Building a healthier future for all Arkansans

Episode of Care:
Oppositional Defiant Disorder
April 1, 2014
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Paula Miller, HP Research Analyst - Episode Timeframes and Design
Important Timeframes to Keep in Mind

Performance period begins April 1, 2014 and ends March 31, 2015.

There are two ODD Episode informational reports available on AHIN now:

• October 2013 – contains historical data from January 1, 2012 through June 30, 2013 (18 months)

• January 2014 – contains historical data from April 1, 2012 through September 30, 2013 (18 months)

The next informational report will be available at the end of April. It will contain data from July 1, 2012 through December 31, 2013.
ODD episode design

1. **Episode definition / scope of services**
   - Any ODD treatment (defined by primary diagnosis ICD-9 code), with exception of assessment CPT codes occurring prior to first trigger date, is included in the episode
   - Start of episode: episode begins on first date of treatment
     - For recurring clients, new episode starts on date of first treatment after previous episode ends (e.g., office visit or therapy)
   - The episode will have a duration of 90 days

2. **Patient/episode exclusions**
   - Episodes meeting one or more of the following criteria will be excluded:
     - Beneficiaries not continuously enrolled in Medicaid during the 90-day episode
     - Beneficiaries with any behavioral health comorbid condition
     - Beneficiaries age 5 or younger and beneficiaries age 18 or older at the time of the initial claim

3. **Principal Accountable Provider**
   - PCP, psychiatrist or licensed clinical psychologist eligible to be the PAP
   - Behavioral health provider organization will be official PAP when listed as billing provider
ODD episode design (continued)

- If only one PAP-eligible provider treats a client, that provider is automatically assigned as the PAP
- If multiple PAP-eligible providers treat a client, the provider submitting the most claims will be assigned as the PAP
- If two PAPs have the same number of claims, the provider with the highest spend will be assigned as the PAP
- If the client is treated by clinicians billing under a behavioral health provider organization, the behavioral health provider billing organization will be the PAP
Quality metrics required for gain sharing payment:
- Percent of episodes with continuing care or quality assessment certifications (90% minimum)
- Percent of new episodes with medication (20% maximum)
- Percent of repeat episodes with medications (0% maximum)
- Percent of episodes resulting in remission (40% minimum)

Metrics for reporting only:
- Quality: Percent episodes with a minimum of 10 visits
- Quality: Percent episodes that are not guideline concordant
- Quality: Percent episodes with a minimum of 8 family visits
- Utilization: Average number of visits per episode
- Utilization: Average number of behavioral therapy visits per episode
Gain and risk sharing: a Principal Accountable Provider will fall into one of four categories, depending on the provider’s average cost per episode.

Providers over-treating beyond the acceptable threshold subject to downside risk share of costs in excess of this level – shown by the red arrow.

The provider **neither gains nor loses** because costs are neither above the acceptable threshold nor below the commendable threshold.

**Savings** below the commendable threshold are shared between provider and payer, until the upper limit is reached.

Once the upper limit for savings is reached, the provider receives savings only up to the upper limit level.

Quality metrics must be met in order for PAP to be eligible for gain sharing.

**Average cost per episode, for each Principal Accountable Provider**

- **A**: Providers over-treating beyond the acceptable threshold subject to downside risk share of costs in excess of this level – shown by the red arrow.
- **B**: The provider **neither gains nor loses** because costs are neither above the acceptable threshold nor below the commendable threshold.
- **C**: **Savings** below the commendable threshold are shared between provider and payer, until the upper limit is reached.
- **D**: Once the upper limit for savings is reached, the provider receives savings only up to the upper limit level.

**Gain sharing/risk sharing percentage is 50%.**
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Dr. Laurence H. Miller, Senior Psychiatrist for Division of Medical Services – Episode Clinical Foundation
Guideline-concordant treatment pathway for clients diagnosed with ODD

<table>
<thead>
<tr>
<th>Assessment &amp; Diagnosis</th>
<th>Treatment</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| ▪ Thorough assessment is performed | ▪ Initial treatment plan¹: **2 visits per week**² for 12 weeks (based on evidence based programs)  
  — ~40% improve³  
  — Re-assess those that do not improve | ▪ Effectiveness of treatment |
| ▪ Licensed clinician confirms diagnosis and is responsible for care | ▪ Second treatment plan¹: **2 visits per week**² for 12 weeks (based on evidence based programs)  
  — ~30% improve³  
  — Re-assess those that do not improve | ▪ Reasons necessitating second treatment plan |
| ▪ Parent/caregiver notification | | ▪ Continuing care |
ODD episode is 90-days, with single severity level, and a single certification at the beginning of each episode.

- **Assessment of new client**
- **‘Quality assessment’ certification**
- **90-day episode**
  - **Clients included**
    - ODD-only; no BH comorbid conditions
  - **Treatment**
    - 1-2 visits/week
    - Behavioral therapy or psychotherapy
    - Parent/teacher behavior support
- **Thresholds for episode**
- **‘Continuing care’ certification**
- **Client Remission**

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1 Parent/Teacher Behavior support includes education via books, videos, or a one-time series of in-person training sessions.
### DSM criteria for ODD (to be used with ‘Quality Assessment’ certification)

#### Description

<table>
<thead>
<tr>
<th>A</th>
<th>At least four symptoms from any of the following categories over a 6 month period at least weekly (if age over 5) or almost daily (under 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Angry/irritable mood</strong></td>
</tr>
<tr>
<td></td>
<td>▪ Loses temper</td>
</tr>
<tr>
<td></td>
<td>▪ Is touchy or easily annoyed</td>
</tr>
<tr>
<td></td>
<td>▪ Is angry and resentful</td>
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<tr>
<td></td>
<td><strong>Argumentative/Defiant behavior</strong></td>
</tr>
<tr>
<td></td>
<td>▪ Argues with authority figures/adults</td>
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<td></td>
<td>▪ Actively defies or refuses to comply with requests from authority figures or rules</td>
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<td></td>
<td>▪ Deliberately annoys others</td>
</tr>
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<td></td>
<td>▪ Blames others for mistakes/misbehavior</td>
</tr>
<tr>
<td></td>
<td><strong>Vindictiveness</strong></td>
</tr>
<tr>
<td></td>
<td>▪ Has been spiteful/vindictive twice in 6 months</td>
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</tbody>
</table>

| B | Symptoms must cause clinically significant impairment in social, educational, or vocational activities |

| C | Disturbance is not solely due to another diagnosis (e.g., psychotic, substance abuse, or depressive) |

| D | Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder |

**Source:** APA changes for DSM-V, 2013
Important Note Regarding the Following Diagnoses

**Unspecified Disturbance of Conduct** – 312.9

**Conduct Disorder** – 312.89

**Antisocial Personality Disorder** – 301.7

Please remember that Disruptive Behavior Disorder, NOS is used for disorders that are characterized by conduct or oppositional defiant behaviors which do not meet the criteria for ODD or Conduct Disorder. Therefore, a beneficiary cannot have both ODD and Disruptive Behavior Disorder, NOS. Please ensure that these two diagnoses are not coded together.
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Patricia Gann, ValueOptions Program Director – Episode Certifications
### Overview of certifications

<table>
<thead>
<tr>
<th>'Quality Assessment' certification</th>
<th>For which clients?</th>
<th>Completion details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clients new to ODD treatment or entering their first episode model</td>
<td>Completed after assessment, to initiate treatment</td>
<td>Requires PAPs to certify completion of several guideline-concordant components of assessment</td>
<td></td>
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<td></td>
<td>Completed by PAP who will deliver care</td>
<td>Encourages thoughtful and high-quality assessment and diagnosis</td>
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<tr>
<td></td>
<td></td>
<td>Encourages appropriate diagnosis of comorbid conditions</td>
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</table>

<table>
<thead>
<tr>
<th>'Continuing Care' certification</th>
<th>For which clients?</th>
<th>Completion details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All recurring ODD clients within episode model</td>
<td>Completed at episode recurrence (every 90 days)</td>
<td>Requires PAPs to certify adherence to basic quality of care measures and guideline concordant care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed by PAP who will continue care</td>
<td>Requires PAPs to reassess for comorbidities</td>
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<td></td>
<td></td>
<td>Encourages regular re-evaluation of client and effectiveness of therapy</td>
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</tbody>
</table>
I hereby certify and attest that I diagnosed the client with ODD and have completed and documented the following in my diagnosis:

- I diagnosed the client through in-person assessment
- I evaluated the client for ODD in accordance with the DSM criteria (listed below)
  - I found ___ (insert number) of the ODD symptoms present for at least six months
- I screened the client for common comorbidities, using comprehensive assessment, broadband diagnostic or similar tool and client family history
- I informed the parent/guardian of the diagnosis, informed him/her of the importance of family involvement, and provided a chance for him/her to express comments about the treatment plan OR I have documented barriers to providing this information
- I have initiated obtaining information that a screen or assessment for learning disability and language impairment was performed in the last two years by communicating with client parents, caregivers, teachers, doctors or reviewing school or medical records OR I completed or arranged for and documented a screen for learning disabilities and language impairments
I hereby certify and attest that I have completed and documented the following in my care of the client with ODD:

- I evaluated client’s ongoing symptoms, impairment, and activities to determine continued necessity of treatment for ODD using reports from at least two settings
- I have re-screened for comorbid behavioral health conditions using comprehensive assessment, broadband diagnostic or similar tool
- I informed the parent/guardian of need for ongoing treatment, informed him/her of the continued importance of family involvement, and provided a chance for him/her to express comments about the treatment plan OR I have documented the barriers to providing this information
- I have obtained information that a screen or assessment for learning disability and language impairment was performed in the last two years by communicating with client parents, caregivers, teachers, doctors or reviewing school or medical records OR I completed or arranged for and documented a screen for learning disabilities and language impairments
- I am providing guideline concordant behavioral therapy management OR I have documented rationale for care outside of guidelines (e.g. in the client chart)
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Dr. Laurence H. Miller, Senior Psychiatrist for Division of Medical Services – Episode Report Review
Questions?