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Optum Initiatives to Support Neuropsychologists

Presentation to National Academy of Neuropsychology (NAN)
November 5, 2015

Outline

- Introductions
- What is Optum?
- Overview of Provider Frequently Asked Questions
- Claims processing turnaround times and denial rates
- Pay for Value – Current program and beginning efforts to develop relevant program for neuropsychologists
- New Technologies
- Working with Managed Care Organizations
- Reimbursement and other inquiries
- Checking your status in the directory/CMS Call Letter

- Questions and Answers

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Background: About Optum

Optum is a collection of technology-enabled health services companies, including the largest managed behavioral health company in the country

Optum owns and operates work/life, employee assistance (EAP), behavioral health, and disability support programs

- Serves 2,500 customers including commercial, state and county government employers, public sector entities, and health plans
- Covers more than 34.6 million members across the United States

Optum provides counseling and treatment services through the country's largest nationwide behavioral health specialty network

- 130,000 behavioral clinicians
- 5,000 facilities/agency providers
- Services managed out of nine major call centers across the United States

- Provider Portal – providerexpress.com

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Parity Changes

Requirement	As a result of the Final Rule, providers in both UBH and UHC panels received notice that reimbursement rates would be aligned; similar review conducted with independent health plan business
Goals	• Assure parity compliance • Address provider satisfaction
Finer Points	Notified impacted providers through direct correspondence in June 2014.

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Authorization Process

Requirement	• Eliminated pre-authorization requirement for neuropsychological testing for most plans – Exceptions: ConnectiCare, Geisinger Health Plan, Harvard Pilgrim Health Plan, Providence Health Plans
Goals	• Assure parity compliance • Address provider satisfaction • Promote simplicity and transparency for providers
Finer Points	• Continue discussions with exception customers to promote simplification • Important to confirm member eligibility and benefits • Check at www.providerexpress.com or contact the number on the back of the member's insurance card • Authorizations will only be provided for those accounts that require pre-authorization

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Claims Process

| Requirement	• With the exception of a handful of accounts, neuropsychological testing claims no longer pend for authorization • Neuropsychological testing is covered for certain behavioral and medical conditions. For qualifying medical conditions, review the current neuropsychological testing policy at UnitedHealthcareOnline.com. • In order to simplify the administrative process and improve the provider experience, all testing claims (96118, 96119, 96120) are now routed to Optum to process.
Goals	• Improve accuracy and turnaround time of neuropsychological testing claims • Improve provider satisfaction
Finer Points	• Psychological or neuropsychological testing purely for educational evaluations or learning disabilities are not covered under most benefit plans – always check member benefits and eligibility • For most accurate claim processing, please submit claim using ICD-10-CM as your primary diagnosis on a claim.

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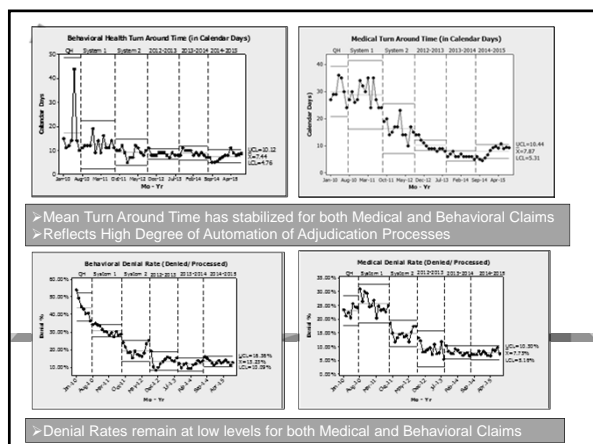
UBH Providers Wishing to Join the UHC panel

Key Change
- UHC has opened the panel in the following states for recruitment
- CO, CA, IL, MS, MT, NE, NM, NV, NC, OR, RI, WY

Goals
- Continue to work with UHC to open recruitment based on network need.

Finer Points
- UHC is represented in NAN PAIC meetings with Optum

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Clinical Resources

- UnitedHealthcare procedures for qualifying medical conditions, see the neuropsychological testing medical policy, "Neuropsychological Testing Under the Medical Benefit"
  - UnitedHealthcareOnline.com > Tools & Resources > Policies & Protocols > Medical & Drug Policies and Coverage Determination Guidelines > Neuropsychological Testing Under the Medical Benefit.

- United Behavioral Health 2015 Psychological and Neuropsychological Testing Guidelines as well as the 2015 Operational Guide to Psychological and Neuropsychological Testing are also available at www.providerexpress.com

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Changes in Utilization Management Strategy

- With the discontinuation of preauthorization for neuropsychological testing, Optum will be monitoring claims trends for changes in billing patterns, volume and frequency.
  - Population level
  - Individual provider level
  - Diagnosis level

- Optum will continue monitoring utilization patterns for outliers using algorithms and other interventions.

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Perspective on Appropriateness of Treatment

- Monitor for unusual pairing of diagnosis and current procedural terminology (CPT) specific to 96118, 96119, 96120.
- Generally, psychological or neuropsychological testing purely for educational evaluations or learning disabilities is not covered under most benefit plans.
- Quarterly monitoring of utilization patterns to detect unusual spikes in billing behavior may indicate potential overutilization, medical necessity concerns, or possible services not rendered.
- Monitor for daily detection of excessive repetitive neuropsychological testing which may indicate procedures being performed for strictly monitoring purposes or may indicate potential overutilization, medical necessity concerns, or possible services not rendered.
- Monitor for detection of multiple neuropsychologists billing for similar services in the same time period.
- Referral for periodic routine retesting of members without a substantive change in clinical status is viewed as potential overutilization, medical necessity concerns, or possible services not rendered.

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Network Participation and Key Contacts

- How do I join the United HealthCare network?
  - You can inquire with UnitedHealthcare's Network Management team for your state to learn more about network participation. UnitedHealthcare's Contact Us page allows you to select your state in order to obtain contact information.
    - If you are already part of the UBH network, efforts are in place to coordinate participation in United Health Network.
- How do I join the United Behavioral Health network?
  - You can inquire via our web portal or through our toll free provider participation line at 1-866-660-7181
- Who do I contact with a claims question?
  - Use the number on the back of the member's identification card. Be prepared to provide diagnosis information, dates of service, and member identification information.

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The future of providing health care has arrived

Introducing Achievements in Clinical Excellence (ACE)

A program that rewards providers that deliver both effective and efficient clinical care.

ACE Achievements in Clinical Excellence

Continued enhancements
to Optum provider performance metrics

- Launched outpatient pay-for-value effective March 1, 2014 for providers achieving two-star rating (effectiveness first and supplemented with efficiency ratings for commercial business)
- Enhanced facility pay-for-performance initiative to tie to enhanced facility metrics under ACE

Clinician Metrics	Facility Metrics
Quality	**Quality**
Severity-adjusted effect size from the Wellness Assessments	NEW: 30-day readmission rate
Cost	ENHANCED: Risk-adjusted 30-day readmission rate
NEW: Case-mix-adjusted average number of visits	ENHANCED: Follow-up after mental health hospitalization (HEDIS)
NEW: Average cost per episode	NEW: Peer review rate
	Cost
	ENHANCED: Case-mix-adjusted average length of stay
	NEW: Spending per beneficiary

ACE increases referrals to the best providers and rewards them for excellence

ACE and Pay for Value

- ■ Pay for Value/Transparency
- ■ Pay for Value Only
- □ Future Rollout

- Reward providers for increased outcome-based results and improved efficiencies

- High performing outpatient providers achieving quality and cost metric thresholds earn increased reimbursement; inpatient providers incentivized to improve key quality and efficiency metrics

Member Transparency

- Preferred clinicians "star-rated" for quality can earn a second star rating for meeting cost-efficiency standards
- **Launched mid-2015** – Preferred Eating Disorder programs: High-performing eating disorder inpatient and residential programs notated with
- **Coming in 2016** – Express Access Sub-network in pilot market (CA) of providers contractually committed to meet a more stringent access standard of one week for routine appointments
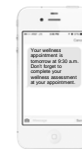- **Coming in 2016** – Preferred Substance Use Disorder providers

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Leveraging technology to promote

- Partner with an outpatient provider to pilot an appointment reminder program that resulted in:
  - 4.5% improvement in kept appointments
  - 58% improvement in collection wellness assessments collection
  - $2,500 increased monthly revenue for the provider

- Launching program in Q4 2014 to high-volume inpatient providers to promote:
  - Improvement in HEDIS 7-day ambulatory follow-up measures
  - Reduction in readmission rate

- Scaling program to high-volume outpatient providers in 2015 to continue gains achieved through the pilot program

Program goals:
- Increase HEDIS 7-day follow-up appointment
- Increase the completion of Wellness Assessments
- Assist the clinic with appointment reminders
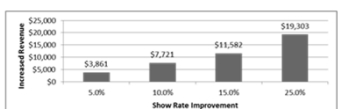- Decrease missed appointments and provider downtime

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Leveraging technology to promote engagement, decrease no-show

Inpatient Facility
- Launched in Q4 2014 to high-volume to promote:
  - Improvement in HEDIS 7-day ambulatory follow-up measures (showed improvement from 40% to 80%)

Outpatient Facility
- Launched in Q1 2015
  - Improved no show rate by 5%
  - Decreased staff time dialing reminder calls – 6.3 hrs/week
  - Increased revenue based on improvement of show rate

Program goals:
- Increase HEDIS 7-day follow-up appointment
- Assist facility with appointment reminders
- Decrease missed appointments and provider downtime
- Solution that can track member response by real-time reports, 24/7
- Flexibility on customization and how reminder is sent, either text or voice, member driven
- Show high satisfaction by both staff and members
- Offer a professional technology experience that provides a ROI

Deploy Appt Reminder plus post NeuroPsych survey to members

Appointment Reminder Program (ARP)
- Launched in Q4 2015, pilot with two NeuroPsych Facilities
  - Send out appointment reminder for all three appointments required as part of the testing process:
  1. Office
  2. Testing
  3. Feedback

Post survey to be sent to members after completion
1. Were you able to schedule an appointment for testing within a reasonable time frame? (Y/N)
2. Did the provider take time to explain the test results to you? (Y/N)
3. Did you receive recommendations related to your concerns? (Y/N)
4. Were the results of the assessment communicated to the referring professional? (N/Y, I do not know)
5. Did you receive a copy of your neuropsychological assessment results? (Y/N)
6. Who is completed the survey? (Yourself, parent/guardian, other)

Program goals:
- Visibility of all NeuroPsych appts, allows path to send post survey
- Flexibility on customization and how reminder is sent, either text or voice, member driven
- Decrease missed appointments and provider downtime
- Solution that can track member response by real-time reports, 24/7
- Show high satisfaction by both staff and members, ease of use
- Offer a professional technology experience that provides a ROI

Working with Managed Care Companies *

- Advice from within
  - Develop a relationship with your network manager
    - Find out more about the decision making process
  - Be persistent without whining and be specific
  - Put requests in writing to the network manager with cc: to supervisor or network/provider relations leadership (and don't slip a complaint in with other documents—claims, testing results)
    - Ask about the formal complaint process and use as necessary
  - Emphasize your effectiveness, unique ways that you can meet member preferences (e.g., languages, military experience, etc)
  - Highlight use of electronic transactions, current volume with the managed care organization

- *Adapted from Barbara Griswold – www.barbaragriswold.com; author of Navigating the Insurance Maze: The Therapists Complete Guide to Working with Insurance

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Quickly and Easily Review, Update & Revise Your Practice Information on Provider Express

Click *My Practice Info* to regularly review and edit your profile information

Clicking on any pencil icon allows you to easily edit the data in that field.

You can manage your Practice Locations one TIN at a time by clicking on the TAX ID.

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Appendix

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Wellness Assessment – Patient Questionnaires

- **"Adult"** Wellness Assessment
- 24 items
- Depression and anxiety symptoms
- Functional impairment
- Well-being
- Workplace absenteeism and presenteeism
- Substance abuse risk and use
- Health and medical comorbidity

- **"Youth"** Wellness Assessment
- 25 items
- Global impairment in child (interpersonal, emotional, academic, behavioral)
- Caregiver strain
- Parental workplace absenteeism and presenteeism
- Health

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ALERT Online – Empowering Clinicians

ALERT Online is a powerful tool that empowers network clinicians to monitor their patients' progress in treatment and their clinical effectiveness

Interactive report for network clinicians, updated nightly on www.ubhonline.com

Clinician Reports
- Mean change reported by their patients
- Severity Adjusted Severity Scores
- Certificate of Clinical Effectiveness

Member Reports
- Progress reports tracking patients' improvement
- ALERT algorithms
- Wellness Assessments Responses

Resource Library
- FAQ
- White Papers

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ICD-10 is here – We'll get you onboard quickly.

ICD-10 Updates and Opportunities

Behavioral Health
November 5, 2015

Claim Submissions: improvement opportunities

Meeting HIPAA Requirements

- ✓ Valid ICD Code
  - We are not seeing significant use of invalid or non-billable codes
    - Example: F32 Major Depressive Disorder, Single Episode is a category code and requires 4th digit reflecting severity in order to use for billing

- ✓ ICD Indicator - only one code set per claim
  - Regardless of method of submission, each claim should include a ICD Indicator to call out use of either ICD-9 or ICD-10 codes for that claim (one code set or the other, not both)
  - Early EDI submissions had some issues with provider practice management software defaulting to ICD-10 when trying to submit September DOS, resulted in claim rejections
  - *Current Paper claim submissions, often missing the indicator information*
    - Rejections, denials, delays

- ✓ Date of Service (DOS) must match the code used
  - Any claim with a mismatch between DOS and ICD code set will be rejected or denied
    - DOS in September, ICD-10 Diagnosis code – reject or deny
    - DOS October 1 or later, ICD-9 code – reject or deny

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Paper claim submission

What you need to know

- ✓ 1500 Claim Form
  - Use the current version: 02/12
  - Include the ICD-Indicator – single digit entered between the dotted lines
    - 9 = ICD-9
    - 0 = ICD-10

- ✓ Correct ICD-9 submission

- ✓ Correct ICD-10 submission

- Claim Form v 02/12 Field 21
  - 12 spaces for diagnoses
  - ICD Indicator – single digit notation "9" or "0"
  - No decimal on the diagnosis
- DOS determines code set
  - ICD-9 (numeric, typically 5 digits)
  - ICD-10 (alphanumeric, 3-7 digits)

- ✓ Cannot include both ICD-9 and ICD-10 on the same claim

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ICD-10 Resource Center --- 24/7 On-Demand Availability

- With 24/7 public access, the ICD-10 resource center on Provider Express houses a wealth of information to support provider readiness for ICD-10

- Resources support accurate first-time claim submission and explain what to do in the event of claim rejections or denials related to ICD-10 transition requirements

- Materials include:
  - ICD-10 Training Video
  - Quick Reference Guide & FAQs
  - Guided Tours supporting secure online transactions
  - Knowledge Briefs: easy to apply even after 10/1
  - Special Topics: ReviewOnline for facilities, medical focus of Neuropsychologists
  - DSM-5 resources

- Provider Express **>** ICD-10 and DSM-5 Resources (providerexpress.com)

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Recorded Webinar – overview of the transition

- *Originally scheduled for only four live webinars, response was overwhelming; two additional webinars were added.*

- Webinar questions and comments were captured and placed in a "*You Asked, We Answered*" downloadable resource

- Created a pre-recorded version of the live webinar which was made available on-demand 24/7 on Provider Express

- Pre-recorded webinar includes a lite version of "*You Asked, We Answered*"

- Downloadable & printable PDF version of the presentation was also created

- Provider Express **>** ICD-10 claim submission support – View pre-recorded Webinar (providerexpress.com)

ICD-10-CM: Behavioral Health Providers
DSM-5 Path to Success
July and August 2015

Sampling of attendee comments

Thank you for this excellent, well-presented webinar.
--- Sandra A.

Fantastic presentation, Absolutely clear and thorough and the best I have heard yet! Thank you!
--- Joanie P.

This was extremely helpful. Thank you so much for all of this information.
--- Patricia B.

I want to thank you for offering this support!!!
--- John S.

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