Introduction of Optum staff

• Presenters
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Agenda

• Introductions

• Our Commitment

• Changes brought about by Clinical Model 2.1
  – Utilization Management
  – Service Categories
  – Removal of PECFAS/CAFAS requirement

• Service Trends

• Review of Medical Necessity

• Questions and Answers
Our Commitment to Idaho

With our shared goal of better outcomes for members, Optum’s commitment to Idaho is to transform the behavioral health outpatient system of care.

Our approach is founded on a recovery and resiliency model that includes reliance on medical necessity guidelines offering the right care with the right intensity at the right time and in the right place.

Progress with the transition of Idaho’s care provision is dependent upon communication between each of the groups involved in outpatient care, including members, providers, stakeholders and Optum.
Clinical 2.1 Changes

- Moved two more Category 3 services to Category 4, with relaxed prior authorization requirements
  - Case Management
  - Peer Support
- A one time extension on pre-service reviews if requested by the member, provider or insufficient clinical information is provided
- Use of a new Service Request Form that replaced the old UM Template did not significantly improve process or experience with preauthorization.
- Removed the requirement for a PECFAS/CAFAS on a service request
- Revised Level of Care Guidelines improved clarity with:
  - Case Management
  - CBRS
  - Peer Support Services
  - OP Psychotherapy Extended Sessions
Clinical Model 2.1: Current Service Categories 1-3

• Category 1: No authorization required
  – Assessments
  – Medication Management

• Category 2: Open authorization required
  – Individual Therapy
  – Group Therapy

• Category 3: Provider specific authorization required
  – Psychological and Neuropsychological Testing
  – Community Based Rehabilitation Services (CBRS)
  – Skills Training and Development, per 15 minutes; Partial Care
Clinical Model 2.1: Category 4

Case Management
  Behavioral Health, Substance Abuse
Peer Support Services (PSS)
Family Support Services (FSS)
Crisis Services (H2011)
  Crisis services should be used at the time of the crisis
  Authorization for crisis services is completed on a retrospective basis (after the crisis)
Treatment Plan: the following services may bill using H0032
  Peer Support Services, Case Management, CBRS
Extended Office Visits
  May be used for EMDR
BH Assessment (H0031, no longer includes PECFAS/CAFAS)
Category 4 Thresholds (Per Member)

Crisis Management Services
- Threshold is currently **10 hours per calendar year**
- Additional services must be authorized
  - Post delivery of services for authorization process
  - Address denial via dispute process

Case Management
- Threshold will be **60 hours per calendar year**
- Additional services must be authorized
  - Prior authorization process
  - Address denial via dispute process

Family Support Services
- Threshold is **2 hours per week for 6 months**
- Additional services must be authorized
  - Prior authorization process
  - Address denial via dispute process

Peer Support Services
- Threshold will be **2 hours per week for 12 months (a full calendar year)**
- Additional services must be authorized
  - Prior authorization process
  - Address denial via dispute process
Peer Support Utilization: Avg Units per Member

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/15

Based on paid claim data by date the service was provided.
Case Management Utilization: Avg Units per Member

- Case Management
- SUDS - Case Management

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/15

Based on paid claim data by date the service was provided.
Case Management and Peer Support Utilization: Avg Units per Member

- Case Management
- Peer Support Services
- SUDS - Case Management

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/15

Based on paid claim data by date the service was provided.
Category 3 and 4 Service Utilization: Avg Units per Member

Clinical Model 2.0: 7/1/14 to 8/14/15

Clinical Model 2.1 effective 8/15/15

Based on paid claim data by date the service was provided.
Category 3 and 4 Service Utilization: Avg Units per Member

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/15

Based on paid claim data by date the service was provided.
Provider Utilization Rates
Case Management - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Approximate 13% increase over time in weekly UM rates.
Provider avg UM about 1.5 hr a week per member.
Units are in 15 min increments.
Provider Utilization Rates
CBRS - Units per Member by Week

Approximate 15% decrease over time in weekly UM rates.
Provider avg UM about 3 - 5 hr / week per member.
Units are in 15 min increments.
Provider Utilization Rates
Crisis Intervention - Units per Member by Week

Approximate 23% decrease over time in weekly UM rates.
Provider avg UM about 2 - 2.57 hr/week per member.
Units are 15 min increments.
Provider Utilization Rates
Extended Office Visits - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Steady average weekly UM rates across time.
Provider avg UM about 60 min / week per member.
Units are in 60 min increments.
Provider Utilization Rates
Family Therapy - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Steady average weekly UM rates across time.
Provider avg UM about 1 visit a week per member.
Unit limits are 1 per visit on date of service.
Provider Utilization Rates
Group Therapy - Units per Member by Week

Steady average weekly UM rates across time.
Provider avg UM about 1 visit a week per member.
Unit Limits are 1 per visit on date of service.

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16
Provider Utilization Rates
Individual Therapy - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Steady average weekly UM rates across time.
Units normalized to 30 min unit. (30 & 45 min unit codes)
Provider avg UM about 30 min / week per member
Provider Utilization Rates
Non-Prescriber Individual Therapy - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Steady average weekly UM rates across time.
Units normalized to 30 min unit. (30 & 45 min unit codes)
Provider avg UM about 45 min / week per member
Provider Utilization Rates
Language Interpretation - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Steady average UM rates across time.
Provider avg UM 2.25 hr / week per member.
Units are 15 min increments.

Year-Week

Lang. Interp. - Max
Lang. Interp. - 95th Percentile
Lang. Interp. - Mean
Provider Utilization Rates
Peer Support - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Approximate 20% increase over time in weekly UM rates.
Provider avg UM about 2 hr a week per member.
Units are 15 min increments.
Provider Utilization Rates
Prescriber Visits - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Approximate 14% increase over time in weekly UM rates
Units normalized to 15 min unit.
(5/10/15/20/30/40/45/60/ unit codes).
Provider avg UM about 25 min a week per member.
Provider Utilization Rates
Psych- or Neuropsych-Testing - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Approximate 5% increase over time in UM rates.
Provider avg UM about 3.5-4 hours a week per member.
Units are per hour.

Year-Week

- Psych Test - Max
- Psych Test - 95th Percentile
- Psych Test - Mean
Provider Utilization Rates
SUDS Assessment - Units per Member by Week

Fairly steady average UMRates across time.
Provider avg UM about 2.75 hours a week per member.
Units are 15 minute increments for Idaho.
Provider Utilization Rates
SUDS Case Management - Units per Member by Week

Approximate 19% increase over time in UM rates.
Provider avg UM about 1 hr a week per member.
Unit are in 15 minute increments for Idaho.

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16
Provider Utilization Rates
SUDS Group Counseling - Units per Member by Week

Clinical Model 2.0: 7/1/14 to 8/14/15
Clinical Model 2.1 effective 8/15/16

Steady average UM rates across time.
Provider avg UM about 3.25 hours a week per member.
Units are in 15 minute increments for Idaho.
What is medical necessity

The State of Idaho’s regulatory definition of medical necessity:

A service is medically necessary if:

- It is reasonably calculated to prevent, diagnose, or treat conditions in the member that endanger life, cause pain, or cause functionally significant deformity or malfunction; and
- There is no equally effective course of treatment available or suitable for the member requesting the service which is more conservative or substantially less costly
- Medical services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality

Location of definition: IDAPA 16.03.09.011.16:

What is medical necessity (continued)

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services

• Medically necessary services for eligible Medicaid participants under the age of twenty-one (21) are healthcare, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act (SSA) necessary to correct or ameliorate defects, physical and mental illness, and conditions discovered by the screening services as defined in Section 1905(r) of the SSA, whether or not such services are covered under the State Plan

• Services must be considered safe, effective, and meet acceptable standards of medical practice

Location of definition: IDAPA 16.03.09.880:

What is medical necessity (continued)

The Optum Idaho Provider Manual defines medical necessity on page 16:

– Generally, the evaluation of health care services is to determine whether the services meet plan criteria for coverage: are medically appropriate and necessary to meet basic health needs; are consistent with the diagnosis or condition; are rendered in a cost-effective manner; and are consistent with national medical practice guidelines regarding type, frequency and duration of treatment. The Level of Care Guidelines and Best Practice Guidelines that are used by Optum Idaho Care Managers in the determination of medical necessity are available on optumidaho.com.

Location of manual:
https://m1.optumidaho.com/c/document_library/get_file?uuid=852658a4-9743-4700-a850-7ef7cd19ebb2&groupId=110293
Best Practice Guidelines

Links to the Best Practice Guidelines are located on the Optum website, Provider Express. These guidelines should be reviewed by all providers prior to rendering services to Optum Idaho members.

– The recommended guidelines for adults are developed and maintained by the American Psychiatric Association (APA)
– The recommended guidelines for children and adolescents are developed and maintained by the American Academy of Child and Adolescent Psychiatry (AACAP)
Level of Care Guidelines

Optum Idaho Level of Care Guidelines are reviewed and approved by both Optum and the Idaho Department of Health and Welfare (IDHW)

- These guidelines are always accessible at
  https://m1.optumidaho.com/web/optumidaho/providers Provider tab
  > Guidelines and Policies > Level of Care Guidelines
Moving Toward Success

We believe that by relying on lessons learned and provider feedback to improve the clinical model we can work together to create a system that works better for everyone including providers and the individuals and families we jointly serve.

Together we can offer the right care, at the right time and at the right place.
Questions?

Thank you for attending!