

Outpatient Services - Federal Mental Health Parity (FMHP) Outpatient Outlier Model Refresher

Mini Webinar Series – June 2011

Agenda

- Introductions.
- Clinical Model.
- ProviderConnectSM Outlier Model Demonstration.
- Contacts.

Introductions

General Parity Guidelines

- This interim final rule takes effect for parity plans on the first day of their plan year.
- The 2008 Act requires that mental health and substance abuse disorder benefits, provided by group health plans with more than 50 employees, must be available on an equivalent or better basis to any medical and surgical benefits.
- To establish parity, the regulations provide a framework of determining whether mental health and substance abuse disorder benefits are subject to the same “financial requirements” (deductibles, co-payments) and “treatment limitations” (number of treatments, days of coverage, conditioning benefits upon completion of a course of treatments) as medical and surgical benefits.

How Will Providers Receive Parity Updates?

- Provider eNewsletter:
 - The Provider eNewsletter is posted on the ValueOptions® Web site on a monthly basis at the following location:
 - <http://www.valueoptions.com/providers/ProNews.htm>
- Provider PulseSM.
- ProviderConnectSM.
- Quarterly Provider Webinars.
- Frequently Asked Question (FAQ) Document.

Checking Member Eligibility/Benefits

- Providers should always check member eligibility for any changes.
- Use ProviderConnectSM by:
 - Checking member benefits.
 - Many benefit plans have changed to meet Mental Health Parity requirements.
 - Sending inquiries to Customer Service in regards to the member's benefits.
 - Read important messages or Provider Newsletter items about Mental Health Parity.

Clinical Model

Parity has changed the Inpatient Authorization Process

- In place of the past pre-authorization provisions, ValueOptions® will require that notification of a member's admission to inpatient mental health or substance abuse treatment facility be made within 24 hours.
- Notification requirements and pre-authorization may still be required for higher level of care (HLOC).
- Notice can be provided via ProviderConnectSM using the "Authorization Request" link or by calling the appropriate telephone number on the back of the member's benefit card. Failure to provide notification as required by the benefit plan may result in penalties being applied as follows:
 - Claims payment may be made at a reduced rate,
 - Services may be subject to an additional deductible,
 - Denial of coverage.

Parity has changed the Outpatient Authorization Process

- With regard to outpatient services, for those plans that are affected by FMHP, authorization prior to beginning treatment is no longer required.
 - *Psychological Testing* and *Outpatient ECT* will still require pre-authorization.
 - Some clients will still require authorization of outpatient services.
- In place of the past pass through/registration outpatient processes, ValueOptions® has initiated an outlier care management model. This outlier model will focus on individual cases by diagnostic category where the course of treatment varies significantly from expected norms.
- If a case is identified as an outlier, ValueOptions® will request additional clinical information about the member's treatment in order to conduct appropriate utilization management. Similarly, if an individual provider's treatment patterns within a diagnosis varies significantly from expected norms, additional information will be requested.

Parity has changed the Outpatient Authorization Process

- ValueOptions® continues to focus on those members diagnosed with complex mental health and substance abuse illnesses.
- ValueOptions® will be contacting the treating provider early in these patients' treatment regimen in order to develop, in conjunction with the provider, an individualized plan of care. The goal of this process is to help assure, in cooperation with the provider, the best possible outcome for the patient.

Clinical Model

	PRIOR TO PARITY	CURRENT PROCESS
PRIOR AUTHORIZATION	Required after claims for first 10 sessions are processed	Not required
MEDICAL NECESSITY	Required for all levels of care	Required for all levels of care
RETRO REVIEWS	Provider is able to submit if they fail to request precertification	Provider may be required to submit if they fail to notify VO of an admission
COMPLEX DIAGNOSIS	Members enrolled in ICM program, Provider may or may not be contacted	Provider will be contacted at multiple events during the course of treatment

Clinical Model

- The non-quantitative provision has required ValueOptions® to establish a new approach to medical management and implement new clinical processes.
 - This has impacted benefit design such as eliminating many authorization requirements for outpatient services
- Inpatient and HLOC require precertification or notification *based on medical plan requirements*.
- Financial penalties such as reduced claims payment will more frequently apply.
- Retro reviews will be allowed by contract.
- There will be requests for records or additional clinical information at key points.
 - Administrative denials will apply for network providers who do not respond to such requests

Clinical Model: Key Points

- Outpatient model via claims or claims extract.
- Since pass through or registration no longer applies to outpatient services, **authorization can not be required.**
 - Some clients will still require precertification for HLOC – notification requirements may also vary.
 - A few clients will still require authorization of outpatient services.
- Outpatient care management will be conducted primarily through front-end claims or claims extracts, and will emphasize 4 areas:
 - Complex diagnoses.
 - Outlier cases.
 - Outlier providers.
 - Intensive care management.

Complex Diagnosis:

- High cost/High risk diagnostic categories Identified through claims analysis.
- High Risk/High dollar categories may vary by account.
- Process:
 - Initial letter sent to provider at time of first claim advising them to follow certain treatment practice guidelines (example: Eating Disorders).
 - Providers that use ProviderConnectSM will receive the first claim and threshold notifications via the web in their message center.
 - Members evaluated for Intensive Care Management services at time of an Emergency Room or inpatient claim.
 - Outlier review requiring submission of an Outpatient Review via ProviderConnectSM with specific endorsement of best practice treatment guidelines.

Outlier Diagnosis Review:

- Identified by: same provider; same member; same diagnosis.
- Outlier review at comparable limits of current pass through or registration model (10 to 26 sessions).
- Outlier thresholds may vary by client.
- Outlier review requiring submission via ProviderConnectSM of an Outpatient Review with specific endorsement of best practice guidelines.

Outpatient Review elements, with treatment guideline endorsement

- Generic Treatment Guidelines – apply to all DX categories:
 - Co-occurring medical conditions have been assessed and addressed, if applicable, in treatment plan.
 - For primary psychiatric disorders, co-occurring substance use conditions have been assessed and addressed, if applicable, in treatment plan.
 - For primary substance abuse disorders, co-occurring psychiatric conditions have been assessed and addressed, if applicable, in treatment plan.
 - For biologically based conditions, appropriate pharmacological intervention has been prescribed and/or evaluated by members PCP/psychiatrist.

Outpatient Review elements, with treatment guideline endorsement (cont)

- Treatment process includes one or more evidenced based psychosocial treatment modalities:
 - Cognitive behavioral therapies including social skills training, destabilization prevention, relapse prevention, standard cognitive therapy.
 - Motivational Enhancement therapy.
 - Illness management skills.
 - Family interventions/ therapy as indicated.
 - Community based self-help organizations and peer support groups.
- Clinical impairment rating and treatment plan reflects either improvement in symptoms within 90 days of treatment onset, or, if not, patient's condition has been re-evaluated and adjustments in treatment plan made accordingly.
- Risk issues have been assessed and addressed in treatment plan and are continually monitored during treatment.
- Additional treatment guideline endorsements required for complex diagnosis review.

Outpatient Review



Requested Start Date for this Authorization ___/___/___

NOTE: This form cannot be used to request ECT or psychological testing.

Type of Service Requested: Mental Health Substance Abuse

Patient Name: _____

Date of Birth: _____ Age: _____ M F

Address (City/State only): _____

Tel #: _____ Patient's Insurance ID#: _____

Patient's Employer/Benefit Plan: _____

Provider Name: _____ License _____

Name of Program/Clinic (if applicable): _____

VO Provider ID # (if known): _____ Tel # _____

Service Address: _____

City/State/Zip: _____

Are you independently licensed to provide services in the State where you are treating this patient? Yes No

ID #: _____ Check Which: SSN Tax ID NPI

Diagnosis:

Axis I: 1. _____ 2. _____

Axis II: 1. _____ 2. _____

Axis III: 1. _____ 2. _____

Axis IV: 1. _____ 2. _____

Axis V: Current GAF = _____ Highest GAF in the past year = _____

Treatment History: (please select all that apply)

Previous Treatment in the Past 12 Months, excluding current course of treatment:

Type: Mental Health Substance Abuse Both None Unknown

Outpatient Partial/IOP Inpatient Residential Group Home Other

Outcome: Unknown Improved No Change Worse

Treatment Compliance (Non-Med): Unknown Poor Fair Good

Is the individual currently receiving disability benefits Yes No

Current Risk Assessment: (Please select/circle one value for each type of risk)

Key: 0 = none; 1 = mild, ideation only; 2 = moderate, ideation with EITHER plan or history of attempts; 3 = severe, ideation AND plan, with either intent or means; na = not assessed)

Patient's risk to others: 0 1 2 3 na

Patient's risk to self: 0 1 2 3 na

Outpatient Review

Current Impairments: (Please select/circle one value for each type of impairment)

Scale: 0=none 1=mild/mildly incapacitating 2=moderate/moderately incapacitating 3=severe or severely incapacitating na=not assessed

- Mood Disturbance (Depression or Mania) 0 1 2 3 na
- Anxiety 0 1 2 3 na
- Psychosis/Hallucinations/Delusions 0 1 2 3 na
- Thinking/Cognition/Memory/Concentration Problems 0 1 2 3 na
- Impulsive/Reckless/Aggressive Behavior 0 1 2 3 na
- Activities of Daily Living Problems 0 1 2 3 na
- Weight Change Associated with a Behavioral Diagnosis 0 1 2 3 na
 Select One: Gain Loss na of _____ lbs. in last three months
 Current weight = _____ lbs. na Height = _____ ft. _____ inches na
- Medical/Physical Condition 0 1 2 3 na
- Substance Abuse/Dependence 0 1 2 3 na
 Select all that apply: Alcohol Illegal Drugs Prescription Drugs
- Job/School Performance Problems 0 1 2 3 na
- Social/Relationship/Marital/Family Problems 0 1 2 3 na
- Legal Problems 0 1 2 3 na

Treatment Plan: Reason for continued treatment (please select primary reason)

- Remains symptomatic Prepare for discharge within coming month
- Maintenance Facilitate return to work

Please indicate type(s) of service provided BY YOU, and the frequency.

- Medication Management 90862 Wkly Monthly Qtrly Other _____
- Indiv. Psychotherapy (20-30 min) 90804 Wkly Monthly Qtrly Other _____
- Indiv. Psychotherapy (45-50 min) 90806 Wkly Monthly Qtrly Other _____
- Indiv. Psychotherapy w/Med Mgmt 90807 Wkly Monthly Qtrly Other _____
- Family Psychotherapy (45-50 min) 90847 Wkly Monthly Qtrly Other _____
- Group Therapy (60-90 min) 90853 Wkly Monthly Qtrly Other _____
- Other _____ Wkly Monthly Qtrly Other _____
- Other _____ Wkly Monthly Qtrly Other _____

Please indicate type(s) of service provided BY OTHERS (select all that apply):

- Medication Management Indiv. Psychotherapy Family Psychotherapy
- Group Therapy Community Program(s) Self Help Group(s)

Are the Patient's family/supports involved in treatment? Yes No

Has Patient been evaluated by a psychiatrist: Yes No

Current Psychotropic Medications: Dosage Frequency Usually adherent?

1. YES NO
2. YES NO
3. YES NO

Treating Provider's Signature: _____ Date: _____



ProviderConnectSM Demonstration

Message Center



- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Performance Report
- Compliance

Welcome [redacted] . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER (5 **NEW**) Message



Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
▶ 11-03-10	THRESHOLD CLAIM	TEST BEAU PARITY	COMPLETED
▶ 10-29-10	THRESHOLD CLAIM	TEST KEL PARITY	IN PROCESS
▶ 10-28-10	THRESHOLD CLAIM	TEST BEAU PARITY	IN PROCESS
▶ 10-28-10	THRESHOLD CLAIM	TEST BEAU PARITY	IN PROCESS
▶ 10-28-10	THRESHOLD CLAIM	TEST BEAU PARITY	IN PROCESS

WHAT DO YOU WANT TO DO TODAY?

▼ [Eligibility and Benefits](#)

■ [Find a Specific Member](#)

▼ [Enter or Review Claims](#)

■ [Enter a Claim](#)

Message Center

Message Center - Inbox

Thank You for your recent web inquiry. Listed below are the responses sent within the past 30 days.

***Clicking the trash icon will delete the message permanently.*

	Inquiry #	Date Received ▼	Subject	Member Name	Delete
	11032010-1874206-010000	11/03/2010	THRESHOLD CLAIM	TEST BEAU PARITY	
NEW	10292010-1873301-010000	10/29/2010	THRESHOLD CLAIM	TEST KEL PARITY	
NEW	10282010-1873148-010000	10/28/2010	THRESHOLD CLAIM	TEST BEAU PARITY	
	10282010-1873146-010000	10/28/2010	THRESHOLD CLAIM	TEST BEAU PARITY	
NEW	10282010-1873145-010000	10/28/2010	THRESHOLD CLAIM	TEST BEAU PARITY	
	10282010-1873143-010000	10/28/2010	THRESHOLD CLAIM	TEST BEAU PARITY	
NEW	10282010-1873140-010000	10/28/2010	FIRST CLAIM SUBMISSION	TEST KEL PARITY	
NEW	10282010-1873116-010000	10/28/2010	FIRST CLAIM SUBMISSION	TEST BEAU PARITY	
	10282010-1873114-010000	10/28/2010	FIRST CLAIM SUBMISSION	TEST BEAU PARITY	
	10282010-1873112-010000	10/28/2010	FIRST CLAIM SUBMISSION	TEST BEAU PARITY	

Message Center – Threshold Claim

Message Center - Inquiry Details

Your Inquiry Details

Date Received:	10-28-2010	From:	ValueOptions@ Clinical Operations
Inquiry #:	10282010-1873148-010000	Subject:	THRESHOLD CLAIM
Member Name:	TEST BEAU PARITY	Member #:	BEAUTEST005

Inquiry Message:

CUSTOMER SERVICE - 10282010 - 13:00:41 ET-----

Provider ID: .

Inquiry ID #: 10282010-1873148-010000

This request for clinical information is being sent in response to your recent claim submission for this patient. In a collaborative effort to provide the highest quality and most appropriate clinical services and interventions to members, we are requesting that you complete a clinical review for this member. Please use Submit below to access the custom review flow. This flow asks for basic clinical information and the treatment guidelines being used in this member's treatment. If this information is not received within 15 days, the ongoing claims for service may be administratively denied.

Would you like to submit a new Request for Service?

Submit

Return to Inbox

Return to Sent

Own

Print

Outpatient Outlier Request for Information

Requested Services Header

Requested Start Date 11/11/2010	Member Name BEAU PARITY, TEST	Provider Name	Vendor ID	<input type="button" value="Save Request as Draft"/>
Type of Request INITIAL	Member ID BEAUTE005	Provider ID	Provider Alternate ID	NPI # for Authorization SELECT...
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service Mental Health	Level of Care Outpatient Outlier		

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

Treatment Plan

(For treatment modalities - individual, family, etc., please indicate services in the intervention field)

*Treatment Guidelines Interventions

Selected Treatment Guidelines Interventions:

Treatment Guidelines

Treatment Guidelines Narrative

▶ Narrative History

▼ Narrative Entry

(0 of 2000)

Select Treatment Guideline Interventions - Windows Internet Explorer

Treatment Guidelines Interventions

- (Eating Disorders)**
 - 1. Treatment plan includes monitoring and documentation of target weight and rate of progress.
 - 2. Patient is receiving nutritional counseling by a trained provider.
- (Generic Mental Health Conditions)**
 - 1. Co-occurring medical conditions have been assessed and addressed, if applicable, in treatment plan
 - 2. Co-occurring conditions have been assessed and addressed, if applicable, in treatment plan
 - a. For primary psychiatric disorders, co-occurring substance use conditions have been assessed and addressed, if applicable, in treatment plan
 - b. For primary substance abuse disorders, co-occurring psychiatric conditions have been assessed and addressed, if applicable, in treatment plan
- 3. For biologically based conditions,**
 - a. appropriate pharmacological intervention has been prescribed and/or evaluated by members PCP/psychiatrist
 - b. Not applicable for this member
- 4. Treatment process includes one or more evidenced based psychosocial treatment modalities:**
 - a. Cognitive behavioral therapies including social skills training, destabilization prevention, relapse prevention, standard cognitive therapy
 - b. Motivational Enhancement therapy
 - c. Illness management skills
 - d. Family interventions/ therapy as indicated
 - e. Community based self-help organizations and peer support groups
- 5. Clinical impairment rating and treatment plan reflects either improvement in symptoms within 90 days of treatment onset, or, if not, patient's condition has been re-evaluated and adjustments in treatment plan made accordingly**
- 6. Risk issues have been assessed and addressed in treatment plan and are continually monitored during treatment**

Message Center - Treatment Guideline Notification

Message Center - Inquiry Details

Your Inquiry Details

Date Received:	10-28-2010	From:	ValueOptions® Clinical Operations
Inquiry #:	10282010-1873114-010000	Subject:	FIRST CLAIM SUBMISSION
Member Name:	TEST BEAU PARITY	Member #:	BEAUTES003

Inquiry Message:

CUSTOMER SERVICE - 10282010 - 13:00:25 ET-----

Provider ID: 467637

Inquiry ID #: 10282010-1873114-010000

While handling your outpatient services claim we see that you are treating our member for a diagnostic category that we are currently reviewing. ValueOptions® utilizes evidence-based clinical practice guidelines in evaluating treatment planning and services being administered under our purview. In an effort to provide the highest quality and most appropriate clinical services and interventions to members, we are providing you with the treatment guidelines that ValueOptions® endorses. Click below for a copy of these guidelines. We hope these will be of benefit to you in working with the member.

Click [here](#) to see response attached to this message. Thank you

Return to Inbox

Return to Sent

Dear Provider,

ValueOptions® administers benefits for the member identified in this message. We appreciate your work in providing quality service to this member, your patient.

This communication alert is being sent in response to the first outpatient claim submission adjudicated by ValueOptions® on behalf of this patient for this episode of care for cognitive disorders. In addition to first outpatient claim submission events, ValueOptions® has identified additional triggers such as Emergency Department visits, Inpatient Psychiatric Hospitalizations, and when a utilization threshold level of service has been surpassed, as quality opportunities to send targeted communications to treating clinicians and/or outreach to members.

ValueOptions® utilizes evidence-based clinical practice guidelines as a basis in evaluating treatment planning and services being administered under our purview. Clinical practice guidelines are systematically developed documents that assist practitioners in making decisions about appropriate health care for specific clinical circumstances. Evidence-based clinical practice guidelines are guidelines that are known to be effective in improving health outcomes.¹

In a collaborative effort to provide the highest quality and most appropriate clinical services and interventions to members' patients, that align with their health needs, conditions, and symptoms, we are offering the below summary decision support information.

Request for Clinical Information Response Process



Requested Services Header

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)

*Level of Service

*Type of Service

*Level of Care

*Type of Care

Request for Clinical Information Response Process – Error Message



ProviderConnect Home

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)

11162010

*Level of Service

OUTPATIENT

- The Outpatient authorization request protocol is not utilized for this member. Please select Outpatient Outlier level of care if additional clinical information is being requested by the clinical department at ValueOptions®.

*Type of Service

MENTAL HEALTH

*Level of Care

OUTPATIENT

*Type of Care

BEHAVIORAL

Provider

Request for Clinical Information Response Process

Determination Status:

***** **PENED** *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
Pended Authorization #	Client Authorization #	Type of Request		
Date of Admission/ Start of Services	Requested From	Submission Date		
Level of Service	Type of Service	Level of Care	Type of Care	
Reason Code				
Provider Name & Address	Provider ID	Provider Alternate ID	NPI # for Authorization	

Attached Documents

There are no documents attached with this Authorization Request

Document Title	Document Description
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Authorization Printing & Downloading Options:

(For the best print results, please print in 'Landscape' format)

Print Authorization Result
Print the Results page (this page)

Print Authorization Request
Print the entire Authorization Request

Download Authorization Request
Download the entire Authorization Request



Provider Home
Return to the ProviderConnect homepage

Contacts

- For eligibility questions please call the number on the back of the member's insurance card.
- For general parity questions please call the Provider Services Line at (800)397-1630.
- ProviderConnectSM Technical questions please call the EDI help desk at (888)247-9311.

Questions?

Thank You!
