

BH Subcommittee Talking Points – 9/30/13

Behavioral Health Update

OptumHealth Fraud Detection Activities and Systems

Usual Course of Business

All MCO's are required to have "program integrity" protocols
Identify Fraud, Waste and Abuse
(give examples from previous presentation)

Enhancement was implemented in early 2012

NM trends and comparison – in-state to peer providers – not other states
Practice is beneficial as opposed to "pay and chase" for avoiding overpayment
Endorsed by Sec Sebelius with HHS at national level
Providers, Consumers and Families informed

Usual course of business to clip future claims

OptumHealth's Role and Responsibility for Alleged Overpayments

Report to Medicaid Quality Assurance Bureau – suspicious activity
Investigate with desk audits, claims review and analysis
Onsite file audits

OptumHealth's Future Role in New Mexico's Behavioral Health System

Extend award from 1/1/14 – 6/30/14 for
managing Non-Medicaid behavioral health dollars

Collaborative is developing RFP to go out November 2013 for managing non-Medicaid
behavioral health dollars beginning 7/1/14

Third-Party Oversight of Behavioral Health Services (June 30, 2013

Through the End of the First Quarter of 2014)

BHSD will be putting out a proposal for technical assistance and monitoring of the
Behavioral Health system to assist providers with billing and clinical documentation

FOLLOW UP from LAST COMMITTEE HEARING:

Information on Provider Performance

Arizona website for Behavioral Health System Performance

Dashboard Information: <http://www.azdhs.gov/bhs/dashboard>

Arizona website for Regional Behavioral Health System Performance by Provider

Dashboard Information: <http://www.azdhs.gov/bhs/dashboard/rbha-dashboards>