

**Massachusetts Psychological Association/UBH-Optum  
Quarterly Meeting  
10:30-11:30  
Wednesday July14, 2014  
Minutes**

**Present:**

**MPA:**

**Michael A. Goldberg, Ph.D., Director of Professional Affairs; and James Leffert, Ed.D., Chair, Advocacy Committee**

**UBH/Optum:**

**David Nefussy, Northeast Provider Relations Representative (in person)**

**UBH/Optum staff present by conference call:**

- **Diana Roscioli – Director of Clinical Operations**
- **Meghan Kolman – Manager of Peer Reviewers**
- **Lourdes Hattrich – National Director of Peer Reviewers**
- **Sherri Dybdahl – National Director, EAP**
- **Robert Mehus – Associate Director, Optum Legal Counsel**
- **Sarah Vogland – Compliance Consultant**
- **Michael Bresolin – Sr. VP Strategic Initiatives**
- **Margie Brennecke – National VP, Outpatient Services**

- I. *Why can't providers bill for Intake Evaluations (90791) while providing EAP services?*
  - a. *UBH response:* Employee Assistance Program (EAP) sessions require no co-pay and enrollees may see it as an entitlement that always precedes "regular" treatment, but in fact they are two separate services. EAP sessions are meant to address problems that require a small number of sessions to resolve. EAP benefits are not mental health assessment and treatment.
  - b. EAP and Mental Health (MH) provider networks are different. A provider can be in EAP and/or MH.
  - c. Sometimes UBH/Optum provides EAP services for a member but do not provide MH services. The MH services could be provided by another company/network.
  - d. If the clinician is in both EAP and MH networks and believe that the presenting problem(s) are more clinical in nature and will take more than a few sessions to resolve and/or warrant a more comprehensive mental health assessment, the clinician can refer the patient for MH services.

- e. If a provider does not want to get referrals for members who have EAP services through UBH/Optum but do not have MH benefits through UBH/Optum they should contact David Nefussy and request removal from the EAP network.

II. *Transparency of Utilization Review Criteria for all services:* MPA reviewed federal and state statues and new state regs that address consumer and provider access to medical necessity criteria. UBH believe they are in compliance now and all are posted on our Provider Express website under “Level of Care Criteria” which providers can access without a password.

*How are these organized? What do they say about permitting one hour sessions? UBH Response:* Generally the “Coverage Determination Guidelines” are based on the diagnosis. A separate document, “Extended Outpatient Treatment Guidelines” covers authorization of one-hour sessions (90837) and crises sessions (90839). Crisis sessions, unlike 90837, do not require prior authorization.

III. *Authorization of CPT 90837:* MPA believes that the criteria for approving 90837 services are quite narrow and do not reflect the universe of evidence based presentations for which this service should be authorized. *UBH response:* Send us research-based information and we’ll review it.

IV. *What flags a review?* UBH has two algorithms that flag a case for review. (Note: they say don’t review every flagged case; some they skip because of severity or other factors). The algorithms are:

- 1) If a client is seen for more than 20 sessions within a 6 month period.
- 2) If a client is seen twice a week for a period of 6 weeks or longer.

UBH has additional algorithms that flag a review (or at least a phone call from them), based on the Wellness Assessment data. MPA requested to know these algorithms. UBH will check if these are “trade secrets” and get back to us.

V. *Conduct of the Review Process.* *MPA asked about the qualifications of reviewers and also passed along complaints and expressed concerns about one specific reviewer.*

MPA reiterated that it expects that at the 2<sup>nd</sup> level of reviewing a case (i.e., reviewing an adverse determination) the reviewer’s qualifications should be a Massachusetts licensed psychologist whose scope of practice experience includes the type of service being request and /or expertise with the specific population (e.g., child, adult or geriatric).

*UBH response:* We want the review process to always be respectful. Providers may be unhappy with the criteria but shouldn’t experience disrespectful,

rude, or condescending interaction. We are vitally interested in hearing from providers if a reviewer's interaction with a provider is not appropriate. Call David Nefussy and he will call you back at a time that is convenient for you. Specifically indicate that you want file a CARTA complaint.

VI. Telehealth:

- UBH stated that they currently cover Telehealth services for psychologists
- Covered at the same rates and authorization requirements as face-to-face psychotherapy.
- Providers need to:
  - 1) conduct sessions over a HIPAA secure medium;
  - 2) sign an attestation form regarding their telehealth practices;
  - 3) use a specific modifier when they bill for the sessions.
  - 4) Contact David Nefussy to request that their contract be modified to include coverage for Telehealth.
  - 5) There are clinical guidelines for Telehealth posted on provider expressed.

VII. Monday October 6, 2014 at 4 pm for the next meeting