

# QUARTERLY report

**Optum is committed** to collaborating with the Regional Behavioral Health Boards to improve the overall behavioral healthcare system to benefit members. In late 2015, Optum requested feedback from the Regional Behavioral Health Board Chairs on the relevance of the data and graphs presented in our Quarterly Report. The below data points reflect the majority response.

## By the Numbers

### Region 4 – 2015

Idaho Behavioral Health Plan Members and Access to Care

- 58,340** Number of Unique Members living in Region 4  
(21.14% of all Idaho Members)
- 7,218** Number of Unique Members who have accessed services from 10/01/2015 to 12/31/2015 (25.98% of all Idaho members that have accessed services)
- 27.63** Mental health clinicians per 1000 members through 12/31/2015  
(Statewide: 17.84)

## Provider Trainings

### Family Support Services

Family Support Services are community-based services provided by Certified Family Support Partners for members 18 and under and their families. Optum Idaho will be offering web-based Provider trainings on the following dates and times:

- April 27 9:00 am - 10:30 am MT
- April 27 2:30 pm - 4:00 pm MT
- April 28 9:00 am - 10:30 am MT

Register online at [www.optumidaho.com](http://www.optumidaho.com) under the Network Provider's tab.

 **1,416**

The number of member calls into the **Member Crisis and Access Line** from October 2015 to December 2015.

## Community Engagement

### Community Health Initiatives Grant

Optum has been working collaboratively with the State of Idaho and will be launching the Community Health Initiatives (CHI) Grant for Provider Change Management: Supporting Comprehensive Behavioral Health Agencies.

It is our goal in achieving the most effective behavioral healthcare, it needs to be community based, available where people live and work, and infuses the principles of recovery and resiliency in every service and member interaction.

Optum will be releasing a Request for Proposal (RFP) for the Community Health Initiatives Grant this Spring. This is a single funded grant of \$300,000 USD that will be awarded to address a statewide effort to assess urban and rural provider status and readiness for change, identify barriers and recommend a solution which providers can use to implement or support Comprehensive Behavioral Health Agencies or Consortium. Please note - development of a Provider Consortium will be considered as a viable option allowing them to offer comprehensive behavioral health services for the combined members they serve. Optum defines a "Consortium" as an association of two or more individuals, companies or organizations with the objective of participating in a common project, or pooling their resources to achieve a common goal.

This grant is intended to have a large statewide stakeholder influence with the ultimate impact being a measurable improvement on the quality of services received by IBHP Members.

Watch our website for more information about this exciting opportunity at [optumidaho.com](http://optumidaho.com).



### Member overall Satisfaction Survey

#### Member Experience with Behavioral Health Provider Network

Performance Goal	Q3 2014	Q4 2014	Q1 2015	Q2 2015
≥85.0%	89.2%	91.5%	91%	91.6%

#### Experience With Counseling or Treatment

Performance Goal	Q3 2014	Q4 2014	Q1 2015	Q2 2015
≥85.0%	89.4%	92.6%	91.9%	96.7%

## ACEs Programs

### Achievements in Clinical Excellence

Achievements in Clinical Excellence (ACE) broadens the scope of measurement to include both effectiveness and efficiency data so that clinicians can be appropriately recognized and rewarded for their excellent performance.

In addition to pay-for-value benefits, clinicians who meet both the effectiveness and efficiency metrics will receive two stars on [liveandworkwell.com](http://liveandworkwell.com) in the interactive search tool. Those clinicians meeting only the effectiveness metric will receive one star. The stars are important because they generate increased visibility to members and care advocates seeking a service provider. Clinician scores will be based on claims and ALERT Wellness Assessments data submitted during the year.

— continued

To be eligible for evaluation in the ACE Program, network clinicians and groups must have a minimum of ten cases for the measurement period (two years) in which the initial Wellness Assessment for each of those ten cases measured in the clinical range for global distress, and then at least one follow up Wellness Assessment attributable to each of those cases. Eligible clinicians and groups who do not wish to participate may opt out by writing us at [ace@optum.com](mailto:ace@optum.com).

For more information please visit [www.providerexpress.com](http://www.providerexpress.com) for a complete program description. You may also contact us directly at [ace@optum.com](mailto:ace@optum.com).

## Office of Performance Evaluations Report

### *Design of the Idaho Behavioral Health Plan*

The Office of Performance Evaluations released a report on the Idaho Behavioral Health Plan, including the three-year, \$300 million contract with Optum Idaho. The performance evaluation report found that the move to the contract with Optum succeeded in switching to a managed-care model. This model has also addressed the Legislature's and the Department of Health and Welfare's concerns about the state's overreliance on psychosocial rehabilitation and the goal of moving toward evidence-based practices

As the report indicated, Medicaid spending on psychosocial rehabilitation (PSR) increased significantly after the department moved responsibility to providers for developing and regulating treatment plans. Costs for PSR increased ninefold—from \$8.3 million in 2001 to \$76.1 million in 2012. In response, the outpatient behavioral health services were moved to a managed care system that could improve member health outcomes while helping in controlling costs.

Under contract with Optum, the Idaho Behavioral Health Plan went live in September 2013. The plan reduced psychosocial rehabilitation and increased other services, most notably family therapy. Overall savings has come from reduced spending per person on non-evidence based services, not from reducing the number of members receiving services.

State Health & Welfare Director Dick Armstrong, in his response to the report, wrote that H&W agrees with its conclusions. "The department's goal in implementing the IBHP was to create a cost-effective, evidence-based system of behavioral health care with a focus on recovery and resilience," he wrote. "While we have largely achieved that goal, we recognize that these changes have not been easy for certain providers and for some of the participants we serve." He added, "We are looking forward to implementing additional improvements, including new benefits, in the near future."

Optum is committed to continuing to work collaboratively with the Idaho Department of Health and Welfare, our network of providers, members and key stakeholders, on system improvements that better serve all stakeholders.

## Top 5 Reasons Members Call Optum

- **32% Clinical Intervention\***  
*(e.g., Clinical care/clinical care options)*
- **27% Benefit Inquiry\***  
*(e.g., Services available/types of practitioners)*
- **21% Follow Up\***  
*(e.g., Optum Clinical Services/ Utilization Management follow up)*
- **7% Information & Referral\***  
*(e.g., Other services/directory referral)*
- **5% File a complaint\***  
*(e.g., About filing a complaint )*

\*Q4 average percentage



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