

# Overview of Neuropsychological Testing Initiatives at OptumHealth

Presentation to National Academy of Neuropsychology (NAN)  
November 9, 2012

# Outline

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- Introductions
- What is Optum?
- Overview of Provider Frequently Asked Questions
- Impact of changes on claims processing and denial rates
- Other Initiatives in the pipeline to support neuropsychologists
- Outlier Management Process
- Working with Managed Care Organizations
- Impact of Health Care Reform
- Questions and Answers

# We are Optum

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- **Optum**
  - A health services business dedicated to making the health system work better for everyone.
  - Comprised of three market-leading business segments — OptumHealth, OptumInsight (previously Ingenix) and OptumRx (previously Prescription Solutions). Collectively, our products and services touch and impact almost every point across the health system, including payers, providers, sponsors, hospitals and consumers.
  - [www.optum.com](http://www.optum.com)
- **OptumHealth**
  - Supports population health management solutions that address the physical, mental and financial needs of organizations and individuals. We provide health information and services to nearly 60 million Americans – educating them about their symptoms, conditions and treatments; helping them to navigate the system, finance their health care needs and stay on track with their health goals.
- **OptumHealth (Behavioral focus)**
  - Our Mission is to help people live their lives to the fullest.
  - Our Vision is to be a constructive and transformational force in the health care system.
  - [www.ubhonline.com](http://www.ubhonline.com) or [www.providerexpress.com](http://www.providerexpress.com)
- **United Behavioral Health (UBH) and U.S. Behavioral Health Plan, California (USBHPC)**
  - **Legal Entities**
  - **Brands**

# Authorization Process Changes

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## Key Change

- Eliminated pre-authorization requirement for neuropsychological testing for most plans
  - Exceptions: ConnectiCare, Geisinger Health Plan, Harvard Pilgrim Health Plan, Providence Health Plans, Physician Health Plan of Mid-Michigan and Rocky Mountain Health Plan

## Goals

- Assure parity compliance
- Address provider satisfaction
- Promote simplicity and transparency for providers

## Finer Points

- Continue discussions with exception customers to promote simplification
- Important to confirm member eligibility and benefits
  - Check at [www.ubhonline.com](http://www.ubhonline.com) or [www.providerexpress.com](http://www.providerexpress.com) or contact the number on the back of the member's insurance card
- Authorizations will only be provided for those accounts that require pre-authorization

# Claims Process Changes

## Key Change

- With the exception of a handful of accounts, neuropsychological testing claims no longer pend for authorization
- Member diagnosis guides whether the payment falls to the medical or behavioral health benefit

Diagnosis Codes	General Description
290-299	(290-294)* Organic Psychotic Conditions; (295-299) Other Psychoses
300-3099; 311-316	(300-3099; 311-316)* Neurotic disorders, personality disorders, and other non-psychotic mental disorders

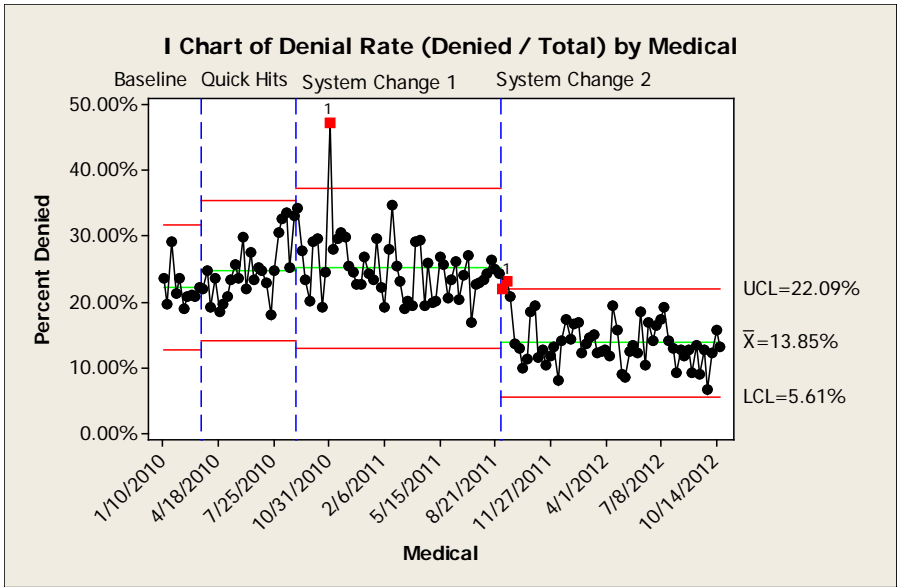
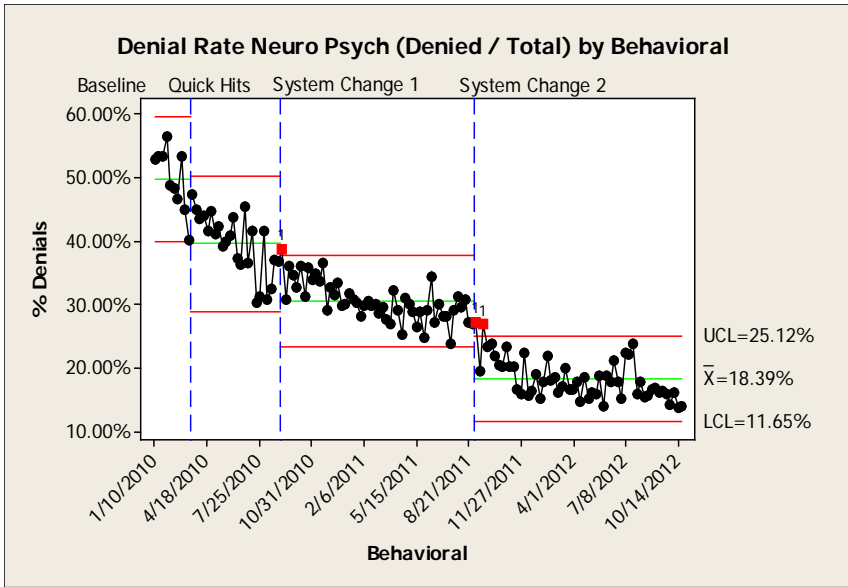
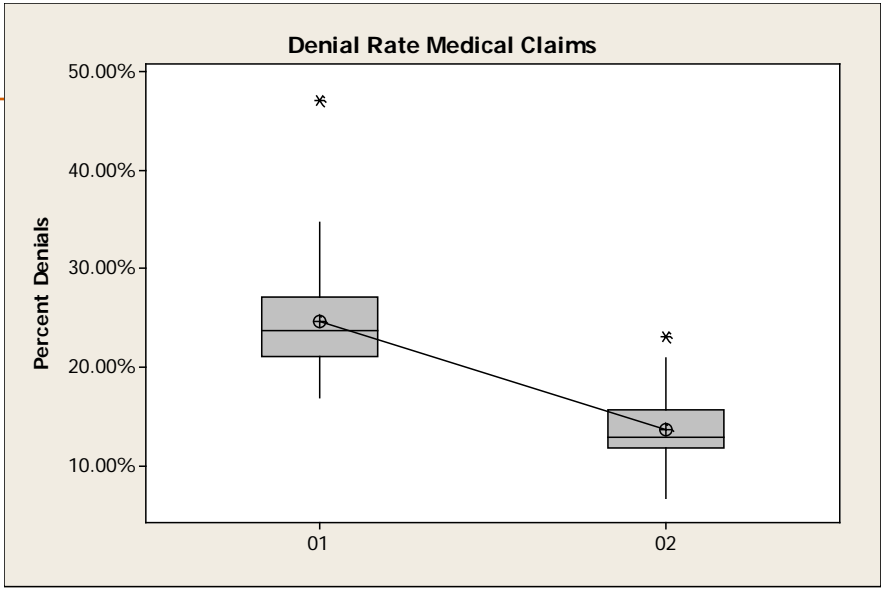
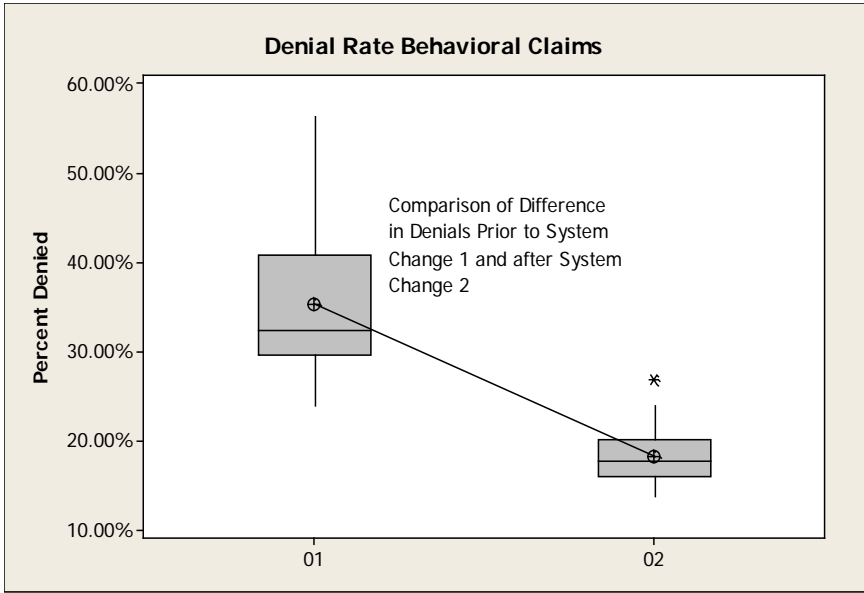
**EXCEPTIONS:** \* 294.8 (Dementia, NOS or Other persistent mental disorders due to conditions classified elsewhere), when part of a benefit plan, is covered by medical  
\*\* 307.81(Specific non-psychotic mental disorders due to organic brain damage), when part of a benefit plan, is covered by medical)

## Goals

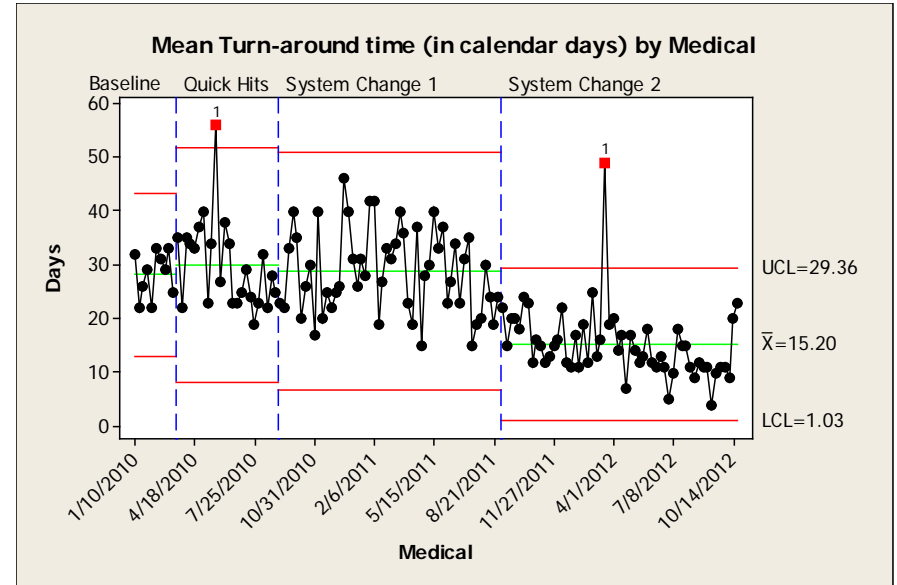
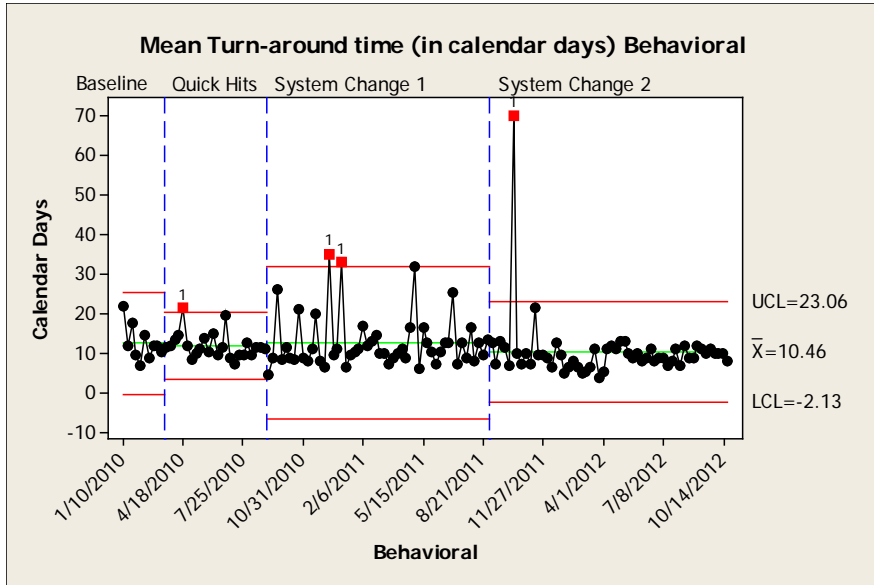
- Improve accuracy and turnaround time of neuropsychological testing claims
- Improve provider satisfaction

## Finer Points

- Psychological or neuropsychological testing purely for educational evaluations or learning disabilities are not covered under most benefit plans – always check member benefits and eligibility
- For most accurate claim processing, please submit claim using ICD-9-CM as your primary diagnosis on a claim.



➤ Denial Rates at multi-year lows for both Medical and Behavioral Claims



➤ Less variation and lower Mean turn-around time (TAT) for both Medical and Behavioral claims

# Eliminated the Network Gap Exception Process for Neuropsychologist Credentialed and Contracted with UBH seeing UHC members

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## Key Change

- For UBH contracted providers, all neuropsychological services provider under a member's behavioral and medical benefits will be reimbursed as an in-network benefit through your UBH agreement.

## Goals

- Reduce administrative burden for contracted UBH providers
- Streamline claims payment process
- Improve provider satisfaction

## Finer Points

- Continue to check member eligibility and benefit coverage prior to providing services.
- Providers contracted for UHC but not part of the UBH panel will be managed as out-of-network providers. Network gap exception or **accommodation** would be necessary for a UHC panel provider to see a UBH member and have the in-network benefits apply; otherwise member must access out-of-network benefits and applicable requirements.



## In Process – Newly recruited providers joining the UHC panel

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### Key Change

- Providers wishing to join the UHC panel will be credentialed under the current UBH criteria.
  - Providers will be offered participation in both the UHC and UBH panel.
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### Goals

- Reduce administrative burden
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- Anticipated launch date – January 1, 2013
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### Finer Points

# Clinical Resources

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- UnitedHealthcare procedures for qualifying medical conditions, see the neuropsychological testing medical policy, “Neuropsychological Testing Under the Medical Benefit”
  - [UnitedHealthcareOnline.com](https://www.uh.com) > Tools & Resources > Policies & Protocols > Medical & Drug Policies and Coverage Determination Guidelines > Neuropsychological Testing Under the Medical Benefit.
- United Behavioral Health [2012 Psychological and Neuropsychological Testing Guidelines](#) as well as the [2012 Operational Guide to Psychological and Neuropsychological Testing](#) are also available at [www.ubhonline.com](http://www.ubhonline.com)

# Changes in Utilization Management Strategy

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- With the discontinuation of preauthorization for neuropsychological testing, Optum will be monitoring claims trends for changes in billing patterns, volume and frequency.
  - Population level
  - Individual provider level
  - Diagnosis level
- Optum will continue monitoring utilization patterns for outliers using algorithms and other interventions.

# Perspective on Appropriateness of Treatment

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- Monitor for unusual pairing of diagnosis and current procedural terminology (CPT) specific to 96118, 96119, 96120.
- Generally, psychological or neuropsychological testing purely for educational evaluations or learning disabilities is not covered under most benefit plans.
- Quarterly monitoring of utilization patterns to detect unusual spikes in billing behavior may indicate potential overutilization, medical necessity concerns, or possible services not rendered.
- Monitor for daily detection of excessive repetitive neuropsychological testing which may indicate procedures being performed for strictly monitoring purposes or may indicate potential overutilization, medical necessity concerns, or possible services not rendered.
- Monitor for detection of multiple neuropsychologists billing for similar services in the same time period.
- Referral for periodic routine retesting of members without a substantive change in clinical status is viewed as potential overutilization, medical necessity concerns, or possible services not rendered.

# Network Participation and Key Contacts

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- How do I join the United HealthCare network?
  - You can inquire with UnitedHealthcare's Network Management team for your state to learn more about network participation. UnitedHealthcare's [Contact Us](#) page allows you to select your state in order to obtain contact information.
    - If you are already part of the UBH network, efforts are in place to coordinate participation in United Health Network.
- How do I join the United Behavioral Health network?
  - You can inquire via our web portal or through our toll free provider participation line at 1-866-660-7181
- Who do I contact with a claims question?
  - Use the number on the back of the member's identification card. Be prepared to provide diagnosis information, dates of service, and member identification information.

# Working with Managed Care Companies \*

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- Advice from within
  - Develop a relationship with your network manager
    - Find out more about the decision making process
  - Be persistent without whining and be specific
  - Put requests in writing to the network manager with cc: to supervisor or network/provider relations leadership (and don't slip a complaint in with other documents—claims, testing results)
    - Ask about the formal complaint process and use as necessary
  - Emphasize your effectiveness, unique ways that you can meet member preferences (e.g., languages, military experience, etc)
  - Highlight use of electronic transactions, current volume with the managed care organization
- \*Adapted from Barbara Griswold – [www.barbaragriswold.com](http://www.barbaragriswold.com); author of Navigating the Insurance Maze: The Therapists Complete Guide to Working with Insurance

# Achieving the Triple Aim

## Improved Population Health, Quality and Affordability

These are the fundamental avenues of focus for improving care and outcomes, and enhancing employee health

### Triple Aim

#### Payment Reform

- Performance-based contracting and other more sophisticated reimbursement approaches as providers' sophistication matures
- **Facilitates provider quality and accountability**

#### Employee Responsibility/ Incentives

- Consumer Tools/Transparency
- Centers of Excellence
- Benefit tiering/high performing networks
- **Helps members make informed choices**

#### Population Analysis

- Sophisticated Analytics
- Intra-provider incentives
- Electronic Health Records that allow Provider Interoperability
- Consumer support tools
- **Facilitates total population management**



# The Perfect Health Care Industry Storm

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Health Care Reform

Patient Protection Affordable Care Act

Federal Mental Health Parity and Addiction Equity Act

Public Health Service Act

Essential Benefit

Medical Loss Ratio

Triple Aim

Accountable Care Organizations

Medical Homes

Meaningful Use  
Electronic Medical Record

Expanding Preventive Care Coverage

Medical Behavioral Integration

Bending the Cost Curve

Performance Measurement

Accountable for Care Outcomes and Quality

Systems of Care

Provider Profiling

Shifting Risk to Providers

Population Management

Implementing Prevention services

Moving Away From Fee-For-Service Models



# Behavioral Health Providers – Practice Old and New

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## Characteristics of provider practice

### Today

- Single practitioner
- Unconnected to other behavioral health providers
- Unconnected to PCP providers
- Limited use of technology and data
- Clinical judgment and profession
- Limited business training & focus
- Singular patient focus
- Single session dependent
- “Illness” approach



### Tomorrow

- **Group practice - formal or virtual**
- **Connected to a multidisciplinary behavioral health and medical team**
- **Integration into a care system**
- **Population management**
- **Uses technology to enhance practice efficiency and effectiveness**
- **Ability to handle shifts in financial risk**
- **Consumer centric – Recovery approaches**
- **Quantitative demonstration of performance**
  - **Clinical**
  - **Quality**
  - **Efficiency**

# Member Transparency To Provider Cost and Quality

- Members can compare clinicians by cost (actual out-of-pocket expenses) as well as clinical performance ratings on quality and efficiency.

**Health Care Cost Estimator**

Care Estimate: Depression

Your Out-of-Pocket: \$38 | In-Network Cost: \$175

Your Information to Consider: Deductible Remaining: \$100 | HSA Balance: \$500 | Review Plan Details

\*Employer Name\* Pays: \$60

Compare Clinician: Counseling and/or Medication: Psychiatrist

Remove Comparison	Remove Comparison	Remove Comparison	Remove Comparison
Bradley Gordon, MD 542 101st Street New York, NY 10002 212 - 999 - 1000 3 Locations	Sarah Fox, DO 1234 86th St New York, NY 10002 212 - 999 - 1000 3 Locations	Anthony Allen, DO 1234 94th St New York, NY 10002 212 - 999 - 1000 1 Location	James Cohen, MD 1234 100th St New York, NY 10002 212 - 999 - 1000 1 Location
Select	Select	Select	Select
Quality Rating: ★★	★	★	★
Compared to State Average: <b>Below Average Cost</b>	Meets average Cost	<b>Above Average Cost</b>	<b>Above Average Cost</b>
Total Cost: <b>\$120</b>	\$140	<b>\$400</b>	<b>\$220</b>
Your Total Out-of-Pocket: <b>\$16</b>	<b>\$25</b>	<b>\$40</b>	<b>\$35</b>
Distance: .01 Miles	.05 Miles	1.0 Miles	1.25 Miles
Gender: Male	Female	Male	Male
Area of Expertise: Adult Therapy	Adult Therapy	Family Therapy	Group Therapy
Affiliated Facilities: General Hospital	St. Lukes Hospital	County Hospital	ABC Hospital

Preferred clinicians “star-rated” for quality can earn a second star rating for meeting cost-efficiency standards

*"This looks a lot like picking a flight...it is already feeling familiar."*

*"Ratings matter."*

— Consumer Testing Responses

liveandworkwell.com

Clinician Search

Clinician	Dist.	Clinician Type	Address
Stoltenberg, Suzann ★★	1.7	Masters Level Clinician	9201 Norman
Johnston, Susan ★	8.0	Masters Level Clinician	4306 Bryant
Draayer, Thibodeau, Dawn	8.2	Masters Level Clinician	4500 Park Gl
O'Brien, Barbara	8.8	Masters Level Clinician	4432 Chicag
Ahlers, Elizabeth	9.7	Masters Level Clinician	10591 165th