Optum Idaho | Quarterly Report

September 2014

At Optum Idaho, our goal is to help people enrolled in the Idaho Behavioral Health Plan access the outpatient mental health and substance use care services that are available to them through Medicaid. We are dedicated to working in partnership with providers and community stakeholders to implement an accountable, outcome-driven, recovery-centered system.

Key Initiatives

We are currently working on several initiatives to help achieve the joint vision of the state and Optum Idaho to help people access the outpatient mental health and substance use services they need to reach recovery and resiliency. These recovery-oriented initiatives include:

- Partnering with The Speedy Foundation to bring Mental Health First Aid trainings to communities throughout the state.
- Focusing on the continued use of evidence-based practices for making care decisions.
- Working with regional behavioral health boards to provide data and information to help drive decision-making for each unique community.

OPTUM™

Idaho Behavioral Health Plan

Focus on Evidence-Based Practices leading to Positive Member Results

Optum works with providers to help people get the most effective care based on practices established and successfully proven by the national medical and behavioral health community.

Since Optum started work in Idaho in 2013, the use of proven, evidence-based practices, such as individual and family therapy, has increased significantly.

o A **25 percent increase** in the number of children accessing individual therapy.

o The number of children **accessing family therapy has tripled**.

Optum will continue to work with providers, members and stakeholders to ensure that members are getting the right care at the right time in the right place.

"After six months with Optum, we really see a difference."
– Idaho Federation of Families Family Support Coordinator

Optum Idaho Partners with The Speedy Foundation to bring Mental Health First Aid to Communities Statewide

The Speedy Foundation, an organization dedicated to preventing suicide through education and outreach in the athletic community, will be partnering with Optum Idaho to offer free Mental Health First Aid (MFHA) trainings throughout the state.

Mental Health First Aid is an 8-hour course that teaches people how to recognize the signs of mental illness including depression, anxiety disorders, eating disorders, and substance abuse, and the steps to take when someone is in crisis. Through the new partnership, the Speedy Foundation will contribute funds to offer 10 trainings over the next year. The courses will be taught by certified Mental Health First Aid trainers from Optum Idaho.

Attendees of the Mental Health First Aid course learn an action plan that includes assessing a person for risk of harm or suicide, listening non-judgmentally, giving reassurance, and encouraging the person to seek professional help.

For more information or to register to attend a future training, contact Amanda Lehto at Optum Idaho at (208) 914-2013.

In The Numbers

99.9%

Percent of Optum Idaho members that have access to a provider within 45 miles

2,499

The number of provider calls into Optum Idaho in July 2014. This includes both the care management line and provider customer service.

1,725

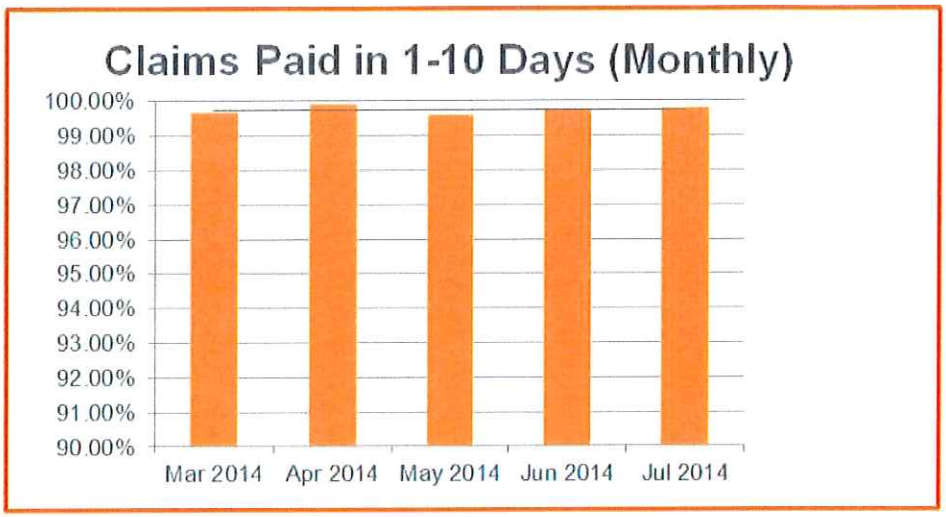
The number of provider agencies and individual clinicians in the Optum Idaho network.

568

The number of member calls into the Member Crisis and Access Line in July 2014.

Claims Payment Summary

Idaho's providers are the core of the behavioral health system, and we are committed to supporting their success by ensuring timely and accurate claims payments.
If a provider has a concern regarding a claims payment, we are available to conduct one-on-one claims investigations, provide detailed billing reports and training sessions to help providers.



Note: Contract requirement is that Optum pay 90% of clean claims within 30 days.

Impacting Change With New Programs: Peer Support

Optum introduced peer support as a new, covered benefit under Medicaid. A peer support specialist helps people experiencing a behavioral health issue transition smoothly back to their community and connect with additional services. Here members express how peer support has positively changed the course of their recovery journey:

"Since I got the help from my Peer Support Specialist (PSS) it has changed my life. If I didn't have this service I would be right back where I was....It gives me hope."

"Peer Support Specialists understand with their hearts not their brains. I like to talk to someone who has been there rather than reading it out of a book.....I know they are there for me to talk to. I want someone to be straight up with me and not beat around the bush."

Have YOUR Voice Heard

The feedback from community stakeholders has already resulted in changes at Optum Idaho. We want to continue to hear your feedback. Contact the Network Staff at 1-855-202-0983 and select Option 5.

Top 5 Reasons Member call Optum

1. Information to Find a Provider
2. Inquiry on available benefits
3. Follow-up on previous request
4. File a Complaint
5. Clinical Intervention

Top 5 Reasons Providers call Optum

1. Treatment/Authorizations
2. Website Help
3. Check on benefits/eligibility
4. Request forms
5. Claims/payment

Questions submitted by board members:

SUDS

1. What is Optum Idaho doing to ensure clients in need of substance use disorder treatment are able to access treatment at state approved substance use disorder programs?
2. How is Optum tracking utilization for Substance use Treatment? What are those numbers in comparison to this time last year under BPA.
3. Currently Optum requires BOTH a CDA and subsequently a GAIN for any client where SUD might be indicated. When a client is specifically attempting to access SUD directly, why are we continuing to utilize CDA, when a GAIN would suffice.

MH

1.Desire to understand the details behind the Optum numbers. For example...
"A 25 percent increase in the number of children accessing individual therapy."
25% of what? Is this 25% of 12 kiddos, or 25% of 500 kiddos,what are the hard numbers.
"The number of children accessing family therapy has tripled."
Similarly, what are the raw numbers associated with this? (Did the number go from 3 kids to 9 kids, or from 50 kids to 150 kids?)
2. Does Optum have outcomes data available to share?
3. How is the MLR (Medical Loss Ratio) trending?
4. How are the inpatient admissions and ED (Emergency Department) utilization trending?

Answers provided by Optum

Q: How is Optum tracking utilization for Substance use Treatment? What are those numbers in comparison to this time last year under BPA.

A: We currently track substance use treatment with specific codes pulled from claims data. Since the beginning of our contract, there has been an increase of 23% in unique members accessing substance use treatment. We do not have the BPA data to draw a comparison.

Q: Please explain the details behind the Optum numbers.

A: Optum data is pulled from current claims data. There is a 90 day lag in the claims data availability since providers may bill for services up to 90 days after the service is rendered.

Based on claims data, through May 2014, we provided services to 22,484 members. Since we started our contract, there has been a 25 percent increase in the number of children accessing individual therapy, a 34 percent increase in the number of adults accessing individual therapy and the number of children accessing family therapy has tripled. Family therapy went from 900 to 2,800 unique members utilizing the service and individual therapy went 9,508 to 13,216 unique members utilizing the service.

Q: Does Optum have outcomes data available to share?

A: We do have member access data available and continue to work on outcomes data. If there is specific outcomes data that the board would like to see in the future, please let us know.

Q: How is the MLR trending?

A: Fifteen percent of the money we earn through our contract can be used to cover administrative costs. Any profit comes from controlling administrative costs, not the reduction of services.

Q: How are the inpatient admissions and ED utilization trending?

A: The state has the best data available to detail admission and ED utilization trending. With the data we have available to us, we have begun to see a decrease in inpatient admissions for members being served by the Idaho Behavioral Health Plan.

REGION IV BEHAVORIAL HEALTH BOARD MINUTES
September 11, 2014 - 11:00 a.m. TO 1:00 PM
Region 4 Offices. Westgate Campus, Room 131
1720 Westgate Drive, Boise, ID 83704

Facilitator: Laura Thomas, CRDS Region 4

Board Attendees: Jeremy Clark, Trini DeMarco, Greg Dickerson, Elizabeth Francis, Winslow Gerrish, Steve Graci, Elt Hasbrouck, Brandi Hissong, Kelly Jennings, Kim Keys, Amy Korb, Rhea Morrison, Shelley Retter, Christopher Saunders (via phone), Christy Sofaly, Christina Smith, Sabrina Swope, Jim Tibbs, Gina Westcott, Ken, Widick, Vicki Wilkins, Jess Wojcik and Laura Thomas (staff)
Members of the Public: Jennifer Fishman, Audrey Palmer, and Dan Sigler
Board Excused Absences: none absent

Agenda	Presenter	Discussion	Action/Next Steps
Introductions	Laura Thomas	All in attendance participated in an introductory activity to acquaint the new board members and guests in attendance.	
Overview of BH Board: Law, Roles, Potential Structure Options and Planning Council information	Laura Thomas	The legislation creating the regional behavioral health board was reviewed. Information included the board's role regarding behavioral health issues in the region, the potential options for organization structure and state planning council information was provided. Discussion was held to further clarify the options the board will consider, once additional information is available. See meeting attachments for a copy of the presentation used to facilitate discussion.	
Future Meetings Consent Agenda	Laura Thomas	The Board unanimously decided to hold monthly meetings on the second Thursday of the month from 11:00 a.m. to 1:00 p.m. in room 131 at Region 4 Offices. Laura noted the room has been reserved through the end of 2015. Laura presented use of a consent agenda process for board meetings. A consent agenda allows for approval of routine board reports and business when appropriate and helps organize and conduct business in an efficient manner. Prior to each board meeting, board members are provided standing reports such as budget/finance, draft minutes for approval, and the agenda. All items can be approved by approving the consent agenda or if needed, an item can be modified, such as corrections to the minutes, or request for a standing report item to be discussed at the meeting. In the future, working groups and subcommittees would identify any items that require board approval,	Board Meetings are 2nd Thursday of each month, 11 a.m. to 1 p.m. in Room 131 at Region 4 offices

		recommendation or deliberation and those items would be part of the old or new business part of the agenda. Support for use of a consent agenda was voiced and it was agreed to try this method. If the process does not work for the board, another approach can be tried. The board gave unanimous consent to use the consent agenda process	
Minutes Process		The process for taking/approving minutes was discussed as it relates to the consent agenda process. Laura will provide administrative support for minutes. She plans to have the draft minutes sent out within a week of a board meeting. Board members are asked to review and send corrections, edits, or additions within 10 days. Those changes will be reflected in the draft minutes that are provided with the consent agenda, which will be sent 5 days prior to the next board meeting, along with the agenda and any standing reports.	
Quorum		Laura asked the board members to be prepared at the next meeting to determine how many board members will constitute a quorum, the number of members that must be present to conduct board business. She suggested that the board may want to require a larger number of members present than half of the board (11). The plan is to offer a phone connection option for any board members not able to attend in person to help attendance from outlying counties and members with other obligations. Three possible quorum numbers were offered: 11, 12 or 15 members. The board was reminded that in the future decisions may involve financial obligations and if a majority of the quorum can pass a measure, 6 of 11 present could make decisions if the quorum is set at half of the board. A copy of Roberts Rules of Order (simplified) is included in each board members book. This guide provides information on the number of votes required for passing various motions. A brief discussion on how the board would like to develop bylaws resulted in the unanimous decision to forego a committee process. Laura will provide drafts of bylaws with standard wording and options for aspects of the bylaws the board will determine. Each board meeting will include draft of bylaws and decisions until the bylaws are complete.	
Discussion of officer		Laura reviewed the legislation as it relates to an executive committee for when	

elections and executive committee members		the board "stands up" and distributed information shared by Region V on tentative officers and roles for board leadership. She asked that everyone on the board consider what type of leadership is needed and be prepared to determine both the offices and have elections at the next board meeting. The legislation specifies that the executive committee include a representative from the consumer/advocacy area of mental health and substance use disorders. The board will need to determine if this will be strictly interpreted as those members officially filling those roles on the board, or if board members fulfilling a different representation on the board whom also have lived experience as consumer/advocate could fill those two required representative seats. Every board member was encouraged to consider a leadership role. Laura reviewed the many resources available for the board members, including the support provided by her position.	
Prevention Update	Marianne King Elisha Figueroa	Marianne King and Elisha Figueroa from the Office of Drug Policy provided an update on the prevention grant awards in region 4. Block grant funds are for direct services, usually education classes for youth and parents, and some coalition work in environmental change, such as compliance checks. The Strategic Prevention Framework State Incentive Grant (SPF-SIG) is the second funding opportunity available in Idaho. It is a five year grant awarded based on an application process. This year eleven 4-year grants of $100,00 each were awarded including three in region 4; Meridian Anti-Drug Coalition (MADC), Valley county coalition with St Luke's, and Drug Free Idaho (DFI). Next year more grants will be awarded for three years. If the region 4 Behavioral Health Board met the criteria for application, they would be eligible for submitting an application. This is an example of the type of action that is possible if the board chooses to "stand up". See the attached report for information on ODP prevention providers in Region 4.	
Announcements	Laura Thomas Chris Saunders Gina Westcott	Upcoming events of interested were reviewed, including: September 17 Community Information and Resource Fair, 9 to 4 pm Vineyard Christian Fellowship in Garden City September 19, NAMI fund raiser lunch and silent auction, Region 4, room 131 September 22, Recovery Community Center planning meeting, 9:30 am to 3:30 pm, Region 4 room 131 September 27 NAMI March for Mental Health from Anne Frank Memorial to Capitol, 3 pm September 30 Meridian Recovery Breakfast	Unanimous board approval for expenditures: board meeting supplies and mileage for board member without

Wrap-up/Budget Next meeting agenda items		All items are available under the Events Banner at www.BHB4.dhw.idaho.gov Laura noted that the board books provide information on the budget, which is up to $15,000 available this year. The board needs to follow Department of Health and Welfare processes and policies for expenditures. Laura asked for and the board provided unanimous approval for the expenditure of $138.47 for board notebooks and meeting supplies and the reimbursement of mileage for the one board member from another county who did not have county or employer support for travel costs to the meeting. Laura asked members to send her any agenda items for the next meeting.	county or employer support. Send agenda items for next meeting to Laura by October 1, 2014
		Meeting adjourned at 1 p.m.	

Next meeting is October 9, 2014 in Room 131 of Region 4 offices, 1720 Westgate Drive, Boise, ID 83704