

Professional Provider

Report



A Newsletter for
Professional Providers and
their Staff Members

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Understanding the Outpatient Practice Improvement Program

New Directions Behavioral Health (New Directions), along with Blue Cross and Blue Shield of Kansas (BCBSKS), recently introduced its new outpatient practice improvement collaboration. The goal is to ensure appropriate utilization and reduce variation in practice patterns while supporting quality outcomes.

Before this new post-pay process, medical necessity was determined through the use of a prior authorization form

known as an OTR (Outpatient Treatment Request). The OTR was eliminated Dec. 1, 2015 for outpatient services with the following exceptions: Psychological testing, Autism, ECT, IOP, and Partial Hospitalization.

The new process for New Directions and BCBSKS consists of the following events:

- New Directions will run 12 months of claims

*Please see **PROGRAM**, page 2*

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OUR WEB ADDRESS:
<http://www.bcbsks.com>

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Questions: Contact your professional relations representative or provider network services in Topeka at (785) 291-4135 or (800) 432-3587.

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Contracting Autism providers

The following Autism providers with proper certification/licensure with the state of Kansas can obtain contracting status with Blue Cross and Blue Shield of Kansas:

- Autism Specialists
- Individual Intense Support Providers
- Registered Behavioral Technicians

Behavioral Health workshops

Blue Cross and Blue Shield of Kansas and New Directions Behavioral Health are offering Behavioral Health Continuing Education workshops the following dates and locations:

- Oct. 25, Garden City
- Oct. 26, Wichita
- Nov. 2, Pittsburg
- Nov. 4, Topeka

To sign up for these and other workshops, go to http://www.bcbsks.com/CustomerService/Providers/Training/workshops/pro_billing.shtml

Program: Goal to ensure appropriate utilization

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- history data for behavioral health providers and look at utilization based on diagnosis, demographics (patient and provider), and coding. The data is then factored into an equation to determine if a specific provider or providers within a group are considered an outlier compared to their peer group. Peer grouping is based on whether the provider is a prescriber or non-prescriber.
- New Directions will send a letter to notify the providers who have been identified as an outlier among their peers.
 - A clinical network manager with New Directions will arrange a time with the provider for a meeting or phone call to discuss the letter and learn about the provider's practice patterns. This process could include discussion of a specific case(s), the provider's specialization or area of expertise. It is recommended that the meeting should be conducted with the provider(s) in question, and may include the clinical director and/or billing manager (if appropriate) and the BCBSKS Provider Relations Representative for that office.
 - During that visit, open discussion is the goal. If it is determined that specific aspects of record keeping and/or billing need to be addressed, New Directions will outline expectations/suggestions to the provider or group.
 - The BCBSKS Provider Relations Representative will review Policy Memo No. 1 (http://www.bcbsks.com/CustomerService/Providers/Publications/professional/PolicyMemos/pdf/2016/2016_BCBSKS_CAP_PolicyMemo_01.pdf) with the provider to ensure they understand the audit process, appeal rights, recovery process, and the appropriate use of the Limited Patient Waiver.
 - No sooner than 90 days after the first educational meeting, New Directions will perform another data assessment. The second review of claims history will consist of services performed after the visit with New Directions/BCBSKS it will be compared to the baseline data.
 - Following the data assessment, BCBSKS and New Directions may determine that an audit should be conducted in order to ensure that services meet the documentation requirements, are medically necessary, and are coded correctly.
 - If warranted, BCBSKS will determine whether a post-pay recovery is appropriate (not to include any dates of service before the first meeting). One example might be when it is discovered that an incorrect code was billed for the service provided.