



AllWays Health Partners Children's Behavioral Health Initiative

Outpatient Care Engagement & Practice
Management Overview

March 2022



Introduction

The Children's Behavioral Health Initiative (CBHI) is an interagency undertaking whose mission is to strengthen, expand and integrate behavioral health services for children. Certain services within this initiative (listed on slide 3) will not require an authorization and will be managed using our outpatient management strategy. That strategy is outlined in this document.

Outpatient Management for CBHI

Reduced administrative burden

- We have removed precertification requirements for in-scope services

Management strategy

- Outpatient Care Engagement
- Practice Management

In-scope services

- Self-Help/Peer Services
- Crisis Intervention Service
- Skills Training and Development
- Therapeutic Behavioral Services
- Family Training and Counseling for Child Development
- Behavioral Health Outreach Service/Targeted Case Management
- Family Consultation
- Case Consultation
- Collateral Contact

Outpatient Management for CBHI - continued

Member identification

- Potential outcome of review

Licensed care advocates reach out telephonically to treating provider to:

- Review eligibility for the service(s)
- Review the treatment plan/plan of care
- Review the case against applicable medical necessity guidelines

Potential outcome of review

- Close case (member is eligible, treatment plan/plan of care is appropriate, care is medically necessary)
- Modification to plan (e.g., current care is not evidence-based but there is agreement to correct)
- Referral to Peer Review (e.g., member appears ineligible for service; treatment does not appear to be evidence based; duration/frequency of care does not appear to be medically necessary)

Outpatient Management for CBHI - continued

As an alternative to requiring precertification for routine and community-based outpatient services, we will provide oversight of service provision through our Practice Management Program.

Program Components

- Regular and comprehensive analysis of claims data by provider/provider group
 - Service/diagnostic/age distribution
 - Proper application of eligibility criteria
 - Appropriate frequency of service/duration of service
 - Other potential practice or billing patterns of interest
- Outreach to provider group when appropriate to discuss any potential concerns that arose from the claim analysis
- Potential outcomes from discussion
 - No additional action necessary, monitor
 - Program audit including record review
 - Performance Improvement Plan (PIP)
 - Targeted precertification as part of PIP
 - Referral to Program and Network Integrity

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