

Strengthening Clinical Processes

Optum Idaho

Optum Idaho Team
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Presenters



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Our Commitment to Idaho

- Shared goal of better outcomes for members
- 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 is dependent upon communication between each of the groups involved in outpatient care including members, providers, stakeholders and Optum



Cultural Competency



Unique Backgrounds

Cultural Identity

Adaptation

In order to serve each individual the best we can, we must take into account how their life experiences have shaped them.

Keeping a non-judgmental attitude and attempting to understand more about each person's cultural identity is paramount.

Each person is unique in their:

Values Culture

Gender Identification
Geographic Region
Cognitive-Ability Level
Physical Ability Level
Spirituality
Primary Language
Belief Systems
Age
Ethnicity
Sub-Cultures
Socio-economic Status
Sexual Orientation

We should keep in mind our own cultural identities, and monitor how it may affect our perceptions of others.

In order to fully serve the individual, we must work to understand each individual's unique identity and cultural composition, and adapt as appropriate.

Training Overview

Clinical Operations is making some changes to the UM Process

- Clarification of the language in the Clinical Model and LOCGs
- Changes to the Peer Review process
- Using one Service Request Form for EACH service (vs. one generic form for all services)
 - New form submitted via a Provider Express upgrade
- Changes go into effect July 1st

Practice Management

- Analysis of claims data from a clinical perspective to address practice outliers

Clinical Model 2017



Clinical Model

What is it and why is it important?

- Supplement to Provider Manual

Category 4 Services such as Family Support Services:

- FSS was originally introduced last April using a six month window for the authorization period
- Extending the authorization period to match the “calendar year” period of Peer Support
- Family Support Services will transition to a calendar year authorization of 208 units, to be renewed on January 1st
- For 2017 only, the calendar year will begin July 1st for those members needing FSS in their treatment



Clinical Model: UM Process Changes

LEAN “Black Belts” on site recently

- Optum uses a quality process called “LEAN” to systematically remove waste and rigidity from a process to provide value to our customers
- Based on a set of principles that include scientifically improving processes, focusing on customers and empowering employees to solve problems sustainably
- Provides immediate benefits in productivity, error reduction and cycle times
- Evaluates the Optum Idaho UM process to ensure as efficient as possible

Clinical Model: UM Process Changes

In alignment with national entities

- NCQA
- 42 CFR Part 438: CMS Medicaid Managed Care rules
- Optum Medicaid P&P

Clinical Model: UM Process Changes

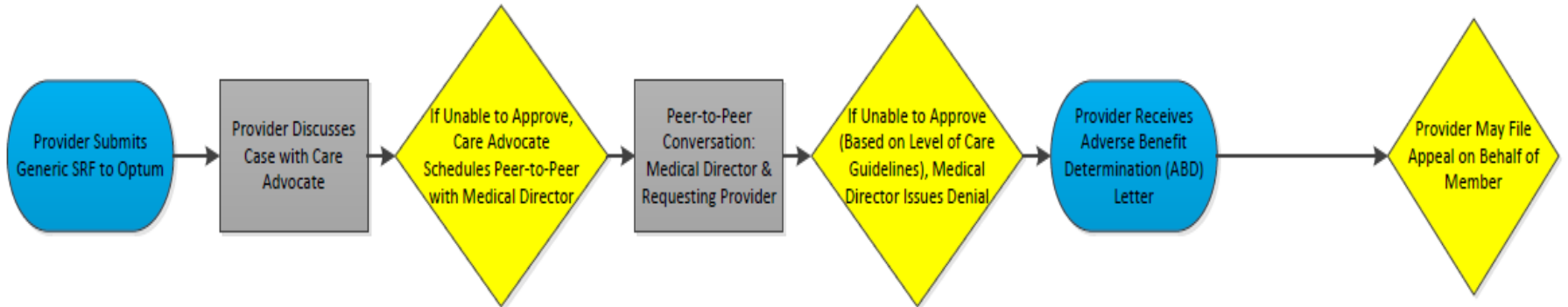
Peer to Peer (P2P) Conversations

- Voluntary upon request vs automatic
- More streamlined process allowing for quicker decisions

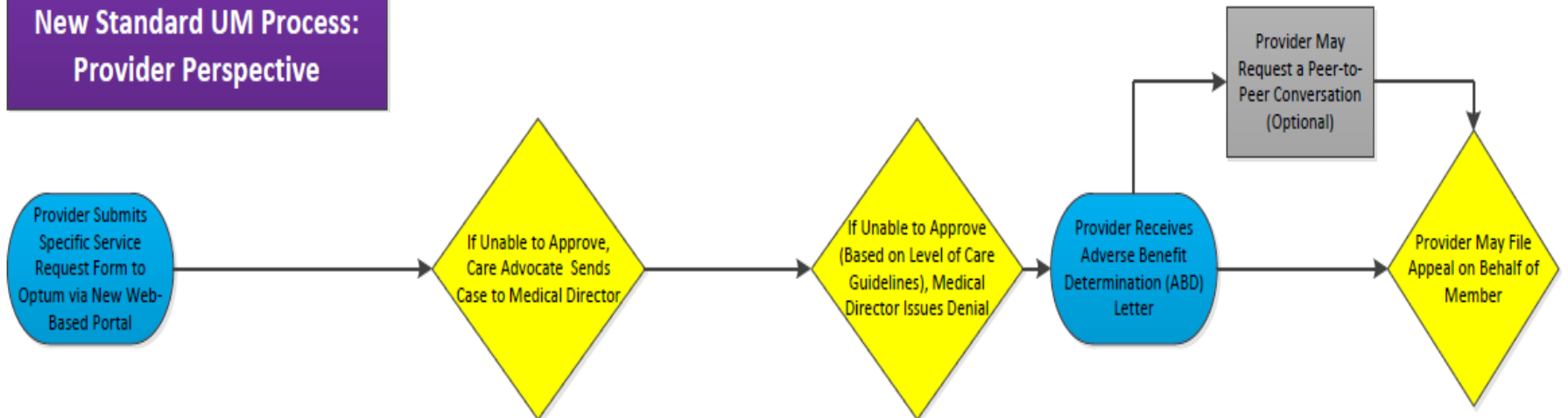
Notification

- If standard request is denied, member and provider are notified via ABD letter
- Provider's ABD letter will also include instructions on how to request a P2P if desired (which may assist them in understanding the denial, and determining whether an appeal will be made)

Old Standard UM Process: Provider Perspective



New Standard UM Process: Provider Perspective



Level of Care Guidelines

(LOGGs)



Service Differentiators

Peer Support	Family Support	CBRS	Case Management
<p>Engage and Activate the Member</p> <ul style="list-style-type: none"> • Build a Recovery Plan • Develop Personal Goals • Ask what they want • Problem solve barriers • Support and Encourage • Model Recovery and coping skills • Help regain control of their lives • Model mutuality and trust in relationship • Connect them with community based resources that support recovery 	<p>Engage and Activate the Family</p> <ul style="list-style-type: none"> • Advocate for the needs of the family • Teach family & member to develop self-advocacy & problem-solving skills • Mentor the member & family to instill a sense of hope • Model behavior, attitude & thinking skills • Help family & member identify & utilize their strengths • Role model for collaborative relationships 	<p>Teach Member Skills Lost as a Result of their Mental Health Condition</p> <ul style="list-style-type: none"> • Address impaired coping skills to improve functioning which has impaired activities of daily living in the home, community • Relearn appropriate social skills • Relearn budgeting and financial management necessary for independent living 	<p>Connect Member with Resources</p> <ul style="list-style-type: none"> • Link: Assist to set appointment with Behavioral Health or Medical Providers • Link: Assist to set up transportation, housing or community supports like food banks • Link: Assist member to apply or maintain their Medicaid Benefits or Social Security Benefits • Assess and develop plan member needs for ongoing linkages

Level of Care Guidelines: Revisions

Case Management:

- Definition & purpose, primarily in gaining access to needed services
- Tools: Assessment, Care Plan, Reassessments
- Monitoring: Documentation of services needed & coordinated
- Provision of member transportation and/or case manager travel time are not eligible for reimbursement

CBRS – Adult:

- Clarification of definition & intent
- Aimed at those recovering from SPMI vs everyone
- Assists the member with interpersonal &/or environmental barriers & functional deficits
- Beginning/Middle/End



Level of Care Guidelines: Revisions

CBRS (Child or Adolescent):

- Aimed at children with SED
- Not evidence-based practice but may be recommended for children with SED when functional deficits are documented
- Intent to rehabilitate age-appropriate skill that was either lost or not acquired due to SED symptoms
- CBRS does *not* address symptoms of BH condition(s), which providers need to communicate to parents & guardians
- Beginning/Middle/End
- Removed Financial, Housing, and Health/Medical from Criteria, as these are provided by parents or guardians



Service Request Forms (SRFs) & Submission Process

SRFs & Submission Process

Your feedback resulted in new forms. Now one form per service type, for more relevant information:

- Better aligns with LOCGs
- To encourage more precise clinical information
- Easier to summarize key clinical elements necessary for approval

Timing:

- Upgraded portal & new forms available July 1st & we encourage you to use right away
- Old forms still accepted throughout July to allow for easier transition
- New forms are required as of August 1st

Submitting the SRF

Switch to Adult CBRS SRF test environment

Practice Management



Practice Management

Excerpt from Optum Idaho Network Manual (p.43, effective 9/1/13)

Practice Management

Practice Management, a clinical team, in coordination with other Optum Departments, works with network providers on the following key elements:

- Managing outliers, through the identification of practice patterns that appear to fall outside typical patterns, including the measurement of improvement over time
- Identifying and resolving potential practice patterns that may constitute Fraud, Waste and/or Abuse (see Fraud, Waste and Abuse section)
- Evaluating compliance with Care Advocacy processes and contractual obligations

Practice Management employs intervention strategies to address practice patterns. Interventions may include, but are not limited to, a direct conversation with the provider, education, peer-to-peer reviews, and site and/or treatment record audits.

Potential results of a Practice Management intervention may include ongoing monitoring, Corrective Action Plans, non-coverage (adverse) benefit determinations, referrals to Peer Review, Credentialing Committee or Program and Network Integrity (PNI).

Practice Management

As an adjunct to requiring precertification for routine and community-based outpatient services, we will provide oversight of service provision through our practice management program.

Practice Management: Program Components

Regular and comprehensive analysis of claims data by provider/provider group

- Service/diagnostic/age distribution
- Proper application of eligibility criteria
- Appropriate frequency of service/duration of service

Outreach to provider group when appropriate to discuss any potential questions that arose from the claims analysis

Potential outcomes from discussion

- No additional action necessary
- Provider education
- Program and Clinical Record Review
- Corrective Action Plan (CAP)
- Referral to Program & Network Integrity, if indicated

Practice Management: Patterns of Interest

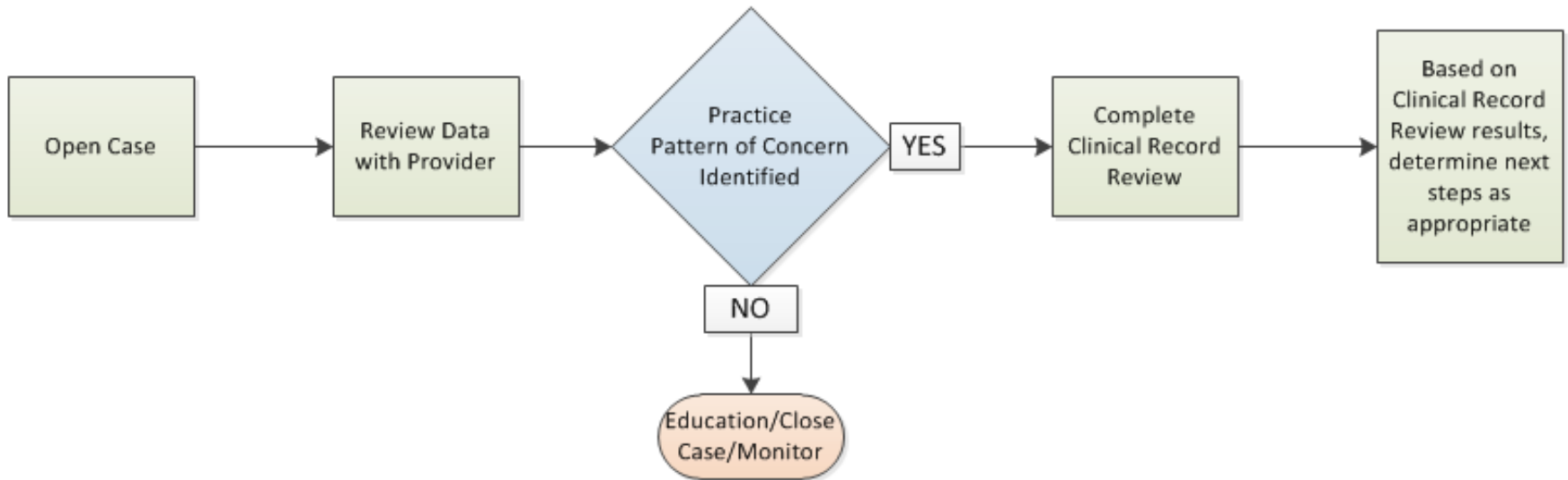
Cases typically identified in several ways:

- Current dedicated data sets produced allows Practice Management to “identify” possible providers of interest as well as look for market trends based on number of units, number of members, dollar spend, etc.
- Internal communication received with practice and/or billing patterns

Focus on services billed with CPT/HCPCs codes

Management/education at the group/provider level and not the individual case level

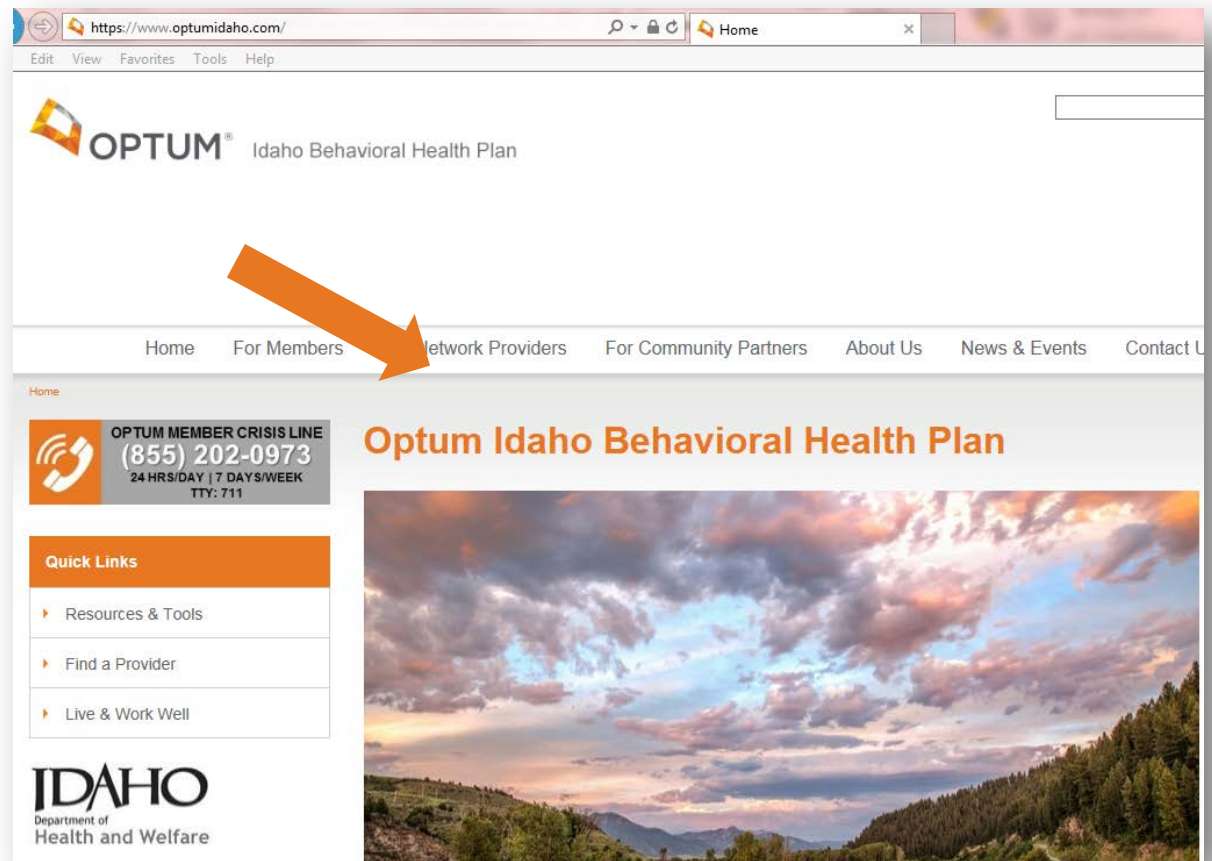
Practice Management: Process Overview



Information Location

This information will be posted online:

- Go to *optumidaho.com*
- Select *“For Network Providers”*
- Select *“Provider Trainings”*



Questions?

If you have questions about this presentation, please email us at: optum_idaho_auths@optum.com



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