

Network Notes

Optum News and Updates for UBH-Contracted Clinicians and Facilities

Fall 2013

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 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.

The audits 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](#).

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" > "Optum network manual".) To request a paper copy of the revised statement, 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 "LAWW clinician center" link which takes you to the clinical side of the liveandworkwell site. Click on the "Be Well" 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
Responses to Trauma
Care & Treatment

ADDITIONS

Alcoholism
Children & Addiction
Other 'Addictions'
Drug Use
Tobacco

CONDITIONS BY NAME

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

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.

Optum surveys its members on their satisfaction with treatment, including whether they were informed about treatment options. 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
- Inform members about the different kinds of counseling or treatment that are available

In addition, Optum's clinician web site, providerexpress.com, can connect you to various organizations (Select "Clinical Resources" > "Links" > "[Consumer Organizations/Self-Help](#)"). For example, 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 members.

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 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 voice

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 and Drug 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 side, select "Hot Topics:Mental Health" > "Prevention Program" link midway down the page.

To request a paper copy of any of these materials, contact Network Management.

Optum will continue to look for ways to improve this program. If you have any input or comments about the program, please contact [Network Management](#).

Honoring the Billing Agreement

The feedback we've received from members indicates that some network clinicians and facilities have charged the entire cost of services up front or balance-billed 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 your 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 a Optum customer service representative.

Clinical Practice Guidelines

Optum has adopted nationally recognized [Best Practice Guidelines](#) authored by the American Psychiatric Association (APA), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Expert Consensus Guideline Series. The guidelines define objective and evidence-based parameters of care. Optum reviews the guidelines at least every two years and makes updates as necessary. Our expectation is that these guidelines will help guide clinicians in providing the most

effective scientifically-based treatment currently available.

In addition to adopting and distributing the Best Practice Guidelines, Optum has created [Supplemental and Measurable Guidelines](#) for the treatment of Bipolar Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD) with children 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 2012 partly as a result of feedback from network clinicians.

	Major Depressive Disorder (MDD)	Attention-Deficit/Hyperactivity Disorder (ADHD)	Bipolar Disorder
COMPONENT 1	Patients diagnosed with MDD receive a minimum of six (6) medication management and/or psychotherapy visits during the 84 (12 weeks) days following a new diagnosis of MDD.	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 receive at least one (1) medication management or ECT visit within one (1) month of the initial diagnosis of bipolar disorder;</p> <p>Patient should receive at least three (3) medication management or ECT visits between 31 – 180 days (6 months); and</p> <p>Patient should receive at least one (1) medication management or ECT visit between 180 – 301 days (10 months),</p>
COMPONENT 2	Patients diagnosed with MDD receiving care from a mental health practitioner should continue antidepressant medication for 180 days following a new diagnosis and prescription.	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 Best 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. Please contact [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 the member's primary physician and/or between treating behavioral health practitioners. Communication among members' treating practitioners improves the quality of care received and facilitates improvement in a member's well-being by:

- Minimizing potential adverse medication interactions
 - A study published in the December 24-31, 2008 Journal of the American Medical Association (JAMA), using a nationally representative sample of 57-85 year old adults living in the community, indicated that among older adults, nearly 30% use at least 5 prescription medications, nearly 50% use prescription and over-the-counter medications together, and nearly 4% (1 in 25) are potentially at-risk for an adverse or hazardous reaction due to medication interactions.¹
- Reducing both medical and relapse risk for members with substance use disorders
 - Individuals with substance abuse may be placed at increased relapse risk by being prescribed medication with addictive potential to treat a medical condition, by the flare-up of psychiatric symptoms leading an individual to discontinue all medications, and by untreated or insufficiently treated anxiety or depression. Uncontrolled substance abuse may also be responsible for or may exacerbate a range of medical, psychiatric, and behavioral health

conditions, and can interfere or adversely interact with prescribed medication treatment for a medical or psychiatric condition.^{2, 3, 4}

- Promoting early identification of noncompliance with medical and/or behavioral health treatment
 - We now know that behavioral factors such as noncompliance contribute to 6 of the 10 leading causes of death.⁵

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" > "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 members 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.

References

- 1 Qato, D.M., Alexander, C., Conti, R.M., Johnson, M., Schumm, P., Lindau, S.T. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *Journal of the American Medical Association*, 2008, 300 (24), 2867-2878.
- 2 National Institutes of Health: National Institute on Drug Abuse (NIDA). Medical consequences of drug abuse. <http://www.drugabuse.gov/consequences/>
- 3 National Institutes of Health: National Institute on Drug Abuse (NIDA). Prescription drugs abuse and addiction. <http://www.drugabuse.gov/ResearchReports/Prescription/Prescription.html>
- 4 National Institute on Alcohol Abuse and Alcoholism (NIAAA). Alcohol and Co-Morbid Mental Health Disorders (special edition). *Alcohol Research & Health*, 2002, 26 (2), 81-155.
- 5 Breckler, S.J. (American Psychological Association Executive Director of Sciences). Science Directions: Psychological science and health care reform. *American Psychological Association Monitor on Psychology*, 2009, 40 (8), 53.

Postpartum Depression Screening

Postpartum Depression (PPD) can occur a few days or even months after childbirth. We work with specific health plans to increase the awareness of PPD among women at risk. For these health plans, new mothers receive an educational brochure. The brochure contains a self-screening tool and encourages professional assessment if symptoms are present.

Optum Staff Availability and Questions about the Care Advocacy Process

Each Optum Care Advocacy Center is open for normal business operations Monday through Friday from 8 a.m. to 5 p.m., except on holidays. However, care advocacy staff are available 24/7, including holidays and weekends, to discuss clinical determinations, appeals or any other questions about the care advocacy process please call the toll-free number on the back of the member's insurance card to reach the appropriate care advocate. Optum offers free language assistance services for members who speak a language other than English. Optum offices have toll-free, TDD/TTY numbers for members with impaired hearing or speech.

If you have received a certification letter or a non-coverage determination letter and wish to discuss any aspect of the decision with the care advocate or peer reviewer who made the decision, please call the toll-free number provided in the letter or the toll-free number on the member's insurance card. For all potential non-coverage determinations based on the Optum Level

of Care Guidelines, Optum Coverage Determination Guidelines or the Optum Psychological and Neuropsychological Testing Guidelines, Optum makes a peer reviewer available to you before the decision is made so that you may provide additional information about the case. You may discuss a non-coverage determination with the peer reviewer during the case review process or after the decision was made. If the peer reviewer who made the decision is not available, Optum makes an appropriate peer reviewer available to you to discuss the decision. If you need additional assistance, you can always call Network Management who will help you identify and contact the care advocate or peer reviewer for your specific case.

To contact [Network Management](#), go to Provider Express , select the "Contact Us" tab > "Submitting Network Applications and All Other Network-Related Questions" and choose your state from the drop-down menu.

Affirmative Incentive Statement

Care Management decision-making is based only on the appropriateness of care as defined by the Optum [Level of Care Guidelines](#), Optum [Coverage Determination Guidelines](#), the Optum [Psychological and Neuropsychological Testing Guidelines](#), and the existence of coverage for the requested service. Optum does not reward its staff, practitioners or other individuals for issuing denials of coverage or service. Staff who make coverage determinations do not receive financial or other incentives that result in underutilization of services.

The Optum Level of Care Guidelines, Optum Coverage Determination Guidelines, and the Optum Psychological and Neuropsychological Testing Guidelines are available and can be downloaded from providerexpress.com. From the home page go to "Quick Links: "Guidelines/Policies" and then select the Optum or state-specific link appropriate to your member. To request a paper copy of any of these guidelines, please contact [Network Management](#).

Optum Promotes Quality Management and Improvement

Optum reviews and revises its Quality Management and Improvement (QMI) program each year. The QMI program recommends policy, sets standards for customer services and quality of care and makes sure actions are taken to improve performance and quality when needed. If you'd like a copy of the documents, we can provide you with an overview of the program that includes a report of progress we have made toward meeting our goals.

To request a paper copy of a summary of Optum's QMI program description, annual evaluation or other QMI activities that highlight information about our QMI program goals, processes and outcomes, please contact [Network Management](#) for your state.

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 clinician. Nothing herein is intended as legal advice or opinions. Please consult your legal advisor related to your particular practice.