



OUTPATIENT PSYCHIATRIC CARE (OPC) FACILITY

GENERAL INFORMATION

I. BCBSM's Outpatient Psychiatric Care Facility Programs

Traditional

The Traditional BCBSM Outpatient Psychiatric Care (OPC) program provides benefits for medically necessary and medically prescribed services in a participating OPC for these purposes:

- to treat emotional or mental disorders that are listed as mental disorders in the *ICD-9-CM* manual and are expected to show improvement.
- to determine if the patient with a mental disorder is likely to respond favorably to treatment
- to evaluate and diagnose mental deficiency or mental retardation

All OPC facilities are considered by BCBSM to be freestanding so applicants can be hospital owned or non-hospital owned. Participation in the BCBSM Traditional program is on a formal basis only. Services provided in a non-participating OPC facility are not reimbursed to either the facility or the member.

Most members enrolled in BCBSM's PPO products (e.g., Community Blue PPO, Blue Preferred PPO, etc.) also use the Traditional network. Members that have coverage through other Blue Cross Blue Shield (BCBS) Plans also use the Traditional program network when receiving services in Michigan and may have their own precertification requirements that must be complied with before payment by BCBSM can be made. Members enrolled in any of the above BCBSM products may have elected to use a separate insurance carrier for mental health services, or may have elected to use a separate mental health and substance abuse managed care network that imposes substantial out-of-network penalties and requires preauthorization for all services. (See MHSAMC section below.) Therefore, member benefits and eligibility should always be verified *before* providing services.

Mental Health and Substance Abuse Managed Care

BCBSM's Mental Health and Substance Abuse Managed Care (MHSAMC) program is utilized by select BCBSM customer groups that have chosen a managed care program for their mental health and substance abuse benefits. All mental health and substance abuse care is currently managed (preauthorized) by vendor care managers. Members are subject to substantial out-of-network copayments, deductibles, and/or reduced or no benefits when they go outside of their designated mental health network without an authorization from the care manager. For some benefit plans, out-of-network referrals are not allowed and no payment is made to either the facility or the member.

The MHSAMC program includes the State of Michigan Mental Health Case Management Program network. This network is open to all qualified OPC facilities. The network is currently used by UAW Retiree Medical Benefits Trust (URMBT) members, Federal Employee Program (FEP) members, Chrysler members, Ford Hourly National PPO Plan members, and Ford Blue Preferred Plus members.

The selection of network providers is based upon the provider's demonstrated commitment to appropriate, high quality, cost-effective care and their agreement to accept the applicable discounted MHSAMC network payment as payment in full for covered services, except for applicable copayments

and deductibles. In support of these commitments, network providers are required to meet guidelines relative to quality of care, cost control, appropriate utilization, access, and other standards.

II. BCBSM's Outpatient Psychiatric Care Facility Qualification Requirements

In order to participate with BCBSM in its Traditional or MHSAMC programs each OPC facility at all approved sites must, at minimum, have and maintain the following:

- (a) A multidisciplinary staff for the provision of services which must include:
- a board-certified or board-eligible psychiatrist,
 - a fully licensed psychologist, and
 - a licensed master's social worker with a master's degree in social work;

Note: Staff *may* also include the following (i.e., not required) and if included, such staff is permitted to provide services in accordance with BCBSM policy for the service rendered: Limited License Psychologists (LLPs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), and Advance Practice Nurses holding a national nurse practitioner specialty certification from the American Nurses Association as a clinical specialist in adult, or child and adolescent psychiatric and mental health nursing.

- (b) General requirements include:
- Organization as a legal entity
 - A governing or advisory board with community representation
 - Full accreditation, either three or four years, for each facility site, by address, by one of the following:
 - Joint Commission on the Accreditation of Healthcare (JCAHO)
 - American Osteopathic Association (AOA)
 - Council on Accreditation of Services for Families and Children (COA), or
 - Commission on Accreditation of Rehabilitation Facilities (CARF)
 - A comprehensive range of mental health services available to the community including individual and group psychotherapy, family counseling, and psychological testing. Additional services required by patients and the community may also be included. Emergency services should be available on a 24-hour basis through program staff or referral to other appropriate community agencies
 - The psychiatrist on staff assumes overall responsibility for coordinating the care of all patients. Significant involvement by a psychiatrist in an OPC facility includes, but is not limited to: regularly scheduled hours in the facility, approval of the initial evaluation within 10 days after intake, certification of the diagnosis, certification of the treatment plan, evaluation of client progress at least quarterly, intervention for medical reviews, intervention for level of care changes, review at termination of treatment, approval for psychological testing prior to administration, attending utilization management meetings, and supervising staff
 - Proof of current licensure and/or certification for all professional/clinical providers on staff
 - An organized patient record system that meets BCBSM requirements regarding documentation and evaluation of care
 - Absence of inappropriate utilization or practice patterns as identified through valid subscriber complaints, medical necessity audits, peer review, and utilization management
 - Have an absence of fraud and illegal activities

- Maintain adequate patient and financial records

Note: It is BCBSM's policy to recredential participating providers every 2-3 years to verify continued compliance with all qualification requirements.

III. Outpatient Psychiatric Care Facility Reimbursement

Traditional and MHSAMC Programs

For covered services performed, BCBSM will pay the lesser of billed charges, or the maximum reimbursement rate set forth in BCBSM's applicable Traditional or MHSAMC OPC Facility Rate Schedules, less any applicable copayments and deductibles. The rate schedule for the MHSAMC program is discounted (i.e., less than the Traditional rate schedule). Participating providers in the Traditional or MHSAMC programs are required to bill BCBSM for covered services and to accept BCBSM's applicable payment as payment in full for covered services, except for any applicable member copayments and/or deductibles.

IV. The BCBSM Participation Agreements

The BCBSM OPC facility participation agreements are available on the bcbsm.com OPC home web page. The participation agreements are on file with the Michigan Office of Financial and Insurance Regulation and their terms and provisions are not negotiable.

The applicable participation agreement signature documents for each BCBSM network/program being requested on the application are available on the OPC home web page and must be completed, signed and returned with a completed facility application.

NOTE: The information supplied is general information only and is subject to change without notice. It does not constitute a provider agreement or a provider manual and members' benefit plans will vary.

After we review the application and accompanying documentation, we may contact the designated representative of the facility to set up an appointment for an on-site visit. The on-site visit includes a review of a sample of medical records to evaluate the applicant's compliance with BCBSM requirements, as outlined in this application. The facility must be ready for the on-site review at the time of submitting the application. If the facility is approved for program participation, the appropriate notification will be issued. If the facility is not approved, we will send notification in writing indicating the reason(s) for the denial.

The facility may not submit claims and is not eligible for reimbursement unless and until the facility's application for participation is approved by BCBSM. The effective date for participation in *both* the BCBSM Traditional and MHSAMC OPC networks will be the date the application is approved by BCBSM. It is not retroactive to the date the application was sent or received.

A separate BCBSM PIN is assigned to each approved location with a separate NPI. With the implementation of the National Provider Identifier (NPI), BCBSM crosswalks the claims from the facility's NPI to the BCBSM OPC PIN (i.e., BCBSM's internal identifier) for processing. Therefore, BCBSM recommends obtaining one NPI (in accordance with federal guidelines), for each location. Federal guidelines also allow for an NPI to be obtained for unique combinations of tax ID, location and taxonomy (specialty) codes.

Upon completion of the application and contracting process, the facility will receive a welcome package with information on how to sign up for electronic billing and access to web-DENIS, BCBSM's web-based information system for providers. Through web-DENIS the facility will have access to provider manuals, newsletters (e.g., *The Record*), the *Magellan Behavioral Health Medical Necessity Criteria*

Adapted for Blue Cross Blue Shield of Michigan and patient data such as contract eligibility and benefits. It is the facility's responsibility to be familiar with and to adhere to the Magellan Criteria and all BCBCM billing and benefit requirements. It is also the responsibility of the facility to ensure its billing department (or billing agency) is compliant with all of BCBSM's billing requirements.

Participating OPC facilities must submit claims for covered services to BCBSM using the CMS 1500 claim form or its electronic equivalent. Facilities that wish to bill electronically should contact BCBSM's Electronic Data Input (EDI) Helpline at (800) 542-0945 for electronic billing information *after* their BCBSM OPC PIN has been received. They must also register their NPI with EDI after their BCBSM facility code has been received.

Facilities that participate in the Traditional program or MHSAMC program must notify BCBSM *immediately* of any change in the facility's ownership, tax identification number, NPI, address, telephone number, etc.

Multiple Locations

If the facility is applying for participation (or an ownership change) for more than one location, each location must meet all requirements in order to be approved. A separate application must be submitted for each location.