

Network Notes

Optum News and Updates for UBH-Contracted Clinicians and Facilities

Fall 2016

Wellness Assessment

Optum's ALERT® (Algorithms for Effective Reporting and Treatment) includes one-page Youth Wellness Assessment (YWA) and Adult Wellness Assessment (WA) screening instruments that measure behavioral health symptom severity, functional impairment and self-efficacy at the onset of care and again at session 3, 4 or 5. The YWA and WA are brief, offering respondents

(consumers/patients) an opportunity to provide feedback on their general emotional and psychological status. Items on these validated tools also screen for mental health and substance use risk as well as medical co-morbidity. When an individual's score indicates potential risk, Optum provides written or telephonic notice directly to you. In addition, ALERT Online, available to

registered users of *Provider Express*, is an interactive report that allows you to monitor your client's progress in treatment as well as review your clinical effectiveness.

To learn more about Wellness Assessments and ALERT, refer to the Optum Network Manual, [Benefit Plans, Authorizations, EAP and Access to Care](#) section and the [ALERT Program](#) page on *Provider Express*.

Treatment Record Documentation Requirements

Thorough, high-quality documentation and maintenance of medical records related to behavioral health services are key elements of member safety, as well as continuity and coordination of care. Optum has developed comprehensive standards for documentation and maintenance of clinical records that are in line with the standards established by recognized national accrediting organizations. Optum requires all network clinicians and facilities to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations.

These documentation standards include details on recording clinical assessments, recommendations, treatment interventions and member response to treatment. They also address the need to document continuity and coordination of care activities, informed consent and special status situations.

It's important to note that treatment records need to be stored in a secure area, and practice sites must have an established

procedure to maintain the confidentiality of treatment records. Clinicians and facilities need to maintain an organized treatment record-keeping system that allows for easy retrieval and access by authorized personnel only.

Optum may review clinician or facility records during a scheduled on-site audit. An on-site audit can occur for a number of reasons including: reviews of high volume clinicians, reviews of facilities without national accreditation, specific reviews required by specific health plans and investigations of potential quality-of-care issues or member complaints brought to Optum's attention. Additionally, clinicians and facilities may be asked to submit treatment records to Optum for review.

In all routine and quality audit reviews, there is a focus on the completeness and quality of documentation within treatment records. Optum has established a passing performance goal of 80 percent for both the treatment record review and on-site audit. Scores under 85 percent require the submission of a written corrective action



plan. Scores under 80 percent require a written corrective action plan and a re-audit within four to six months of the acceptance of the corrective action plan.

For the full list of documentation requirements, please refer to your Optum [Network Manual](#), which is available at providerexpress.com. To request a paper copy of these requirements, please contact [Network Management](#).

Health and Well-Being Information on liveandworkwell.com

Optum includes health and well-being information on the Optum member web site, liveandworkwell.com. A link is also provided from the "Clinical Resources" tab at providerexpress.com. Go to "[Live and Work Well \(LAWW\) Clinician Center](#)" link, which takes you to the clinical side of the liveandworkwell site. Click on the "Health & Well-Being" tab to access the health and well-being information. You can find assessments, self-help programs, resource materials and more. Just click on any one of the links to find information on the following topics:

LIVING HEALTHY

Aging Well
Brain Health & Fitness
Exercise & Fitness
Healthy Eating
Sleep

COPING & RESILIENCY

Alternative Therapies
Controlling Anger
Coping & Peace of Mind
Coping with Change
Grief & Loss
Recovery & Resiliency
Resiliency & Mindfulness
Responses to Trauma

ADDITIONS

Alcohol Use Disorder
Children & Addiction
Other 'Addictions'
Drug Use
Tobacco

CONDITIONS BY NAME

Abuse & Neglect: Child	HIV
Abuse : Domestic Violence	Infertility
Abuse & Neglect: Elder	Obesity
ADHD (Adult)	Obsessions & Compulsions
ADHD (Youth)	Personality Disorders
Alzheimer's & Dementia	Phobias
Anxiety	Postpartum Depression
Arthritis	Post-Traumatic Stress Disorder
Asthma	Schizophrenia (Adult)
Autism	Schizophrenia (Youth)
Bipolar Disorder (Adult)	Sexual Problems
Bipolar Disorder (Youth)	Stress
Cancer	Traumatic Brain Injury
Childhood Illnesses	
Chronic Pain	
Depression (Adult)	
Depression (Youth)	
Diabetes	
Eating Disorders (Adult)	
Eating Disorders (Youth)	
Heart Disease & Circulatory Disorders	

Optum Member Rights and Responsibilities

It's important that you provide a paper copy of the Optum [Member Rights and Responsibilities](#) statement to any Optum member who asks for one. You can download and print the most recent version from the [Optum Network Manual](#)

posted on providerexpress.com (Select "Clinical Resources" > "Guidelines/Policies & Manuals" > "Network Manual".) To request a paper copy of the revised statement, please contact [Network Management](#).

Informed Consent and Treatment Options

Many clinicians use a process of informed consent to ensure that clients understand the risks and costs of treatment. Informed consent includes informing clients about possible alternative treatments.

Members report that some practitioners don't always inform them of treatment options. To support this opportunity for improving member satisfaction, please remember to:

- Inform members about self-help or support groups that are available to them
- Inform members about the different kinds of counseling or treatment that are available

Optum's clinician web site, providerexpress.com, can connect you to various organizations (Select "Clinical Resources" > "Links" > "[Consumer Organizations/Self-Help](#)"). There are links to the [Depression and Bipolar Support Alliance](#) (DBSA) and the [National Alliance on Mental Illness](#) (NAMI), which can help you to find local resources and support groups for your patients.

Please be aware that Medicare and Medicaid members may not have easy access to internet resources, such as, liveandworkwell.com and therefore may require additional assistance in understanding their treatment options.

Timely Access to Care

To help ensure our members have timely access to care and service, Optum has established the standards shown below. Because the specific standards may vary by state and/or customer, please refer to the Optum Network Manual and addenda available at providerexpress.com.

Telephone Calls to Optum Screening and Triage Services

- Calls are answered by a non-recorded voice within 30 seconds
- Less than 5 percent of callers will disconnect prior to reaching a live person

Appointments with Optum Clinicians

- In a life-threatening emergency, members must be seen immediately
- In a non-life-threatening emergency, members must be offered an appointment within six (6) hours

- In an urgent situation, members must be offered an appointment within 48 hours (or 24 hours in some states)
- For routine situations, an appointment must be offered to members within 10 business days (or 5 days in some states)
- After discharge from an acute inpatient level of care, members should attend an appointment with a behavioral health clinician within seven (7) days of the date of discharge

Optum also encourages all contracted clinicians to see members within 15 minutes of their scheduled appointment time. Please continue your efforts to be on time for appointments.

If you are unable to meet these appointment access standards, please notify Optum so that Optum staff may assist the member in finding alternatives. Since members use the "Find a Clinician" feature of the Optum member Web site, it's important

that clinicians keep their availability status current. You can quickly and easily update this information by logging into the secure "Transactions" section of Provider Express and selecting "My Practice Info" or by contacting [Network Management](#).



Preventive Health Program

Optum has an online preventive health program that focuses on Major Depressive Disorder, Alcohol Abuse and Dependence and Attention Deficit/Hyperactivity Disorder (ADHD). The program materials for each condition include educational materials, a member self-assessment, a list of resources and specific information on how to use the program. Optum periodically reviews

the program content and updates it as appropriate. To view and print the current materials for each of these three conditions, please visit the liveandworkwell.com public site, select "Hot Topics: Mental Health" and choose the "Prevention Program" link midway down the page. To request a paper copy of any of these materials, contact [Network Management](#).

Honoring the Billing Agreement

The feedback we've received from members indicates that some network clinicians and facilities charge the entire cost of services up front or balance-bill members for fees beyond the contracted amount. The Member Protection provisions of your Participation Agreement allow you to request from members only applicable member expenses (copay, coinsurance and/or deductible).

For more information about this and other Optum billing and claims guidelines, please consult the "[Compensation and Claims Processing](#)" section of the Optum [Network Manual](#). The manual is available under the Clinical Resources section of *Provider Express*. If you have questions regarding a specific billing or claims issue, please call the toll-free mental health services number on the back of the member's insurance card to speak with an Optum customer service representative.

Clinical Practice Guidelines

Optum has created [Supplemental and Measurable Guidelines](#) for the treatment of Bipolar Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD) with children, Substance Use Disorder, and Major Depressive Disorder (MDD).

Optum monitors compliance with at least two important aspects of clinical care for each of these Supplemental and Measurable Guidelines on at least an annual basis. Through this review process, a detailed analysis is conducted, potential barriers are identified and interventions are implemented to improve performance.

These Supplemental and Measurable Guidelines were updated in 2016 partly as a result of feedback from network clinicians.

	Major Depressive Disorder (MDD)	Substance Use Disorder	Attention-Deficit/Hyperactivity Disorder (ADHD)	Bipolar Disorder
COMPONENT 1	Patients should be seen for a minimum of six (6) medication management and/or psychotherapy visits during the 84 days (12 weeks) following a new diagnosis of MDD.	Patients (12 years old and older) with a new episode of alcohol or other drug (AOD) dependence should initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.	Children 6-12 years old should be seen for a minimum of four (4) medication management and/or psychotherapy visits within six (6) months of the initial diagnosis of ADHD.	<p>Patients should be seen for at least one (1) medication management or ECT visit within one (1) month of the initial diagnosis of bipolar disorder;</p> <p>Patients should be seen for at least three (3) medication management or ECT visits between 31–180 days (6 months); and</p> <p>Patients should be seen for at least one (1) medication management or ECT visit between 180–301 days (10 months).</p>
COMPONENT 2	Patients receiving care from a mental health practitioner should continue antidepressant medication for at least 180 days following a new diagnosis and prescription.	Patients who initiated treatment have two or more additional services with a diagnosis of AOD within 30 days of the initial visit.	For children receiving care from a behavioral health practitioner, the time between the initial and second visit should be 30 days or less.	Patients should be seen for at least two (2) visits with a behavioral health practitioner within the initial six (6) months of outpatient treatment.
COMPONENT 3	N/A		N/A	When a patient with Bipolar Disorder receives inpatient care, follow-up is to occur within seven (7) days of discharge from inpatient treatment.

Please visit providerexpress.com for additional information. This web site provides a listing of the Practice Guidelines adopted by Optum from the APA, AACAP and The Expert Consensus Guidelines.

Direct links are included to these organizations. This site also provides full descriptions of the Optum [Supplemental and Measurable Guidelines](#) referenced above and educational materials for

members and clinicians. You may also call Optum to request a paper copy of this information by contacting [Network Management](#) for your state.

Coordinating Care Between Behavioral Health Practitioners and Medical Health Care Professionals: Beneficial to All

Optum requires network practitioners to communicate relevant treatment information to members' primary medical physician and/or between other treating behavioral health practitioners. Communication among members' treating practitioners improves the quality of care received and facilitates improvement in members' well-being by:

- Minimizing potential adverse medication interactions
- Reducing both medical and relapse risk for members with substance use disorders
- Promoting early identification of noncompliance with medical and/or behavioral health treatment

In order to achieve the benefits described above, it is recommended that you report to other treating professionals that you are seeing the member and provide diagnostic and treatment information including prescribed medications and expected course of treatment.

An easy-to-use Confidential Exchange of Information form has been created that you may use to facilitate coordination of care. This form is located on Provider Express under the "Clinical Resources" tab > "Forms" > "Optum Forms - Clinical" > "Confidential Exchange of Information Form". This form does require the member's signature authorizing the release of information.



As a part of coordinating care, you will need demographic information (name, address, phone/fax number) for the member's other treating mental health clinicians. To obtain this information, you can search for network clinicians from Provider Express. Select the "Our Network" tab then "[Optum Clinician Directory](#)" which will take you to the liveandworkwell site for your search. We also suggest that you encourage patients who are new to your practice to bring this information to their first session.

Coordination of care also benefits you as the clinician. The process develops credibility, establishes mutually beneficial collaborative relationships and provides opportunities for referrals.

The information herein offers informational resources and tools and is intended for educational purposes only. All treatment and level of care decisions are at the discretion of the treating clinician. Nothing herein is intended as legal advice or opinions. Please consult your legal advisor related to your particular practice.