

**Optum**

**25 points in 60 minutes**  
to help you manage your claims

December 07, 2022



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## Presenters



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## Objectives

- Assist the listener in understanding some of the current issues in managing claims
- Identify several ways to tackle claims management issues and concerns
- Understand how to manage topic concerns in ancillary services
- Explain key components in Medicare Set-Asides and Section 111 reporting
- Recognize several states where policies are changing or under discussion
- List factors affecting the body and return to function

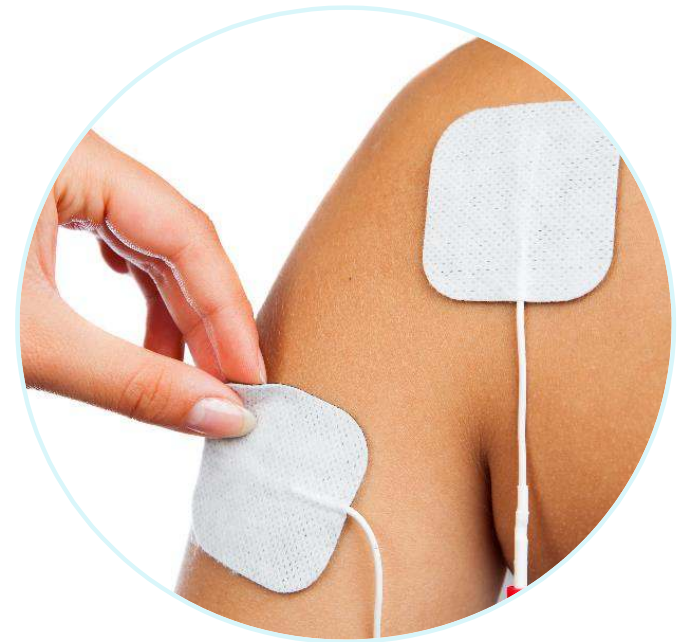
# Ancillary



1

Use of **electromedical devices**, (e.g., TENS units) for pain management can help decrease the use of pain medications, including opioids.

A minimum one-month trial of the electromedical device (through a rental before purchase program) is recommended to ensure the device is effective in reducing pain and/or improving function.



## 2

When medical care services are being provided in the home (i.e., **home health care**), appropriateness of the level of care provider should be determined.

Example: A licensed practical nurse (LPN) can complete many of the same patient care tasks as a registered nurse (RN), but at a lower cost.



# 3

**Discharge planning** for a hospitalized injured person should start as early as possible – even on the first day of their hospitalization.

Early and proactive discharge planning can allow for a more efficient and smoother transition to home.





# 4

Advances in **prosthetic technology** has allowed for the development of more complex prosthetic devices. However, matching the prosthetic device with the functional potential of the amputee is critical to ensuring that the device will be used safely and effectively.



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**Catastrophic injuries** can take months to years to heal, and the patient's level of function may never return to normal.

The prevention of additional complications, both physical and psychological, is important to help maximize recovery potential.



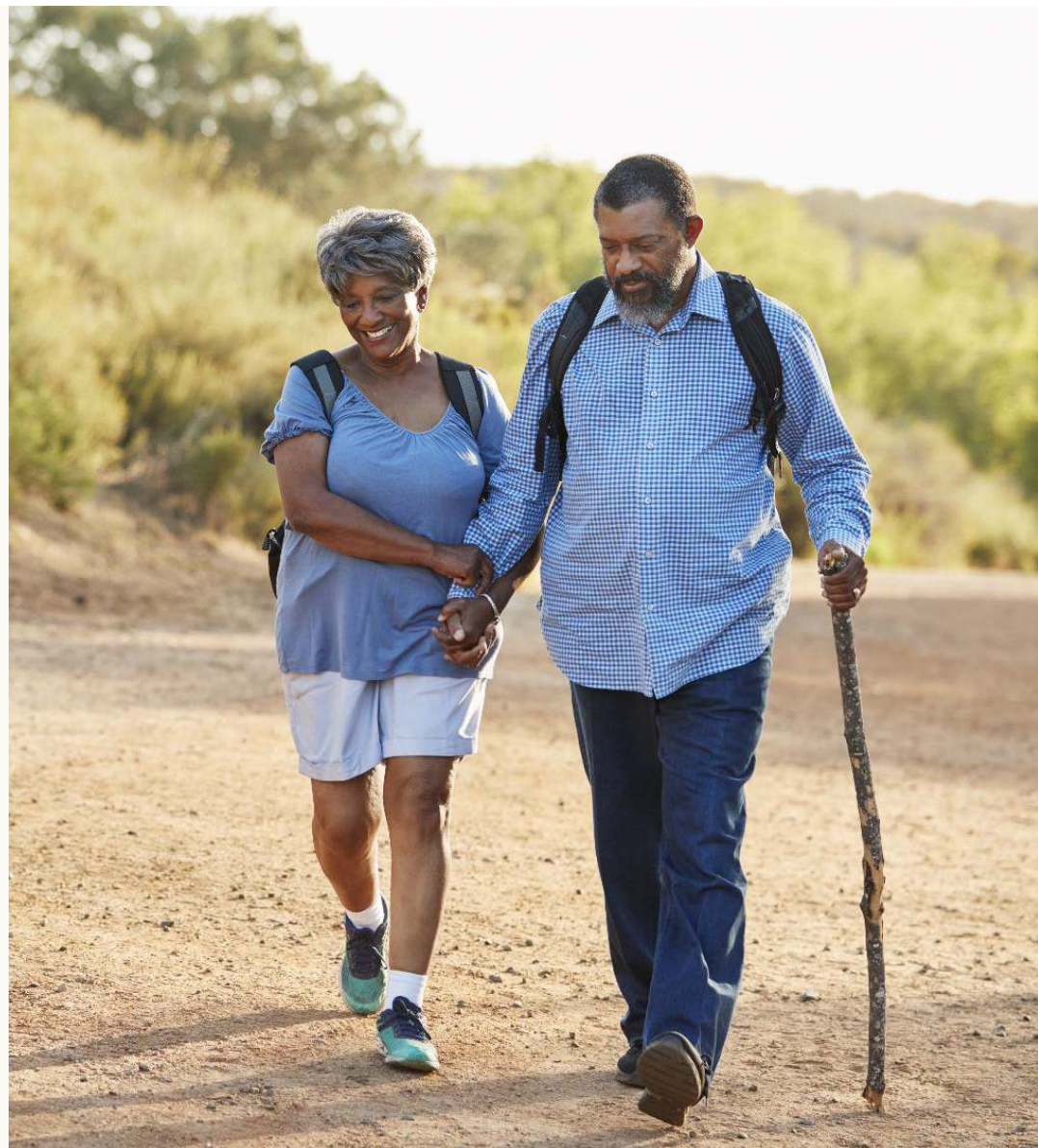
# 6

**Long-term wheelchair mobility** may be needed when injuries result in loss of leg function or decreased endurance with walking.

When selecting a wheelchair for an injured person, multiple factors (physical and cognitive) need to be considered when determining if a manual or power wheelchair would be the safest and most appropriate device.



# Medicare Compliance





Is the claimant a Medicare beneficiary or have a reasonable expectation of becoming a beneficiary?

You may want to consider a **Medicare Set Aside** (MSA.)

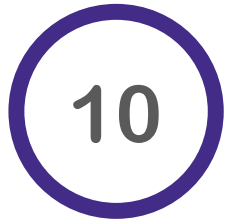


Are there **Conditional Payments** that need to be resolved prior to settlement?



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It's important to verify that accurate information is being reported via **Section 111 reporting** pre-settlement for coordination of benefits with Medicare. This helps ensure resolution of conditional payments prior to settlement.



**Section 111 reporting** must be updated following a court-approved settlement with ORM termination, TPOC, update ICD codes for released conditions.





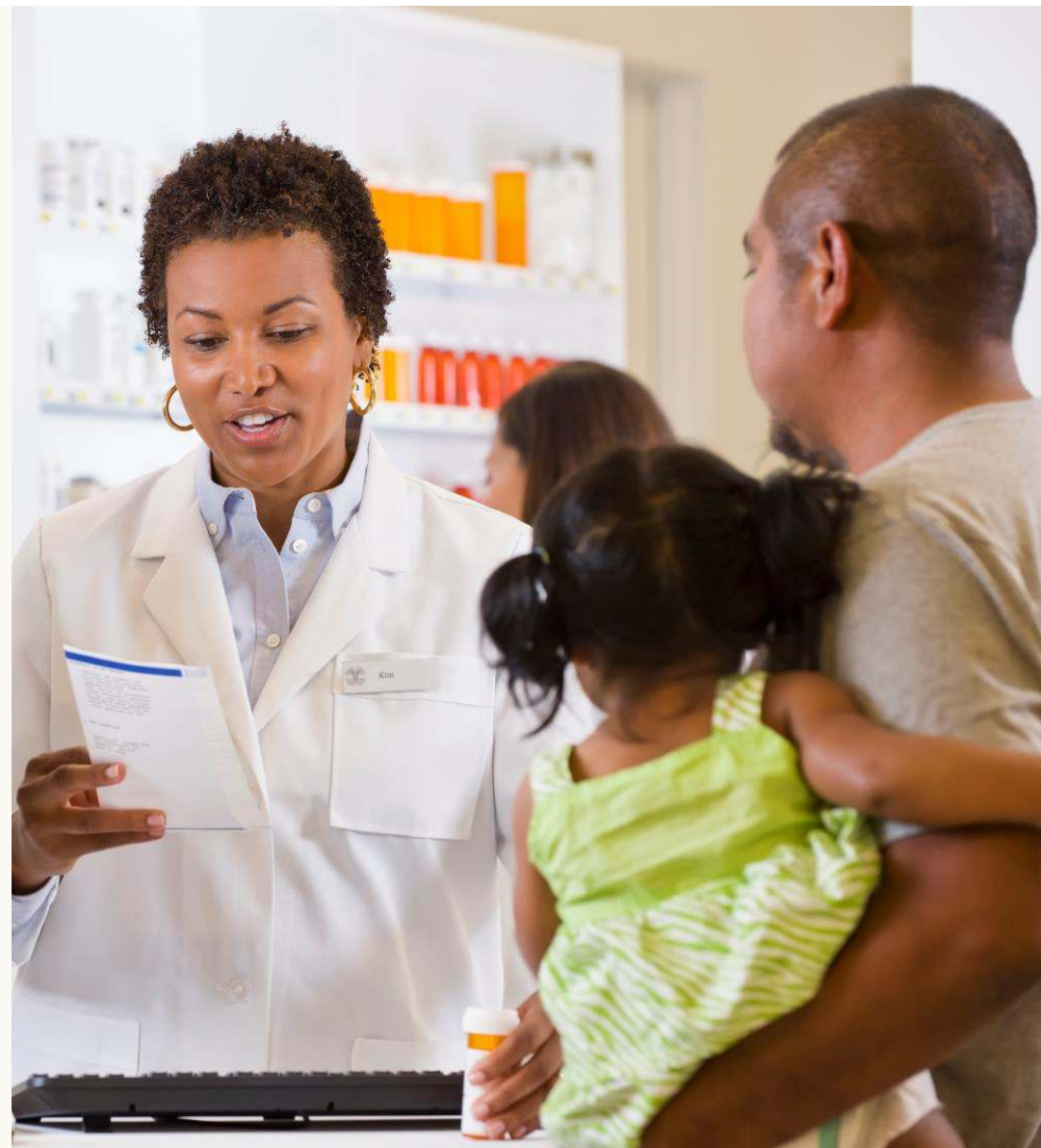
Determine if other entities have any **MAP/PDP liens** and have an interest in your settlement?

PAID Act information can help identify these entities.

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Does **settlement language** address Medicare Secondary Payer-related considerations or post-settlement Medicare issues?

# Pharmacy



# 13

## Private Label Topicals

- Use is on the rise as opioid use has decreased.
- While the decrease in opioid use is a positive trend, PLTs can add significant cost to a claim.



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The Behavioral Health/mental health impact on acute and chronic pain.



Hooten, W. M. (2016, July). Chronic pain and mental health disorders: shared neural mechanisms, epidemiology, and treatment. In *Mayo Clinic Proceedings* (Vol. 91, No. 7, pp. 955-970). Elsevier.

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## The role of antipsychotics and antidepressants in chronic pain.





## Clinical roundtables

The benefits of discussing claims from different perspectives and formulating a plan to address concerns.

- Claims representative
- Medical director
- Pharmacist
- Nurse case manager
- Carrier

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The use of clinicians for  
prescriber outreach.





18

The use of non-pharmacologic treatments for behavioral health (VR, smart apps).



# Policy



# 19

Numerous states have adopted individual or national **treatment guidelines** that impact the delivery of care or what care is available during different steps of the overall healing process.

Claims adjusters, Medical Directors and DMEPOS/Pharmacy vendors should ensure prescribing doctors are following the treatment guidelines.

Examples: CA, NY & TX



Over the past few years, **drug formularies** have become more pertinent in numerous states. Some states have adopted national drug formulary guidelines or created state specific formulary guidelines.

Following the formulary requirements are important in controlling utilization and drug spend. Pharmacy/Bill Review vendors should be fully applying the guidelines.

Examples: AR, CA, IN, NY, & TX

# 21

**Fee schedules** are intended to control the cost of medical care. States have various fee schedules for pharmacy, DME, medical services, home-healthcare and PT/OT.

Understanding these fee schedules is key to ensure you are not over-paying for care.

Example: NY created and adopted its own unique DMEPOS fee schedule that just came on-line in 2022.

# 22

While the acute and urgent phase of the opioid crisis has diminished, states are still working to address the use of **opioids**, especially in workers' compensation.

Numerous states have adopted specific Treatment Guidelines for Pain or Chronic Pain as well as opioid prescribing restrictions.

Example: AR, CO & NC

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Several states have taken direct steps to control the **physician dispensing of high-priced, private label topicals**. These specific medications – with costs over \$500 per month as compared to lower cost and OTC alternatives – have driven cost increases in pharmacy spend in many states.

Example: AZ, FL, MS and SC

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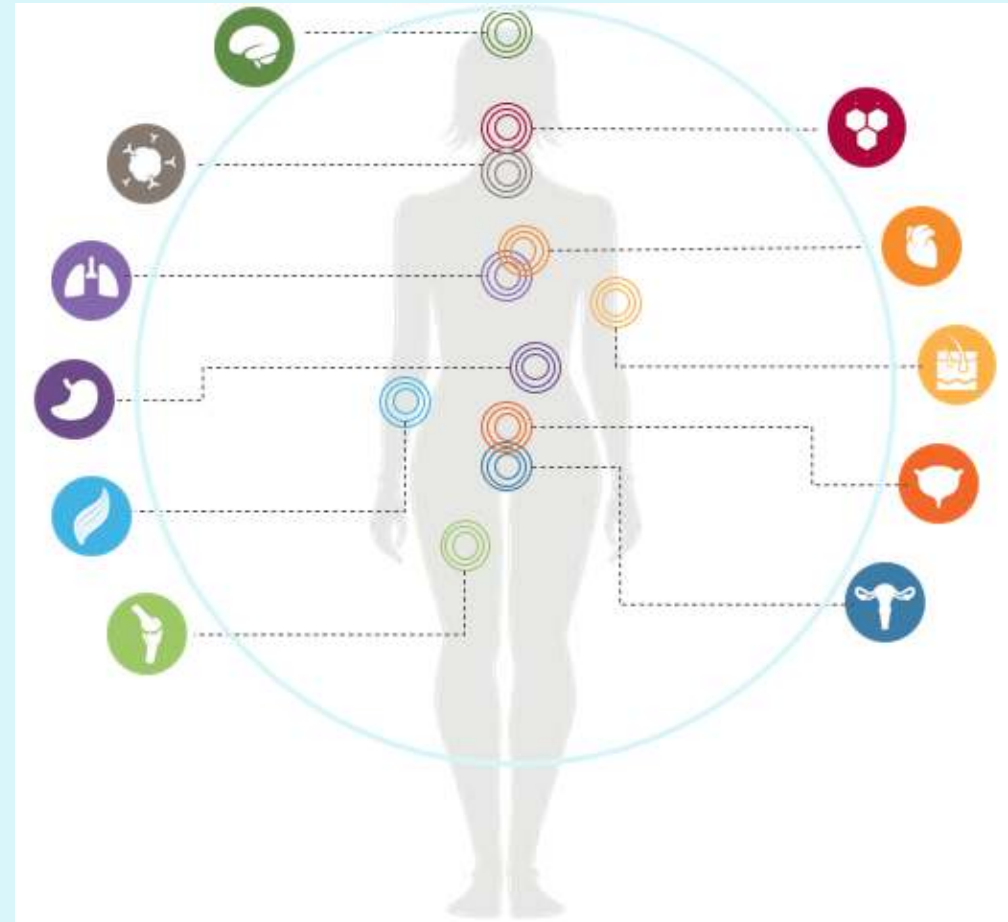
It is important to keep up on the changing **billing requirements** in each state, which vary their use of billing forms, formats and mandatory usage of eBilling for providers and payers. This knowledge will help ensure bills are properly submitted and reimbursed appropriately.

Example: NY



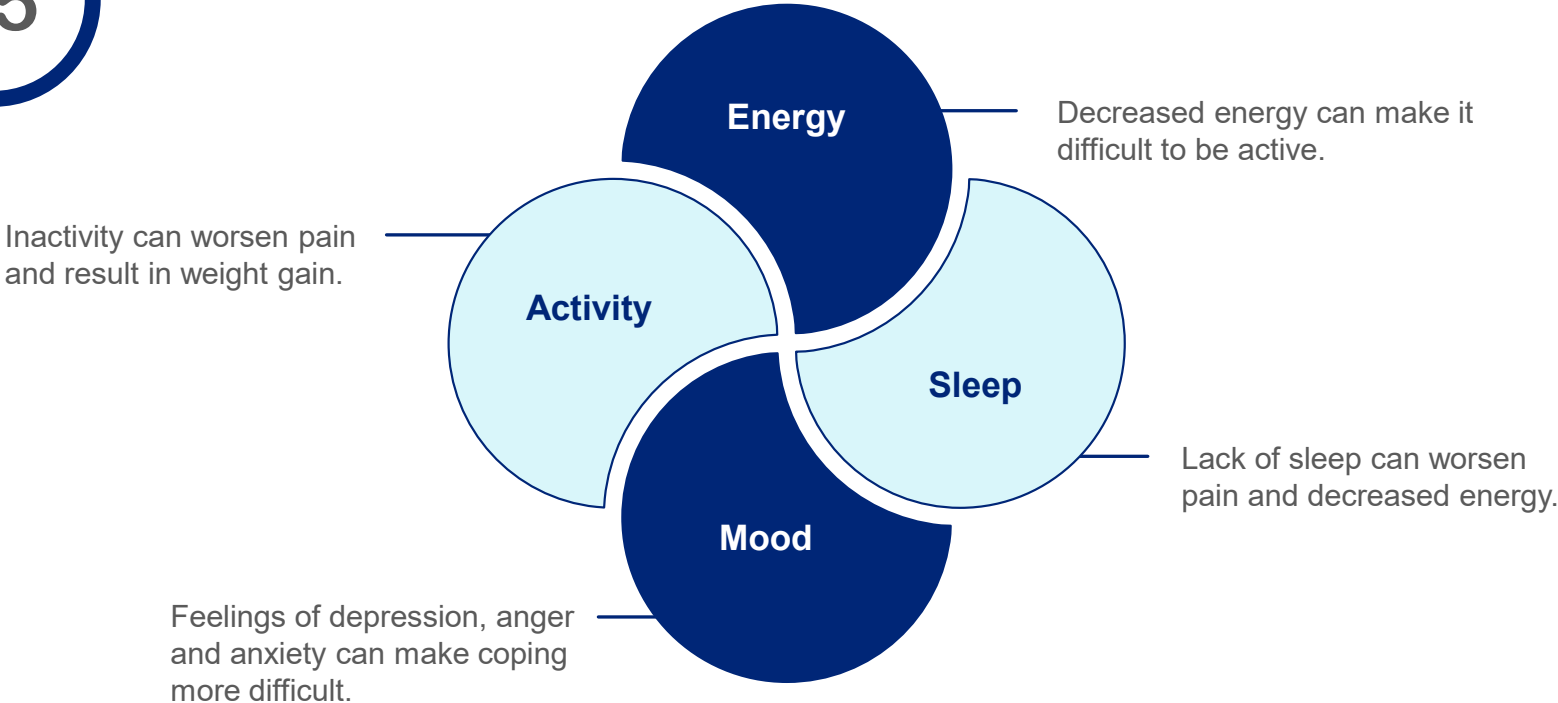
# Finally...#25

(and a bonus)



25

Understand the effects of comorbid conditions on an injury.





## Common factors that impact return to work.

**BONUS!**

<b>Positive return-to-work outcomes</b>	<b>Negative return-to-work outcomes</b>	<b>Expectations of recovery and return-to-work</b>
<ul style="list-style-type: none"><li>• Higher education and socioeconomic status</li><li>• Higher self-efficacy and optimistic expectations</li><li>• Lower severity of the injury/illness</li><li>• Return-to-work coordination</li><li>• Multidisciplinary interventions (workplace and stakeholders)</li></ul>	<ul style="list-style-type: none"><li>• Older age</li><li>• Being female</li><li>• Higher pain or disability</li><li>• Depression</li><li>• Higher physical work demands</li><li>• Previous sick leave and unemployment</li><li>• Activity limitations</li></ul>	<ul style="list-style-type: none"><li>• Pain and disability levels</li><li>• Depression</li><li>• Workplace factors</li><li>• Access to multidisciplinary resources</li></ul>

[https://www.researchgate.net/publication/305877519\\_Factors\\_affecting\\_return\\_to\\_work\\_after\\_injury\\_or\\_illness\\_Best\\_evidence\\_synthesis\\_of\\_systematic\\_reviews#:~:text=Common%20factors%20associated%20with%20positive,multidisciplinary%20interventions%20that%20include%20the](https://www.researchgate.net/publication/305877519_Factors_affecting_return_to_work_after_injury_or_illness_Best_evidence_synthesis_of_systematic_reviews#:~:text=Common%20factors%20associated%20with%20positive,multidisciplinary%20interventions%20that%20include%20the)

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<https://workcompauto.optum.com/content/owca/owca/en/resources/continuing-education.html>



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