



Identifying Fraud, Waste & Abuse in Behavioral Health
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Agenda Topics

- Description of OptumHealth Behavioral Solutions (OHBS)
- Why Bother Pursuing FWA in Behavioral Healthcare?
- Unique Characteristics of Behavioral Health Treatment
- Tools to Identify FWA Activity in Behavioral Health
 - Routine Outpatient Management of Outliers – Member Centric
 - Practice Management Activity – Provider Centric
- Intervention Strategies
- Review of Provider Practice Analysis (PPA) Tool
- Case Examples
- Emerging Areas of Potential FWA Activity



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OptumHealth Behavioral Solutions Company Description

OptumHealth Behavioral Solutions (OHBS) Company Description

- Manages behavioral health services for over 50 million members
- Customers include health plans, government entities, and direct employer groups
- OHBS takes full risk for some customers, while others prefer an administrative services only (ASO) relationship
- OHBS has over 100,000 providers and 3000 facilities in its network
- OHBS manages all levels of behavioral health care depending on member's Certificate of Coverage (COC) and customer contract
 - Employee Assistance Programs (EAP)
 - Inpatient
 - Residential
 - Partial Hospitalization
 - Intensive Outpatient Care (aka Structured Outpatient Care)
 - Outpatient (approximately 60% of all benefit expense)
 - Routine
 - Nonroutine (e.g., ECT, psychological testing, biofeedback, suboxone)
- Today's presentation focuses primarily on identification and intervention of FWA within the Outpatient arena





Why Bother Pursuing FWA in Behavioral Healthcare?

Pursuing FWA in Outpatient Behavioral Health

- Historically, OHBS focused on management of higher intensity/cost services – not routine outpatient services
- Approximately 60% of benefit expense is payment for outpatient services
- Changes in federal regulation regarding Mental Health Parity
 - Lifting of benefit limitations
 - Lifting of ability to manage with traditional procedures such as precertification
 - Regulation does allow for analysis and management of FWA assuming similar to medical management
- Challenge from national political leadership and OHBS leadership to “bend the curve” on inappropriate healthcare expenditures
- Opportunity to make sure stakeholders “get what they pay for”
- It's the right thing to do!





Unique Characteristics of Behavioral Health Treatment

How Behavioral Health Differs From Medical Health

- Three primary provider types – all of whom can provide psychotherapy, but charge different fees
 - Board Certified Psychiatrists (MD)
 - Licensed Psychologists (Doctoral Level)
 - Licensed Master’s Level Therapists (e.g., clinical social work, family therapists, professional counselors)
- Must often rely on self-report to understand provider’s expertise
- The type of therapy provided often depends on the type of training received by the therapist, rather than a national standard of care for a particular diagnosis or procedure
- Psychotherapy is often a continuous treatment process, extending over significant periods of time – more similar to physical therapy than other medical treatments
- Psychotherapy can be provided individually, with the family, or in group
- The standard psychotherapy session is a 45-50 minute individual session (i.e., 90806)
- Evening hours are standard





Tools for Addressing Fraud, Waste and Abuse in Behavioral Health

Identification & Intervention

Routine Outpatient Management of Outliers – Member Centric

- The OHBS ALERT Outpatient Program was developed in 2007 to identify and stratify outpatient members based on
 - potential clinical risk
 - risk of overutilization of routine outpatient services
- Stratification accomplished via suite of algorithms run daily
 - Algorithms run on both clinical data and claims data
 - Identifies approximately 15% of outpatient population
- Interventions
 - correspondence “alerting” practitioner to identified clinical risk or
 - telephonic outreach to practitioners by a licensed clinician to discuss medical necessity for each case identified, including review of claims
 - Peer review when indicated, and potential denial of payment for services if care deemed not medically necessary



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Evolution of Member Centric ALERT Approach to Practice Management

- Same providers often surfaced for review due to clinical reasons
 - Long lengths of stay/frequent visits
 - Ineffective treatment plans and lack of progress
 - Inappropriate use of procedures or interventions for diagnosis in question
- Rendering provider on claim upon telephonic outreach indicated s/he was not the actual provider of care in some instances
 - Rendering provider unlicensed
 - Rendering provider OON
- Members who are reimbursed directly if provider is OON sometimes submit claims for services not rendered
- Providers sometimes manipulate CPT codes to obtain reimbursement for non-covered services
- Vital to have full claims history available to care advocates when conducting telephonic review
- Vital to have referral mechanism for staff who uncover above stated activity



Practice Management Intervention Process

- Team reviews analyses of algorithms to determine providers of interest.
 - Overall benefit expense paid to provider
 - Review of Practice Pattern Analysis (PPA) to drill down regarding algorithms triggered
- Once identified, the Practice Specialist structures an internal meeting with vested parties
 - Clinical Operations
 - Network Services
 - Account Management
 - Clinical Peer
- Internal meeting agenda includes:
 - Review of PPA and relevant claims data set
 - Review of complaints/credentialing history if available
 - Development of intervention strategy



Practice Management Intervention Process (continued)

• Potential Intervention Strategies

- Almost always includes a direct discussion with the provider in order to determine whether we are dealing with a true practice pattern, or a billing pattern
- Education
- Peer review activity if questions of medical necessity are present
- On-site or desktop audit

• Potential Results of Intervention

- Ongoing monitoring
- Corrective action plan
- Adverse benefit determination(s)
- Referral to Credentialing Committee with recommendation for termination
- Referral to Special Investigations Unit (SIU) if prospective flag needed or recoupment opportunities identified



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Practice Management Algorithms

Algorithms Developed Based on ALERT Program Evolution

- Provides services more than 8 hours per day
- Provision of high intensity/high cost services
- Provision of high frequency services (i.e., multiple visits per week)
- Provision of services to members for prolonged periods of time (i.e., long lengths of stay)
- Provision of services to multiple family members
- Provision of multiple services on the same day
- Provision of services to members already in treatment with other providers
- Use of same diagnosis for most patients
- CPT codes billed don't match provider type
- Provision of services on weekends/holidays

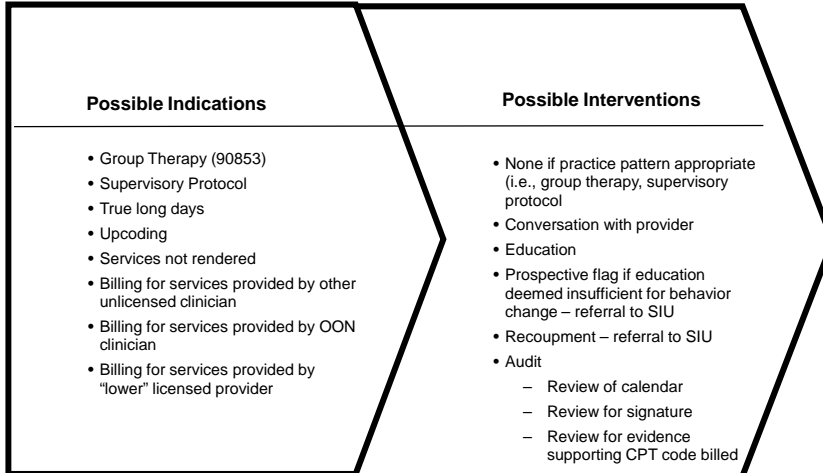


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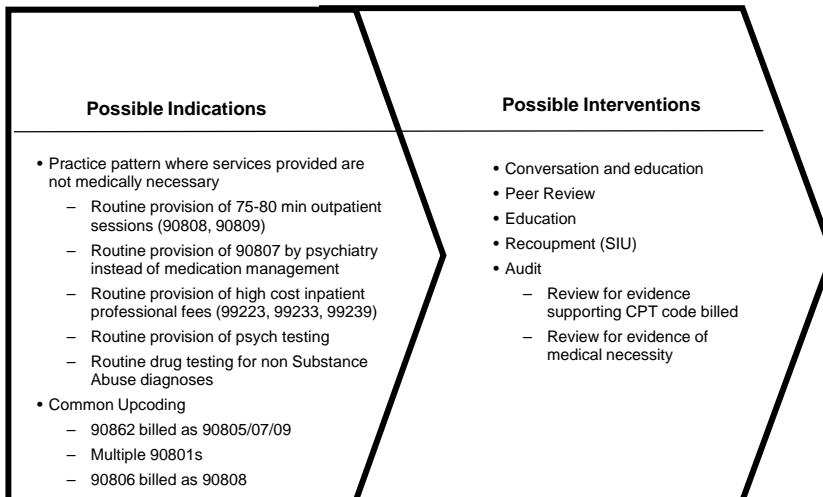
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Provide Services Greater than 8 Hours Per Day

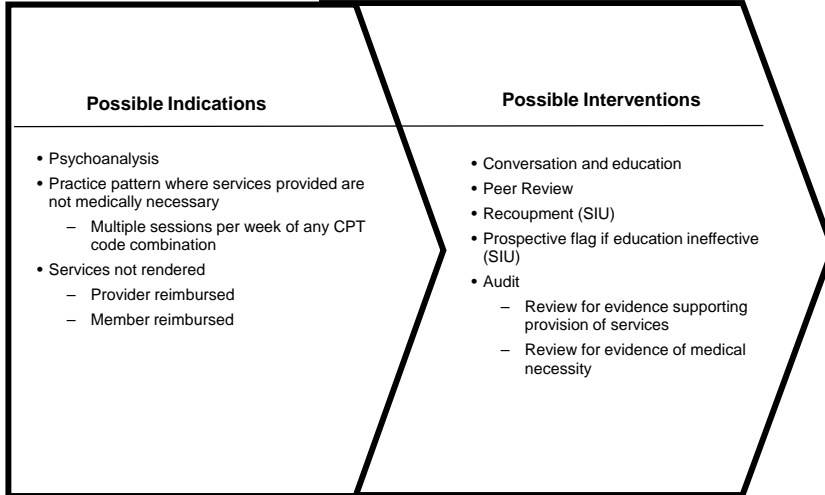
- Important to distinguish between a true practice pattern and a billing pattern



Routine Provision of High Intensity/High Cost Services



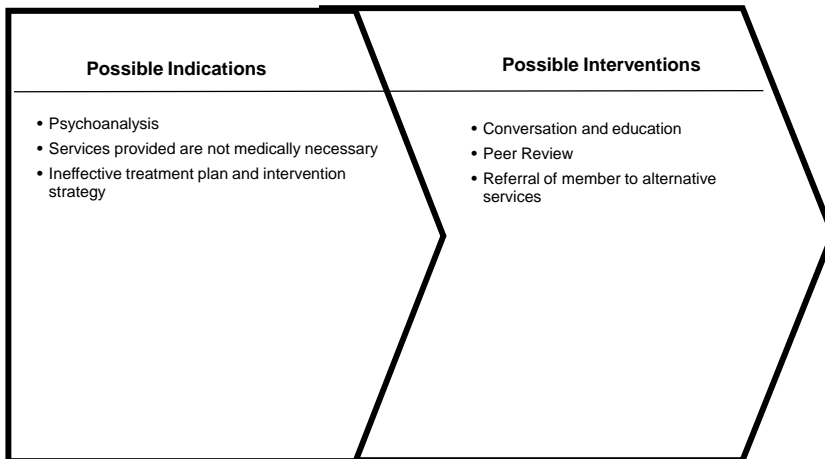
Routine Provision of High Frequency Services



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Routine Provision of Prolonged Services (i.e., long lengths of stay)

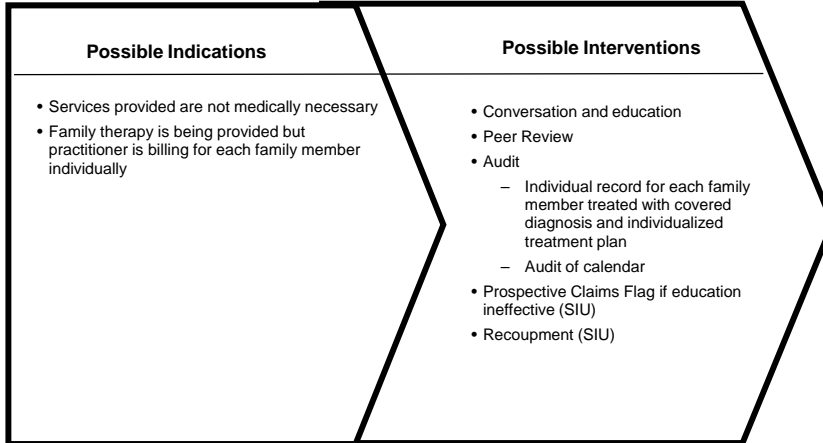
- 90% of outpatient treatment episodes are completed w/in 20 sessions
- The modal treatment episode is one



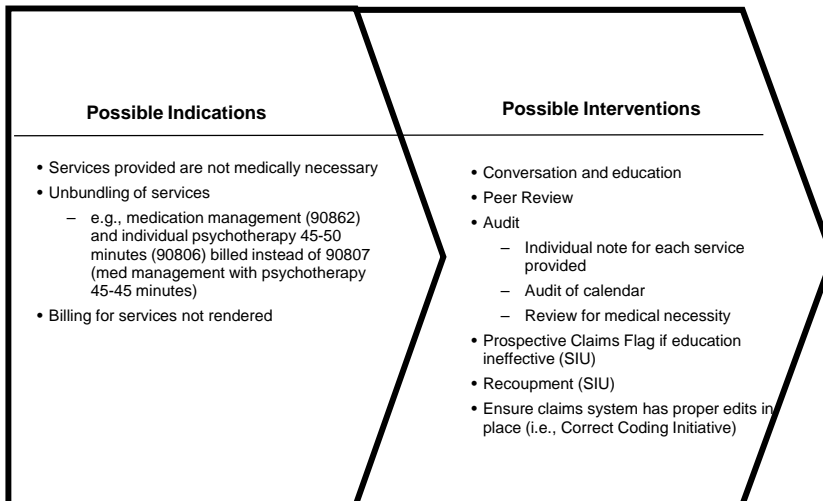
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Multiple Family Members

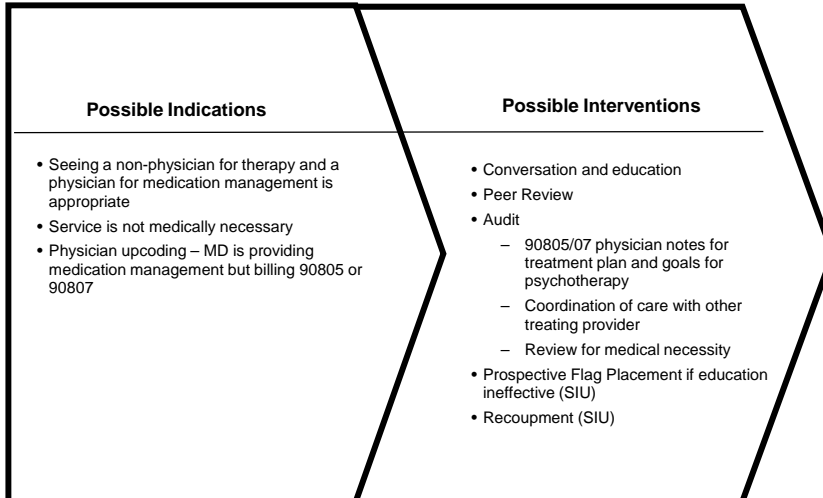
- Pay particular attention to services provided on the same day
- More difficult to determine with Medicaid members as subscriber IDs are idiosyncratic to child, rather than family



Multiple Service on Same Day (Crossbilling)

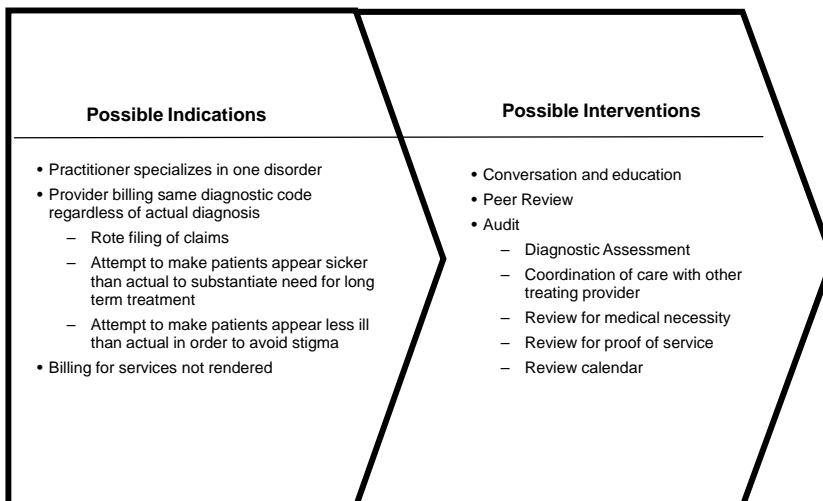


MD Provision of Services to Members Already in Outpatient Treatment



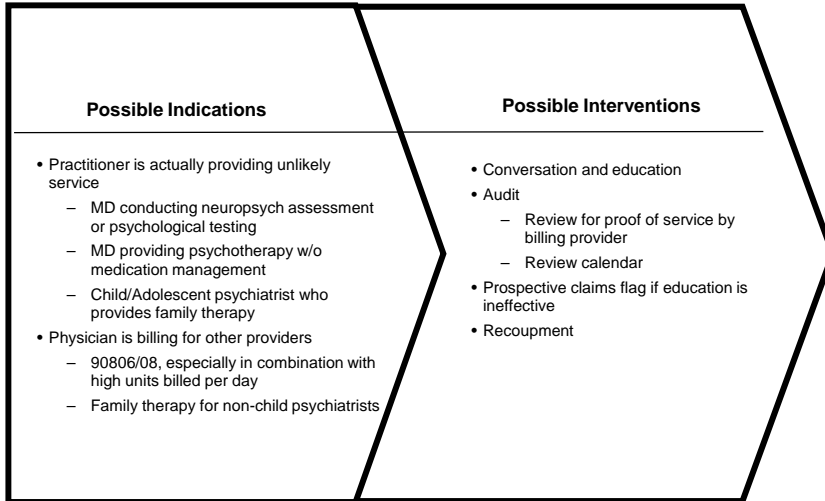
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Use of Same Diagnosis Across Patients



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CPT Codes Billed Don't Match Provider Type



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Provider Profile Analysis (PPA) Tool

PPA Example – Northern California Psychiatrist – Multiple Patterns

UBH Provider Pattern Overview

Provider Name:
Tax ID:
Data pulled for UCR: 03/01/2005-09/26/2011

Cross Billing

PATTERN DESC	FIRST DOS	LAST DOS	# PTS	# EPISODES	PAID AMT	% PTS	% EPISODES	% PAID
One distinct CPT code was billed for a given patient on a given day	01/04/2005	12/13/2010	292	2,678	\$339,443.78	84.4%	30.6%	39.1%
Multiple CPT codes were billed for a given patient on a given day	07/21/2005	10/27/2010	228	6,029	\$528,065.86	65.0%	69.2%	60.5%

Multiple Family Members in Treatment

PATTERN DESC	FIRST DOS	LAST DOS	# FAM	PAID AMT	AVG MIN	% FAM	% PAID
One family member in treatment	01/04/2005	12/13/2010	287	\$580,564.63	1.60	89.7%	66.9%
Multiple family members in treatment	02/07/2005	11/24/2010	33	\$286,985.00	2.66	-0.3%	33.1%

Multiple Family Members in Treatment on a Given Day

PATTERN DESC	FIRST DOS	LAST DOS	# DAYS	PAID AMT	% DAYS	% PAID
One family member was seen on a single day	01/04/2005	12/13/2010	4,687	\$737,019.63	92.85%	85.0%
Multiple family members were treated on a single day	02/28/2005	11/17/2010	361	\$130,530.00	7.15%	15.0%

Frequency of Sessions

PATTERN DESC	FIRST DOS	LAST DOS	# PTS	PAID AMT	% PTS	% PAID
Mbr averaging one or less sessions per wk	01/04/2005	11/29/2010	96	\$57,722.28	27.75%	6.7%
Mbr averaging multiple sessions per wk	01/04/2005	12/13/2010	250	\$609,827.55	72.25%	93.3%



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PPA Example – Northern California Psychiatrist – Multiple Patterns (continued)

CPT Code Patterns

PATTERN DESC	FIRST DOS	LAST DOS	# UNITS	PAID AMT	AVPP	% PAID
All other CPT codes	01/04/2005	12/13/2010	7,564	\$732,482.29	28.88	84.4%
High-nest CPT codes	01/07/2005	08/18/2010	418	\$81,438.29	8.07	9.4%
CPT code 90801	01/06/2005	11/16/2010	369	\$53,649.12	1.20	6.2%

More than 8 units per day

PATTERN DESC	FIRST DOS	LAST DOS	# DAYS	PAID AMT	% DAYS	% PAID
Provider billed 8 or less units of service for a given day	01/04/2005	12/13/2010	742	\$361,910.09	64.13%	41.7%
Provider billed more than 8 units of service for a given day	09/09/2005	10/19/2010	410	\$505,630.24	59.87%	58.3%

Extended Treatment Episodes

PATTERN DESC	FIRST DOS	LAST DOS	# PTS	PAID AMT	% PTS	% PAID
20 or less sessions	01/04/2005	12/09/2010	223	\$186,064.96	64.45%	21.4%
21-40 sessions	01/06/2005	12/01/2010	61	\$178,719.67	17.63%	20.6%
41-60 sessions	02/14/2005	12/06/2010	18	\$84,580.00	5.20%	9.7%
61-80 sessions	10/27/2005	12/13/2010	13	\$96,805.00	3.76%	11.2%
100+ sessions and length of stay greater than one year	02/02/2005	12/09/2010	12	\$158,285.00	3.47%	18.2%
81-100 sessions	06/01/2005	12/08/2010	17	\$162,855.00	4.91%	17.6%
Over 100 sessions and length of stay less than one year	03/07/2006	06/29/2009	2	\$10,240.00	0.58%	1.2%



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Northern CA Psychiatrist – Crossbilling Detail (continued)

Table 4 - Provider Claims Summary by Procedure Code Combination (billed on same day for same patient)

CPT COMBINATION**	FIRST DOS	LAST DOS	# PTS	# UNITS	# VSTS	SUBMITTED AMT	ALLOWED AMT	PAID AMT
* 90847, 90862	07/21/2006	10/27/2010	198	5,100	2,540	\$719,035.02	\$602,670.00	\$431,940.36
* 90807, 90847, 90862	07/21/2006	04/08/2010	37	489	163	\$78,816.00	\$66,246.00	\$47,286.00
* 90801, 90847, 90862	01/25/2006	08/10/2010	49	156	52	\$29,025.00	\$20,075.00	\$16,215.00
* 90801, 90862	08/18/2005	03/11/2010	47	96	47	\$16,745.01	\$10,560.00	\$8,831.97
* 90801, 90847	04/27/2006	07/14/2010	24	50	25	\$11,545.00	\$7,810.00	\$7,000.00
* 90808, 90847, 90862	10/01/2007	02/02/2009	7	32	6	\$6,680.00	\$4,400.00	\$3,757.00
* 90807, 90847	10/28/2009	03/18/2010	7	24	12	\$4,580.00	\$3,145.00	\$2,670.00
* 90801, 90807, 90862	07/21/2008	08/21/2008	7	21	7	\$3,705.00	\$2,695.00	\$2,560.00
* 90847, 99058	09/25/2006	05/22/2007	7	14	7	\$4,195.00	\$2,525.00	\$2,270.00
* 90801, 99058	04/12/2006	06/27/2007	5	10	5	\$3,100.00	\$2,150.00	\$1,960.00
* 90801, 90807, 90847, 90862	08/12/2008	09/25/2008	2	8	2	\$1,410.00	\$1,040.00	\$800.00
* 90808, 90847	07/09/2007	08/13/2007	3	6	3	\$1,785.00	\$855.00	\$754.50
* 90807, 90862	02/28/2006	07/08/2008	3	6	3	\$810.00	\$535.00	\$485.00
* 99058, 99245	08/29/2006	08/29/2006	1	2	1	\$900.00	\$430.00	\$430.00
* 90806, 90847	01/23/2006	07/17/2007	2	4	2	\$865.00	\$415.00	\$375.00
* 90808, 90862	09/29/2005	06/21/2007	2	7	2	\$1,285.01	\$405.00	\$315.00
* 90801, 90807	07/01/2008	07/01/2008	1	2	1	\$480.00	\$310.00	\$290.00
* 90784, 90862	11/10/2008	11/10/2008	1	2	1	\$270.00	\$167.03	\$117.03
90847	01/04/2005	12/01/2010	212	1,786	1,781	\$332,125.01	\$229,818.45	\$198,005.41
90808	01/21/2005	04/19/2010	42	398	391	\$158,795.00	\$87,140.00	\$78,715.72
90801	01/06/2005	11/16/2010	200	227	225	\$58,870.00	\$38,195.00	\$33,132.66
90807	08/14/2008	12/09/2010	49	130	126	\$25,340.00	\$16,380.00	\$14,275.00
99058	02/09/2005	10/10/2007	23	32	32	\$12,350.00	\$8,000.00	\$7,565.00
90805	02/02/2005	11/17/2010	19	41	41	\$5,760.00	\$4,510.00	\$4,030.00
90862	07/06/2005	12/13/2010	39	58	59	\$5,465.00	\$3,955.00	\$3,035.00
90806	01/05/2010	11/01/2010	4	5	5	\$855.00	\$615.00	\$480.00
90809	03/10/2005	03/10/2005	1	1	1	\$400.00	\$250.00	\$245.00

**Excludes invalid codes

Northern CA Psychiatrist – Multiple Family Member Detail (continued)

Table 6 - Provider Claims Summary by Subscriber ID

SUBSCRIBER ID	FIRST DOS	LAST DOS	# PTS	# DOS	# UNITS	SUBMITTED AMT	PAID AMT	% DAYS - MULTIPLE FAMILY MBRS WERE SEEN
	09/19/2005	10/07/2010	3	94	336	\$54,110.00	\$32,845.00	72.34%
	02/28/2005	06/27/2006	2	7	12	\$2,565.00	\$1,475.00	71.43%
	07/03/2008	11/15/2010	3	61	193	\$29,120.00	\$19,305.00	67.21%
	02/14/2005	08/27/2008	5	33	118	\$22,930.00	\$15,665.00	66.67%
	12/02/2009	11/17/2010	2	23	73	\$11,435.00	\$5,190.00	60.87%
	08/09/2005	05/30/2006	4	41	85	\$16,165.00	\$10,045.00	56.10%
	06/22/2006	06/04/2007	2	13	22	\$4,115.00	\$2,736.00	63.86%
	02/09/2005	06/30/2005	2	19	29	\$5,925.00	\$3,800.00	52.63%
	03/13/2006	12/06/2007	2	30	45	\$8,400.00	\$5,465.00	50.00%
	02/28/2005	07/12/2007	2	29	43	\$7,885.00	\$4,820.00	44.83%
	12/07/2007	10/13/2008	3	18	49	\$7,445.00	\$4,450.00	44.44%
	09/12/2006	12/08/2009	3	83	183	\$29,205.00	\$19,905.00	38.55%
	10/15/2007	10/18/2010	2	44	109	\$16,555.00	\$8,960.00	34.09%
	10/11/2005	11/08/2005	2	3	4	\$870.00	\$440.00	33.33%
	06/01/2005	12/27/2007	4	89	132	\$25,825.00	\$17,385.00	31.46%
	03/07/2006	12/11/2008	2	53	97	\$15,215.00	\$9,700.00	30.19%
	01/09/2008	01/25/2010	2	53	126	\$19,585.00	\$12,405.00	26.42%



Northern CA Psychiatrist – Units Per Day Detail (continued)

Table 5 - Provider Claims Summary: Day Volume

# UNITS BILLED PRR DAY***	FIRST DOS	LAST DOS	# DAYS	PAID AMT
1	01/06/2005	12/02/2010	78	\$8,349.43
2	01/04/2005	12/09/2010	126	\$29,874.25
3	01/31/2005	11/24/2010	183	\$56,881.70
6	02/07/2005	10/18/2010	142	\$102,313.99
7	02/28/2005	09/20/2010	111	\$94,055.48
8	03/10/2005	08/12/2010	69	\$67,209.31
9	10/03/2005	07/05/2010	45	\$47,611.12
10	09/19/2005	04/06/2010	31	\$37,696.00
11	11/01/2005	03/09/2010	16	\$21,989.50
12	10/17/2005	03/15/2010	12	\$17,183.50
13	05/30/2006	01/18/2010	10	\$15,560.25
14	11/06/2006	12/06/2009	3	\$5,109.23
15	02/04/2010	02/04/2010	1	\$1,990.00
16	01/27/2010	01/27/2010	1	\$1,675.00
17	07/21/2008	07/21/2008	1	\$2,740.00
19	01/04/2010	01/04/2010	1	\$2,335.00

***Excludes CPT 90862 and 99213



Northern CA Psychiatrist – Extended Treatment Detail (continued)

Table 7 - Provider Claims Summary by Patient

SUBSCR ID	MEMBER NAME	DOB	REL CD	FIRST DOS	LAST DOS	MOST RECENT DIAG CD	# UNITS	SUBMITTED AMT	PAID AMT	VISITS PER WEEK	PRODUCT TYPE
			S	06/29/2005	05/13/2010	30001	216	\$31,000.00	\$19,510.00	0.66	Commercial
			F	10/10/2007	12/01/2010	29670	199	\$30,065.00	\$20,020.00	1.21	Medicare
			E	04/12/2007	12/09/2010	29634	173	\$26,100.00	\$17,510.00	0.91	Medicare
			S	09/19/2005	10/07/2010	29633	141	\$22,650.00	\$10,640.00	0.53	Commercial
			D	03/10/2005	11/17/2010	31401	135	\$20,170.00	\$12,155.00	0.45	Commercial
			S	11/15/2005	08/06/2009	29634	116	\$16,955.00	\$9,015.00	0.60	Commercial, Ur
			S	09/12/2006	12/08/2009	29633	115	\$16,010.00	\$12,315.00	0.66	Commercial
			S	07/07/2005	09/16/2010	30981	111	\$17,610.00	\$10,910.00	0.58	Commercial
			E	04/16/2009	11/17/2010	29630	107	\$16,320.00	\$10,685.00	1.29	Medicare
			E	07/09/2008	12/06/2010	30002	104	\$16,635.00	\$10,300.00	0.83	Medicare
			E	02/02/2005	12/16/2009	30001	102	\$16,250.00	\$10,635.00	0.40	Commercial
			D	09/19/2005	07/13/2010	31400	99	\$15,795.00	\$9,630.00	0.29	Commercial
			E	10/03/2005	05/05/2009	29623	98	\$14,355.00	\$7,475.00	0.52	Commercial, Ur
			D	09/19/2005	07/13/2010	31401	97	\$15,665.00	\$9,575.00	0.39	Commercial
			S	10/20/2005	11/17/2008	29633	97	\$13,530.00	\$8,400.00	0.60	Commercial



PPA Example - Georgia Social Worker – Multiple Patterns

Cross Billing

PATTERN DESC	FIRST DOS	LAST DOS	# PTS	# CPT5000S	PAID AMT	% PTS	% CPT5000S	% PAID
One distinct CPT code was billed for a given patient on a given day	01/03/2005	05/15/2009	45	8,962	\$542,236.07	100.0%	99.6%	50.7%
Multiple CPT codes were billed for a given patient on a given day	01/04/2005	02/03/2007	10	92	\$7,076.20	21.7%	1.0%	1.3%

Multiple Family Members in Treatment

PATTERN DESC	FIRST DOS	LAST DOS	# FAM	PAID AMT	AVG MER	% FAM	% PAID
One family member in treatment	01/04/2005	05/15/2009	35	\$285,573.67	1.00	88.7%	92.8%
Multiple family members in treatment	01/04/2005	05/07/2009	4	\$261,207.60	2.61	10.9%	47.2%

Multiple Family Members in Treatment on a Given Day

PATTERN DESC	FIRST DOS	LAST DOS	# DAYS	PAID AMT	% DAYS	% PAID
One family member was seen on a single day	01/03/2005	05/15/2009	5,736	\$382,978.98	81.5%	64.3%
Multiple family members were treated on a single day	01/04/2005	04/30/2009	1,301	\$196,332.19	18.49%	35.7%

Frequency of Sessions

PATTERN DESC	FIRST DOS	LAST DOS	# PTS	PAID AMT	% PTS	% PAID
Mtr averaging one or two sessions per wk	02/18/2005	12/17/2009	3	\$682.60	6.52%	0.1%
Mtr averaging multiple sessions per wk	01/03/2005	05/15/2009	43	\$518,681.67	93.48%	99.9%



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PPA Example – Georgia Social Worker – Multiple Patterns (continued)

CPT Code Patterns

PATTERN DESC	FIRST DOS	LAST DOS	# UNITS	PAID AMT	AVPP	% PAID
All other CPT codes	01/03/2005	05/15/2009	9,036	\$548,014.67	196.43	99.8%
CPT code 90801	02/03/2005	06/03/2008	18	\$1,356.50	1.00	0.2%

More than 8 units per day

PATTERN DESC	FIRST DOS	LAST DOS	# DAYS	PAID AMT	% DAYS	% PAID
Provider billed 8 or less units of service for a given day	01/03/2005	05/15/2009	739	\$177,220.17	58.56%	32.3%
Provider billed more than 8 units of service for a given day	01/04/2005	04/30/2009	523	\$372,151.00	41.44%	67.7%

Extended Treatment Episodes

PATTERN DESC	FIRST DOS	LAST DOS	# PTS	PAID AMT	% PTS	% PAID
20 or less sessions	02/16/2005	12/17/2005	4	\$1,334.50	8.70%	0.2%
21-40 sessions	01/04/2005	01/17/2007	5	\$9,577.40	10.87%	1.8%
41-60 sessions	01/09/2005	10/04/2008	5	\$20,640.95	10.87%	3.8%
61-80 sessions	01/11/2005	08/10/2006	2	\$8,868.14	4.26%	1.6%
81-100 sessions	01/04/2005	09/30/2005	3	\$18,506.25	6.52%	3.4%
Over 100 sessions and length of stay less than one year	01/04/2005	09/26/2007	3	\$23,542.50	6.52%	4.3%
100+ sessions and length of stay greater than one year	01/03/2005	05/15/2009	24	\$466,301.43	52.17%	84.9%



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GA Social Worker – Units Per Day Detail (continued)

# UNITS BILLED PER DAY***	FIRST DOS	LAST DOS	# DAYS	PAID AMT
1	01/03/2005	05/15/2009	167	\$9,167.00
2	01/26/2005	04/06/2009	112	\$12,841.03
3	01/12/2005	03/02/2009	89	\$16,485.08
4	01/17/2005	04/01/2009	49	\$12,436.25
5	01/21/2005	04/03/2009	84	\$25,191.19
6	01/28/2005	03/20/2009	70	\$25,927.44
7	03/03/2005	04/20/2009	74	\$30,190.84
8	01/15/2005	04/14/2009	94	\$44,981.34
9	01/31/2005	04/30/2009	123	\$67,110.18
10	01/08/2005	02/07/2009	99	\$59,250.79
11	01/18/2005	07/26/2008	70	\$46,438.12
12	01/04/2005	07/05/2008	67	\$48,686.84
13	01/06/2005	06/30/2008	59	\$47,740.01
14	03/22/2005	07/09/2007	35	\$28,488.00
15	02/26/2005	05/07/2007	24	\$21,473.25
16	01/11/2005	06/09/2007	20	\$21,500.25
17	01/20/2005	03/20/2006	7	\$7,845.01
18	02/03/2005	03/31/2007	9	\$10,110.68
19	03/14/2005	05/23/2005	2	\$2,220.00
20	02/07/2005	07/18/2005	6	\$8,805.07
21	07/20/2005	07/20/2005	1	\$1,184.00
22	03/10/2005	03/10/2005	1	\$1,290.00

***Excludes CPT 90862 and 99213



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GA Social Worker – Multiple Family Members Detail (continued)

Table 6 - Provider Claims Summary by Subscriber ID

SUBSCRIBER ID	FIRST DOS	LAST DOS	# PTS	# DOS	# UNITS	SUBMITTED AMT	PAID AMT	% DAYS - MULTIPLE FAMILY MBRS WERE SEEN
	01/03/2005	04/30/2009	5	949	2,328	\$349,256.25	\$148,045.00	75.87%
	01/08/2005	05/07/2009	2	762	1,129	\$169,775.00	\$54,100.00	48.16%
	01/06/2005	08/30/2005	2	84	116	\$17,790.00	\$9,847.50	34.52%
	05/19/2005	04/30/2009	2	574	759	\$114,275.00	\$47,405.00	32.23%



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GA Social Worker – Extended Visits & Frequency Detail (continued)

Table 7 - Provider Claims Summary by Patient

SUBSCR ID	MEMBER NAME	DOB	REL CD	FIRST DOS	LAST DOS	MOST RECENT DIAC CD	# UNITS	SUBMITTED AMT	PAID AMT	VISITS PER WEEK	PRODUCT TYPE	CUSTOMER NAME
			E	01/06/2005	04/30/2009	29689	674	\$101,835.00	\$46,158.75	2.99	Commercial	
			E	01/08/2005	04/30/2009	29689	635	\$95,675.00	\$22,705.00	2.82	Commercial	
			D	01/15/2005	04/30/2009	29689	619	\$92,950.00	\$40,370.00	2.77	Commercial	
			E	05/19/2005	04/30/2009	29689	522	\$78,650.00	\$33,625.00	2.53	Commercial	
			E	06/09/2005	02/09/2009	29689	506	\$75,170.00	\$19,050.00	2.64	Commercial	
			D	02/25/2006	05/07/2009	29689	494	\$74,100.00	\$31,395.00	2.96	Commercial	
			D	01/03/2005	04/03/2008	29633	425	\$63,750.00	\$27,532.50	2.51	Commercial	
			D	01/04/2005	02/25/2008	29633	423	\$63,550.00	\$27,845.00	2.58	Commercial	
			E	06/27/2005	04/30/2009	29633	394	\$59,250.00	\$25,655.00	1.96	Commercial	
			E	01/04/2005	05/15/2009	29689	358	\$54,075.00	\$23,500.00	1.57	Commercial	
			E	05/30/2005	04/30/2009	29689	320	\$49,435.00	\$20,895.00	2.10	Commercial	
			E	01/04/2005	12/15/2007	29689	291	\$42,589.34	\$18,809.34	1.89	Commercial	
			E	05/19/2005	05/26/2007	29689	288	\$41,110.00	\$16,860.00	2.54	Commercial	
			E	12/05/2006	06/30/2008	29633	248	\$37,500.00	\$16,255.00	3.02	Commercial	
			D	03/18/2006	04/30/2009	29689	237	\$36,825.00	\$13,780.00	1.48	Commercial	
			E	06/10/2006	06/28/2007	29633	207	\$31,160.00	\$12,905.00	1.84	Commercial	
			E	01/04/2005	04/13/2006	30981	200	\$30,435.00	\$13,490.00	3.01	Commercial, Ur	
			S	01/04/2005	01/02/2007	29633	187	\$27,181.25	\$7,138.75	1.80	Commercial	



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PPA Example NY Psychiatrist – High Cost Codes/Non MD Codes/Units Per Day

Table 3 - Provider Claims Summary by Procedure Code

PROC CODE	FIRST DOS	LAST DOS	# PTS	# UNITS	AVPP	SUBMITTED AMT	PAID AMT	% PAID
90907	01/03/2008	06/30/2011	424	3,007	7.21	\$477,410.37	\$300,001.80	98.11%
90900	07/10/2000	06/30/2011	165	745	7.10	\$138,050.91	\$70,580.82	14.45%
90801	01/08/2008	06/28/2011	452	797	1.76	\$118,038.97	\$58,541.68	10.77%
90862	01/14/2008	06/30/2011	282	1,241	4.40	\$113,566.32	\$58,335.86	10.73%
80600	03/24/2009	06/30/2011	114	413	3.62	\$45,378.08	\$20,872.86	4.72%
90619	01/14/2008	03/01/2011	41	145	3.54	\$16,407.89	\$12,105.78	2.23%
90617	01/12/2009	05/03/2011	13	19	1.46	\$2,260.45	\$1,201.20	0.22%
90646	05/05/2009	05/25/2011	9	6	1.00	\$1,440.00	\$815.00	0.15%
98508	10/11/2010	04/25/2011	8	8	1.00	\$2,400.00	\$708.19	0.13%
98338	04/20/2009	05/10/2011	5	7	1.40	\$1,150.00	\$889.87	0.13%
98245	04/13/2010	06/22/2010	1	6	6.00	\$1,200.00	\$540.00	0.10%
90853	03/18/2010	03/02/2011	3	14	4.67	\$1,840.00	\$320.00	0.06%
98255	09/23/2009	12/07/2009	2	2	1.00	\$550.00	\$270.79	0.05%
90847	03/23/2011	06/28/2011	2	2	1.00	\$480.00	\$243.00	0.05%
98205	04/20/2010	05/17/2010	2	2	1.00	\$550.00	\$180.27	0.03%
01963	04/14/2009	04/14/2009	1	1	1.00	\$160.00	\$140.00	0.03%
90604	04/07/2011	05/13/2011	2	2	1.00	\$220.00	\$100.00	0.02%
99904	04/19/2010	04/19/2010	1	1	1.00	\$250.00	\$80.00	0.01%
88233	06/03/2010	06/03/2010	1	1	1.00	\$225.00	\$75.00	0.01%
98227	02/06/2011	02/06/2011	1	1	1.00	\$250.00	\$20.06	0.00%
99199	08/24/2010	08/31/2010	1	2	2.00	\$0.00	\$20.00	0.00%



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PPA Example NY Psychiatrist – High Cost Codes/Non MD Codes/Units Per Day

# UNITS BILLED PER DAY***	FIRST DOS	LAST DOS	# DAYS	PAID AMT
1	01/14/2008	06/10/2011	06	\$0,229.05
2	01/25/2008	06/27/2011	50	\$9,737.88
3	01/03/2008	06/18/2011	69	\$19,468.74
4	01/11/2008	06/25/2011	81	\$31,924.78
5	02/08/2008	05/11/2011	93	\$45,017.39
6	01/08/2008	06/29/2011	87	\$50,542.38
7	05/20/2008	05/26/2011	59	\$38,662.17
8	04/03/2008	06/30/2011	61	\$44,831.05
9	05/01/2008	06/15/2011	50	\$42,153.95
10	07/10/2008	06/28/2011	43	\$40,538.21
11	02/10/2009	04/21/2011	38	\$38,309.77
12	10/02/2008	06/23/2011	29	\$31,985.71
13	10/09/2008	06/02/2011	20	\$24,128.13
14	04/02/2009	03/24/2011	14	\$18,381.17
15	04/14/2009	01/20/2011	10	\$14,425.91
16	01/06/2009	12/01/2010	6	\$9,111.27
17	05/07/2009	02/23/2010	3	\$5,054.45
18	01/05/2010	04/07/2011	2	\$3,125.31
19	12/08/2009	12/29/2009	2	\$3,518.35
20	03/26/2009	03/26/2009	1	\$2,318.00
21	03/12/2009	03/12/2009	1	\$2,103.00



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Emerging Areas of Potential FWA Activity

Autism
Home Health
Nursing Homes

Autism

- Recent state mandates to pay for Applied Behavioral Analysis (ABA) services while other customer contracts specifically exclude the service
- ABA services are technically still considered experimental
- ABA services are provided by non-traditional mental health practitioners who are not licensed
- ABA service providers are surfacing across the country with little oversight
- No specified CPT/HCPCS codes for ABA services as of yet
- ABA providers getting around exclusions by billing other codes they are not licensed to provide
 - Health & Behavior Intervention Codes (CPT 96150-96155)
 - Routine outpatient CPT codes at high frequency
- Licensed providers are offering ABA services and billing them as traditional mental health services



Home Health

- Watch for CPT codes 99341-99349
- Watch for routine CPT codes (e.g., 90806), extended CPT codes (e.g., 90808/09), or “unlisted service” CPT codes (e.g., 90899) with Place of Service 12
- Watch for multiple family members being seen on same day
- Watch for providers who routinely recommend home health visits for their patients
- Need robust Coverage Determination Guideline (i.e., defined national standard of care) in order to adequately manage – that is, must answer the question “when is in-home mental health treatment medically necessary?”
- Can manage both at the individual member level (via ALERT algorithms) as well as through practice management activity as previously described



Individual Psychotherapy Provided in Nursing Homes & Skilled Nursing Facilities

- Look for CPT codes 90816-90822 – individual psychotherapy provided in an inpatient, residential or partial hospitalization setting with Place of Service 30 or 31 (nursing home or skilled nursing facility)
- Look for diagnosis of dementia, particularly moderate or severe
- Look for other diagnoses but high frequency/long duration of service
- Can manage both at the individual member level (via ALERT algorithms) as well as through practice management activity as previously described



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Questions? Comments? Please contact us!

We welcome your input and feedback as we continue to refine our approach.

Thank you for your attention and participation today!

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