

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 30, 2014  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW42  
**MEMBERS:** Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew  
**ABSENT/  
EXCUSED:** None  
**GUESTS:** Greg Dickerson, Human Supports of ID; Paula Bartholemeux, Community Outreach Counseling; Darci Moreno, Andrea Emmons, Jeff Moreno, Core Counseling Center; Cindy O'Brien, A to Z Counseling; Kathie Garrett, NAMI Idaho; Paul Leary, DHW; Bibiana Neetney, Community Partnerships; Amy Korb, Riverside Rehab; Becky diVittorio and Jeff Berlant, Optum Idaho; Pam Goins, CSG; Susan Koepnick, A+ Solutions; Stacy Satterlee, ACS CAN; David Simnitt and Pat Martelle, Medicaid; Michael Skelton, All Seasons; Julie Taylor, Blue Cross

**Chairman Wood(27)** called the meeting to order at 9:01 a.m.

**Richard Armstrong**, Director, Department of Health and Welfare (DHW), gave a history of the behavioral health system reform and subsequent contract with Optum, which went into effect September, 2013. He reported weekly review meetings assess operations and immediately address any issues. Optum's contract is only for outpatient services because the previous system was very fragmented and this area of the transformation needed to be addressed first. Bonuses and penalties are a part of the contract incentives. Future plans for behavioral health physical medicine combine the outpatient and inpatient systems. With the number one goal of assuring provider payments, the initial one-payment-per-week cycle proved inadequate and was increased to a twice-weekly cycle, which appears to be working much better. Other issues are being responded to on a priority basis.

During the first sixty days of the contract prior authorization was not required. Authorizations are for a ninety-day period, so authorizations from September and October will be up for renewal in January. In late November the dashboard review of call center volumes indicated a wait time problem that dropped to acceptable levels and rose again in December, without a reversal. In evaluating the situation, **Director Armstrong** said the Department should have been more aggressive in seeking solutions. With that realization, they are now committed to being more vigilant. He stated any other issues will be addressed before they become a public problem and will not deter their focus from the customers they serve.

**Craig Herman**, Senior Vice President, Optum Specialty Networks, is responsible for Optum's Idaho contract. He explained the two key responsibilities for managing outpatient services. The first is access to the best and most appropriate services. The second is to assure that dedicated funds are used appropriately, effectively, and efficiently. The guidelines established by the national behavioral health organizations indicate prior authorization to identify if a member is being under served or is receiving non-medically necessary care. Optum had not anticipated the volume, length, and complexity of the calls they received. Their initial fixes and incremental staff proved insufficient and he apologized for the confusion and impact to the providers. Their ongoing commitment to answering calls promptly has led to staff additions and process simplification. This has dropped the call answering speed this week to an average of two and a half minutes.

**Becky diVittorio**, Executive Director, Optum Idaho, appeared before the Committee. She described her career and goal to assure quality health care is delivered to her family and community. She expressed her belief in the joint vision of Optum Idaho and the State.

Optum builds systems of care by enhancing the member experience, managing financial risk, managing provider networks, managing clinical care, and providing an outcome-based system. Their local team works with their national organization to meet Medicaid mental health needs to ensure members are getting needed community support. The Optum team consists of 45 Idahoans in Meridian, as well as regional network and care managers.

The Optum vision is to enhance current successes and help people access the mental health and substance use services they need to reach recovery and resilience. They plan to: develop a system of care founded on evidenced-based practices, expand the array of covered services; engage consumers in recovery and resiliency; enhance the crisis response system; and, strengthen the stakeholder role in system design.

Only in partnership with providers can a comprehensive system of quality care be created. At present, there are over 3,100 providers in the network. Optum will collaborate to provide educational training opportunities through interactive online and local training sessions. They will also work with providers to improve the claims system efficiency, effectiveness, complaint turn around time, and billing concerns.

Developing a member-centric recovery model builds on the strength of the individual to develop goals and whole health plans to achieve those goals, with an emphasis on community natural supports for self-monitored behavior. This is different from the symptom focused model. Member recovery focus occurs through increased access to care, expanding provider networks, monitoring for fraud and abuse, delivering value added services, including peer support services, and improving crisis response.

**Ms. diVittorio** discussed the average call answering speed from the week ending September 7, 2013, through January 25, 2014. She said an increase in call response time began in October and dramatically increased in January. The additional personnel and procedural changes have dropped the time back to the two-minute average.

Claims processing is above the contractual obligation, with payments in one to ten days.

Their enhanced clinical program uses approved national and local criteria to identify cases requiring further clinical review to ensure consumers are receiving services that support recovery and resiliency, and are in the right treatment at the right time in their lives. Accurate diagnosis linked with evidence-based practices provide effective treatments and results.

By increasing the number of clinicians providing telepsychiatry care, they have improved the care in rural communities. Peer support services offer help to members by someone who is in recovery from their own behavioral health issues. The Member Access and Crisis Line ensures all Medicaid members have access to help during a crisis.

Responding to Committee questions, **Director Armstrong** said the public hearings stressed the severity of the call response problem, which they thought had been resolved when it first appeared in November. Even with the high traffic times that occur at certain times of the day, it was clear that this growing issue needed prompt attention. **Ms. diVittorio** added that an analysis in October helped them understand the volume and complexity of the calls they were receiving, which was greater than expected. This led to additional resources that added four people to the call lines.

Answering questions, **Ms. diVittorio** stated that Optum has a Masters level clinical supervision requirement, which may affect existing providers. Her office has responded to some requests for copies of their contract, a public document, and they are willing to help interpret any part of it. Statewide provider forums were held prior to going live and multiple sets of information explaining changes and requirements were given during provider contracting. She said they are providing quick turnaround times on claims, with a provider call line for specific issues.

**Mr. Herman** explained Idaho is the only state specifically providing outpatient behavioral health services. Every state they contract with is at a different stage in their transformation. **Director Armstrong** also answered the question, stating this is the DHW's first behavioral health managed care contract. They researched and used enhancement consulting services during the contract development. He emphasized that they knew this would be a learning curve for the Department and would require an experienced vendor.

**Dr. Jeffrey Berlant**, Chief Medical Officer, Medical Director, Optum Idaho, was invited to answer committee questions. He said the main utilization management focus is to look for under-serviced Medicaid individuals. The Category Three Request is reviewed to determine problems needing management and if appropriate services are provided, which is part of the issue with the length of calls. He explained the determination of services approach is based on the medical needs of each member being reviewed. In some cases members request services, often existing, that do not provide the best recovery outcome.

**Ms. diVittorio** explained that "members" are the individuals enrolled in Medicaid and the Idaho Behavioral Health plan and are who they service.

**Mr. Herman** responded to a question, stating that the call response increase reflected a higher amount of calls than anticipated and a lack of staff. By adding staff and process streamlining they have been able to drop the response time dramatically. This will be monitored closely to assure they are within the two minute contract requirement and will evolve the process as necessary to assure continued efficiency and short call response times. They did not suspend the prior authorization requirement, but did streamline the process.

**Ms. diVittorio** said their services are in scope for outpatient behavioral health systems, as defined in their contract, with the addition of peer, family, and community transition support services. This moves the members toward a coverage resiliency care model and helps develop a system of care focused on member recovery and resiliency. They focus on delivering Medicaid appropriate services and most appropriate for the member. Provider denials are also given in written form and include the rationale behind the denial.

**Dr. Berlant** stated that there are no blanket restrictions on psychosocial rehabilitation. There is a parallel set of services that covers many, if not all services for members with mental health disabilities. The review includes a view to the outcome of adding to the services being received. They are committed to providing medically necessary, effective treatment for mental health and substance abuse issues, including mental retardation, no matter what the intelligence quotient level.

Responding to questions, **Director Armstrong** said they reassigned staff within the Department to oversee the contract. He admitted that their monitoring indicated a call response problem, but they didn't respond as quickly as was necessary. Providers are aware that they can contact him, as evidenced by emails he already is receiving. He replied that the three cases mentioned specifically at the public hearing have been reviewed. All three were fully staffed, which indicates their behavior occurred beyond management and therapy. It was not an issue of benefits, just that the benefits didn't prevent the crises.

**Director Armstrong** further explained their review indicated outpatient services were not resulting in a better state of wellness. The unorganized delivery system proved a difficult conversion to a diagnosis and clinical base of service. He stressed this is a transformation, not just a movement of individuals and providers from one system to another. They need to coordinate services around an individual more than ever before and he expressed his confidence that the goal will be reached. After four months of the contract, the claims volume appears reasonable, with no system dollars lost with the effective treatment refocus. He expects the dollars to shift to service codes to be more clinically driven than in the past. He agreed to provide daily call time reports to the Legislature. Director Armstrong said existing staff was reassigned to oversee the managed care contract.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:25 a.m.

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Representative Wood(27)  
Chair

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Irene Moore  
Secretary