OPTUMHealth™

Behavioral Solutions of California

Winter 2023

Network Notes

NEW – Two opportunities to review claim decisions

As a network provider, you now have a 2-step process available to disagree with the outcome of a Commercial or Medicare Advantage claim processing decision:

- **Step 1: Reconsideration**
- **Step 2: Appeal**

The reconsideration review step is new for Optum Behavioral Health. It's meant to provide a faster path to resolve common administrative issues, such as a claim being paid using an incorrect fee schedule.

Reconsideration reviews are completed in 30 days or less, while appeals can take 30-45 days for resolution. If you don't agree with the outcome of the reconsideration decision, you may submit an appeal for further review.

The **Network Manual** for OptumHealth Behavioral Solutions of California has been updated (pages 102-103) to reflect this new 2-step process. Please review for more details, deadlines and instructions.

Spravato is now covered in California

As of Oct. 1, 2019, Optum began covering Spravato for the treatment of treatment-resistant depression. Spravato administration currently includes a Risk Evaluation and Mitigation Strategy (REMS) drug safety program which requires the medication to be administered in a medically supervised healthcare setting. Once a prescriber has the REMS certification, the prescriber can simply add Spravato as an Expertise to their profile.

Authorization for the Spravato medication should be obtained through the member's pharmacy benefit. Once the authorization is obtained, qualified outpatient mental health providers can proceed with the administration and observation portion of the Spravato protocol without obtaining any additional authorization through Optum Behavioral Health. We have seen an increase in members asking for prescribers who offer this service.

If you are a prescriber and have an interest in possibly adding this service to your practice, we encourage you to review the resources posted on Provider Express that may interest you.

- **Spravato Reimbursement Policy**
- **Spravato Outpatient Administration - FAQs**
- **CA Spravato Overview and FAQs – Western Health Advantage**

What you need to know about post-COVID-19 provisions

With the end of the COVID-19 public health emergency ending earlier this year, there are several key provisions you should be aware of for your ongoing patient care:

- **Psychological Testing:** Telehealth exceptions have ended for virtual Psychological Testing and Applied Behavior Analysis (ABA) services, except for supervision of behavior technicians, and family training and guidance.
- **Medicare Advantage Telehealth:** Most current telehealth flexibilities will remain in place through Dec. 31, 2024. Members in any U.S. geographic area can access telehealth services from their home; access is not limited to only those in rural areas. In addition, some telehealth visits can be delivered using audio-only technology (such as a telephone) if someone is unable to use both audio and video, in accordance with the United States Department of Health and Human Services guidance.
- **Prescribing Controlled Substances:** All DEA-registered practitioners are authorized to prescribe schedule II–V controlled medications via telemedicine through Dec. 31, 2024. This extension of the telemedicine flexibilities applies whether the patient and practitioner established a telemedicine relationship on or before Nov. 11, 2023, as outlined by the Drug Enforcement Administration and the Substance Abuse and Mental Health Services Administration.

For more details, please review:

- **Updated COVID-19 Post Emergency Provisions**
- **Behavioral Telehealth Billing Guide – Post COVID-19 Emergency**

Dual Special Needs Plans terminating Jan. 1

Effective Jan. 1, 2024, OptumHealth Behavioral Solutions of California is terminating the Dual Special Needs (DSNP) plans (Medicare only benefits). Provider and member communications were successfully distributed in November 2023. For any questions, please call the provider service line at **1-877-614-0484**.

Oscar Health Plan is exiting the California market

Oscar Health Plan is exiting the California market for plan year 2024. Providers should prioritize getting updated insurance information from patients that have been previously under the Oscar Health Plan. This will not impact provider's broader Optum Behavioral Network participation. If you have any questions relating to your network participation, please feel free to contact Optum Network Management at **1-877-614-0484.**

California's CARE Court is in session

By mid-December, California's CARE Court program is available in 8 counties – **Glenn, Los Angeles, Orange, Riverside, San Diego, San Francisco (also the City of San Francisco) Stanislaus and Tuolumne.**

CARE Court -- Community Assistance, Recovery, and Empowerment Court Program – allows specified adults to petition a civil court to create a voluntary CARE agreement or court-ordered plan. The plan should outline treatment, housing resources and other services for individuals experiencing severe impairment due to psychotic disorders. All remaining counties in California will implement CARE Court by Dec. 1, 2024.

As part of CA Senate Bill (SB) 1338, the CARE Act provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through this civil court process. It's intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent avoidable psychiatric hospitalizations, incarcerations, and Lanterman-Petris - Short Mental Health Conservatorships. The CARE Process will provide earlier action, support and accountability for both CARE clients and the local governments responsible for providing behavioral health services to these individuals. For more information regarding CARE Act, please visit the **DHCS website** or the **CARE Act Resource Center**.

To ensure accurate processing related to any CARE Court applicable service requests and avoid any delays or discrepancies, please call us at **1-800-888-2998** to initiate a CARE Court case. Please do not submit any CARE Court related requests via Provider Express. You may submit a copy of any CARE Court Order via email at **CARECourtCA@optum.com** or via fax at **1-844-897-6323**. For any inquiries related to CARE Court matters, please direct your questions or concerns via telephone to **1-877-353-3754.**

Interested in joining the Public Policy Committee?

The Public Policy Committee for OptumHealth Behavioral Solutions of CA (OHBS-CA) is actively recruiting for new committee members. If you're a current member receiving behavioral health or EAP benefit coverage through OHBS-CA, you can join our Public Policy Committee. Members can share their comments and opinions about Optum Health Behavioral Solutions of California.

The committee meets quarterly and consists of at least three subscriber enrollees of OHBS-CA, one contracted clinician, and one member of our OHBS-CA Board of Directors. Members of the committee are financially compensated for their time.

California law requires that U.S. Behavioral Health Plan, California (USBHPC") dba OptumHealth Behavioral Solutions of California ("OHBS-CA") have a Public Policy Committee to provide a formal structure for the comments and participation of covered members, and employer and health plan representatives.

The Public Policy Committee reports to our Board of Directors. Responsibilities of the Public Policy Committee may include, but are not limited to, the following:

- Evaluating care and service proposals
- Defining public policy in accordance with the Knox-Keene Act
- Reviewing and discussing member grievance data
- Examining member and provider satisfaction survey results
- Reviewing the company's financial condition
- Making recommendations to the USBHPC Board of Directors regarding quality of care and service

For more information regarding committee membership, please contact the Plan's Administrator at **1-818-484-9185**.

Exhibiting Impartial Appointment Availability

Access to and quality of care is an Optum priority for all members and trust it is the same for you.

This begins when a member starts looking for behavioral health services. The initial interactions between providers and members play a crucial role in establishing the overall quality of care and can greatly impact the overall membership experience.

In support of this effort, Optum requires providers to promptly update their appointment availability on the Provider Express secure portal or notify Provider Relations within 5 calendar days of any changes. This is crucial because members and Optum staff often hear from active providers that they are not currently accepting referrals.

It is also expected that providers respond to all calls and emails related to availability inquiries as quickly as possible. If a provider has an available spot for a new patient, Optum expects them to accept the referral on a first-come, first-serve basis.

We ask you to partner with us in ensuring all Optum members have the same appointment opportunities as your other referrals and patients. As a valued participating provider, you are contractually obligated to accept plan members as new patients on the same basis as you are in accepting all other non-members as new patients without regard to race, religion, gender, color, national origin, age or mental health status, or on any other basis deemed unlawful under federal, state or local law. Thank you for your commitment to inclusive patient care.

Administrative Reminders

Help members find you – keep your directory current

We continue to emphasize the importance of maintaining current, accurate demographic and practice information.

All health plans are obligated to ensure provider directory information is updated so members have appropriate and timely access to care. Not only does accurate provider information help members and potential referrals find you, but as a network clinician, you are contractually required to ensure your information is up to date.

We encourage you to review your demographic data through the **Provider Express** secure portal. Please consider adding information to enhance your profile and be sure that all information displayed in the directory is accurate.

Tips to Increase Referrals and Maximize your Practice with OHBS-CA

We often hear from network clinicians about the challenges you face in your practice, or questions about growing your business or simply learning about opportunities to increase referrals. Here are just a few friendly tips from your Provider Relations staff to help increase your referrals and boost your practice:

- Maintaining current accurate demographic and practice information is extremely important for client referrals. An outdated phone number, practice or email address will thwart potential clients from accessing your services. You can easily update the online provider directory using the **Provider Express** secure portal > My Practice Profiles to update your practice information.
- Market your practice by creating a website. Websites can provide information about your practice, treatment approach, training and education for members to review. Virtual and digital offerings are also important and attract patients who want to utilize those tools when selecting a provider. Lastly, be sure to incorporate that information into your practice record.
- Return calls quickly. OHBS-CA and members expect a return call within 24 hours. It is also important that your voicemail message clearly conveys information such as hours of operation, current availability, and ability for a client to leave a confidential message.
- Coordinate care, establish meet and greets, and engage in clinical activities with primary care physicians and other behavioral health clinicians in the area.. Relationships with other practitioners, both behavioral and medical, are important and vital for increasing referrals.
- Be sure to highlight and update your specialty or specialties, including ages that you work with and clients that you treat. If your practice offers a specific attested expertise or clinical treatment, you'll want to include that information in your provider profile.
- Reflect on the inclusion of your practice and increase the opportunity to offer culturally responsive care to clients from diverse backgrounds. Review your provider profile to include gender, ethnicity, language capabilities, sexual orientation, and other demographic aspects.
- Increase the variety of ways patients can connect with you. In addition to a phone number, leverage and add your practice email and website address to the provider directory.
- Finally, ask your Provider Relations staff where there may be network gaps and/or critical needs, including type of clinician, specialty, or geographic location

Administrative Reminders

Pregnancy Depression Screening Now Required in Treatment Records

Recent California legislation, **Senate Bill (SB) 1207**, updated the requirements for the state's existing maternal mental health program by making the following changes effective July 1, 2023:

- Health care service plan shall develop a maternal mental health program designed to promote quality and cost-effective outcomes
- Encourages healthcare service plans and health insurers to improve screening, treatment, and referral to maternal mental health services
- Incorporates quality measures to encourage screening, treatment, and referrals

As a result of this legislation and to ensure members receive appropriate care, OptumHealth Behavioral Solutions of California (Optum) began monitoring for screening for pregnancy/post-partum depression as part of our ongoing provider treatment record audits as well as for initial credentialing and recredentialing audits. If depression is identified for this population, we monitor for documentation of treatment and/or referrals as appropriate.

In addition to numerous resources for mental health issues including depression screening and treatment, Provider Express has links to resources that can be utilized with this population, including:

- **Postpartum Support International**
- **Edinburgh Postnatal Depression Scale**
- **PHQ-9**

Our member website, **Live and Work Well**, has additional resources to support our members' maternal mental health needs.

Please contact Optum Behavioral Network Services at **1-877-614-0484** if you have questions.

Prioritizing Non-Pharmacological Pain Management

In accordance with California Assembly Bill (AB) 2585, Optum encourages its providers to use evidence-based nonpharmacological therapies for pain management. "Nonpharmacological pain management treatment" is pain management treatment without the use of medication, including behavioral therapy, instrument-based therapy, or immersive therapeutics approved by the federal Food and Drug Administration indicated for the use of managing or treating pain.

Optum promotes the use of behavioral health treatments to oversee pain management, such as cognitive behavioral therapy, psychiatric referrals, exercise and nutrition, and much more.

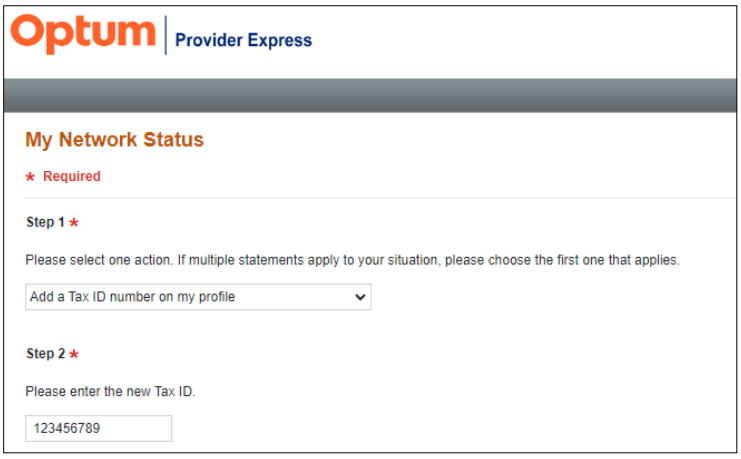
Updated Statutes Governing Minor Age of Consent

The California legislature recently **updated the statutes governing minor age of consent** relating to MH/SUD treatment effective Jan.1, 2024. It appears California's minor age of consent for MH/SUD treatment remains 12 years of age or older; however, effective Jan. 1, 2024, minors 16 years of age or older may consent to receive treatment for opioid use disorder without parental consent (under current law, i.e., through 2023, minors receiving opioid use disorder treatment requires parental consent).

Applied Behavior Analysis Corner

Updated Network Request Form

In early 2023, Optum introduced the updated Network Provider Request Form (NPRF) as one of the new features offered on the Provider Express secure portal. The form now allows clinicians to indicate at the top of the form whether they provide Applied Behavior Analysis (ABA) services.



CAQH participation is also now required in the majority of states in order to join the Optum ABA network and has become part of the application process. If your state requires it, you will be prompted to enter your CAQH ID # on the credentialing application. To participate in CAQH, please visit the **CAQH website**.

To begin the application process, you must register or log-in to the Provider Express secure portal. Once you are logged in, please use the "Join Our Network" feature in the menu to proceed to the credentialing application. Simply select "Yes" for ABA Therapy, enter the tax identification number for the practice and click on the "Start Credentialing" button. You will then be routed to the ABA specialty form. If you select "No,", you will then be routed to a different application for non-ABA services.

For tips on how to apply to the ABA network, visit the **ABA webpage**. It outlines the most common issues that will slow down or lead to the cancellation of the credentialing of your application to join our network. For any additional questions, please reach out to the Provider Service line at **1-877-614-0484**.

ABA Resources Just for You

The **Provider Express website** is a useful tool for all participating ABA providers. In addition to the secure provider portal, Provider Express includes a dedicated ABA webpage with many different resources including:

- **Frequently Asked Questions** – This document includes information with the most frequently asked questions ranging from network/credentialing, authorizations and claims.
- **ABA Quick Reference Guide** – This document provides a one-page cheat sheet which includes information on how to effectively interact with Optum staff on a variety of issues and topics, such as electronic claims submission, affiliate claims, claims status, provider appeals, provider service line information and more. Optum highly encourages our network to bookmark this document and refer to it whenever you need to reach out to Optum.
- **Provider Express Tutorials** – These short video tutorials will show you how to navigate and efficiently use the provider portal.

If you have any questions about the information found on the Provider Express ABA webpage, please reach out to your ABA Network Manager.

Applied Behavior Analysis Corner

Adding New Practice Locations

Before submitting a request to add a new practice address via the Provider Express secure website, please reach out to your ABA Network Manager and notify them of the request.

In some cases, additional contracting or credentialing steps are needed prior to adding a new practice address. This may range from signing a new agreement if the new address is outside of California, to a potential audit of your new practice location.

Your ABA Network Manager will be able to determine if any additional contracting and/or credentialing steps are necessary prior to adding the new practice address. Please reach out to your ABA Network Manager if you have any questions about this process.

Monthly ABA Provider Orientation

Optum offers monthly orientations for all providers participating in the Commercial ABA Network.

The orientations take place on the 4th Tuesday of every month at 9 a.m. Pacific Time. They're available to existing providers and new providers who have recently joined the ABA network.

The orientation covers a variety of topics, including a clinical section that is presented by a member of the ABA clinical team and a section focused on claims and Provider Express. If you're interested in attending, please email the California ABA Network team at **ca_abanetwork@optum.com**.

The provider orientation is hosted on Microsoft Teams and can be accessed directly through **this link** or you may call in at **1-952-222-7450**, phone conference ID: **784 648 156#**. If you are unable to attend an ABA Provider Orientation, you can also find the **PowerPoint presentation** on Provider Express.

Important Reminders

Coordination of Care

As a specialty, behavioral health care is centered on fostering overall healthier lives. At OHBS-CA, our mission is to help people live their lives to the fullest.

One of the important ways in which we work toward that goal is by promoting ongoing coordination of care for patients. We take an active role in this process and expect our network providers to do so as well.

Provider Express offers information regarding the importance of coordination of care and provides tools to make it easier for you to document it, such as:

- **Coordination of care checklist**
- **Coordination of care flyer**
- **Other coordination of care tips**

Important Reminders

Guidelines

The **Clinical Criteria and Psychological and Neuropsychological Testing Guidelines** are sets of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and well-being. OHBS-CA Clinical Criteria are intended to standardize the interpretation and application of terms of the member's Benefit Plan, including terms of coverage, Benefit Plan exclusions and limitations. You will find these, along with Best Practice Guidelines and the Supplemental and Measurable Guidelines, on our website

OHBS-CA expects all treatment provided to members to be outcome-driven, clinically necessary, evidence-based, and provided in the least restrictive environment possible. Utilization management decision making is based only on the appropriateness of care and service and existence of coverage. OHBS-CA does not reward its staff, practitioners or other individuals for issuing denials of coverage or service care. Utilization management decision makers do not receive financial or other incentives that encourage decisions that result in underutilization of services.

Verifying Enrollee Eligibility

As a reminder, it's important to always verify enrollee eligibility before providing services, either by checking eligibility through the **Provider Express** secure portal or by calling Optum at **1-800-333-8724**. In addition, you are encouraged to discuss all treatment options and their related risks and benefits with the enrollee, regardless of whether the treatment is covered under their benefit plan.

Enrollee Rights and Responsibilities

OHBS-CA requests that you display the Enrollee Rights and Responsibilities in your waiting room or have some other means of documenting that these standards have been communicated to Optum and OHBS-CA enrollees. All enrollees benefit from reviewing these standards in the treatment setting.

You can find a copy of the Enrollee Rights and Responsibilities, in English and in Spanish, in the Appendices of the **OHBS-CA Network Manual**.

California Language Assistance Program

The OHBS-CA **Language Assistance Program** includes provisions for both the provider network and OHBS-CA to ensure that members with limited English proficiency can obtain free language assistance when needed:

- Requirements for clinicians and facilities
- Tips for working with interpreters
- Tips for working with members with limited English proficiency
- Grievance forms and notices of language assistance

Important Reminders

Resources for Providers

You have 24/7 access to a wide variety of resources and information through the Provider Express website:

- **OHBS-CA Network Manual**
- **Credentialing Plan**
- **Information on virtual visits platform & attestation**
- **Clinical Criteria**
- **Video channel**
- **Training information**
- **Optum Pay™ information**

Through the secure portal (sign-in required), you can:

- Check benefits and eligibility
- Request authorizations
- Submit claims, check their status, submit claim appeals
- View and download claim payment information
- Make updates to your demographic profile

Completing the Provider Satisfaction and NPS Survey

In 2022, **572** network clinicians in California responded to our California Provider Satisfaction survey which measures clinician satisfaction with areas of service including the authorization process, Network Services, Claims/Customer service, credentialing, website usage and Net Promoter Scores (NPS).

This year, Optum updated its methodology for reporting many of the key satisfaction metrics it uses in the provider survey to align with best practices. Specific to overall satisfaction, Optum saw on average a 20% decrease in survey metrics when comparing the results using the old methodology to the new methodology. The decrease, however, is not attributed to any change in the experience or attitudes, but merely the way survey metrics were calculated. NPS in 2022 also decreased to 1, yet despite the decrease, California providers report a better experience relative to the national network. Key drivers of NPS include claim processes, authorizations and provider express. Satisfaction with the claims process and the authorization process declined, however areas where Optum excels are easy to work with, customer service/provider relations, and reimbursement rates.

We greatly appreciate the valuable feedback you provide through the web-based survey. Your responses help us identify what we are doing well, and where we need to improve our service. Thank you to all who took the time to participate in the survey as well as for the great services you provide to our members.

Quality Improvements and Achievements

The Quality Improvement (QI) Program monitors access to care and availability of clinicians, quality of care and services, patient safety, and appropriate utilization of resources. Each year, an in-depth evaluation of the QI Program is performed. This includes a review of the processes that support these components of care along with OHBS-CA overall structure. The findings of the most recent evaluation conducted in 2022 include:

- Outstanding performance in the areas of network availability and accessibility
- High performance in the areas of customer service call response time and claims payment accuracy, and turn-around times for claims processing, appeals, provider disputes, and non-coverage determinations
- Appointment for emergent care (non-life threatening) offered within 6 hours was at 100%
- Appointment for urgent care offered within 48 hours was at 100%
- Member complaints remain below the performance threshold, with 100% of complaints resolved within 30 days of receipt

If you are interested in obtaining a copy of the Executive Summary of the most recent QI performance evaluation, please call **1-877-614-0484**.

Important Reminders

Free Services to Help Work With Members

- Interpreter services are available at no cost to members or providers. Call **1-800-999-9585**.
- Assistance for those with hearing and/or speech impairment is available at **1-800-842-9489 (TTY)**.

Reminders for All Contracted Providers

- Clinician Timely Response to Member Messages: Please return all member calls within 24 hours.
- After-Hours Answering System and Messaging: Be sure your answering machine message includes instructions to members regarding what they should do in an emergency

Timely Access to Care

Improving and expanding member access to care continues to be a priority and a challenge throughout the healthcare industry.

If you are unable to see new members, please let us know. You can update your availability status online at Provider Express. You may remain unavailable for up to six months. CA regulations require you update us within 5 days of changes to your availability and 10 days for any demographic change to your practice.

We know you share our commitment to offering clinically appropriate and timely access to care pursuant to Section 1367.031 of the California Health and Safety Code. The DMHC Help Center may be contacted at **1-888-466-2219** to file a complaint if the member is unable to obtain a timely referral to an appropriate provider.

It is important for you to be aware of and comply with the following appointment availability access standards.

STANDARD	CRITERIA	ANTICIPATED COMPLIANCE
Non-Life-Threatening Emergency	A situation in which immediate assessment or care is needed to stabilize a condition or situation, but there is no imminent risk of harm to self or others	100% of members must be offered an appointment within 6 hours of the request for the appointment
Urgent	A situation in which immediate care is not needed for stabilization but, if not addressed in a timely way, could escalate to an emergency situation	100% of members must be offered an appointment within 48 hours of the request for the appointment
Routine (non-urgent)	A situation in which an assessment of care is required, with no urgency or potential risk of harm to self or others	100% of members must be offered an appointment within 10 business days of the request for the appointment
Follow-up Care (Mental Health/ Substance Use Disorder Follow-Up Appointment Non-Physician)	10 business days from prior appointment.	100%
After-Hours Answering System & Messaging	Messaging must include instruction for obtaining emergency care	100%
Network Clinician Availability	Percentage of network clinicians available to see new patients	90%
Clinician Timely Response to Enrollee Messages	Clinician shall provide live answer or respond to enrollee messages for routine issues within 24 hours	90%

Important Reminders

Availability Standards – Monitoring Network Availability

We developed the standards shown below to ensure that members have appropriate availability of behavioral health clinicians and facilities within a defined geographic distance.

An analysis of the results of the annual measurement of OHBS-CA network geographic availability shows that clinicians and facilities are in geographic positions of availability to provide services to membership in all urban, suburban and rural areas of California, except for acute inpatient care facilities.

There is an overall scarcity of inpatient behavioral health facility programs throughout California, especially in rural areas. We continue to monitor these areas for new programs that are willing and able to contract with us to enhance the availability of services for the members we serve.

Provider Type	Standard (Urban)	Standard (Suburban)	Standard (Rural)	Performance Goal
Prescribers (MD, DO, RN w/ prescriptive authority, PA)	10 miles	20 miles	30 miles	95%
Ph.D./Master's Level	10 miles	20 miles	30 miles	95%
Child/Adolescent Clinician	10 miles	20 miles	30 miles	95%
Acute Inpatient Care	15 miles	15 miles	15 miles	90%
Intermediate Care/Partial Hospitalization/Residential	15 miles	30 miles	60 miles	90%
Intensive Outpatient Care	15 miles	30 miles	60 miles	90%
Medication Assisted Treatment (MAT)	15 miles	30 miles	60 miles	90%

Member Satisfaction Survey

OHBS-CA administers the Member Satisfaction Survey to a sample of members who receive services from an OHBS-CA network clinician or facility. Results are analyzed annually.

The 2023 survey assessed member satisfaction along multiple domains including:

- Obtaining referrals or authorizations
- Accessibility and acceptability of the clinician network
- Customer service; treatment/quality of care
- Overall satisfaction

Results of the survey indicate that members experience high overall satisfaction with treatment received:

- 86% of surveyed members indicated satisfaction with helpfulness of Optum staff
- 90% of members indicated that they were able to find care that was respectful of language, cultural, and ethnic needs
- 90% of those surveyed reported that the treatment they received from their clinician helped them better manage their problems
- 88% indicated that they would use these services again

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