Outpatient Care Engagement

UHC Washington Integrated Managed Care

Washington Provider Training

United Healthcare®

BH00101 01/2024

What is Outpatient Care Engagement?

- Outpatient Care Engagement is tasked with providing utilization management for routine outpatient and community-based services.
- This program engages in 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 Outpatient Care Engagement 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.
- The goal of the Outpatient Care Engagement utilization management program is to facilitate a discussion between our licensed clinicians and the treating provider for those cases outside the typical range of utilization.
- Outpatient Care Engagement 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 Outpatient Care Engagement staff.
- When Outpatient Care Engagement identifies a case as having high or frequent utilization, 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 level of care/coverage guidelines,
  Outpatient Care Engagement staff will schedule a conversation between the treating provider and a licensed peer reviewer.
- Based on member clinical needs and guidelines, the peer review discussion may result in continued payment of services or in a partial or full denial of further routine outpatient treatment.

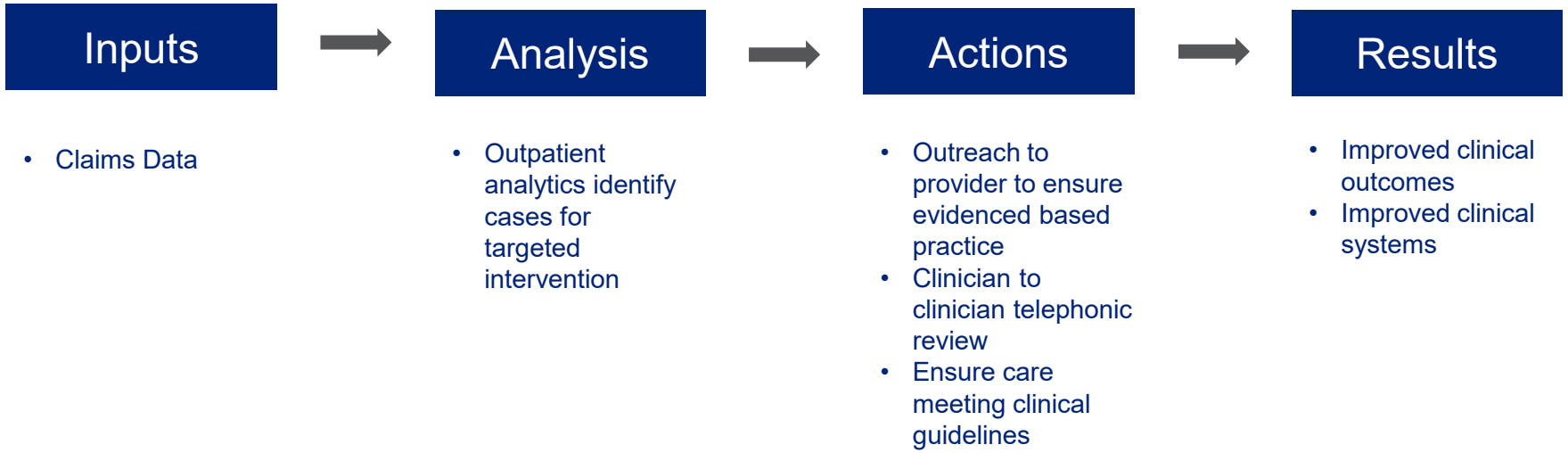
BH00101 01/2024

Outpatient Management

- **In Scope Services**: Individual/Group/Family Therapy; MD/DO Psychotherapy Add-On Services

The Process:

For Outpatient as well as home and community-based services, outpatient analytics enable targeted interventions at the case level.



Outreach to Providers

- A care advocate will conduct all outreaches to providers
- No more than 5-10 cases per outreach for each provider unless otherwise agreed upon
- A provider will not be outreached more than 3 times week
- An outreach will be made to contact the provider, 2 attempts per case with several business days separating each attempt
- If no response has occurred after 5 business days from the 2nd outreach, a Notice of Extension Letter will be sent to the member and the provider, and then the case will be referred to the peer review process
- Larger Groups can request email outreach rather than standard telephonic outreach

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

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: "This call is part of the Outpatient Care Engagement Program. As a part of managing this member's benefit plan, we contact you when our records indicate you have seen a client for outpatient mental health and we will need to do a clinical review in order to discuss the medical necessity of the member's 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); Not intended to ask every question. Use questions as applicable to the specific clinical story

Functional Impairment Over Time				
Functional Areas	Over Lifetime	Start of Episode/Treatment	Progress (Based on FIT)	Goal
Work/School	• 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?
Social/Play				
Family/Relationships				
Activities of Daily Living				
Other				

Questions & Answers

What are the possible outcomes of the care advocacy review?	• Close the intervention meeting as 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 Peer Reviewers licensed in the state of Washington?	• Peer Reviews are completed by Washington licensed Peer Reviewers

Questions & Answers

Will the provider and the individual receive documentation on any denials/reduction in services?	• 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.
What if the provider does not respond to the outreach attempt?	• After the 2nd 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 Outpatient Care Engagement team at 855-469-7622 to inform of a change in clinical presentation • The Care Advocate will review the change and refer to peer review or remove any claims stop for the services needed

Questions & Answers

Is there anything that can be done to reduce the amount of time it takes to complete reviews?	• Reviews should average 15 minutes • Providers should review the member's chart, applicable clinical coverage guidelines and slides 5 & 6 of this power point
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 or see this slides 5 & 6 of this presentation
What is the appeals process?	• Appeals Rights are provided with the letter explaining any determination to reduce service coverage
Does the OP Care Engagement 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, providers should provide services based on members' individual need

Contact Information

Danielle Politte, BH Provider Advocate
North Sound/North Central
Danielle_Politte@UHC.com
Phone: 425-201-7103

Angela Barnes, BH Provider Advocate
Tribal Providers and North King County
Angela_Barnes@uhc.com
Phone: 206-886-3963

Andrina Clemons, BH Provider Advocate
Spokane and Greater Columbia
Andrina_Clemons@uhc.com
Phone: 425-201-7125

Christine Rae, Senior BH Provider Advocate
Salish and South King County
Christine_Rae@UHC.COM
Phone: 206-926-0224

Randi (Renee) Johnson, BH Provider Advocate
Pierce County, Thurston, and Mason
Randi_Johnson@uhc.com
Phone: 425-201-7106

Ashley Putzier, BH Provider Advocate
Southwest and Great Rivers
Ashley_Putzier@uhc.com
Phone: 503-603-7364

BH00101 01/2024

Thank you