

# Network Notes

OptumHealth Behavioral Solutions of California – News and Updates for Contracted Providers

Fall 2022

## Coordinating Care for Healthier Lives



As a specialty, behavioral health care has an obligation to foster 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 your coordination of care activities:

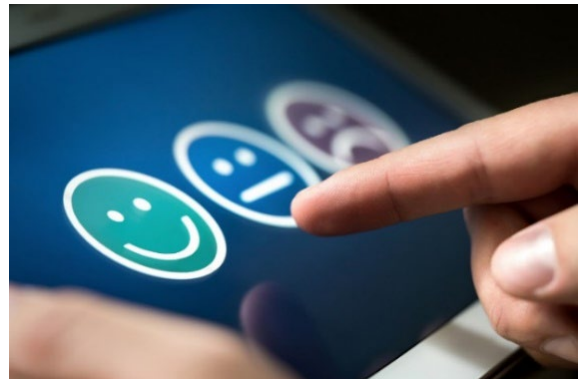
- [Coordination of care checklist](#)
- [Coordination of care flyer](#)
- [Other coordination of care tips](#)

## Results of the 2021 Clinician Satisfaction Survey

In 2021, **1,979** network clinicians in California responded to our Provider Satisfaction Survey that measures clinician satisfaction with areas of service including the authorization process, Network Services staff, Claims/Customer service, Credentialing, web site usage and Net Promoter Scores (NPS).

NPS declined after a peak in 2020. However, it is still high relative to historical numbers and much higher than the national NPS. Key drivers include overall satisfaction with Network Services staff and Provider Express as well as overall satisfaction with reimbursement. Satisfaction with claims processing and the authorization process declined while satisfaction with credentialing and recredentialing improved.

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 our members.



---

# What Makes the Optum EAP Program Different

---



Optum Employee Assistance Program (EAP) is different from many other payers because we pay you your same contracted rate for EAP services as for routine outpatient therapy services. The member has no financial responsibility – no deductible, co-payment or coinsurance amount. We pay you directly, at your contracted rate, for authorized counseling sessions.

EAP benefits are designed to provide assessment and referral, as well as a brief counseling intervention for members and their families. The typical EAP benefit offers a limited number of sessions with an MH/SUD clinician but is not designed to provide an ongoing course of treatment. However, it is not unusual for the member to transition to routine therapy services with the same provider. Optum members can see any contracted Optum therapist for EAP services.

## How EAP sessions are authorized

Authorizations must be initiated by the member or the network provider prior to the first appointment. When a member presents for EAP services, you should inquire whether any of the authorized visits have already been used.

Visit the [Provider Express EAP page](#) to learn more about this great way to expand your practice.

---

## Make the Most of Your Directory Profile



It is extremely important for you to ensure that your provider profile is always current and is as robust as possible. One critical reason is to allow the online directory to reflect the cultural diversity of our network clinicians and increase your opportunity to engage, assess, and treat clients from diverse backgrounds. Another important component of your provider profile is offering members a variety of ways to contact you.

By including your email, as well as your phone number, in the directory, you increase the ability of members to access behavioral health services.

We ask that you review your provider profile and, if you haven't already done so, include your ethnicity, any additional languages spoken, and your directory email as part of your profile. Additionally, Optum can list your website in our online provider directory, which can help members learn more about you, your practice, and your treatment approach.

Once logged in to [providerexpress.com](https://providerexpress.com), you can update languages spoken and ethnicity under My Practice Info > Clinician Information. Your email and/or website can be updated under My Practice Info > Practice Information. Please confirm that all other information is correct and update if needed. Additional training on updating your demographic information is available at this [video link](#).

# 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%
<b>MEDI-CAL NETWORK ADEQUACY STANDARDS IN SAN DIEGO COUNTY</b>				
PROVIDER TYPE	TIMELY ACCESS STANDARD		TIME AND DISTANCE STANDARD	
Psychiatric Care (Adult & Pediatric)	Within 15 business days of request		15 miles or 30 minutes from beneficiary's residence	
Mental Health (Non-psychiatry)	Within 10 business days of request		15 miles or 30 minutes from beneficiary's residence	

## Quality 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 2021 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
- Excellent performance in measures of Clinician Satisfaction, with Overall Clinician Satisfaction at 85%

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**.

# Timely Access to Care

Improving and expanding member access to care continues to be a priority and a challenge throughout the health care industry. During the 2022 health care emergency, OHBS-CA has continued to explore ways to improve member access to a choice of providers who meet their needs.

In accordance with the Notice of Enforcement Discretion from the Office for Civil Rights at the Department of Health and Human Services (“**Notice**”), we have temporarily expanded telehealth access to help accommodate members’ needs during the public health emergency as it has been extended during 2021. Our **virtual visits** (telehealth) network, has expanded, helping members to easily connect with providers through convenient, secure, virtual connections that extend access to providers throughout California. Our new online attestation process makes it easier for you to notify us of your capability to deliver services virtually.

We also offer a virtual visits platform, recently enhanced to allow use for nearly all payers and insurance companies. Once a provider is registered, clients can view their virtual visit schedule and book appointments. For more information, visit the **virtual visits** page on Provider Express.

**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 our access standards (shown below).

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%



### Additional services available

**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 situation.

---

## Members Highly Satisfied with Treatment & Services

---

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 2022 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:

- 94% of surveyed members indicated that we answered their calls in a reasonable time
- 94% of members indicated that they were able to find care that was respectful of language, cultural, and ethnic needs
- 91% of those surveyed reported that the treatment they received from their clinician helped them better manage their problems
- 87% indicated that they would use these services again
- Overall member satisfaction with services received from OHBS-CA was 87%

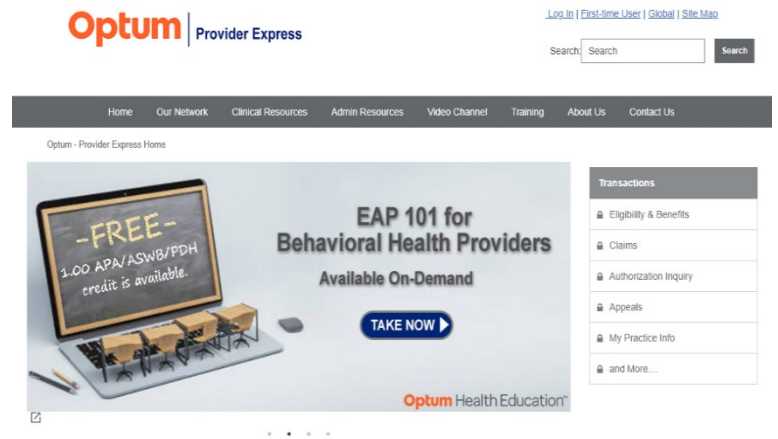
The findings from the survey are used to identify opportunities to improve the member experience.



# Provider Express: Your Most Valuable Optum Resource

Have you visited **Provider Express** lately? If not, you may have missed important updates on:

- **Behavioral Health Toolkit** – Take a look at the variety of toolkits designed to be a quick reference of information to further assist your practice and office in caring for members
- **Provider Video Channel** – Check out our latest videos, what other providers are watching, and an updated tutorial on [Optum Provider Authorization Inquiry](#)
- **Medication Assisted Treatment (MAT)** – Access resources and learn information surrounding MAT and how this therapy is more effective than either behavioral interventions or medication alone



While you're visiting the site, be sure to log in and check to be sure your demographic profile is complete and current. If you haven't provided us with your email address, please remember to add it so we can easily keep you informed about new initiatives, process changes, and other Optum updates.

## Public Policy Committee

The Public Policy Committee is actively recruiting for new committee members. We are looking for members that are interesting in joining the committee as well as providers. The committee meets quarterly and consists of at least three subscriber enrollees of OHBS-CA, one contracted clinician and one member of our 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 meets quarterly and reports to our Board of Directors. Responsibilities of the Public Policy Committee include:

- Evaluating care and service proposals
- Defining public policy in accordance with the state's Knox-Keene Act
- Reviewing and discussing member grievance data
- Examining member and provider satisfactions 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 your Provider Relations Advocate or call **1-877-614-0484**.

# ABA Corner

## KEEPING YOUR DEMOGRAPHIC INFORMATION ON CAQH ACCURATE AND CURRENT

When submitting an individual application for any new BCBA's that have joined your practice, please ensure that all demographic information for that clinician is current and accurate on CAQH. Our data loading team will compare the demographic information on the application with the information shown on CAQH. Any discrepancies or inaccuracies can lead to potential credentialing issues, as well as data entry errors when loading the provider in the system. To minimize these challenges, please ensure that the information included on the solo application matches the information loaded on CAQH for each new clinician.

Please note that this requirement is not applicable if you are contracted as a group that requires individual credentialing. If you have any questions regarding your contract set up, please reach out to the California ABA Network team at [ca\\_abanetwork@optum.com](mailto:ca_abanetwork@optum.com)

To submit an individual application for any new BCBA's joining your group, please click on the following link:  
[Optum - ABA Network Participation Request Form](#)

---

## ADDING NEW LOCATIONS VIA PROVIDER EXPRESS

Provider Express allows all providers the ability to perform administrative functions like updating your group/agency practice address or phone number. Before making any new address updates through Provider Express, please reach out to your ABA Network Manager and notify them of the change. In some cases, additional contracting or credentialing steps are needed prior to adding a new address. This may range from signing a new agreement if the new address is outside of California, to possibly requiring an audit of your new address. Your ABA Network Manager will be able to determine if any additional contracting and/or credentialing steps need to take place prior to adding the new address through provider express.

Please reach out to your ABA Network Manager should you have any questions about this process or email the California ABA Network team at [ca\\_abanetwork@optum.com](mailto:ca_abanetwork@optum.com)



---

## HO AND HP MODIFIER REMINDER

Optum implemented HO and HP modifiers on all ABA CPT codes effective Sept. 15, 2022 for commercial lines of business. Optum sent out a formal notification to all ABA providers on June 15, 2022 along with a copy of the updated fee schedule. This new fee schedule includes the following changes:

- All billable services for an ABA Supervisor (Behavior Analyst or master's level licensed mental health provider) to be billed with the applicable CPT code(s) and the **HO modifier**
- All billable services for a BCBA-D or licensed psychologist to be billed with the applicable CPT code(s) and the **HP modifier**

ABA Commercial claims must include the correct modifier following the CPT code to be processed and paid correctly. Please inform your billing department(s) of this change to ensure that all claims include the appropriate modifier beginning with dates of service on **Sept. 15, 2022** and forward. If a claim has been denied for not including a modifier, please re-submit as a corrected claim.

If you have any questions about the new modifiers, please reach out to the California ABA Network team at [ca\\_abanetwork@optum.com](mailto:ca_abanetwork@optum.com)

Visit the [Autism/Applied Behavior Analysis page](#) on Provider Express for additional resources.



## SAN DIEGO COUNTY MEDI-CAL PROVIDER UPDATE

**UnitedHealthcare Insurance Company**, doing business as **UnitedHealthcare Community Plan**, will no longer be providing services to California Medi-Cal beneficiaries in San Diego County effective December 31, 2022. This change does not affect UnitedHealthcare Medicare coverage including Medicare Advantage or any Commercial HMO, PPO, or POS products in San Diego County. This is specifically an exit from the Medi-Cal product.

Members will be transferred to a new managed care plan effective January 1, 2023. UnitedHealthcare Community Plan remains available to assist with continuity of care, claims, appeals and grievances. If you have any questions, please contact Provider Services at **1-866-270-5785**.

Thank you for your care to our UnitedHealthcare Community Plan of California Medi-Cal members.

---

## Important Reminders

---

### AFFIRMATIVE INCENTIVE STATEMENT

The clinical guidelines 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, at [Provider Express > Guidelines/Policies & Manuals](#).

OHBS-CA expects all treatment provided to members 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.



### CARE ADVOCACY PROCESS PROVIDES PEER REVIEW DISCUSSION

Our care advocacy process offers every clinician the opportunity to discuss a potential adverse benefit determination based on medical necessity with an appropriate peer reviewer at OHBS-CA before a final determination is made. You may request a discussion with a peer reviewer at any time during the decision process or after the decision has been made. You may reach a peer reviewer by calling the number shown in the certification letter or a non-coverage determination letter or by calling the number on the back of the member's ID card and requesting to speak with a peer reviewer.



---

## 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** at [providerexpress.com](http://providerexpress.com).

---

## 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 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

Learn more on [Provider Express > Admin Resources > California Language Assistance Program](#)

---

## RESOURCES FOR OHBS-CA PROVIDERS

You have 24/7 access to a wide variety of resources and information through our provider website, **Provider Express**.

Through the publicly accessible area, you have access to:

- **OHBS-CA Network Manual**
- **Credentialing Plan**
- **Information on virtual visits platform & attestation**
- **COVID-19 information**
- **Clinical criteria**
- **Video channel**
- **Training information**
- **Optum Pay™ information**

Through the secure “**Transactions**” section (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

