

OPTUMIST

Optum Provider Newsletter

V18. January 2018

Provider Services Manager's Message

Hello and welcome to the Winter 2018 edition of the OPTUMIST Newsletter. In this edition, we are highlighting the Revised Fee For Service Operations Handbook effective December 27, 2017. Multiple changes in processes and requirements have been outlined for your review. Additionally, the TERM Team has put together tips and reminders on successfully completing a CWS Treatment Plan.

Also included:

- Instructions for How to Report your Wait Times and Info on a New Provider Portal
- A Reminder that All Prescribing Providers are Required to Complete Care Plans
- Updates from TERM Advisory Board
- Training Opportunities for FFS and TERM Providers

We continue to welcome your questions and feedback on how we can make our Newsletter valuable to you.

Judy A. Duncan-Sanford, LMFT



Contact Numbers

San Diego
Access and Crisis Line
(888) 724-7240

Medi-Cal Provider Line
(800) 798-2254

TERM Provider Line
(877) 824-8376

Website:

www.optumsandiego.com

In This Issue:

- P1: Provider Services Manager's Message
- P2: Timely Access to Care - Reporting Your Wait Times
- P3: Provider Portal - Provider Information Updates and Attestation
- Training Opportunities for Fee For Service Providers
- P4: Reminder: Care Plans are a Medi-Cal Requirement
- P5-7: Fee For Service Operation Handbook - Updates
- P8: Tips and Reminders for Successful Completion of a CWS Treatment Plan
- Training Opportunities for TERM Providers
- P9: TERM Advisory Board Updates
- P10: ACL Chat Services
- P11: Upcoming Events

Information and Updates for FFS Medi-Cal Providers

Timely Access to Care - Reporting Your Wait Times

As explained in the Fall 2017 Newsletter, SB1135 requires health plans and insurers to notify consumers and health care providers about their right to timely access to care and language assistance if needed for their care.

Existing California law requires health plans to provide consumers with appointments within a specific timeframe and to arrange interpreters and translated written materials when requested by the patient.

Existing law gives consumers the right to appointments within the following timeframes:

Urgent Appointments	Wait Time
All services without prior approval	48 hours
Non-Urgent Appointment	Wait Time
Specialist appointment (Physician)	15 business days
Appointment with a mental health specialist (non-physician)	10 business days

You have been furnished with a personal provider link that now facilitates the ability to meet this requirement and report your Wait Times.

Once your personal link is open, you will see two buttons at the bottom of your profile:

Attest or Revise your Profile

Report Wait Times

- **Report Wait Times** Select this button and enter the wait time(s) for each office that is currently **OPEN** in our system to accepting new referrals through the Provider Directory and Access and Crisis Line (ACL).
- **Attest or Revise your Profile** - Select this button to complete the Practice Information Verification and Validation Attestation (SB137) requirement (verification of your provider demographic or clinical specialties information).

Please evaluate and be aware of your wait times and the standards as stated above. If your wait times exceed the timeframes above, please take one of the following actions to temporarily close your office to new referrals:

- Email – providerserviceshelp@optum.com
- Contact Provider Services at 800-798-2254 Option 7

If you have any questions on this process and would like further clarification, please contact Provider Services at 800-798-2254 Option 7.

Information and Updates for FFS Medi-Cal Providers

Provider Portal – Provider Information Updates and Attestation

In July 2017, personal links were created and distributed to each provider to facilitate the attestations required by California Senate Bill 137 (SB-137). We are pleased to let you know that in February 2018, a new secure provider portal will be opened that will enable you to review your personal provider profile information and complete the required attestations for wait times and demographics and clinical specialties.

You will soon receive a notification with instructions on how to register for an Optum unique ID on the Optum ID/Optum San Diego Website. The unique ID will allow you to visit the portal at any time to review and update your information.

Additional information will be forthcoming as soon as it is available. In the meantime, please continue to use your personal links until advised to make the transition.

If you have any questions, please contact Provider Services at 800-798-2254 Option 7.

Training Opportunities for Fee For Service Providers

BHETA (Behavioral Health Education & Training Academy) The County contracts with BHETA, which is based at the Academy for Professional Excellence, a project of the SDSU School Of Social Work. BHETA training meets the qualification for continuing education credit for MFTs, LPCCs, LCSWs, and Psychologists. Providers can earn free CEUs for many of the offered classes. Email BHETA@mail.sdsu.edu if you have any questions. You will also find instructions on how to set up a BHETA Account on our website at www.optumsandiego.com.

- **Understanding Medi-Cal Documentation Standards: An e-Learning Course by the County of San Diego and OptumHealth:** This webinar is free to you, and was created to educate, support, and assist you in fully understanding the standards and requirements specifically related to your Medi-Cal FFS documentation. It is mandatory that all FFS Providers complete this course at least one time.
- **Unpacking Hope: Understanding the Unique Needs of Children, Youth and Families Experiencing Homelessness: April 12, 2018 8:30AM - 4:30PM (Fee)** In this full-day conference, presentations will address the impact of trauma and the resilience of families experiencing homelessness. Through robust workshop presentations, a powerful keynote speaker, and an interactive panel, participants will be able to identify culturally responsive interventions, innovative tools, and available resources that support self-sufficiency for children, youth, and families experiencing homelessness.
- **Introduction to Geriatric Mental Health:** This introductory training will support community mental health by providing awareness, knowledge, and skills to mental health, aging, primary care, and allied professionals on the biopsychosocial health related issues and risk factors of older adults and their families/caregivers (March 8, April 5, May 3, 2018).

Information and Updates for FFS Medi-Cal Providers

Reminder: Care Plans Are a Medi-Cal Requirement

CA Department of Health Care Services (DHCS) requires that all behavioral health care beneficiaries have a Care Plan, or Client Treatment Plan, in order to authorize payment by Medi-cal.

These are the required components of a **Care Plan**:

Timing:

- Initial plan completed within 30 days of assessment
- Plan is updated annually

Content:

- Identify specific observable or quantifiable goals: Goals address the client's functional impairments that are related to the client's qualifying mental health diagnosis
- Identify proposed type of intervention(s), consistent with goals: Interventions are devised to diminish, or prevent further significant deterioration of, the functional impairments
- Include a proposed duration of intervention(s)

Participants:

- Signed by client or legal guardian, or written explanation of refusal to sign
- Evidence that client was offered a copy of the plan
- Signed by provider

Prescribing MDs, DOs, PNPs may be able to meet the Care Plan requirement using an Informed Consent for Medication form, if the Care Plan components are included. Since Prescribers are also required to get Informed Consent for Medication when prescribing medication for behavioral health conditions, we have updated the county's informed consent for medication form to help meet both requirements on one form: "**Care Plan & Informed Consent for Taking Psychotropic Medication.**"

If you choose to document the Care Plan using this combined form, you must include the diagnosis and reason for medication (target symptoms) on the form. The form will need to be updated and signed annually or when there is any update/change to medications. It is located on our website at: www.optumsandiego.com > Fee for Services Providers> Forms Tab.



Information and Updates for FFS Medi-Cal Providers

Fee For Service Provider Operations Handbook

Adult/Older Adult Mental Health Services
Children and Adolescent's Mental Health Services
Edition December 27, 2017

The Fee-for-Service (FFS) Provider Operations Handbook was updated on December 27, 2017 to reflect changes implemented in the Fee-for-Service Medi-Cal network for the County of San Diego Behavioral Health Services Mental Health Plan (MHP).

REVISIONS/ NEW PROCEDURES

When reviewing the new handbook, please pay close attention to the following:

- **Clients Rights (pg. 4)**
 - There have been updates to the Notice of Action (NOA) Forms
- **Authorization for Reimbursement for Services**
 - [Authorizing Outpatient Services \(pg.16\)](#)
 - A new process was established to align with the Affordable Care Act (ACA) which requires assessing for severity (mild, moderate, or severe)
 - Information added on checking/verifying eligibility
 - [General Authorization Reminders \(pg.17\)](#) - New information added relating to number of sessions authorized and how you will be notified
 - [Outpatient Services – Assessment Authorization \(pg.18\)](#) - Pre-authorization for *Initial Assessment* not required
 - [Outpatient Services – Initial 12 Sessions and Continuing Sessions \(Pg. 19\)](#) - Outpatient Authorization Request Form (OAR) must be completed and submitted to Optum Public Sector when sessions are requested beyond the initial assessment
- **Requesting Authorization (pg. 21)** - Matrix created to explain obtaining authorization based on the Severity Index
 - [Clients with No Insurance or Financial Resources \(pg. 26\)](#) - Emergency Screening Unit has moved from Chula Vista to 4309 Third Ave., San Diego, CA 92103, (619) 421-6900
- **Quality Management Program**
 - [Quality of Care \(pg. 29\)](#) - Revised to reflect the oversight of the Optum Quality Improvement Team, Medical Director, and the Clinical Quality of Care Committee
 - [Outpatient Provider Reviews \(pg. 30\)](#) - Reflects changes to the site and treatment record review process that was shifted from the County's Quality Management Department to the Optum Quality Improvement Department. All providers will participate in a Medi-Cal Treatment Record and Site Review at least once during their three (3) year re-credentialing cycle

Information and Updates for FFS Medi-Cal Providers

Fee For Service Provider Operations Handbook

Adult/Older Adult Mental Health Services

Children and Adolescent's Mental Health Services

Edition December 27, 2017

- **Quality Management Program -*Continued***

- [Documentation Standards for Outpatient Client Records](#) (pg. 33) - Reflects BHETA Documentation Training is a requirement for all FFS Providers.
- [Inpatient Professional Service Reviews](#) (pg. 32) - Reflects the requirement for an annual review of providers rendering inpatient professional services
- [Quality of Care](#) (pg. 29) - Revised to reflect the oversight of the Optum Quality Improvement Team, Medical Director, and the Clinical Quality of Care Committee
- [Access Standards](#) (pg. 37) – Updated to reflect Senate Bill 1135 standards of 48 hours for Urgent Appointments and 10 business days for Non-Urgent Appointments

- **Provider Contracting:**

- A [site review](#) (pg. 30) is now required as part of the initial credentialing process
- [Reporting Requirements – 805 and NPBD](#) (pg. 40) – Reflects actions required the event that a provider's network participation is restricted or terminated due to quality issues

- **Provider Obligations**

- [Notification of Status Change changed to Verification of Providers Demographic and Practice Information](#) (pg. 46) – Updated to include requirements based on Senate Bill 137 and the provider's obligations to verify and attest to the accuracy of demographic and practice information once every 6 months
- [Requirement to Notify in Case of Incident](#) (pg. 46) - Updated to highlight contract requirement to notify Optum Public Sector in writing within 10 business days of actions against a provider's license, lapse of Malpractice Insurance, change in business ownership, legal action pending against a provider for professional negligence, etc.
- [Wait Time Attestation](#) (pg. 45) - Providers are required to complete a Wait Time Attestation twice a year to reflect the time a client must wait to get an appointment at each office in which the provider renders services
- [Requirement to Notify in Case of Status and Practice Changes](#) (pg. 47) - Updated to highlight contract requirement to notify Optum Public Sector within 10 business days of changes to the status or demographics of the provider's practice
- [Practice Information Verification and Validation](#) (pg. 47) – Reflects requirements related to Senate Bill 137 requiring all providers to attest to the accuracy of the demographics, contact information, and clinical specialties every 6 months.

Information and Updates for FFS Medi-Cal Providers

Fee For Service Provider Operations Handbook

Adult/Older Adult Mental Health Services

Children and Adolescent's Mental Health Services

Edition December 27, 2017

- **Claims and Billing**

- [LMFT/LPCC Providers Medi-Cal Eligibility Verification](#) (pg. 57) - Updated to reflect the process for LPCC's to verify eligibility
 - [Submitting Claims for Medi-Cal Services](#) (pg. 58) - Updated to reflect the requirement to bill with ICD-10 codes
- **Claims Clusters (pg. 60)** – Have been updated to reflect the most current claims clusters that may appear on the provider's authorization

Please visit our website at <https://www.optumsandiego.com> to download forms or to save the handbook and forms to your desktop for easy access.

Please remember that we urge you to coordinate care with all treating professionals involved with your clients. This includes treating psychiatrists, pain management professionals, pediatricians, and PCPs, as well as any other treating professionals who work with your clients.

REMINDER: Medi-Cal regulations require that providers have an emergency referral on their outgoing voice messages. You may refer callers to the Access and Crisis Line (ACL) at (888) 724-7240.

Please contact us when you want to be closed to new referrals, and remember to call us when you are ready to accept new referrals. As always, please send us an email or letter about any changes to your practice. Optum Provider Services staff can be reached at (800) 798-2254, option 7, with any questions about the updated handbook. And thank you for working with Optum in serving the County of San Diego Medi-Cal beneficiaries.

Future Fee For Service Provider Operations Handbook Updates

The Fee For Service Operations Handbook will be reviewed and updated as appropriate on a quarterly basis. A notification will be sent via email blast to all providers that will include an outline of any revisions. The OPTUMIST Newsletter will continue to include a section for the handbook to ensure you are always informed about changes in processes and requirements. Please remember the this handbook is part of your contract.

Information and Updates for TERM Providers

Tips and Reminders for Successful Completion of a CWS Treatment Plan:

- Do not leave any sections blank
- Provide sufficient documentation of progress with supporting behavioral examples at each update
- Be sure that all safety threats and risk factors identified on the CWS Therapy Referral Form are addressed in the documentation
- Include documentation to support diagnostic impressions
- Include evidence-informed and age appropriate treatment interventions
- Upon discharge, progress toward all treatment goals should be described with specific detail and the reason therapy is being terminated should be included in the narrative portion of the treatment plan, as well as coordination of the discharge with the PSW

Do you have questions on how to complete a CWS Treatment Plan? TERM Treatment Plan Documentation Resources are available on the Optum website at www.optumsandiego.com. Once on the website, select County Staff & Providers > TERM Providers > CWS Treatment Plans tab > TERM Treatment Plan Documentation Resources. Scroll down to Page 8 to find CWS Treatment Plan Instructions and Samples, Page 50 for Behavior Change Examples, and Page 60 for Clinical Risk Documentation and Safety Plan Guidelines. TERM clinical staff is also available to answer your questions at 1-877-824-8376, Option 4.

Training Opportunities for TERM Providers

The Third Annual Critical Issues in Child and Adolescent Mental Health Conference will be held March 23 and March 24 at the Town and Country Hotel in San Diego. Additional information can be found at <http://cicamh.com/>.

The Chadwick Center's Annual San Diego International Conference on Child and Family Maltreatment is scheduled for January 28 to February 2, 2018, at the Sheraton San Diego Hotel and Marina. Please visit the [San Diego International Conference](#) website for additional information.

BHETA (Behavioral Health Education & Training Academy) The County contracts with BHETA based at the Academy for Professional Excellence, a project of the SDSU School of Social Work. BHETA training meets the qualification for continuing education credit for MFTs, LPCCs, LCSWs, and Psychologists. Providers can earn free CEUs for many of the offered classes. Email BHETA@mail.sdsu.edu if you have any questions. You can also contract Provider Services for instructions on how to set up a BHETA Account at 800-798-2254, Option 7.

The National Child Traumatic Stress Network Learning Center for Child and Adolescent Trauma is offering free CEUs. To search the course catalogue, please visit the NCTSN website. Once you establish an online account, you will be able to enroll in a variety of webinars.

TF-CBT Web offers a web-based eLearning course on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). It can be accessed at <http://fcbt.musc.edu/>.

Information and Updates for TERM Providers

TERM Advisory Board Updates

The TERM Advisory Board meets quarterly to provide professional input regarding the performance of the system and its policies, procedures, and protocols. Discussion over the past quarter has included:

TERM Provider Specialty Criteria: Optum, San Diego County HHS Behavioral Health Services, Child Welfare Services, and the Probation Department are working collaboratively on finalizing the updated TERM panel privileging criteria to best meet the specialized needs of the clients served, with the goal of implementation of the specialty criteria in fiscal year 2018.

Status of TERM Panel: Effective November 1, 2017, the TERM provider panel was opened to new applicants and to existing providers wishing to add clinical specialties. Applications can be found on the Optum website under the TERM Providers Applications tab.

Court Testimony Invoicing Process: Dependency Legal Services has developed invoicing instructions for providers, and a copy of “Dependency Legal Services Invoicing Instructions” can be found on the Optum website under the TERM Quick Reference tab.

Coordination of Informed Consent for Dependent Minors: The informed consent process for TERM cases is under review by TERM partners; an update will be provided at the next quarterly meeting in February.

- **Provider Training Opportunities for Fiscal Year 2017-2018:** Two provider courses are under development for fiscal year 2017-2018. One course will be a webinar for evaluators, and the second will be an in-person training for therapists doing clinical work within a forensic context.



Provider Representation on the Board: Providers are currently represented on the Board by:

Michael Anderson, Ph.D.: drmike6666@gmail.com

Paola Wilckens-Gjata, LCSW: paolatherapy@yahoo.com

Please feel free to contact these provider representatives for additional updates from the Advisory Board meetings, or to provide professional or consumer feedback.



Access and Crisis Line Chat Services



We are here for you.
Chat with someone who understands.

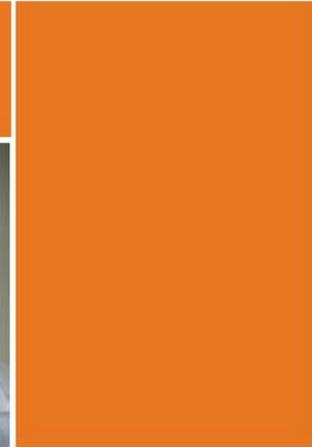
We can help you when:

- You need to chat with a professional who cares
- You are struggling to cope
- You are concerned about someone you know
- You feel you might be in danger of hurting yourself or others

Our free, confidential Live Chat Services are available
Monday – Friday, 4pm-10pm.

Go to www.optumsandiego.com or www.up2sd.org.

San Diego Access and Crisis Line: (888) 724-7240 / 7 days a week, 24 hrs. a day!



Access and Crisis Line Chat Services funding for services is provided by the County of San Diego Health & Human Services Agency.



Please inform your clients about our available chat services if they need emotional support for their mental health and drug and alcohol needs. The online chat service is available Monday—Friday, 4pm—10pm at: www.up2sd.org or www.optumsandiego.com

February

Provider Orientation: February 28

March

Provider Orientation: March 28

April

Provider Orientation: April 25

The ACL remains open 7 days per week, 24 hours per day.

Access and Crisis Line: (888) 724-7240

