ALERT: Algorithms for Effective Reporting and Treatment
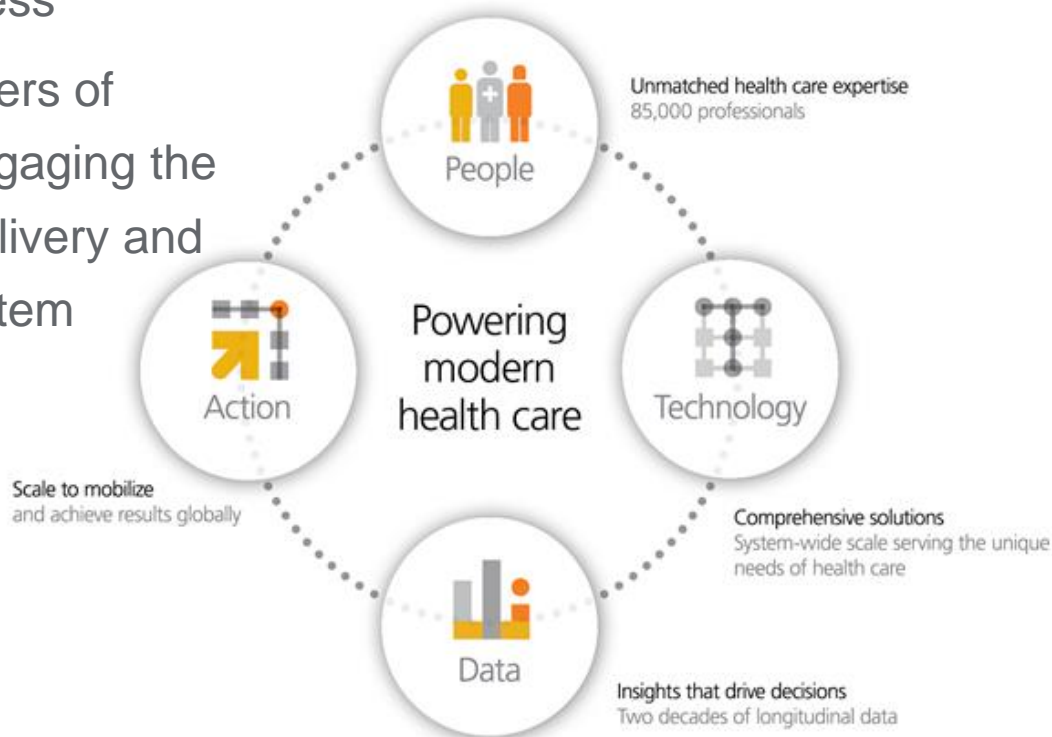## MSCAN Provider Training

Optum with UnitedHealthcare Community Plan Mississippi

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Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the health care system work better for everyone

- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness

- We focus on three key drivers of transformative change: engaging the consumer, aligning care delivery and modernizing the health system infrastructure

People
Unmatched health care expertise
85,000 professionals

Technology
Comprehensive solutions
System-wide scale serving the unique needs of health care

Powering modern health care

Action
Scale to mobilize
and achieve results globally

Data
Insights that drive decisions
Two decades of longitudinal data

United Behavioral Health operating under the brand Optum

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.
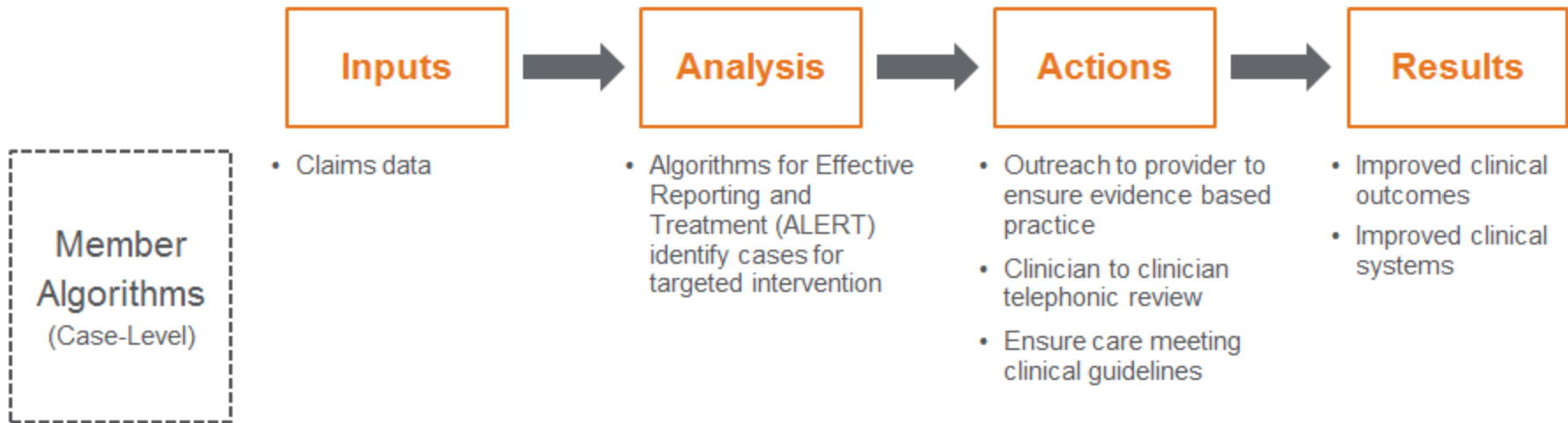
ALERT: Program Overview

What is ALERT?

- ALERT is an acronym for **Algorithms for Effective Reporting and Treatment**

- Optum is tasked with providing utilization management for routine outpatient and community based services.

- ALERT utilization management uses claims analysis to identify cases for which treatment intensity is higher than average. Members with higher treatment intensity often have more complex clinical needs.

- The purpose of ALERT utilization management processes is to ensure that covered members are receiving the most effective, efficient, and necessary care to meet the member's individual needs.

- ALERT decreases provider administrative burden by removing prior authorization. In addition, up to 90% of all routine and community based outpatient cases proceed forward without any interaction between the treating provider and Optum ALERT staff.

- When ALERT identifies a case, a licensed clinician will call the treating provider to initiate a clinical case discussion. These discussions are designed to be collaborative, with the purpose of ensuring that the member is receiving evidence based and medically necessary treatment.

- In situations where treatment does not appear to meet the Optum level of care/coverage guidelines, ALERT staff will schedule a conversation between the treating provider and an Optum licensed peer reviewer.

- Based on member clinical needs and Optum guidelines, the peer review discussion may result in continued payment of services or in a partial or full denial of further routine outpatient treatment.

- MS State Specific Level of Care Guidelines can be found on ProviderExpress.com > Guidelines/Policies & Manuals > Level of Care Guidelines > Mississippi Level of Care Guidelines (Medicaid)

Outpatient Management

- **In Scope Services**: Individual/Group/Family Therapy; Psychosocial Rehabilitation; Community Support Services; Day Treatment - Child

ALERT Process

For outpatient as well as home and community-based services, algorithmic detection enables targeted interventions at the case level

Inputs	→	Analysis	→	Actions	→	Results

Member Algorithms (Case-Level)

- Claims data

- Algorithms for Effective Reporting and Treatment (ALERT) identify cases for targeted intervention

- Outreach to provider to ensure evidence based practice
- Clinician to clinician telephonic review
- Ensure care meeting clinical guidelines

- Improved clinical outcomes
- Improved clinical systems

Alert Outreach to Providers

- A Mississippi dedicated care advocate will conduct all outreaches to providers

- No more than10 cases per outreach for each provider unless otherwise agreed upon

- A provider will not be outreached to more than 3 times week

- An Alert team member outreach will be made to contact the provider per case 3 attempts with 2 business days separating each attempt

- If no response has occurred after 5 business days from the 3rd call, the case will be referred to the peer review process

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Outpatient Review: Key Components

Clinical Status of the Member

- Diagnosis

- Symptoms that support the diagnosis

- Degree of impairment that results from the symptoms

- Existence of risk issues

- Environmental Stressor

- Medical co-morbidity

Appropriateness of Treatment

- Length of treatment

- Frequency of sessions

- Type of therapy/treatment approach

- Nature of treatment goals

- Appropriateness of treatment goals for the stage of treatment

- Special Interventions used to achieve the treatment goals

- Incorporation of adjunctive treatments into the treatment plan

- Progress made in treatment

- Obstacles to progress

- Projected future course of treatment

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ALERT Medical Necessity: Care Advocacy Intervention Script

1. Authenticate Caller with caller's name and two pieces of member's personal identifying information

2. Discuss reason for call and algorithm: "This call is part of the Optum ALERT Outpatient Program. As a part of managing this member's benefit plan, we contact you when our records indicate you have seen a client (cite service) in order to discuss the medical necessity of his/her continued care."

3. Clarify Current Mental Health Status
   - Presenting issue
   - Diagnosis and supporting symptoms
   - Risk issues including suicidal or homicidal concerns and substance abuse
   - Risk and/or history of higher level of care

4. Discuss Functional Impairments over Time (FIT) – The below questions are only *options* to help guide providers. The intent is *not* to ask every question.

Functional Impairment Over Time				
Functional Areas	Over Lifetime	Start of Episode/Treatment	Progress (Based on FIT)	Goal
Work/School Social/Play Family/Relationships Activities of Daily Living Other	• How long have they experienced these problems? • How old were they when they had their first problem in this area? • Has this ever been an issue in their past? • How do they usually function in this area? • Have there been times they were doing better? • When this happened in the past, what worked to get them back on track? • Have they ever received treatment for these issues?	• How were the symptoms impacting their <functional area> when they started treatment? • Were any issues at <functional area> the main reason they sought treatment? • Were they having any problems in the area of <functional area>? • Were there any changes in how they normally perform <functional area>? • Were there concerns from others around them? • What did the member identify as their concerns?	• How has it gotten better or changed? • How much has this increased or decreased? • How has the progress been? Any Set Backs? • How are they doing now? • Does the member feel like they have made progress? • What has helped them to make this progress? • What types of interventions have worked well? • Are they taking any medications that help? • How do they utilize their support system? • What types of skills are they learning?	• So what do you see as the outcome of treatment in terms of this issue? • What is the member hoping that will happen? • What will this look like at the end of treatment? • What do you anticipate the progress going forward? • How long to you anticipate this will take? • Have they ever received treatment for these issues?

5. Discuss provider's intervention plan including verification of best practices including:
   - Intervention type: Specific Service & Associated Goal
   - Community supports
   - Current medications and/or psychiatric consult

Questions & Answers

What are the possible outcomes of the care advocacy review?	• Close the ALERT intervention as meeting medical necessity • Recommend modifications to the treatment plan for the member to support evidenced based practices • Refer for peer review
What are the possible outcomes of the peer review?	• Treatment is determined to meet medical necessity • Agreement to modify the treatment plan for the member based on evidenced based practices • Clinical determination that services either partially or fully do not meet clinical guidelines for coverage
Are Optum Care Advocates and Peer Reviewers licensed in the state of Mississippi?	• All Care Advocates are licensed MFT, LPC, LCSWs but not necessarily in Mississippi • Peer Reviews are completed by or signed off by Mississippi licensed Psychiatrists

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Questions & Answers

Will the provider and the individual receive documentation on any denials/reduction in services from Optum?	• Verbal notification is given at the time of the decision to the treating provider. • Documentation of denials/reduction of services are also mailed to the provider and the member. • In October 2018, Optum also implemented a secure fax notification to the CMHCs
What if the provider does not respond to the outreach attempt?	• After the 3rd outreach attempt, the care advocate will forward the case for peer review to determine medical necessity based on available clinical information • Non response may result in an adverse benefit determination due to lack of ability to substantiate medical necessity
What if the member has an exacerbation of symptoms or clinical presentation changes?	• Please call the ALERT team at 855-469-7622 to inform of a change in clinical presentation • The ALERT care advocate will review the change and refer to peer review or remove any claims stop for the services needed

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Questions & Answers

Is there anything that can be done to reduce the amount of time it takes to complete reviews?	• In the summer of 2017, Optum streamlined the review process across all services. • Reviews should average 15 to 20 minutes • Providers should review the MS state level of care guidelines on provider express in conjunction with the member's record prior to the clinical review
How can we obtain a copy of the Care Advocate scripts?	• Please contact your network manager who can send a copy of the care advocate scripts
What is the appeals process?	• For Mississippi CAN there are two levels of appeals; the initial level and then the State Fair Hearing Process. • Appeals Rights are provided with the denial letter.
Does the Alert process limit the number of units approved?	• A peer review determination may limit the number of units based on the clinical presentation • In all other cases, CMHCs should provide services based on members' individual needs

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Q&A

Resources

Provider Relations

Please contact us with any questions so that together we can make the health care system work better for everyone.

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