Optum Behavioral Health
for CalPERS Members

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Agenda

1. Improving access
   - Addressing stigma
   - PCP collaboration on Behavioral Health
   - Network access
   - Treatment milestones
2. Guiding high-impact, integrated care
3. Addressing the social determinants of health
4. Compliance with mental health parity laws
5. CalPERS benefit utilization and prevalence

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Our national campaign to combat stigma

Partners

Current	2020
• Coping After Suicide	• American Foundation for Suicide Prevention
• Give an Hour	• Mental Health America
• Psych Hub	• Mental Health First Aid (National Council for Behavioral Health)
• ShatterProof	• Mental Health Innovations
• Stamp Out Stigma (ABHW)	• The Trevor Project
	• University of Maryland

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We help remove stigma as a barrier

by increasing awareness about Mental Health and Substance Use

For CalPERS

- Help CalPERS leadership take action on mental health awareness
- Manage co-morbid medical and behavioral conditions
- Develop a culture focused on wellbeing to positively impact member engagement, satisfaction and retention
- Engage members in mental health wellness programs
- Integrate mental health as part of physical wellness programs

For CalPERS Members and Retirees

- Provide guidance to help members understand, navigate, and use behavioral health benefits
- Maximize use of CalPERS behavioral health benefits
- Reduce discrimination and stigma in the workplace
- Provide early identification and intervention before mental health or substance use worsens
- Engage with and provide support at any point on the behavioral health continuum
- Frame mental health as a natural extension of physical health

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PCP collaboration on Behavioral Health

1. **Provider resources and member reports**
2. **UnitedHealthcare program screenings**
3. **Social Determinants of Health (SDoH)**

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Improving access to Behavioral Health care

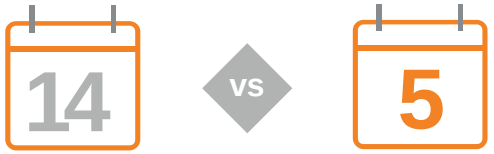
EXTENSIVE BEHAVIORAL HEALTH NETWORK

208,900+
PROVIDERS NATIONALLY

Includes targeted **local-level MEDICARE NETWORK** of
78,900+

EXPRESS ACCESS NETWORK

The industry standard for treatment is **14 days** for a routine appointment.[1]



4,800+
Express Access providers offer appointment times within **5 days**.

VIRTUAL VISITS

6,000+
contracted providers
across all 50 states[2]

GENOA PARTNERSHIP

3,000+
Psychiatrists and APRNs[3]

100+
CMHC sites in over 35 states[4]

SPECIALTY NETWORKS

5,300+
Medication-Assisted Treatment locations

4,500+
Applied Behavioral Analysis practices

17,900+
Autism Spectrum Disorder clinicians

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Improving access to Behavioral Health care

2019 California network growth over two years

(November 2017 to November 2019)

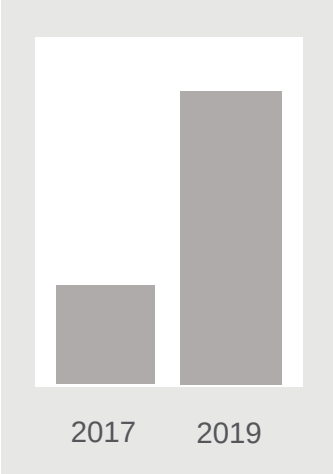
Behavioral Network
+22%

SUD Facilities
+49%

MAT
+30%

Express Access*
+49%

Virtual Visits
+174%



ABA practices
+33%

* Denoting growth from 2017 to 2018; unable to report 2019 counts at this time.

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Improving access through Treatment Milestones

Treatment Milestones are a Length of Stay within which most patients…

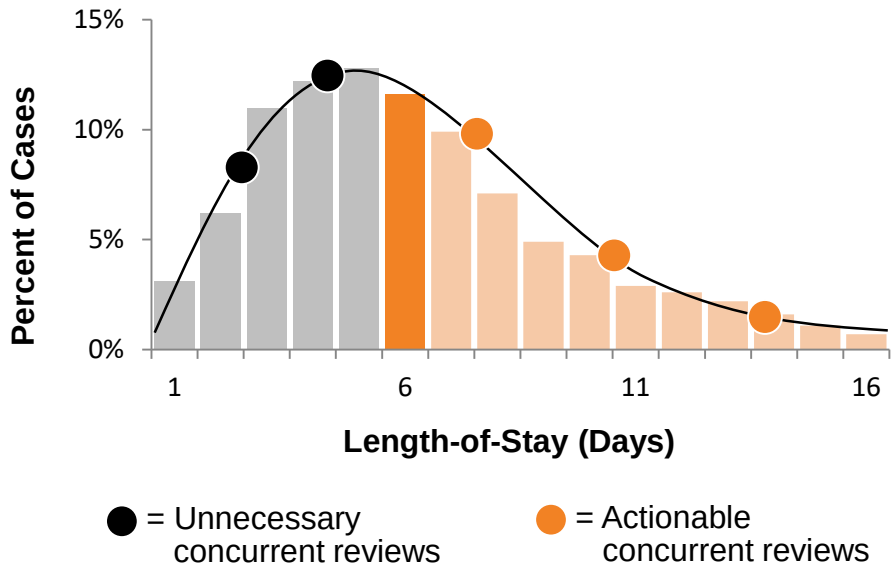
…have a similar diagnosis, age and Level of Care

+

…have completed treatment, or stepped down to a lower intensity Level of Care

Treatment Milestones establish the point at which we re-evaluate clinical cases that may need enhanced support.

Case Study: Adult Bipolar Inpatient Length of Stay Distribution



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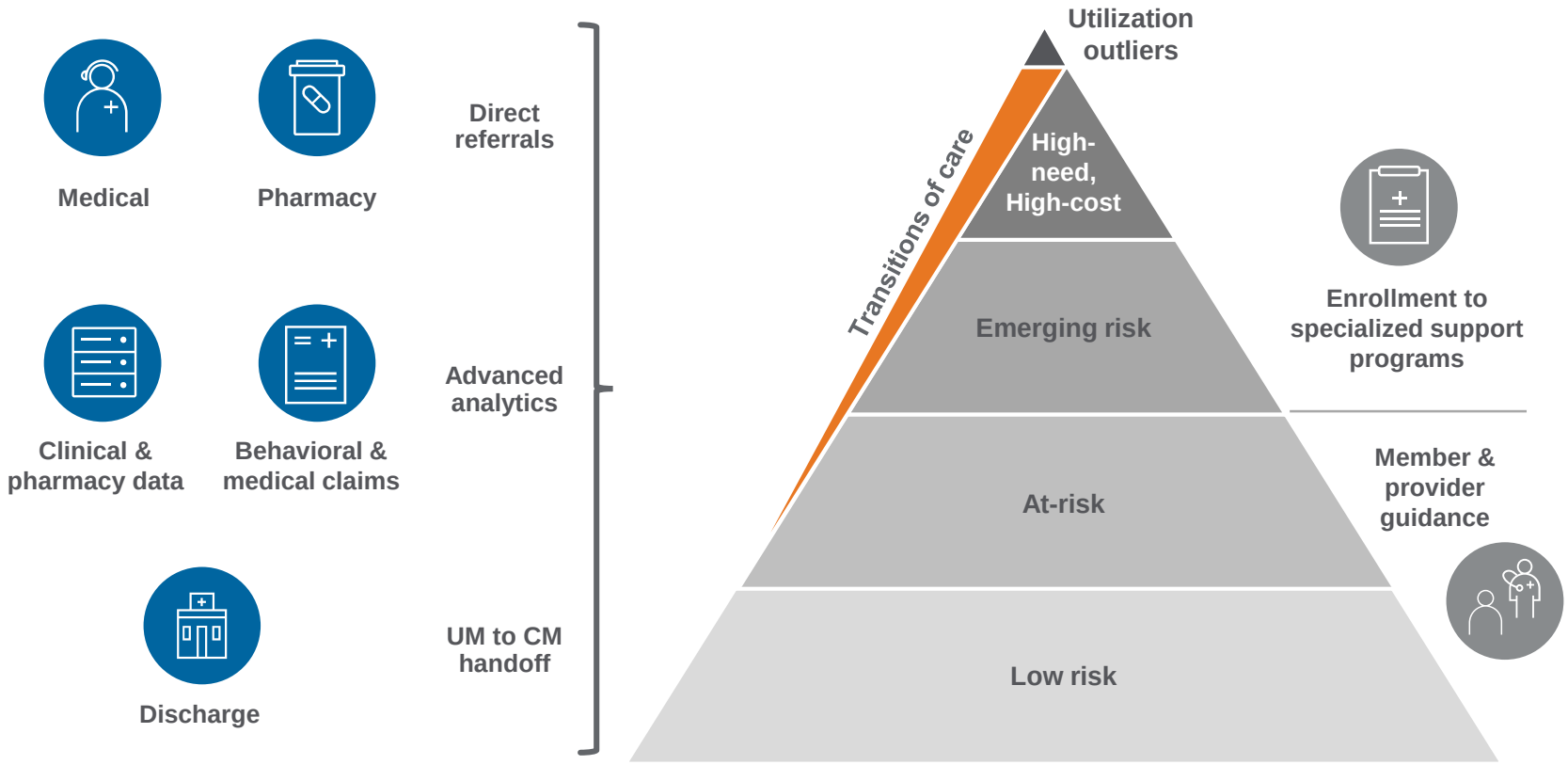
Guiding high-impact, integrated care

We use sophisticated analytics to guide individuals into care and along the path to recovery, including identifying those at risk



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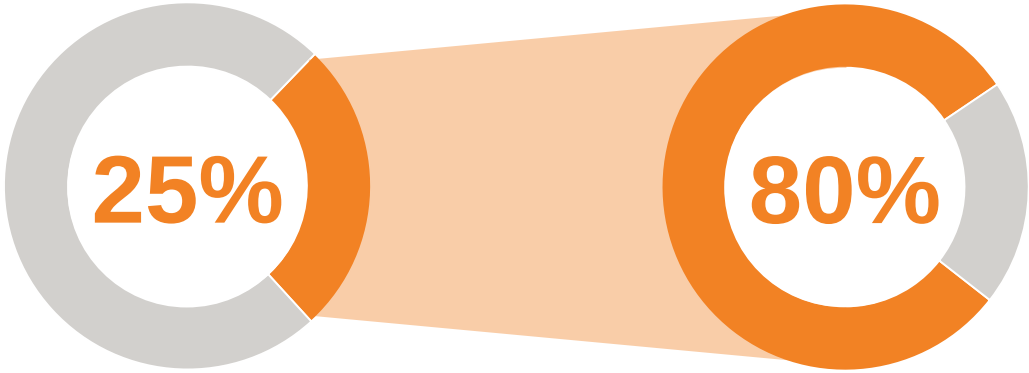
Results our own medical-behavioral Comorbidity Study

Simply having a medical comorbidity (the 14%) did not automatically indicate complicated clinical factors requiring costly case management and resources

14%
of population with comorbidities



of those with comorbidity

of the cost impact

Source: Azocar F, Bargman EP, Smolskis JM, Great TD. Enhanced methodology for estimating integrated medical-behavioral costs. Optum internal report. January 2017.

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Our Focused Initiatives for MBI

Ensuring members with co-occurring conditions connect with the right support

Identification

Screenings, Referrals & MBI Algorithm

- Depression screenings and clinical judgement during medical condition management
- Referrals to clinical programs and treatment (e.g., EAP, AbleTo, OBH)
- Data-driven identification and outreach pilot with FI population using MBI ID/Strat application

Coaching & Support

AbleTo

- Digital platform for short-term, virtual cognitive behavioral treatment
- Data-driven ID/outreach to members who have comorbid medical and behavioral conditions
- Focus on stress, anxiety and depression + high cost medical
- Coordination with care teams

Treatment

Levels of Care

- Outpatient referrals
- Virtual Visits (telemental health)
- Evidence-based substance use treatment
- Higher levels are care when necessary

Data & Reporting

Operational Insight & Client Reporting

- Client reporting
  - MBI BH Screening & Referral Dashboard
  - LifeSolutions Outcomes Dashboard
- Operational leading indicators
- Performance monitoring and improvement processes
- Retrospective impact analysis

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Addressing the Social Determinants of Health (SDoH)

Identification and stratification

- Algorithms that include emerging risk profiles with SDoH inputs
- Direct referrals to Care Advocates for high needs members to include flags for SDoH concerns
- Automated UM process will identify member SDoH at facility admission

Connection

- Letters outreaching high needs members offering support from Care Advocates
- Automated alerts to Care Advocates that flag members with SDoH concerns
- Clinical Transformation to improve identification and transition to case management while members are in the hospital

Supports

- Evidence-informed work flows and job aids direct Care Advocates to ask and assist members with SDoH
- Family Support Program uses similar evidence – informed workflows
- Optum Community Connector search engine for community social and financial services

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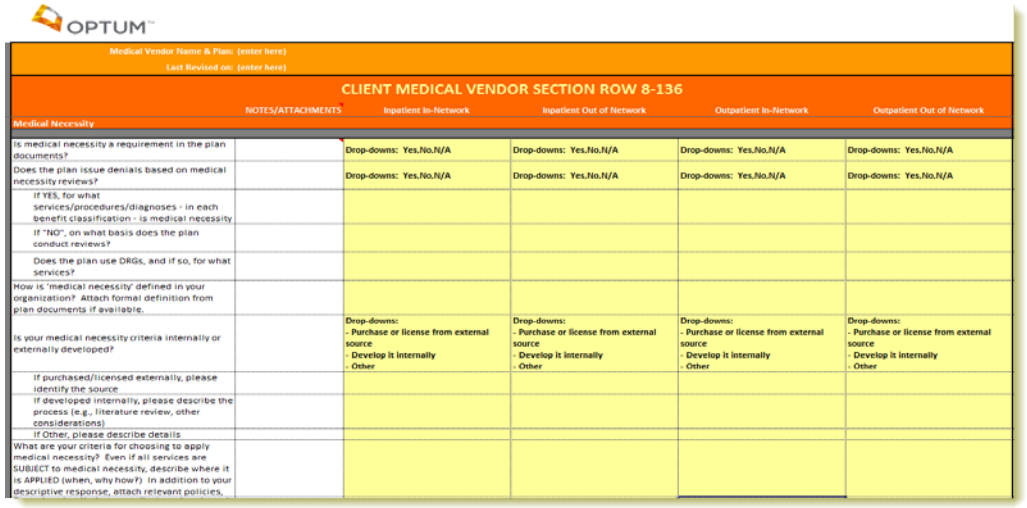
Compliance with Mental Health Parity laws

- Hands on Collaborative Partners with UnitedHealthcare to:
  - Support both quantitative and non-quantitative treatment limitation (QTL and NQTL) testing.
  - Assess product design annually for compliance using NQTL Tool.
  - Provide Disclosure Documentation required under Federal Parity.
- Comply with California-specific guidelines, including Department of Managed Health Care (DMHC) parity surveys

NQTL assessment tool

Supports the collection and alignment of key medical and behavioral plan NQTL data for the purposes of:

- Identifying non-compliant elements of the existing plan designs
- Providing information regarding potential plan changes so that a cost estimate can be established for new designs



OPTUM

Medical Vendor Name & Plan: (enter here)
Last Revised on: (enter here)

CLIENT MEDICAL VENDOR SECTION ROW 8-136

Medical Necessity	NOTES/ATTACHMENTS	Inpatient In-Network	Inpatient Out of Network	Outpatient In-Network	Outpatient Out of Network
Is medical necessity a requirement in the plan documents?		Drop-downs: Yes.No.N/A	Drop-downs: Yes.No.N/A	Drop-downs: Yes.No.N/A	Drop-downs: Yes.No.N/A
Does the plan issue denials based on medical necessity reviews?		Drop-downs: Yes.No.N/A	Drop-downs: Yes.No.N/A	Drop-downs: Yes.No.N/A	Drop-downs: Yes.No.N/A
If YES, for what services/procedures/diagnoses - in each benefit classification - is medical necessity					
If "NO", on what basis does the plan conduct reviews?					
Does the plan use DRGs, and if so, for what services?					
How is 'medical necessity' defined in your organization? Attach formal definition from plan documents if available.					
Is your medical necessity criteria internally or externally developed?		Drop-downs: - Purchase or license from external source - Develop it internally - Other	Drop-downs: - Purchase or license from external source - Develop it internally - Other	Drop-downs: - Purchase or license from external source - Develop it internally - Other	Drop-downs: - Purchase or license from external source - Develop it internally - Other
If purchased/licensed externally, please identify the source					
If developed internally, please describe the process (e.g., literature review, other considerations)					
If Other, please describe details					
What are your criteria for choosing to apply medical necessity? Even if all services are SUBJECT to medical necessity, describe where it is APPLIED (when, why how?) In addition to your descriptive response, attach relevant policies,					

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CalPERS Benefit Utilization and Prevalence (calendar year 2018)

Top 5 mental health diagnoses

MEDICARE ADVANTAGE PPO (GROUP RETIREE)

	BY PREVALENCE	BY COST
CalPERS	1. Depressive Disorders 2. Trauma and Stressor Related Disorders 3. Anxiety Disorders 4. Bipolar and Related Disorders 5. Schizophrenia Spectrum and Other Psychotic Disorders	1. Depressive Disorders 2. Bipolar and Related Disorders 3. Schizophrenia Spectrum and Other Psychotic Disorders 4. Trauma and Stressor Related Disorders 5. Anxiety Disorders
OPTUM BOOK OF BUSINESS	1. Depressive Disorders 2. Trauma and Stressor Related Disorders 3. Anxiety Disorders 4. Bipolar and Related Disorders 5. Schizophrenia Spectrum and Other Psychotic Disorders	1. Depressive Disorders 2. Bipolar and Related Disorders 3. Schizophrenia Spectrum and Other Psychotic Disorders 4. Trauma and Stressor Related Disorders 5. Anxiety Disorders

BASIC HMO (COMMERCIAL)

BY PREVALENCE	BY COST
1. Depressive Disorders 2. Trauma and Stressor-Related Disorders 3. Anxiety Disorders 4. Neurodevelopment Disorders 5. Bipolar and Related Disorders	1. Depressive Disorders 2. Neurodevelopment Disorders 3. Substance-Related and Addictive Disorders 4. Bipolar and Related Disorders 5. Anxiety Disorders
1. Depressive Disorders 2. Anxiety Disorders 3. Trauma and Stressor-Related Disorders 4. Neurodevelopment Disorders – Attention - Deficit Disorders 5. Bipolar and Related Disorders	1. Depressive Disorders 2. Neurodevelopment Disorders - Autism 3. Substance-Related and Addictive Disorders - Alcohol 4. Bipolar and Related Disorders 5. Anxiety Disorders

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