Optum -
Helping People Live Their Lives To The Fullest
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
Company Structure

UNITEDHEALTH GROUP®

OPTUM

OPTUM Health™

Behavioral Solutions of California

OPTUM 360°™

OPTUMRx®

UnitedHealthcare

Community Plan

MILITARY & VETERANS

Medicare Solutions

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Optum and You

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance.

~ Deb Adler, SVP Network Services

• 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.
Optum – Behavioral Network Solutions

• Customers we serve
  – 50% of the Fortune 100 and 34% of the Fortune 500
  – Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
  – Local, state and federal government contracts (Public Sector)

• Serving almost 43 million members
  – 1 in 6 insured Americans
  – The largest network in the nation, delivering best in class density, discounts and quality segmentation
  – More than 80,000 practitioners; 2,500 facilities/3,600 facility locations

• Simultaneous NCQA and URAC accreditation

• Staff expertise:
  – Multi-disciplinary team of 50 staff Medical Directors (e.g., child and adolescent, medical/psychiatric, Board Certified Behavior Analysts, and addiction specialists) just to name a few.
Optum Autism/ABA Program

**Specialty Network**

- Dedicated department responsible for building a network of autism specialty providers made up of Board Certified Behavior Analysts (BCBA) and licensed behavior clinicians with experience in intensive behavior therapies
- Extensive credentialing process/review of autism specialty providers that includes a site and medical record review
- In-depth provider orientations held monthly for all new and existing autism specialty providers
- Autism Corner on provider portal, Provider Express, offers network and clinical resource information for autism specialty providers.
- National network of over 1800 autism specialty provider locations

**Clinical Oversight**

- Dedicated Autism Clinical Team consisting of masters and doctoral level, specialty-trained care advocates, led by two licensed Psychologists, one a BCBA
- Autism Clinical Team assists families with resources, education, care coordination and claims
- Autism Clinical Team provides a monthly Treatment Plan Orientation to new and existing providers
- Clinical Technology Committee currently reviewing components of ABA to see which interventions are most successful
- National Institute of Mental Health Grant—longitudinal study of Autism patient health data, including costs
Optum Autism/ABA Program (cont.)

Operational Initiatives

- Autism coverage protocols and medical necessity guidelines in place
- Specialized team to assist members and facilitate authorizations and claims payment

Kudos From Customers

“I wanted to send a letter out to all of our other clients encouraging them to switch to Optum when the open enrollments occur this fall as it has been such as great experience for us and the children are getting the services they so desperately need without a hassle.” - Pat, Children Making Strides

“I wanted to let you know I attended the APBA’s convention in Boston yesterday and people from all over the country attended. Everyone in the room had wonderful things to say about UBH! And I want to personally thank you, Debbie, for all the hard work and assistance. I could not have done it without you!” – Anne, Beacon
Today’s Topics

• Agenda
  – Benefit Design within State Mandates
  – Credentialing Criteria
  – Eligibility, Authorizations, Concurrent Reviews, Discharge Planning
  – Billing, Claims, Denials
  – Network Management Contact Information
  – Helpful Optum Websites

• Q & A
### Benefit Design

#### Common covered services under Medical

- Well child and preventive care
- Hearing and genetic testing

#### Optional Services

- Chiropractic Care
- ST, OT, PT

#### Common covered services under Behavioral Health

- Diagnostic evaluations and assessments
- Medication management (psychiatrist)
- Day treatment
- Crisis intervention
- Inpatient
- Intensive outpatient
- Outpatient
- Case management

#### Optional Services

- ABA/IBT
Credentialing Criteria for Inclusion in the Autism/ABA/IBT Network
Required: NPI and EIN/TIN

- National Provider Identifier (NPI)
  - Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans
  - The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information
  - We require that all claims submitted have an NPI number for reimbursement
- To obtain an NPI number, follow the instructions on the NPI web site
  - [https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do)
- Tax Identification Number (TIN), Employee Identification Number (EIN), or Social Security Number (SSN) information
- Professional Liability Insurance
  - [www.BACB.com](http://www.BACB.com) web site has coverage information; enter “liability in the site’s “Search” feature located in the left side of the menu
ABA Credentialing Criteria

**Individual Board Certified Behavior Analysts—Solo Practitioner**

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, *and *
- State licensure in those states that license behavior analysts
- State certification in those states that certify behavior analysts
- A minimum of six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Minimum professional liability coverage of $1 million per occurrence/ $1 million aggregate

**ABA / IBT Groups**

- BCBAs must meet standards above
- Licensed behavioral health clinicians must have appropriate state licensure and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- BCBA or licensed behavioral health clinician on staff providing program oversight
- BCBA or licensed behavioral health clinician performs skills assessments and provides direct supervision of paraprofessionals in joint sessions with client and family
- Paraprofessionals receive appropriate training and supervision by BCBAs or licensed clinician
- $1 million/occurrence and $3 million aggregate of professional liability and $1m/$1m of general liability if services are provided in a clinic setting
- $1 million/occurrence and $3 million aggregate of professional liability and $1m/$1m of supplemental insurance if the agency provides ambulatory services only (in the patient’s home)
Steps in Providing Treatment
Eligibility, Authorizations, Concurrent Reviews
Intake

• At Intake
  – Copy front and back of the member’s insurance card
  – Record subscriber’s name and date of birth

• Suggested information
  – Provide subscriber with your HIPAA policies
  – Provide subscriber with consent for billing using protected health information including signature on file
  – Always get a consent for services
  – Informed Consent: services, to leave vmail, email, etc.
  – Billing policies and procedures
  – Release of Information to communicate with other providers
Eligibility and Prior Authorization

• Call the number on the back of the card to see if member is eligible for your services

• Check benefit coverage relating to both the service (e.g., Is ABA-based therapy covered?) and the diagnosis (e.g., Is autism covered?)

• Make sure all services receive prior approval before beginning services
Clinical Team: Enhanced Autism Benefits

**State Mandates**
- Only cover fully insured policies
- Most self-funded policies do not have to follow the state mandate
- Always check member benefits

**Centers of Excellence**
There are four Optum Centers of Excellence Care Advocacy that manage ABA benefits across the country.
- Atlanta, Houston, Chicago and San Francisco
- Each team member is a licensed behavioral health clinician with experience in Autism and training in ABA
- Supervised by managers that are licensed psychologist and BCBA-D

**Self-Funded accounts**
- Self-funded accounts that have purchased enhanced autism benefits can have different requirements than state mandates
- Always check members benefits
Assessment Process

**Assessment Requests**
- Up to 8 hours can be approved over the phone for members 15 years old or younger for members with an ASD diagnosis, which is required for reimbursement of services.
- Make sure to include “write-up” or planning time.

**Assessments that may be Covered**
- Skills assessments (ABLLS, VB-MAPP, etc.), behavioral assessments, observations, etc.
- For assessments over 8 hours or for members over 15 years old, submit the form with the clinical rationale for the number of hours being requested with the tests that will be performed. Send the “ABA Assessment Request Form” to the fax number listed on the form. The form is available on the Autism/ABA page of Provider Express.

**Treatment Request Requirements**
- Evidence of diagnosis of ASD.
- Prescription for ABA therapy as necessary by law in some states.
- Treatment plan with the request for hours using the H codes.
Treatment Plan Requirements

- Meet Medical Necessity
- Goals are
  - Related to the core deficits of autism
  - Objective
  - Measurable
  - Individualized
- Includes
  - Baseline and mastery criteria
  - Transition Plan to lower level of care
  - Discharge Criteria
  - Behavior Reduction Plan/Crisis Plan
  - Parent Goals
  - Supervision and treatment planning hours
  - Relevant psychological information
  - Coordination of care with other providers
- Not educational in nature

For More Information

For more information, please see the Treatment Plan guidelines on the Autism/ABA page of Provider Express. The attached document is also available under the “Initial Treatment Plan” link on the Autism/ABA page of Provider Express.

ABA Treatment Plan
Concurrent Reviews

- Due at least 10 days prior to the end of the authorization period but no more than 30 days in advance
- Send treatment update with graphical display of progress
  - Mastered programs/targets
  - Ongoing targets
  - New goals/benchmarks
  - Include behavior data and explanations of trends (if appropriate), especially if lack of progress
- Include
  - Goals
  - Psychological update
  - Hours/codes requesting for next period
  - Transition plan
  - Crisis management plan
  - If Agency
    - Supervision protocol
Discharge Planning

Must include the following Components in every plan

- Anticipated date of discharge
- Objective, measurable goals that would need to be met for the child to discharged
- What the next level of care is for this child, e.g., school based services only, outpatient therapy (include contact info if appropriate)
- Resources in the community for the parents and member
- How discharge is coordinated with the school and other providers
- Member and/or parent agreement with plan
- How to resume services if needed

When discharge occurs

- Contact the primary insurance company advocate to notify within 2 weeks
- Send a final summary treatment plan indicating
  - The progress the child made
  - Reasons for discharge
  - What services the child will be receiving moving forward
Billing and Reimbursement
Diagnostic Coding

• Three Guides for Coding
  – DSMV
  – ICD-9
  – ICD-10

• ASD Coverage
  – Autism Spectrum Disorder, 299.00 (ICD-9)
  – Autism Spectrum Disorder, F84.0 (ICD-10)- Mandatory Effective 10/1/15

A complete diagnosis with all 5 digits is required on all claims utilizing the ICD-9 coding.
Claims Tips – DSM-IV / DSM-5

Effective June 1, 2015

• We will expect all clients to have transitioned to the DSM-5 nomenclature: 299.00, ASD.
• Begin talking with your referral sources and the families you serve about the importance of updating clinical records to reflect the new diagnostic category and coding. Even in states that “grandfather” or guarantee continued coverage for individuals diagnosed with a pervasive developmental disorder as defined by DSM-IV-TR criteria, it is important to maintain up-to-date medical and administrative records, including those that support billing, to reflect the use of current codes and descriptors in accordance with industry standards and applicable regulations.

Effective October 1, 2015

• We will expect all providers to submit claims using the ICD-10 nomenclature: F84.0, ASD.

This is a “flip-of-the-switch” change for our industry. The legislation requires full and immediate transition to ICD-10 for billing for all Dates of Service October 1, 2015 and later. There is no transitional grace period for ICD-10.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0031</td>
<td>Direct Services for Assessment/Treatment Planning by BCBA or licensed clinician; per hour</td>
</tr>
<tr>
<td>H0032</td>
<td>Supervision of Paraprofessional by BCBA or licensed clinician; per hour (services rendered jointly, in-person, during directly supervised fieldwork of the Paraprofessional by the Supervisor)</td>
</tr>
<tr>
<td>H2012</td>
<td>Services by BCBA or licensed clinician; per hour</td>
</tr>
<tr>
<td>H2019</td>
<td>Services by ABA Paraprofessional; per 15 min.</td>
</tr>
<tr>
<td>H2014</td>
<td>Social Skills Group Children Services only (multi child &amp; staff); per 15 min</td>
</tr>
</tbody>
</table>
### Reimbursable Codes BHRS Pennsylvania (PA) (HCPCS)

#### Service Description

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<tr>
<td>H0031</td>
<td>Direct Services for Assessment/Treatment Planning by BCBA or licensed clinician; per hour</td>
</tr>
<tr>
<td>H2014 HA Modifier</td>
<td>Supervision with member present by BCBA or licensed MH clinician, per 15 minutes. Definition applicable to Pennsylvania (PA) Providers Only.</td>
</tr>
<tr>
<td>H0032</td>
<td>Supervision and/or Direct Services by Behavior Specialist Consultant (BSC) with member present; per hour. Definition applicable to Pennsylvania (PA) Providers Only.</td>
</tr>
<tr>
<td>H2019</td>
<td>Direct Services by Mobile Therapist (MT) <strong>per 15 minutes.</strong></td>
</tr>
</tbody>
</table>
### Reimbursable Codes BHRS Pennsylvania (PA) (HCPCS)
#### Service Description (continued)

<table>
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</thead>
<tbody>
<tr>
<td><strong>H2021</strong></td>
<td>Direct Services by Paraprofessional or Therapeutic Support Staff (TSS) per 15 minutes</td>
</tr>
<tr>
<td><strong>H2027 HA</strong></td>
<td>Social Skills Group (multi child &amp; staff), per 15 minutes. Definition applicable to Pennsylvania (PA) Providers Only.</td>
</tr>
<tr>
<td><strong>H2012</strong></td>
<td>Summer Therapeutic Activities Program, per hour. Definition applicable to Pennsylvania (PA) Providers Only.</td>
</tr>
</tbody>
</table>
Reimbursement

- Behavioral Services are billed on a specific form
  - HCFA (pronounced, “Hick-fa”)
    - Health Care Financing Administration
    - HCFA now called CMS-1500

- All Autism/ABA/IBT Claims must be submitted on a CMS-1500 claim form and faxed to dedicated processing team:
  
  Fax: 1-855-835-6130
  Attn: Autism Claims Processing
All billable services must be coded

- Coding can be dependent on several factors:
  - Type of service (assessment, treatment, etc.)
  - Rate per unit (BCBA vs. Paraprofessional)
  - Place of service (home or clinic)
  - Duration of therapy (1 hr vs. 15 min)
  - One DOS per line

You must select the code that most closely describes the service(s) provided

Please note: Field 31 must have agency name
Claim Customer Service Contact Information

In the event you experience claim problems please contact the following:

- Claim Customer Service: (800) 557-5745
- Administrative Services Only (ASO Claims): (800) 842-1311
- Oxford Claims: (800) 201-6991
- Golden Rule Claims: (800) 657-8205, option 1
- UMR Claims: Call the number on the back of the member’s card
List of Affiliates

• The health plans listed below have members whose Autism benefits and claims are handled by the specific health plans
  – All Savers
  – American Medical Golden Rule
  – Definity
  – Heritage
  – John Deere
  – Mamsi
  – Oxford
  – Sierra
  – Student Resources
  – UMR
  – UnitedHealth International
  – United River Valley

• Please complete the claims for these affiliates as you would for all other claims for member’s whose benefits are administered by UBH/Optum

• Remember to put the name of your agency (not an individual clinician name) in Box 31 of the CMS1500 forms and mail to the address on the back on the member’s insurance
Denials

• Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)
  – Denial Codes
    • Ineligible
    • Over limit
    • No out-of-network benefits
    • Prior approval required
• Adverse Benefit Determination or ABD
• Appeals
Helpful Websites

• To get an NPI number

• To learn more about HIPAA

• To learn more about Tax IDs or Employee IDs

• Optum provider website
  – [providerexpress.com](http://providerexpress.com)
    • **Claim Tips**: Provider Express > Quick Links > Claim Tips
    • **Claim Forms**: Provider Express > Quick Links > Forms > Optum Forms

• Autism Votes website
  – [https://www.autismvotes.org/site](https://www.autismvotes.org/site)
Q&A
Appendix
## Key Terms: General

- NPI
- CPT
- HCPCS
- HIPAA
- HCFA 1500
- CMS 1500
- Modifiers
- Units
- Prior Authorization
- Signature on File
- DSM diagnosis code
- ICD-9 diagnosis code
- Subscriber ID or Member ID
- Dependent
- Policy or Group Number
- TIN or EIN
- Place of Service
- Diagnosis Pointer
- Fee Schedule
- Par/Non-Par
- SPD/COC
Key Terms: Completing Claim Forms

- Type of plan box
- Patient Name
- Dependent
- Subscriber ID or Member ID
- Signature on File
- Patient address
- Policy or Group Number
- Prior Authorization
- DSM diagnosis code
- ICD-9 diagnosis code
- Dates of Service
- Place of Service
- Procedure Code
- Modifiers
- Diagnosis Pointer
- Charges (total)
- Units
- NPI and Provider ID
- TIN or EIN
- Accept Assignment
- Total Charge
- Amount Paid by Patient
- Balance due