Optum

Optum and Sentry Clinical Programs

Letter of Medical Necessity Program

April 3, 2023



Agenda

- Optum Pharmacist Assist Program
  - What medications are reviewed
  - VitalPoint® clinical recommendation requests
  - VitalPoint® examiner review and decision process
  - Question and answer

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Sentry LMN program

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Letter of Medical Necessity (LMN) Program

- Optum Clinical performs an outreach to physicians prescribing medications, which may have an alternative first-line therapy medication or lower-cost alternative medication available.
- Optum LMN Pharmacist Assist Program
  - Addresses the use of the medications within the program
  - Requests a Letter of Medical Necessity (LMN) from physician to explain why medications are best for the injured person.
- Program will begin April 3, 2023 for claims in SOJ PA including:
  - In-network point of sale prior authorization alerts
  - Out of network (OON) bill alerts
- Selected medications are routed to the Optum Clinical Team as the alert triggers.
- The examiner will review the outcome and provide final decision on medication.

LMN Program Medications:

- Private label topical medications
- Compounds

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Private label topicals

- Used topically to treat neuropathic pain
- Considered second-line therapy
- LMN reminds prescriber of treatment guidelines and significant cost saving of converting to OTC alternative

Medication examples:

- Lidothol Pad 4.5-5%
- Medrox Ointment
- Lidocaine Ointment 5%

	High cost topical		OTC low-cost alternatives	
Average Wholesale Price (AWP)	Lidothol Pad 4.5-5% (15 patches)	$745.00	Icy Hot Max Strength Lidocaine Plus Menthol patch (15 patches)	$18.00
	Medrox Ointment (180 gm)	$603.00	Ziks Arthritis Pain Relief Cream (180 gm)	$47.99
	Lidocaine Ointment 5% (90 gm)	$1,170.00	Lidocaine cream 4% (90 gm)	$100.80

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Compound Medications

- Compounded medications are personalized for patients and include ingredients in the exact strength and dosage form to their specific needs.
- Require a prescription. The active ingredients in compounded medications are usually prescription medications combined together.
- The compound products themselves are not FDA approved; however, the individual ingredients typically are FDA approved.
- Are largely experimental in use with few randomized controlled trials to determine efficacy or safety.
- Are not commercially available and are typically much more expensive than their oral formulation counterparts.
  - Recent regulatory changes by states are aimed at controlling the costs of compounded medications and ensuring patient safety.

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Common topical ingredients

On average there are four to five individual ingredients in compounded medications

Therapeutic class	Commonly used agents
NSAIDs	Ibuprofen, diclofenac, ketoprofen, flurbiprofen
Opioid analgesics	Tramadol, loperamide
Local anesthetics	Lidocaine, benzocaine, ketamine
Antidepressants	Amitriptyline, nortriptyline
Anticonvulsants	Gabapentin, Lyrica®
Skeletal muscle relaxants	Cyclobenzaprine, baclofen
Other topical analgesics	Clonidine

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Safety of topical compounded medications

- The unique nature of how medication is absorbed through the skin presents concerns about the actual dose received during each application
- Topical compounded medications are promoted as being safer due to less absorption than oral medications, but there is little evidence to back this claim
- Potential for drug-drug interactions if the injured party is taking other medications and within the compound itself
- Adverse effects from a compounded medication are difficult to tie back to a specific ingredient

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Compounded medications may be appropriate in therapy when…..

- A commercial product is unavailable from the manufacturer
  - https://www.accessdata.fda.gov/scripts/drugshortages/
- The treatment of the injury requires a specialty mix of medications
- Typical administration of the drug therapy is unsuitable or ineffective
  - Side effects
  - Allergies
  - Difficulty swallowing
  - Absorption issues
- Other therapies have documented failures

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LMN Workflow

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Clinical recommendation via Smart Routing

Two step authorization workflow



Parameters

Defined medication rules that trigger routing to clinical team for first step review

Routing

Send to Optum pharmacist who will obtain LMN from prescriber then provide a clinical recommendation

No

Final decision maker

Final decision maker

Send recommendation to assigned Sentry examiner for final decision

No response after 3 business days

The clinical decision is final and stored on claim record

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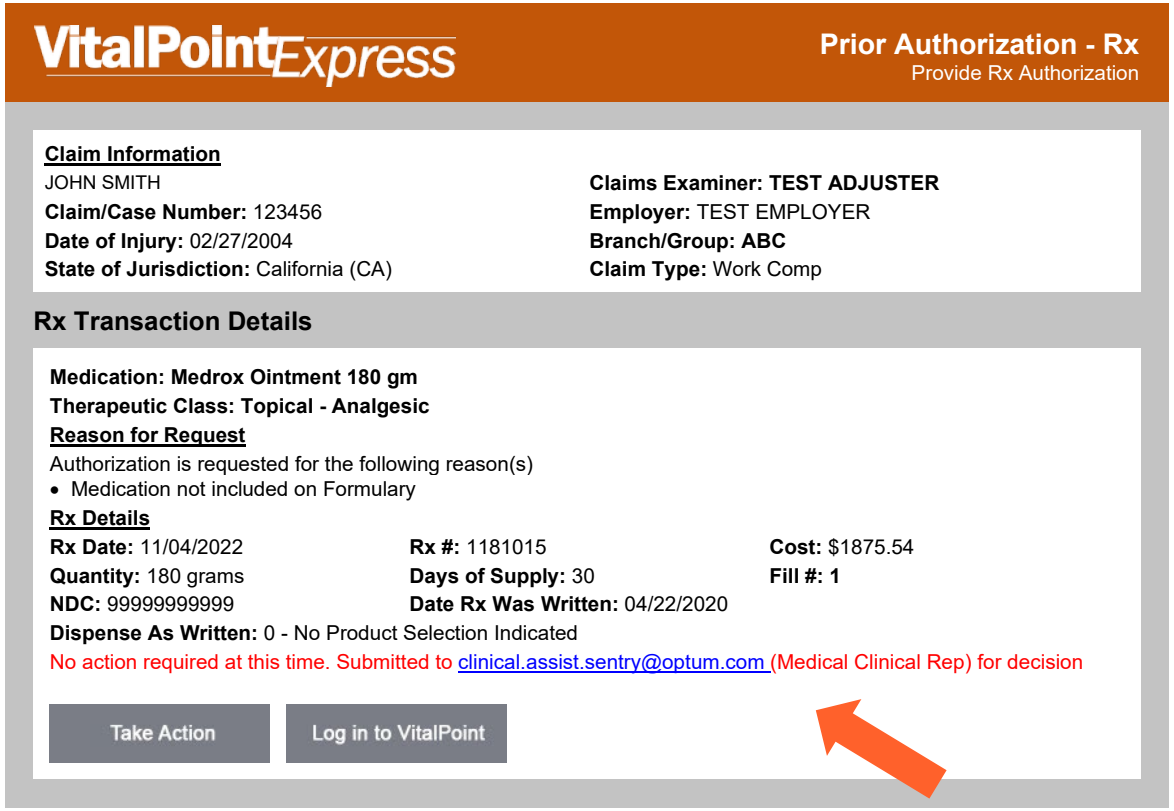
Email notification



VitalPoint Express

Prior Authorization - Rx
Provide Rx Authorization

Claim Information
JOHN SMITH
Claim/Case Number: 123456
Date of Injury: 02/27/2004
State of Jurisdiction: California (CA)
Claims Examiner: TEST ADJUSTER
Employer: TEST EMPLOYER
Branch/Group: ABC
Claim Type: Work Comp

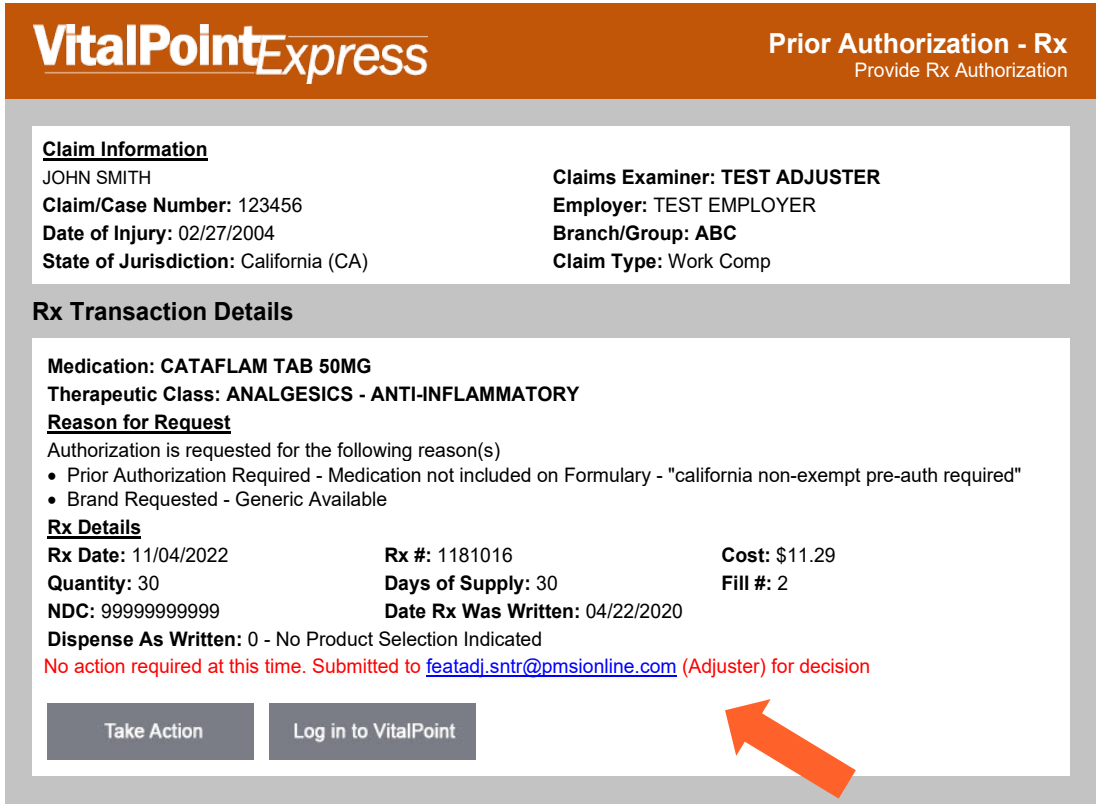
Rx Transaction Details

Medication: Medrox Ointment 180 gm
Therapeutic Class: Topical - Analgesic
Reason for Request
Authorization is requested for the following reason(s)
- Medication not included on Formulary

Rx Details
Rx Date: 11/04/2022 **Rx #:** 1181015 **Cost:** $1875.54
Quantity: 180 grams **Days of Supply:** 30 **Fill #: 1**
NDC: 99999999999 **Date Rx Was Written:** 04/22/2020
Dispense As Written: 0 - No Product Selection Indicated
No action required at this time. Submitted to clinical.assist.sentry@optum.com (Medical Clinical Rep) for decision

Take Action | Log in to VitalPoint

Optum Pharmacist will be instructed which medications required their decision.



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Date of Injury: 02/27/2004
State of Jurisdiction: California (CA)
Claims Examiner: TEST ADJUSTER
Employer: TEST EMPLOYER
Branch/Group: ABC
Claim Type: Work Comp

Rx Transaction Details

Medication: CATAFLAM TAB 50MG
Therapeutic Class: ANALGESICS - ANTI-INFLAMMATORY
Reason for Request
Authorization is requested for the following reason(s)
- Prior Authorization Required - Medication not included on Formulary - "california non-exempt pre-auth required"
- Brand Requested - Generic Available

Rx Details
Rx Date: 11/04/2022 **Rx #:** 1181016 **Cost:** $11.29
Quantity: 30 **Days of Supply:** 30 **Fill #:** 2
NDC: 99999999999 **Date Rx Was Written:** 04/22/2020
Dispense As Written: 0 - No Product Selection Indicated
No action required at this time. Submitted to featadj.sntr@pmsionline.com (Adjuster) for decision

Take Action | Log in to VitalPoint

Examiner will be instructed which medications required their decision.

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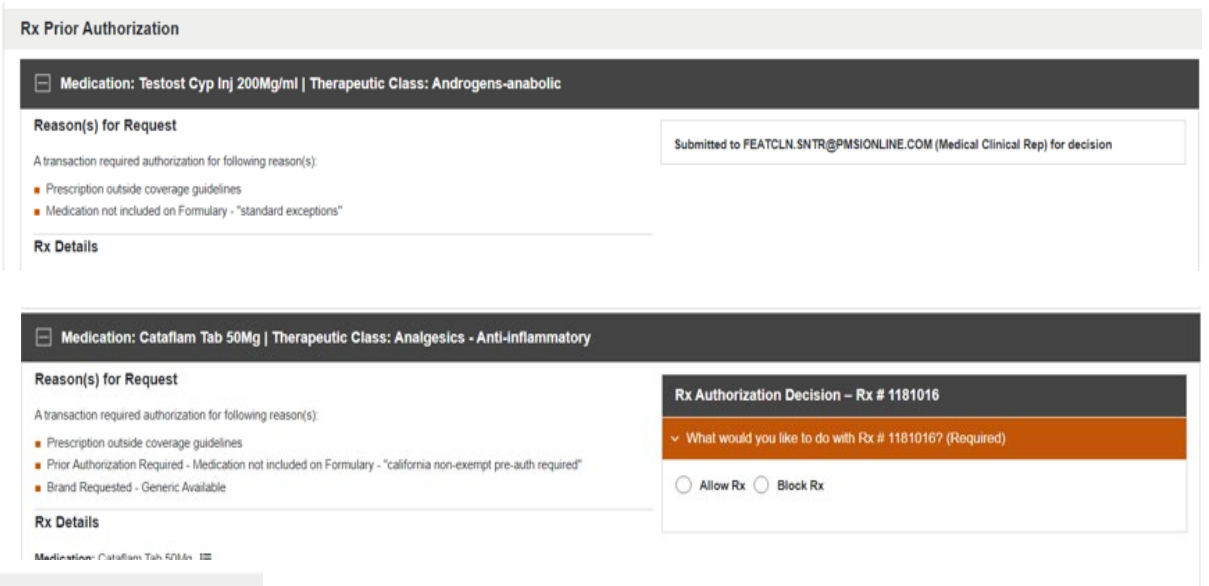
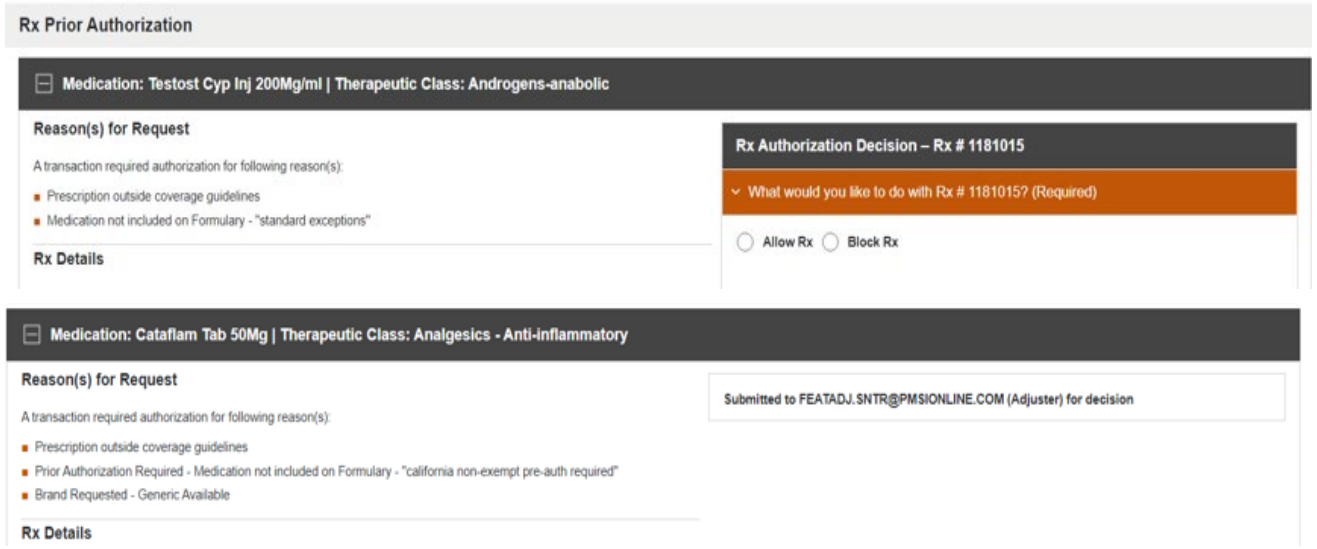
Example of smart route transaction

Examiner can decision other medications in queue while the clinical recommendation is in process





Optum clinical works with prescriber on targeted LMN medications

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Rx Prior Authorization

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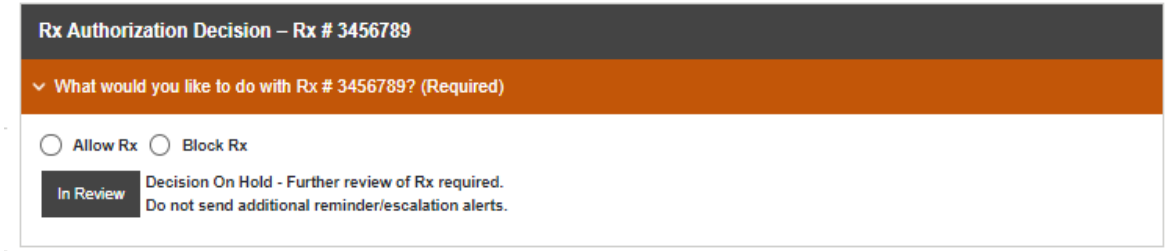
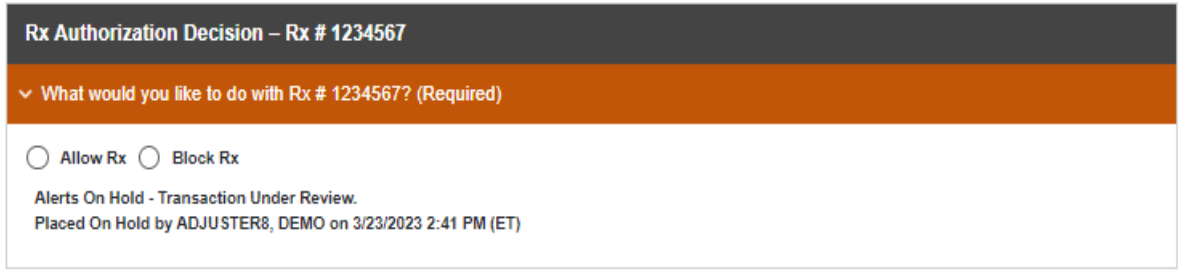
Rx Prior Authorization LMN workflow

- For Rx Prior Authorization alerts, Optum clinical places prior authorization request on **In Review**.



- Optum will reach out to the prescriber requesting a Letter of Medical Necessity.



- Optum will transmit clinical recommendation to examiner for final decision.

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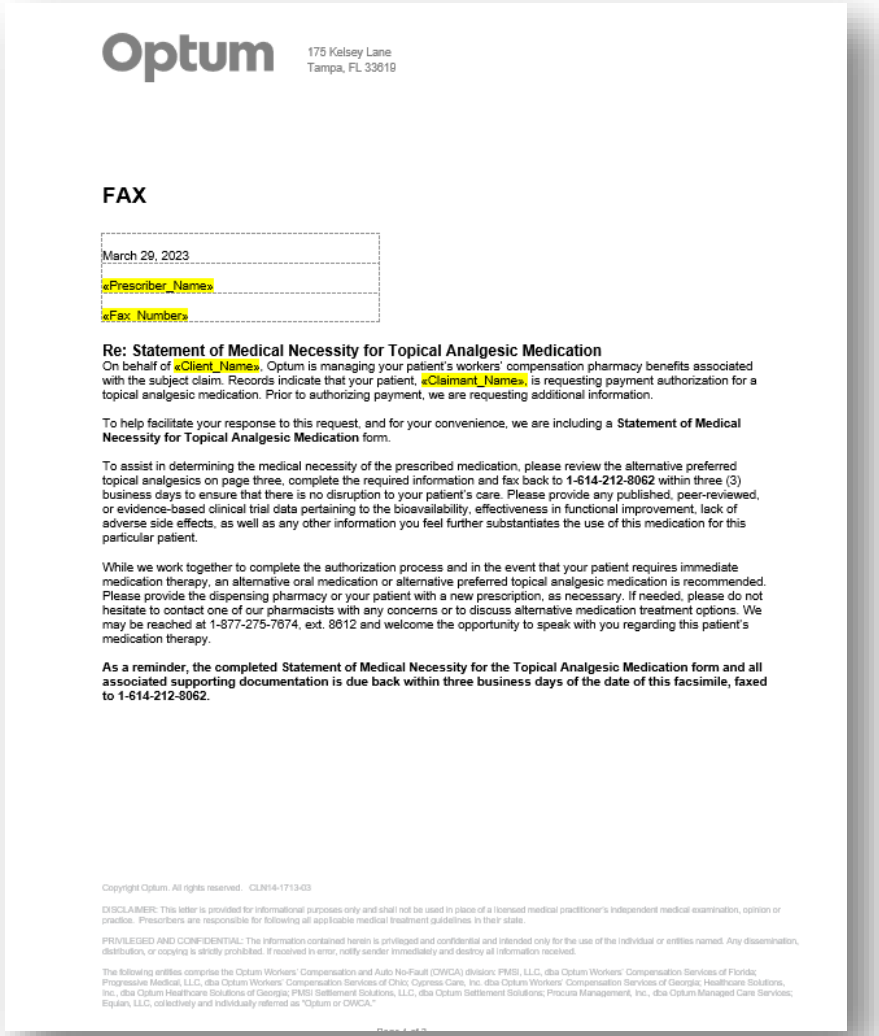
Rx Prior Authorization LMN workflow (continued)



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175 Kelsey Lane
Tampa, FL 33619

FAX

March 29, 2023

«Prescriber_Name»

«Fax_Number»

Re: Statement of Medical Necessity for Topical Analgesic Medication

On behalf of «Client_Name», Optum is managing your patient's workers' compensation pharmacy benefits associated with the subject claim. Records indicate that your patient, «Claimant_Name», is requesting payment authorization for a topical analgesic medication. Prior to authorizing payment, we are requesting additional information.

To help facilitate your response to this request, and for your convenience, we are including a **Statement of Medical Necessity for Topical Analgesic Medication** form.

To assist in determining the medical necessity of the prescribed medication, please review the alternative preferred topical analgesics on page three, complete the required information and fax back to **1-614-212-8062** within three (3) business days to ensure that there is no disruption to your patient's care. Please provide any published, peer-reviewed, or evidence-based clinical trial data pertaining to the bioavailability, effectiveness in functional improvement, lack of adverse side effects, as well as any other information you feel further substantiates the use of this medication for this particular patient.

While we work together to complete the authorization process and in the event that your patient requires immediate medication therapy, an alternative oral medication or alternative preferred topical analgesic medication is recommended. Please provide the dispensing pharmacy or your patient with a new prescription, as necessary. If needed, please do not hesitate to contact one of our pharmacists with any concerns or to discuss alternative medication treatment options. We may be reached at 1-877-275-7674, ext. 8612 and welcome the opportunity to speak with you regarding this patient's medication therapy.

As a reminder, the completed Statement of Medical Necessity for the Topical Analgesic Medication form and all associated supporting documentation is due back within three business days of the date of this facsimile, faxed to 1-614-212-8062.

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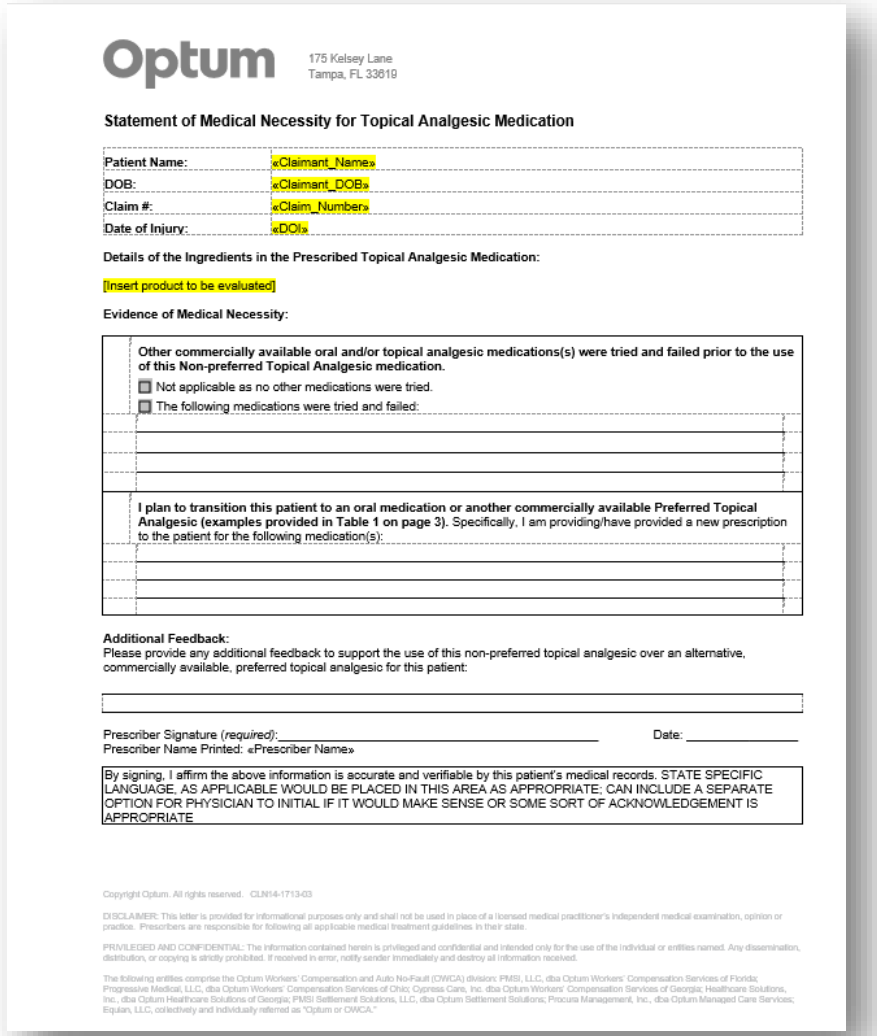

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Tampa, FL 33619

Statement of Medical Necessity for Topical Analgesic Medication

Patient Name:	«Claimant_Name»
DOB:	«Claimant_DOB»
Claim #:	«Claim_Number»
Date of Injury:	«DOI»

Details of the Ingredients in the Prescribed Topical Analgesic Medication:

[Insert product to be evaluated]

Evidence of Medical Necessity:

Other commercially available oral and/or topical analgesic medications(s) were tried and failed prior to the use of this Non-preferred Topical Analgesic medication.

☐ Not applicable as no other medications were tried.

☐ The following medications were tried and failed:

I plan to transition this patient to an oral medication or another commercially available Preferred Topical Analgesic (examples provided in Table 1 on page 3). Specifically, I am providing/have provided a new prescription to the patient for the following medication(s):

Additional Feedback:
Please provide any additional feedback to support the use of this non-preferred topical analgesic over an alternative, commercially available, preferred topical analgesic for this patient:

Prescriber Signature *(required)*:_____ Date: _____
Prescriber Name Printed: «Prescriber Name»

By signing, I affirm the above information is accurate and verifiable by this patient's medical records. STATE SPECIFIC LANGUAGE, AS APPLICABLE WOULD BE PLACED IN THIS AREA AS APPROPRIATE; CAN INCLUDE A SEPARATE OPTION FOR PHYSICIAN TO INITIAL IF IT WOULD MAKE SENSE OR SOME SORT OF ACKNOWLEDGEMENT IS APPROPRIATE

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LMN clinical workflow

- Optum reaches out to prescriber for LMN requesting additional information on the appropriateness of the medication.
- We follow up with the prescriber's office in one hour to determine if the LMN fax was received.
- The Rx Prior Auth request will **remain in review** awaiting the prescriber's response.

IF the prescriber responds to the fax providing a Letter of Medical Necessity	IF no response is received from the prescriber within 5 business days
• Optum Clinical Pharmacist will review the documentation for appropriateness of the medication.	• Optum will enter a Block decision and non-authorization recommendation in the comments section of the VitalPoint Authorization Request.
• Clinical Pharmacist will enter an allow or block decision and document an authorization or non-authorization recommendation in the comments section of the VitalPoint Authorization Request.	• No response was received. Due to lack of medical documentation, the recommendation to the Adjuster would be to NOT authorize the medication and to encourage UR for continued denial.

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LMN examiner workflow

- The examiner will receive the clinical recommendation and is **required to review and apply final decision** on the VitalPoint® Authorization Request.
- *Unlike standard VP alert, no escalation reminder emails will be sent.*
  - If no examiner response to the recommendation is received within 24 hours, Optum Clinical Pharmacist will send an email reminder to action the pending recommendation.
  - If a final decision is not applied by the examiner, the clinical recommendation will be accepted as final after 3 business days.
- If the medication has had a previous review completed within the last 6 months, Optum will document the prior recommendation and submit the VitalPoint ® Authorization Request to the examiner for final decision.
  - Optum Clinical Services has previously reviewed this medication and will include the original recommendation to the adjuster to authorize or block the medication.

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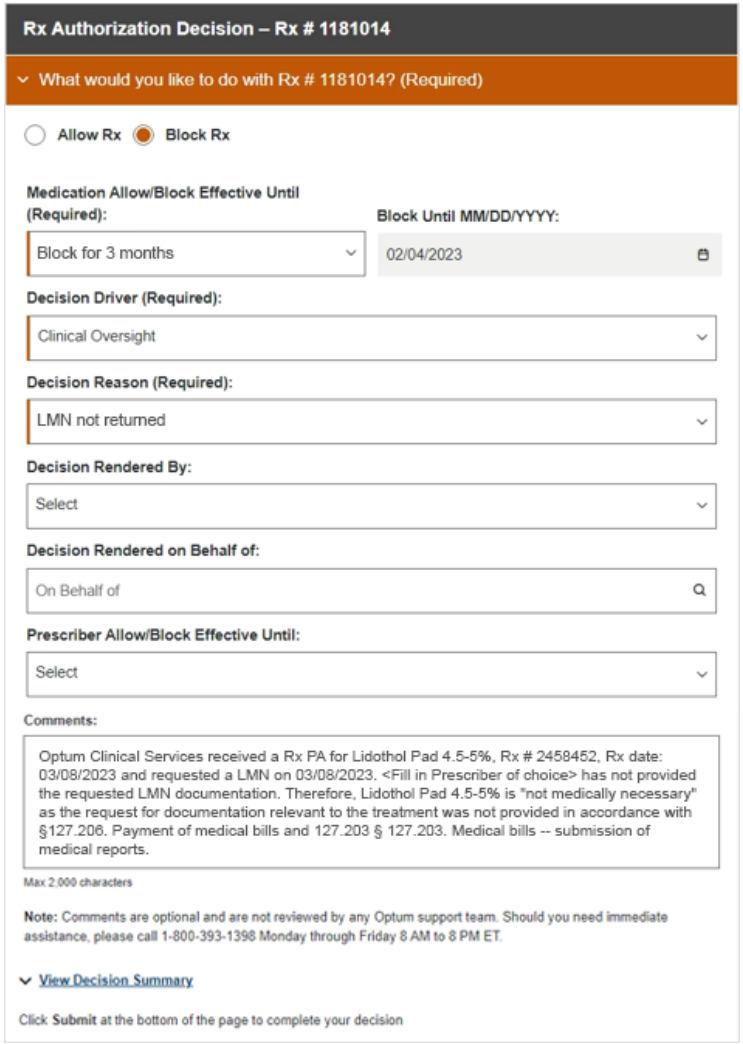
Rx prior authorization with clinical recommendation



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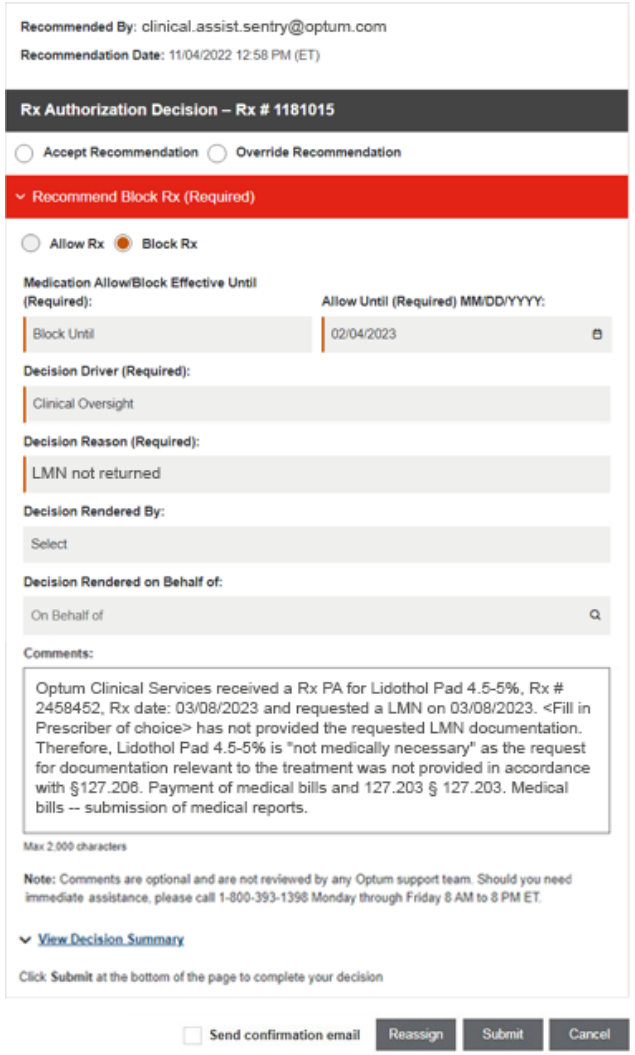
Examiner can accept recommendation

If examiner agrees with clinical recommendation:

1. Click accept recommendation
2. Click submit



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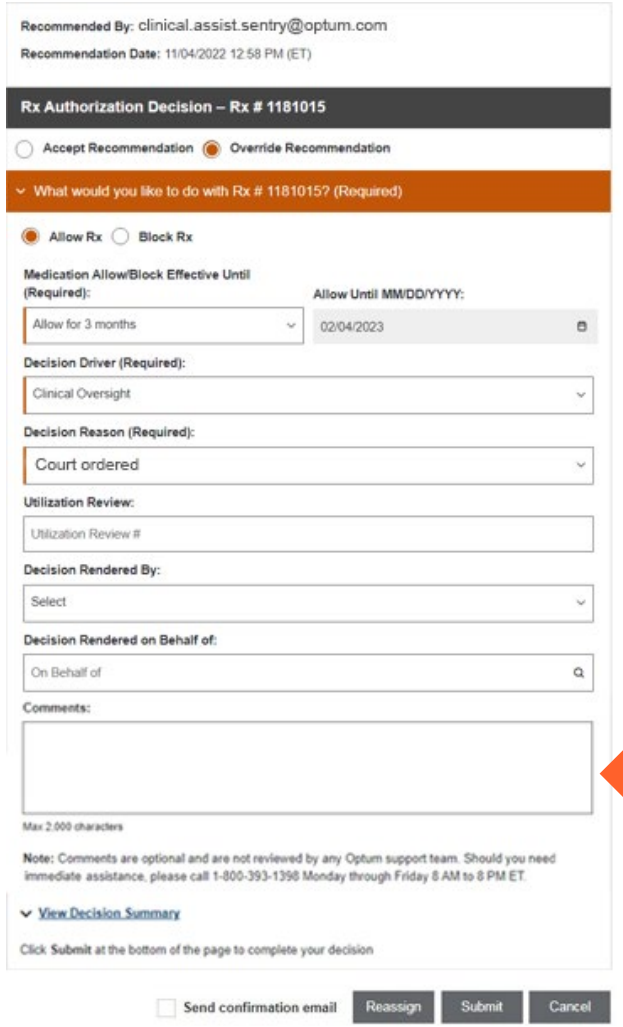
Examiner can override recommendation

Examiner can override clinical recommendation:

1. Click override recommendation
2. Click allow or block decision
3. Click time period and reason
4. Enter comments for decision
5. Submit decision



Examiner will enter override comments here

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Out of network bill review

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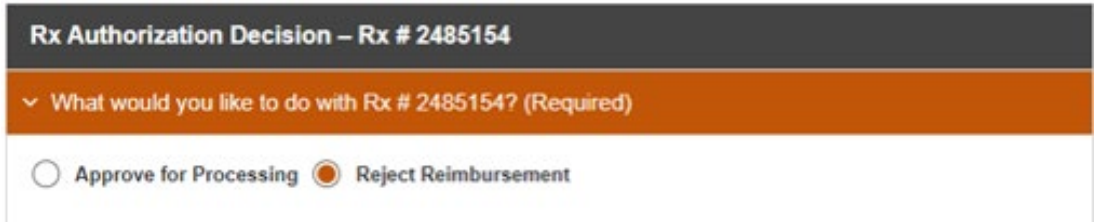
Out of network bill review LMN workflow

- For OON bill alerts, Optum routes targeted medication to Optum clinical pharmacist for review.
- The targeted medication will remain in the clinical queue during the LMN process.



- Optum will reach out to the prescriber requesting a Letter of Medical Necessity.
- Optum will transmit clinical recommendation to examiner for final decision.

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LMN clinical workflow for out of network bills

- Optum reaches out to prescriber for LMN requesting additional information on the appropriateness of the medication.
- We follow up with the prescriber's office in one hour to determine if the LMN fax was received.
- The OON Bill Alert will **remain in clinical queue** awaiting the prescriber's response.

IF the prescriber responds to the fax providing a Letter of Medical Necessity	IF no response is received from the prescriber within 5 business days
• Optum Clinical Pharmacist will review the documentation for appropriateness of the medication.	• Optum will enter a reject reimbursement decision and non-authorization recommendation in the comments section of the VitalPoint Authorization Request.
• Clinical Pharmacist will enter an approve for processing or reject reimbursement decision and document an authorization or non-authorization recommendation in the comments section of the VitalPoint Authorization Request.	• No response was received. Due to lack of medical documentation, the recommendation to the Adjuster would be to NOT authorize the medication and to encourage UR for continued denial.

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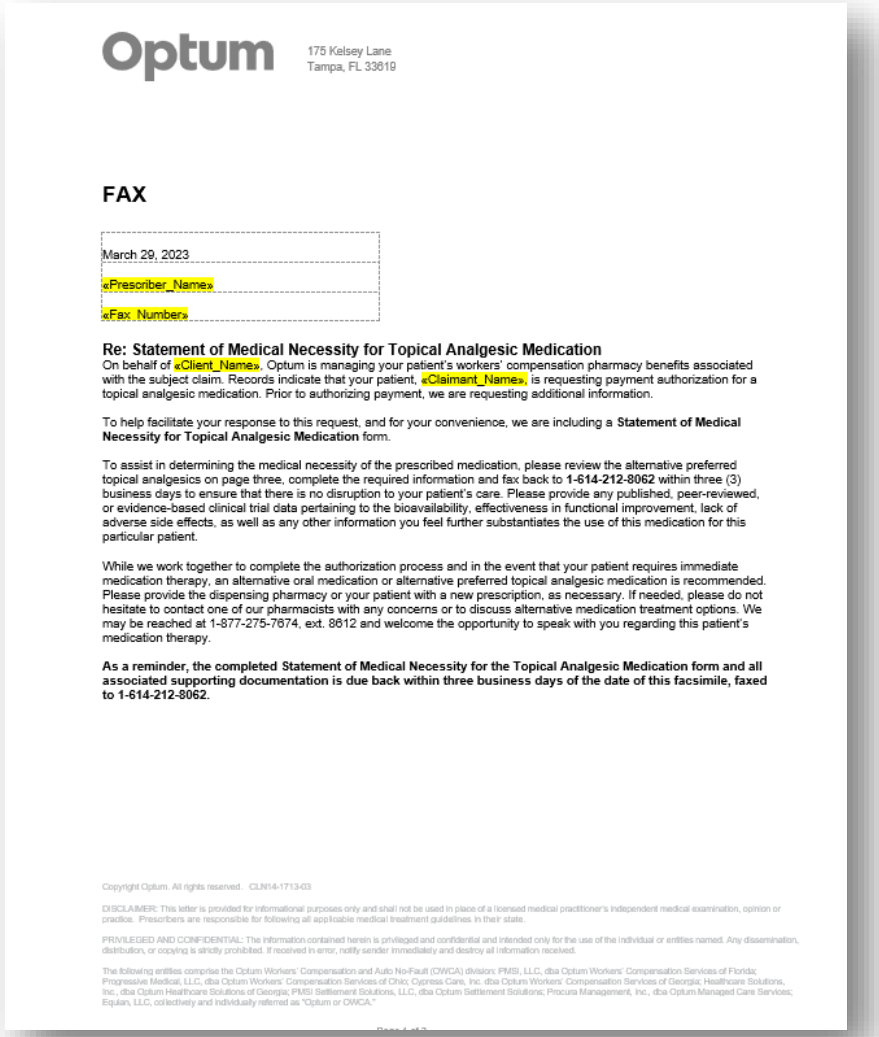
Out of network bill review LMN workflow (continued)



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«Fax_Number»

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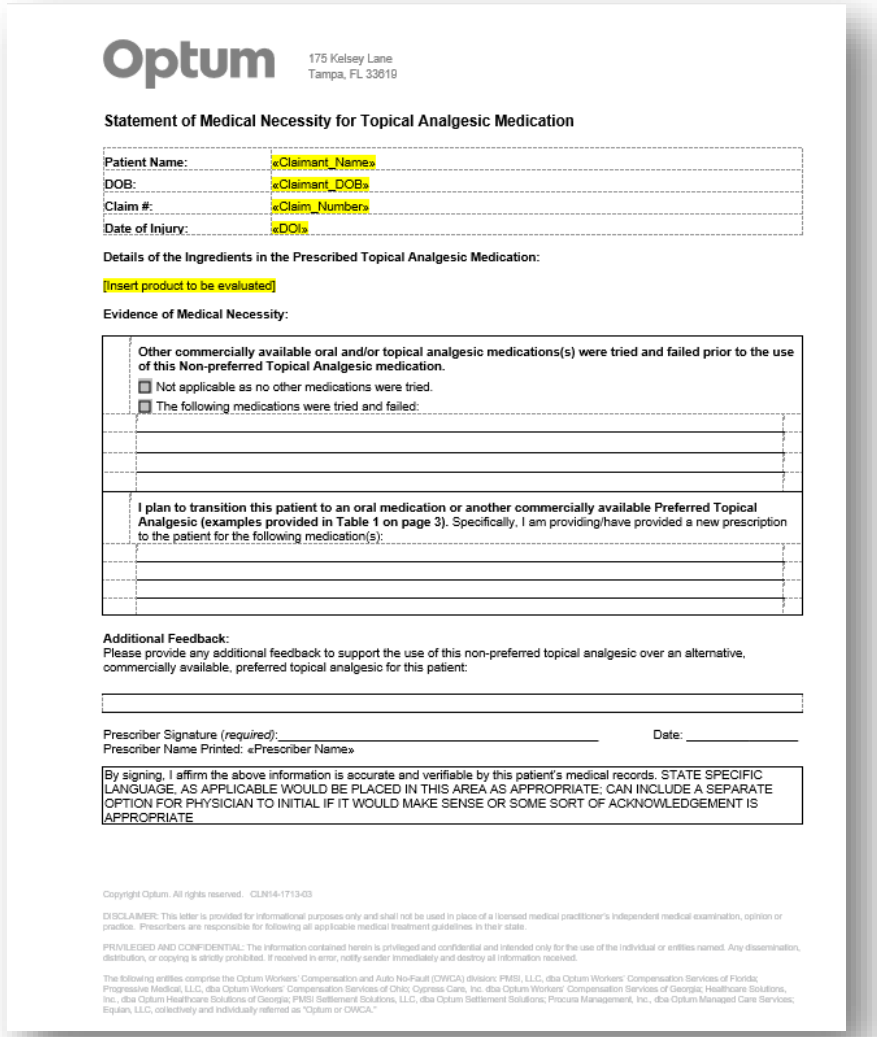

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Prescriber Signature *(required)*:_____ Date: _____
Prescriber Name Printed: «Prescriber Name»

By signing, I affirm the above information is accurate and verifiable by this patient's medical records. STATE SPECIFIC LANGUAGE, AS APPLICABLE WOULD BE PLACED IN THIS AREA AS APPROPRIATE; CAN INCLUDE A SEPARATE OPTION FOR PHYSICIAN TO INITIAL IF IT WOULD MAKE SENSE OR SOME SORT OF ACKNOWLEDGEMENT IS APPROPRIATE

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LMN examiner workflow

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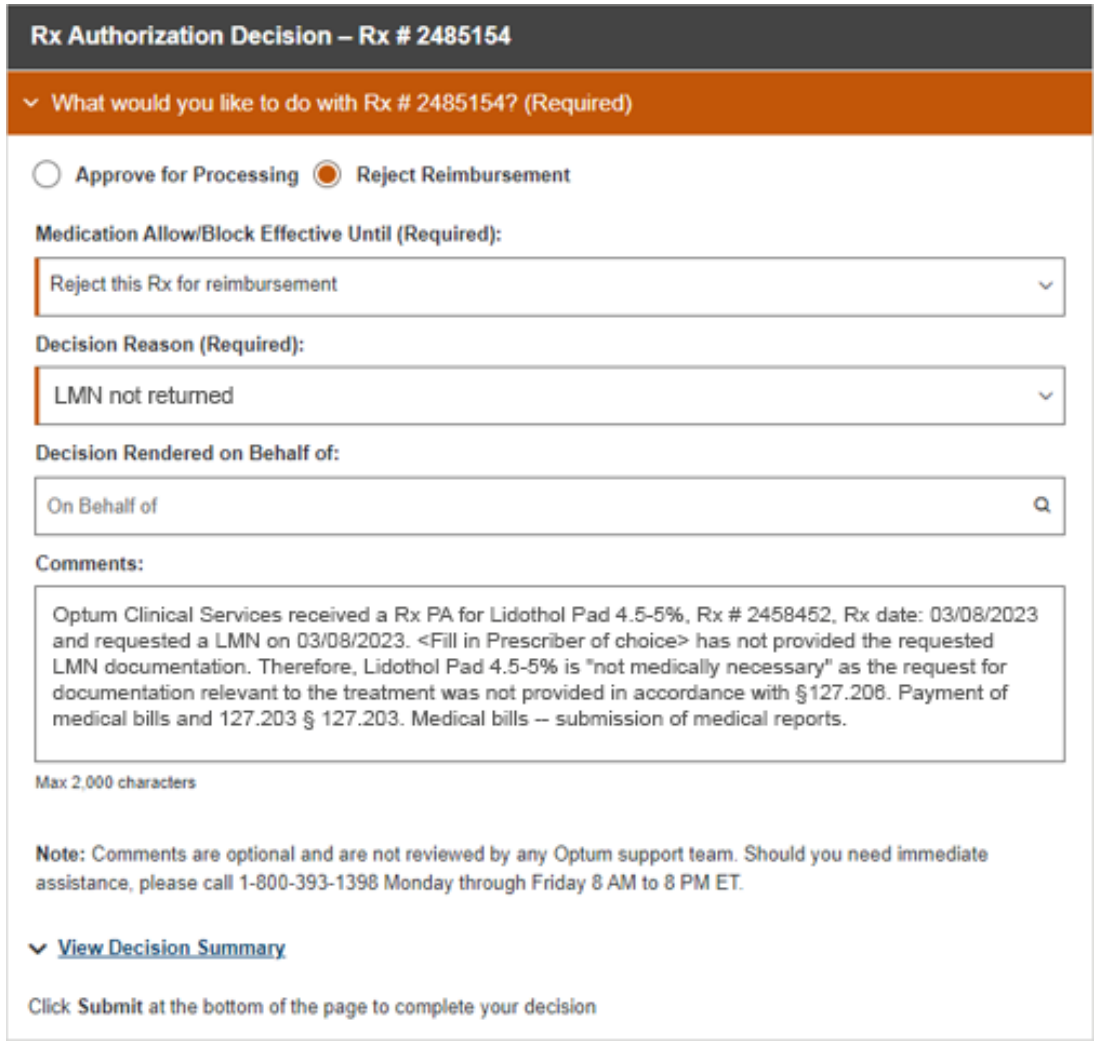
OON bill alert with clinical recommendation



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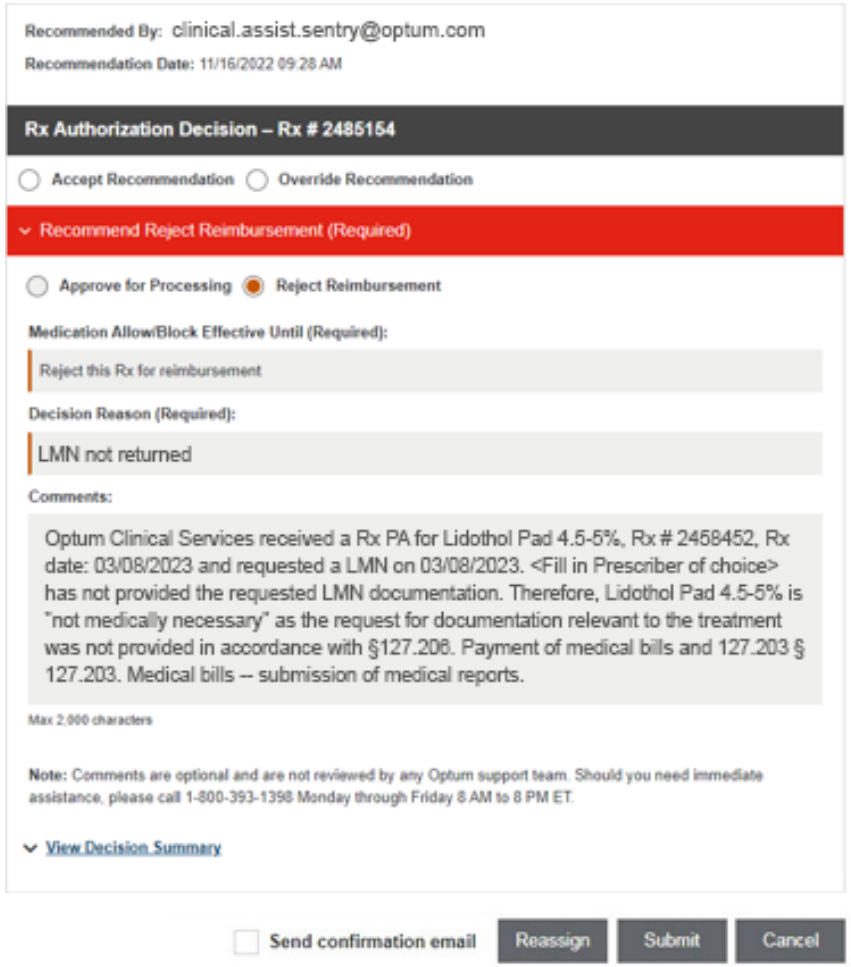
Examiner can accept recommendation

If examiner agrees with clinical recommendation:

1. Click accept recommendation
2. Click submit



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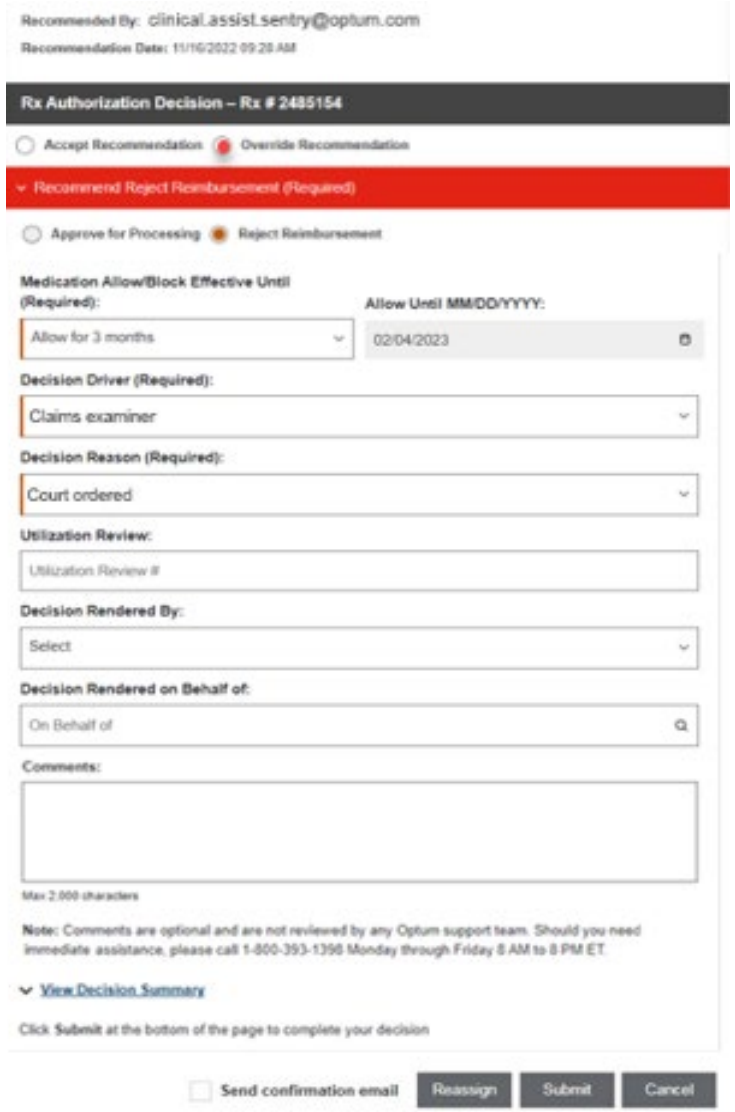
Examiner can override recommendation

Examiner can override clinical recommendation:

1. Click override recommendation
2. Click approve or reject decision
3. Click time period and reason
4. Enter comments for decision
5. Submit decision



Examiner will enter override comments here

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Manage Medication

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Manage medication entry

If UR is performed, Sentry needs to communicate outcome to Optum via a Manage Medication entry **on VitalPoint not through VitalPoint Express.**

Authorizing/Restricting Medications on a claim profile provides the ability to proactively make medication decisions for a particular claim.

When prescriptions are presented at the pharmacy, the decision is immediately provided or routed to the appropriate decision maker.



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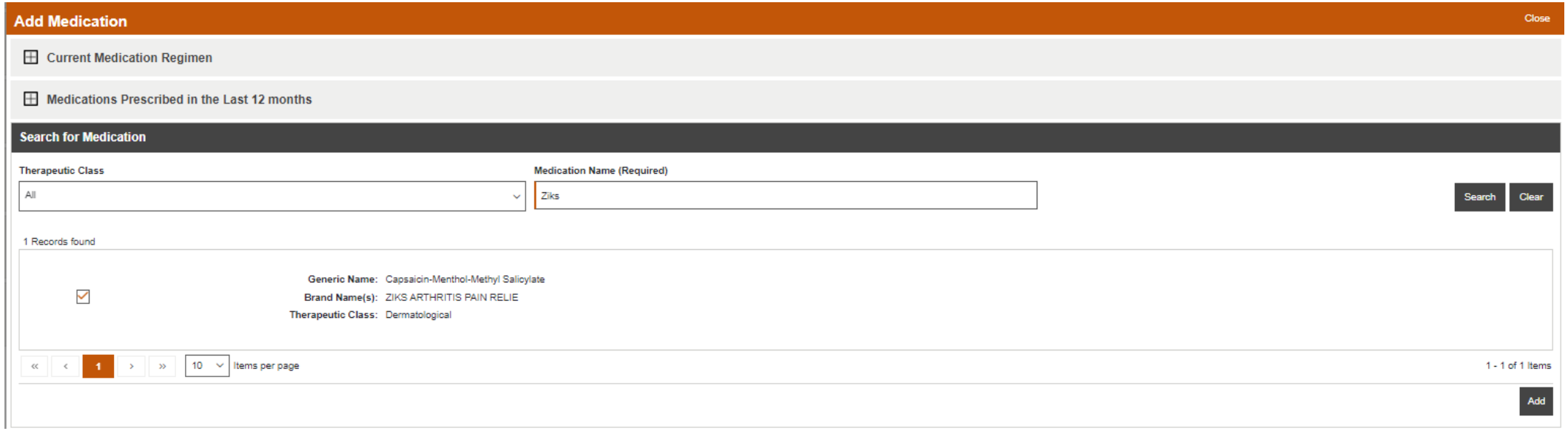
Manage medication entry (continued)

1. Select medication to modify from:
   – Current Medication Regimen
   – Medication in the Last 12 Months
   – Enter New Medication

2. Select the checkbox next to the medication name, then click **Add**



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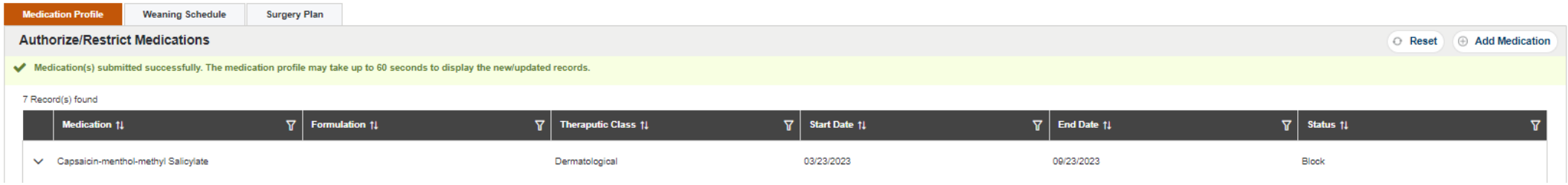
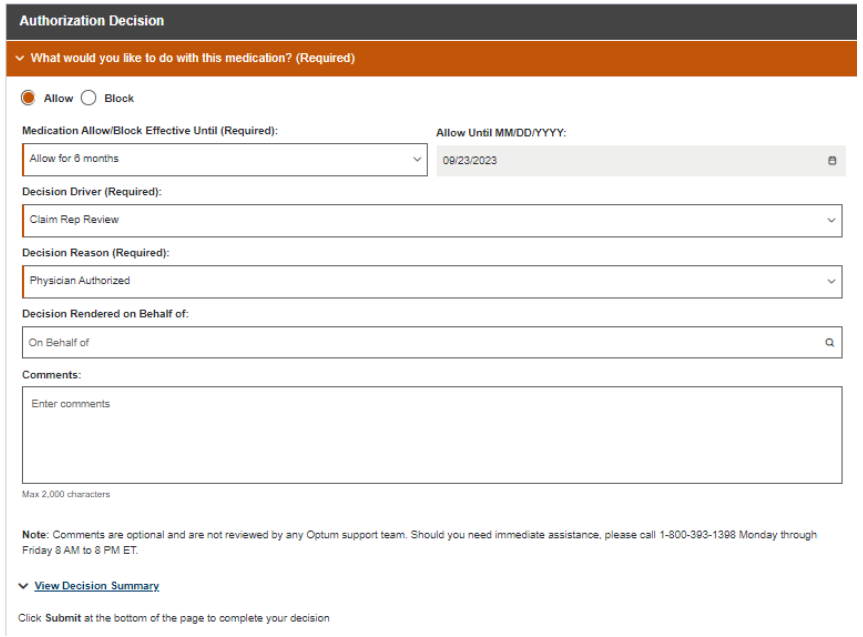
Manage medication entry (continued)

3. Make decision to **Allow or Block** the medication:





Each decision will prompt for additional information:

- Medication Decision: Always required.
- Reason: Select a reason from the dropdown menu that best describes your decision.
- Comments (Optional): Comments can be added and will remain as additional information attached to the decision.

The decision will be applied on future medications regardless of transaction type.

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Additional documentation

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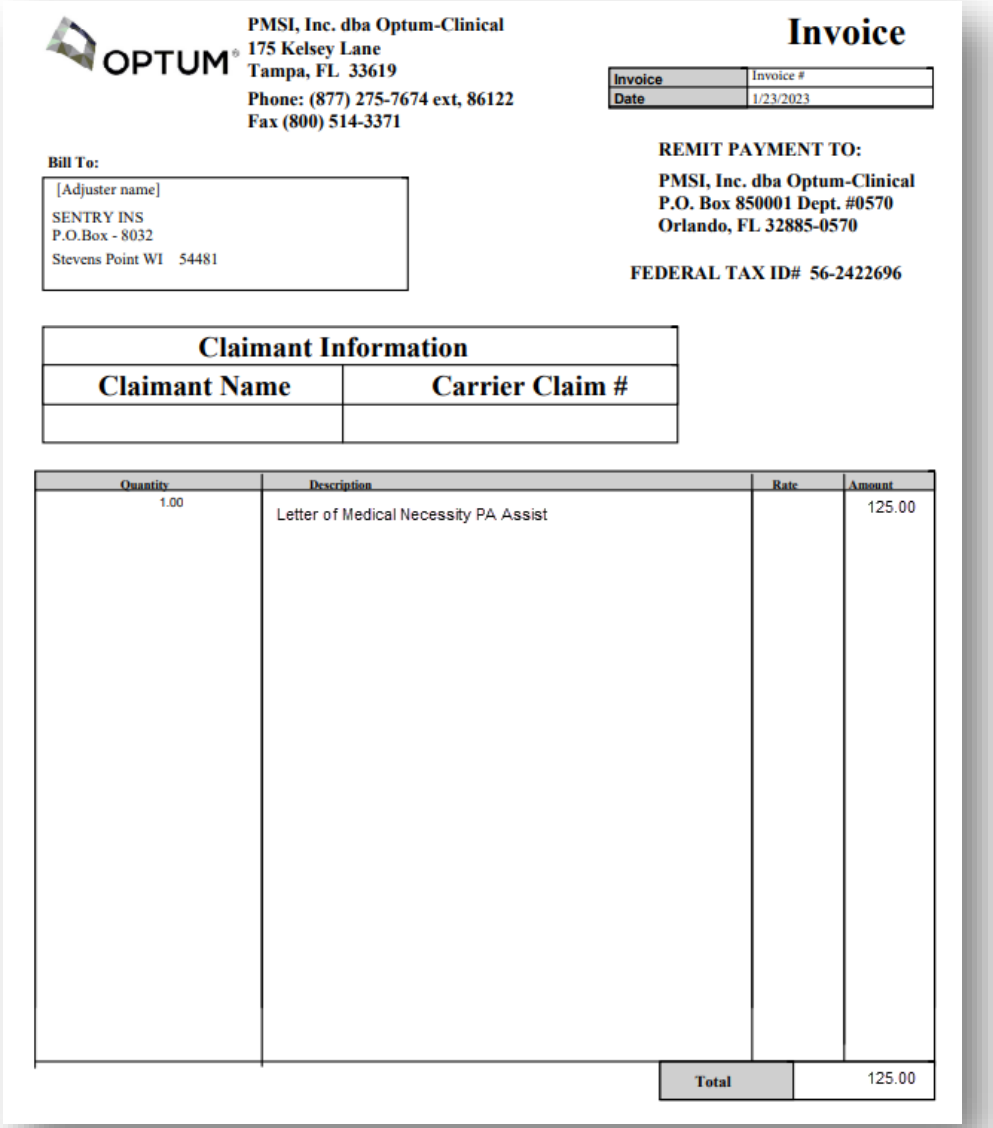
Program Fee

- Review of the medication, LMN request of the prescriber and/or review of the LMN returned is a charge of $125.
- Enrollment for the program is 6 months.
- Bills are sent to adjuster via email for processing like all other fee for service programs.



OPTUM

PMSI, Inc. dba Optum-Clinical
175 Kelsey Lane
Tampa, FL 33619
Phone: (877) 275-7674 ext, 86122
Fax (800) 514-3371

Invoice

Invoice	Invoice #
Date	1/23/2023

Bill To:

[Adjuster name]
SENTRY INS
P.O.Box - 8032
Stevens Point WI 54481

REMIT PAYMENT TO:
PMSI, Inc. dba Optum-Clinical
P.O. Box 850001 Dept. #0570
Orlando, FL 32885-0570

FEDERAL TAX ID# 56-2422696

Claimant Information	
Claimant Name	Carrier Claim #

Quantity	Description	Rate	Amount
1.00	Letter of Medical Necessity PA Assist		125.00
		Total	125.00

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Optum Pharmacist will select decision codes for clinical recommendations

Decision reason codes will be used on EOB activity

	Description	Scenario
In Network	LMN Not Returned	Block - where LMN is requested and not return
	LMN Does Not Support	Block - where LMN was returned and does not support the use of the medication. Next step would be to send to UR for continued denial.
	LMN Supports Dispense	Allow - when LMN was returned and does fit the injury
Out of Network	No medical documentation to support the requested medication	Block - where LMN is requested and not return
	These are non-covered services because this is not deemed a 'medical necessity' by the payer.	Block - where LMN was returned and does not support the use of the medication. Next step would be to send to UR for continued denial.
	Medication is reasonable and necessary for treatment of injury	Allow - when LMN was returned and does fit the injury

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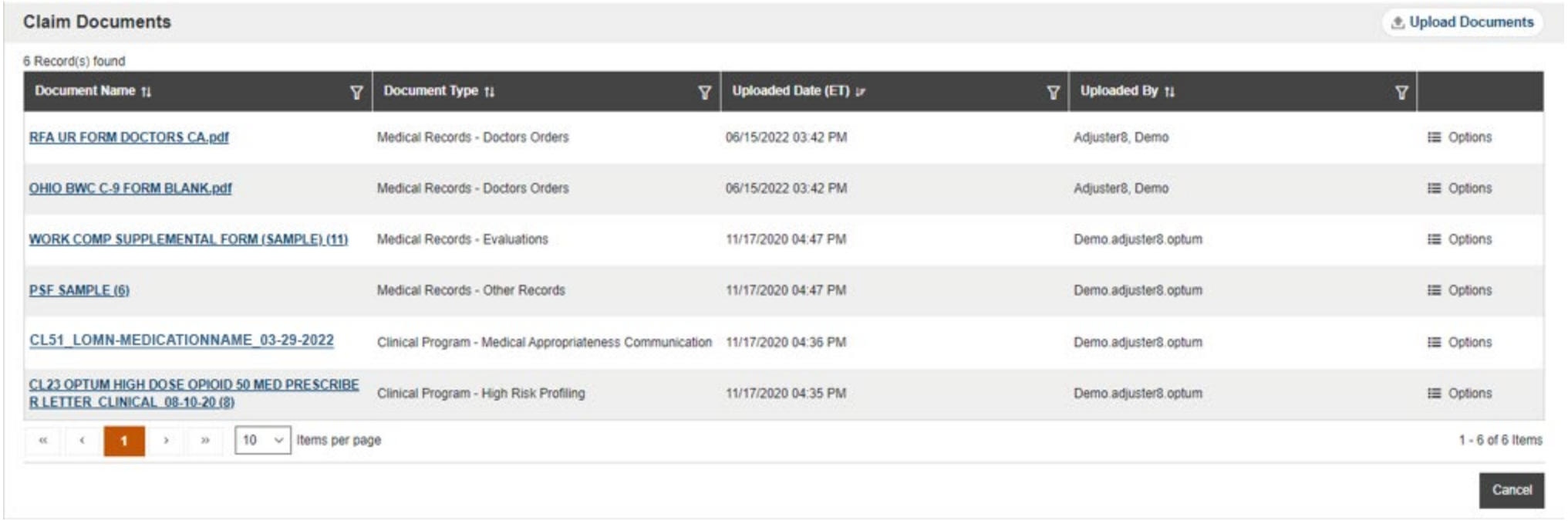
LMN Documentation

- The fax to the prescriber and copy of the returned LMN will be emailed to Sentry at to SentryClaimsMail@Sentry.com.
- All copies will be uploaded to VitalPoint Notes and Documents to be stored.



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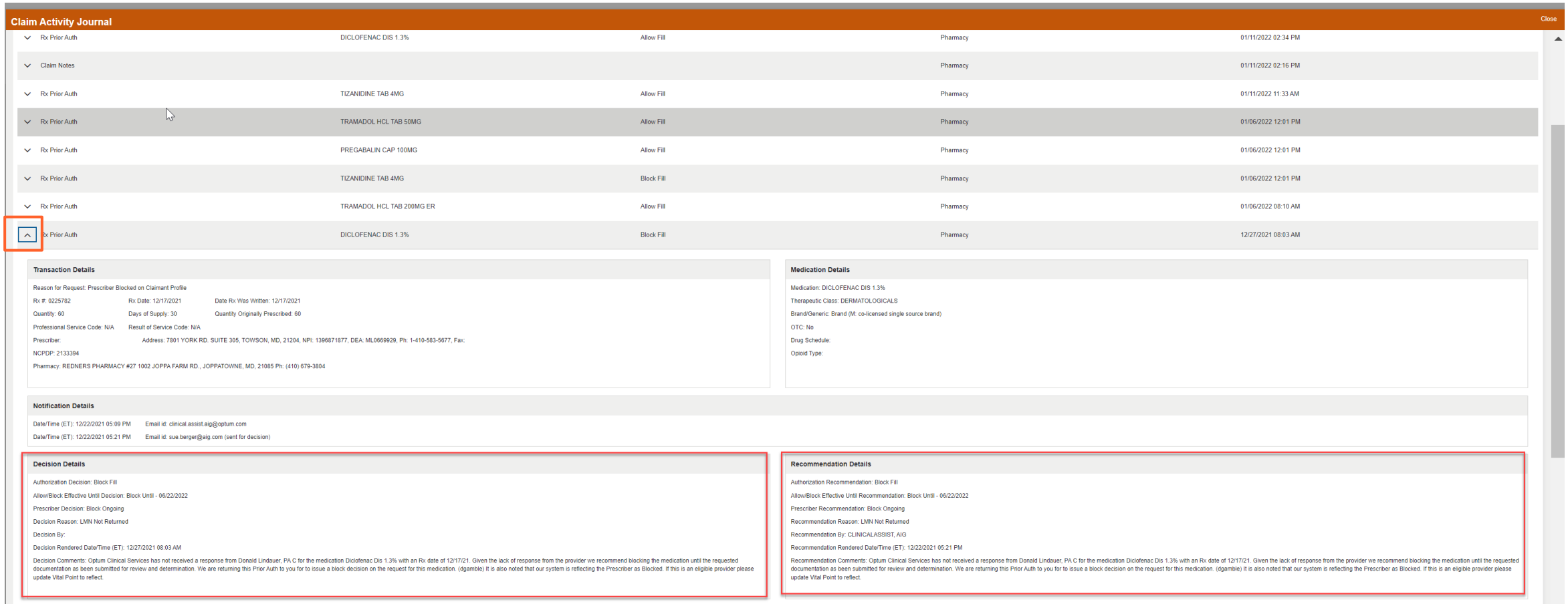
Claim activity journal entry for tracking

Optum recommendation and adjuster final decision is recorded in the claim activity journal in VitalPoint®



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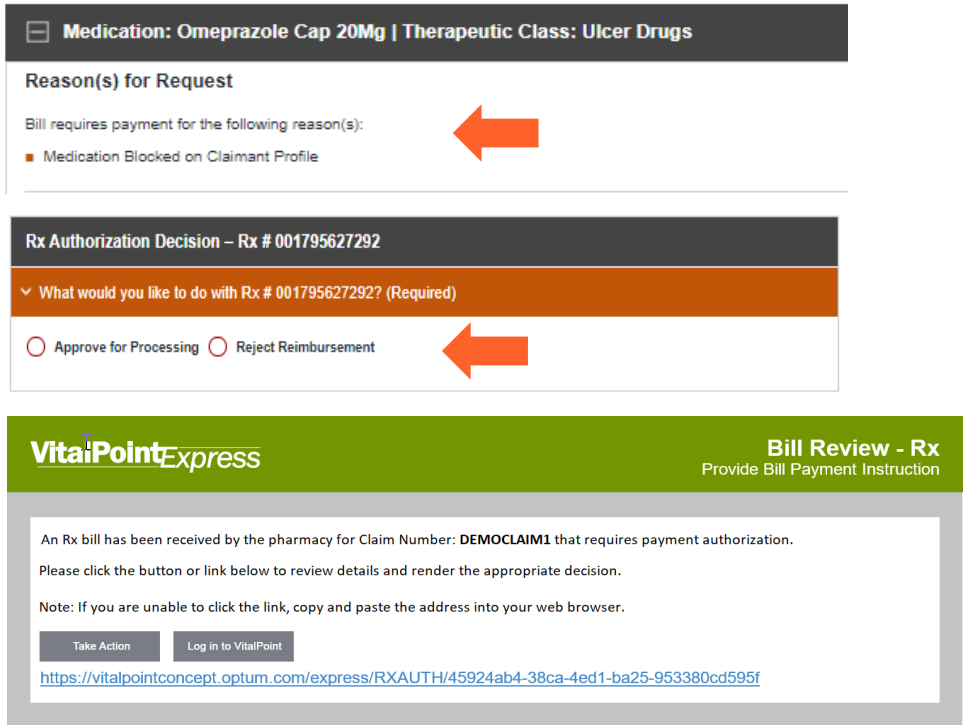
Action vs. no action required

At times, multiple prescriptions accompany one out-of-network invoice

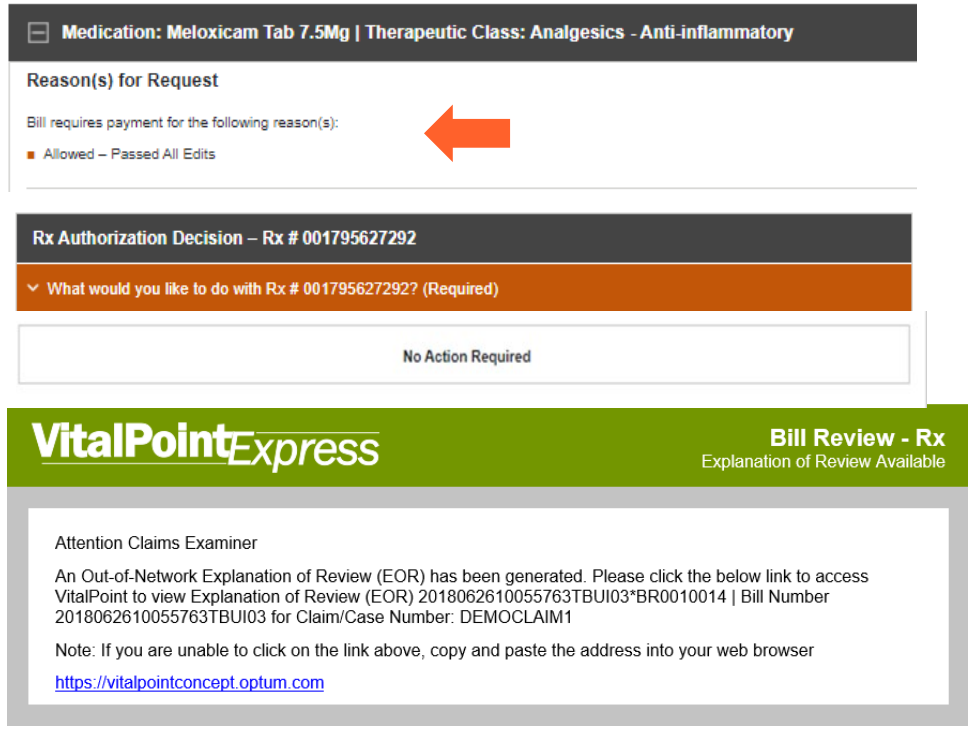
Authorization Decision Required

Out-of-network prescription did not pass all edits
Optum is seeking reimbursement guidance



No Action Required

Out-of-network prescription passed all adjudication edits
Optum is approved to provide allowed payment and EOR



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Q&A

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