Treatment Reimbursement: How do we get there?

Bruce Boardman
Senior Director of Treatment Services
Social Model Recovery Systems
Socialmodel.com
Utilization Management

Utilization Management (UM) is defined as "a set of techniques used by or on behalf of purchasers of health care benefits to manage health care costs by influencing patient care decision-making through case-by-case assessments of the appropriateness of care prior to its provision" (Field, 1989).
Utilization Management Process

- Precertification
- Concurrent Review
- Peer Review
- Appeals
- Discharge Summary
Precertification

• Initial request for services to be authorized
• Clinical information is reviewed against ASAM Criteria and payer guidelines
• Completed within 24 hours of admission
ASAM Six Dimensions

Dimensions are used to determine levels of care

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM’s criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1. **DIMENSION 1**
   - Acute Intoxication and/or Withdrawal Potential
     - Exploring an individual’s past and current experiences of substance use and withdrawal

2. **DIMENSION 2**
   - Biomedical Conditions and Complications
     - Exploring an individual’s health history and current physical condition

3. **DIMENSION 3**
   - Emotional, Behavioral, or Cognitive Conditions and Complications
     - Exploring an individual’s thoughts, emotions, and mental health issues

4. **DIMENSION 4**
   - Readiness to Change
     - Exploring an individual’s readiness and interest in changing

5. **DIMENSION 5**
   - Relapse, Continued Use, or Continued Problem Potential
     - Exploring an individual’s unique relationship with relapse or continued use or problems

6. **DIMENSION 6**
   - Recovery/Living Environment
     - Exploring an individual’s recovery or living situation, and the surrounding people, places, and things
ASAM Levels of Care

Reflecting a Continuum of Care

Outpatient Services

Intensive Outpatient/Partial Hospitalization Services

Residential/Inpatient Services

Medically Managed Intensive Inpatient Services

0.5
0

Early Intervention

2
2.1

Intensive Outpatient Services

2.5
Partial Hospitalization Services

3
3.1
Clinically Managed Low-Intensity Residential Services

3.3
Clinically Managed Population-Specific High-Intensity Residential Services

3.5
Clinically Managed High-Intensity Residential Services

3.7
Medically Monitored Intensive Inpatient Services

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Precertification Documentation

• Precipitating Event (Presenting Problem)
• Substance Use History
• Medical History
• Previous Treatment History
• Employment Status
• Living Arrangements
• Legal Issues
• Risk Factors
Concurrent Review (Follow-up Review)

- Provider’s request for continued stay at current level of care
- Clinical information is reviewed against ASAM Levels of Care Criteria and Continued Stay Criteria
- Documents why client needs to continue at current level
- Completed on last authorized date of service
Concurrent Review Documentation

- Vitals (for residential and detox)
- Medication adjustments
- Withdrawals and/or cravings
- Family support
- 12-Step involvement
- Compliance in treatment
- Group participation
- Barriers to treatment at lower levels of care
Peer Review

• Case is reviewed with a medical doctor employed by the insurance company

• Possible Outcomes:
  • Doctor authorizes services
  • Doctor denies services, but authorizes lower level of care
  • Doctor denies treatment at all levels of care
Appeals

- Appeal options vary by insurance
- Most common options include:
  - Second Peer Review
  - Panel Review
  - Medical Record Review
Discharge Summary

• Notice to insurance that client has discharged from treatment

• Must include:
  • Reason for discharge
  • Transition plan
  • Living Arrangements
  • Medications
  • Follow-up appointments
Questions/Comments

Bruce Boardman
Senior Director of Treatment Services
Bruceb@socialmodel.com