THE PROVIDER CONNECTION

How Ohio and HMS Improved Psychiatric Review

OVERVIEW In 2013, Ohio Mental Health and Addiction Services (OhioMHAS) awarded a contract to HMS to perform utilization review for its inpatient psychiatric and Community Psychiatric Supportive Treatment (CPST) programs. One of the key goals: Improve negative provider relations.

HMS conducts prior authorization as well as post-payment desk audits and on-site audits for inpatient psychiatric admissions, and prior authorization of CPST requests for the state. To improve provider relations, HMS organized multiple town halls, seminars, and webinars to communicate Milliman Care Guidelines' evidence-based practices, and HMS review procedures.

The results were positive, as demonstrated by positive feedback from providers, a sharp decrease in provider requests, and a shift to prior authorization from retroactive requests on CPST claims.

ISSUES For inpatient psychiatric claims, providers often had difficulty navigating the Medicaid Information Technology System (MITS), the state developed portal for entering prior authorization requests. Providers were confused about how to enter a prior authorization, whether the prior authorization was approved or denied, and even had difficulty understanding the screens in MITS.

For CPST claims, only a limited number of staff at the state level could address provider concerns. Additionally, documentation standards were not specific enough to meet medical necessity criteria.

PROCESS HMS began improving provider relations by dedicating a provider relations manager to handle the day-to-day tasks of the program. These included three training webinars; town halls in Cincinnati, Cleveland, Youngstown, and Columbus; 10 seminars at hospitals across the state; and more than 75 CPST documentation webinars with live Q&As over the following year. Half of these efforts fell under a "spring training" campaign to educate providers about MITS and the information needed when submitting a prior authorization request. Provider relations staff distributed targeted instructional materials to providers at these events.

"We learned as much from the providers as we taught them," said Kevin Lauer, program director at HMS. "The participants provided qualitative and quantitative data that helped us refine our materials and methods for prior authorization, desk audits, and on-site audits."

HMS established a partnership with the Center for Evidence-Based Practice at Case Western University, with the goal of opening additional avenues to receive feedback from providers. Additionally, HMS helped OhioMHAS adopt the Milliman Care Guidelines to ensure consistency in medical necessity criteria for reviews of inpatient psychiatric admissions.

RESULTS For inpatient psychiatric claims, calls to the provider relations line have dropped by 50% since the engagement began in 2013. Better provider education has also decreased inquiry calls to the clinical lead, as well as physician-to-physician review requests. Inpatient providers report that they are better educated about HMS's processes. There are fewer processes that result in multiple phone calls to providers, and fewer instances of nurses requesting additional clinical information to further support medical necessity. Since HMS began performing utilization review for OhioMHAS, providers have submitted zero complaints.

For CPST claims, providers now typically request prior authorization as opposed to retrospective authorization, as reported by the Center for Evidence Based Practice at Case Western Reserve. HMS receives positive feedback for provider education efforts (e.g., "Great training!" "Very informative and approachable staff!"). Providers use the materials provided, as evidenced by provider feedback and downloads off of the website. Providers also refer to HMS resources in inquiries.

Aside from the improvement in provider relations, the utilization review program has also been successful. In the state fiscal year 2013-2014, HMS reviewed 8,874 pre-certification requests for inpatient psychiatric admissions, and denied 625 (14%) of these requests. After taking into account the appeal process, denials of inpatient psychiatric admission requests accounted for almost $2.5 million in savings to the state.

In addition, 33 inpatient psychiatric facilities had on-site audits in the state fiscal year 2013-2014, with 292 medical records reviewed. HMS denied 103 cases with the potential Medicaid recoupment of $415,336, an average of $12,585 per facility. The post-payment review process resulted in an additional 828 medical record reviews. Eighty-eight cases were denied based on medical necessity criteria, with an additional potential Medicaid recoupment of $350,243.

"We like the financial results we see as a result of the utilization review program," said HMS's Lauer. "We're also excited about how we've worked with OhioMHAS to make major improvements in provider relations."