am very satisfied with all the care I’ve received. Without this help, I would not be back to my everyday life as well as I am. Thank you!”

Someone recognized Thomas Holm, PhD, also of Winston-Salem, NC – a member wanted CBHA to know “he is excellent.”

And finally, Amy Singleton, MD, of Statesville, NC, was noted to be a “great provider!”

Although there were not as many additional comments written on the surveys during this time frame, overall, the “Enrollee Satisfaction Surveys” continue to be positive and members are satisfied with the services provided by CBHA and its provider panel. Thank you to everyone for the outstanding care you administer to our members!

About CBHA

We are a provider-owned managed behavioral health organization dedicated to quality behavioral health care. CBHA strives to ensure that enrollees receive quality care, that providers have the resources to provide this care and that the benefit is used effectively and efficiently. Being owned by three, not-for-profit medical schools (East Carolina University, University of North Carolina at Chapel Hill and Wake Forest University) enables CBHA to provide quality services at a competitive rate. Our relationship to the academic medical centers is aimed at improving the delivery of behavioral health services to the citizens of North Carolina and parts of both South Carolina and Virginia

through research and education. Ultimately, our motto is “to do the right thing for the right reason.”