Provider Orientation: Behavioral Health Services for Children and Adolescents

Commonwealth of Massachusetts Bulletin

June and July 2019

OPTUM®

Effective Date Phase One: July 1, 2019

Thank you so much for joining today.

We will be getting started momentarily.

Agenda topics

- Introduction
- Covered members, eligibility and benefits
- Covered services and authorizations
- Claims
- Network Management
- Websites

Introduction

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Who is Optum?

Optum is a leading health services organization dedicated to making the health system work better for everyone

Our core values:

Integrity | Compassion | Relationships | Innovation | Performance

Behavioral Health Services for Children and Adolescents (BHCA) Mandate

- Division of Insurance and the Department of Mental Health for the Commonwealth of Massachusetts jointly issued Bulletin 2018-07 – December 2018

- Coverage of specific services for children and adolescents under commercial, fully insured plans that are sitused (issued) in Massachusetts

- Effective July 1, 2019 for new and renewing plans
  - In-home behavioral services
  - In-home therapy; Mobile crisis intervention
  - Intensive care coordination
  - Community-based acute treatment for children and adolescents (CBAT)
  - Intensive community-based treatment for children and adolescents (ICBAT)

- Effective July 1, **2020** for new and renewing plans
  - Family support and training (2020)
  - Therapeutic mentoring services (2020)

Which Plans does Optum Manage?

Behavioral Health Benefit Administration

- Optum (United Behavioral Health) is a behavioral health delegate to
  - AllWays Health Partners
  - ConnectiCare
  - Harvard Pilgrim Health Care
  - UnitedHealthcare
- The Optum Massachusetts behavior network is comprised of over 15,000 providers, agencies, and facilities

Covered Members, Eligibility and Benefits

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How are the Health Plans implementing this program

Plans may opt to expand membership scope and/or to implement prior to renewal

- Optum administers a wide range of benefit plans
- This table provides high level view
- There are multiple variables in determining member benefit eligibility
- Continue to verify member eligibility and benefits prior to rendering services

Plan	Scope / Timing
AllWays Health Partners	All Fully Insured Commercial accounts + Partners (PHS) starting July 1, 2019 Some ASO accounts, including GIC and City of Boston will cover some of these services (CBAT, ICBAT, IHT/FST) starting July 1, 2019
ConnectiCare	All Fully Insured Commercial accounts starting July 1, 2019
Harvard Pilgrim Health Care	All Fully Insured accounts starting July 1, 2019 ASO accounts may buy-up to the services so timing may vary
UnitedHealthcare	All Fully Insured commercial accounts new or upon renewal beginning July 1, 2019

Understanding covered benefits

Coverage Determination Guidelines standardize the interpretation and application of terms of the Member's Benefit Plan including terms of coverage, exclusions and limitations

Coverage Determination Guidelines can be found on *Provider Express*, our industry leading provider website

Optum Members have a variety of benefits available to them

Check a Member's benefits and eligibility on *Provider Express* through secure Transactions

Benefits will be different for commercial and My Care Family members; it is essential to verify benefits before rendering services.

Eligibility and benefits verification using Provider Express

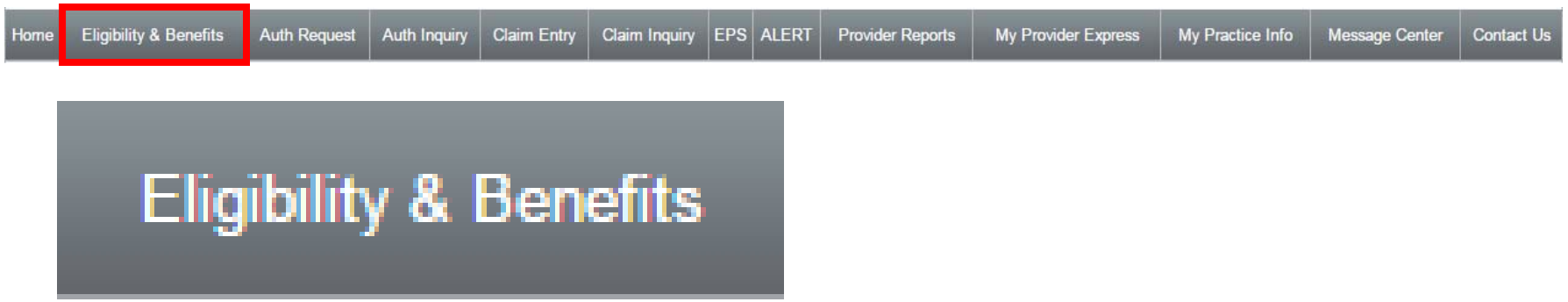
Provider Express - providerexpress.com

Our industry-leading provider website

- Includes both public and secure pages for behavioral health providers

Eligibility & Benefits allow users to search for a member's eligibility by using My Patients list, Member ID Search or the Name/DOB Search.

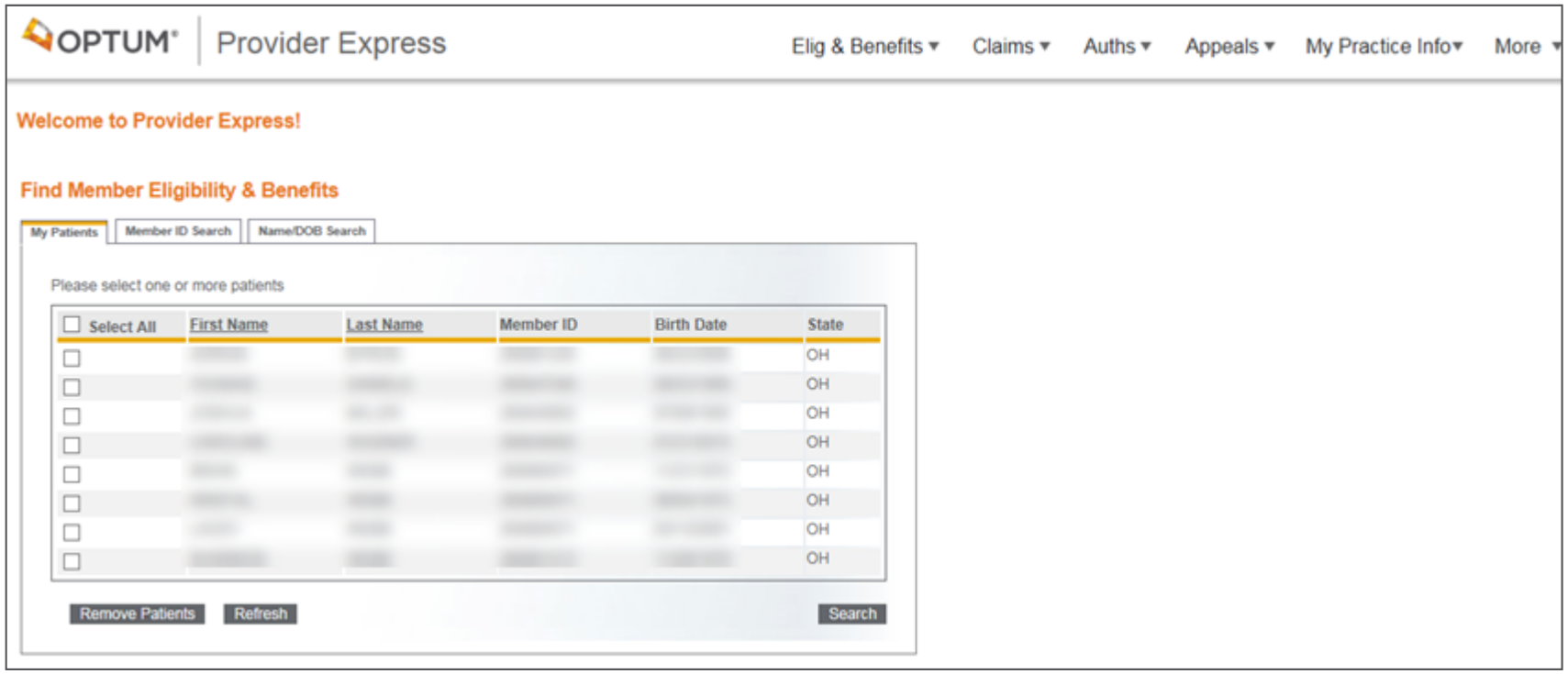
The My Patients list is also built using this transaction.



Eligibility and benefits, member search

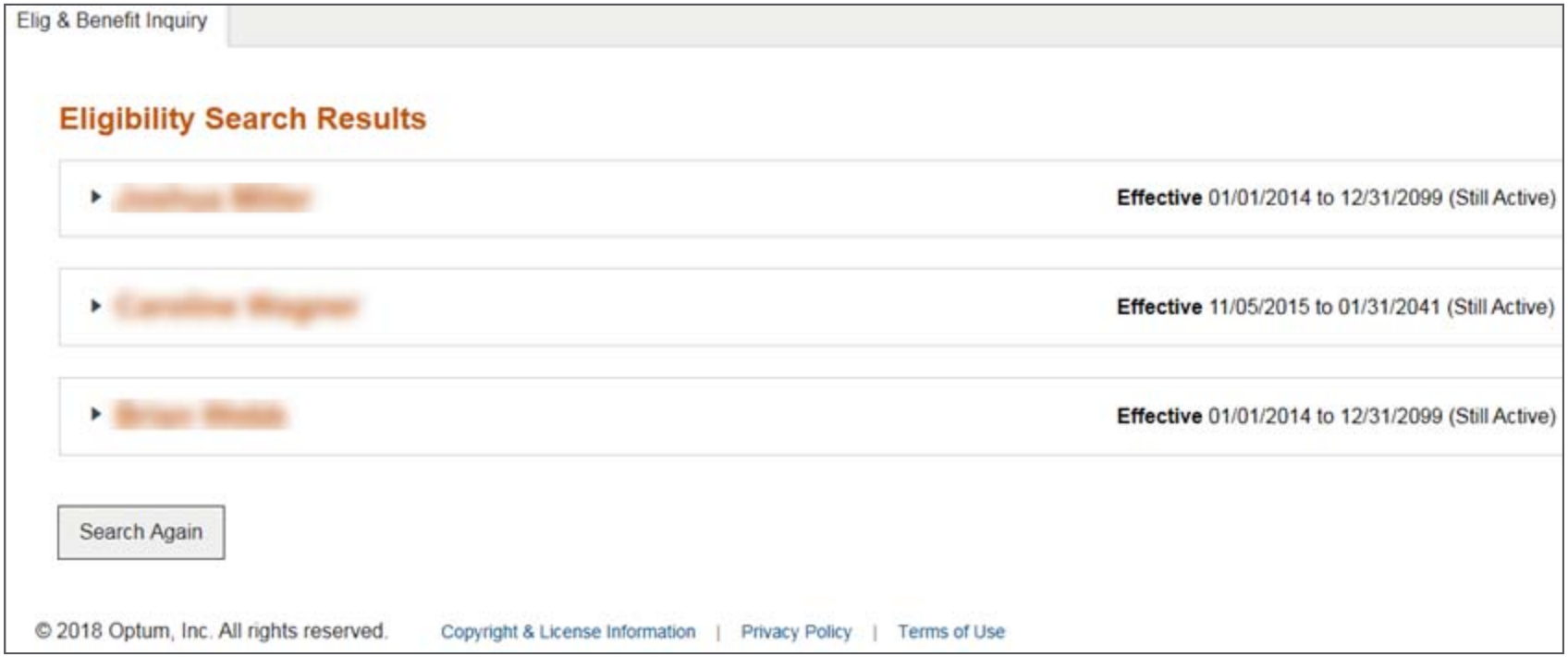
Provider Express offers three methods for searching eligibility:

- My Patients (a list you build yourself)
- Member ID
- Name/DOB



Eligibility and benefits, member search (continued)

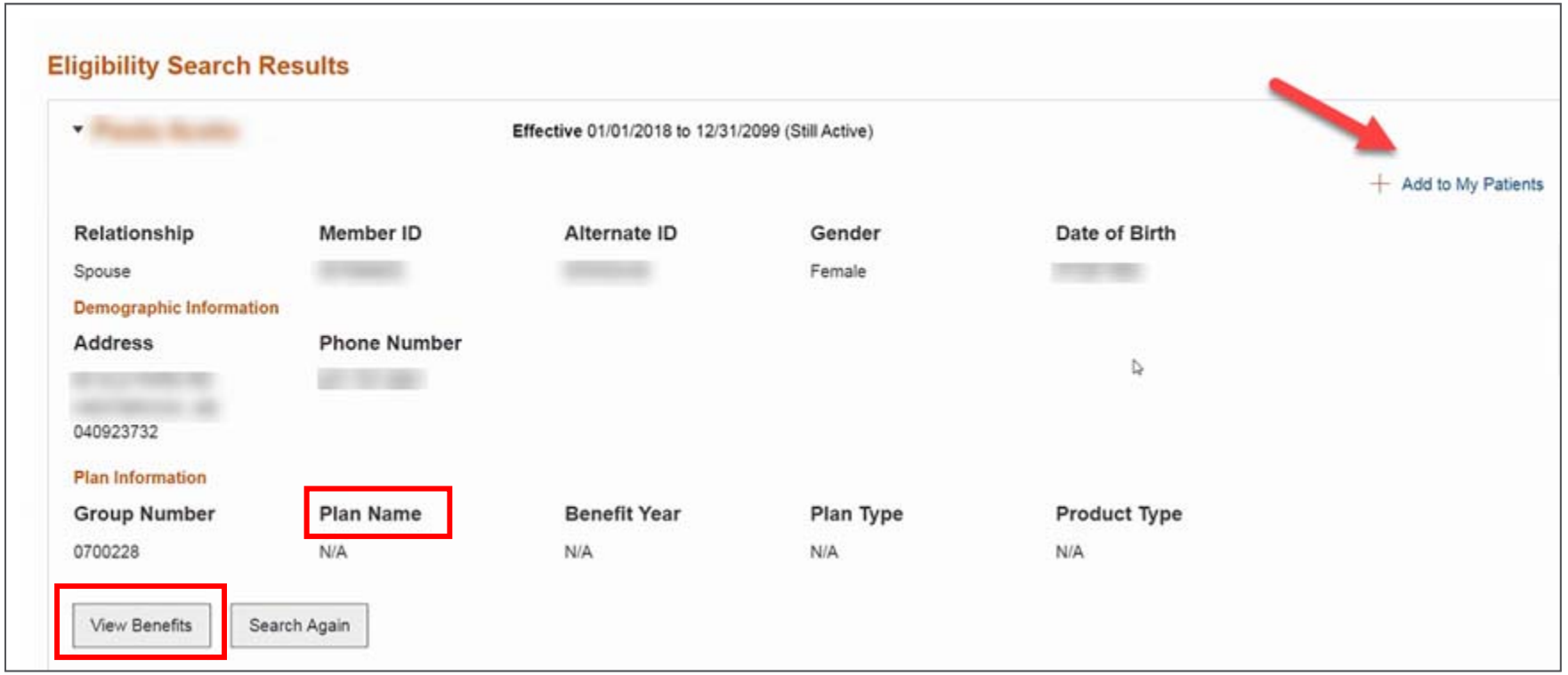
If multiple members are selected from the My Patients list, the results show in rows. The triangle to the left of the name expands/collapses the eligibility details.



Eligibility and benefits, eligibility information

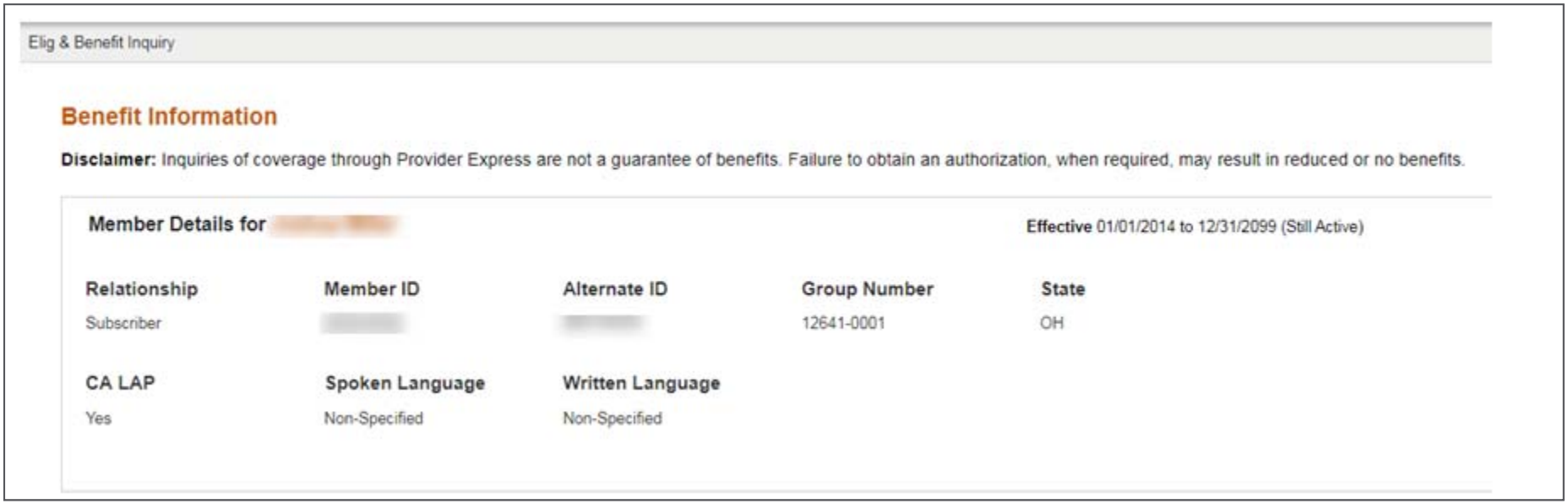
Regardless of the search method, if a matching member record is found, the eligibility information will display.

Here you will find the group number, plan name (when available), relationship, the most recent effective date of coverage, and the termination date (if applicable).



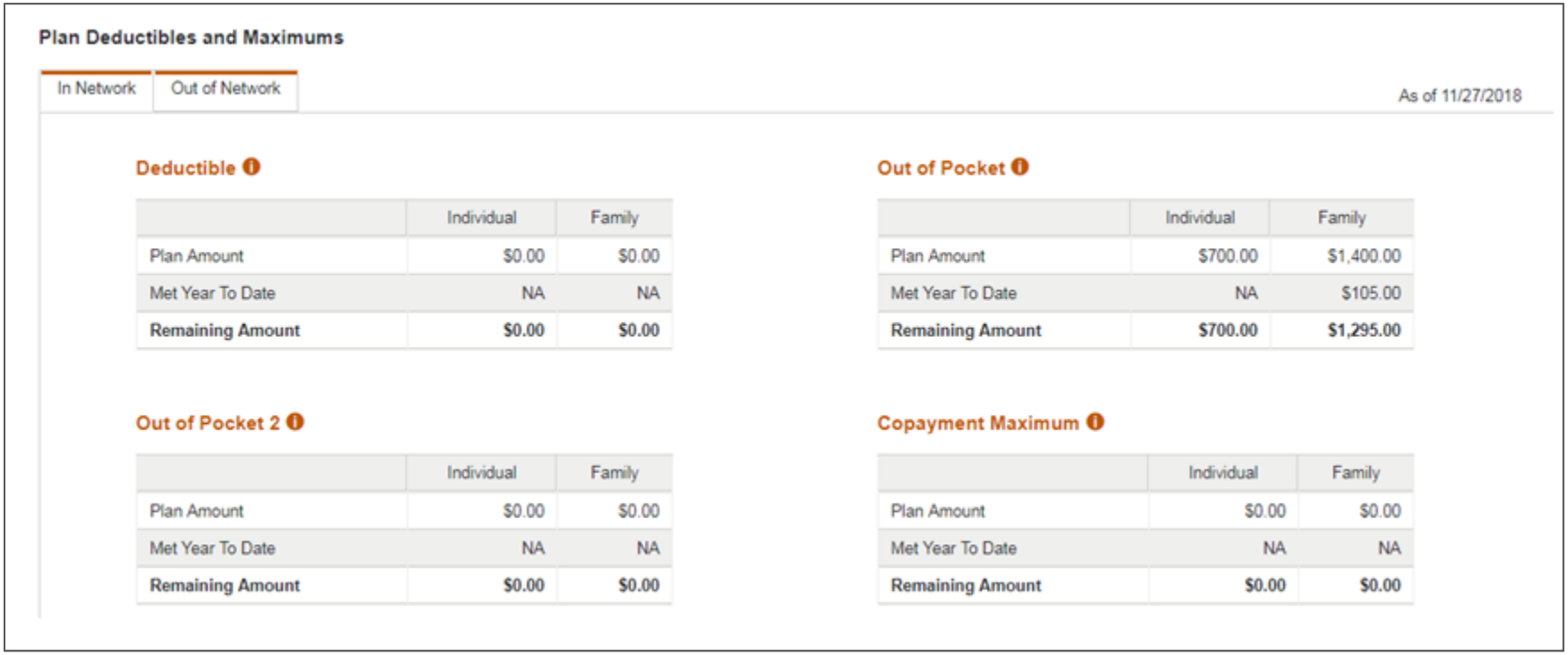
Eligibility and benefits, viewing benefits

The Member details section includes the Member ID, Alternate ID (if applicable), Group Number, State and if the California Language Assistance Program (CA LAP) is applicable, the Spoken Language and Written Language the member identified. For some members, a Plan ID will display.



Eligibility and benefits, benefits information (continued)

The plan deductibles and maximums section summarizes deductibles, out of pocket and copayment maximums for both the individual and family.



Plan Deductibles and Maximums

In Network | Out of Network

As of 11/27/2018

Deductible

	Individual	Family
Plan Amount	$0.00	$0.00
Met Year To Date	NA	NA
Remaining Amount	**$0.00**	**$0.00**

Out of Pocket

	Individual	Family
Plan Amount	$700.00	$1,400.00
Met Year To Date	NA	$105.00
Remaining Amount	**$700.00**	**$1,295.00**

Out of Pocket 2

	Individual	Family
Plan Amount	$0.00	$0.00
Met Year To Date	NA	NA
Remaining Amount	**$0.00**	**$0.00**

Copayment Maximum

	Individual	Family
Plan Amount	$0.00	$0.00
Met Year To Date	NA	NA
Remaining Amount	**$0.00**	**$0.00**

Eligibility and benefits, benefits information (continued)

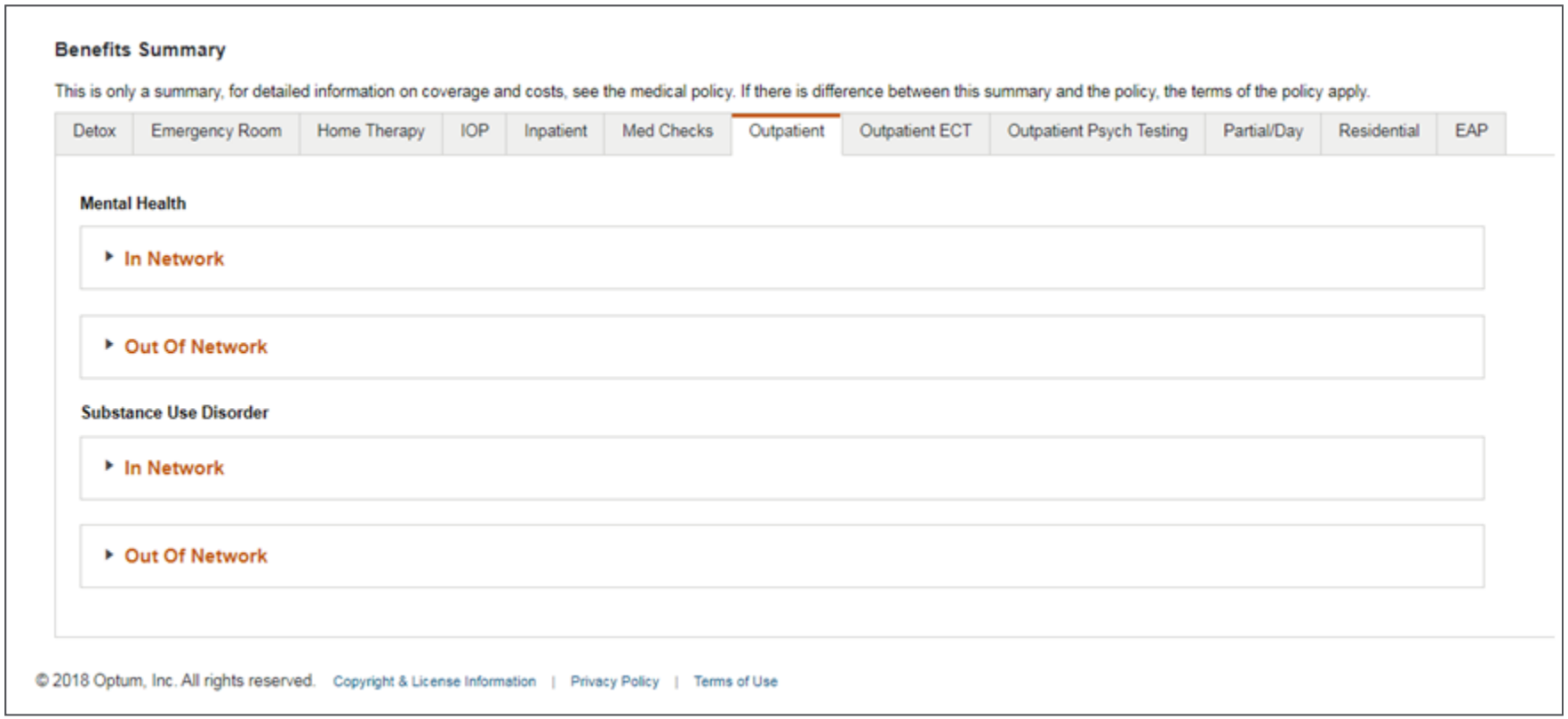
The plan deductibles and maximums displays year-to-date accumulators for both deductible and out-of-pocket (if applicable). If there are plan specific requirements, an asterisk will be visible along with a footnote.

	Individual	Family*
Plan Amount	$750.00	$2,000.00
Met Year To Date	$200.00	$200.00
Remaining Amount	**$550.00**	**$1,800.00**

*Plan requires the 'Family' max to be paid out of pocket before insurance starts paying for the services

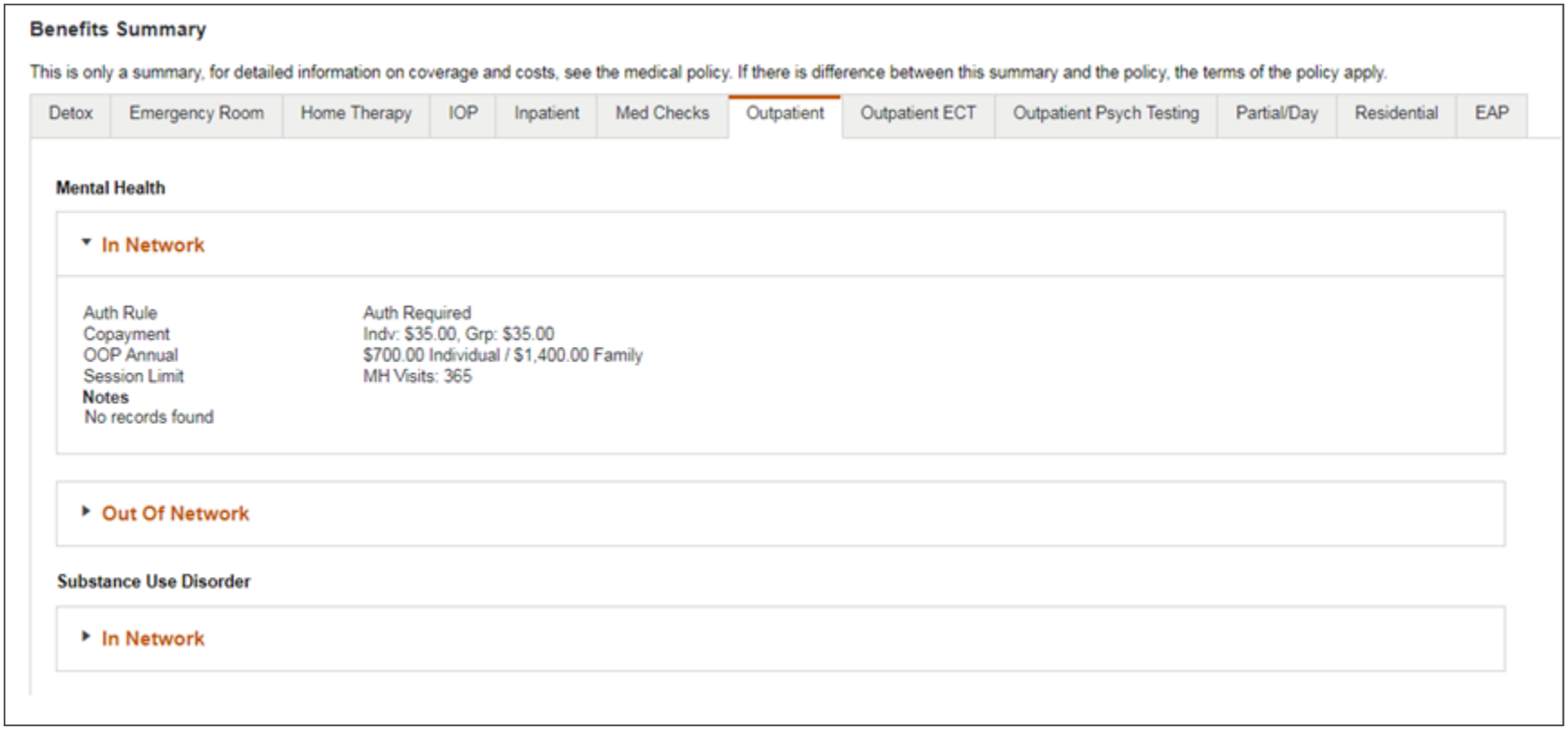
Eligibility and benefits, benefits information (continued)

The benefits summary section includes all levels of care and services based on the member's benefit plan.



Eligibility and benefits, benefits information, (continued)

After selecting a service to view, clicking on the triangle next to the In Network or Out of Network rows expands the section to show the details.



Covered Services and Authorizations

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Mandate: Behavioral Health Services for Children and Adolescents

On and after July 1, 2019 as plans implement the mandate

Service Billing Code	Service
Rev 1001+H0017	CBAT with R&B
Rev 1001+H0018	ICBAT with R&B
99510	In-Home Therapy / Family Stabilization Team
H2014	In-Home Behavioral Services
H0023	Intensive Care Coordination
H2011	Mobile Crisis Intervention

Note: Intensive Care Coordination should be implemented by providers when they are directly contacted by our CCM team and asked to perform this service

Behavioral Health Services for Children and Adolescents Defined

CBAT	**Community-Based Acute Treatment.** Mental health services provided in a staff-secure setting on a 24-hour basis with sufficient clinical staffing to ensure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to: daily medication monitoring; psychiatric assessment; nursing availability; individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to, or transition from, inpatient services.
ICBAT	**Intensive Community-Based Acute Treatment.** Provides the same services as CBAT but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery. ICBAT programs have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT. ICBAT programs are able to treat children and adolescents with clinical presentations similar to those referred to inpatient mental health services but who are able to be cared for safely in an unlocked setting. Children and adolescents may be admitted to an ICBAT directly from the community as an alternative to inpatient hospitalization. ICBAT is not used as a step-down placement following discharge from a locked, 24-hour setting.
Mobile Crisis	**Mobile Crisis Intervention.** A short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis. Mobile crisis intervention is used to identify, assess, treat and stabilize; to reduce the immediate risk of danger to the child or others; and to make referrals and linkages to all medically necessary behavioral health services and supports and the appropriate level of care. The intervention shall be consistent with the child's risk management or safety plan, if any. Mobile crisis intervention includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan.

Behavioral Health Services for Children and Adolescents Defined (Continued)

In-Home Therapy / Family Stabilization

In-Home Therapy / Family Stabilization. A combination of medically necessary behavior management therapy and behavior management monitoring, provided, however, that such services shall be available, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. In addition, medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs, provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.

In-Home Behavioral Service

In-Home Behavioral Services. Medically necessary therapeutic clinical intervention or ongoing training, and therapeutic support, provided however, that the intervention or support shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.

Intensive Care Coordination

Intensive Care Coordination. A collaborative service that provides targeted case management services to children and adolescents with a serious emotional disturbance, including individuals with co-occurring conditions, in order to meet the comprehensive medical, behavioral health, and psychosocial needs of an individual and the individual's family. This service includes an assessment, the development of an individualized care plan, referrals to appropriate levels of care, monitoring of goals, and coordinating with other services and social supports and with state agencies, as indicated. ICC is delivered in office, home or other settings, as clinically appropriate.

Authorization Requirements

Services that require authorization	
Rev 1001+H0017	CBAT with R&B
Rev 1001+H0018	ICBAT with R&B
H0023	Intensive Care Coordination*

Services that do not require authorization	
99510	In-Home Therapy / Family Stabilization Team
H2014	In-Home Behavioral Services
H2011	Mobile Crisis Intervention

Reminder:

- Services for Partners ASO members seeing a contracted provider will not require authorization.
- * Your Care Circle Care Management at AllWays Health Partners covering this type of care coordination

Authorization Process

Authorizations can be requested in two ways:

- Contracted providers can request authorizations for most services via the online portal system on Provider Express (providerexpress.com). You will need to log-in to request authorizations. The previous slide includes information about which services can be requested online and which require a phone call.

- Calling Optum via the number on the member's card:

Health Plan	Phone Number
AllWays Health Partners	844-451-3518
Partners ASO	844-451-3520
ConnectiCare	888-946-4658
Harvard Pilgrim Health Care	888-777-4742
UnitedHealthcare	Call the number on the back of the insurance ID card

Check authorization status online

Once you have obtained authorization for clinical services, you have the capability in the secure Transactions on *Provider Express* to:

- Look up authorizations, even if the authorization was not generated through *Provider Express*
- View authorization details

Provider Express

Level of Care Guidelines

To access the **Level of Care Guidelines: Massachusetts (Commercial**) for these child and adolescent services go to:

providerexpress.com > Clinical Resources > Level of Care Guidelines >
Level of Care Guidelines for Optum & State-Specific >
Massachusetts: Level of Care Guidelines (Commercial)

Outpatient Management for BHCA

The ALERT program will support management of outpatient BHCA services.

Information about the ALERT program is located here on Provider Express. From the home page, select Clinical Resources > ALERT Program.

Reduced administrative burden	Management strategy	In-scope services
• We have removed precertification requirements for in-scope services	• Algorithms for Effective Reporting and Treatment (ALERT)	• In-home Therapy / Family Stabilization • In-Home Behavioral Services • Mobile Crisis Intervention

Outpatient Management for BHCA, (continued)

Member identification	Licensed Care Advocates telephonic outreach	Potential outcome of review
• Claims data • Service combinations • Frequency and/or duration that is higher than expected	• Review eligibility for the service(s) • Review the treatment plan/plan of care • Review the case against applicable medical necessity guidelines	• Close case (member is eligible, treatment plan/plan of care is appropriate, care is medically necessary) • Modification to plan (e.g., current care is not evidence- based but there is agreement to correct) • Referral to Peer Review (e.g., member appears ineligible for service; treatment does not appear to be evidence-based; duration/frequency of care does not appear to be medically necessary)

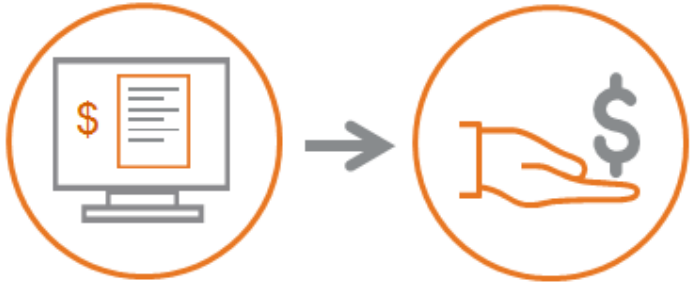
Claims

Key Billing Parameters

Service	Codes	Billing Items
CBAT **ICBAT**	Rev 1001 + H0017 Rev 1001 + H018	1. Must be billed with corresponding HCPCS
In-Home Therapy / FST	99510 • 2 units per day • 60 minute units • Use XU Modifier	1. Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another family member's name. 2. Priced as one-hour code; one unit per day. If second unit is needed, must be billed with XU modifier. 3. Can be billed with other outpatient codes within the same 24 hour period.
In-Home Behavioral Services	H2014 • 96 units per day (per 15 min)	1. Can be billed with other outpatient codes within the same 24-hour period.
Intensive Care Coordination	H0023 • 1 unit per day	1. This service is going to be provided by Optum's Internal Complex Care Management (CCM) team. There will be rare situations where our Internal CCM will need to reach out to an external provider to engage in this process. Only in the case where our Internal CCM team reaches out to an external provider will this service be authorized and a single case agreement signed.
Mobile Crisis Intervention	H2011 • 96 units per day (per 15 min)	1. Can be billed with other outpatient codes within the same 24-hour period.

Claims filing made easy

File your claim electronically for a fast, secure and convenient claims experience



Benefits of Electronic Filing:

- **It's fast** - Eliminate mail and paper processing delays
- **It's convenient** - Easy set-up and intuitive process
- **It's secure** - Data security is higher than with paper-based claims
- **It's efficient** - Electronic processing helps prevent errors
- **It's cost-efficient** - you eliminate mailing costs and the solutions are free or low-cost

Claims submission option 1, Online: Provider Express

Our network clinicians report the highest level of satisfaction when they submit claims online through *Provider Express:*

- Free
- Available 24/7
- Intuitive and easy-to-use
- HIPAA Compliant
- Real-time, quick claims processing
- Available to clinicians and groups
- Outpatient behavioral and EAP claims

Get started today with your Optum ID:

- Register for an Optum ID today by clicking this First-time User link
- Need help registering for an Optum ID? Watch this quick video

Tips for timely and accurate payments, Provider Express

Filing claims electronically on Provider Express can help prevent these common errors.

Missing or incomplete information	Member demographic info has errors	Unclear or illegible information
Provider Express "Claim Entry" prevents the submission of claim if required fields are blank *Examples*: NPI number, ICD-10 derived diagnosis code	Member information is auto-populated when you use *"Claim Entry"* on *Provider Express* *Examples:* Name, DOB, ID number	The Claim Entry form on *Provider Express* ensures legibility *Examples*: Provider or Member information illegible, diagnosis code unclear

Claims submission option 2: **EDI/ Electronically**

Submit batches of claims electronically, right out of your practice management system software:

- Ideal for high volume Providers
- Can be configured for multiple payers
- Clearinghouse may charge small fee
- Payer ID: 87726

To learn more about Electronic Data Interchange, visit Provider Express. From the Home Page, select Admin Resources > Claim Tips > EDI/Electronic Claims

Claims submission option 3: **Paper**

If you are unable to file electronically, follow these tips to support smooth processing of your paper claim:

- Use an original 02/12 1500 Claim Form (no photocopies)
- Type information to ensure legibility
- Use a DSM-5 derived ICD-10 code for primary diagnosis (Hint: the DSM-5 includes ICD codes along with the DSM diagnostic info)
- Complete all required fields (including ICD indicator and NPI number)

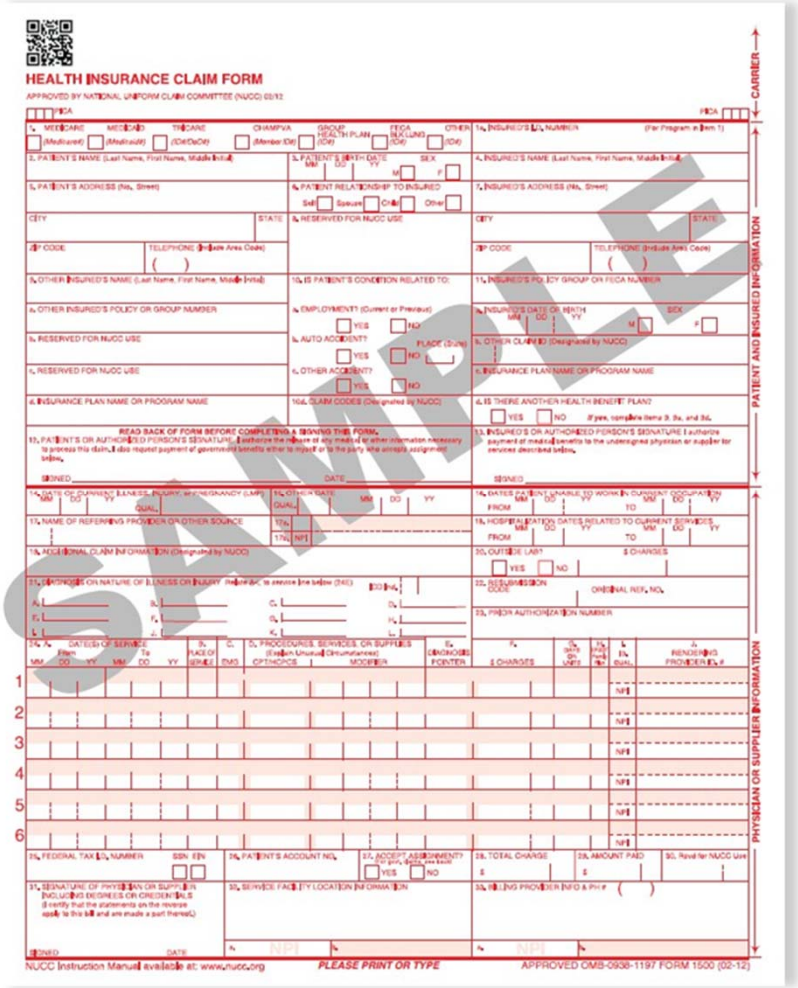
Claims submission option 3: **Paper**

- Institutional claims must be submitted using the UB-04 claim form
- Professional claims must be submitted using the CMS Form 1500 (v02/12)
- Paper claims submitted via U.S. Postal Service should be mailed to:

Commercial Health Plans **AllWays Health Partners , Partners ASO, ConnectiCare & UnitedHealthcare**
Optum P.O. Box 30757 Salt Lake City, UT 84130-0760

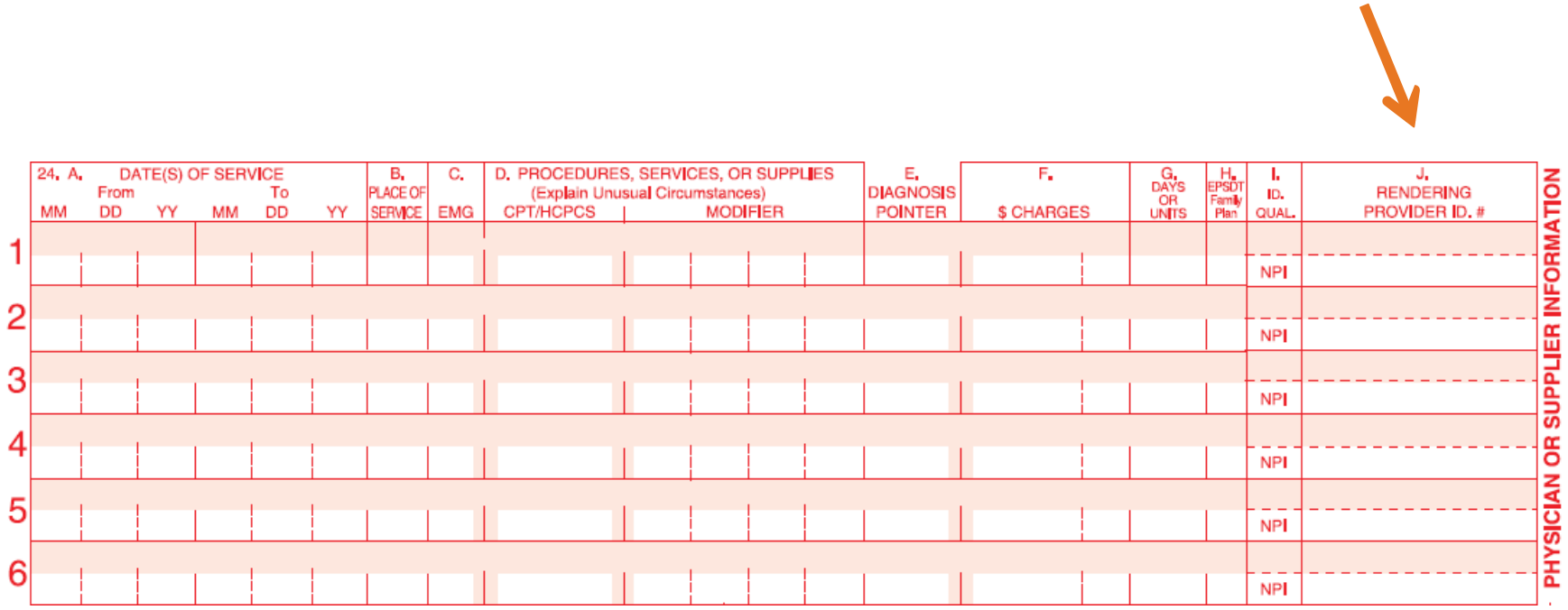
Harvard Pilgrim Health Care (HPHC)	**Harvard Pilgrim StrideSM (HMO) remove**
Optum P.O. Box 30602 Salt Lake City, UT 84130-0602	Optum P.O. Box 30760 Salt Lake City, UT 84130-0760

Claim form – CMS Form 1500 (v 02/12)



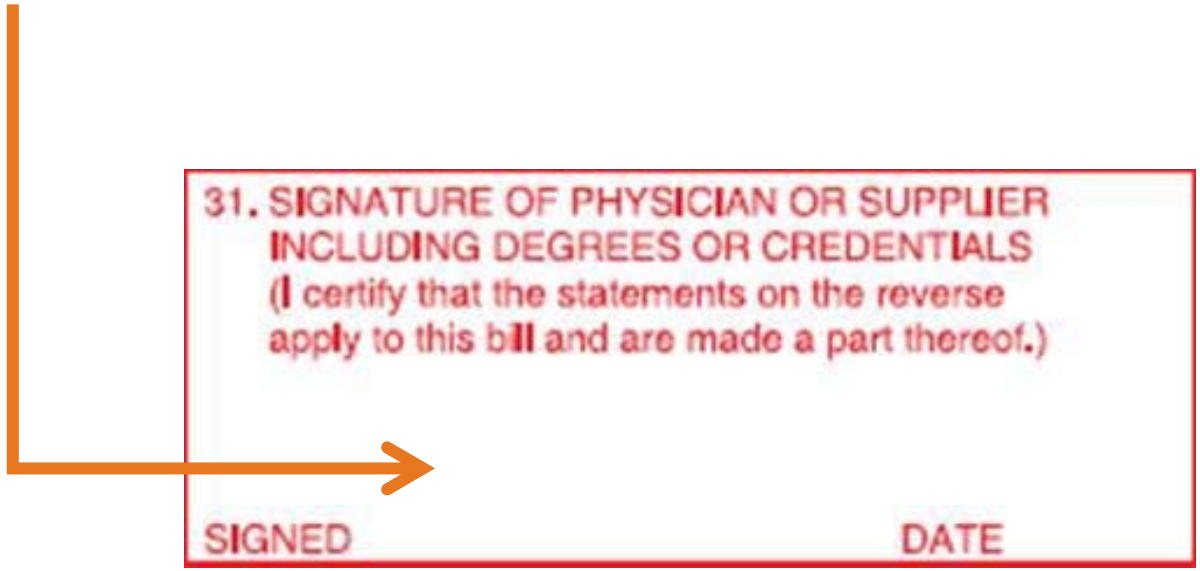
Claim form – CMS Form 1500 provider section, (continued)

- **Box 24J:** Independently licensed clinicians who render services enter their **NPI number** in the non-shaded portion
- **Box 24J:** Non-independently licensed clinicians who render services do not need to enter an NPI number in Box 24J (Medicaid claims)



Claim form – CMS Form 1500 provider section, (continued)

- **Box 31:** Independently licensed clinicians who render services enter their name and licensure in Box 31
- **Box 31:** Non-independently licensed clinicians who render services enter the name of the agency in Box 31 (Medicaid claims)



Claim tips

To support clean claim submissions remember:

- NPI numbers are always required on all claims
- A complete diagnosis is required on all claims
- The correct date of service corresponding to the date the service occurred must be listed on the claim form; do not list the claim submission date as the date of service

Claims filing deadline:

- Claim submissions up to ninety (90) days from the date of service

Claims Processing:

- Clean claims, including adjustments, will be adjudicated within thirty (30) days of receipt of the claim

Balance Billing:

- The member cannot be balance billed for behavioral services covered under the contractual agreement

Claim tips (continued)

Member Eligibility:

- Provider is responsible to verify member eligibility through providerexpress.com

Examples of coding Issues related to claim denials:

- Incomplete or missing diagnosis
- Invalid or missing HCPCS/CPT codes and modifiers
- Use of codes that are not covered services
- Use of codes not included on provider fee schedule
- Required data elements missing, (e.g., number of units)
- Provider information is missing or incorrect
- Required authorization missing
- Units exceed authorization (e.g., 10 inpatient days were authorized, facility billed for 11 days)

Receive payments faster

Benefits of Electronic Payments and Statements (EPS)

- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

Registering for EPS is easy!

- Login to *Provider Express* with your Optum ID
- Select “EPS” under the “More” heading and follow the prompts to enroll
- Contact Optum Financial Services for assistance: 1-877-620-6194

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Provider Relations

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Provider Responsibilities

- Render services to Members in a non-discriminatory manner:
  - Maintain availability for a routine level of need for services
  - Provide after-hours coverage
- Determine if Members have benefits through other insurance coverage
- Advocate for Members as needed
- Respond in a timely manner to requests from Optum (this includes requests for record submissions and requests for information relation to a member complaint)
- Notify us at providerexpress.com within ten (10) calendar days whenever you make changes to your office location, billing address, phone number, Tax ID number, entity name, or active status (e.g., close your business or retire); this includes roster management

PARTICIPATING PROVIDER EXPERIENCE

- Contracted Providers will receive notification that their contract now allows for providers to render these services effective July 1, 2019
- Contracted Provider will receive this notification by June 7, 2019
- No further action is required on the part of contracted Providers

Join Our Network

- The participation process begins with submission of the provider application
  - Go to Provider Express home page > Our Network. Under “Join Our Network” select “Individually-Contracted Clinicians” and respond to prompts.
  - Clinicians contracting on an individual basis complete the CAQH universal application online at caqh.org
  - Agencies pursuing group contracts complete the Optum Agency application
- Additional required application materials include
  - Signed Optum Provider Agreement
  - State required credentialing documents (attestation forms, licensures)
- Approval by Optum Credentialing
- Credentialing requirements can be found at providerexpress.com under “Join Our Network”
- Orientation to Optum clinical and administrative protocols via webinars or review of provider resources posted on providerexpress.com

Recredentialing

- Recredentialing is completed every 36 months (3 years)
  - Time line is established by NCQA
- Several months prior to the recredentialing date, a recredentialing packet will be sent to the primary address on file for the provider
- Completion of the entire recredentialing packet is required for the recredentialing process to be completed
- Site audits will be completed for organizational providers as indicated by Optum policy
- Failure to complete the recredentialing paperwork or participate in the recredentialing site audit (when applicable) will impact the provider's status in the network

Provider Customer Service

Customer service phone numbers may vary by the type of business or employer. Therefore, when calling customer service, you should call the phone number that corresponds to the line of business you have questions about or refer to the number on the member's insurance ID card.

Below are the phone numbers dedicated to a specific line of business:

- Partners ASO: 844-451-3520
- AllWays Health Partners: 844-451-3518
- Harvard Pilgrim Health Care: 888-777-4742
- ConnectiCare: 888-946-4658
- UnitedHealthcare: call the number on the back of the insurance ID card

CONTACTS – NETWORK

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Gabe Nathan

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- Email Address: gabriel.nathan@optum.com

Websites

OPTUM®

Member Website: Live and Work Well

Self-help programs and tools

- Cognitive therapy-based programs
- Self-assessments with immediate feedback
- Quick-search databases
- Caring eCards
- Financial tools and legal templates

Educational information

- Over 100 specially-designed centers of information to address all aspects of life
- More than 5,000 clinician-reviewed articles, discussion boards, videos, webinars and newsletters in English and Spanish
- Kid and teen wellness-related tools, articles, stories, movies and games

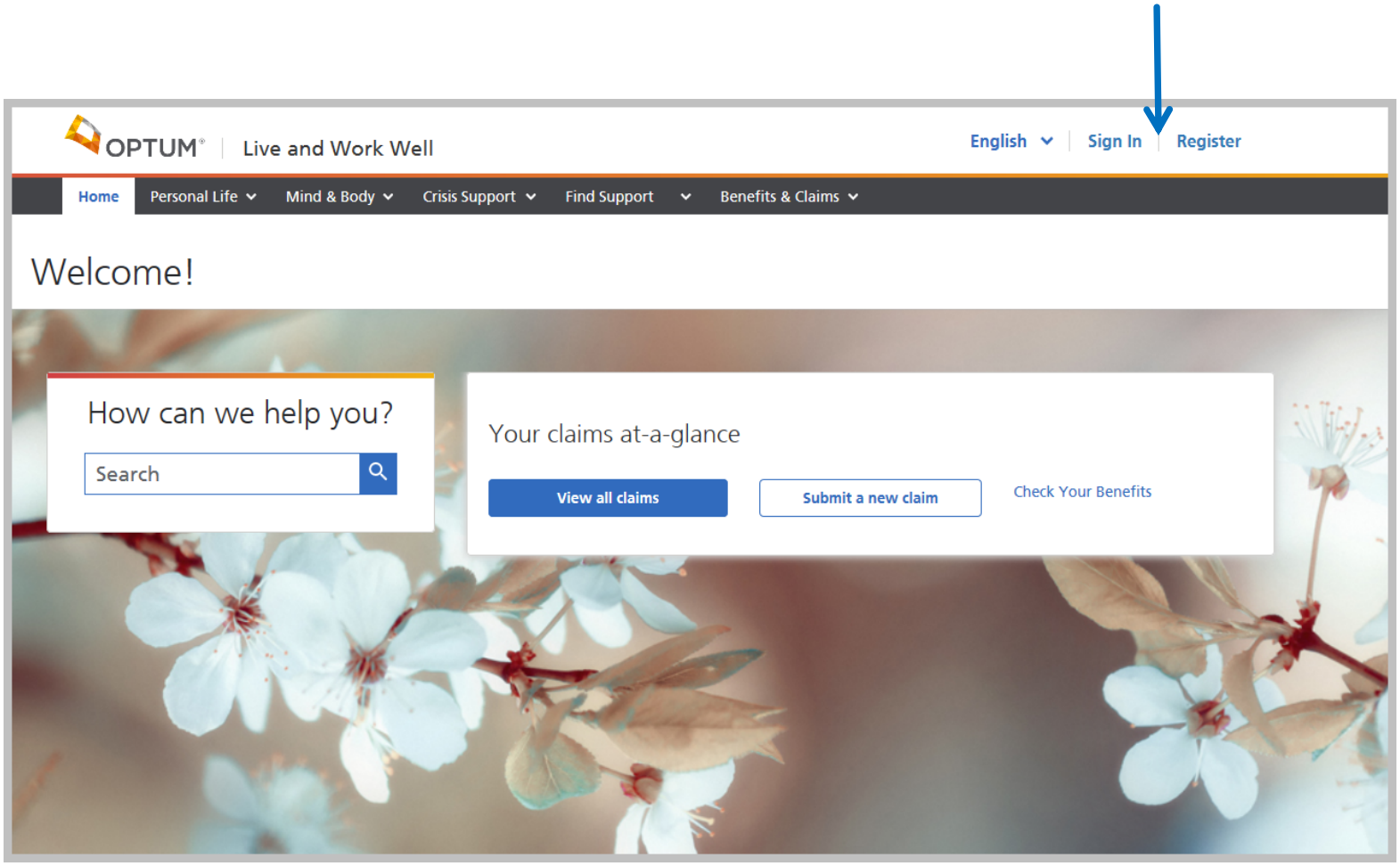
Access to professional services

- Clinician search tool (web and mobile)
- Benefit coverage toolkit
- Legal and financial consultation

URAC accredited and global

- 1 of only 10 URAC accredited health websites and the only accredited behavioral site
- Global versions available in sixteen languages

Live and Work Well home page



Live and Work Well is used by all plans except Harvard Pilgrim Health Care

Provider resources

Provider Express - providerexpress.com

Our industry-leading provider website

- Includes both public and secure pages for behavioral health providers
- Public pages
  - General updates and useful information
  - Behavioral Health Toolkit for Medical Providers
- Secure pages
  - Require registration
  - The password-protected “secure transactions” offers you access to provider-specific information including the ability to update your practice information

Provider resources (continued)

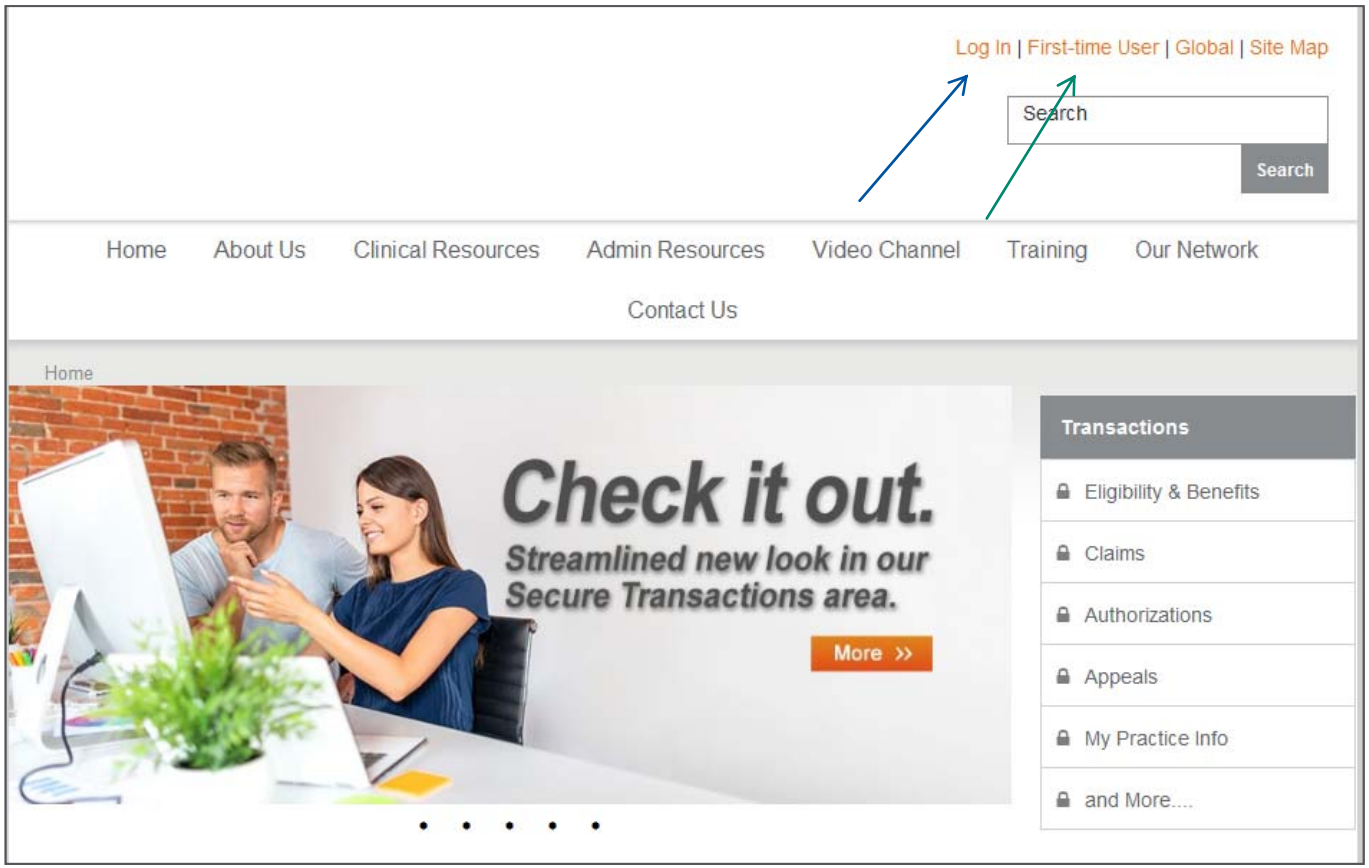
Public Pages: general updates and other useful information

- Access forms library
- Find network contacts
- Review clinical guidelines
- Access *Network Notes*, the provider newsletter
- Level of Care Guidelines
- Training/Webinar offerings

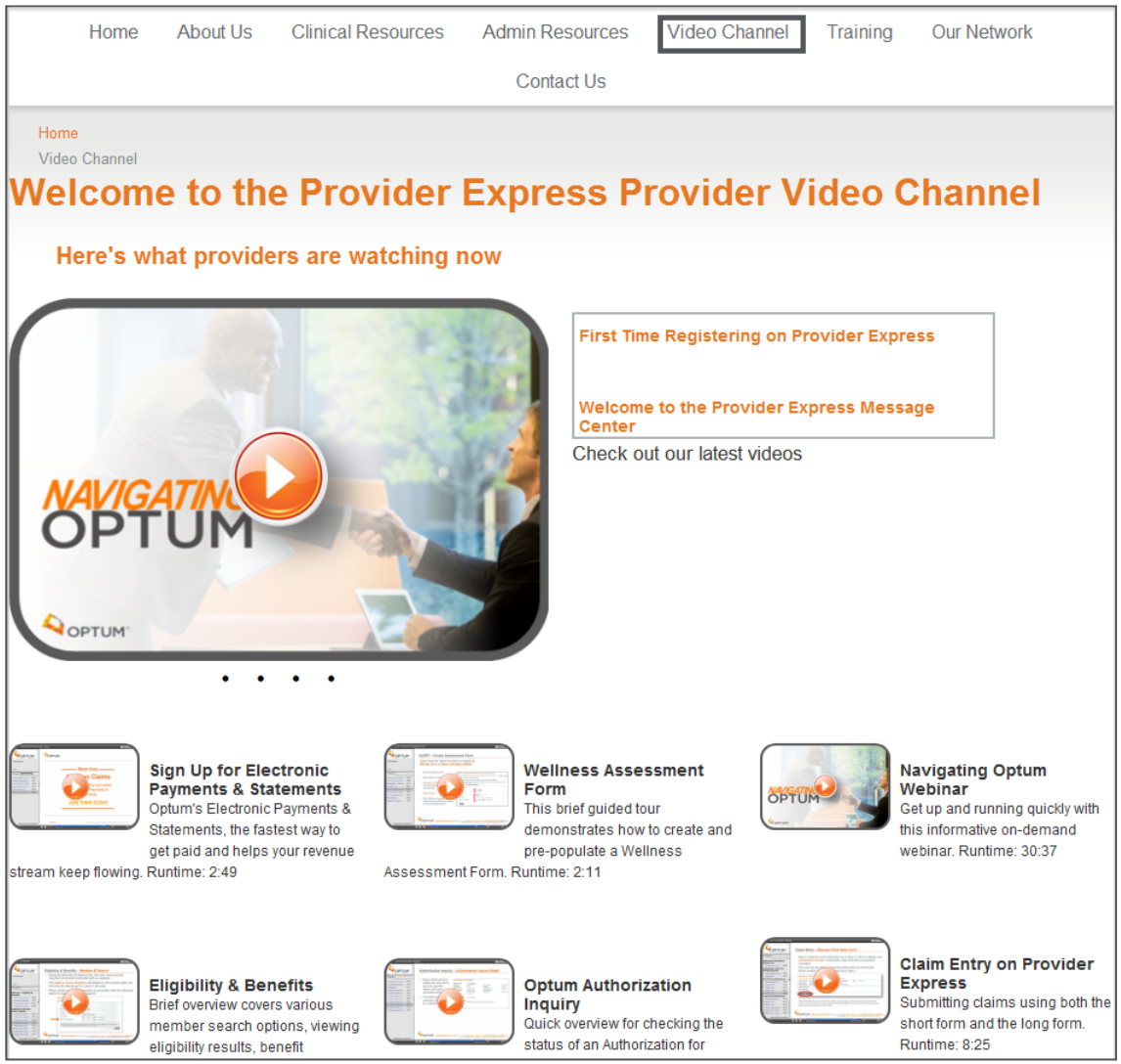
Provider resources (continued)

- Secure pages require registration
- Providers will be able to update their practice information using the “My Practice Info” feature
- To request an Optum ID, select the “First-time User” link in the upper right corner of the home page
- If you need assistance or have questions about the registration process, click on “Contact Us” and refer to the Website Technical Support section
- The Video Channel includes multiple brief videos on the various functions in the secure transactions area of Provider Express

Provider Express



Provider Express Video Channel



Thank you!