Indiana PathWays for Aging Behavioral Health Provider Training

UnitedHealthcare Community Plan

Agenda – Indiana PathWays for Aging

- Introduction to Integrated Behavioral Health
- Coordination of Care Requirements
- Substance Use Disorder and Opioid Treatment
- Contracting with Optum
- Provider Responsibilities
- Coding, Billing and Reimbursement
- Appeals and Complaints

UnitedHealth Group Structure

Optum

Helping make the health system work better for everyone

Information and technology-enabled health services:

- Behavioral Health
- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services

UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Military & Veterans
- Global

How Optum Can Uniquely Help

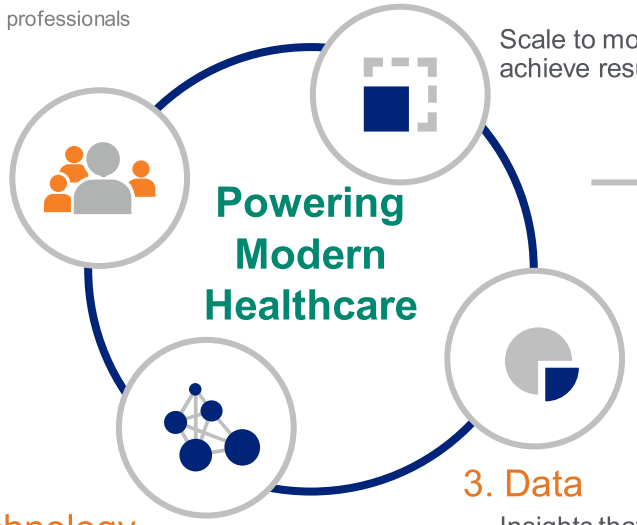
1. People

Unmatched health care expertise

80,000 professionals

4. **Action**

Scale to mobilize and achieve results globally



2. Technology

Comprehensive solutions

System-wide scale serving the unique needs of health care

3. Data

Insights that drive decision

Two decades of longitudinal data

Helping:

30 million people
get the medicines they need

1 million people
receive home visits to guide them to the right care

40 states
expand coverage and make the most of their budgets

3 million people
utilize health savings accounts

25 million people
receive services in international markets

18 federal agencies
deliver technology enabled health care

Process 500k documents
per day by computer-assisted coding

50% of Fortune 500 companies
increase employee wellness

2 million people
access care at local care delivery clinics

Tens of thousands
of physicians leverage our data platform to provide smarter care

Our Foundational Approach to Helping People

Addressing individual needs is our focal point. We do this by creating systems of care that include strategies that empower people to achieve their wellness goals in ways that work most effectively for them.

Person-centered care

- A relationship-based approach to care that honors and respects the voice of individuals

Whole-person health

- A focus on improving a person's health and well-being by addressing their physical health, mental/psychological health and the mind-body connection
- Also considers a person's living environment (housing and work status) and access to community supports

Meeting consumers where they are

- Creating opportunities to help people access the knowledge, tools and services they need to achieve and maintain their well-being

Optum and You

Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.

Specialty Network Services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Serving almost 43 million Members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

Simultaneous NCQA and URAC accreditation:

URAC
ACCREDITED
HEALTH UTILIZATION MANAGEMENT

MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION
NCQA
ACCREDITATION
FULL

Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors, including child and adolescent, medical/psychiatric, Board Certified Behavior Analysts, and addiction specialists, just to name a few

Optum Indiana Providers

UnitedHealthcare Community Plan of Indiana PathWays for Aging is privileged to help serve the most vulnerable members of the community through the Indiana PathWays for Aging program. We support the Indiana state goals of increased access, improved health outcomes and reduced costs for the following eligible members:

- Individuals who are sixty (60) years of age or older
- Individuals who are eligible for IHCP based on age, blindness or disability
- Individuals in a Nursing Facility, and those who are receiving long-term services and supports in a home or community-based setting

Indiana PathWays for Aging BH Services

Each BH provider working with our members must notify the UnitedHealthcare Community Plan of Indiana PathWays for Aging within five (5) calendar days of the member's visit, and submit information about the treatment plan, the member's diagnosis, medications, and other pertinent information. The CommunityCare Provider Portal is our integrated, secure, web-based clinical care coordination platform that shares vital member information.

CommunityCare Provider Portal user guide

With the introduction of Integrated Managed Care, we ask that all Indiana IHCP providers always prioritize access for services for Indiana IHCP members.

These include but are not limited to - behavioral health screenings and assessments; referral and treatment services; outpatient services; inpatient psychiatric hospital services; inpatient drug and alcohol detoxification; inpatient drug and alcohol rehabilitation; residential treatment services for opioid use disorder (OUD) and substance use disorder (SUD)

Behavioral Health Services

- On behalf of Indiana PathWays for Aging we ask that all providers address the needs of our members in an integrated way, with attention to the physical health and chronic disease contributions to behavioral health.

- Provider engagement is necessary to assist coordination of services for individuals with multiple diagnoses of mental illness, substance abuse and physical illness.

Behavioral Health Care Coordination

Each BH provider working with our members must notify the UnitedHealthcare Community Plan of Indiana PathWays for Aging within five (5) calendar days of the member's visit, and submit information about the treatment plan, the member's diagnosis, medications, and other pertinent information. The CommunityCare Provider portal is our integrated, secure, web-based clinical care coordination platform that shares vital member information. There is a CommunityCare Provider Portal over video on Providerexpress.com

- Login to Community Care Provider Portal Provider Portal (guidingcare.com) to register:

1. Select the **My Members** tab
2. Right click on the 3-bullet icon to the left of the member's name. If you are unable to select this icon, you need to complete a Release of Information in order to view the member's information.
3. Select **Add Appointment**
4. **Care Team:** <select your name or leave as Select>
5. **Appointment Type:** <select applicable appointment type>
6. **Appointment Reason:** <enter diagnosis reason driving appointment need>
7. **Appointment Date:** <select date>
8. **Notes:** <include information regarding the member's treatment plan, medications and other pertinent information>
9. **Provider Details:** <complete with the treating provider's information>
10. Select **Add**

Behavioral Health Services

With appropriate consent, a member's primary behavioral health provider will receive notification when a member is hospitalized or receives Emergency Treatment. Behavioral health providers must be part of the members care team to receive notifications.

Providers can opt in to receive email notifications for your patients. These notifications include, but are not limited to, admission, discharge and transfer notifications. By opting in for UnitedHealthcare Community Plan members through CommunityCare, you will receive a daily email summary of activities for all your UnitedHealthcare Community Plan of Indiana members. To opt in, access the Population Health tab in CommunityCare and select the email notifications check box:

Coordination of Care Requirements

Behavioral Health Abuse and Neglect

- Every care provider must follow the critical incident and adverse event reporting and related requirements listed in your long-term services and supports contract.
- HCBS providers are required to submit an incident report for any reportable incident within forty-eight (48) hours of the time of the incident or becoming aware of it. However, if an initial report involves a member death or an allegation or suspicion of abuse, neglect or exploitation, the report must be submitted within twenty-four (24) hours of first knowledge of the incident.
- Report and submit critical incidents and adverse events Report to the FSSA's Division of Disability and Rehabilitative Services/DA Incident Reporting System (also known as IFUR) at ddrsprovider.fssa.in.gov/IFUR/. If web access is unavailable, incidents can be reported to FSSA by telephone, and e-mail.
- Examples of critical incidents include but not limited to:
- Mistreatment or allegation of mistreatment of a member, including abuse, neglect, emotional harm, sexual or financial exploitation, and any other mistreatment.

Behavioral Health Care Coordination

- Each provider is asked to obtain a Release of Information (ROI) from the member upon entry into the practice to allow integration of care services to facilitate the reciprocal exchange of social, physical and behavioral health information between physical and behavioral health providers treating the member.
- This ROI should include permission to release substance abuse treatment information to United Healthcare Community Plan of Indiana PathWays for Aging and to the member's physical or behavioral health providers, if applicable.
- Find the ROI at providerexpress.com and follow the instructions on the document for submission.
- Providers also have the option to complete an ROI in CommunityCare. There is a CommunityCare Provider Portal Overview located in Providerexpress.com.

Behavioral Health Care Coordination

For each member receiving behavioral health treatment, the provider is required to document and coordinate care between behavioral and physical health providers and reciprocally share the following information for that member:

- Primary and secondary diagnoses;
- Findings from assessments;
- Medication prescribed;
- Psychotherapy prescribed; and
- Any other relevant information.

Each provider is asked to obtain a Release of Information (ROI) from the member upon entry into the practice to allow integration of care services to facilitate the reciprocal exchange of social, physical and behavioral health information between physical and behavioral health providers treating the member.

Behavioral Health Care Coordination

- This ROI should include permission to release substance abuse treatment information to United Healthcare Community Plan of Indiana PathWays for Aging and to the member's physical or behavioral health providers, if applicable.
- Find the ROI at providerexpress.com and follow the instructions on the document for submission.
- UnitedHealthcare Community Plan of Indiana PathWays for Aging must establish referral agreements and liaisons with both contracted and non-contracted CMHCs, following the ROI must provide physical health and other medical information to the appropriate CMHC for every member.

Substance Use Disorder and Opioid Treatment

Residential (SUD) Services

- Prior authorization (PA) is required for all residential SUD stays.
- Admission criteria for residential stays for OUD or other SUD treatment is based on the following American Society of Addiction Medicine (ASAM) Patient Placement Criteria:

  ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services

  ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services

Residential Substance Use Disorder (SUD) Services

- Short-term low-intensity and high intensity residential treatment for opioid use disorder (OUD) and other substance use disorder (SUD) in settings of all sizes, including facilities that qualify as institutes of mental disease (IMDs) are a covered benefit under the Indiana Pathways for Aging program.
- When residential services are determined medically necessary for a member, the Contractor will approve a minimum of fourteen (14) days for residential treatment, unless the facility requests fewer than fourteen (14) days.
- If a facility determines that a member requires more time than the initial fourteen (14) days, the facility should submit a PA update request showing that the member has made progress but can be expected to show more progress given more treatment time.
- An additional length of stay can be approved based on documentation of medical necessity.

Opioid Treatment Program (OTP)

Coverage of OTP services will be restricted as follows:

Individuals aged eighteen (18) and older seeking OTP services must meet the following medical necessity criteria:

- Must be dependent on an opioid drug
- Must have been dependent on for at least one year before admission to the OTP
- Must meet the criteria for the Opioid Treatment Services (OTS) level of care, according to all six dimensions of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria

Opioid Treatment Program (OTP)

Individuals under the age of eighteen (18) seeking OTP services must meet the following medical necessity criteria:

- Must be addicted to an opioid drug
- Must have two documented unsuccessful attempts at short-term withdrawal management or drug-free addiction treatment within a twelve (12)-month period preceding admission
- Must meet the criteria for the Opioid Treatment Services (OTS) level of care, according to all six dimensions of the ASAM Patient Placement Criteria

Opioid Treatment Program (OTP)

The following individuals are exempt from the one-year addiction requirement:

- Members released from a penal institution – If the individual seeks OTP services within six (6) months of release
- Pregnant Women
- Previously treated individuals – If the individual seeks OTP services within two years after treatment discharge

Contracting with Optum

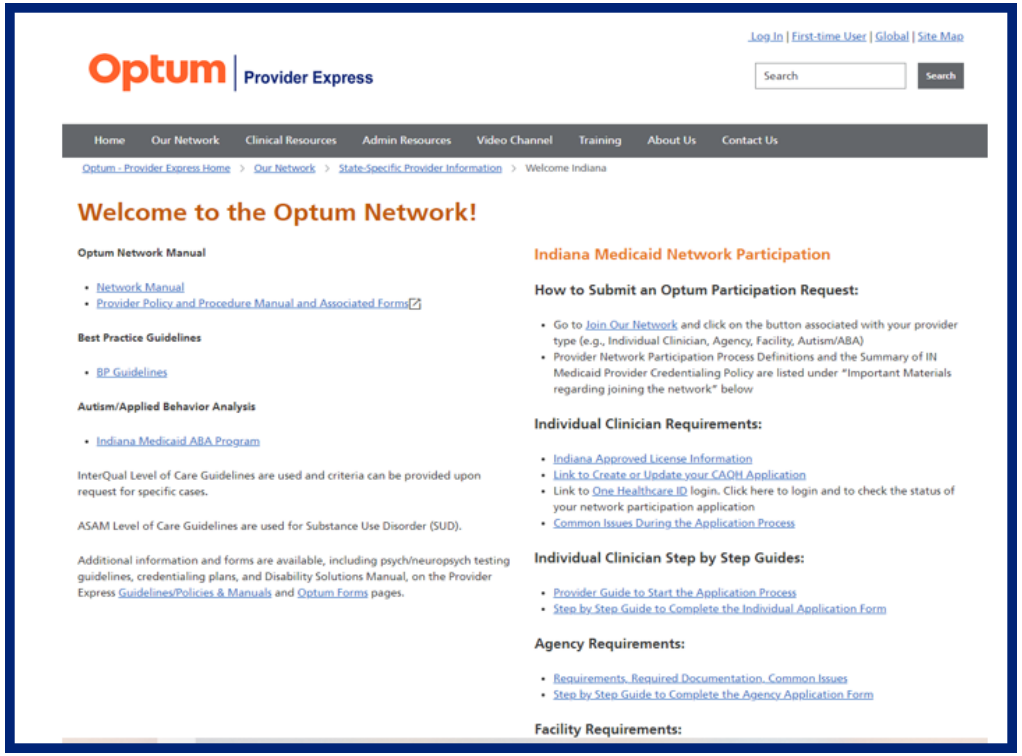
Providers in our Behavioral Health Network

Network providers include:

- Psychiatrists
- Addictionologists
- Psychologists
- Master Level Clinicians
- Advanced Practice Registered Nurses (APRN)
- Community Mental Health Centers
- Rural Health Clinics
- Federally Qualified Health Centers
- Substance Use Disorder Agencies
- Inpatient Facilities

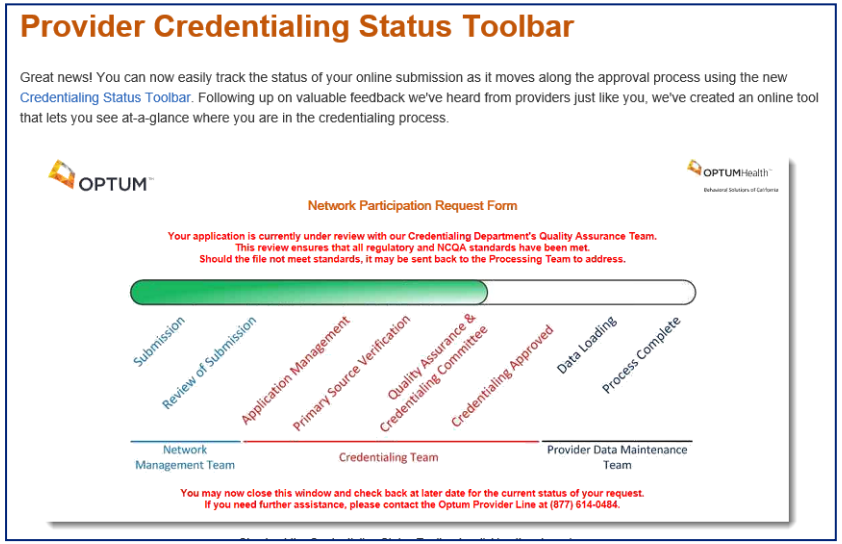
Applying to join the Optum Network

Providers begin the application process at Welcome Indiana (providerexpress.com) by selecting “Join Our Network” on the right-hand side of the page under “Quick Links” and following the prompts:



Improve the Speed of Processing - Tips for Applying to the Network

- Ensure your CAQH is accurate and up-to-date. You will need to enter your CAQH ID # on the credentialing application. If you need to update your CAQH profile, please contact www.CAQH.org.
- Missing documents from Optum are sent out via DocuSign. Sign and return as quickly as possible.
- Check the status of your application with the Credentialing Status Toolbar, available at providerexpress.com



Provider Responsibilities

Eligibility

- Call the number on the back of the Member's insurance card to see if Member is eligible for your services or verify on provider portal www.providerexpress.com
- Check benefit coverage relating to both the service and the diagnosis on provider portal or by calling the number on the Member's insurance card.
- Make sure all services **receive prior approval before beginning services**
- When calling the Optum Care Advocate you must have:
  - Member's Name
  - ID#
  - Date Of Birth
  - Address

Prior Authorization Requirements

- Members shall be able to access most routine behavioral health outpatient services (mental health and substance use) without an authorization.

- Authorization Required
  - Request online or by Phone or Fax
  - Phone – 877-610-9785
  - Fax – 844-897-6514
- Inpatient Mental Health and Substance Use Services (includes detoxification and residential treatment)
- Partial Hospitalization
- Intensive Outpatient
- Frequently used non-routine services requiring an authorization: Psychological Testing, Transcranial Magnetic Stimulation (TMS)

Prior Authorization

How to Request a Prior Authorization:

Call

- The number on the back of the member's ID card
- IP & Res reviews 24/7
- Non-Routine Outpatient: Call during business hours

Email & Fax

- Email: indianahcc@uhc.com
- Fax: 844-897-6514

Online

- Providerexpress.com:
- Frequently used non-routine services where an authorization can be requested online include Psychological Testing, Transcranial Magnetic Stimulation (TMS)
- For other non-routine services, including extended sessions, 90837 procedure code, call the number on the back of the Member's ID card to request authorization

Reporting Provider Changes/Updates

Providers must login to the Provider Express secure portal under ‘My Practice Info’ and give notice at least 10 days in advance of any provider changes such as:

- Provider Terms
- Provider Adds/Updates
- Tax ID Changes
- Change of address

Reporting Provider Changes/Updates

- We highly recommend groups/individual providers register to our Provider Express secure provider portal. Network providers can access the secure features with a user ID and password – features may be different depending on your user role and contract type.
- Features Include:
  - Eligibility & Benefits search
  - Auth Request (known as ReviewOnline for facility users)
  - Auth Inquiry
  - Claim Entry * (includes Express and Long Forms)
  - Claim Inquiry (including Claim Adjustment Request)
  - EPS (Electronic Payments and Statements)
  - ALERT
  - Provider Reports (ACE and ALERT Online)
  - My Provider Express
  - My Practice Info* (Provider Demographic Data)
  - Message Center

Coding, Billing and Reimbursement

Claims Submission

Electronic Claims Payer ID: 87726

Additional information regarding EDI is available on:
providerexpress.com > About Us > Navigating Optum > Billing and Claims > Electronic Data Interchange (EDI)

ERA Payer ID: 04567

Claims/Customer Service # :

- Call the number on the back of the member's insurance card. If you do not have a copy of the member's ID card, the main Optum customer service numbers are listed below:
  - Health Plan Groups -- 1-800-557-5745
  - Employer Groups -- 1-800-333-8724

Required Claim Forms (if not submitting electronically)

- Form 1500 (CMS-1500 form)

Paper Claims:

When submitting behavioral claims by paper, please mail claims to the address on the back of the member's insurance card.

Optum Pay

- With Optum Pay, you receive electronic funds transfer (EFT) for claim payments and your Provider Remittance Advice (PRA) are delivered online:

  - Lessens administrative costs and simplifies bookkeeping
  - Reduces reimbursement turnaround time
  - Funds are available as soon as they are posted to your account
  - To receive direct deposit and electronic statements through EPS you need to enroll at myservices.optumhealthpaymentservices.com.
  - You'll need:
  - Bank account information for direct deposit
  - Either a voided check or a bank letter to verify bank account information
  - A copy of your practice's W-9 form

Claims Tips

- **To ensure "clean claims" remember:**
  - An NPI number is required on all claims
  - A complete diagnosis is also required on all claims
- **Claims filing deadline**
  - Providers should refer to their contract with United/Optum to identify the timely filing deadline that applies
- **Claims processing**
  - IHCP standard electronic Clean claims, including adjustments, will be adjudicated within twenty-one (21) calendar days TAT and Clean paper claims is thirty (30) calendar days
  - HCBS electronic Clean claims, including adjustments, will be adjudicated within seven (7) calendar days TAT and Clean paper claims is thirty (30) calendar days
- **Balance billing**
  - The Member cannot be balance billed for behavioral services covered under the contractual agreement

Claims Tips (continued)

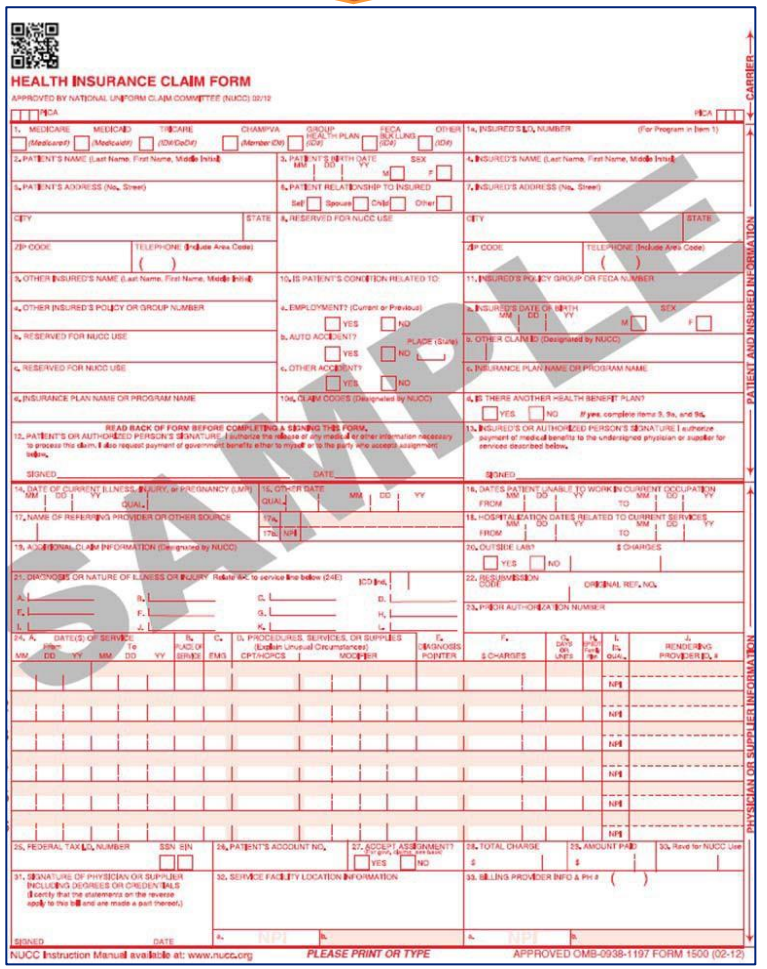
- **Member Eligibility**
  - Provider is responsible to verify Member eligibility through the DHS website
- **Coding Issues**
  - Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
  - Submitting claims with codes that are not covered services
  - Required data elements missing, (e.g., number of units)
- **Provider information missing/incorrect**
  - Example: provider information has not been completely entered on the claim form or place of service

1500 Claim Form

All billable services must be coded. Coding is dependent on several factors:

- Type of service (assessment, treatment, etc.)
- Use appropriate modifier for specific provider type
- Rate per unit
- Place of service (home or clinic)
- Duration of therapy (1 hr. vs. 15 min)
- One DOS per line

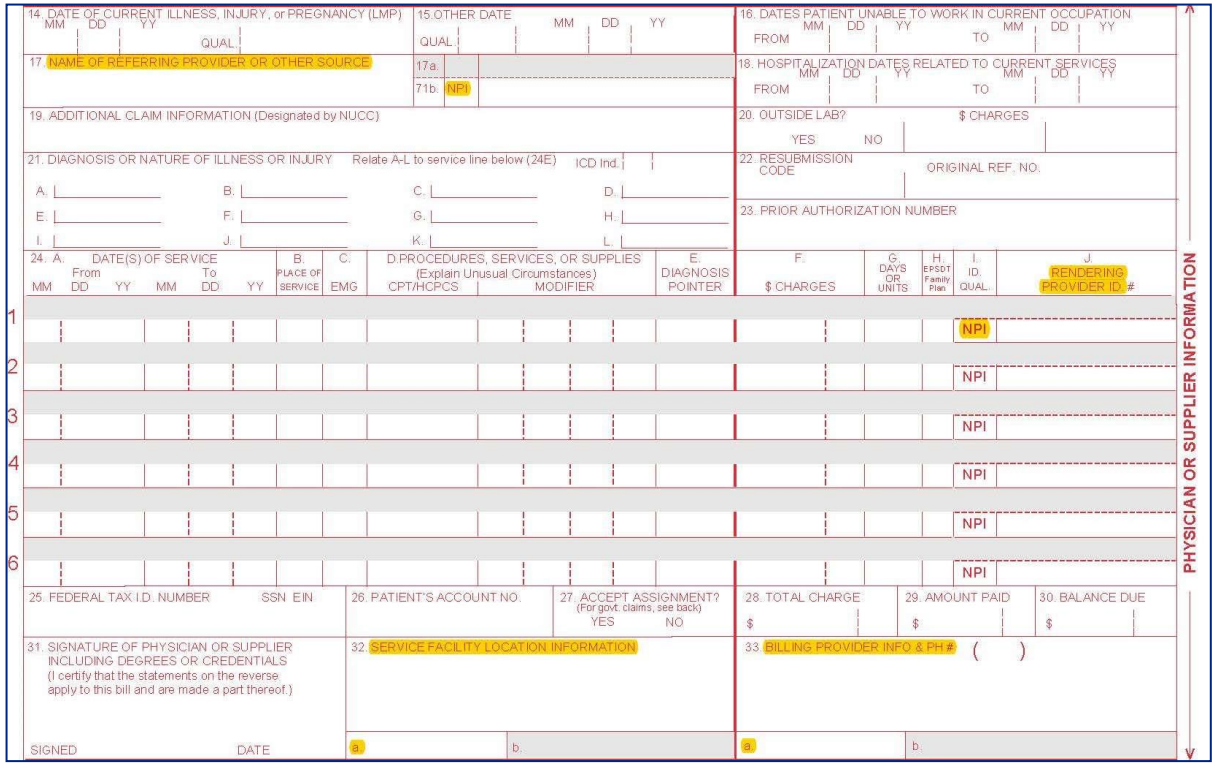
Form 1500: formerly called CMS-1500



1500 Claim Form (continued)

The HCFA 1500 Form has four (4) sections where provider information is stored, they have been highlighted for easy reference. The CRE Edit will review each section when a provider name and NPI number is populated.

- 17b – Referring, Prescribing physician and NPI number
- 24J – Rendering physician and NPI number
- 32A – Service location and NPI number
- 33A – Billing provider and NPI number



Provider Appeals and Complaints

Provider Appeals

- Must be requested as soon as possible and no later than sixty (60) days after the adverse determination.
- Determination is made within thirty (30) calendar days of request. Notification sent to provider and member.
- Appeals can be requested:
  - Via telephone at 1-800-832-4643
  - Via fax at 1-801-994-1082
  - Via Online Submission at https://csprovideraandg.optum.com
  - Via mail at UnitedHealthcare Community Plan:

Appeals & Grievances
P.O. Box 31364
Salt lake City, Utah 84131-1364

Provider Complaints

- We strive for the best customer service, but if you have a complaint, please contact us within one-hundred and twenty (120) days and we will respond within thirty (30) days:
- Call the number on the back of the member's insurance card and a Customer Service representative will assist with the complaint process
- Or send a written complaint to:

Complaints
P.O. Box 30768
Salt Lake City, Utah 84131-0768

Resources

Provider Assistance

https://www.providerexpress.com/	Provider Express is your primary resource for claim submittal, practice updates, information about new initiatives and programs, finding guidelines, Manual(s), newsletters, etc. Available 24 hours a day / 7 days a week
Provider Relations Line	1-877-614-0487 Calls are answered between 7 a.m. and 7 p.m. CST
Contracting Assistance (for new providers who wish to join the network)	1-877-614-9785
Provider Assistance (for existing providers)	1-877-614-9785

Optum Provider Website

- Welcome Indiana (providerexpress.com)
- Secure Transactions Include:
  - Check eligibility and authorization or notification of benefits requirements
  - Submit professional claims and view claim status
  - Make claim adjustment requests
  - Register for Electronic Payments and Statements (EPS)
  - You may also obtain additional information through the help desk at 1-866-209-9320

To support physicians and encourage deeper collaborative care, we've developed a Behavioral Health Toolkit for medical practitioners

- We designed the Behavioral Health Toolkit for physicians and other medical professionals with useful tools and best-practice guidance around the management of behavioral health conditions commonly seen in the Primary Care setting.
- **Substance Use and Mental Health** screening tools are located on left side of page under twirl-down buttons separated by age
- **Older Adult, Early Childhood, and Comorbid with Chronic Pain** resources are also located on the left side of the page under twirl-down buttons, and we have a link to our new Intellectual and Developmental Disabilities (I/DD) Toolkit
- Additional resources are located on the right and cover a range of topics that help inform and direct behavioral health care and referrals

Intellectual and Developmental Disabilities Toolkit

I/DD health care resources for health care professionals

Health Care for Individuals with Intellectual and Developmental Disabilities

Developmental Disabilities Health Care E-Toolkit Resources[2]

The links below highlight just a few of the helpful resources available from the Vanderbilt Kennedy Center e-toolkit for Primary Care Providers: Health Care for Adults with Intellectual and Developmental Disorders.

Physical Health

- Communicating Effectively, Informed Consent in Adults and Preparing for Office Visits
- Patient Profile and Preventive Care Checklists for Adults
- Health Watch Tables by Specific Syndromes

Behavioral and Mental Health

- Initial Management of Behavioral Crises
- Crisis Prevention and Management Planning
- Psychotropic Medication Issues & Checklists

Identifying the Health Needs of Individuals with I/DD

This site contains a variety of resources to assist health providers. To the left you will find different practice tools. In the middle key terms and resources related to supporting individuals with intellectual and/or developmental disabilities in your practice. On right we have included training and guidelines. **Individuals with I/DD receive care from multiple providers and facilities. Coordination of care amongst providers is vital to support maximum well-being.**

Intellectual disability is characterized by significant limitations both in ***intellectual functioning*** (reasoning, learning, problem solving) and in ***adaptive behavior***, which covers a range of everyday social and practice skills. This disability originates before the age of 18.[1]

Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairments, which manifests before age 22 and are likely to continue indefinitely. They result in substantial limitations in > 3 areas:

- self-care
- receptive and expressive language
- learning
- mobility
- self-direction
- capacity for independent living
- economic self-sufficiency

Additionallly, these disabilities reflect the need for individually planned and coordinated services and supports that are of lifelong or extended duration. (From 45 CFR 1385.3 definitions)

I/DD training offering CE credits

OptumHealth Education:

- Effective Communication, Healthcare & Aging
- Autism Spectrum Disorder

American Academy of Developmental Medicine and Dentistry

- Developmental Disabilities Physician Education

Additional Training for Health Care Providers

- Archived Webinars (The Arc)
- Case Based Health Curriculum (LEND and UCEDD resource)

Trauma Informed Care

- Trauma Informed Care Resource Library (National Association of State Directors of Developmental Disabilities Services - NASDDDS)
- Assessing Trauma in Individuals With ID (AUCD)
- Trauma-informed Behavior Planning for People with IDD– Webinar Recording sponsored by American Association on Intellectual Disabilities (AAID) and NADD

Addtional Resources

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) provides clinical criteria for I/DD conditions. This book is available for purchase in print or online.

Resources

- Practice tools
- Checklists
- Training
- Trauma Informed Care
- Guidelines

Provider Express Link

I/DD Toolkit

Your Feedback and Questions

Thank you.