

THE CBH PROVIDER CONNECTION

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

1st Quarter 2003 Volume V

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EAP CORNER

CODE CHANGES FOR EAP CLAIMS SUBMISSION

EAP Providers: You are no longer required to use EAP09 on claims for reimbursement—please use 90801. Claims will still be paid under EAP09 if a paper claim is mistakenly submitted with EAP09; however, CBH would like providers to begin moving away from this code soon as possible. The web claim system will no longer accept EAP09 and providers will be prompted to use 90801 if EAP09 is entered.

SUBSTANCE ABUSE PROFESSIONALS (SAP) NEEDED

CIGNA Behavioral Health EAP supports our corporate customers by helping them adhere to federal guidelines for Department of Transportation substance abuse protocols. We need to enhance our network with experienced substance abuse assessors who meet the following criteria:

A SAP must be one of the following:

- Licensed physician.
- Licensed or certified social worker.
- Licensed or certified psychologist.
- Licensed or certified employee assistance professional.
- Drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse (ICRC).

A SAP must be knowledgeable about:

- The diagnosis and treatment of alcohol and controlled substance-related disorders through clinical experience,
- The SAP function, as it relates to employer interests in safety-sensitive duties,
- DOT regulations applicable to the employers/industries for whom he/she evaluates employees; and
- The DOT/SAP guidelines and any changes in these materials.

Qualification Training

- Must include key elements such as background, rationale and coverage of the DOT drug and alcohol testing program; key drug testing requirements; SAP qualifications and prohibitions, etc.
- Must conclude with a written exam that comprehensively covers all the elements in the qualification training. The exam can be taken on-line for a fee and is available at www.eapa-association.org.

Note: Providers who are currently functioning as SAPs have until December 31, 2003, to complete the qualification training and exam.

Continuing Education Requirements

- SAPs must obtain a minimum of twelve (12) continuing education hours, specific to performing SAP functions, every three years.
- SAPs are required to maintain documentation showing that they meet all SAP requirements as outlined by the DOT. This documentation must be provided upon request to DOT agency representatives, employers, or TPAs who are intending to use the SAP's services.

Training Resources

- If you are interested in attending SAP qualifying training, one resource is <http://www.blaireandburke.com>.

Reimbursement Rate

Providers are paid for SAP services at their contracted rate for clinical services. They are also paid at their contracted rate for administrative services such as telephone calls, writing of reports, and case management.

If you are interested in becoming a SAP provider for CBH, please send an email to <mailto:Robbie.Hamill@CIGNABehavioral.com>.

If you are interested in applying for any other EAP specialties such as:

- Critical Incident Debriefing
- Supervisor Training
- Employee Education
- Coaching

Please send an email to <mailto:Dana.Kiel@CIGNABehavioral.com>.

KNOW YOUR REGIONAL EAP MANAGER (REM)

This is the second installment in a series designed to enhance the REM relationship with the provider community. The profile for this quarter is our REM from the Western Region, Aaron Gallegos.

Aaron, can you please describe your educational background and EAP experience?

I have a master's degree in counseling from New Mexico Highlands University. I have worked as a clinician in an outpatient mental health clinic, clinical director and lecturer at Northern NM Community College. I began my EAP work as the local EAP Manager for CBH's New Mexico accounts for two years prior to coming to California to serve as the Regional EAP Manager.

How long have you been with CIGNA Behavioral Health?

I have been with CBH for four years.

Where is your office located?

We are located in Glendale, California.

What is your philosophy about the value of EAP to our customers?

I have a deep-seated belief in the value of solution-focused therapy, and I believe the EAP offers this to our customers in helping them clarify their problems, seek solutions and resolve their problem. It also offers ease of access into a program that can be an intimidating process for many. I also feel that EAP more than any other program truly treats the whole person. No problem exists in a bubble and the EAP's ability to assist with emotional as well as work-life issues is absolutely invaluable.

Aaron, you are the Regional EAP Manager for the Western Region. What states does this include?

Holy Cow! My region includes, New Mexico, Colorado, Utah, Idaho, Montana, Arizona, California, Wyoming, Washington, Oregon, Alaska, Hawaii, and Nevada.

Is there anything special you would like the providers to know about your customers?

The most important piece that I'm sure we all know is that the most frequently identified problem for our customers is stress, depression, and a range of relationship issues such as marital or children.

Do you have any particular need for providers in your area?

I have a tremendous need for providers in San Francisco and Las Vegas, Nevada, especially those interested in providing wellness seminars.

What do you think about the strength of CBH's provider community and their value as a "face to the customer"?

I have been nothing short of impressed with the feedback that I receive from our customers on their interaction with our provider network. After 9/11, I had the opportunity to co-facilitate town-hall meetings with Dr. Cedric Johnson where we received such positive feedback on the assistance he was able to provide employees and managers impacted by those horrible events. My hat goes off to each of you for your tireless work and continued support.

Thank you, Aaron, for your time! If you are a provider in the Western Region and are interested in providing additional EAP services, please send email only to <mailto:Aaron.Gallegos@CIGNABehavioral.com>.

Look for the REM from your area in upcoming newsletters!

PROVIDING CONVENIENT SERVICES

CIGNA Behavioral Health understands that for participants to attend and benefit from needed treatment, they need geographically convenient access to appropriate behavioral health practitioners and facilities. Annually, CIGNA Behavioral Health analyzes data on where our participants live and compares that to the location of our contracted network. 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 available per covered member.

In 2002, the results of our analysis found that our network generally meets our targets and is geographically convenient to the needs of our membership. Opportunities for improvement were identified in limited rural markets related to the availability of psychiatrists and facilities.

If you know of a psychiatrist or facility in a rural location that may be interested in joining our network, please let us know. To find out about the results of our availability analysis in your area, contact the Quality Service Manager at the CIGNA Behavioral Health office that you work with most often.

ENSURING TIMELY ACCESS TO CARE AND SERVICE

Making a phone call to ask for help can be an important first step in dealing with a personal crisis, emotional challenge or family issue. CIGNA Behavioral Health monitors our telephone metrics to ensure callers receive timely assistance as we help them identify and arrange the needed services. In 2002, CIGNA Behavioral Health also introduced a convenient new online Access and Referral service that allows participants to select a practitioner and obtain an authorization through a secure Internet connection.

CIGNA Behavioral Health also strives to ensure that participants have timely access to routine treatment appointments or emergent care. To help monitor our success, CIGNA Behavioral Health uses established industry standards that define standards or timeframes for access based on the urgency of the need. CIGNA Behavioral Health's results in 2002 generally met or exceeded the industry standards.

The year 2003 will include a continued emphasis on timely telephone and appointment access for participants and redoubled efforts to make sure every person in need has timely access to the resources they need. If you would like additional information specific to the CIGNA Behavioral site you work with most often, contact that site and ask to speak to the Quality Service Manager.

PANIC DISORDER'S LOW PRESENTATION RATES

According to the National Institute of Mental Health, about **1.7%** of the adult United States population ages 18 to 54 has Panic Disorder in a given year (NIMH, 1999). Lifetime prevalence is estimated at **1.6% to 2.2%** (APA Guideline, 1998). In psychiatry, Panic Disorder represents the main diagnosis in **5-10%** of patients (Rouillon, 1996).

For CIGNA Behavioral Health nationwide, the presentation rate for Panic Disorder was **.17%** in 2000 and **.16%** in 2001. These low presentation rates for CIGNA Behavioral Health participants suggest the possibility that practitioners are under-diagnosing Panic Disorder.

What Can Be Done to Improve Results

According to the American Psychiatric Association “Practice Guideline for the Treatment of Patients With Panic Disorder,” treatment for Panic Disorder should include the following:

I. Routinely screen for the signs and symptoms of Panic Disorder **and diagnose as Panic Disorder if:**

A. **Both (1) and (2):**

1. **Panic disorder is characterized by recurrent** expected panic attacks—**acute episodes of terror accompanied by a sudden barrage of symptoms, including at least four of the following:**

- a. Racing or pounding heartbeat
- b. Chest pains
- c. Dizziness
- d. Nausea
- e. Difficulty breathing
- f. Flushes or chills
- g. Sweating
- h. Tingling or numbness in the hands
- i. Dreamlike sensations or perceptual distortions
- j. Fear of losing control and doing something embarrassing
- k. Fear of dying
- l. Sense of impending doom

Panic attacks typically occur spontaneously, with no apparent trigger. In fact, they can even begin during sleep. Attacks usually last for a few minutes—rarely longer—yet they often feel like an eternity for the participant.

2. At least one of the attacks has been followed by one month (or more) of the following:

- a. Persistent concern about having additional attacks
- b. Worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy")
- c. A significant change in behavior related to the attacks
- d. Presence or absence of Agoraphobia
- e. The panic attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse alcohol, a medication) or a general medical condition (e.g., hyperthyroidism)
- f. The panic attacks are not better accounted for by another mental disorder (e.g., Social Phobia, Specific Phobia, OCD, PTSD, Separation Anxiety disorder)

II. **Particularly assess for Panic Disorder with clinical depression, substance abuse, or obsessive-compulsive disorder.** Panic often coexists with other disorders. Encourage participants to probe for feelings and emotional components rather than focus only on physical symptoms. Rates of suicide attempts among individuals with Panic Disorder may be as high as 20% (NIMH Publication no. 94-3642). About 30% of people with panic disorder abuse alcohol and 17% abuse drugs in unsuccessful attempts to alleviate the anguish and distress caused by their condition (NIMH Publication no. OM-99-4155).

- III. **Be sure to list Panic Disorder as the primary or secondary diagnosis when present.** Appropriate diagnosis and treatment of other disorders such as substance abuse or depression are important to successfully treat panic disorder.
- IV. **Be aware that Panic Disorder can mimic other important medical conditions.** If the participant has not had a recent physical or if you have doubts, please refer the participant to their primary care practitioner to differentiate the disorder from other medically important conditions. The practitioner will want to rule out cardiac problems, hyperthyroidism or other endocrine disorders, lupus, pulmonary problems or epilepsy, etc.

References

APA Guideline (1998). Practice guideline for the treatment of patients with panic disorder. American Psychiatric Association. www.psych.org.

NIMH Publication (1999). Facts about panic disorder. Publication No. OM-99 4155 (Revised). www.nimh.nih.gov.

NIMH Publication (1994). Panic Disorder Treatment and Referral. Publication No. 94-3642. www.nimh.nih.gov.

Rouillon, F. (1996). Epidemiology of panic disorder. *Encephale*, 22 (Spec No 5): 24-34.

For More Information

National Institute of Mental Health (NIMH)—Order line: 1-800-64-PANIC

Free NIMH Pamphlet “Panic Disorder Treatment and Referral”

<http://www.nimh.nih.gov/anxiety/pdtr.cfm>

Free NIMH Pamphlet “Understanding Panic Disorder”

<http://www.nimh.nih.gov/anxiety/upd.cfm>

APA Guidelines: http://www.psych.org/clin_res/pg_panic_1.cfm

PSYCHIATRISTS WANTED

CIGNA Behavioral Health (CBH) is in need of Physician Advisors. Physician Advisors are board certified psychiatric consultants who: 1) Give input on internal clinical protocols in areas of psychiatric subspecialties such as child/adolescence, eating disorders, organic disorders and disability/occupational/functional assessments; and/or 2) Act on behalf of CBH to review clinical cases with CBH care managers, network providers, and facilities to assist in assuring appropriate care is being given to CBH participants. We are in particular need of Physician Advisors with areas of expertise in child/adolescence, eating disorders, and disability management in the states of Indiana, North Dakota, Oregon, Texas, and Vermont. Day, evening and weekend hours are needed, and those hours are very flexible. Reimbursement-per-activity arrangements are available. If you are interested in augmenting your scope of practice with CBH, please contact Tom Crabtree via email at <mailto:Tom.Crabtree@CIGNABehavioral.com>.

STATUS OF CREDENTIALING/ RE-CREDENTIALING APPLICATION

At any time CIGNA Behavioral Health providers may request information on the status of their credentialing or recredentialing application by contacting the Network Services department. Responses by telephone and email will be answered within two working days of receipt. Requests requiring a written response will be answered within five working days of receipt. The response will include the status of the primary source verification process and an estimated date for Credentialing Committee review and decision.

CIGNABEHAVIORAL.COM IS THE PLACE TO BE

CIGNA Behavioral Health has been working tirelessly to ease your administrative burden, quicken the turnaround time on all administrative processes, and wherever possible, remove the barriers you've told us about.

So, if you've never visited us online, or haven't stopped by recently, now is the time to take advantage of our provider resources. The web address is www.CIGNABehavioral.com, and here are some of the benefits available to you:

- ❖ Paperless treatment updates
- ❖ Paperless claims
- ❖ Paperless transitions from EAP to outpatient treatment AND without a phone call
- ❖ Paperless demographic update ability
- ❖ The CIGNA Behavioral Health Provider Guide
- ❖ APA Treatment Guidelines

Need to Know More?

Online Treatment Request, or OTR, gives you the opportunity to submit your treatment updates online, via a secure server*, all from the comfort of your home or office PC, 24/7/365. In over 50% of the updates submitted, continued benefits are approved immediately, right there on your PC.

For claims submissions, our enhanced Web Claims site allows you to submit a claim prepopulated with all required member and provider information. All you enter are dates of service, diagnosis codes, and fees. This has reduced the claim pending rate to close to 0% and increased the turnaround time to 90% of claims paid within five (5) business days.

Need More Reasons to go Online?

EAP for OTR is a new resource that allows you to transition an EAP case straight to a member's behavioral health benefit without a treatment plan. Again, all from the comfort of your home or office PC.

So You're Wondering What Else You Can Find on Our Site?????

How about the CIGNA Behavioral Health Provider Guide—a part of every Provider Agreement and critical to a strong collaborative relationship. Then there's the latest American Psychiatric Association Treatment Guidelines on depression and panic disorder. Again, just go to www.CIGNABehavioral.com, click on the Provider tab, then News & Learning.

We hope you'll make this the right time to come and visit us online. All you need is a PC and Internet connectivity. And we welcome your feedback right there online.

*CIGNA Behavioral Health will be compliant with all HIPAA Privacy Regulations by April 14, 2003.

REGIONAL SITES TO CREATE IMPROVED SYNERGIES

Beginning this March, CBH will be realigning its Regional Operating Unit structure to better integrate services. This realignment will move some states to new sites for benefit management services. The following is a breakdown of the new regional sites and their states for which they are responsible. States moving to a new Operating Unit are in bold.

Lutherville (MD) Regional Operating Unit (1.800.274.7603)
CT, DC, DE, **ME**, MD, **MA**, MI, **NH**, **NJ**, NY, PA, RI, VA, & **VT**

Tampa (FL) Regional Operating Unit (1.800.274.4573)
FL, GA, MS, NC, PR, **SC**, TN, & **WV**

Dallas (TX) Regional Operating Unit (1.888.800.8849)
AL, **AR**, **CO**, IL, IN, IA, KS, **KY**, LA, MO, MN, NE, ND, **OH**, OK, SD, TX, & WI

Glendale (CA) Regional Operating Unit (1.800.234.3596)
AK, **AZ**, CA, HI, **ID**, **MT**, **NV**, **NM**, OR, **UT**, WA, & **WY**

Our National Care Center, located in Eden Prairie, Minnesota, will remain in place with no changes.

If you're a provider moving to a new Operating Unit, you will find these changes invisible to you and your practice. And if you're using our Online Treatment Request (OTR) resource, over 50% of treatment summaries receive auto-authorization for ongoing benefits. That means no **benefit** management no phone calls, no stamps and no envelopes.

In addition, there will be no changes to our claims services. With the recent enhancements to our online web claims resource, most claims are paid within five (5) business days. When you use web claims, your claim form is prepopulated with all the required patient demographic information. All you enter are dates of service and diagnosis codes. These enhancements have significantly reduced claim denials and errors due to incorrect patient information.

CBH is excited about these changes and looks forward to continuing to work with you and your practice. If you have any questions, please feel free to contact your current or new Care Center for details.

Finally, if you've never visited us online, go to www.CIGNABehavioral.com and sign up for OTR and Web Claims, or check out our online Provider Guide and other important information. It's fast, easy, and free!