

# Provider *Press*

A newsletter for our valued network of behavioral health providers

Welcome to the first issue of Provider Press – Optum Idaho’s provider newsletter. We hope that Provider Press will support you with the most current and up-to-date information about behavioral health in Idaho, including helpful tips for working with Optum’s systems.

We recognize that you do the critical work of providing direct care to members every day. We also recognize that you are being asked for higher levels of reporting and accountability, and we are committed to ensuring you have the tools and information you need to be successful.

I am confident that by working together, we can help the members that we jointly serve have a better chance at reaching recovery and resiliency.



**Becky diVittorio**  
Executive Director - Optum Idaho

At Optum Idaho, we recognize that providers are the ones doing the hard work every day to help members on their paths to resiliency and recovery. We are committed to forging a strong and healthy relationship with you.

Statewide Provider  
Relations Line:  
1-855-202-0983

[www.optumidaho.com](http://www.optumidaho.com)

## Optum Idaho Adds Peer Support Benefit

*Peer support services are being covered for the first time under Idaho Medicaid*

As part of our commitment to recovery and resiliency, Optum Idaho is now including peer support services in the benefits plan for Medicaid members.

A peer support specialist is key part of a larger treatment plan for a member, overseen by a licensed clinician. A peer support specialist is someone who has lived experience and is currently in recovery. Peer support specialists go through a certification process.

This is the first time that peer support services are being offered as a Medicaid benefit. Their unique experience will help benefit members by:

- Supporting and educating members to be proactive in their care.
- Assisting members to develop a recovery plan and helping them in sustaining their recovery goals.
- Working with the existing peer support network to ensure member has access to peer support in their community.

Peer support can play a key role in a provider’s organization and in a member’s journey to recovery and resiliency.

### Benefits of Peer Support

Studies show that peer support:

- Can increase a member’s understanding of their mental health or substance use issue.
- Can decrease a member’s use of emergency services.
- Can improve a member’s ability to understand the role they play in their own recovery
- A member with peer support is more likely to adhere to their medication routine.

Sources:  
Grantham, D. (2013). Peer support, engagement boost addiction treatment readiness. *Behavioral Healthcare*, 33(1) Jan-Feb 2013  
Humphreys, K. (1997). Individual and social benefits of mutual-aid self-help groups. *Social Policy*, 27, 13-19.

# Care Management Improvements Update

## Optum responds to provider feedback for more ways to obtain a prior authorization

As we move towards managing care based on medical necessity and evidence-based practices, there are many changes that are occurring. At Optum, one of our goals is to collaborate with providers to help them adapt to a system based on medical necessity thus resulting in better outcomes for members. A key part of ensuring that care provided to members is medically necessary is the care management process.

We appreciate the feedback that we have received from providers regarding our care management process. We continue to meet our contractual obligation of average speed to answer of 2 minutes.

This collaboration with providers has allowed us to implement key initiatives that will help reduce the administrative burden for providers.

These initiatives include:

- Providers can now fax their requests for PECFAS/CAFAS assessment and Treatment Plan authorizations instead of calling. This can be submitted through the form available at:  
Optumidaho.com > Providers > Forms > H0031/H0032 Authorization Request Form
- We simplified our prior authorization discussion with providers which we expect will further reduce the time to process a prior authorization.
- We implemented a call back system for providers requiring more complex authorizations. With this new system, Optum will call back a provider who is in need of a complex authorization at a convenient time for the provider.
- On March 19, we began a pilot with a provider the ability to submit Case Management authorization requests via the provider portal. This will eventually allow providers another means of submitting authorizations which can reduce administrative burden for providers.

We have appreciated your patience throughout this process improvement plan. We will continue to partner with providers to create improvements to the prior authorization process and will communicate those improvements as they are made.

If you have questions or additional feedback to share, you may contact the Optum Idaho Clinical Team at 855-202-0983 and press option #1 for treatment and authorizations.

**WE ARE  
HERE TO  
HELP YOU!**

Do you need help looking into a claims payment? Want to know how to be better prepared for asking for a prior authorization? We have the staff, tools and resources to help!

**Provider Alerts:** Optum Idaho sends out provider alerts to announce upcoming changes, training sessions and any system issues. You can visit [www.optumidaho.com](http://www.optumidaho.com) to see all current provider alerts.

**Community Liaisons:** We have community liaisons staff that are available to providers for additional support and problem-solving. To reach a community liaison, please call the provider customer service line at (855) 202-0983 and select Option 5 for Network Services.

**Provider Customer Service Line:** Our provider customer service line is available to answer questions that you may have. It is available at: (855) 202-0983

## Provider Advisory Committee

*The provider community's voice*

A key part of Optum's partnership with providers is ensure that providers have the opportunity to voice their recommendations on improving the system. It is with that goal in mind that the Provider Advisory Committee (PAC) was formed.

The PAC includes providers that represent the various facets of the behavioral system of care in Idaho. This ensures that the providers in the Optum network are all represented.

The role of the PAC includes, but is not limited to:

- Identify concerns and/or recommendations
- Review of provider training plans and materials
- Review of Idaho system enhancements
- As systemic issues impacting providers are identified, gather information, review and discuss to recommend appropriate action plan.
- Review quarterly Provider Survey Summary Reports to identify and inform strategies for network improvement.

For more information about the PAC, please contact Monika Mikkelsen, Network Director for Optum Idaho, at [monika.mikkelsen@optum.com](mailto:monika.mikkelsen@optum.com) or at (208) 914-2230.

# 246,000

246,000 is the number of members that Optum Idaho and providers jointly serve.

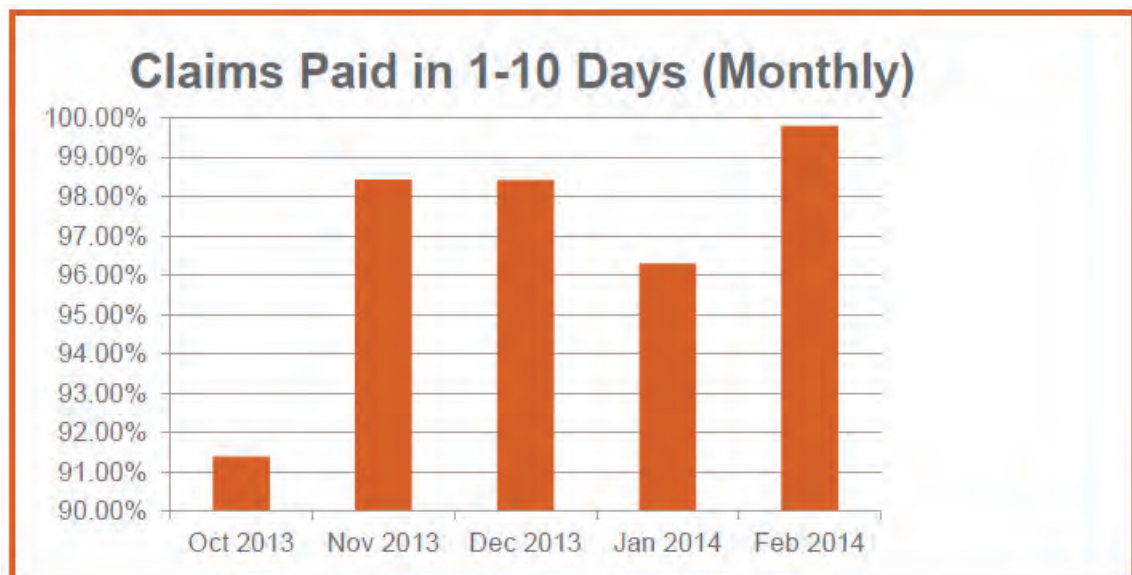
Every day, we have the privilege to help a member begin or continue their path to recovery and resiliency. What we know, through evidence-based studies and our own experiences, is that members can and do recover.

As the system of care continues to dynamically change in Idaho, we know it is a change with great purpose. That purpose is to ensure that members have access to medically necessary care that will truly allow transformation in their lives.

We are honored to serve Idahoans, alongside providers, to help members get the care they need to get and stay healthy.

## 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. We continue to meet our contractual obligations for timely payment and processing of claims. We have worked with providers to increase the percentage of claims filed with the necessary information, which allows us to pay promptly with a lower denial rate. 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. Providers can call our provider customer service line at (855) 202-0983.



\*Our contractual obligation is to pay 90% of appropriately billed claims within 30 days.

## Optum Idaho's Clinical Model

*Focusing on medically necessary care to result in better outcomes for members*

Our plan is to make sure Idahoans continue to get the right behavioral health treatment, at the right level, time and place, while using the state's available resources in the most efficient way possible.

To do this, we are working to strengthen the way the contracted benefits are managed to ensure care and services meet medical necessity guidelines established in cooperation with the state, and consistent with national clinical best practice guidelines, our contract with the state and applicable law.

For some, this will mean supporting access to more comprehensive community-based services. For others, it will mean a careful assessment to ensure that a given level of care is only utilized for the appropriate length of time and assistance is provided in moving to the next appropriate level of care. Some services will be increased, and others, such as community based rehabilitation services (CBRS), managed more appropriately in accordance with current evidence-based guidelines.

By providing evidence-based, medically necessary care, we can ensure that members have the best chance to reach recovery and resiliency.

For more information on Optum Idaho's clinical model, please visit [www.optumidaho.com](http://www.optumidaho.com).

## Optum Idaho: By the numbers

**3,816**

The number of providers in the Optum Idaho network.

**3,283**

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

**100%**

Percentage of appropriately billed claims paid within 30 days in February 2014.

**90%**

Percentage of provider and member complaints that were answered within 10 days since the beginning of Optum's contract.

**27 seconds**

Average speed to answer for all provider calls in February 2014. This includes both the care management line and provider customer service.