Objectives

- OVERVIEW – OptumHealth New Mexico Clinical Operations Department.
- Review of services that require prior authorization.
- Utilization Management (UM) staffing model.
- LOC Guidelines.
- Clinical Best Practice Guidelines.
- Medical necessity review process.
- Provider Alerts – Stay Informed!
Review of Services that Require Prior Authorization

- Inpatient Acute Psychiatric Hospitalization
  - Inpatient Days Awaiting Placement (DAP daily rate)
- 23 Hour Observation
- Partial Hospitalization
- Residential Treatment Services (Accredited and Non-accredited programs)
- Treatment Foster Care, Levels 1 and 2
- Residential Substance Abuse Treatment Center
- Group Home - Child
- Comprehensive Community Support Services (72 units for 90 days is allowed without prior authorization; any additional units needed in that 90 day time period must be authorized)
Review of Services that Require Prior Authorization (cont.)

- Adaptive Skills Building (ASB) for Autism
- Transitional Living Services*
- Electroconvulsive Therapy (ECT)
- Inpatient Detoxification (social detox)

*These services have more than one funding source; prior authorization is required for all funding sources.

IMPORTANT:
PROVIDERS ARE STRONGLY ENCOURAGED TO REVIEW THEIR CONTRACT WITH O.H.N.M., THE NM ADMINISTRATIVE CODE REGULATIONS GOVERNING THE SERVICES THEY DELIVER, AND THE OPTUMHEALTH NEW MEXICO’S WEB PORTAL’S “CLINICAL RESOURCES” SECTION BEFORE SUBMITTING ANY KIND OF REQUEST FOR AUTHORIZATION. TAKEN ALTOGETHER, THESE CONSTITUTE THE RULES OF THE ROAD FOR UTILIZATION MANAGEMENT.
Utilization Management Staffing Model

- All requests for service are clinically reviewed by Care Advocates who are all masters degree trained and New Mexico licensed behavioral health clinicians (LISW, LPCC, LMFT, etc.).

- These staff are aware of alternative levels of care that are available in a consumer’s community, and work closely with OptumHealth New Mexico Care Coordinators to ensure that treatment is delivered at the least restrictive setting that is both clinically appropriate and available within a reasonable time and distance from the consumer’s home.

- Reviews are assigned to Care Advocates by provider, so that clinicians develop a constructive working relationship with submitting providers’ representatives.

- When cases require staffing or peer review, Care Advocates first access Team Leads, the Clinical Program Manager, or the Director of Clinical Operations – all of whom are trained in clinical supervision. Care Advocates and providers may also access an OptumHealth New Mexico Peer Reviewer for discussion of a consumer case; Peer Reviewers are New Mexico licensed psychiatrists specializing in either Adult or Child/Adolescent psychiatry.
Level of Care Guidelines - Overview

- The Level of Care Guidelines document used by OptumHealth New Mexico was developed in cooperation with the provider community (OptumHealth New Mexico Clinical Advisory Committee - CAC) and in consultation with the Oversight Team of the Collaborative. The entire document is reviewed at least once per year while individual criteria sets are revised and edited as necessary, and when new criteria sets are created and obsolete sets are retired.

- The current OptumHealth New Mexico Level of Care guidelines for mental health and substance abuse treatment services are always available at:
  
  www.optumhealthnewmexico.com/provider/clinresources.html

- OptumHealth New Mexico generally uses the American Society of Addiction Medicine Patient Placement Criteria Second Edition-Revised (ASAM PPC-2R) for substance abuse treatment services that require prior authorization, in addition to any formal guidelines approved for use by the CAC and the Collaborative.
Level of Care Guidelines – Process for Review/Update

- OptumHealth New Mexico reviews the Level of Care Guidelines for prior-authorization-required services once per year.
- As services are added or removed from the group that require prior authorization or as service definitions and/or NMAC regulations are changed, OptumHealth endeavors to make necessary adjustments to the document.
- Proposed changes are first brought before the Clinical Advisory Committee (CAC), a body chaired by the OptumHealth New Mexico Chief Medical Officer and Director of Clinical Operations; members of the committee include provider representatives from all prior-authorization-required levels of care and also from affected OptumHealth New Mexico functional areas, like Quality Improvement and Care Coordination.
- As changes are reviewed by the CAC, they are forwarded to the Behavioral Health Purchasing Collaborative Oversight Team, comprised of representatives from HSD, BHSD, CYFD, and other Collaborative agencies.
- The final version of the current document was approved by the Collaborative Oversight team on July 29, 2011.
Level of Care Guidelines – Review of Document Changes

A ‘teaching document’ – Above all, the revised LOC Guidelines document is more than just a collection of criteria sets; it should provide a roadmap to understanding how OptumHealth New Mexico is approaching behavioral health managed care, always keeping in mind that central to our responsibilities under our contract with the Collaborative/State are to:

Manage the use of limited resources, maximize the effectiveness of care by evaluating clinical appropriateness, and authorize the type and volume of services through fair, consistent and culturally competent decision-making processes while ensuring equitable access to care and a successful link between care and outcomes.

- Source citations – Throughout the revised document, one will see that primary sources are cited and quoted. There is relatively little in this document that has not been taken verbatim from some publication of the State of New Mexico (NMAC) or the Collaborative. The State of New Mexico defines what these prior authorization required services are, not OHNM.

- Section additions – To bring our utilization management program better in line with national best practices, while still honoring the uniqueness of New Mexico, we have added new sections dedicated to Common Criteria and Discharge Planning. These come, almost unedited, from other OptumHealth utilization management programs that have earned URAC (Utilization Review Accreditation Commission) certification and will bring new depth and guidance to our UM program.
Level of Care Guidelines – Specific Content Changes

- **Introduction Section**
  - Common Criteria: Added to better align OHNM management of behavioral health services with national standards for utilization management.
  - Discharge Planning: Similar to above reason for addition, but also included to more assertively prompt providers to view comprehensive discharge planning as a key element of their treatment process and as a critical responsibility owed to consumers.

- **LOC Criteria Sets Updates – All**
  Exclusionary Criteria: Providers are urged to review this entire document to understand better the service array addressed within, but are especially encouraged to review all

- **LOC Criteria Sets Updates - Specific**
  - Inpatient Days Awaiting Placement (DAP)
  - Residential Treatment Center (RTC) - Child, Sub-Acute
  - RTC – Child
  - Treatment Foster Care (TFC)
  - Group Home – Child
  - Transitional Living Services – Adolescent and Adult
  - Adult S.A. RTC
  - Comprehensive Community Support Services

- **LOC Criteria Sets Additions**
  - Inpatient Substance Abuse Detoxification (Ambulatory Detox)
  - Behavior Management Services (BMS)
  - Psychosocial Rehabilitation Services (PSR)
Clinical Best Practice Guidelines

- In addition to the Level of Care Guidelines utilized to clinically review prior authorization requests, OptumHealth New Mexico also uses Clinical Best Practice Guidelines developed by nationally recognized organizations (such as The American Psychiatric Association) to guide review of provider treatment plans and authorization requests for individual clinical presentations or diagnostic situations. These guidelines are also reviewed and re-authorized for use at least annually by the Clinical Advisory Committee.

- The current OptumHealth New Mexico Clinical Best Practice Guidelines for mental health and substance abuse treatment services are available at:
  [https://www.optumhealthnewmexico.com/provider/ClinicalBestPractice.html](https://www.optumhealthnewmexico.com/provider/ClinicalBestPractice.html)

**NOTE:** There is one set of Best Practice Guidelines specific to NM that providers are strongly encouraged to review, regardless of their scope of practice; these relate to treatment of *Youth Who Have Caused Sexual Harm*, and are available at the link above.
Medical Necessity/Clinical Review Process – Pt. I

- As initial and continued stay reviews are approved and authorized in our electronic medical review system, providers will see the authorizations appear in their online account within a day or two. As of June 2011, about 95% of provider authorization requests were being approved.

- When a request does not appear to meet medical necessity criteria (as outlined in the OptumHealth New Mexico Level of Care Guidelines), a Care Advocate may ask the provider for additional information or may send the case to Peer Review with one of our psychiatrists.

- Providers have 2 business days to respond to a request for additional information; if OptumHealth New Mexico does not receive enough clinical information, the request may be administratively denied.

- Peer to peer review will be offered prior to any decision to issue an adverse benefits determination on the provider’s request for authorization of services. If the provider elects not to participate in the peer to peer discussion, the request may be denied.

- Providers will be afforded a reasonable period of time to respond to OptumHealth New Mexico’s offer of a peer to peer discussion, with the caveat that OptumHealth New Mexico is required to abide by regulatory turn-around-times. (Peer to peer review may also be offered or requested for the purposes of general consultation.)
Medical Necessity/Clinical Review Process – Pt. II

- Alternative services will be recommended if the Care Advocate and Peer Reviewer determine that level of care criteria have not been met, as evidenced by the clinical information submitted by a provider.
  * If the service requested is denied, an alternative service will be recommended by the Utilization Management team, in consultation with the Care Coordination team. A provider is not required to accept this recommendation, but IS obliged to ensure that the consumer is linked to appropriate referrals.

- If the alternative service (or level of care) is not available (within a reasonable time from that of the adverse authorization determination, and within a reasonable distance from the consumer’s home of record), the originally requested service may be approved until the alternative level of care becomes available. During this interim, the custodial provider must continue to submit authorization requests; failure to do so could result in receipt of an administrative denial.

- Appeal rights will be explained at the time of the denial, and are always included in every adverse benefit determination notification letter.

- Providers are encouraged to review a more detailed explanation (updated as of July 25, 2011) of the authorization review/approval or denial process/appeals available at:
Provider Alerts: Stay Informed!

- OptumHealth New Mexico regularly publishes Provider Alerts on our website/provider portal which are also sent by email to contracted, in-network providers. These communications serve to:
  1. Update providers and other behavioral health system stakeholders on issues important to the development of this contract.
  2. Provide notification of significant changes in the way OptumHealth New Mexico is managing parts of this contract, including the UM program.

- By reviewing every Provider Alert for relevance, providers can make sure they incorporate any changes into their clinical and business practice in a timely manner.

- In some cases, only one or a few individuals in a provider organization receive the alerts – be sure they SHARE them with you, or you can have them delivered to your own email by contacting Jeff Daninger at jeff.daninger@optum.com or a.

- An archive of all published OptumHealth New Mexico provider alerts are available at: https://www.optumhealthnewmexico.com/provider/providerAlerts.html
OHNM Utilization Management Resources/Links

New Mexico Administrative Code:
http://www.nmcpr.state.nm.us/NMAC/_title08/title08.htm

UM Documents
- OHNM Authorizations and Peer to Peer Protocol:
- New Mexico Interagency Behavioral Health Purchasing Collaborative - Service Definitions:
  - http://www.bhc.state.nm.us/BHServices/ServiceDefinition.html
- 2011 LOC Guidelines Document:

Forms:
- OHNM eCert Outpatient Additional Units Request Form:
  - https://www.optumhealthnewmexico.com/provider/forms.html
- OHNM eCert Clinical Review Form:
  - https://www.optumhealthnewmexico.com/provider/forms.html
- OHNM Clinical Discharge Notification Form:
  - https://www.optumhealthnewmexico.com/provider/forms.html
Questions, Concerns, Applause?

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