An accountable, cost-effective, outcome-driven, recovery-centered behavioral health care delivery system

THE PROMISE OF THE IDAHO BEHAVIORAL HEALTH PLAN

Across the nation, Idaho is recognized for the diversity of its natural resources– from rugged granite mountains to basaltic lava fields and cinder cones; from challenging white water rapids to natural hot springs. It has 50 mountain peaks over 10,000 feet high and the deepest river gorge in North America. It has a waterfall higher than Niagara and a sand dune taller than any other on the continent.

Idaho's people also are diverse—the state is home to significant numbers of people with historical English, Native American, German, and Mexican roots. Cultural centers in the Treasure Valley region of southern Idaho include the Hispanic Cultural Center of Idaho and the Basque Center in downtown Boise.

People take pride in their state's diversity, and often refer to "three Idahos" because of the differences between the northern, southwestern and southeastern regions.

However, despite the diversity that characterizes the state, Idahoans who care about mental health and substance abuse services have one opinion in common: ***"We can do better!"***

Since Optum first learned about the Idaho Department of Health and Welfare's (IDHW) plan to implement managed behavioral health care, we have been determined to earn the right to be IDHW's Contractor. Our first task was to develop an in-depth understanding of Idaho's delivery system, because the most effective approach to system transformation builds on a system's strengths using strategies customized to address the unique challenges of that particular system.

So, for almost two years, Optum staff have traveled across Idaho to learn from people who are familiar with every part of Idaho's behavioral health community. We have met with consumers and their families, with mental health clinics and rehabilitative services providers, and with agencies that offer substance abuse treatment. We've talked with Legislators and county officials. We've talked with state mental health and Medicaid administrators. We've talked with advocates and advocacy agencies that represent both children and adults. We even talked with some primary care physicians and hospital administrators.

In our quest to learn about Idaho's behavioral health delivery system, we found another aspect of Idaho's diversity—and one point of consensus. People offered a wide array of opinions and suggestions about mental health and substance abuse services….except when we asked about psychosocial rehabilitative (PSR) services. Some people questioned the validity of the services; some questioned the credentials of the providers; some suggested the possibility of significant fraud and abuse. Not many people wanted PSR eliminated, but virtually no one agreed with the way it is being delivered today

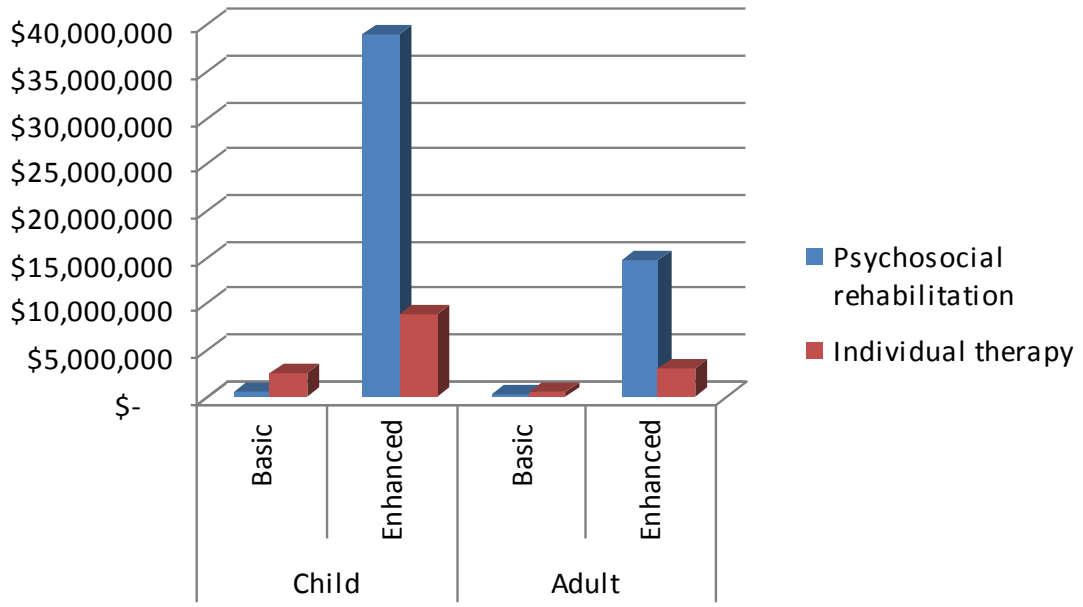
"***We can do better,"*** they told us.

As we listened to all those opinions, we began to understand why IDHW decided to create the Idaho Behavioral Health Plan. After we reviewed the data provided with IDHW's Request for Proposals, we had an even clearer understanding.

Understanding the Challenges

Excluding the participants who are dual Medicare/Medicaid eligibles and will be dis-enrolled from the Idaho Behavioral Health Plan within the year after the Plan is implemented, Idaho invested about $88 million Medicaid dollars in outpatient behavioral health care in State Fiscal Year 2011. The Idaho Medicaid program offers a continuum of outpatient treatment, and yet the vast majority of the expenditures are limited to two categories of services:

- The total expenditures for all the PSR procedure codes represent more than 60% of the money invested in Medicaid outpatient mental health and substance abuse services; and
- About 73% of all PSR expenditures are for services to children and adolescents.
- The next largest category is individual therapy, which accounts for 17% of the total expenditures.



The proportion of Medicaid outpatient dollars being invested in PSR is significantly higher than the percentages in most state Medicaid programs, but the challenges in Idaho are common among states that have added rehabilitative services to their Medicaid state plan. Few if any state Medicaid agencies have the clinical staff, information technology and decision support systems necessary to ensure the quality and appropriateness of treatment, especially rehabilitative services.

By using Administrative Rules to impose restrictions and process requirements, IDHW did limit growth in PSR. However, by creating the Idaho Plan for Behavioral Health, IDHW has made a commitment to create an accountable, cost-effective, outcome-driven, recovery-centered behavioral health care delivery system. Based on our discussions, Idahoans fully support IDHW's goals.

Making Change Happen

The mental health and substance abuse services currently being provided to Idaho's Medicaid participants—and the providers that make those services available—are the foundation of the improved delivery system that IDHW and its stakeholders want to create in Idaho. Shoring up that foundation will be one of Optum's first priorities as the Contractor for the Idaho Behavioral Health Plan because using any of the Plan's resources on ineffective or inappropriate services will limit our ability to accomplish IDHW's goals.

However, ensuring the quality, appropriateness and effectiveness of today's services is only one of the responsibilities that IDHW has laid out for the Idaho Behavioral Health Plan's Contractor. In our proposal, we have set forth a design that incorporates strategies that will bring increased accountability to Idaho's services and providers as well as the wide-ranging system change envisioned in IDHW's RFP.

> We must ensure that every service provided is medically necessary and clinically appropriate because using resources of the Idaho Behavioral Health Plan on ineffective or inappropriate treatment will limit the money available for improving the delivery system and meeting IDHW's goals

Some of the most important components of our design are the local presence that we will establish in Idaho; our data-driven approach to utilization management, care management and overall management of the delivery system; new services for Members and support and oversight of the provider community.

Local Presence, Local Involvement

The most effective behavioral health care is community-based and available where people live and work. The most effective way to manage behavioral health care is to establish a robust local presence and be available where services are being delivered.

As the Contractor for the Idaho Behavioral Health Plan, Optum will establish ***Optum Idaho*** with its main office in the Boise area. We will hire almost 50 people, more than 40 of whom will be located in Idaho. Six of those will live and work in the seven IDHW Regions across the state, establishing effective local relationships in their assigned areas. From working on-site with provider agencies to supporting Regional Behavioral Health Boards improve services, from interfacing with local advocacy and consumer groups to strengthening communications between behavioral health and primary care providers, our Idaho-based team will be critical to the overall effectiveness of the Idaho Behavioral Health Plan.

The staff of Optum Idaho will be directly responsible to IDHW and to Optum for implementing and operating the Plan. To the extent possible, Optum Idaho will recruit and hire Idahoans who are part of the mental health and substance abuse delivery system today because their local perspective will help us more quickly become an integral part of Idaho's behavioral health community.

Data: The Key to Efficient, Consistent and Cost-Effective Management

The implementation of managed care is often accompanied by concerns about increasing the administrative costs of providers. An approval process that requires a discussion between a Care Manager and the requesting clinician for every outpatient service request is extremely costly for both the provider and for the managed care organization. Optum Idaho's priority will be to focus

our clinical resources on high risk Members and outlier providers so we can make significant improvements in the appropriateness of services and treatment outcomes.

Therefore, Optum Idaho will implement a data-driven outpatient clinical care model called ALERT® (**Al**gorithms for **E**ffective **R**eporting and **T**reatment), which is a consumer-directed, outcomes-based and cost-effective approach to making treatment decisions and controlling outpatient costs. ALERT will use the results of a member self-assessment (the Idaho Standardized Assessment) to provide decision support for the authorization of outpatient services and care management through:

- Risk stratification of individual Members
- Identification of Members who are not progressing in treatment
- Measuring and reporting clinical outcomes for the Idaho Behavioral Health Plan.
- Identifying providers for outreach based their effectiveness and efficiency

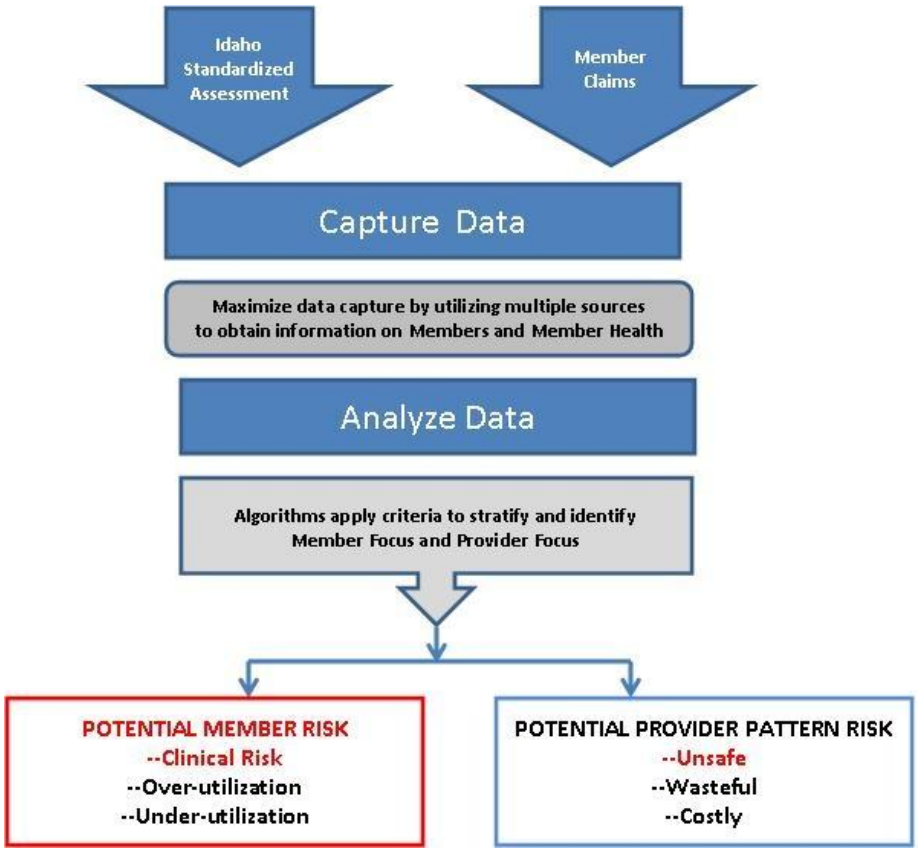
Focusing our efforts on high risk Members and providers with ineffective or inefficient treatment patterns is the best way to improve individual Member outcomes and overall provider performance.

In addition, ALERT's clinical algorithms generate provider profiles that will enable Optum Idaho quality improvement and clinical staff to take action when trends are identified. ALERT's analyses also will complement claims-based fraud, waste and abuse detection. Because of the significant role PSR services play today in Idaho, Optum is designing an additional set of algorithms that will augment ALERT's ability to identify clinical concerns about Members for whom providers request authorization to initiate or continue the provision of PSR.

The Idaho Standardized Assessment will provide clinical information for the ALERT system. The Assessment is based on a psychometrically-tested instrument that uses the Global Distress Scale for identifying and monitoring change in psychological distress and identifying chemical dependency risk and medical issues. Optum Idaho will be using two versions of the Assessment: one for adults and the other for adolescents over the age of 12. The adult scale includes 24 items that assess symptoms of depression and anxiety, functional impairment, well-being, daily functioning, health and medical co-morbidity, and substance risk and use. The youth scale has 25 items that assess global impairment in the child (including interpersonal, emotional, academic and behavioral), caregiver strain, parental workplace absenteeism and presenteeism and health.

ALERT will generate flags indicating that a Member is at risk for any one of 15 medical and behavioral complications ranging from anorexia nervosa to caregiver strain, chemical dependency, depression, and medical/behavioral co-

Members (or the parent/caregiver if the Member is a child) will complete the Idaho Standardized Assessment independently during their first appointment with a mental health or substance abuse provider and again every four months or whenever the provider submits an authorization request to continue providing care to the Member. Providers will fax each Member's Idaho Standardized Assessment to Optum Idaho where it will be analyzed by ALERT algorithms. If potential issues are identified by the algorithms, a Care Manager will contact the requesting provider for additional information before issuing a service authorization. Ongoing retrospective chart reviews will be conducted to verify that documentation supports the clinical information provided and claims submitted.



While information from the Idaho Standardized Assessment will support our authorization and care management, it is equally important that providers have access to the information so that they can actively monitor their patient's progress in treatment. ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also in individual Member detail.

Analysis of Psychotropic Medications

Our data-driven focus on high-need/high risk Members and outlier providers will be further enhanced by xPERTISE, Optum's program for pharmacy analysis and consultation. Through the review of claims for psychotropic medications, xPERTISE will leverage evidence-based medicine to assess trends, utilization patterns and clinician prescribing practices and to identify opportunities to reduce waste and enhance clinical quality. System-level reports and consultation also will be available to IDHW's Pharmacy and Therapeutics Committee.

Monitoring for Fraud, Waste and Abuse

Optum is also widely acknowledged for its use of data analytics and trending analysis in the detection of fraud, waste and abuse. Optum's Special Investigations Unit (SIU) has been highly successful in detecting, preventing and investigating suspected fraud and abuse and in recovering improper payments. The SIU focuses most of its fraud and abuse detection efforts at the provider level, identifying suspected providers through various data detection techniques and

reviewing their claims prospectively (prior to payment) and as potential recovery cases (post-payment). One key success in this area is the Prospective 2.0 program, which includes existing provider-centric and claims-centric methods of identifying aberrant billing patterns and new and unique predictive modeling, which scores claims based on proprietary algorithms and logic. This proactive intervention enables us to assess the overall risk that a given claim is fraudulent or abusive.

We will work with IDHW in reporting and investigating potential program violations.

New Services for Members

Another way that Optum Idaho will improve the effectiveness of Idaho's behavioral health services is to expand the services available to Members who are using PSR today. From the day the Idaho Behavioral Health Plan is implemented, Optum Idaho will include ***Peer Support*** and ***Family Support*** in its benefit package. We are including these services as covered benefits because national studies—as well as our own experience—demonstrate their importance in controlling expenditures and in improving clinical outcomes, especially for those who have serious mental illness or serious emotional disturbances.

In addition, as a way to provide more effective transitions for Members leaving inpatient treatment, and also to reduce unnecessary readmissions, we will offer ***Community Transition Support.*** This service will provide in-home support by a case manager or therapist as well as peer support by a certified Peer Support Specialist.

We consider these peer-involved services as our first step in expanding the recovery orientation of the delivery system while also improving its overall cost effectiveness.

Member Access and Crisis Line

Crisis response services are a priority in almost every public sector behavioral health delivery system, and Idaho is no exception. Today there are a number of crisis responders in Idaho; however, there is no coordinated statewide crisis response system for Medicaid participants. Because crisis triage is not readily available, emergency rooms have become the primary disposition for many who are thought to be in crisis.

> Members will be able to talk to a behavioral health clinician 24 hours a day, 7 days a week by calling Optum Idaho's toll-free Member Access and Crisis Line.

With the implementation of the Idaho Behavioral Health Plan, Optum Idaho will initiate a toll-free ***Member Access and Crisis Line*** that will be answered live by a behavioral health clinician 24 hours a day. The Access and Crisis Line clinicians will provide crisis triage and counseling to divert Members to other resources when they do not require hospital admission and will coordinate with provider agencies, emergency rooms, law enforcement and others to help ensure that Members have access to the right care. The clinicians also will function as a central access point for Members, providing referral information and responding to any other questions a Member may have about the Idaho Plan for Behavioral Health or community-based resources.

We have implemented similar services in Pierce County, WA and in New Mexico, and we have seen a significant decrease in the inappropriate use of emergency rooms and inpatient admissions.

As we developed our design, we talked with a representative of the Idaho Council on Suicide Prevention about ways in which our Member Access and Crisis Line could complement—but not

duplicate—their statewide Suicide Hotline. We agreed that, should Optum be selected as the Contractor for the Idaho Behavioral Health Plan, we would work with the IDHW Contract Manager and Council members to fine-tune protocols for collaboration between the two services. We also will work with IDHW's Division of Behavioral Health to implement appropriate coordination with the Division's existing crisis response system.

New Opportunities for Providers

Providers are critical to the success of the Idaho Behavioral Health Plan. It will be Optum Idaho's goal to support providers through the transition into a managed care environment and help them build the skills necessary to fully comply with our policies and procedures related to medical necessity, clinical criteria and standards of evidence-based practices, person-centered treatment planning, and the principles of recovery and resiliency.

Training for Medical and Behavioral Health Practitioners

Optum Idaho will offer a broad array of training opportunities for mental health and substance abuse providers as well as primary care providers. Because of Idaho's expansiveness, we will use electronic training methods whenever possible, such as WebEx presentations, conference calls, video conferencing and Internet-based courses. As part of our curriculum, we will offer continuing education units free of charge through two web-based providers:

- ***Essential Learning,*** which is the largest provider of E-Learning services to human service organizations in the nation and offers more than 800 credit hours of industry-specific content, staff compliance training and continuing education for behavioral health, mental health, addiction treatment, developmental disability, social service and child welfare organizations.
- ***OptumHealth Education***, which is an accredited provider of continuing medical education and is dedicated to improving care and health outcomes through the education of health care professionals. The OptumHealth Education web site offers over 100 hours of on-demand CME accredited education.

In addition, because of the critical role that many primary care physicians play in both the health and mental health of our Members, we have created a ***Behavioral Health Toolkit for the Healthcare Professional*** that we will distribute widely to primary care practices. The Toolkit will contain easy-to-administer screening instruments for the identification of potential issues related to mental illness and substance use. The Toolkit also will include information about educational resources available on the Optum Idaho website, treatment services available through the Plan and how to make a referral, and the toll-free number for requesting consultation from the Optum Idaho Chief Medical Officer.

Demonstration Programs

In our discussions with providers, many talked about their ideas for new services or treatment approaches that would be highly effective in serving Idaho's children, adolescents, families or adults with mental health and/or substance abuse disorders. We strongly believe in encouraging provider innovation. Therefore, after consultation with IDHW, Optum Idaho will conduct a competitive procurement among network providers to implement ***demonstration programs*** within a community or region. Based on our review of utilization data and recommendations from people across the state, our priorities for the first round of demonstration programs will be:

- Coordination and/or provision of crisis response, crisis stabilization and hospital diversion services
- Evidence-based services for children and adolescents and their families, especially those aimed at building resiliency within the family unit
- Peer support programs and family support programs
- Integrated mental health/substance abuse services for individuals with co-occurring disorders

These demonstration programs also will be an opportunity to address region-specific needs, and providers will be required to get the endorsement of their Regional Behavioral Health Boards before submitting their proposals. Programs that prove most effective may be recommended to IDHW for inclusion as covered services in subsequent contract periods.

Telepsychiatry

One of the most consistent concerns we heard across the entire state was the shortage of psychiatrists. Most people said the system would be much stronger if more psychiatrists were available to provide diagnosis, assessment, medication management and/or therapy, especially in coordination with primary care providers. Like IDHW, Optum has endorsed the use of telemedicine for many years. We have been actively involved in expansion of telemedicine in states such as Mississippi, Tennessee, Texas, Georgia and Virginia. In those states we have worked to expand access through existing telecommunications systems and telemedicine providers and we also have helped develop new networks and sites. We look forward to working with IDHW to explore ways in which we might be able to leverage or extend IDHW's existing system and also to assessing the feasibility of extending existing telemedicine arrangements.

The importance and impact of telemedicine services are vividly demonstrated on the DVD we have included as ***Appendix 14.***

Recently Optum introduced a ***telepsychiatry program*** that is designed to make it easier for providers—such as FQHCs or mental health clinics—to offer or increase psychiatric services to their patients. Optum provides the equipment and links the providers with board certified psychiatrists who are experienced in using videoconferencing to provide live, interactive psychiatric services.

> Through partnerships with primary care and/or behavioral health providers, Optum's telepsychiatry program is designed to bring psychiatrists to under-served areas.

Optum's successful telepsychiatry program in New Mexico could serve as a model. OptumHealth New Mexico (OHNM), is currently supporting telepsychiatry services to more than 1,200 rural New Mexico consumers. In its two years of operation, the program has expanded by 70%, serving predominately Medicaid consumers who are under the age of 18. Approximately 70% of these telepsychiatry services are for medical management and 25% are for assessment. Based on satisfaction surveys, on the average, about 95% of consumers have been satisfied with telepsychiatry services. With the approval of IDHW, Optum Idaho will make our telepsychiatry program available to Idaho medical and behavioral health providers.

Optum…The Right Choice for Idaho

We believe Optum is the right company to become the Contractor for the Idaho Behavioral Health Plan because:

- As part of UnitedHealth Group, we are the nation's largest provider of Medicaid managed care; our affiliated health plans serve more than 3.6 million Medicaid, CHIP and uninsured populations in 25 states and the District of Columbia.
- We have the expertise and technology to provide a well-managed program and to be fully contract compliant and accountable to IDHW
- We are a very financially sound organization with more than sufficient resources to cover the financial risk of the Idaho Behavioral Health Plan.

In addition, our proposed design is full of innovative services and strategies that were developed in response to the unique strengths and needs of today's Idaho behavioral healthcare delivery system and will:

- Remove any concerns about fraud and abuse while increasing providers' efficiency and effectiveness
- Improve Members' access to treatment
- Expand the array of covered services
- Enhance the quality of care and outcomes of treatment
- Infuse the principles of recovery and resiliency throughout the delivery system; and
- Bring new confidence, independence and hope to Members. On the DVD included as ***Appendix 1***, consumers and families from other Optum programs will inspire you as they talk about the impact that recovery-oriented services have made in their lives.

We Can Do Better!

Perhaps most importantly, Optum is the right company to become the Contractor for the Idaho Behavioral Health Plan because we realize that an accountable, cost-effective, outcome-driven, recovery-centered behavioral health care delivery system will require a strong partnership and collaborative efforts among all those who comprise Idaho's behavioral health community. Our proposal not only advocates widespread participation—it requires it.

The Idahoans we met as we traveled the state have the key: ***WE can do better!***

The most important factor in the success of the Idaho Behavioral Health Plan will be the involvement and support of the people of Idaho. "***WE***"—those who care about the quality and effectiveness of mental health and substance abuse services—must be an integral part of the program.

We at Optum very much hope to have the opportunity to become part of the WE who are determined to improve behavioral health services in Idaho.

Glossary of Terms

Term	Definition
2-1-1 Idaho CareLine	A free statewide community Information and Referral service provided by the Idaho Department of Health and Welfare. The comprehensive database includes programs that offer free or low cost Health and Human services or social services, such as Rental Assistance, Energy Assistance, Medical Assistance, Food and Clothing, Child Care Resources, Emergency Shelter, and more.
ALERT	**ALERT®** (**Al**gorithms for **E**ffective **R**eporting and **T**reatment) is an outcomes and outlier management system that utilizes member self-reports of symptom severity and impairment as measured by a wellness assessment in combination with claims to identify members who may be at-risk or who may be over- or under- utilizing outpatient services. It provides decision support for the authorization of outpatient services. It also generates provider profiles that enable quality improvement and clinical staff to take action when trends are identified. In addition ALERT uses a Practice Management Algorithm that complements claims-based fraud, waste and abuse detection.
ALERT Online	ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail. ALERT Online will be updated nightly
CAGE-AID	CAGE-AID: Four question screen for alcohol or drug misuse. Tested for use in primary care settings. In the public domain. Recommended by SAMHSA in TIP 24, A Guide to Substance Abuse Services for Primary Care Clinicians. **https://www.ubhonline.com/html/forms/pdf/CAGE-AID.pdf**
Care Manager	An over-arching term for Optum Idaho's independently licensed behavioral health clinicians who perform utilization management, intensive care management or regional care management responsibilities.
DBH	Division of Behavioral Health, Idaho Department of Health and Welfare
Essential Learning	Essential Learning is the nation's largest provider of E-Learning services to human service organizations and will be available free of charge to network providers. Essential Learning offers online learning, staff compliance training and continuing education for behavioral health, mental health, addiction treatment, community health, developmental disability, community action, social service and child welfare organizations. More than 800 credit hours are available in industry-specific topics, and many courses are designed to assist organizations in meeting CARF, COA, and Joint Commission accreditation. A full course catalog is available at **http://www.essentiallearning.com/**
IBHP Advisory Board	The Idaho Behavioral Health Plan Advisory Board will be comprised of representatives of key stakeholder groups including but not limited to: consumers, family members, behavioral health providers, advocates, Legislators, community leaders and representatives of primary care providers and other service providers such as the schools. The role of the Advisory Board will be: to promote communication and understanding about the Idaho Plan throughout the State; to bring feedback about unmet needs and potential issues that could impact the Idaho Plan and to review major initiatives of the Idaho Behavioral Health Plan including recommendations being made to IDHW. Feedback and direction from the Board will go directly to the Optum Idaho Contract Manager, but also will be recorded and tracked by the Quality Improvement staff.
IDHW	Idaho Department of Health and Welfare

Term	Definition
Intensive Care Manager	An Optum Idaho Care Manager who is an independently licensed clinician with experience in mental health and/or substance abuse services; primary responsibility is working with providers who are serving members identified as high need or high risk
Member	Throughout the proposal, we write extensively about Member involvement, Member rights, Member responsibilities and many other Member benefits that will be part of the Idaho Plan for Behavioral Health. We use the term "Member" to mean both adults and children, while recognizing that in most cases, a parent, family member or legal guardian must be part of treatment decisions for a child or person who is not legally able to make independent decisions.
Member Access and Crisis Line	A toll-free telephone service that will be answered live by a behavioral health clinician 24 hours a day. Member Access and Crisis Line clinicians will provide crisis triage and counseling to divert Members to other resources when they do not require hospital admission and will coordinate with provider agencies, emergency rooms, law enforcement and others to help ensure that Members have access to the right care. The clinicians also will function as a central access point for Members, providing referral information and responding to any other questions a Member may have about the Idaho Plan for Behavioral Health or community-based resources.
Optum	Part of the UnitedHealth Group, Optum focuses on behavioral health management, population health management, care delivery, technology enabled health services, and improving all the clinical and operating elements of the system. Optum provides services to two of every five Fortune 500 employers, more than 400 global life sciences companies and one in every five U.S. consumers.
OptumHealth Education	OptumHealth Education is an accredited provider of continuing medical education and is dedicated to improving care and health outcomes through the education of health care professionals. The OptumHealth Education web site, located at **www.optumhealtheducation.com**, offers over 100 hours of on-demand CME accredited education. It will be available free of charge to Optum Idaho's network providers as well as primary care clinics and practitioners who are serving Idaho Plan Members.
Optum Idaho	The Boise-based organization that will be established if Optum is selected as the Contractor for the Idaho Behavioral Health Plan
ProtoCall	Optum Idaho will contract with ProtoCall Services, Inc. to operate the toll-free Idaho Behavioral Health Plan Member Access and Crisis Line. The toll-free line will be live-answered within 30 seconds by a behavioral health clinician 24 hours a day, 365 days a year. The Member Access and Crisis Line will provide the telephonic Member Services support outlined in Section G of the IDHW's Request for Proposals as well as a new telephonic statewide crisis triage and counseling service. ProtoCall is the first privately-held provider to achieve certification by the American Association of Suicidology , is licensed by the state of Washington as a provider of crisis mental health services and is accredited by CARF.
Regional Behavioral Health Boards	The combination of the current regional Mental Health Advisory Boards and regional Substance Abuse Advisory Committees that IDHW has proposed to create with the approval of Governor Otto

Term	Definition
Regional Care Manager	An Optum Idaho Care Manager who is an independently licensed clinician with experience in mental health and/or substance abuse services; primary responsibility is working with providers, affiliated delivery systems, regional behavioral health boards, regional IDHW staff and others in a designated IDHW region
Telemedicine	In the context of this proposal, the use of telecommunications systems to provide medical and/or behavioral health treatment services to Members who are not in the same location as the treating provider
Telepsychiatry Program	A program developed by Optum that is designed to make it easier for providers—such as FQHCs or mental health clinics—to offer or increase psychiatric services to their patients. Optum provides the equipment and links the providers with board certified psychiatrists who are experienced in using videoconferencing to provide live, interactive psychiatric services.
Utilization Manager	An Optum Idaho Care Manager who is an independently licensed clinician with experience in mental health and/or substance abuse services; primary responsibility is reviewing requests for service authorizations
Whooley	Whooley Depression Screen: a two-question screen for depression that has been tested for use in primary care settings. The screen is in the public domain and has been recommended by the U.S Preventive Services Task Force **http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497134/**
xPERTISE	Optum's program for pharmacy analysis and consultation that leverages evidence-based medicine to assess psychotropic medication trends, utilization patterns, clinician prescribing practices and identify opportunities to reduce waste and enhance clinical quality. The right clinical and psychopharmacology expertise helps fill the gap between prescribing practices and evidence-based treatment

3.8. BUSINESS INFORMATION:

3.8.1 (E) Experience:

Submit, with your proposal, contact information for the following state entities for each state in which you have provided Medicaid behavioral health managed care services; 1) State Medicaid contact; 2) Public Behavioral Health contact; 3) NAMI contact; and 4) Mental Health Provider Organization contact. Describe in detail your knowledge and experience in providing services similar to those required in this RFP, including the following:

3.8.1.1. More than three (3) years of Medicaid behavioral health managed care experience and demonstrated success in your contracts for the provisions of Medicaid managed behavioral health care services with complex, publicly-funded behavioral health programs, including the following experience:

3.8.1.1.1 Management of Medicaid and other funding sources not part of the Medicaid program such as non-federal match State general funds and grant funds.

3.8.1.1.2. Management of statewide (or substantial portions of a state) Medicaid managed behavioral health care programs.

Optum Behavioral Solutions – Public Sector Division

Optum Behavioral Solutions, a specialty behavioral organization, has been a leader in providing behavioral health services for more than 25 years. We serve approximately 50 million people through global well-being solutions and behavioral health management solutions (e.g., mental health, substance abuse) that address the emotional health needs of consumers, spanning the stress and anxiety of daily living, to depression associated with chronic illness, to clinically diagnosed mental illness. Programs combine predictive modeling, evidence-based clinical outcomes management, consumer support and peer support, with access to the leading network of behavioral health care providers.

> When Optum Behavioral Solutions created its Public Sector Division, it recruited public sector behavioral health leaders from across the nation to ensure that its philosophy is congruent with that of the state agencies with which it contracts

In 1993, we created our dedicated Public Sector Division. To make certain that the newly established public sector division was fully grounded in public sector principles, systems, and expertise, Optum recruited public sector behavioral health leaders from across the nation to shape our management philosophy. Today, we provide behavioral health management services for 3.5 million Medicaid Members in 25 states.

We take pride in our transparent approach to public/private partnerships and our dedication to the philosophy of recovery and resiliency. Our leaders have created strong working relationships with consumers and other stakeholders who are experts in recovery and resiliency, nonprofit social policy research groups, and consumer and family organizations.

Optum

Optum Behavioral Solutions is a part of Optum, which focuses on population health management, care delivery, and technology enabled health services in addition to behavioral

health. Optum provides services to two of every five Fortune 500 employers, more than 400 global life sciences companies and one in every five U.S. consumers. Optum services include:

- Wellness, disease and care management, mental health and substance abuse programs, care advocacy and decision support, consumer engagement and complex condition management and includes the only major financial services company dedicated to serving health care.
- Health intelligence through consulting expertise, proven information and analytics capabilities; workflow solutions for health systems; and connectivity for health communities through health information exchanges.
- Retail pharmacy network claims processing, mail order pharmaceuticals and specialty pharmaceuticals management programs.
- Financial services including flexible spending administration and other banking services

UnitedHealth Group, Optum's Parent Company

Optum's parent company is UnitedHealth Group. UnitedHealth serves more than 75 million individuals, employs approximately 100,000 people and operates in all 50 states in the United States and 17 other nations, worldwide. UnitedHealth Group has been listed in the Dow Jones Sustainability World Index and Dow Jones North America Index annually since 1999. Effective September 24, 2012, UnitedHealth Group was added to the list of 30 companies comprising the Dow Jones Industrial Average, reflecting UnitedHealth Group's diversified health coverage, benefits and technology enabled health services along with the growing importance of healthcare spending in the U.S. economy. In addition to Optum, the UnitedHealth Group family of companies includes:

UnitedHealth Group received the **No. 1 ranking for Innovation** in the Insurance and Managed Care category on *Fortune* magazine's 2012 list of the World's Most Admired Companies

- UnitedHealthcare Employer & Individual offers a comprehensive array of consumer-oriented health benefit plans and services to individuals, public sector employers and businesses of all sizes, including more than half of the Fortune 100 companies. The company organizes access to quality, affordable health care services on behalf of approximately 25 million customers nationwide.
- UnitedHealthcare Medicare & Retirement is the largest business in America dedicated to the health and well-being of individuals over the age of 50. Through a diversified range of programs including Medicare Advantage Plans (Part C), Medicare Supplement Plans, and Medicare Prescription Drug Plans (Part D), the company makes it easier for more than 9 million seniors — one in five Medicare beneficiaries — to manage their health care needs. We have the longest-tenured Medicare retiree business in the United States. More than 30 years ago, we participated in early experimental programs offering private market alternatives for Medicare and developed the first policies designed specifically for seniors.
- UnitedHealthcare Community & State: United Healthcare Community & State, is the largest provider of state sponsored programs including Medicaid and

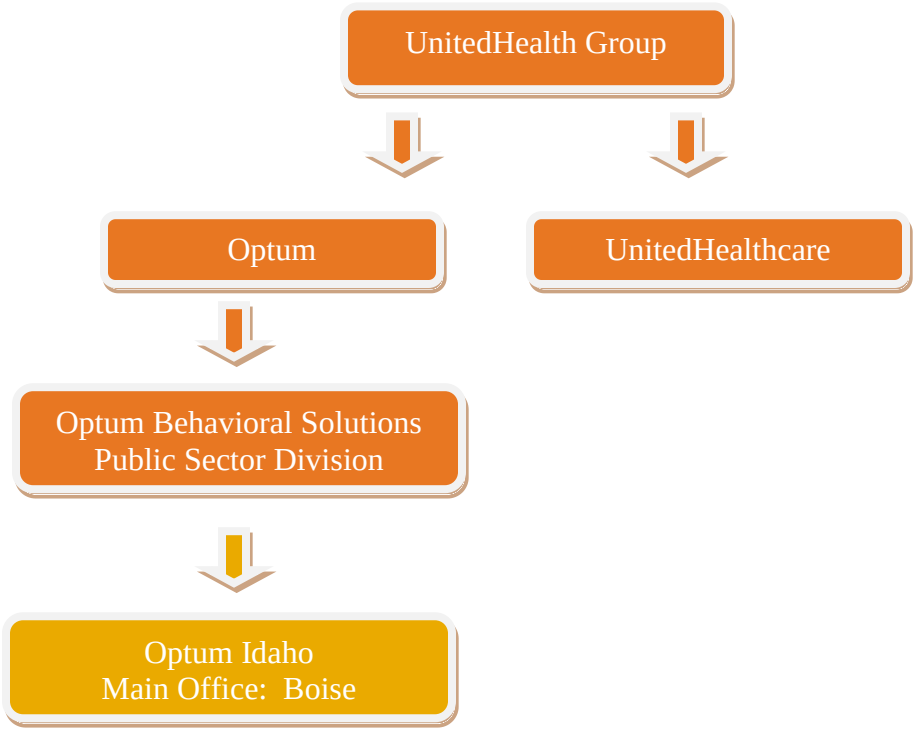
UnitedHealth Group has been recognized as one of America's most community-minded companies in The Civic 50, the first scientific evaluation to rank the companies that best use their time, talent, and resources to improve the quality of life where they do business. The survey was conducted by the National Conference on Citizenship (NCoC) and Points of Light, the nation's definitive experts on civic engagement, and published in the Nov. 9 issue of Bloomberg Business Week.

CHIP managed care covering 4 million beneficiaries of publicly funded health benefit programs in 25 states and the District of Columbia, including Temporary Aid for Needy Families (TANF), children's health insurance programs (CHIP), dual eligible demonstration projects, aged blind and disabled, Special Needs Plans, members enrolled in long-term care programs, and programs for childless adults and the working uninsured who meet specific state income requirements.

UnitedHealthcare currently covers over 70,000 Idahoans in employer-sponsored, individual and Medicare health benefit programs.

Optum Idaho, Supported by Optum and by UnitedHealth Group

The diagram below represents Optum's relationship to United Healthcare and UnitedHealth Group, as well as the line of support which begins with United Health Group and flows to our Optum Idaho main office in Boise:



Optum Bank

Additional value of partnering with Optum is Optum Bank. Optum Bank is an FDIC insured bank with over $2B in assets and specializes in health care lending. They provide commercial financing directly to physicians, medical practices, specialty groups, hospitals and other health care providers. They offer competitive market rates and superior service; financing is available to providers for:

- Equipment and technology
- Facility improvements and expansions
- Working capital

The application process is simple and collaborative. Their commercial financing professionals will work hand-in-hand with a provider to identify needs and customize solutions. Pre-approval for planned purchases and improvements is also available. Loans are available only to individuals or organizations that meet bank requirements for loan qualification.

National Support, Local Presence and Accountability, Strong Results

Optum understands that it is our strong relationships with our state and county partners which have resulted in establishing several programs which have demonstrated:

- Cost containment and cost savings
- Identification and reduction of fraud, waste and abuse
- Increase in the number of individuals served in times of reduced funding
- Reinvestment of cost savings into new and innovative services
- Timely and accurate claims payment
- Increase in the number of people who are able to receive appropriate services in their local communities
- Reduction in number of individuals involuntarily detained

For example, our partnership with San Diego County contributed to the redesign of the County's crisis system, established supportive programs for at–risk individuals with serious mental illness and formed strong partnerships with local County Mental Health Providers. In New Mexico, we helped expand the state's network of Core Service Agencies, to deliver a comprehensive, statewide safety net for members with complex behavioral needs. In Pierce County, we led efforts to create a living room peer system crisis response that has contributed to lower inpatient costs and improved member outcomes and served more Members with reduced funding. In Salt Lake County, we have led the redesign of the crisis response system and implemented a number of consumer-centered and consumer run services. Additional examples of our experience and performance are listed throughout this section.

While we have a large national presence, we recognize that health care is local, and tailor our behavioral health services to individual communities. Therefore, we set up a local organization to serve programs such as the Idaho Behavioral Health Plan. Optum believes in the local management and delivery of behavioral health and other health care services. We also understand the importance of creating programs based on each state's unique delivery and funding system, regulatory and governing structures. If selected to serve as the contractor for the Idaho Behavioral Health Plan, Optum will establish a local organization known as Optum Idaho. This local organization will have full access to Optum's corporate behavioral health resources and also will have the authority to make the decisions that impact local operations.

> If selected as the Contractor for the Idaho Behavioral Health Plan, we will establish Optum Idaho, which will be headquartered in the Boise area, because we believe that health care—and partnering with state agencies—requires a robust local presence.

We believe in holding open conversations with our customers and key stakeholders about what works well in a system and what needs improvement. As examples, we have played a transformational role in county mental health systems in Salt Lake County, Utah; San Diego

County, California; and Pierce County, Washington as well as with communities and regions across New Mexico.

Our local efforts are always backed by the expansive resources and financial stability of our parent company, United Health Group.

For ease of reference, we have populated the table on the following pages with the contact information for the programs we currently serve that cover services most similar to the Idaho Behavioral Health Plan. Please note that not all of contracts are with State Medicaid agencies. For example, some are with counties or with a regional management organization to which responsibility for mental health and/or substance abuse services has been delegated. Please also note that at the end of this question response, we have included a full listing of all of our Medicaid behavioral health contracts.

Program Name	State /County Name	Contract Start Date	State Medicaid Contact	Public Behavioral Health Contact	NAMI Contact	Mental Health Provider Organization Contact
Optum Pierce Regional Support Network (RSN)	Pierce County, Washington	07/2009	Name: Maryann Lindeblad, Director, WA State Health Care Authority, DSHS Address: 640 Woodland Square Loop Lacey, WA 98503 lindem@dshs.wa.gov 360-725-2260	Name: Jane Beyer, Assistant Secretary Aging & Disability Services Administration, DSHS" Address: 640 Woodland Square Loop Lacey, WA 98503" Email: jane.beyer@dshs.wa.gov Phone: 306-725-2261	Name: Gordon Bopp, President Address: 7500 Greenwood Ave North Seattle, WA 98103" Email: office@namiwa.org Phone: 206-783-4288	Name: Terri Card, President, CEO, Greater Lakes Mental Healthcare" Address: 9330 59th Ave SW Lakewood, WA 98499" Email: terric@glmhc.org Phone: 253-620-5135
OptumHealth SLCo	Salt Lake County, Utah	07/2011	Name: Karen Ford, Medicaid Program Manager Address: Utah Department of Health P.O. Box 141010 Salt Lake City, UT 84114-1010 Email:kford@utah.gov Phone:801 538-6637	Name: Tim Whalen, Director of Mental Health Address: 2001 South State Street, SLC, Utah 84190-3050 Email: TWhalen@slco.org Phone: 801-468-2014 Name: Pat Fleming, Director of Substance Abuse Address: 2001 South State Street, SLC, Utah 84190-3050 Email: PFleming@slco.org Phone: 801-468-2025	Name: Rebecca Glathar, Executive Director Address:1600 West 2200 South, Suite 202 West Valley City, UT 84119 Email: Rebecca@namiut.org Phone:(801) 323-9900	Name: Children's Center Douglas F. Goldsmith, Ph.D., Executive Director Address: 350 South 400 East Salt Lake City, Utah 84111 Email: DGoldsmith@tccslc.org Phone: 801-582-5534

Program Name	State /County Name	Contract Start Date	State Medicaid Contact	Public Behavioral Health Contact	NAMI Contact	Mental Health Provider Organization Contact
San Diego Public Sector	San Diego County, California	10/1997 first Recent contract 07/2009	NOT State, but County Name: Angie Devoss Address: 3255 Camino del Rio South, San Diego Email:angie.devoss@sdcounty.ca.gov Phone: 619-584-3004	Name: Angie Devoss Address: 3255 Camino del Rio South, San Diego Email:angie.devoss@sdcounty.ca.gov Phone: 619-584-3004	Name: Shannon Jaccard Address: 4480 30th St., San Diego 92116 Email: sjaccard@namisandiego.org Phone: 619-584-5567	Name: Jim Fix, Psy.D., PERT, Psychiatric Emergency Response Team Address: 1094 Cudahy Place, Suite 314, San Diego, CA 92110 Email: jfix@comresearch.org Phone: 619-276-8112
OptumHealth New Mexico	State of New Mexico	07/2009	Name: Julie Weinberg Address: P.O. Box 2348, Santa Fe, NM 87504 Email: julie.weinberg@state.nm.us Phone: (505) 827-3106	Name: Diana McWilliams, CEO of Behavioral Health Purchasing Collaborative Address: 37 Plaza La Prensa, Santa Fe, NM 87507 Email: diana.mcwilliams@state.nm.us Phone: (505) 476-9257	Name: Kris Ericson Address: 8015 Mountain Road Pl NE, Ste 101, Albuquerque, NM 87110 Email: NAMINM@aol.com Phone: (505)260-0154	NM Youth Provider Alliance Name: Nancy Jo Archer Address: 707 Broadway NE Suite 103, Albuquerque, NM 87102 Email: narcher@hogaresinc.com Phone: (505) 345-8471
New York City BHO	New York City Region, New York	11/2011	N/A: The New York BHO is not a health plan, does not pay claims, and does not contract with a provider network. Therefore, we do not have official designated State Medicaid, NAMI, or Mental Health Provider Organization contacts	Name: Thomas Smith, MD Address: Director of Operations, NYS Behavioral Health Organizations, NYS Office of Mental Health Associate Professor of Clinical Psychiatry, Columbia University New York State Psychiatric Institute 1051 Riverside Drive, Unit 100 New York, NY 10032	N/A: The New York BHO is not a health plan, does not pay claims, and does not contract with a provider network. Therefore, we do not have official designated State Medicaid, NAMI, or Mental Health Provider Organization contacts	N/A: The New York BHO is not a health plan, does not pay claims, and does not contract with a provider network. Therefore, we do not have official designated State Medicaid, NAMI, or Mental Health Provider Organization contacts

Program Name	State /County Name	Contract Start Date	State Medicaid Contact	Public Behavioral Health Contact	NAMI Contact	Mental Health Provider Organization Contact
				Phone: (212) 543-5976 Email: smithto@nyspi.columbia.edu		
United Healthcare Community Plan	State of Tennessee (Carved in to Health Plan w/ separate BH accountability)	Middle Grand Region 04/2007 West Grand Region 10/2008 East Grand Region 01/2009	Name: Mary Shelton, MA Director, Behavioral Health Operations Managed Care Operations Bureau of TennCare Address: 310 Great Circle Rd, Nashville, TN 37243 Email: mary.c.shelton@tn.gov Phone: 615-507-6687	Name: Douglas Varey Commissioner of Mental Health Tennessee Department of Mental Health and Substance Abuse Services Address: 710 James Robertson Parkway Nashville, TN 37243 Email: douglas.varney@tn.gov Phone: 615 532-6500	Name: Roger Stewart Address: 1101 Kermit Drive, Suite 605 Nashville, TN 37217 Phone: 615 361-6608	Name: Ellyn Wilbur TAMHO Executive Director Address: 42 Rutledge Street Nashville, Tennessee 37210-2043 Email: ewilbur@tamho.org Phone: 615-244-2220, ext 12
SmartChoice (Clark County) and NorthernChoice (Washoe County) and Nevada Check Up (CHIP for both counties)	State of Nevada (Carved in to Health Plan with separate BH accountability)	11/2006	Name: John Whaley, Chief Medicaid Managed Care Address: 1000 East William Street, Suite 118 Carson City, NV 89701 Phone: (775) 684-3692	Name: Richard Whitley, Administrator for the Division of Mental Health Address: 4126 Technology Way, Room 100 Carson City, NV 89706 Email: rwhitley@health.nv.gov Phone: (775) 684-4200	Name: Sue Gaines, NAMI of Southern Nevada Address: 2251 N. Rampart Blvd., #126 Las Vegas, NV 89128 Email: namisnv@yahoo.com Phone: 702-310-5764	Name: Anis Abi-Karam, Human Behavioral Institute Address: 2740 South Jones Blvd Las Vegas, NV 89146 Email: akaram@hbinetwork.com Phone: 702-248-8866

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Management of Medicaid and Other Funding Sources

The following table details the funding types we managed in each of the contracts listed above:

State /Region/County Name	Medicaid Funding Y/N	State General/ Grant Funds Y/N	Services Covered*	Contract Terms
Pierce County, Washington	Y	Y	Inpatient Outpatient Residential Crisis for all Pierce County, regardless of Medicaid Eligibility PACT	Full Risk
Salt Lake County, Utah	Y	Y	Inpatient Outpatient Residential	Full Risk
San Diego County, California	Y	Y	Inpatient Outpatient Residential	ASO
State of New Mexico	Y	Y	Inpatient Outpatient Residential	Full Risk and ASO
New York City Region, New York	Y	N	Inpatient	ASO
State of Tennessee (Carved in to Health Plan with separate BH accountability)	Y	N	Inpatient Outpatient Residential	Delegated Risk
State of Nevada (Carved in to Health Plan with separate BH accountability)	Y	N	Inpatient Outpatient Residential	Full Risk

**Not all services are covered for all sub populations (e.g.,. residential may be covered for children but not adults)*

The following sections provide additional context about the programs that Optum manages that are most similar to Idaho's vision of managed behavioral health care:

State of New Mexico

Since July of 2009, Optum New Mexico has served as the Statewide Entity for mental health and substance abuse services, managing all behavioral health services and supports provided through the 17 state agencies that comprise the New Mexico Behavioral Health Collaborative. The New Mexico program is one of the most complex in the nation, and includes a broad array of funding streams used to reimburse providers for mental health and substance abuse services required by the more than 350,000 enrollees.

Accomplishments

Optum New Mexico is piloting the use of Video Relay Interpreting (VRI) to increase access for individuals who are oral deaf, hard of hearing, culturally deaf or deaf-blind in rural and frontier areas of the state.

- **Family and Peer Specialists:** Optum New Mexico has 18 Peer and Family Peer Specialist Staff.
- **Consumer Support:** At any one time, an average of 342 consumers and families are being served by Peer and Family Peer Specialists.
- **Support Groups:** Optum New Mexico has started 22 new community support groups.
- **Provider Recovery Checkup:** Each year, 5 to 10 providers in each region in New Mexico take specific steps to transform into a recovery-oriented practice in partnership with Optum New Mexico. These providers will be offered the opportunity to have a recovery checkup with nationally validated tools such as the Recovery Orientation System Indicator (ROSI).
- **Supported Housing:** Our comprehensive strategy for supportive housing helps consumers with mental health and substance abuse disorders access the safe, affordable and decent housing of their choice.
- **Peer Care Coordinators:** Peer and family specialists serve as adjunct care coordinators, helping to facilitate support groups, seeking out non-traditional resources and services and providing technical assistance to consumer and family-run organizations.
- **Book Donations:** After listening to mental health consumers in New Mexico about what kind of educational events are important to them, our New Mexico Recovery and Resilience Team placed specific books about mental health and recovery in libraries within pueblos and others locations across the state.
- **Screening for Co-Morbid Disorders:** Optum New Mexico requires that our providers screen for co-morbid mental health and substance abuse conditions. Based on a sample of charts dated January through March of 2010, 100% of consumers with a primary mental health diagnosis were screened for substance abuse and 100% of consumers with a primary substance abuse diagnosis were screened for mental health issues.
- **Telepsychiatry Expansion:** Telemedicine has increased medical/behavioral consultations and care coordination for members with co-morbid conditions, improving access to specialty services and services in rural areas. About 1,200 consumers, predominantly in rural New Mexico, have used telemedicine and telepsychiatry services.
- **Community Training and Outreach:** Our New Mexico behavioral health outreach team comprised of peer specialists, including a Native American peer, a family specialist and a vice president for Consumer & Family Affairs, has helped implement more than 30 support groups, including three on Navajo Tribal lands. Please see the following table for the number of Mental Health First Aid Trainings in New Mexico communities.

New Mexico Mental Health First Aid Training		
Timeframe	**Number of Trainings**	**Individuals Trained**
2010-2011	10	171
2012 to Date	11	261

Braiding Funding in New Mexico

In New Mexico, braided funding is the foundation for the behavioral services network. Braided funding refers to an environment in which the managed behavioral health care Contractor (the Statewide Entity) has access to multiple funding sources to pay for behavioral health services In administering a braided funding program, the Contractor must follow a complicated set of rules and priorities to ensure that services are reimbursed based on a consumer's eligibility for a particular funding stream and the funding stream's coverage of that service. Specific instances of consumer eligibility criteria include: age, eligibility, diagnosis, veteran status, Justice System involvement, physical location and affiliation with a Native American Tribe. If a consumer is eligible for multiple funding sources that all pay for the same service, the contractor must follow state-established priorities to determine which funding stream is the primary payor.

The primary reason to implement braided funding is to ensure the most efficient use of all the funding streams for which an individual member is eligible and also to avoid duplication of services across funding streams. Having a single Contractor as the payor for funding streams that often serve the same consumers and provide similar services also eliminates significant opportunities for waste, fraud and abuse.

> Braided funding ensures the most efficient use of all the funding streams for which an individual consumer is eligible and also helps avoid duplication of services and waste, fraud and abuse.

Braided funding provides for flexibility in arranging for services to a member who qualifies for services from multiple resources. This flexibility is most significant in enabling reimbursement for services and supports outside of what Medicaid traditionally allows, such as residential treatment, supported living and supported employment. Finally, braided funding supports reimbursement based on a number of models depending on what works best for each individual funding stream: fee-for-service, invoice, case rate or 1/12 draw.

Following are brief descriptions of programs that Optum New Mexico has implemented with the support of the state agencies included in the New Mexico Behavioral Health Collaborative:

- Supported Housing. These programs support independent living and include rent subsidy programs, supported housing programs, bridge subsidy housing assistance while obtaining federal funding, rent subsidy programs, move-in assistance and eviction prevention programs, transitional support services, local lead agency programs, provider owned or leased homes and apartment complexes that combine housing services with other covered behavioral health services. Peer support and care coordination are provided along with housing assistance.
- Core Service Agency Medication Funding. Non-Title XIX/XXI funded payment for medications on a short term basis.
- Community Mental Health Service (CMHS) Block Grant. The CMHS Block Grant is allocated from the Substance Abuse and Mental Health Services Administration (SAMSHA) to provide evidence-based mental health services to children with Serious Emotional Disturbance (SED) and adults with Serious Mental Illness (SMI).
- Substance Abuse Treatment and Prevention (SAPT) Block Grant. Grant funds are provided by the Substance Abuse & Mental Health Services Administration (SAMHSA), Centers for Substance Abuse Treatment and Prevention to provide services for alcohol & drug abuse treatment and prevention services in New Mexico.

- Access to Recovery (ATR) Grant. The ATR Grant is allocated from the Substance Abuse and Mental Health Services Administration (SAMSHA) to provide clinical treatment, recovery support and the integration of grassroots faith-based and secular community organizations to provide holistic care to clients in Substance Abuse Recovery. A cornerstone of the program is client choice.
- System of Care SAMSHA Grant – Youth with SED. The overarching goals of this project are to engage youth and families in community systems of care to help them better function in home, school, and the community, to incorporate system level policies and financial policies to support local Systems of Care, and to implement service delivery and provider networks from three anchor site.:
- Substance Abuse, Pregnant and Postpartum Women's Grant. This is a SAMHSA funded program to treat and support prevention and intervention for 40 pregnant and postpartum women with behavioral health and substance abuse related issues. Services include intensive outpatient and residential treatment services for pregnant and postpartum, (12 months post), women and their children who are exhibiting behavioral health problems related to use and/or exposure to substances.

> In New Mexico, Value Added Services are funded through 3% of the yearly Medicaid risk pool fund.

For the past four years, Optum New Mexico has also delivered Value Added Services (VAS) funded through the Medicaid Risk Pool Fund. VAS have been limited to Optum New Mexico's annual funds based on 3% of the yearly Medicaid Risk Pool Fund. The FY 11 estimated total for these services was $7.4 million. The services are comprised of two components: community reinvestment and non-entitlement services. Non-entitlement services have included Infant Mental Health, Transitional Living Services, Family Stabilization, Respite, School Based Mental Health, Inpatient Detoxification and Electroconvulsive Therapy (ECT), Recovery and Supported Employment. Community reinvestment has included the following examples, among others:

- A $2 million Suicide Prevention Grant spanning a three-year grant cycle to develop and maintain a statewide, coordinated, comprehensive prevention service delivery system focusing on Native American programs and communities.
- A grant of $300,000 for FY13 to consumer-run programs offering crisis services, peer support, drop in center development and supported employment.

Optum also structured non-Medicaid funded programs to address needs of subpopulations, such as youth with SED or substance use issues, and adolescent females with co-occurring disorders. A few of these innovative programs include:

- Intensive Outpatient Services (IOP) combined in experiential outdoor therapy for youth with SED. This program addresses substance use and addiction in children and youth.
- Desert Hills-Redwood Girls Treatment Unit – This specialized program treats adolescent females up to the age of 21 who have co-occurring disorders and those who have failed in other residential treatment settings. This locked eight-bed unit provides 24-hour treatment and supervision with a 2:1 staffing ratio, 24-hour nursing, full time psychiatrist (on-call) and medication management, individualized strength based treatment planning based on the dialectical behavioral therapy model, and comprehensive individualized educational programming on site, for up to one year.

- Desert Hills Deaf Unit – This unit, which specializes in working with children/youth who are deaf//hard of hearing, was developed to increase access to these services in New Mexico and to bring youth home from out-of-state residential treatment centers.

Pierce County, Washington

In July of 2009, Optum took over management of the Pierce County Regional Support Network (RSN), after being awarded the contract by the Washington Department of Social and Health Services (DSHS), Mental Health Division. This program covers 120,000 Medicaid members and has responsibility to provide some mental health services for non-Medicaid residents of the County as well. During the 2009-2010 contract year, Optum Pierce RSN served a total of 15,000 consumers.

> Collaboration and transparency are the principles underlying Optum Pierce RSN's success in system transformation

The staff of Optum Pierce RSN value collaboration and have worked to develop effective partnerships in the community, as well as with the Washington DSHS. All of the Pierce County initiatives, from individual policy review to system change efforts, are designed and implemented through committees and public forums in which consumers, families, providers and other stakeholders are actively recruited to participate. The program places a strong emphasis on recovery and resiliency, which includes assisting and supporting consumers in learning to manage their mental health and wellness challenges and live contributing, purposeful lives in their communities.

Accomplishments

- **Expanding Service Availability**: Optum Pierce RSN increased the number of individuals served by 26.52% during the first two years following implementation, a time period when overall program funding was reduced.
- **Crisis System Redesign:** Optum Pierce RSN has worked with consumers, providers, local constituents, hospital systems and other stakeholders to transform the region's crisis system into a community-based, recovery-oriented response system integrating peer supports and a no-force approach to care. The Recovery Response Center is staffed 24/7 and features a "living room" model, providing a secure and welcoming environment provided by 50% clinical staff and 50% peer support staff. Staff help consumers find solutions in times of crisis, avoiding automatic hospitalization or involuntary detention. From February of 2010 through June of 2010, 44% of referrals into the Response Recovery Center were from emergency rooms, 44% of consumers were able to return home, and only 3% were admitted to inpatient psychiatric facilities. The overall consumer satisfaction rate is 91%.

> *"Through its implementation of peer support, widespread use of stakeholder advisory committees and "Community Conversations", Optum has demonstrated a solid commitment to partnering with others who also have an investment in mental health services in the Pierce County community. In addition, Optum's presence has featured a strong awareness and implementation of evidence based best practices in mental health services across the county."*
>
> **Anita Delight,**
> **Regional Administrator DSHS Division of Developmental Disabilities**

- **Recovery Response Line:** The Recovery Response Line or Warm Line is a non-crisis phone service run by and for individuals who have been diagnosed with a mental illness. This gives consumers someone with whom they can talk before a crisis arises.

- **Controlling Utilization:** In FY 2010 and FY2011, Optum Pierce RSN had a monthly average of 12.13 and 12.37 inpatient days per 1,000, respectively. The FY 2009 rate was 19.6 inpatient days per 1,000. This reduction resulted in an estimated $8.7M in savings.
- **Enhanced Quality Management Structure:** Optum Pierce RSN added several committees to the standard RSN quality management structure including youth advisory, consumer and stakeholder advisory, cultural competency and other consumer and community-oriented committees.
- **Peer Support:** During the first year of operation, more than 50 peer support specialists received training.
- **Involuntary Treatment Act Reduction:** In FY 2010 and FY2011, Optum Pierce RSN had a monthly average of 56.8 and 55.8 involuntary treatment admissions, respectively. The FY 2009 rate was 83.6 monthly. This reduction in involuntary admissions resulted in an estimated $2.1M in savings.
- **Coordination of Care:** Optum Pierce RSN has developed more than 30 Memoranda of Understanding with law enforcement, community health plans and other allied service providers to provide structure for referrals, communications and shared care coordination responsibilities.
- **Training and Development:** Optum Pierce RSN has provided more than 60 trainings throughout the provider network and community, and to staff.
- **Network:** Three new provider agencies were introduced in the delivery system while existing community-based providers were retained as foundational components of the service delivery system.

Salt Lake County, Utah

In July of 2011, Optum took over management of the Salt Lake County Mental Health Medicaid Services, after being awarded the contract by Salt Lake County Behavioral Health Services--Mental Health Division. This program has approximately 100,000 Medicaid members. Like all Optum public sector programs, Optum Salt Lake County (Optum SLC) is built on a philosophy of collaboration. The staff have worked to develop effective partnerships in the community, as well as with the Utah Department of Mental Health and Substance Abuse. All of the Optum SLC initiatives have been developed jointly with consumers, families, providers and other stakeholders from across the County.

Accomplishments

- **Receiving Center:** Optum SLC has worked with consumers, providers, local constituents, hospital systems and other stakeholders to improve the County's crisis response system. A Receiving Center was opened in March of 2012. It accepts consumers voluntarily or involuntarily (police can drop off). The consumers remain at the center for up to 23 hours being assessed, receiving medications and support—whatever they need to resolve the current crisis. The facility uses the "living room model" which is informal yet supportive. It has lounge chairs and a non-stimulating environment to calm the "guests" who come there and help them stabilize.
- **Crisis Line:** Optum SLC has contracted with ProtoCall, a nationally recognized crisis response service that also is being proposed for Idaho. In Salt Lake County, the crisis line operates 24/7.

- **Warm Line:** The Salt Lake County Warm Line is a sub-set of the Crisis Line, and is a non-crisis phone service run by trained peer specialists who can assist consumers with support and encouragement when the consumer doesn't need crisis-level services but still wants to talk with someone about their concerns. The Warm Line operates from 3 pm to 11 pm each day.
- **Mobile Crisis Outreach Team:** The Salt Lake County Mobile Crisis Outreach Team, which was initiated in March 2012, is funded through cost savings and consists of a licensed mental health therapist and a peer who travel to provide crisis support, no matter where the consumer is. The mobile crisis team provides crisis intervention and resolution, then ensures that follow up is provided through network providers and community linkages. There are three teams in Salt Lake County, one of which specializes in children/youth**.**

> The Mayor of Salt Lake City reported receiving a call from a local resident who stated that Optum had far exceeded any expectation he had, and was amazed at the speed at which the landscape has changed.

- **Wellness/Recovery Center:** In October 2012, Optum SLC opened our Wellness/Recovery Center, a walk-in facility that providers more extended treatment than the Recovery Center to help consumers who are struggling with mental health issues, but who do not require an acute inpatient stay. The Wellness/Recovery Center has access to social workers, nurses, advanced registered nurse practitioners and psychiatrists to help the consumers stabilize over periods of time up to two weeks.
- **Peer Support:** Optum SLC actively encourages the training of peer support specialists and completion of the coursework required for State certification. In all the new crisis services Optum SLC has implemented, peer support specialists play significant roles. Optum SLC also is actively working to establish a Peer Bridger program before the end of 2013 to work with consumers who are being discharged from inpatient settings
- **Network:** The Salt Lake County Network grew from approximately 370 providers and agencies to over 450 providers. Two inpatient facilities were added while maintaining the existing community-based providers, which historically have been the foundational components of the Salt Lake County service delivery system.
- **Alternatives to Incarceration:** In collaboration with the County, the Legal Defenders and one of the County mental health providers, Optum SLC is working to more quickly identify adults with SPMI who are in the County Jail. Once identified, Optum SLC staff work with the court and the legal system to transition those consumers to mental health services more quickly and reduce incidents of re-incarceration. The program has many components, and the major impact has been on adults with SPMI who are also substance abusing. Outcome data are demonstrating a positive response to the program's efforts in appropriately transitioning mentally ill male inmates out of the County Jail and providing them with the treatment and support they need to return to the community.

San Diego County, California

Since October 1997, Optum has continuously provided comprehensive administrative services for Medicaid members in San Diego County, California and we currently serve 425,000 individuals. In 2008, uninsured individuals and children in the County's Child Welfare system were added to the program.

> Optum has been partnering with San Diego County for 14 years, and has become an integral and respected part of the county's health care delivery system

San Diego County's total population of 3 million includes residents for both the City of San Diego and rural areas, and encompasses a wide range of cultures and languages. Optum delivers a county-wide Access and Crisis Line; provides utilization management for Medi-Cal®; manages State- funded and non-Medicaid child welfare-funded mental health services; provides clinical review and authorization processes to facilitate the provision of and prompt payment for necessary services for fee-for-service and inpatient providers; is responsible for network management and development; and provides full Management Information Systems (MIS) support for all County functions, including claims payment and required reporting to State government. Optum is an integral and respected part of the San Diego County health services systems, and an active collaborator in the continuous improvement of the system of care.

Through our 14-year relationship with San Diego County, Optum has developed t strong, influential relationships with the County Behavioral Health Leadership and staff, the organizational providers, FFS providers, advocacy groups, hospitals and other stakeholder groups. The staff have been able to leverage these invaluable relationships in many ways, including the development of the integrative program of the Low Income Health Program (LIHP), a County-driven project under the State's 1115 waiver, which implemented in July 2011. We continue to leverage these critical relationships to help bridge and integrate the medical and behavioral delivery system in San Diego.

Accomplishments

- **Managing Services During Fiscal Austerity:** During periods of fiscal austerity, Optum San Diego works in tandem with the County to manage resources. As an example, in 2009, due to budget cuts, San Diego County tasked us with saving $500,000 in adult fee-for-service (FFS) outpatient (non-psychiatric) therapy, without limiting access to services. We achieved over $1 million in savings in 2010 without reducing the number of individuals served, and by partnering with the County, community, peer networks and providers to support consumer access, using a brief therapy model to help individuals achieve their goals, and identifying consumers who have longer-term psychiatric needs, and ensuring these consumers received support through the most appropriate resources.
- **NAMI® Hearts & Minds:** Optum partnered with the San Diego National Association on Mental Illness branch with a contribution of $10,000 to support educational seminars based on the NAMI Hearts & Minds program, which focuses on wellness in both mind and body.
- **Community Resource Referral:** Optum's toll-free 24-hour access and crisis line regularly links callers with community resources such as food banks, domestic violence shelters, support groups and other local social services. Feedback from Recovery Innovations, a local sponsor of support groups, is that they have seen a significant increase in participation due to Optum referrals.
- **Designated Crisis Line:** National Suicide Prevention Lifeline Services partners with Optum to direct San Diego County residents to the Optum San Diego access line for crisis services.

> Optum San Diego's Access and Crisis Line is accredited by the American Association of Suicidology and also has received very favorable publicity in the San Diego area

- **Special Help for At Risk Individuals (SHARI):** Through the SHARI program, Optum closely coordinated with county staff regarding the needs of at-risk individuals; employed carefully negotiated protocols that incorporated evidence-based practices; and made information accessible to all parties for best treatment planning and outcomes. During the

first two years of the program, fee-for-service inpatient hospital days were reduced by nearly 70%. Additionally, the program garnered national attention and was the recipient of the 2006 National Association of Counties (NACo) Achievement Award. NACo Achievement Awards recognize innovative and successful programs that benefit the community and can be duplicated in other communities. The SHARI program was also honored with a 2006 Challenge Award Merit Certificate from the California State Association of Counties. This program, which has been discontinued and replaced with new generation coordination efforts, began focused efforts on coordination which continue to this day through programs such as ACT.

- **AAS Accreditation:** Our San Diego Access and Crisis Line has earned accreditation by the American Association of Suicidology (AAS). This accreditation identifies crisis centers that are performing according to nationally recognized standards and demonstrates commitment to providing services according to AAS established principles. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources and survivor support services
- **Operational Improvements:** A recent process improvement effort reduced processing of provider network applications and re-credentialing applications by 30 days to an average of 30-60 days.
- **Inter-Agency Collaboration:** Through the Solutions Building Demonstration Project in San Diego, our UM staff is participating in a collaborative initiative to improve care for adults with developmental disability and co-occurring psychiatric disorders with high frequency, high intensity behaviors that result in the frequent use of crisis services, unplanned psychiatric hospitalizations, use of 911 and mobile crisis teams. Some members of this community also face substance abuse and criminal justice issues. All are dually served through the County Mental Health System, administered by Optum San Diego and the San Diego Regional Center (SDRC), one of 21 centers for persons with developmental disability in the State of California. Representatives of our San Diego Utilization Management team participate on the Specialty Assessment and Treatment Team (SAT), comprised of a multiple specialists across county agencies including a developmental disabilities navigator, a consulting psychiatrist/drug alcohol specialists, and others who complete a comprehensive review and build person-centered strategies for each of these individuals. When individuals, who are asked to participate in the program, enter the care system, our Care Managers use and incorporate the person-centered strategies developed for each person's unique needs for optimal treatment and support. Initial results from this collaboration have been very encouraging.
- **Integration of Care:** Optum San Diego is working with San Diego County to further integrate care between the behavioral health provider network and Federally Qualified Health Centers (FQHC), where many of our consumers get their medical care.
- **Crisis Beds:** In cooperation with San Diego County, Optum has designated crisis beds at the local hospital so that consumers have access to a level of care that allows them to be discharged after only a few hours or a day if the crisis passes, rather than being admitted to inpatient care.

- **Anti-Stigma Campaign:** In partnership with San Diego County, Optum provided our 24-hour toll-free line as an access point for residents in anti-stigma media campaigns directed at the general population and campaigns tailored for Latino residents.

New York City Region, New York

In January, 2011, Governor Andrew Cuomo signed an executive order creating the Medicaid Redesign Team (MRT), which was tasked to find ways to reduce costs and increase quality and efficiency in the State's Medicaid program. Part of the Behavioral Health reform of the MRT is to phase out uncoordinated fee-for-service behavioral health and replace it with a managed system that will encourage appropriate utilization of services, improve care coordination, and reduce costs. Beginning in January, 2012, the State contracted with Behavioral Health Organizations (BHOs) charged with improving engagement in treatment following discharge from acute care settings (inpatient mental health, substance use disorder inpatient detoxification and chemical dependence inpatient rehabilitation) and reducing readmissions to such settings. At this time, BHOs are non-risk bearing regional administrative services organizations.

> Optum is responsible for working with New York City hospitals and helping improve consumers' transition to community-based services when they are discharged from inpatient care to prevent unnecessary readmissions

Optum's New York City (NYC) BHO began operations January 1, 2012. Optum NYC monitors inpatient behavioral health services within the New York City region for Medicaid-enrolled individuals whose inpatient behavioral health services are not covered by (i.e., "carved out" of) a Medicaid Managed Care plan and who also are not enrolled in Medicare. Our goals are to work with the New York City providers to improve clinical outcomes and strengthen individual capabilities to pursue wellness and recovery.

The Optum NYC staff are responsible for performing concurrent reviews of "complex need" behavioral health inpatient consumers, improving the coordination of care and improving discharge planning, reducing behavioral health inpatient readmission rates, improving rates of engagement in outpatient treatment post discharge, gathering information on the clinical conditions of children with a Serious Emotional Disturbance who are covered by Medicaid Managed Care and receiving treatment in an Office of Mental Health-licensed specialty clinic, profiling provider performance, and facilitating cross-systems linkages.

Accomplishments:

- Reviewed and assisted in coordinating care for more than 19,000 admissions in the five boroughs of New York City in just 9 months
- Developed a conceptual model of BHO and Health Home collaboration
- Established specialized work groups with providers and state officials to troubleshoot problems and identify best practices: the Detoxification Work Group, Adolescent and Children Workgroup and Housing Workgroup
- Began the Aftercare Peer Support Initiative which is being implemented in select facilities to encourage aftercare engagement and coordination.
- Implemented an Online Regional Resource Directory that provides important and useful links to agencies, providers, and community resources to assist individuals, families and behavioral disorder providers in the New York City region.

State of Tennessee

In Tennessee, Optum is a subcontractor to our sister company UnitedHealthcare® Community & State (formerly AmeriChoice®), providing integrated management of medical and behavioral health services for over 550,000 TennCare members. We provide a 24-hour access and authorization line, utilization management, provider network services and contracting, and claims processing. Care management is integrated to support whole-person wellness, and the system created new contracts for recovery-oriented services. The Optum strategy also included strengthening and expanding existing peer- and family-run organizations and support services as a critical element in the creation of a recovery and resiliency-focused system.

Accomplishments

- **Residential Treatment Diversion Initiative:** From July of 2009 through October of 2010, the use of onsite assessments and development of alternative community resources enabled Optum to divert 34% of children who would have otherwise been removed from their homes or community settings and placed in residential treatment facilities. Instead, Optum has arranged for local support services to maintain children in their homes with appropriate supports.
- **Peer Bridger Programs:** Peers from contracted organizations are paired with consumers currently receiving inpatient services. Peers work with consumers on discharge planning and provide a range of post-discharge supports and navigation assistance to help prevent readmissions.
- **Comprehensive Personal Care Plan:** Care Managers use a holistic care plan approach to address medical, behavioral, and social/environmental issues impacting member health outcomes.
- **Illness Management and Recovery:** Both peers and professionals in Tennessee help to promote member self-management and recovery.
- **Wellness Recovery Action Plan® (WRAP):** Care Managers and providers are trained to use this recovery best practice developed by Mary Ellen Copeland, which promotes self-management and the recovery process.
- **Community Tenure:** Several Pay-for-Performance initiatives are in place with providers to promote community tenure for mental health consumers.
- **Supported Housing Integration:** Optum has worked to co-locate medical and substance abuse treatment at supported housing sites.
- **Telehealth:** Telehealth is used to expand access to mental health services in rural areas of Tennessee, particularly for children/youth.
- **C-PACT:** The C-PACT model is used in Tennessee, integrating medical practitioners into the traditional PACT program.
- **Consumers as Discharge Specialists:** In order to promote member wellness and recovery, we employ mental health consumers as discharge specialists to work with members after an inpatient hospital stay. They are responsible not only for working with members on their aftercare appointments, but also the social/environmental supports to promote recovery (e.g., support groups, drop-in centers, WRAP).

> Optum has expanded the use of peer- and family-run organizations across the state of Tennessee as a critical component in the creation a recovery- and resiliency-focused behavioral health delivery system

- **Single IT Platform and Integrated Care Management:** One platform is used to manage both medical and behavioral health conditions. Interdisciplinary care management teams further enhance integration and coordination of care.
- **Health Risk Assessment:** A health risk assessment, which includes both mental health and substance abuse screenings, is administered telephonically to each new plan member, helping to direct members to the right services, identify members with chronic conditions and refer them to more intensive care management and disease management programs.

State of Nevada

We serve more than 100,000 Medicaid members in Nevada, and have created a Rapid Response Team to provide emergency and crisis management

Our sister company, Behavioral Healthcare Options (BHO), provides behavioral health management services to the United Healthcare Nevada Medicaid membership in the State of Nevada, serving 104,000 Medicaid and Nevada Check Up (CHIP) members. Since 2005, BHO has managed inpatient and outpatient services, provided a 24-hour access and authorization line, care coordination and discharge planning.

Accomplishments

- **Rapid Response Team**: Our Rapid Response Team is an emergency and crisis management team that operates 24 hours a day, seven days a week. This team comprises behavioral health professionals and is supervised by a PHD or MD. The team travels to the emergency room or medical office to conduct crisis management assessments to determine the best level of care for the member.
- **Psycho-education Groups for parents and children:** On average, 70 children and 65 parents attend the Child/Adolescent Groups side-by-side with the Parenting Classes each Saturday. Groups cover a wide variety of topics from parenting skills and anti-bullying to substance abuse support groups.
- **Cost Containment**: In partnership with our customer in Nevada and in response to a substantial increase in behavioral health costs with no improvement in the health status of our members, we implemented a successful behavioral health cost containment and quality improvement initiative in 2011. The initiative is on track to save $2 million every year, while significantly decreasing the number of mental health admissions and readmissions.
- **Psychosocial Rehabilitation and Basic Skills Training**: For 15 years, we have provided utilization management of Psychosocial Rehabilitation and Basic Skills Training while ensuring these services remain available and improve functioning for children who have SED and adults with SMI
- **Postpartum Depression Screening and Referral**: The goal of this program is early identification of postpartum depression (PPD) symptoms and intervention or referral by the PCP or OB/GYN to a behavioral health care provider. The Edinburgh Post Natal Depression Screening Tool is given each time a postpartum mother visits the OB/GYN, PCP, or pediatrician's office. Once potential PPD is identified, the goal is to get the member an appointment through our behavioral health department as soon as possible, within the same day, or next day appointment to see a therapist.
- **Depression Screening for Individuals with Chronic Illness:** When a member is enrolled in the Health Plan's chronic condition management program, the Whooley Depression Screen is a routine part of intake and referrals to behavioral health services are made based

on screening results. Conditions such as chronic obstructive pulmonary disease, diabetes and heart failure have high rates of co-morbid depression.

Additional Medicaid Behavioral Health Experience

In addition to the programs described in detail above, please see the matrix below which represents our additional Medicaid behavioral health contracts:

Optum: Additional Medicaid Behavioral Health Experience

ARIZONA

Arizona – Acute Care and Uninsured Children

Brief description of the scope of work	We provide coordinated behavioral health services to low-income pregnant women, families, children; ABD SSI individuals; and uninsured children in families at other income levels through the KidsCare CHIP program.
Duration of the contract	Origination: 1982 Most Recent: 10.08 - 09.13
Number of members and the population types	Monthly Avg. 270.2K (Temporary Assistance for Needy Families (TANF) ABD, SSI and uninsured children)

Arizona – Developmental Disabilities/Acute Care E2905001 Amdt #13

Brief description of the scope of work	We provide coordinated BH services to residents who have chronic disabilities attributable to developmental delay, cerebral palsy, epilepsy, or autism manifested prior to age 18. Children under six may be eligible for services, if demonstrated that the child is or will become developmentally disabled.
Duration of the contract	Origination: 1988 Most Recent: 10.11 - 09.16
Number of members and the population types	Monthly Avg: 11,694 (Developmentally disabled)

Arizona – Children's Rehabilitative Services

Brief description of the scope of work	We provide BH services as part of family-centered medical care, rehabilitation, and support services to children and youth with chronic and disabling conditions or potentially disabling health conditions (e.g., bone tumors, cerebral palsy, multiple sclerosis, muscular dystrophy, sickle cell anemia).
Duration of the contract	Origination: 2008 Most Recent: 10.08 - 09.13
Number of members and the population types	Monthly Avg: 22, 080 (Chronic care and rehabilitation)

Arizona – UnitedHealthcare® Dual Complete® (HMO SNP)

Brief description of the scope of work	We provide BH services for dual eligible members enrolled in a SNP who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2005 Most Recent: 01.12 - 12.12 (Annual renewal)

Number of members and the population types	Monthly Avg: 22,763 (Dual eligibles)

Arizona – Plan DH (HMO SNP)

Brief description of the scope of work	We provide BH services for members enrolled in a SNP for dual eligible members who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2005 Most Recent: 01.12 - 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 1,830 (Dual eligibles)

CALIFORNIA

Ventura County Health Care Plan (VCHCP)

Brief description of the scope of work	We manage behavioral health for the Ventura County Health Plan; a County sponsored Health Maintenance Organization (HMO) that offers an extensive range of benefits and low out-of-pocket expenses. The plan was established during fiscal year 1993-1994. In addition to managing BH, we maintain the network, pay claims and offer access to liveandworkwell.com, our health and well-being website. Healthy Families is low cost insurance for children and teens. It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal.
Duration of the contract	12/19/04 through current
Number of members and the population types	12,500 FI 11,000 Healthy Families

DISTRICT of COLUMBIA

District of Columbia – DC Healthy Families and Alliance

Brief Description of Scope of Work	We coordinate mental health benefits for DC Healthy Families (TANF) and Alliance (low income program) members. For DC residents enrolled in TANF programs, we provide inpatient mental health, hospital-based detoxification, sub-acute mental health, psychiatric residential treatment for members through age 21, partial hospitalization, intensive outpatient, routine outpatient, psychological testing and outpatient electroconvulsive therapy. The scope of services for Alliance members includes inpatient mental health and coverage for life-threatening medically managed detoxification. For all populations, we offer care coordination and referral to Department of Mental Health (DMH) for services managed outside the MCO contract, including substance abuse.

Duration of the contract	Origination: 2008 Most Recent: 08.11 – 07.12 (with 1-year renewal)
Number of members and the population types	Monthly Avg: 55K (TANF and Other mothers'/children's Medicaid pgms)

Affiliated Health Plan Experience (District of Columbia – Medicare Dual SNP)

Brief description of the scope of work	We coordinate BH services through a Special Needs Plan (SNP) for dual eligible members who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2008 Most Recent: 01.12 –12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 730 + (Projected EO 2012) (Dual eligibles)

DELAWARE

Delaware – Medicaid/CHIP

Brief description of the scope of work	We coordinate integrated BH services for the State's eligible Medicaid and CHIP recipients.
Duration of the contract	Medicaid/CHIP Origination: 2007 Most Recent: 07.12 - 07.13
Number of members and the population types	Monthly Avg: 57K (Medicaid and CHIP)

Delaware – Long Term Care/ABD

Brief description of the scope of work	We coordinate BH with our affiliated health plan for the State's eligible Medicaid Long Term Care and ADB dual recipients across the State. Medically necessary services are provided in institutional and home and community based settings. Other benefits include, for example, Personal Emergency Response Systems, Home Modifications and Home Delivered Meals.
Duration of the contract	Long Term Care/ABD Origination: 2012 Most Recent: 04.12 - 06.12
Number of members and the population types	Monthly Avg: 4.7K (Long Term Care and ABD)

FLORIDA

Florida – Florida Healthy Kids

Brief description of the scope of work	We coordinate integrated BH for CHIP members. Currently, we deliver BH in 41 counties throughout the State of Florida.
Duration of the contract	Origination: 1996 Most Recent: 10.10 - 09.14 with 2 1-year renewals
Number of members and the population	Monthly Avg: 63K (CHIP)

types	

Florida – Frail and Elder Program

Brief description of the scope of work	We provide BH as part of a coordinated care management service for elderly and chronically ill people living in their homes. Some enrollees are Medicaid only and receive the full scope of Medicaid benefits, in addition to home and community based services through UnitedHealthcare. Services offered are for people who otherwise might have to live in a nursing home.
Duration of the contract	Originated: 1996 Most Recent: 09.12 – 08. 15
Number of members and the population types	Monthly Avg: 2.6K (Elderly and Chronically Ill)

Florida – Nursing Home Diversion Program

Brief description of the scope of work	We coordinate BH for Florida Medicaid eligibles 65 years or older, who are also Medicare Parts A and B eligible. As a coordinated case management program for community-based elderly at risk of nursing home placement, the mission is to keep frail elderly individuals living independently in their own homes for as long as possible.
Duration of the contract	Origination: 1998 Most Recent: 09.12 – 08.13
Number of members and the population types	Monthly Avg: 2.1K (Medicaid/Medicare A-B eligibles)

HAWAII

Hawaii – QExA (Medicaid)

Brief description of the scope of work	We coordinate BH for the aged, blind and disabled including older adults, children and adults with disabilities, medically fragile children, and those in a nursing facility or alternative long term care setting. Approximately two-thirds of the population are dual eligibles.
Duration of the contract	Origination (QExA): 2009 Most Recent: 07.1.2012 – 12.31.2013
Number of members and the population types	Monthly Avg: 21K (ABD, LTC, nursing home certifiable)

Hawaii - QUEST

Brief description of the scope of work	We coordinate BH services for Medicaid managed care program for those who are NOT aged, blind and disabled. Includes TANF and CHIP populations. QUEST program members who <u>become</u> dis-abled, eligible for Medicare, require nursing level of care, and/or turn 65 years old are transferred from the QUEST program to the QExA program by the State of Hawaii.
Duration of the contract	Origination: 1994 (QUEST Program)

	UnitedHealthcare became a QUEST plan 07.12 Current contract 07.12 – 12.14 with option of (4) 1yr ext.
Number of members and the population types	Monthly Avg: 4,500 TANF/CHIP (primarily "moms & kids")

Hawaii – Medicare Dual SNP

Brief description of the scope of work	We coordinate BH dual eligible members enrolled in this SNP who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2006 Most Recent: 01.12 – 12.12 (Annual renewal) Currently, there are two CMS contracts, Local PPO and Regional PO (H5424-005 and R3175-003). Annual Renewal with CMS (renewed for CY 2013).
Number of members and the population types	Monthly Avg: 9.4K (Dual eligibles) State-wide program. Of the 9,400, approximately 7,500 are members in UnitedHealthcare's Hawaii QExA Medicaid program.

IOWA

Iowa – Healthy and Well Kids of Iowa (hawk-i)

Brief description of the scope of work	We coordinate BH services for the uninsured children of working families in 99 counties.
Duration of the contract	Origination: 1999 Most Recent: 03.10 - 06.13 (with 3 1-yr renewals)
Number of members and the population types	Monthly Avg: 9K

Iowa – Medicare Advantage (Dual SNP)

Brief description of the scope of work	We coordinate BH services for SNP for dual eligible members who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2008 Most Recent: 01.12 – 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 650 (Dual eligibles)

LOUISIANA

Louisiana – Coordinated Care Network

Brief description of the scope of work	We coordinate integrated BH Services for Medicaid and CHIP members in three designated GSAs through care management, predictive modeling, and the use of patient-centered medical homes.
Duration of the contract	Origination: 2011 Most Recent: 01.12 – 12.14

Number of members and the population types	Monthly Avg: 228K (TANF and SSI)

MARYLAND

Maryland – Medicaid, CHIP, Primary Adult

Brief description of the scope of work	We coordination substance abuse only services for the beneficiaries of Maryland's HealthChoice (Medicaid, Children's Health Insurance Program) and Primary Adult Care programs.
Duration of the contract	Originated: 07.97 Most Recent: 01.12 – 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 140.2K (Medicaid, CHIP, SSI) Monthly Avg: 20K (Primary Adult Care)

MASSACHUSETTS

Massachusetts – Senior Care Options

Brief description of the scope of work	We coordinate BH as part of a high touch integrated approach combining health and social services, and home and community based services (HCBS). This is a coordinated health care plan that contracts with the Federal government and with Massachusetts Medicaid to deliver and coordinate all Medicare and Medicaid covered benefits for eligible individuals
Duration of the contract	Origination: 2004 Most Recent: 01.09 – 12.14
Number of members and the population types	Monthly Avg: 8.3K (Est. 2012) (Medicaid and Medicare)

MICHIGAN

Michigan - Medicaid

Brief description of the scope of work	We coordinate an outpatient BH benefit (20 visits) only as part of comprehensive health plan services in 25 counties for an enrolled Medicaid population, which includes families with children receiving financial assistance; the aged, blind and disabled; and other population groups defined as categorically needy
Duration of the contract	Origination: 1996 Most Recent: 10.09 – 09.12 w/3 1 yr. opt. extensions
Number of members and the population types	Monthly Avg: 239,032 (Medicaid)

MINNESOTA

Medica Medicaid Health Plans

Brief description of the scope of work	We provide BH services for Medica members enrolled in Minnesota's public assistance programs,. In this role, we manage all behavioral health services, provide utilization management, perform provider network management and development and pay claims.
Duration of the contract	1992 – current
Number of members and the population types	126,000 Medicaid, 10,000 dual and 47,000 Medicare

MISSISSIPPI

Mississippi - CHIP

Brief description of the scope of work	We coordinate BH services for a CHIP-eligible populations in 82 counties throughout the State.
Duration of the contract	Origination: 2010 Most Recent: 01.10 – 12.13
Number of members and the population types	Monthly Avg: 70K (CHIP)

NEBRASKA

Nebraska – Medicare Advantage (Dual SNP)

Brief description of the scope of work	We coordinate BH for SNP-enrolled dual eligible members who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2008 Most Recent: 01.12 – 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 860 (Dual eligibles)

NEW JERSEY

New Jersey - Medicaid

Brief description of the scope of work	We coordinate BH as part of a statewide Medicaid health plan.
Duration of the contract	Originated: 1995 Most Recent: 07.12-06.13 (Annual review)
Number of members and the population types	Monthly Avg: 360K (Medicaid)

New Jersey – Family Care

Brief description of the scope of work	We coordinate BH for children 18 and younger may apply for the program and certain low-income parents/guardians.
Duration of the contract	Originated: 1995 Most Recent: 07.12-06.13 (Annual review)
Number of members and the population types	Monthly Avg: 57K (Uninsured children and adults)

New Jersey – Dual Complete Medicare SNP

Brief description of the scope of work	We coordinate BH services across 10 counties through this Dual Complete SNP program services for eligible Medicare Advantage beneficiaries with Medicaid coverage.
Duration of the contract	Originated: 1995 Most Recent: 01.12-12.12
Number of members and the population types	Monthly Avg: 7.5K (Dual eligibles)

OHIO

Ohio – Aged, Blind and Disabled (ABD)

Brief description of the scope of work	We coordinate behavioral health care services paid in whole or in part using community levy tax dollars are carved out and remain in the fee-for-service program, but we are responsible for coordination and management of care with community behavioral health care providers and remain at risk for behavioral health retail pharmacy, behavioral health admissions to general hospitals and the cost of professional services related to inpatient stays in state institutions or private mental health facilities. In the event a member cannot or will avail themselves of behavioral health services through a community behavioral health center (CBHC), then the plan is responsible for providing access to certain behavioral health services provided by a psychiatrist or independent psychologist.
Duration of the contract	Originated: 2006 Most Recent: 07.11 – 06.12 (Auto- renewal)
Number of members and the population types	Monthly Avg: 14,286 (ABD)

Ohio – Medicare Dual Complete

Brief description of the scope of work	We coordinate BH services for Ohio consumers who are eligible for Medicare Part A and B. They must also be fully eligible for Ohio Medicaid or eligible as a Qualified Medicare Beneficiary (QMB) for Ohio Medicaid. Members actively select UnitedHealthcare Dual Complete as a Medicare Advantage Plan (Medicare Part C). . Currently, this plan serves members in 13 of 88 Ohio counties.
Duration of the contract	Origination: 2010 Most Recent: 01.12 – 12.12 (Annual renewal)

Number of members and the population types	Monthly Avg: 6338 (Dual eligibles)

RHODE ISLAND

Rhode Island – Rite Care/Medicaid (CHIP and TANF)

Brief description of the scope of work	We coordinate BH services for TANF/CHIP populations
Duration of the contract	Originated: 1994 Most Recent: 09.10 - 06.14 with 3 1-year options
Number of members and the population types	Monthly Avg: 38.5K (TANF and CHIP)

Rhode Island – Rhody Health Partners (Adult SSI)

Brief description of the scope of work	We provide comprehensive member care including BH for adult SSI populations. Care managers (RNs, community outreach, and behavioral health clinicians) deliver care management, including risk assessments and individualized care plans with monitoring and oversight.
Duration of the contract	Originated: 2008 Most Recent: 09.10 - 06.30.14 with 3 1-year options
Number of members and the population types	Monthly Avg: 7K (Adult SSI)

Rhode Island – Children w/Special Health Care Needs

Brief description of the scope of work	We provide comprehensive member care for adult SSI populations, to include medical and behavioral health, and pharmacy services. Care managers (for example, RNs, community outreach, and behavioral health clinicians) deliver care management, including risk assessments and individualized care plans with monitoring and oversight. We work collaboratively with our network providers to ensure appropriate care is delivered to our members.
Duration of the contract	Originated: 2008 Most Recent: 09.10 - 06.30.14 with 3 1-year options
Number of members and the population types	Monthly Avg: 1.5K (Children w/Special Needs)

TEXAS

Texas - STAR

Brief description of the scope of work	We coordinate BH services for TANF members in Brazoria, Fort Bend, Galveston, Harris, Montgomery and Waller Counties. We expanded into the Hildalgo service delivery areas effective 3.1.12.

Duration of the contract	Origination: 2007 Most Recent: 03.01.12 with option to renew up to 6 years.
Number of members and the population types	Monthly Avg: 98K (Medicaid)

Texas – Star+Plus

Brief description of the scope of work	We coordinate BH services to people with disabilities, managed through Texas Health and Human Services Commission. The program is for eligible people 18 and over, Supplemental Security Income (SSI) and SSI-related seniors, and those with disabilities or specific long-term illnesses covered under Medicaid. Care services are provided to assist with day-to-day activities, to promote independent living and to encourage appropriate medical checks.
Number of members and the population types	Monthly Avg: 63K (STAR+Plus – SSI and LTC)

Texas – Dual SNPs

Brief description of the scope of work	We coordinate BH services for members enrolled in a SNP for dual eligible members who have full Medicaid benefits and are enrolled in Medicare Parts A and B.
Duration of the contract	Origination: 2005 Most Recent: 01.12 - 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 25K (Dual eligibles)

WASHINGTON

Washington – Healthy Options (Medicaid, CHIP and ABD)

Brief description of the scope of work	We provide BH services as part of an integrated program for the Washington Medicaid (Healthy Options, SCHIP and Blind and Disabled) program and the Washington Basic Health Program.
Duration of the contract	Origination: 2012 Most Recent: 07.12 – 12.13
Number of members and the population types	New health plan; as of 10.31.12 - 30,726 (actual) Projected through 06.30.13 – 41,701 (Medicaid, CHIP and ABD)

WISCONSIN

Wisconsin – BadgerCare Plus

Brief description of the scope of work	We coordinate BH services for children under 19 years of age and families needing health insurance. Children are covered, regardless of household income. Many families without access to health insurance, eligible childless adults and pregnant women are also eligible.

Duration of the contract	Origination 1984 Most Recent: 03.12 – 12.13
Number of members and the population types	Monthly Avg: 125K (Medicaid, SSI, Childless Adults

Wisconsin – Dual SNP 1 (Medicare)

Brief description of the scope of work	We provide BH services for this full dual contract for Medicare beneficiaries. Medicaid SSI membership remains in the HMO for integrated care delivery, while BadgercarePlus membership is disenrolled to FFS.
Duration of the contract	Origination: 2008 Most Recent: 01.12 – 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 1,915 (Dual eligibles - Medicare)

Wisconsin – Dual SNP 2 (Medicare)

Brief description of the scope of work	We coordinate behavioral health for this full dual contract for Medicare beneficiaries.
Duration of the contract	Most Recent: 01.12 – 12.12 (Annual renewal)
Number of members and the population types	Monthly Avg: 2,077 (Dual eligibles - Medicare)

3.8.1.2. Proven track record in providing services to other governmental clients and populations similar to the Members covered under this contract as demonstrated by:

3.8.1.2.1.Experience managing care for children with SED and severe behavioral health challenges including, but not limited to, children who are, or have been, involved with the child welfare and juvenile justice systems, particularly those at risk of, or already in, restrictive settings outside their home;

In all of the programs listed in the table included under section 3.8.1.1.2, Optum manages care for children with SED, many of whom have current or past child welfare involvement and/or involvement with the juvenile justice system.

Our goal is always to help youth remain in their homes or as close to their homes as possible and to avoid residential treatment and inpatient care unless it is medically necessary. Our responsibility differs from contract to contract, but we always work with families and providers to ensure that the medically necessary Medicaid-funded treatment and support services are coordinated with other services being provided in and around the child and family's home so that the child can remain at home or return home as quickly as possible.

> In all the contracts in which we provide mental health and/or substance abuse services to children and adolescents, we follow a system of care approach and execute Memoranda of Understanding with all the agencies that also are serving children and families

Interface with Child Welfare and Juvenile Justice Systems

During the implementation of a new contract, one of our first priorities is to work with the Medicaid agency to develop inter-agency agreements with other state agencies that also serve Members in our plan. Inter-agency agreements, at minimum, name a point of contact in each organization that can help coordinate communication and treatment planning about individuals being served by both agencies. The agreements also typically express the agencies' commitments to ensure coordinated treatment planning and service delivery, to work together to resolve issues, and to meet on a regularly scheduled basis (e.g., monthly or quarterly) to discuss policy and program changes.

Optum New Mexico has launched community-based care coordination with the New Mexico Children's Youth and Family Division (CYFD), focused on youth with SED who are involved in Juvenile Justice and Protective Services. This unified, comprehensive coordination of care process for youth with SED has diverted youth from higher-levels of care to community-based alternatives and wrap-around plans managed through the State's Core Service Agencies. The goal of this ongoing initiative was—and the outcome to date has been—that specific youth in juvenile justice or protective service custody receive a referral for behavioral health services within ten days. This initiative also helps CYFD comply with the 2011 Child and Family Services Improvement and Innovation Act regarding access to behavioral health services for children in protective services.

To launch the Continuum of Care initiative, Optum New Mexico, along with CYFD representatives including Juvenile Probation Officers, Juvenile Justice Services, Protective Services, and Core Service Agency representatives canvassed the state, covering every NM country and conducting training to 600+ persons. Additionally, we outreached to the Children's Court Judge Conclave, other judges and many district attorneys in the state to help them understand the operation and significance of the initiative. The initial results of this initiative are promising.

Tennessee and New Mexico Youth Residential Quality Improvement Activities

In Tennessee and New Mexico, Optum has engaged in quality improvement activities to reduce the number of children who are placed in residential facilities. This includes enhanced review of requests for residential placement and on-site evaluations to examine both the child's need for residential care and the availability of support services to help the child stay in his/her home and community rather than entering residential care. Summaries of the interventions and results are included below. Please note that the interventions in these two states are not identical because they were customized to each state's culture and delivery system.

With the guidance of IDHW, we also will customize our support of children in Idaho to ensure that the benefits of the Idaho Behavioral Health Plan are available to every child and family enrolled in the Plan and that Idaho Plan services are fully coordinated with services being provided through other state and community agencies.

Tennessee

In Tennessee, Optum and United Healthcare Community & State together manage all Medicaid services for TennCare enrollees in all three Grand Regions of the state. Based on stakeholder feedback and an analysis of utilization data, out-of-home treatment was being used too frequently and for too long a time in most parts of the state.

> We believe that children should grow up in families rather than in treatment facilities. Therefore we create partnerships to focus on reducing the number of children and adolescents placed in out-of-home care.

Beginning in 2009, we initiated a collaborative health care quality initiative focusing on high utilization of residential treatment by children and adolescents in TennCare. The goal of this initiative was to ensure youth who could receive the appropriate level of services in a community setting would do so — instead of being removed from their homes and admitted to more expensive residential treatment facilities. Interventions in the Tennessee initiative include:

- Contracting with community providers to conduct comprehensive assessments of youth referred for residential treatment and their families. Assessments are completed at the youth's home or other community settings within two business days of the request.
- An Optum Utilization Manager (who is a licensed mental health clinician) reviews the initial clinical information submitted by the residential treatment provider requesting admission, in addition to the written assessment completed on the child and family, and makes a determination about whether or not the youth meets medical necessity criteria for residential treatment and if there are adequate community resources to maintain the youth at home.
- If admission to a residential facility does not appear to be necessary, the Utilization Manager consults with a peer reviewer (psychiatrist).
- If the request for residential treatment is not authorized, a peer-to-peer review is offered to the residential facility.

Results:

From May of 2009 through February of 2011, a total of 35.5% requests for residential admission resulted in the youth remaining in his or her home with community-based or in-home services. Services are usually in place within 24 hours.

New Mexico

The New Mexico program is one of the most complex in the nation, and includes a broad array of funding streams used to reimburse providers for mental health and substance abuse services required by the more than 350,000 enrollees. Therefore, Optum New Mexico is responsible for inpatient, outpatient and residential psychiatric services required by youth as well as a full array of other services.

> Optum New Mexico offers training workshops in English and Spanish to parents of children in treatment to help them navigate the system, understand their child's diagnosis, and effectively participate in treatment.

Soon after implementation, residential treatment was identified as having a higher-than-expected rate of utilization. Therefore, Optum New Mexico has focused efforts on ensuring appropriate placement and lengths of stay for this service. Interventions in New Mexico include:

- Careful application of the level of care guidelines
- Active care coordination in cases where residential treatment has been brought forward as the identified or preferred treatment modality
- Increased communication with system stakeholders regarding alternative or less restrictive treatment

Results:

Please see table below for results:

Metric	Initial Year 2009 7/1/2009 – 12/31/2009	Second Year 2010 7/1/2010 – 12/31/2010	Outcomes Achieved
Residential Treatment Admissions	372 monthly	199 Monthly	46.5% Reduction in Residential Treatment Admissions
Residential Treatment Readmission Rate	37.9%	11.3	-47.2% reduction in readmission rate -$9.6M in savings
Resident Bed Days/1000	26.2	63,617	-57.5% decrease in bed days/1000 -ALOS** decreased by 19.1%

Core Service Agencies Serving Children with SED

In the State of New Mexico, Optum has worked with agencies in the New Mexico Behavioral Health Collaborative to develop Core Service Agencies in communities to provide more comprehensive care to individuals with SMI and SPMI and to children/youth with SED. Implementation of CSAs statewide was an intense endeavor and required an abundance of technical assistance and support. Each Core Service Agency coordinates care and provides essential services to children, youth and adults who have a serious mental illness, severe emotional disturbance, or dependence on alcohol or drugs. For those eligible to receive services, the CSAs provide or coordinate psychiatric services, medication management, everyday crisis services, and comprehensive community support services (CCSS) that support an individual's self-identified recovery goals, and other clinical services.

Core Service agencies for children are designed to:

- Engage youth and families as full partners in their care
- Provide continuity of care
- Decrease involvement with the criminal justice system
- Help avoid, shorten or mitigate crisis situations by planning

Services include:

- Comprehensive Assessment
- Person-Centered Service Plans
- 24/7 Access & Crisis Planning
- Continuing responsibility and commitment to the consumer
- Comprehensive Community Support Services (CCSS)

NO REJECT, NO EJECT
A CSA will not "reject" or "eject" *individuals who meet the definition of 'target population' within the designated area.*
No "Reject" *means the agency must accept the referral for eligibility determination, and if eligible, provide/coordinate services within funding availability.*
No "eject" *means that the agency must continue to follow the consumer through all levels of care and movement within the system(s)*

To measure accountability of Core Service Agencies, the following quality assurance monitors are in place:

- Agencies must track referrals, provide eligibility determinations and appropriate levels of assessment/services if the consumer meets the target population criteria
- Eligibility and assessment processes are monitored through reports, site visits and other reviews by Optum New Mexico in collaboration with the State
- Quality Service Review (QSR) also ensures that CSAs are focusing on what the consumer deems a priority
- The statewide family organization also is conducting recovery and resiliency checkups with CSAs

Optum New Mexico and all CSAs are also tasked with ensuring that the consumer has choice in addressing their behavioral healthcare needs

Out-of-State Residential Placements

When Optum's contract was implemented in New Mexico in July of 2009, 128 youth were placed in out- of-state residential treatment centers. These placements were not conducive to youths' rapid return to their homes and communities because it was difficult to maintain a connection between the child's home and family or foster family. To address this, Optum New Mexico convened a committee comprised of in-state residential treatment providers and Optum New Mexico staff. After reviewing data and case profiles, the committee determined that youth with complex conditions were being sent to out-of-state facilities and that most could be returned in-state if the right services were in place. To address the needs, the following system changes were made:

- Core Service Agencies, Treatment Foster Care agencies and schools participate in monthly staffings
- Local school health managers are being engaged to help ensure smooth transition back to local school and community
- Wrap around services to support children and their families are being developed
- Specialized services are being created for children with Autism Spectrum Disorders with the assistance and expertise of an Autism Oversight Team including providers, families and other community stakeholders. This group helped draft a specific discharge planning process which Special Education Directors across the state are to follow, in cooperation with the New Mexico Public Education Department

As a result of these efforts, the number of New Mexico youth placed at out-of-state residential facilities was reduced to 31, a 76% reduction. Further, in order to bring children home, Optum New Mexico identified and worked to close network gaps which required children to be placed in out-of-state residential placements. As an example, we established a dedicated unit at Desert Hills to address the needs of children/youth who are deaf or have hearing impairment and require residential placement. We are currently developing a NM group home setting for nine children with autism who are in out-of-state placements at an annual cost of $219,000 per child.

Case Study: Daniel

Daniel is a 16-year-old with an extended history of out-of- home treatment and unsuccessful discharges. Daniel's diagnoses are Mood Disorder NOS, Oppositional Defiant Disorder, and Attention-Deficit Hyperactivity Disorder on Axis I; Mild Mental Retardation on Axis II; Fetal Alcohol Syndrome and Blindness in the right eye on Axis III. In 2009 when we assumed responsibility for the New Mexico contract, Daniel was in a residential program at Sequoyah Residential Treatment Center. He spent over 266 days there before returning home to live with his grandmother/guardian. During a four-month stay at home, Daniel's assigned Core Service Agency attempted to provide community support, but despite best efforts, Daniel was reported to be deteriorating. Because New Mexico has no programs to adequately address the treatment needs of a juvenile sex offender with mental retardation, Daniel was sent to San Marcos Treatment Center in October of 2010. He completed treatment 261 days later, and has returned home again with wraparound services including include medication management, Functional Family Therapy, CCSS, and BMS. Stakeholders involved in Daniel's discharge plan include Daniel, the Optum New Mexico care coordinator, Daniel's grandmother, his therapist at San Marcos Treatment Center, and an FYI Wraparound caseworker. The grandmother reports that Daniel is improved. He is enrolled in high school and reported to be doing well both in school and at home.

Case Study: Nicole

Nicole, a 16-year-old New Mexico resident, returned to the state after more than two years in an out-of-state placement. Prior in-state placements had not been successful because of Nicole's violent behavior. Diagnosed with Mood Disorder, Oppositional Defiant Disorder, Polysubstance Dependence, and an Axis II of Borderline Personality Disorder, Nicole has been in the custody of Child and Family Services for most of her life, and she experiences attachment issues. While a lateral transfer between residential care settings is not typically done, the Optum New Mexico Care Coordinator identified a gradual step down for Nicole from Copper Hills to Mingus Mountain, a less restrictive residential setting. During her Mingus stay, Nicole expressed a desire to return to New Mexico and become a "better person," Nicole successfully met treatment objectives. With this success, and with collaboration between Optum New Mexico and Child and Family Services an appropriate Treatment Foster Care Setting at Namaste was arranged. With the help of Mingus staff and Child and Family Services support, Nicole continues to flourish.

3.8.1.2.2. Experience managing care for adults with SMI, SPMI and/or substance use disorders;

Individuals with SMI or SPMI

In all of the programs listed in the table included under section 3.8.1.1.2, Optum manages care for adults with SMI and SPMI. For consumers with SMI and SPMI, Optum Idaho will support a strong focus on wellness, recovery, resiliency and increase in overall functioning. Our current programs exhibit these values through:

- A strong focus on those consumers and families who are at the greatest clinical risk, beginning with early identification and continuing with enhanced support and coordination
- An increased focus on consumer wellness and the consumer's responsibility for his or her own health and well-being as an integral part of recovery and resiliency
- Improved care coordination for consumers moving between services, especially those being discharged from 24-hour care settings

- Development of clear Recovery and Resiliency goals and outcomes for the system (and provider agencies) as part of the Quality Management Program
- Inclusion of a recovery/resiliency focus in all individual treatment planning, including an emphasis on helping each consumer learn how to manage his or her own health and well-being
- Emphasis on supporting consumers in increasing their level of functioning and participation in their families and communities

Core Service Agency Development in New Mexico for Adults with SMI and SPMI

In the State of New Mexico, Optum has worked with agencies in the New Mexico Behavioral Health Collaborative to develop Core Service Agencies in communities to provide more comprehensive care to individuals with SMI and SPMI. Each Core Service Agency coordinates care and provides essential services to children, youth and adults who have a serious mental illness, severe emotional disturbance, or dependence on alcohol or drugs. For those eligible to receive services, the CSAs provide or coordinate psychiatric services, medication management, everyday crisis services, and comprehensive community support services (CCSS) that support an individual's self-identified recovery goals, and other clinical services.

> The Core Service Agencies developed by Optum New Mexico in cooperation with the New Mexico Behavioral Health Collaborative provide highly integrated services to people with serious mental illness, SED or chronic dependence on alcohol or drugs

Core Service agencies for Adults with SMI and SPMI:

- Engage individuals as full partners in their care
- Provide continuity of care
- Decrease involvement with the criminal justice system
- Help avoid, shorten or mitigate crisis situations by planning

Services include:

- Comprehensive Assessment
- Person-Centered Service Plans
- 24/7 Access & Crisis Planning
- Continuing responsibility and commitment to the consumer
- Comprehensive Community Support Services (CCSS)

> Our Vice President of Consumer Affairs conducted training on "Question, Persuade, and Refer" (QPR) for 738 non-professionals in San Diego who wanted to strengthen their understanding of suicide prevention.

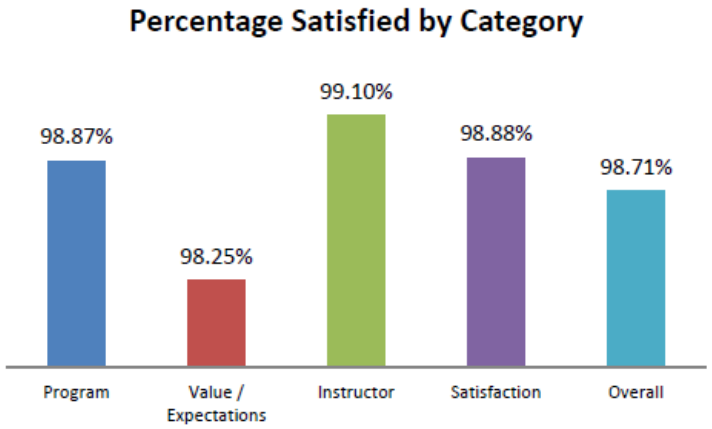
Suicide Prevention in San Diego

As explained on the National Alliance on Mental Illness web site: "Findings from psychological autopsy (PA) studies, where the individual's state of mind prior to the suicide is determined through extensive interviews and review of medical history, indicate that about 90 percent of persons who completed suicides in all age groups had a diagnosable mental or substance abuse disorder. In other words, having a mental or substance abuse disorder is nearly a necessary

condition for suicide to occur.[1]" Sadly, approximately five percent of individuals diagnosed with Schizophrenia will die by suicide[2].

When we are part of a public sector delivery system, Optum works with the state agencies we serve to strengthen suicide prevention efforts. In our proposal for Idaho, we are including a Member Access and Crisis Line and have already talked with a member of the Idaho Council on Suicide Prevention about how we might work with our IDHW Contract Manager and the Council to coordinate with Council's hotline if Optum were selected as the Contractor for the Idaho Plan for Behavioral Health.

Optum has worked cooperatively in a similar situation in San Diego. In collaboration with the San Diego County Suicide Prevention Council and Community Health Improvement Partners, Optum San Diego presented 37 trainings throughout San Diego County on 'Question, Persuade, and Refer' (QPR) in October-December of 2011. A total of 738 people were successfully trained on how to 'Question, Persuade and Refer' persons who are verbalizing suicidal thoughts. The trainings are provided to non-professionals who want to strengthen their knowledge about suicide prevention. Trainings targeted faith- and school-based communities to address the unique needs of the populations that they serve. Of the 738 who received training, 588 filled out a survey questionnaire rating the QPR Trainings on a scale of 1 to 10,with 1 being extremely dissatisfied and 10 being extremely satisfied:



Susan Bergeson, Optum's Vice President of Consumer Affairs, conducted the QPR trainings in San Diego. Ms. Bergeson's role at Optum is to support our public sector network operations by providing guidance, strategy and fostering a culture of Recovery and Resiliency. She promotes practices that are anchored in the belief that people with mental illness are able to live, act, work and participate productively in their communities despite their disability, and are resilient and able to rebound from trauma, stigma and other stresses with a sense of mastery. Ms. Bergeson is a consumer with the lived experience of recovery. She is also a family member who struggled to support her beloved sister who died by suicide in 1999. In May 2012, Ms. Bergeson received a Chairperson's Award given by the U.S. Psychiatric Rehabilitation Association (USPRA), whose members developed and defined the practice of psychosocial/psychiatric rehabilitation.

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[1]Author: ***Jane Pearson, Ph.D., chair, National Institute of Mental Health (NIMH) Suicide Research Consortium as published on NAMI Web site***

[2] Palmer BA, Pankratz VS, Bostwick JM (March 2005). "The lifetime risk of suicide in schizophrenia: a reexamination". *Arch. Gen. Psychiatry* **62** (3): 247–53

Peer- Based Services to Support individuals with SPMI

Optum calls upon the experience, expertise and support peers can provide in each of our public sector behavioral health programs. This includes hiring peers as full-time staff in peer support, family support and a wide variety of other staff roles within our organization. We also rely on peer services t delivered through our provider networks. For example, in Pierce County, Washington:

- Mobile Crisis outreach teams all include a Certified Peer Support Specialists and Youth and Family supports
- A Consumer Warm Line was created and is operated by Certified Peer Support Specialists
- 50% of the staff of the 16-bed Crisis Triage/Recovery Response Center are Certified Peer Support Specialists
- Two Evaluation and Treatment centers have Certified Peer Support Specialists on staff
- A Peer Bridger program is used to assist individuals discharged from inpatient services in adjusting back to life in their communities
- An emergency room diversion program which includes both Certified Peer Support and mental health professional staff saw 565 individuals in emergency rooms over recent 7 month period. Only 29 resulted in hospitalization
- A 38-foot mobile integrated health clinic is staffed by an advanced registered nurse practitioner, nursing coordinator and wellness peer support coach, with off-site supervision by a physician
- More than 30% of the staff employed by Optum Pierce County are consumers and/or peer support specialists

When Optum implemented in July of 2009, there were no Certified Peer Support Specialists employed. By July, 2012, a total of 166 individual had been trained, 126 were employed as Peer Support Specialists and 90 individuals were on a waiting list to be trained.

Individuals with Substance Use Disorders

Optum manages substance abuse services in our programs in New Mexico, Salt Lake County, Tennessee, and Nevada and we work with providers to identify and implement best practices. In New Mexico, one of the substance abuse programs we use for adolescents is the Bonding through Experiential Adventures in Recovery (BEAR) Services. The BEAR program is a joint partnership between Optum New Mexico, the Santa Fe Mountain Center and TeamBuilders, a Counseling Services for adolescents and young adults (ages 14-21) who are struggling with substance abuse disorders. Services include:

- Recovery Coaching: Comprehensive Community and Family Support Services Matrix Model Intensive Outpatient Treatment Program (IOP) – includes three skills groups per week, one family support group per week, individual and family therapy, involvement in 12-step community and recovery education program
- Adventure therapy through the Santa Fe Mountain Center
- Expressive therapies including art therapy and Sandplay®
- Drug-free recreational activities and community service projects

The treatment approach includes a comprehensive behavioral health assessment and a primary focus on whole-person recovery through the following intensive outpatient treatment program. Components include: three skills groups per week, one family support group per week, individual and family therapy, 12-step community and recovery programming and adventure-based therapy via Santa Fe Mountain Center's Expressive therapies (art therapy, Sandplay and drug-free recreational activities and community service projects).

> One of the evidence-based best practices for teens with substance abuse disorders is the Bonding through Experiential Adventures in Recovery (BEAR) program which has been implemented in New Mexico

The next generation of this program will add a mandatory primary care provider assessment of the youth to identify any physical conditions, because drug abuse is related to such conditions as cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, MRSA (infection caused by staph bacteria), diabetes, coma, and lung disease. Any physical conditions identified will be discussed with the youth and folded into the treatment program, replacing problem behaviors with healthy behaviors. In some cases, exercise, an inherent part of experiential learning/adventure-based therapy, leads to improved overall health and reductions in unhealthy choices.

The expected outcomes for the BEAR program are a reduction in substance abuse and stronger connections to protective factors such as community and family. The program is designed to build upon personal assets and to help participants develop a stronger internal center of control.

Salt Lake County

Substance abuse management was added to Optum's contract in Salt Lake County in July of 2012, a year after mental health management began. Using *American Society of Addiction Medicine Patient Placement Criteria 2R* (ASAM PPC-2R) criteria to establish most appropriate level of care placement, Optum SLC provides prior authorization, concurrent and retrospective review of requested substance abuse services.

In addition, in Salt Lake County, Optum's contract with providers requires that they utilize the electronic health record (EHR) chosen by the county, which is the Utah Web Based Infrastructure for Treatment Services (UWITS) as the primary record for all County (including Medicaid) clients. Optum is responsible for keeping data comprehensive and updated. Any provider not using UWITS must have an approved interface to the UWITS system in order to satisfy all the State and county data requirements. Costs of producing and testing an interface to the UWITS system is Optum's responsibility in Salt Lake County.

> Optum has adopted ASAM criteria (ASAM PPC-2R) as our level of care criteria for substance abuse treatment.

Tennessee

Optum currently manages substance abuse benefits in Tennessee for Members with Medicaid and for Medicare beneficiaries. We utilize the *American Society of Addiction Medicine Patient Placement Criteria 2R* (ASAM PPC-2R) guidelines for placement, continued stay and discharge of individuals with addiction disorders. In Tennessee, our Chief Medical Officer is Charles Freed, MD, MHA, CPE, FAPA. Dr. Freed is an addiction psychiatrist who consults extensively within our company on Suboxone related issues. Through Dr. Freed's work, we have an

initiative in place in cooperation with Alkermes, the pharmaceutical company which makes ReVia and Vivitrol (oral and depot forms of the opioid receptor antagonist Naltrexone). The purpose of this initiative is to assist providers, and therefore, our Members, to more easily access Vivitrol on an outpatient basis for treatment of opioid dependence. Vivitrol is also FDA approved for treatment of alcohol dependence, so is ideal for members who are both opioid and alcohol dependent.

We initiated this activity, in part, to create an alternative to Suboxone for treating opioid dependence, as Suboxone providers are not commonly available and, therefore, difficult to access. In addition, while Vivitrol is much more expensive than Suboxone on a per member per month basis, it is used for a shorter period of time, and is therefore, more cost effective in the longer run.

Nevada

In Nevada, we recently, we created a review process for contracted Opioid Maintenance Treatment (OMT) providers that review the treatment planning process as well as the necessary support systems that are outlined by the American Society for Addiction Medicine (ASAM). It is our belief that methadone provider treatment plans move towards abstinence instead of maintenance. Approvals for OMT are limited to a maximum of six months so that the case manager can review each treatment plan to see that it is appropriate for the member's evolving circumstances. Peer-to-peer reviews with the medical director and the appropriate provider are required if there are concerns regarding the treatment plan or the services provided to the member.

Case Study of Inter-disciplinary Team Involvement in Nevada

A call was received from a medical-surgical hospital physician regarding an 18-year-old female member who was on a high dosage of methadone. This member was pregnant and wanted to stop taking the medication because she was fearful of complications with her pregnancy.
The attending medical physician was at a loss on what to do for this member so he decided to ask the opinion of our behavioral health provider group's clinical team. The addiction program director consulted with the hospital doctor. Our case management team got involved in providing care coordination between the attending physician and the addiction specialist. With coordination of treatment of the methadone clinic, the member could safely taper off her methadone treatment.
In addition, a Home Assessment team became involved to verify that after discharge, the Member continues to receive proper treatment. The Member was discharged from the hospital, completed her detox and delivered a healthy child. The member is now actively attending the addiction recovery program

3.8.1.2.3.Success in establishing partnerships with governmental clients representing multiple child-serving agencies, and engaging community leaders, stakeholders and providers in the delivery of a coordinated system of care;

In all of the programs listed in the table included under Section 3.8.1.1, Optum works in partnership with governmental clients representing multiple child-serving agencies, and engaging community leaders, stakeholders and providers in the delivery of a coordinated system of care.

Government Partnerships Representing Child-Serving Agencies

Part of Optum's mission is to uphold a focus on prevention and wellness in both the behavioral and medical aspects of health. We believe that the right services provided to a child and the child's family at the right time, can prevent or minimize the effects of a mental health or substance abuse issue as the child grows into adulthood. This prevention focus requires that we detect and address issues as early as possible.

Often our best link to children and families is through government agencies that provide child welfare and education services. Through cross-training with these agencies and agreed-upon protocols for referral and discharge planning, we can increase the likelihood both that a child who needs services will be directed to them and that the child and their family will receive the types of wrap around supports needed to keep the child either functioning well in their school and community or returned as quickly as possible to improved functioning. The Community Liaisons and Regional Care Managers included in our Optum Idaho staffing will be primarily responsible for building our relationships with Idaho's child-serving agencies and their staff across the state.

New Mexico School Based Health Centers & School Partnership

In New Mexico, we participate in the School Based Health Centers & Schools Partnership. This is a statewide initiative which involved over 400 school nurses and includes behavioral health education, development and implementation of a residential treatment facility discharge planning protocol and staffing with multiple agencies for children currently residing in a residential care facility. In addition, our regional staffing model in New Mexico—which will be adapted and implemented in Idaho—has helped to facilitate initiation and ongoing support of partnerships in every county with state Child Youth and Family Department staff, Core Service Agencies and the Juvenile Justice court system.

Pierce County FAST Team

In Pierce County, Washington, the Family Assessment and Stabilization Team (FAST) was created with equal funding by Optum Pierce County and the State of Washington Child Welfare Authority. There was a recognition by each system that the preventive and stabilizing work of this service had a significant positive long term effect of the families served and system costs. Funding is comprised of Medicaid, Title IV-E, and State sources. They are braided at the provider level and expensed to cover all necessary services and supports. Medicaid funding is used for direct treatment services, such as crisis response, therapies, peer support services and psychiatric care. Title IV E funds cover foster care placement, while state funds provide for supports and services that are not categorically available through other sources, such as flexible funding for basic needs, in home respite, transportation, and 2:1 staffing. Reconciliation of expenditures happens on an annual basis.

> The Pierce County FAST (Family Assessment and Stabilization Team) provides rapid, intensive intervention to children and families in crisis

FAST is a rapid, intensive intervention available to children/young adults (0-18) and families in crisis. FAST interventions may last for as long as ninety days to promote safety, child/young adult and family stability and functioning in the home and community. FAST services have provided an effective alternative to psychiatric inpatient hospitalization. FAST has helped keep hospitalization rate for children extremely low in Pierce County, and fewer than five children are

admitted in the average month. In a study ending in 2010, of those children referred for hospital diversion (722 consumers), 97.2% remained safely in their communities through the FAST intervention. In addition, there was an increase of 16.5% in the children who were actively enrolled in school when compared to when they started in the FAST program.

Interface with Child Welfare and Juvenile Justice Systems

As described in further detail in response to 3.8.1.1.1 in this section, Optum New Mexico has launched community-based care coordination with the New Mexico Children's Youth and Family Division (CYFD), focused on youth with SED who are involved in Juvenile Justice and Protective Services. This unified, comprehensive coordination of care process for youth with SED has diverted youth from higher-levels of care to community-based alternatives and wrap-around plans managed through the State's Core Service Agencies.

The goal of this ongoing initiative was—and the outcome to date has been—that specific youth in juvenile justice or protective service custody receive a referral for behavioral health services within ten days. This initiative also helps CYFD comply with the 2011 Child and Family Services Improvement and Innovation Act regarding access to behavioral health services for children in protective services.

To launch the Continuum of Care initiative, Optum New Mexico, along with CYFD representatives including Juvenile Probation Officers, Juvenile Justice Services, Protective Services, and Core Service Agency representatives canvassed the state, covering every NM country and conducting training to 600+ persons. Additionally, we outreached to the Children's Court Judge Conclave, other judges and many district attorneys in the state to help them understand the operation and significance of the initiative. The initial results of this initiative are promising.

> New Mexico's focus on youth with SED who are involved in juvenile justice and protective services provides better mental health care for the children and also helps the child welfare agency comply with the 2011 Child and Family Services Improvement and Innovation Act.

In Tennessee and New Mexico, Optum has engaged in quality improvement activities to reduce the number of children who are placed in residential facilities. This includes enhanced review of requests for residential placement and on-site evaluations to examine both the child's need for residential care and the availability of support services to help the child stay in his/her home and community rather than entering residential care. Summaries of the interventions and results are included below. Please note that the interventions in these two states are not identical because they were customized to each state's culture and delivery system.

In addition, when Optum's contract was implemented in New Mexico in July of 2009, 128 youth were placed in out- of-state residential treatment centers. These placements were not conducive to youths' rapid return to their homes and communities because it was difficult to maintain a connection between the child's home and family or foster family. To address this, Optum New Mexico convened a committee comprised of in-state residential treatment providers and Optum New Mexico staff. After reviewing data and case profiles, the committee determined that youth with complex conditions were being sent to out-of-state facilities and that most could be returned in-state if the right services were in place. To address the needs, the following system changes were made:

- Core Service Agencies, Treatment Foster Care agencies and schools participate in monthly staffings
- Local school health managers are being engaged to help ensure smooth transition back to local school and community
- Wrap around services to support children and their families are being developed
- Specialized services are being created for children with Autism Spectrum Disorders with the assistance and expertise of an Autism Oversight Team including providers, families and other community stakeholders. This group helped draft a specific discharge planning process which Special Education Directors across the state are to follow, in cooperation with the New Mexico Public Education Department

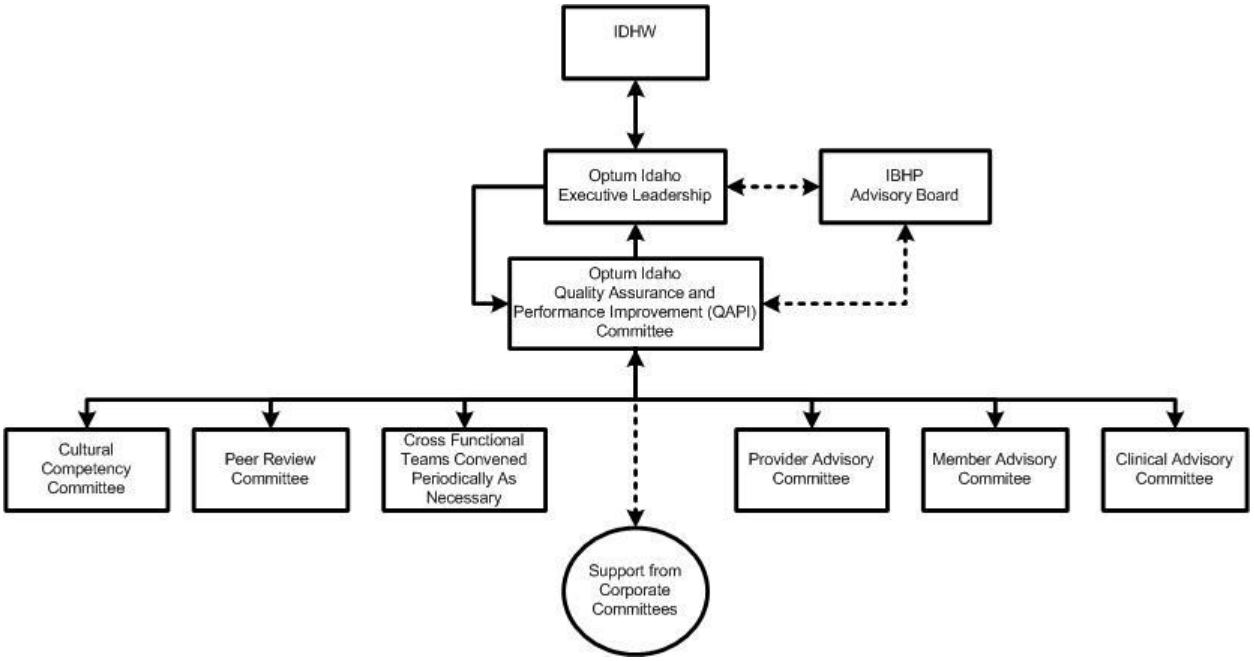
Results/outcomes of these activities are also included in our response to 3.8.1.2.1.

Engaging Community Leaders, Stakeholders and Providers in Coordinated Care

Optum engages community leaders, stakeholders and providers in coordinated care both on a system level and on an individual Member level. On a system level, we involve these individuals in our quality improvement structure, which has oversight over our clinical and administrative policies, procedures and protocols. These individuals are invited to participate in our Quality Improvement committees and sub-committees and also, in Idaho, will comprise the Idaho Behavioral Health Plan Advisory Board, which will review all Optum Idaho operations. We have similar advisory boards in existing operations, for example:

- New York: New York BHO Advisory Committee
- Pierce County, Washington: Mental Health Advisory Board
- Tennessee: Behavioral Health Advisory Council

Below is a chart reflecting the planned Optum Idaho Quality Improvement Committee Structure and the many opportunities for input that these committees provide for engagement and input:



Community leaders, stakeholders and providers become involved on an individual Member level when they have a personal connection to the Member either as a provider of services or a person who knows and supports the individual. Optum takes a broad view regarding who should be involved in a Member's care because we believe natural supports—family and friends, church and community organizations—are an important key in a consumer's recovery and independence. In other words, our clinicians and our network providers will encourage the Member or family to share information with as many others as they wish. This may include having a non-family member sit in on a case planning session or being told what the Member's goals are so that they can provide additional support.

Partnerships to Support Affordable Housing

A cost study completed in 2006 in Denver showed that supportive housing cost was approximately $14K for support services and rental assistance costs compared to $43K for detoxification center, incarceration, emergency room, outpatient and inpatient services utilized by an individual with behavioral disorders. Optum has partnered with several states to increase the availability of affordable housing.

San DiegoUnited Health Group announced $15 million in financing to help build Connections Housing, an integrated service and residential community in San Diego that will provide permanent supportive housing to homeless people in the region. The Connections Housing community development project includes the acquisition, rehabilitation, and conversion of the historic World Trade Center in Downtown San Diego. It will create a permanent, year-round shelter that will provide an array of services for homeless people. Affirmed Housing Group (AHG) and PATH Ventures are the co-developers and general partners for the project, with Family Health Centers of San Diego and People Assisting the Homeless (PATH) as community partners.

> United Health Group is providing $15 million in financing to help build permanent supported housing for the homeless in San Diego.

The multi-use project will serve as a one-stop housing and service center for homeless people. The residential portion will consist of 73 studio units of permanent supportive housing, 16 "transitional" housing units, and 124 additional transitional housing beds. The project will also provide the resources to break the cycle of homelessness. This includes a primary health care clinic, a multi-service homeless center, a large commercial kitchen, related dining facilities, and administrative offices, among other amenities.

The UnitedHealth Group Affordable Housing Investment Program is one of several community initiatives undertaken by the company that are providing millions of dollars each year to help fund local infrastructure projects. These projects aim to improve the quality of life for residents in the communities where UnitedHealth Group conducts business. For example, the California Health Care Investment Program has provided more than $200 million in total capital to 29 health care organizations in California that provide services to the underserved.

In addition, as the Behavioral Health Administrator in San Diego county, we work in partnership with different county entities to coordinate services, such:

- Outreaching to the homeless to coordinate housing support and other services.

- Screening persons being released from prisons through a program which is part of California's recently enacted legislation and public safety initiative to reduce prison overcrowding, costs and recidivism. As part of the program, we coordinate services for persons newly released into the communities with homeless shelters. Local stakeholders are encouraged to participate in planning and discussion.
- Work with psychiatric emergency response team (PERT) – police and counselors), to provide resources for individuals in crisis, or requiring resources. We work directly with the team to accept referrals or outreach immediately to the member through the team to coordinate resources.

The New Mexico Human Services Department is making a significant investment in supportive housing as a way to support individuals in recovery and reduce the cost of behavioral health care

New Mexico

Low Income Housing Tax Credit Projects and the United HealthCare Treasury

The United HealthCare Treasury (UHCT) invested $21.5 million in three Low Income Housing Tax Credit Projects (LIHTC) projects in three counties around the state in 2011. All three projects were acquisition and renovation projects that resulted in the creation of new special needs units. An Administering Entity selects and approves the LIHTC projects for award of tax credits and funding, and monitors the projects typically for 35 years. The $21 million investment by UHCT fulfills the commitment in our proposal to the New Mexico Behavioral Health Collaborative in 2007 to provide tax credit investments in New Mexico.

Project	Tax Credit Investment	Low Income Units	Total Units	Special Needs Units
Stagecoach Santa Fe County	$9.8 Million	51	60	3
Mountain View Luna County	$5.1 Million	47	48	12
Robledo Ridge Dona Ana County	$6.7 Million	60	71	17

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Tennessee

In Tennessee, we contract with the Mental Health Cooperative's Host Program, located at the Union Rescue Mission for homeless persons. The Mission has up to 10 beds for homeless men upon discharge from hospitalization up to 90 days. Additionally, the Mental Health Cooperative provides follow up behavioral health care for the adult men, a significant percentage of homeless persons.

Salt Lake City

The County contracts with a Valley Mental Health Program, Alliance House. Alliance House provides Mental Health Professional and Certified Peer Supports) work in the shelters to begin to engage persons, and help them apply for Medicaid, and connect them to services for both unfunded and Medicaid services. We also contract with 4th street clinic, an organization that provides integrated Primary Medical Care and Behavioral Health services.

Pierce County

We contract with a division of Catholic Community Services to have a team of three including a Mental Health Professional and Certified Peer Supports who work in the shelters to engage persons, and help them apply to Medicaid, and connect them to services. This process works very well. Recently, we have started a new program with Recovery Innovations called Community Building which works with homeless persons in shelters to help them find supported housing. This program is very new, but we have already helped find homes for four people.

United Healthcare Annual Giving Campaign

Preliminary estimates for the 2013 UnitedHealthcare Giving Campaign show that together with matching funds from the company, UnitedHealthcare employees donated over $17 million to community-based nonprofit organizations. This, along with our emphasis on community volunteer efforts, shows our commitment to the communities in which we live and serve.

3.8.1.2.4. Success in implementing complex public sector managed care programs consistently within six (6) months of the execution date of a contract;

Below are the timeframes in which we implemented the contracts listed in 3.8.1.1. As noted, we have adapted to our customers' needs by implementing within a variety of timeframe requirements.

State /County Name	Implementation Timeframe*
Pierce County, Washington	6 months
Salt Lake County, Utah	1.5 Months
San Diego County, California	1 Month (for last renewal)
State of New Mexico	5 Months
New York City Region, New York	3 Months
State of Tennessee (Carved in to Health Plan with separate BH accountability)	5 Months
State of Nevada (Carved in to Health Plan with separate BH accountability)	4 months (for last renewal)

*From contract signing to implementation date.

In addition, Optum recently implemented an integrated health plan program in the State of Washington in four months, with a start date of July 1, 2012. Optum has found that, to the extent possible, a six-month timeframe is ideal for an implementation of the size Idaho is requesting. This allows time for the new Contractor to meet with Members, providers, and other key stakeholders, learn more about their needs and give all stakeholders complete and timely information to allow for a smooth transition to the new system. Although implementations can be successful in a shorter timeframe, it puts additional pressures both on the state and the Contractor.

3.8.1.2.5. An integrated management structure that allows for timely decisions at the local level, within a corporate framework that processes access to industry-leading tools, technology, expertise, and oversight;

As is explained in response to Section 3.9.1 below, Optum delegates responsibility to our local operations for local decisions. To support this local authority, the Optum corporate framework allows our local operations access to the experience and best practices which have been built up over our 19 years serving public sector partnerships.

For instance, each new management team is assigned to the management team of another Optum public sector program for mentoring. The Optum Idaho Contract Manager and his/her direct reports will be mentored by Cheri Dolezal and her management team in Pierce County, WA. Through this relationship, the new Idaho team will have immediate access to individuals who have similar organizational responsibilities and who have resolved many of the same issues in implementing and operating a Medicaid managed behavioral healthcare program.

Optum Idaho staff will receive mentoring from the staff of Optum Pierce RSN, which has led system transformation efforts in the Tacoma area

Of course, the Optum Idaho team also will receive supervision and support from our corporate Optum public sector leaders. This structure allows for the sharing of best practices and quality improvement activities across all Optum sites. For example, both Tennessee and New Mexico embarked on quality improvement activities related to reducing utilization of residential treatment for both adults and children. Staff in these states were able to share strategies and successes so that each built stronger improvement programs and both states were successful in reducing residential utilization, as quantified in our response to question 3.8.1.2.1 above, by either keeping individuals from being admitted to these facilities or returning individuals to their homes and communities more rapidly with wrap around support services.

3.8.1.2.6. Experience managing within a single contract structure a variety of regional operations designed to reflect the unique characteristics and needs of each region in both urban and rural regional delivery systems;

In Tennessee and New Mexico, Optum manages regional operations designed in response to the unique characteristics of urban and rural delivery systems.

We proposed and implemented a highly regionalized management approach due to the great variance in the New Mexico landscape and population density, which ranges from urban to rural to frontier. We have five regionally based care teams across the state, one Native American care team, and one complex care team. Our regionally based operation helped us to:

- Increase the number of Medicaid providers by 257, or 24% while receiving a score of 100% in an August 2011 Network/Contracting audit by the New Mexico Medical Review Association
- Provide more locally based care coordination and discharge planning so that our staff have more detailed knowledge of local services and community resources
- Train and engage peer and family services to help in transitions from 24-hour levels of care back to home/community
- Make county-level connections with Juvenile Justice; Child, Youth and Family Department; Core Service Agencies and other local organizations and stakeholders

Telehealth services have expanded by 70% since Optum implemented in New Mexico in July, 2009. The majority of consumers served through telehealth are Hispanic or Native American.

- Partner with local providers to increase services to Native Americans, including an expansion of the availability of telehealth and telepsychiatry in rural and frontier areas.

In Idaho, we are proposing to hire three Regional Care Managers and three Regional Network Managers, who will live and work in the north, southeast and southwest areas of the state. The Regional staff will be assigned to geographical areas that coincide with the seven IDHW regions.

Tennessee – Three Grand Regions

In Tennessee, Optum worked with our sister company, UnitedHealthcare Community & State to establish an operation spanning the three "Grand Regions," as they are called in the state. Optum uses two strategies to manage services in the state. First, Utilization Management for intensive services is centrally managed with staff in all three regions. Staff are identified not by region but by expertise and assigned on a statewide basis. Field Care Management is a decentralized function with on the ground staff in all three regions. The combination of the two models across the care management continuum provides for both efficiency in staffing and effectiveness in reaching the member.

3.8.1.2.7 Experience implementing a variety of provider reimbursement methodologies, improving consumer access, as well as provider and consumer satisfaction; and

Reimbursement Methodologies

The majority of Medicaid-funded services provided in our public sector behavioral health contracts with states are provided on a fee-for-service basis with prior authorization and continued stay reviews required for a specific set of services. Most contracts also include some retrospective reviews of services. Typically we establish an across-the-board rate for outpatient services, which is set after review of current Medicaid rates and utilization and also discussions with the state Medicaid agency. When we are responsible for inpatient and other 24-hour levels of care, we generally negotiate rates with each facility in the network.

New Mexico Pay for Performance Program

In New Mexico, we have embraced a payment reform strategy with the overall purpose of developing and implementing initiatives that:

- Create outcome-based payment arrangements with network providers;
- Provide cost savings and improved care quality or access for specific consumer populations, and;
- Create the infrastructure needed to support further system-level transition to outcome-based payments.

Currently these initiatives focus on Medicaid Managed Care consumers, because the managed care funding stream affords the flexibility required for developing alternative payment structures.

In September 2010, a six month "Pay for Performance" (P4P) pilot program was implemented with four children's Core Service Agencies (CSAs) in Region Three to reduce out-of-home placement days for consumers under age 18 from both urban and rural areas. The purpose was to save costs while increasing the quality of services by reducing out-of-home placement and increasing community tenure among children who have a recent history of out-of-home placement and other severe and complex needs. Out-of-home placement is defined as:

- Inpatient Hospitalization (IP)
- Treatment Foster Care (TFC)
- Residential Treatment (RTC)
- Group Home

The goal of the P4P program was achieved by incentivizing providers to provide community-based wrap-around services and supports at a comprehensive level. The supports are designed to enable the child to remain living in the community instead of going to a higher level of care, or return sooner to the community from a higher level of care. Even when clinical acuity does require a brief period of out-of-home placement, the immediate active involvement of the Core Service Agency in discharge planning with the out-of-home placement provider can reduce the length of stay.

Core Services Agencies were provided Additional Compensation Payments (ACP) at levels contingent upon the percent reduction in days of out-of-home placement the CSA was able to achieve within their cohort. In addition, the provider had to meet required quality metrics to be eligible for ACP. Payment is delivered on a quarterly basis, for the quarter that ended 90 days previously to allow time for claims run out and verification of the provider's performance against metrics. At the conclusion of the six-month pilot program, all CSAs had achieved an out-of-home placement reduction of 25% or greater with no increase in readmission or incident rates.

> Our P4P pilot program in New Mexico resulted in a reduction of 25% or more in out-of-home placement for youth under the age of 18

One of the prominent features of these payment reform initiatives is that they are planned and developed in collaboration with provider partners, which helps ensure a successful implementation that is accepted by community stakeholders. A standard operating procedure was developed to govern the review and potential implementation of proposals generated by providers, for new or improved programs and services that are supported by alternative, outcome-based payment structures. Innovation to increase access, quality, and cost effectiveness of services occurs in the context of collaborative working relationships with our external stakeholders and across our internal teams.

Improving Access

Optum monitors access through the following:

- GeoAccess Reporting
- Complaint and grievance data regarding access to care
- Secret shopper telephone calls to determine earliest appoint availability for various levels of care (in some programs)
- Comparing the number of individuals served overall and in each level of care pre- and post-contract implementation
- Monitoring of out of network requests and single case agreements

When these monitoring methods show that more access is needed to a specific level of care in a specific area, our Network Development Plan is changed to reflect this need and efforts are focused on recruitment of new providers. We also sometimes work with current providers to offer additional levels of care of offer services in new locations that are under-served.

In New Mexico, Optum increased the number of individuals served by 8.5% during the 2nd year of operation (July 2010-December 2010) while experiencing a 2.3% decrease in funding compared to the same timeframe the previous year (July 2009-December 2009). Also in New Mexico, we increased the number of network providers by 24% between July 2009 and July 2012.

In the Pierce RSN, the number of unique individuals served has increased each contract year, from 12, 121 the year prior to the contract's implementation, to 15,262 during the second contract year and 15,410 the third contract year, which represents an increase of 26.5% in the number of Pierce County residents who received services with the implementation of the Optum contract.

Provider and Consumer Satisfaction

Optum considers provider and consumer satisfaction key indicators of quality for our programs. We gather data about satisfaction levels through surveys, complaint and grievance data, and through feedback from our Provider and Members Advisory Councils. A Consumer Satisfaction Survey is conducted at least annually. This assessment is based on a survey of a random sample of consumers who received services. The results are reported according to the requirements of each state. In the second and subsequent contract years, survey results are trended against the previous results.

> Optum conducts both Member and Provider Satisfaction Surveys at least once a year. Results become part of the quality improvement process for each individual program

Results are reviewed at least annually by each program's Quality Assurance and Performance Improvement (QAPI) Committee. The QAPI Committee and its subcommittees then analyze survey results, with the goal of identifying areas of lower satisfaction to help target continuous improvement of services. As opportunities to improve satisfaction are identified and prioritized, interventions are implemented and analyzed for their effectiveness and the need for further action.

The Network Department, with local staff supported by our corporate resources, conducts the annual Provider Satisfaction Survey and the results are reviewed by the QAPI Committee. The QAPI Committee analyzes the survey results and works with Clinical Network Services staff to identify opportunities for improvement and implement actions to improve satisfaction.

3.8.1.2.8. Successful experience with a rural state's initial foray into behavioral health managed care.

In Optum's experience, the initial foray into behavioral health managed care can cause some unrest or anxiety for providers, consumers, stakeholders and for the contracting agency, whether the program covers a state, regional entity or county. Our most recent experiences are in Pierce County, Washington and Salt Lake County, Utah. In both programs, we worked closely with state and county organizations during implementation planning and execution.

Pierce County, Washington

In Pierce County, a county-run and staffed organization had functioned for many years as the Regional Support Network, the organization that managed Medicaid and state-funded mental health services. When Pierce County decided to opt out of the responsibility for managing services, the state of Washington released an RFP for a managed behavioral health vendor.

Optum responded and was selected to serve as the Regional Support Network. Optum implemented new quality and utilization measures to direct Members to the least intensive level of care that would meet each Member's needs. We partnered with consumers and other stakeholders to reshape the crisis response system and reduced utilization of inpatient care and the frequency of court ordered treatment. Because we put a priority on involving all stakeholders in prioritizing changes and being transparent about the changes we were implementing, Optum Pierce RSN has brought significant improvements to the public mental health delivery system in Pierce County.

THE NEWS TRIBUNE

"After more than a decade of chaotic administration –years characterized by million-dollar lawsuits and high costs – Pierce County suddenly is golden in the eyes of those trying to figure out how to do more with less in the field of public mental health."

"Since Optum took over, fewer Pierce County mental patients are being hospitalized. Those who are hospitalized and released are not readmitted as often."

Published February 6, 2011: The News Tribune is a Tacoma, Washington newspaper.

Salt Lake County, Utah

In Salt Lake County, management of Medicaid and state funding mental health services had been directed by a large local provider agency that was also the largest provider of mental health services. Through a competitive procurement process, Optum was awarded a contract to manage both Medicaid and state-funded mental health services. Through transparent communication with providers, consumers and other stakeholders, Optum was able to address concerns about this change and had a successful transition in July, 2011. One indicator of our success is that, in July, 2012, substance abuse management responsibility was also transferred to Optum.

State of New Mexico

New Mexico is both a rural and frontier state. Although the state of New Mexico had experience with a previous managed care vendor, the program Optum proposed and the state accepted as the winning vendor in a procurement process varied greatly from the previous program design. As described in our response to question 3.8.1.2.6 above, Optum designed a management structure with strong regional presence in five regions across the state to address the rural and frontier nature of the state. We also established, as previously discussed, Core Service Agencies to help coordinate care and provide a more comprehensive set of services in one location.

3.8.2 (E) REFERENCES:

Provide at least three (3) completed Reference Questionnaires. Please see Attachment 2.

Reference Questionnaires were requested from the following:

- Tim Whalen, Director of Mental Health, Salt Lake County, Utah
- Pat Fleming, Director of Substance Abuse, Salt Lake County, Utah
- Maryann Lindeblad, Director, Washington State Health Care Authority, DSHS - Pierce County, Washington
- Mary Shelton, Director, Behavioral Health Operations, TennCare - Tennessee

3.8.3 (E) FINANCIALS:

Provide financial information as detailed on Attachment 4

UBH is a subsidiary of UHG which is a fortune #22 company that has a debt rating of "A" with a stable outlook by S&P's as of 09/24/2012 and a Fitch Rating of "A" with a stable outlook as of 10-8-12. 2011

Revenues topped $100 Billion, net income > $5B and free cash flow of $6B in 2011. 2012 Revenues as of 9/30/12 totaled $82B, net income of $4.3B and free cash of $4.7B.

Please see ***Appendix 2*** for required financial information for our bidding entity, United Behavioral Health.

3.9. (E) ORGANIZATION AND STAFFING:

Describe your qualifications to successfully complete the requirements of the RFP. To demonstrate your qualifications submit the following:

3.9.1 Organization Chart:

Provide a detailed organization chart showing all key positions that will be involved in the work of carrying out the ensuing contract. Show where this part of the organization, shown on the detailed organization chart, falls within the overall business structure.

Optum believes in the local management and delivery of behavioral health and other health care services. We also understand the importance of creating programs based on each state's unique delivery and funding systems, regulatory and governing structures. If selected to serve as the contractor for the Idaho Behavioral Health Plan, Optum will establish a local organization that will be known as Optum Idaho. This local organization will have full access to Optum's corporate behavioral health resources and also will have the authority to make the decisions that impact local operations.

As in other states we serve, our operational structure for Idaho will provide clear lines of communication and oversight from the Idaho staff to Optum's Public Sector General Manager, Craig Herman, and to Andrew Sekel, CEO of Optum Behavioral Health Solutions, as shown on the following chart:

A new local operation, such as Optum Idaho, will be provided increased oversight and support during and immediately following implementation. This increased oversight early in the program helps ensure a smooth transition and is provided through a variety of resources including:

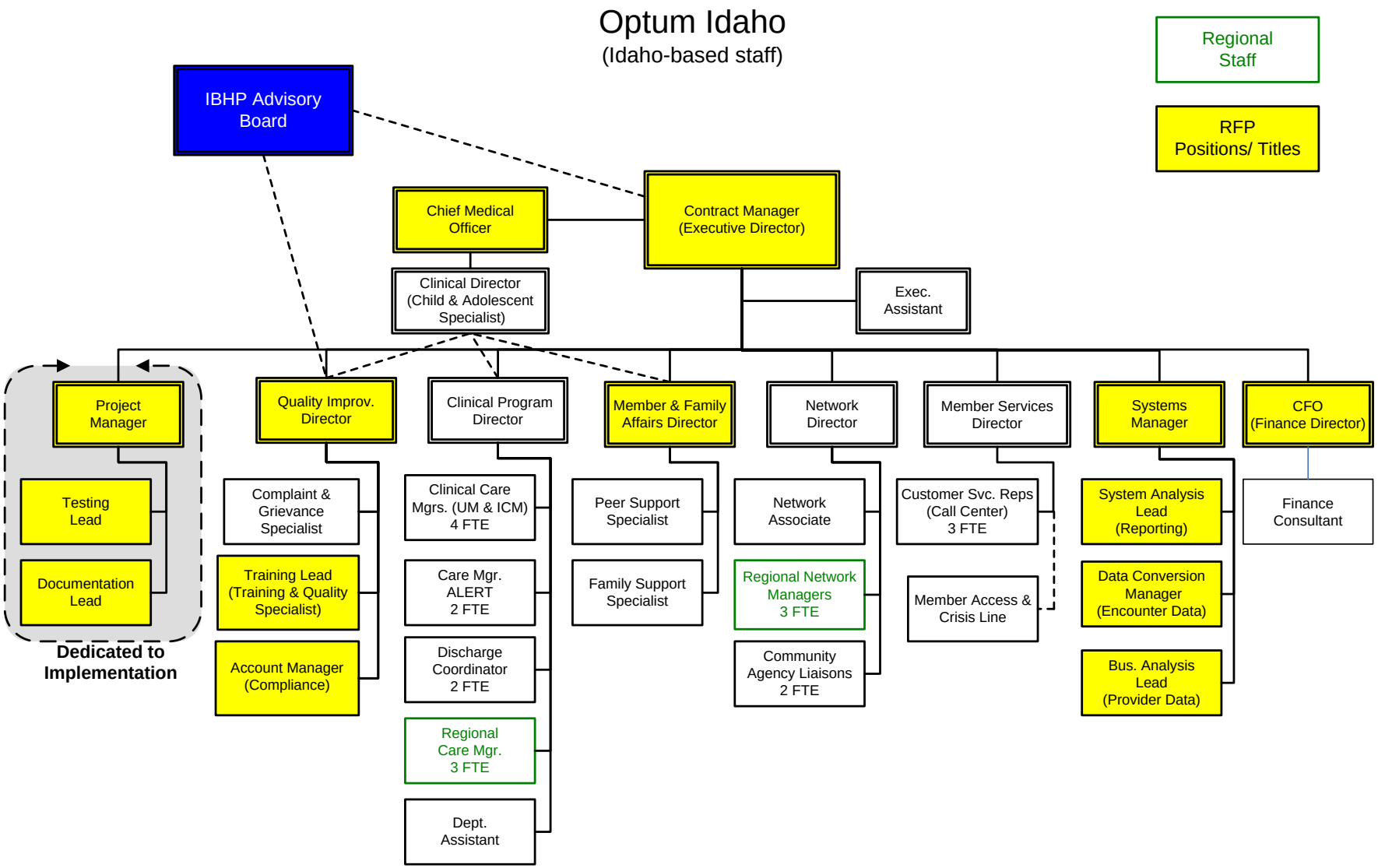
- An implementation team that includes staff experienced in the administrative tasks required to start a new program and staff experienced in working with the various stakeholder groups whose involvement is critical to the success of a new public sector initiative
- Mentoring of the new management team by the management team of another public sector program so "lessons learned" can be shared and common operational challenges can be avoided or identified and resolved quickly
- Consultation and support from a number of Optum corporate staff including but not limited to our Optum Consumer Affairs staff, Sue Bergeson and Peter Ashenden. Their expertise will be important as we work with IDHW and Idaho stakeholders in designing our peer support efforts to coordinate with those already in place. They also will be instrumental in helping us refine utilization management criteria for psychosocial rehabilitation and standards for other support services that might be implemented such as clubhouses.

It should be noted, however, that after the successful launch of the program, Optum Idaho will have the autonomy to make local decisions. Decisions will be based on our partnership with IDHW and on our mutual need to create a strong transparent management program that:

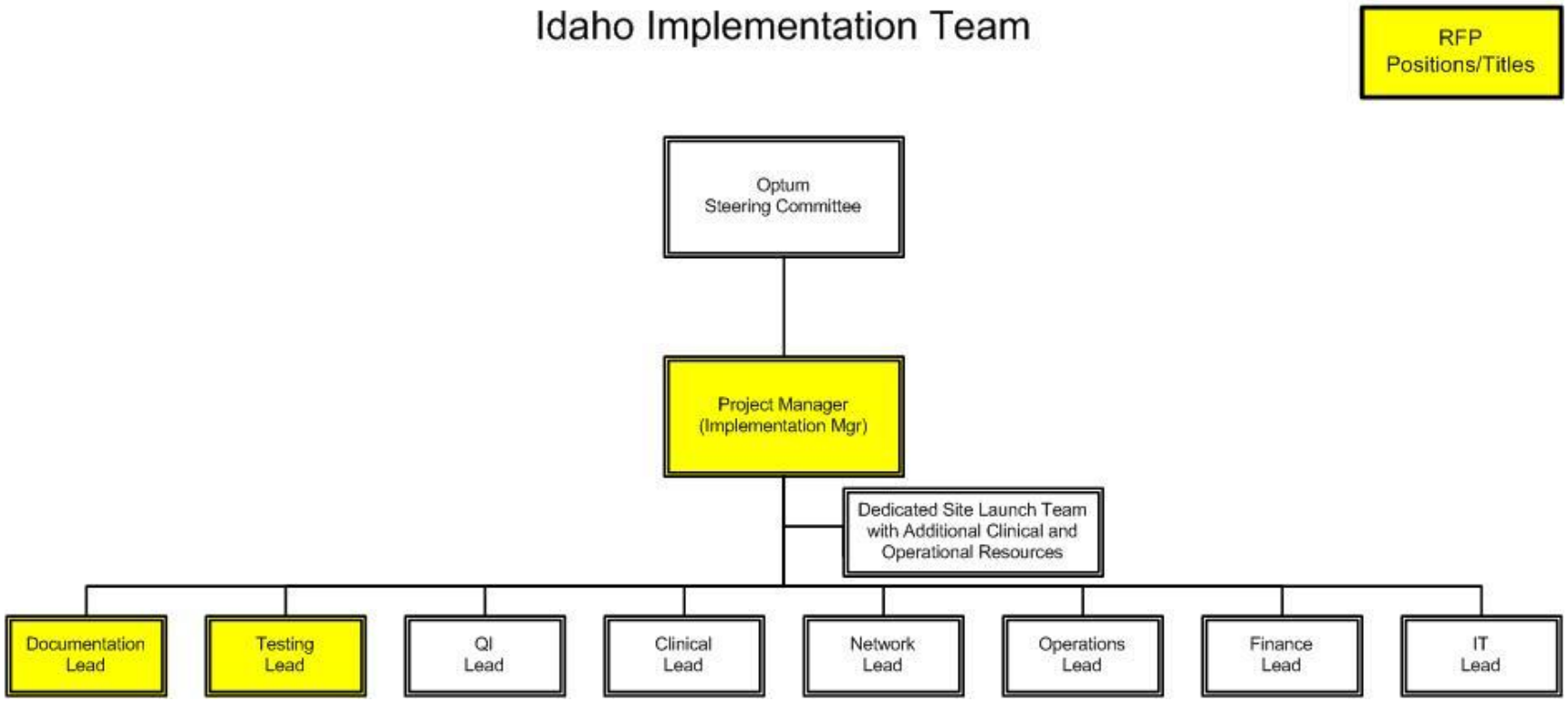
- Enables all Members to access services,
- Supports consumers with SMI and SPMI in their recovery efforts,
- Enhances the natural resiliency of families with children with SED
- Promotes evidence-based substance-abuse and co-occurring treatment for those with addiction issues, and
- Fulfills our shared responsibility to be effective stewards of public funds.

On the following pages, find a detailed Optum Idaho Organization Chart, a chart of dedicated implementation resources, and a chart reflecting how Optum Idaho fits into the overall Optum organization.

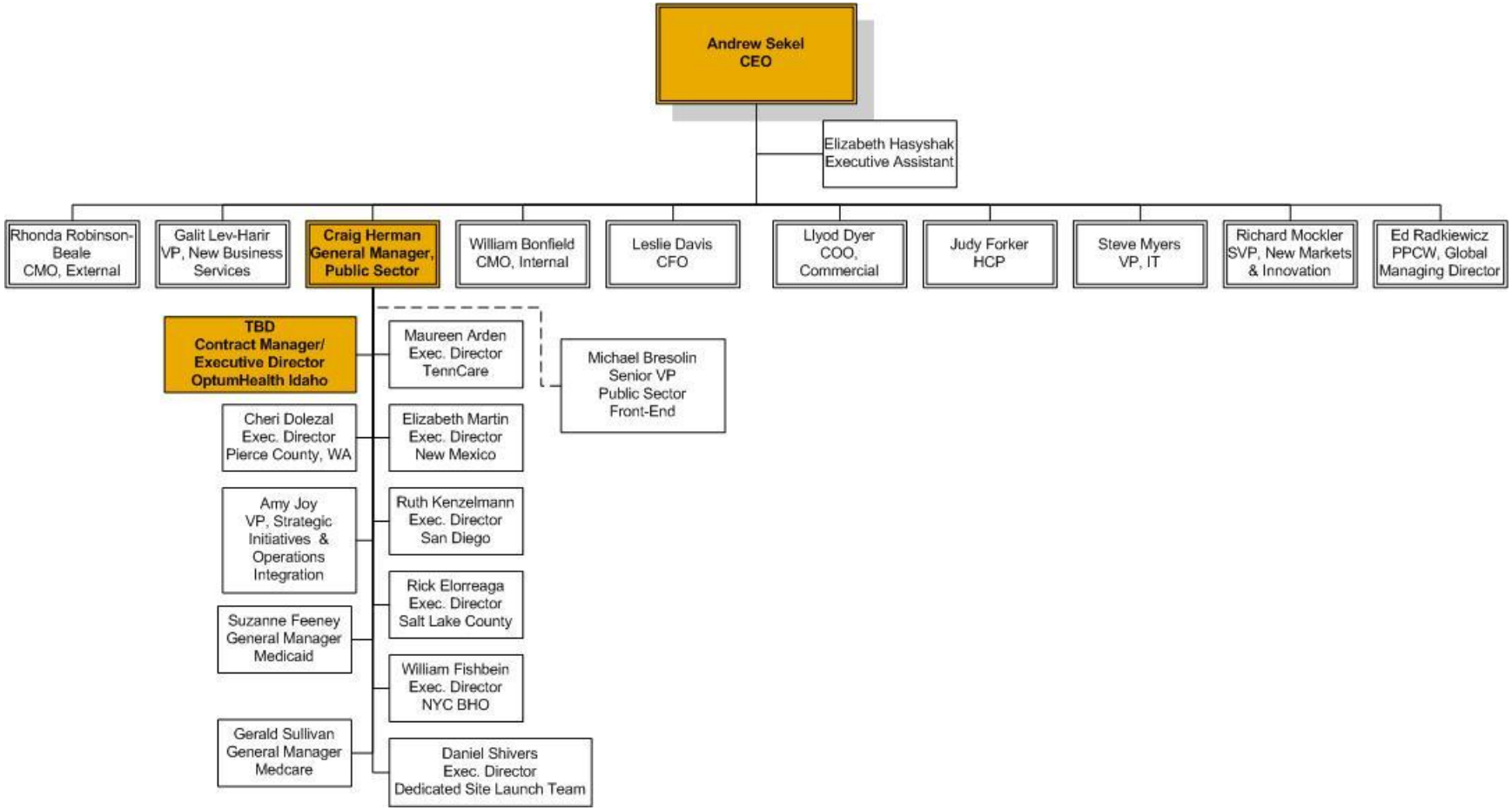
Optum Idaho


Optum Idaho
(Idaho-based staff)
Regional Staff
RFP Positions/ Titles
IBHP Advisory Board
Chief Medical Officer
Contract Manager (Executive Director)
Clinical Director (Child & Adolescent Specialist)
Exec. Assistant
Project Manager
Quality Improv. Director
Clinical Program Director
Member & Family Affairs Director
Network Director
Member Services Director
Systems Manager
CFO (Finance Director)
Testing Lead
Documentation Lead
Dedicated to Implementation
Complaint & Grievance Specialist
Training Lead (Training & Quality Specialist)
Account Manager (Compliance)
Clinical Care Mgrs. (UM & ICM) 4 FTE
Care Mgr. ALERT 2 FTE
Discharge Coordinator 2 FTE
Regional Care Mgr. 3 FTE
Dept. Assistant
Peer Support Specialist
Family Support Specialist
Network Associate
Regional Network Managers 3 FTE
Community Agency Liaisons 2 FTE
Customer Svc. Reps (Call Center) 3 FTE
Member Access & Crisis Line
System Analysis Lead (Reporting)
Data Conversion Manager (Encounter Data)
Bus. Analysis Lead (Provider Data)
Finance Consultant

Optum Implementation Resources



Optum Behavioral Corporate Support



3.9.2 Qualifications of Personnel:

The IDHW reserves the right to approve or disapprove all initial and replacement key personnel prior to their assignment to the project. The IDHW shall have the right to require that the Contractor remove any individual (whether or not key personnel) from working on the contract.

Optum has reviewed Section 3.9.2 and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan. Optum understands that we must request approval from IDHW for initial and key personnel prior to their assignment to the Idaho Behavioral Health Plan and further understands that IDHW has the right to remove any individual from working on the contract.

3.9.3 Subcontractors:

Describe the extent to which subcontractors will be used to comply with contract requirements. Include each position providing service, and provide a detailed description of how the subcontractors are anticipated to be involved under the contract. Include a description of how the Offeror will ensure that all subcontractors and their employees will meet all Business and Scope of Work requirements. Offerors must disclose the location of the subcontractor's business office and the location(s) of where the actual work will be performed. If the Offeror utilizes any entity other than the entity submitting the proposal to provide any of the services required by this RFP, the relationship between the two entities is considered that of a contractor-subcontractor for the purpose of this section, regardless of whether a relationship is based on an actual written contract between the two.

Per the response to questions 23 and 60 included in Addendum 5 of the RFP, Optum has described below how we will ensure that providers and their employees meet scope of work requirements. Please note that further detail regarding our network provider monitoring and oversight is included in response to sections J, K, L, M and CC of the RFP.

Optum Network of Behavioral Health Providers

Optum will ensure that providers are compliant with all clinical and non-clinical Scope of Work requirements through the monitoring processes and tools described below:

Provider Contracting and Education

The first step in ensuring Scope of Work compliance is informing providers of all requirements through the provider contract, Provider Manual, Optum Idaho Web Portal, and other routine and episodic provider communications. Optum Regional Network Managers will also provide initial and ongoing training and technical assistance to providers to ensure a clear understanding of contractual requirements and Optum expectations.

Utilization Management and Care Management

Optum will apply utilization management guidelines to ensure that Members get the most appropriate care for their needs. In addition, we will work closely with our provider network to ensure that they coordinate with other behavioral health providers, with Primary Care Providers and with other community support systems.

Desktop and On-Site Record Audits

Optum staff will perform audits of provider records for both clinical and administrative compliance. Providers who provide the highest volume of services to Idaho Members, and those found through monitoring to need improvement will receive more frequent reviews and audits. Credentialing audits also will be performed on all high volume providers at initial credentialing, and for providers with in-home offices or relocating to a home office. Credentialing audits include a facility review and a clinical record review to assess compliance with administrative and clinical standards.

Continuous Quality Improvement (CQI) Procedures for Quality Issues

To assist providers who do not comply with clinical and non-clinical Scope of Work requirements, Optum uses the CQI process. We provide training and technical assistance to implement corrective action plans based on monitoring of data against benchmarks and goals, an analysis of barriers to meeting goals, specific interventions to improve performance, and evaluation of the results of the interventions.

ProtoCall

Optum Idaho will contract with ProtoCall Services, Inc. to operate the toll-free Idaho Behavioral Health Plan Member Access and Crisis Line. The toll-free line will be live-answered within 30 seconds by a behavioral health clinician 24 hours a day, 365 days a year. It will provide the telephonic Member Services support outlined in Section G of the IDHW's Request for Proposals as well as a new telephonic statewide crisis triage and counseling service.

Entity Providing Service

The company providing the Idaho Behavioral Health Plan Member Access and Crisis line will be ProtoCall Services, Inc., 621 SW Alder, Suite 400, Portland, OR 97205. ProtoCall is a nationally recognized partner for helping behavioral health delivery systems ensure 24/7 access to care. It currently provides services to Optum's programs in both Pierce County and New Mexico.

In the past 10 years, ProtoCall has responded to nearly 4 million phone calls and completed nearly 1.5 million clinical assessments. ProtoCall is the first privately-held provider to achieve certification by the American Association of Suicidology and is licensed by the state of Washington as a provider of crisis mental health services.

Detailed Description of How Subcontractor Will Be Involved

The Idaho Behavioral Health Plan Member Access and Crisis Line will provide Members with immediate access to a behavioral health clinician 24 hours a day. The clinician will answer member inquiries about the Plan and also provide crisis intervention and counseling via telephone when necessary. As part of that process, the Member Access and Crisis Line will:

- Function as a central point of access and will coordinate with provider agencies, emergency rooms, law enforcement and others to ensure Members access to the right care
- Help divert unnecessary emergency room visits

- Collect and report data that will support Optum Idaho's ongoing efforts to identify gaps in services and help Regions plan for their local delivery systems

Operating the Line

Soon after contract award, Optum Idaho will work with IDHW and ProtoCall to procure a toll-free number for the Idaho Behavioral Health Plan Member Access and Crisis Line. That toll-free number will be included prominently in all Member materials that are produced and in orientation sessions held with Members. We will work together to determine the date on which the both the Member Access and Crisis Line and the Customer Service line (which will be answered by Optum Idaho staff) will go live. Typically, program's toll-free lines are activated just prior to the go-live date.

When it is live, the Member Access and Crisis Line will be answered by ProtoCall staff in Portland, OR, and back-up services when required will be handled by ProtoCall staff in Grandville, Michigan. All ProtoCall staff who will be responding to Members from the Idaho Behavioral Health Plan will be fully trained on the Plan's benefits, Idaho community resources, and the Optum Idaho provider network using the same curriculum that is developed for Optum Idaho clinicians.

ProtoCall staff, who are licensed behavioral health clinicians, are fully qualified to provide Members with referrals to network providers. Because of Optum Idaho's commitment to ensuring easy access to services, any network provider will be able to complete a comprehensive diagnostic assessment on a referred Member without authorization. When ProtoCall receives a call from a provider or another stakeholder who is not a Member, the call will be warm-transferred to the Customer Service line unless the call relates to a Member in crisis.

ProtoCall staff will provide a comprehensive report to Optum Idaho on a daily basis, reporting every Member call, its disposition and other relevant information. Optum Idaho Care Managers and Discharge Planners will follow up with Members who were referred for services, whether they were hospitalized or sent to a network provider. In addition, clinicians from Optum Idaho and ProtoCall will have regular conference calls to discuss clinical and administrative issues, including ProtoCall's compliance with standards established by IDHW.

ProtoCall Staffing

ProtoCall's call center staffing levels are determined and adjusted based on actual and predicted demand which will vary over time and seasonally. As it prepares to implement the Idaho Behavioral Health Member Access and Crisis Line, ProtoCall will use is current expertise in workforce management and it knowledge of call volume patterns across 40,000 monthly calls in its current operation, to determine adequate staffing levels.

The Access and Crisis Line will have the benefit of automatically routing calls between the Portland and Grandville contact centers during periods of peak demand or diminished capacity to avoid call handling delays. Immediate access to care will always be prioritized. Calls redirected to the Portland and Grandville locations will be handled by staff with the same qualifications, training, and resource information.

Clinical Training for ProtoCall Staff

Clinicians are trained in ProtoCall's Solution-Focused Crisis Intervention model, which emphasizes the development of rapport or "good contact" with the Member, clinical assessment, and a collaborative process of identifying "exceptions" to the Member's problem situation to assist in problem solving. This strengths-based approach is highly consumer-centered and supports consumers in recovery. It is empirically supported by a study published in 2007 in Suicide & Life Threatening Behavior, in which thousands of telephone crisis calls across multiple organizations were monitored and assessed. The study data only supported the effectiveness of a model focusing on the combination of good contact and collaborative problem solving. Models focusing purely on reflective listening, or models focusing on advice giving were not supported.

ProtoCall's training also focuses on competencies of Clinical Call Center work that differs from face-to-face clinical work. It prepares clinicians to assess and intervene without the visual cues and body language communication that is available in face-to-face settings. It also focuses on developing competency with ProtoCall's technology, and on the development of efficiency necessary to thrive in an environment of variable and unpredictable call demand. It includes a review of general clinical areas, including client populations, cultural issues, risk assessment, substance abuse, and others. Lastly, it emphasizes specific training on suicide assessment and intervention.

The training process is an initial four week interactive "training lab" environment, followed by ongoing mentoring and supervision. The first three months are considered to be active on the job training, with a training "checklist" completed at the end of three months. The employee is on orientation for a total of six months, with regular assessment occurring during this time. Subsequent formal assessment and evaluation occurs at the end of the first full year, and annually thereafter.

ProtoCall's training lab process is based on the principles of "fluency building." The approach is modeled on the work Dr. Carl Binder of Binder-Riha Associates, who provided consultation to ProtoCall in the development of the model. Dr. Binder's work is well known in the field of Performance Improvement.

Fluency building is based on the premise that successful training must result in competence, rather than just knowledge. Competence results from the integration of knowledge into practice in such a way that the appropriate actions become automatic. This is essential in a Clinical Call Center environment, because clinicians' efficiency depends on their ability to make rapid decisions, using technology to follow decision rules, document information, all while maintaining rapport with clients. Adequately preparing clinicians for this is not only essential for good clinical practice and client satisfaction, it also has a significant impact on clinician job satisfaction and retention.

ProtoCall's Supervision and Retention

ProtoCall has learned that retention begins with satisfied, competent clinicians. Telephone crisis work can be intense and emotionally exhausting. Unlike ongoing face-to-face clinical practice, telephone crisis clinicians rarely experience the reward of watching clients improve over time. Crisis workers encounter clients in their times of deepest pain and suffering, and this experience

can contribute to burnout, compassion fatigue, and vicarious traumatization. This is best addressed by training, supervision, and a positive team environment.

Despite the challenges mentioned above, well trained clinicians can experience consistent "success" on telephone crisis calls because they understand the limits of their "treatment plans." Telephone crisis clinicians who understand their role in a larger continuum of behavioral health delivery can focus on small changes and shifts in client experience within the call itself. Their training also prepares them to be more effective on calls, and to educate clients on the obtainable goals on calls. This seemingly small factor can have a significant impact on long term job satisfaction and retention.

Ongoing supervision and training is equally important. The structure and content of supervision in a clinical call center environment differs from that provided in many other clinical environments. Clinicians are not carrying ongoing case loads, so supervision cannot center on the progress of clients, and preparation for the next session, as it does in many other clinical settings. Moreover, clinicians in the call center effectively "share" clients, and therefore there is an increased need for consistency that is not present in other settings. Supervision must address this.

ProtoCall has a contract with Essential Learning (which also will be available to Optum Idaho network clinicians), the largest provider of online continuing education for clinicians. ProtoCall requires all clinicians to use Essential Learning for certain training topics, including HIPAA, Client Rights, and Cultural Diversity. Additionally Essential Learning is provided at no cost to all clinicians, to assist them in meeting the continuing education requirements of their licenses.

A positive employee culture and team environment is a crucial factor in clinician retention. Clinician exit interviews regularly report that clinicians regret leaving the positive culture of ProtoCall, and cite the team environment and support as a major factor in their job satisfaction.

ProtoCall's Infrastructure and Call Handling Software

The telecommunications infrastructure for the Idaho Behavioral Health Plan's Member Access and Crisis Line will leverage ProtoCall's existing Avaya Contact Center system, which includes a hosted PBX solution that includes multi-line call forwarding and conferencing, voicemail, silent monitoring, call recording, ACD administration, expert agent selection, real time and historical call data, and performance reporting (speed of answer, abandonment rate, and similar performance measures).

ProtoCall's proprietary software program was developed internally and continues to be improved based upon feedback from their staff. The functionalities of this program were designed specifically to accommodate call center needs, such as:

- Accessing and importing caller history in real time
- Client alert system for client-specific interventions
- Consistent information gathering, call documentation and reporting
- Functionalities to aid in call center workflow and documentation, such as an electronic "scratchpad," procedural prompts and alerts.
- Consistent access to information such as local resources, phone numbers, hospital procedures

- Accommodating Internet access from within the call handling screens (e.g., hyperlinks to external and internal web sites)

Disaster recovery will be enhanced by a remotely hosted network in a secure data center facility. This means that the both the phone and network functionality can be promptly relocated in the event of a facility failure. The remotely hosted database is also duplicated and fully backed up.

In addition to fully redundant phone and network services, ProtoCall leverages its existing call centers in Portland and Grandville, ensuring that redundancy is met through staffing as well as technology. ProtoCall's Oregon- and Michigan-based clinical staff will have the same qualifications and technology to seamlessly respond to calls in a disaster or overflow situation.

Confidentiality and HIPAA

ProtoCall's current operations are covered under HIPAA. As a Covered Entity, ProtoCall has taken the necessary steps to comply with HIPAA and all other relevant regulations concerning privacy and security. ProtoCall will enter into a Business Associates Contract with Optum and with coordinating agencies as needed.

Quality Assurance at ProtoCall

ProtoCall has an established Quality Assurance program that it will extend to the Idaho Behavioral Health Plan Member Access and Crisis Line. Review of call documentation is the first step. Staff from Optum Idaho (and from IDHW if requested) will read every piece of documentation to confirm the accuracy of demographics and clinical information. In other ProtoCall contracts, this ongoing review has provided a regular feedback loop for clinicians.

ProtoCall's phone system allows for silent monitoring of any and all calls. New clinicians monitor the calls of senior clinicians to learn by example. Senior clinicians and supervisors monitor the calls of new clinicians, to provide feedback. Outside of training, call monitoring has two primary uses for ProtoCall. "On demand" call monitoring can happen at the request of a clinician who is struggling with a call, or who is seeking feedback about their work. It can also happen at the discretion of a supervisor or senior peer, who hears a clinician who seems to be handling a difficult call. ProtoCall encourages an environment in which all clinicians are invited to listen to each other to provide support and to learn new strategies.

In addition to documenting "on demand" instances of call monitoring, ProtoCall's supervisors engage in Quality Assurance call monitoring on a random basis. The QA policy mandates a minimum of monthly, documented, call monitoring referred to within ProtoCall as "Real Time Supervision." ProtoCall's supervisors have access to a computerized check list of desirable and un-desirable clinical behaviors. The form also has a narrative section for more extensive discussion of the monitored call. Supervisors discuss the call with the clinician, as soon as possible after its completion.

ProtoCall also has an established Adverse Incident process and a Sentinel Event Process. The Adverse Incident process addresses calls in which there has been a death, serious injury, or suicide attempt. All calls meeting these criteria are reviewed at the senior management level. ProtoCall's Sentinel Event process reviews all calls in which ProtoCall's staff provided services against the desire of the client, such as dispatching emergency personnel without the explicit verbal consent of the client.

Adverse Incidents and Sentinel Event Reviews are two of the sources of Quality Initiatives. It is very common for such cases to result in updates and/or adjustments to the New Hire Training material.

Oversight by Optum Idaho

Optum Idaho will adopt and adapt procedures that Optum has established in our other contracts with ProtoCall to ensure that ProtoCall meets all Business and Scope of Work Requirements. While other requirements may be negotiated after Optum Idaho's contract with IDHW is finalized, at a minimum, Optum and Optum Idaho will:

- Execute a contract with ProtoCall that incorporates the Optum contract with IDHW and holds ProtoCall responsible for compliance with all standards relevant to the Member Line referred to in the IDHW Request for Proposals and for any penalties that may accrue to Optum Idaho because of performance by ProtoCall
- Execute a Business Associate Agreement between Optum and ProtoCall if the existing contract is determined by Optum's Legal Counsel not to extend to the Idaho Behavioral Health Plan Access and Crisis Line
- Require a comprehensive daily report from ProtoCall reflecting information on all calls received, the identification number and name of the caller, the disposition of the call and recommendations for follow-up, interface with DBH or the Idaho Suicide Crisis Line, and related information
- Require a monthly report from ProtoCall reflecting data on calls received, answering speed, and other required reporting parameters
- Establish monthly calls between the ProtoCall President/CEO, the Optum Idaho Contract Manager and other Optum and ProtoCall staff as appropriate to address ProtoCall's performance in relation to standards and any administrative issues or Member/clinical concerns that may require corrective action
- Participate in all special ProtoCall reviews related to adverse events or sentinel events for Members of the Idaho Behavioral Health Plan

Locations of Where Actual Work Will be Performed

ProtoCall is incorporated in Oregon as a privately-held subchapter S corporation. Headquarters, and administrative oversight for the project, is located at:

621 SW Alder Street

Suite 400

Portland, OR 97205

Relationship Between Entities

Optum will execute a contract with ProtoCall that will include by reference the Request for Proposals issued by the Idaho Department of Health and Welfare as revised November 7, 2012; Round #1 and Round #2 Responses to Questions issued by the Idaho Department of Health and Welfare; and Optum's contract with the Idaho Department of Health and Welfare to manage the Idaho Behavioral Health Plan. The contract will include a Business Associate Agreement and other standard terms and conditions to ensure ProtoCall's accountability to Optum for contracted services.

A. GENERAL REQUIREMENTS:

Offerors must include a statement acknowledging and agreeing to the requirements in Section A.

1. IDHW Responsibilities: The IDHW will:

a. Provide an IDHW Contract Manager for ongoing contract administration and contract performance monitoring.

b. Designate an IDHW Contract Manager who shall have overall responsibility for the management of all aspects of this contract and the IDHW Contract Manager shall be a member of the implementation team. This person shall oversee the Contractor's progress, facilitate issue resolution, coordinate the review of deliverables, and manage the delivery of IDHW resources to the project, consulting with the Contractor as needed. The IDHW Contract Manager may designate other IDHW staff to assume designated portions of the IDHW Contract Manager's responsibility. The IDHW Contract Manager shall be the central point of communications and any deliverables to the IDHW shall be delivered to the IDHW Contract Manager and any communication or approval from the IDHW shall be communicated to the Contractor through the IDHW Contract Manager. Should disagreements arise between Contractor staff and the IDHW's Project Team, those disagreements shall be escalated for resolution through each organization's respective reporting structure. Should those disputes remain unresolved after that process, the IDHW's Contract Manager has the authority to escalate through the Division of Medicaid's leadership to the IDHW's Director who retains ultimate authority to decide the outstanding issue or question.

c. Review any required informational materials regarding the Idaho Behavioral Health Plan program prior to release, including, but not limited to brochures, provider and Member templates for correspondence. The IDHW will review draft documents, identify revisions, and return written comments to the Contractor within agreed upon timeframes.

d. Prior to the provision of services under the contract, the IDHW's Division of Medicaid will notify all current eligible Members, and mental health and substance use disorder providers enrolled under the IDHW's current network of the following:

i. Creation of the Idaho Behavioral Health Plan

ii. An explanation of how the new managed care plan works; and

iii. The Contractor's information: toll-free number, mailing address, and website.

e. Enroll all Medicaid beneficiaries, except for excluded populations identified by the IDHW, into the Idaho Behavioral Health Plan upon eligibility determination. As used in this RFP, a Medicaid enrollee means a Medicaid Member who is enrolled in the Idaho Medicaid Management Information System (MMIS).

f. Determine the on-going eligibility of a person for Medicaid funded services.

g. Be responsible for all enrollment and disenrollment into the PAHP. The IDHW automatically enrolls Medicaid beneficiaries on a mandatory basis into the PAHP, for which it has requested a waiver of the requirement of choice of plans. There are no potential enrollees in this program because the IDHW automatically enrolls beneficiaries into the single PAHP. 42 CFR § 438.10(a)

2. Contractor's Responsibilities: The Contractor shall:

a. Administer behavioral health coverage for all Medicaid eligible Members. The Contractor may not dis-enroll any Medicaid eligible Members.

b. Notify all Members, at the time of enrollment, of the Member's rights to change providers.

c. Provide all Members, at the time of enrollment, all information required per 42 CFR § 438.10(f)(6).

d. Notify all Members, at least annually, of their rights provided under 42 CFR § 438.10(f)(6), 42 CFR § 438.10 (g) and 42 CFR § 438.10 (h) and written notice of any changes in the information specified in these provisions.

e. Ensure services are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished consistent with requirements at 42 CFR § 438.210(a)(3)(i) as amended.

f. Not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the Member. 42 CFR § 438.210(a)(3)(ii).

g. Comply with provisions of 42 CFR 438.210(a) (1)(2) and (4).

h. Defend, indemnify and hold harmless Members, the IDHW or its agents, employees or contractors against any and all claims, costs, damages, or expenses (including attorney's fees) of any type or nature arising from the failure, inability, or refusal of the Contractor to pay the behavioral health provider for covered services or supplies.

i. Designate a primary contact for the IDHW Contract Manager who will cooperate fully with respect to the direction and performance of the contract.

j. Participate in a contract implementation meeting, either in person or by phone. The IDHW will facilitate the implementation meeting to review contract requirements and timelines. The Contractor shall attend this meeting and all meetings throughout the contract at its own expense.

k. Comply with all provisions of state and federal laws, rules, regulations, policies, and guidelines as indicated, amended or modified that govern performance of the services. This includes, but is not limited to:

i. 42 CFR § 438.8(b) – requirements that apply to PAHP contracts

ii. 42 CFR § 438.224 – HIPAA Protected Health Information

iii. The IDHW's HIPAA Business Associated Agreement – Appendix E

iv. Idaho statutes and administrative rules which can be accessed at http://www.idaho.gov/laws_rules/

l. Report to the IDHW's Contract Manager any facts regarding irregular activities or practices that may conflict with federal or state rules and regulations discovered during the performance of activities under the contract. Such information may also need to be reported to the Medicaid Fraud Control Unit and the Medicaid Program Integrity Unit as appropriate.

m. Maintain oversight, and be responsible for any functions and responsibilities it delegates to any subcontracted provider.

n. Not subcontract with or employ individuals who have been excluded from the federal government or by the State's Medicaid program for fraud or abuse. The Contractor is prohibited from subcontracting with providers who have been terminated by other states in accordance with 42 CFR § 455.416. The Contractor shall be responsible for checking the lists, on a monthly basis, of behavioral health providers currently excluded by the state and the federal government per the provisions of 42.CFR § 455.436. One of the federal lists is available at: http://exclusions.oig.hhs.gov. The state list is available at: http://healthandwelfare.idaho.gov/portals/0/providers/medicaid/ProviderExclusionList.pdf

o. Comply with the following: The Contractor is prohibited from (1) being an owner, in full or in part, of any organization participating as a behavioral health provider in the Medicaid program, or (2) having an equity interest in or being involved in the management of any behavioral health provider organization or entity. This also applies to family members of owners and managers, as well as to any administrative or management services subcontractors of the Contractor on this project.

p. Ensure that all behavioral health services provided under this contract are provided by, or under the supervision of, at least a licensed master behavioral health clinician in the practice of his or her profession.

q. Act as the State's agent to collect Third Party Liability for all enrolled Medicaid recipients. The Contractor's capitated payments have been computed based on claim experience that is net of these collections.

r. Ensure that any compensation, to individuals or entities that are subcontracted by the Contractor to conduct utilization management activities under this contract, is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any Member per 42 CFR § 438.210(e).

s. Not prohibit, or otherwise restrict a health care professional, acting within the lawful scope of practice, from advising or advocating on behalf of a Member who is his or her patient for the Member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered. 42 CFR § 438.102(a)(1)(i)

t. Not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of a Member who is his or her patient, for any information the enrollee needs in order to decide among all relevant treatment options. 42 CFR § 438.102(a)(1)(ii)

u. Not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of a Member who is his or her patient, for the risks, benefits, and consequences of treatment or non-treatment. 42 CFR § 438.102(a)(1)(iii)

v. Not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of a Member who is his or her patient, for the Member's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions. 42 CFR § 438.102(a)(1)(iv)

w. Not provide, reimburse, or provide coverage for a counseling or referral service if C contractor objects to the service on moral or religious grounds. 42 CFR § 438.102(a)(2)

x. Notify the IDHW, in writing, when changes in key personnel of this contract occur, as well as other management and supervisory level staff. The Contractor shall provide the IDHW with resumes of the aforementioned individuals for review.

y. Notify the IDHW when there is a significant change in the Contractor's operations that would affect their ability to meet the required capacity and services. Operational changes may result in an amendment of the requirements, subcontracting to assure services are not disrupted for Members, or imposing the remedies identified in Appendix D – Special Terms and Conditions. A significant change includes, but is not limited to, changes in the Contractor's:

i. Services

ii. Benefits

iii. Geographic service area

iv. Payments

v. Enrollment of a new population requiring services

z. Endorse and promote all therapeutic initiatives of the Idaho Medicaid Pharmacy and Therapeutics Committee and the Medicaid Pharmacy Program, including preferred drug list compliance, therapeutic guideline implementation and prior authorization criteria. The Contractor shall assist the IDHW with education to providers to drive implementation and compliance with pharmacy programs and shall not actively promote any programs or initiatives that conflict with those of the IDHW.

aa. If a network provider elects not to provide, reimburse for, or provide coverage of, a counseling or referral service because of an objection on moral or religious grounds per the provisions of 42 CFR § 438.102(a)(2), it shall furnish information

about the services the provider does not cover, per the requirements at 42 CFR § 438.102(b)(1) as follows:

i. To the IDHW;

ii. With its application to be a network provider;

iii. Whenever it adopts the policy during the term of the contract;

iv. It shall be consistent with the provisions of 42 CFR § 438.10; and

v. It shall be provided to Members within ninety (90) calendar days after adopting the policy with respect to any particular service.

bb. The Contractor shall coordinate with the IDHW's contracted transportation broker and support IDHW requirements for Medicaid reimbursed transportation services by providing sufficient information when it is needed to justify use of transportation. The IDHW's contracted transportation broker administers, coordinates, and manages all non-emergency medical transportation (NEMT). For information on Idaho's NEMT services, go to the following website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCare/MedicalTransportation/tabid/704/Default.aspx

cc. Develop and maintain an updated Policies and Procedures Manual for the services identified in this RFP. The Policies and Procedures Manual shall be available in electronic and hard copy upon request to the IDHW at no additional cost.

dd. Participate in the IDHW's appeal and Fair Hearing processes when required by the IDHW.

Where indicated for each of the following, the proposal should include methodologies, pertinent timelines, personnel, activities, and other pertinent information in order to implement the Scope of Work (including Attachment 6 – Technical Requirements) successfully to achieve full compliance with all tasks and deliverables. Offerors must identify any information or resources needed from the IDHW in order to perform any of the work. Keep in mind, the evaluators will be scoring your proposal based on the methodologies proposed and the completeness of the response to each item listed below. The Offeror shall demonstrate a commitment to the recovery and resiliency model throughout its proposal by identifying specific programs, services, policies and procedures that embody the described principles. The Offeror shall demonstrate a commitment to proactive care rather than relying solely upon reactive models of care. The Offeror's proposal shall not include a separate section narrating their commitment to this requirement, but shall demonstrate its commitment to the recovery and resiliency model throughout the response made to this RFP, as these will also be evaluated.

Almost two years ago, Optum made a commitment to earn the right to partner with the Idaho Department of Health and Welfare (IDHW) as the Contractor for the Idaho Behavioral Health Plan. We have never wavered from that commitment. In the proposal that follows, we have set forth the strategies, processes, staff and infrastructure that we believe will best help IDHW and its stakeholders achieve the short, intermediate and long term goals of this Request for Proposals.

We look forward to the opportunity to establish our Optum Idaho office in the Boise area, hire our Idaho-based staff, and work with IDHW and Idaho's behavioral health community in implementing the Idaho Behavioral Health Plan.

Optum has reviewed Section A and we acknowledge and agree to the requirements in Section A.

Information or Resources Needed from the IDHW

Specific requests of IDHW are included throughout our proposal where IDHW's support is an integral part of our design or plan. However, in general, we envision a strong partnership between IDHW and Optum Idaho in which IDHW establishes the overall program vision and goals; reviews and approves policies, procedures and initiatives proposed by Optum Idaho; monitors program effectiveness and evaluation with assistance from Optum Idaho; and facilitates Optum Idaho's implementation and operation of the Idaho Behavioral Health Plan.

We look forward to meeting frequently with the IDHW Contract Manager and other staff members during implementation and across the contract period to review progress in managing Medicaid behavioral health care and improving the delivery system. This ongoing monitoring and communication is essential to ensuring that both organizations have a shared understanding of the program, its goals, successes and ongoing issue resolution. Some of the support our implementation team will need soon after the contract is signed includes:

- An opportunity to complete a thorough review of the Optum proposal with the IDHW Contract Manager and others as appropriate to address any concerns or issues that IDHW may have with the design or operational details
- Timely review and approval of critical information such as the Proposed Benefit Package, etc
- Clarification and joint revision of the implementation plan proposed by Optum to ensure that all requirements and expectations are being interpreted consistently
- Access to claims-level information that will allow us to complete a detailed analysis of provider utilization patterns, especially those providers that offer psychosocial rehabilitation;
- Introduction to appropriate staff employed by the MMIS vendor so our IT staff can immediately begin working on establishing interfaces with the Medicaid fiscal agent
- Suggestions of Idaho residents who might be good candidates for positions in Optum Idaho

Optum Idaho will establish an office in the Boise area and will provide an office and connectivity to our information management system for the convenience of the Idaho Medicaid staff assigned to supervise the contract. Our conference rooms also will be available for IDHW meetings upon request.

In other public sector programs, we have found that it is very important to the program's overall success for representatives of the Medicaid agency and the managed behavioral health care program to share a number of other functions that demonstrate our mutual commitment and partnership publicly. To the extent IDHW staff time is available, we hope IDHW staff will be part of Optum Idaho outreach efforts, such as:

- Making introductions and/or preside at public meetings such as orientation and training sessions
- Participating regularly in meetings of the Idaho Plan for Behavioral Health Advisory Board and selected quality improvement committees

- Allocating time for regular meetings with the Optum executive(s) responsible for the overall management of Optum Idaho
- Making presentations on the Idaho Behavioral Health Plan

Based on examples of other public/private partnerships, the ultimate success of a managed behavioral health care program is highly correlated with the effectiveness of the relationship between the State Agency and its contractor we hope to have the opportunity to build and sustain a strong and effective partnership with IDHW.

B. (E) ADMINISTRATION AND OPERATIONS:

The Contractor shall implement, administer and maintain the Idaho Behavioral Health Plan, an outpatient PAHP as defined in 42 CFR 438.2, and related services for all eligible Medicaid Members, an outpatient prepaid ambulatory health plan (PAHP), as defined in 42 CFR § 438.2., that provides behavioral health coverage for all Medicaid eligible children and adults. The following populations are excluded:

a. Those populations that are covered for premiums only;

b. Undocumented aliens;

c. Members who reside in State hospitals or institutions, except for discharge planning; and

d. Members enrolled in the Medicare-Medicaid Coordinated Plan (MMCP).

As the Contractor for the Idaho Behavioral Health Plan, Optum will establish Optum Idaho, an organization based in the Boise area with staff stationed across the state to serve the seven regions established by the Idaho Department of Health and Welfare (IDHW). We strongly believe that effective implementation, administration and maintenance of a prepaid ambulatory health plan for mental health and substance abuse services requires that the Contractor become an integral part of each local behavioral health delivery system.

Optum has reviewed Section B a-d and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan.

1. Offeror shall:

a. Submit with your proposal, a behavioral health benefit package for children and adults that is based on cost effective, evidence-based standards of practice within the behavioral health community. Attachment 12 - Continuum of Care, provides a detailed description of Medicaid-reimbursed services and services that statewide behavioral health stakeholders have identified as necessary components of a robust continuum of care. The package for children and adults must include community based behavioral health services as well as rehabilitative services.

Optum's proposed benefit package for children and adults includes community-based behavioral health services as well as rehabilitative services. If selected as the Contractor for the Idaho Behavioral Health Plan, the benefit package will include current covered ambulatory State Plan behavioral health benefits:

- Comprehensive Diagnostic Assessment
- Individual Medical Psychotherapy
- Family Psychotherapy
- Family Medical Psychotherapy
- Group Medical Psychotherapy
- Pharmacologic Management
- Psychological Testing
- Individualized Treatment Plan
- Ongoing Crisis Community Intervention
- Individual Skill Training
- Group Skill Training
- Community Reintegration
- Individual Assessment (Substance Abuse)
- Drug/Alcohol Testing (Substance Abuse)
- Individual Counseling (Substance Abuse)
- Group Counseling (Substance Abuse)

- Partial Care Services
- Case Management
- Neuropsychological Testing
- Family Psychotherapy (Substance Abuse)

In addition to the current covered mental health and substance abuse treatment services, Optum Idaho will expand the benefit package at the time the Idaho Plan goes live to include:

- Peer Support: a key component of a recovery-driven behavioral health delivery system, peer support will be provided by consumers of mental health and/or substance abuse services who have been certified as Peer Support Specialists through the IDHW Office of Consumer and Family Affairs.
- Family Support: Support from a family member of a child who has serious emotional disturbances and or issues with substance use can play a major part in helping another family maintain or regain its resiliency while their child is receiving mental health or substance abuse services. Family Support will be provided by Family Support Specialists who have been trained by the Idaho Federation of Families or other organizations that offer training that meets Optum standards.
- Community Transition Support: During the first month after an individual is discharged from a hospital, it is critical that the individual follows his or her discharge plan, begins outpatient treatment as indicated, uses medication as ordered, and begins to re-engage with family, friends and other natural community support systems. This service, which will be initiated by a network provider at the request of an Optum Idaho Discharge Coordinator or Intensive Care Manager, will provide in-home support by a case manager or therapist as well as peer support by a certified Peer Support Specialist. It is designed to augment the services provided by Department Navigators and other IDHW staff.

We are including these services as covered benefits because national studies—as well as our experience in current Medicaid behavioral health programs—support their importance in controlling expenditures and in improving clinical outcomes, especially for those who have serious mental illness or serious emotional disturbances. For instance, independent research shows that engagement with a peer support group decreases hospitalization, increases adherence, and results in better healing outcomes and greater levels of empowerment (Dumont, J. & Jones, K. 2002).

Participants in a PeerLink program in Wisconsin showed a significant decrease of 30% in the average number of acute inpatient days they used in the first six months of the program compared to the six months prior to their enrollment (findings from an independent study conducted by Yale University). A survey of the participants shows the benefits they attributed to working with a peer specialist:

Reasons for working with peer specialist	
	Wisconsin (n = 18)
	n (%) endorsing
Supportive Reasons	
To get support from someone with similar experiences	18 (100%)
To talk to about problems or challenges	17 (94.4%)
To socialize	13(72.2%)
To attend support groups	7 (38.9%)
Instrumental Reasons	
To find out about other community resources	15 (83.3%)
To work on his/her recovery plan	16 (88.9%)
To learn about recovery and mental health	15 (83.3%)
To learn about discussion groups and other classes	14 (77.8%)
To learn more about WRAP	10 (55.6%)
To learn about advocacy	10 (55.6%)
To get help to find someplace to live	5 (27.8%)
To get help finding a job	2 (11.1%)
Alternative Reasons	
Because someone else made him/her	4 (22.2%)
Because he/she has nothing else to do	3 (16.7%)

We consider these initial peer-involved services as our first step in expanding the recovery orientation of the delivery system while also improving its overall cost effectiveness. For a complete list of the procedure codes that will be included in the Optum Idaho benefit package, see ***Appendix 3*.**

Demonstration Programs

In addition to the covered benefits that will be available statewide, Optum Idaho also will support a number of demonstration programs that will be awarded to providers on a competitive basis across the first contract period. The demonstration programs, which are also described in response to questions in Section D.4., will enable to jointly evaluate new treatment modalities or programs while also allowing Optum Idaho to support Regional Behavioral Health Advisory Boards in addressing service gaps the Boards consider to be priorities in their own areas. Those demonstration programs proven the most effective may be recommended to IDHW for inclusion as Medicaid state plan services and thus would become covered benefits for the Idaho Behavioral Health Plan.

2. Describe how you will:

a. Develop a robust continuum of care based on State Plan services;

For almost two years, Optum staff who are experienced in public sector behavioral health care have been meeting with people who are part of the mental health and substance abuse community across Idaho. We have talked with providers, consumers, advocacy groups, employees of county and state government, local and state elected officials. We have talked with physicians who practice in various parts of the state, we have talked with educators, we have met with companies under contract to the Idaho Medicaid program.

We've learned a lot. We are very aware that there are "three Idahos" and that the southwest, southeast and northern regions of the state are significantly different. We've learned that the Division of Behavioral Health (DBH) operates its own community mental health clinics in the Department's seven regions, and that they generally serve Idahoans who are not eligible for Medicaid benefits. We know that the state psychiatric hospitals are one of the major resources for inpatient treatment and that community hospital-based inpatient psychiatric services are not widespread. We've learned about some of DBH's innovative and successful programs, such as Parenting with Love and Limits, the PATH Certified Peer Specialists and the Division's Assertive Community Treatment teams. We realize that revenue has been tight in state government, and painful cuts have been necessary in Medicaid and elsewhere to keep the budget balanced.

We've met lots of Idahoans who are concerned about mental health and substance abuse services. Almost every group with whom we met had a slightly different perspective on the issues, and their recommendations also varied. However, the one consistent theme—the concern raised by every single individual and group with whom we met—was psychosocial rehabilitation (PSR) services. Some questioned the validity of the service; some questioned the credentials of the providers; some questioned the integrity of some of the agencies. Few people wanted it eliminated, but virtually everybody wants more accountability and oversight of PSR.

PSR: Idaho's Dominant Outpatient Behavioral Service

When IDHW issued its Request for Proposals, we were able to put the behavioral health community's concerns into perspective.

The Idaho Medicaid program offers a continuum of outpatient behavioral health benefits. However, Fiscal Year 2011 data provided in the RFP suggest that only a limited number of those services actually are being utilized. In fact, RFP Attachment 19 shows that PSR (including both psychosocial rehabilitation and community reintegration) accounts more than 60% of the money invested in outpatient mental health and substance abuse services.

	Basic and Enhanced	**Duals**	**Total**	**%**
PSR	$48,976,435	$13,980,762	$62,957,197	56%
Community Reintegration	$5,396,298	$2,179,357	$7,575,655	7%
TOTAL EXPENDITURES	$88,085,165	$25,121,512	$113,206,677	62%

Data from RFP Attachment 19 also clearly show that a significant preponderance of PSR dollars are spent on children and adolescents, especially when the dual Members, who will be dis-enrolled after 2013, are excluded:

	PSR & Community Reintegration	**%**
Children & Adolescents	$39,487,070	73%
Adults w/o Duals	$14,885,270	27%
Total	$54,372,340	

Assessing the Appropriateness and Effectiveness of Services Today

As soon as the contract with IDHW is signed, Optum's Implementation Team will request claims-line level utilization data so our clinical and network specialists can do a comprehensive analysis of utilization patterns—by individual provider, by diagnostic category, by member and by other key variables. With more detailed data, we will expand our initial analysis to better identify how individual providers differ in the scope, duration and frequency of their use of all covered services, including PSR. We also will begin to identify high need/high risk Members.

> Optum Idaho's priority will be first to ensure that current behavioral health care services are being provided appropriately, and then to identify and prioritize additional treatment services and supports that will make the continuum of care more robust and cost effective.

Our data analysis will guide us to the first set of providers with whom we will conduct in-depth reviews. While chart reviews and other provider profiling will be an integral part of our ongoing quality improvement activities for all providers, these initial evaluation efforts will be particularly important as the Idaho Behavioral Health Plan goes live, because we will be able to identify where best to target our efforts to improve the quality, appropriateness and cost effectiveness of the outpatient treatment dollars.

After services are implemented, our **ALERT®** (Algorithms for Effective Reporting and Treatment) outpatient management model will continue to assist Optum Idaho in identifying Members who may be at risk or who may be over-or under-utilizing services. The ALERT® system will utilize information provided by Members on the Idaho Standardized Assessment, in combination with claims, to identify members who may be at-risk or who may be over- or under-utilizing outpatient services. It will provide decision support for the authorization of outpatient services. It also will generate provider profiles that will enable quality improvement and clinical staff to take action when trends are identified. In addition, ALERT uses a Practice Management Algorithm that complements claims-based fraud, waste and abuse detection.

Optum Idaho's QI team members will review ALERT outcomes reports on a regular basis, as well as a number of other utilization and claims reports, to analyze patterns and look for gaps in care on a regional or statewide basis. ***Appendix 4*** provides an overview of the ALERT system as well as the Idaho Standardized Assessment.

Data Analysis: The Foundation for Developing a Robust Continuum of Care

Developing a robust continuum of care will be based in ongoing analyses of utilization data to identify:

- Areas of the state in which access to covered services should be improved (e.g., percentage of members receiving treatment is lower than in other areas);
- Gaps in care or differences in utilization patterns (e.g., high proportion of inpatient admissions or readmissions) that may point to the need for new services in the benefit package; and
- Potential issues related to the quality or appropriateness of current services that may indicate the need for new services, new provider agencies or provider training (e.g., high proportion of services found to be non-compliant with level of care criteria and/or medical necessity standards).

Data analysis will be especially important in the Idaho Behavioral Health Plan because if the continuum of care is to be broadened with minimal increases in overall expenditures, the current utilization pattern must change. A critical responsibility of the Contractor will be to ensure that every service provided is helping a Member—child or adult—achieve the goals for which treatment was initiated and move toward recovery and independence. Spending the Plan's limited resources on ineffective or inappropriate services will limit our ability to develop a more robust system of care.

Through its utilization management, quality improvement and network management staff, Optum Idaho will continuously gather and analyze data to assess opportunities to provide Members with easier access to continuum of mental health and substance abuse services and supports.

Stakeholder Understanding: Critical to Developing a Robust Continuum of Care

Considering the quality and effectiveness of services—and making changes to improve the impact of the services provided—will require the understanding, cooperation and participation of all stakeholders in Idaho. As we have implemented public sector programs across the country, Optum has come to appreciate the critical role that stakeholders play in improving a behavioral health delivery system. We also have learned that we must be transparent in managing a program if we are to earn stakeholder support.

> Transparency in administering the program—such as sharing utilization data and performance ratings—is critical in earning the support of stakeholders.

IDHW obviously understands the importance of stakeholder understanding and participation. For example, as plans for implementing managed behavioral health care were being developed, Department staff convened task forces, published stakeholder input and meeting minutes, circulated a Request for Information, posted frequently asked questions and answers, and held public forums in the effort to promote input and involvement from all interested citizens in Idaho.

Following IDHW's example, Optum Idaho will:

- Review findings from our analyses of utilization data with the IDHW Contract Manager and others as requested to clarify our assumptions related to gaps in services; and then
- Share our data with stakeholders through the Regional Behavioral Health Advisory Boards (those boards that IDHW has proposed to establish, with the support of Governor Otter, by combining the current mental health and substance abuse regional advisory committees), Optum Idaho Quality Improvement committees, orientation and training for Members and providers, and other public forums. We will customize data whenever possible to help stakeholders better understand its implications for local services. For instance, we will provide reports that reflect utilization by region to support the planning processes of Regional Behavioral Health Advisory Boards.
- Incorporate feedback and recommendations into our ongoing quality improvement processes so our analyses are enriched by the perspectives of people who have different responsibilities in the behavioral health community.

- Whenever new services are approved for implementation, Optum Idaho will publicize the opportunity to all network providers to ensure that all have an equal opportunity to participate in the service expansion.

Stakeholders will be better able to advocate for a robust continuum of care when they have access to information from other behavioral health delivery systems, national experts, research findings and educational materials. Therefore, Optum Health will:

- Host representatives from other public sector delivery systems, such as Pierce County, Washington and Salt Lake City, Utah, which are currently in the midst of system transformation efforts that include broad stakeholder involvement. Presentations will be open to the public and also shared electronically via WebEx.
- Offer IDHW staff, network behavioral health providers and physicians in Idaho's PCCM program access to on-line professional educational materials, including continuing education credit through Essential Learning and Optum Education.

Responding to Regional Priorities for Continuum Development

To further ensure the ongoing evolution of a robust continuum of care, Optum Idaho will:

- Build on the continuum of services available to Medicaid participants today, as described in response to Question B.1.a above
- Conduct open procurements for demonstration programs that would offer, within an IDHW region, a new program or service designed to address one of Optum Idaho's priority areas. Based on our initial data analysis, we have established the following priorities:
- Coordination and/or provision of crisis response, crisis stabilization and hospital diversion services
- Evidence-based services for children and adolescents and their families, especially those aimed at building resiliency within the family unit
- Development of peer support programs and family support programs
- Evidence-based services for the integrated delivery of mental health and substance abuse treatment
- Assign regionally-based Optum Idaho staff to work directly with Regional Behavioral Health Advisory Boards to enhance their current regional planning processes by:
    - Providing regular reports that will demonstrate regional utilization patterns and any gaps in services or clinical issues identified through Optum Idaho's ongoing quality improvement and network monitoring processes
    - Supporting the Regional Boards in identifying strengths of their current providers and local delivery system, including locally funded programs and privately funded services and supports available to Members
    - Assisting in the identification of priority services or programs for the region
    - Supporting development of a plan to leverage local strengths to meet priority needs
    - Assisting Regional Boards in updating their plans

In further recognition of their importance in the development of a robust continuum of care tailored to the unique characteristics of their part of Idaho, Optum Idaho will require that

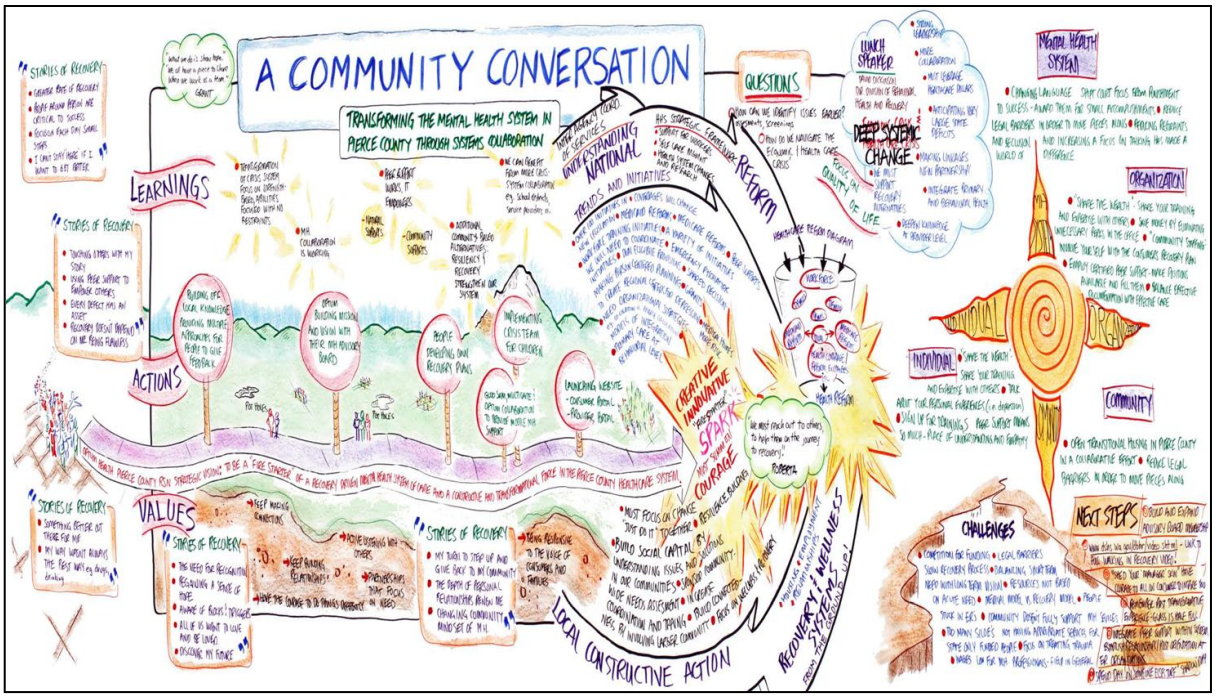
providers competing for Optum Idaho demonstration program funds include the endorsement of their Regional Behavioral Health Board for the service they propose to implement.

Community Involvement Matters

As noted earlier in this response, through our current public sector programs, Optum has learned the importance of community involvement in building a robust continuum of care. In fact, the more involved stakeholders are in planning, monitoring and evaluating the delivery system, the more successful a program will be. One good example of this is Optum Pierce County, whose experience helped us select many of the strategies discussed earlier in this response.

Pierce County, Washington

In July 2009, Optum took over management of the Pierce County Regional Support Network (RSN), after being awarded the contract by the Washington Department of Social and Health Services (DSHS), Mental Health Division. This program is at financial risk for the inpatient and outpatient services for approximately 132,000 Medicaid lives and also has responsibility for some other mental health funding streams. Even before the contract went live, Optum Pierce County staff began a series of community conversations to identify the community's mental health system needs and priorities. The goal was to transform the delivery system to a recovery-based model through "an unbiased and transparent approach to guiding system change incorporating the vision, mission and priorities of the Pierce County mental healthcare community and other community stakeholders."[3]



Pierce County Community Conversation White Board

A series of initiatives have come from the ongoing community-based planning process that began in 2009, including:

[3] 2010 Year in Review in Pierce County, WA

- A redesign of the crisis system which included the implementation of an array of new services and supports
- Comprehensive training on the principles of recovery and resiliency for staff of Optum Pierce, providers, consumers, family Members, staff of the county and other human service agencies and implementation of an array of consumer-centered services and supports
- Development of a housing plan and employment plan for the community in addition to ongoing plans for the evolution of the mental health delivery system
- A mobile integrated health care clinic operated in collaboration with a local hospital system that travels to locations in which people with mental illness gather and offers a variety of primary healthcare services

The impact of the community involvement in system change efforts is obvious in the summary of utilization statistics below that show how the delivery system has changed because of community-based planning initiatives:

	Prior Year FY 2009	OptumHealth FY 2010	OptumHealth FY 2011
Individuals Served • 26.52% increase in individuals served annually	12,121	15,262	15,410
Reductions in Hospitalization • 35.6% reduction in hospitalizations • $2.7 million est. 2 year savings	123 monthly	99 monthly	79.25 monthly
Involuntary Treatment Act (ITA) Reduction • 33.3% reduction in ITA • $2.1 million est. 2 year savings	83.6 monthly	56.8 monthly	55.8 monthly
Re-admission Rate / 30 days • 27.5% reduction in re-admission rate • $332,817 est. 2 year savings	12.6%	8.6%	10.75%
Inpatient Bed Days / 1,000 • 36.8% below state average • $8.7 million est. 2 year savings	19.60	12.13	12.37

In addition, during the initial year of operation, the number of Pierce County residents at the local State Hospital decreased by almost 20 percent, even though the system re-design was not fully implemented. Optum also established a Recovery Investment Fund which, among other recovery-related expenditures, is used to provide grants and trainings to expand consumer-run services and supports.

Mentoring by Pierce County Staff

Optum frequently assigns staff of an existing public sector program to mentor staff of a new program. The relationship provides an excellent opportunity to share lessons learned in other public sector environments and to generate new ideas and strategies. It also helps new staff more quickly understand the full scope of their own responsibilities as well as the role of the local team in the community. We found mentoring was very useful to Optum Salt Lake County as they implemented a new program in 2011. The staff of Optum Pierce County will mentor the staff of Optum Idaho if Optum is selected as the Contractor for the Idaho Behavioral Health Plan.

b. Pay providers in compliance with the prompt pay standards as follows:

i. Pay ninety percent (90%) of clean claims within thirty (30) days.

ii. Pay ninety nine percent (99%) of clean claims within ninety (90) days.

Optum agrees to pay providers in compliance with the prompt pay standards as required:

- Pay ninety percent (90%) of clean claims within thirty (30) days
- Pay ninety nine percent (99%) of clean claims within ninety (90) days

These goals match up with Optum's current performance across the Medicaid programs we support. In addition, we will offer the following dollar accuracy/procedural accuracy goals:

- 99% Dollar Accuracy - Dollar accuracy is defined as total paid dollars minus overpayments and underpayments divided by the total paid dollars expressed as a percentage
- 97% Procedural Accuracy: Percentage of claims processed without non-financial errors; total number of claims audited minus the number of claims with non-financial errors divided by the total claims audited

Experienced in Paying Medicaid Claims

Optum has extensive experience in providing Medicaid claims payment services, and our claims system ensures flexibility in processing limited services, fee-for-service claims, capitated claims, and Medicaid administration. It has the ability to process capitated business on the same database as fee-for-service business and the ability to pay different payment benefit levels depending on whether services were authorized. In addition, it can be configured to meet the specific requirement needs of any customer.

Our system contains functionality covering enrollment, provider services, Member services, benefits and claims processing. We can process and use all other reference files, including Provider Records/Profiles, Procedure Tables, and Fee Schedules. Optum's other MIS application suites are integrated with data and transactions required to effectively verify Member and provider status during the claims processing cycle. Our claims processing system also has the flexibility that allows us to meet changing regulatory requirements without disrupting our claims processing flows. Key features of our claims processing system features include:

Features of Optum's Claims Processing System	
Document management customized to meet IDHW's standards, inclusive of HIPAA transaction and code set compliance	Batch or online claims processing
High-volume system capabilities	Unlimited point-of-service functionality
Flexible claims processing rules and edits	Flexible benefit designs
Flexible provider networking and reimbursement	Batch adjustments and voids
Multiple site processing	Selects claims for pre-payment quality review
Accepts inputs from paper or electronic	System-wide navigation assistance
Free-text comments	Error tabling (all errors can be viewed at once)

Features of Optum's Claims Processing System	
User-defined rules for dollar/coverage amounts	Claims inquiry by Member
Secured error override capability	Claims inquiry by provider
Claims inquiry by claim number	

We maintain a HIPAA-compliant claims processing and payment system capable of processing, cost-avoiding, and paying claims in accordance with state and federal requirements. We support standard 820, 834, 835, 837, 270/271 and 277/278 file formats for all electronic transactions (EDI). To comply further with HIPAA privacy requirements, all applications use role-based access to ensure that staff only has access to reports and data to support their current role and function. Access is further controlled by using some of our best security practices: firewalls and physical separation of processing systems. Our systems provide information on areas including, but not limited to service utilization and claim disputes and appeals [42 CFR 438.242(a)]. As explained in our response to Question N.3, Optum is also fully able to submit encounter claims data to the IDHW MMIS contractor.

Claims Performance in Current Medicaid Programs

Although Medicaid claims are often considered more difficult to process than claims generated in commercial health plans, Optum has a history of exceeding claims processing requirements in public sector delivery systems, as illustrated in the following chart:

San Diego County Claims Quality Goal	Performance for August, 2012
Valid FFS claims with 99% financial accuracy	**99.99%**
▪ 97% procedural accuracy	**99.88%**
95% of all completed and valid individual CWS provider claims in 30 days	**100%**
▪ 99% financial accuracy	**100%**
▪ 97% procedural accuracy	**100%**

c. Develop and operate a complaint and grievance system which includes but is not limited to providing the IDHW with a Complaint and Grievance Resolution and Tracking Report;

Tracking and Reporting Application

Our Complaints & Appeals Reporting Tracking Application (CARTA) was developed to standardize the processing and tracking of complaints and grievances. CARTA tracks a number of fields, including type of issue, resolution, and time to resolution. By monitoring information in CARTA, Optum Idaho's quality improvement staff will be able to identify potential problems at the individual provider, regional, and state levels, as well as by population and eligibility groups.

CARTA is a web-based application based on a series of queues that allow the shared responsibility for resolving complaints and grievances to be monitored. It provides support in the form of timeline calculations, letter generation and reporting functions that will be tailored to meet requirements of the Idaho Medicaid program and the Idaho Behavioral Health Plan.

Complaint and Grievance Reporting

CARTA has have been successfully implemented and is being used on an ongoing basis in the Medicaid behavioral health programs that Optum currently supports and is generating their required reports. Samples of our complaint and grievance reports are included in ***Appendix 6***. Upon request, we can provide sample reports from other programs to assist IDHW in designing the format that best meets their needs.

Monthly complaint and grievance reports will be delivered to IDHW and also to Optum Idaho Quality Improvement committees, which will analyze the data and recommend any actions necessary to improve quality of our clinical or administrative services.

d. Educate Members and providers regarding all aspects of the Idaho Behavioral Health Plan;

As indicated earlier in the section, Optum believes that informed and involved stakeholders are critical to a program's success. Therefore, as the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will offer a wide array of educational materials and training for all those interested in the Plan. Some training will be presented in partnership with IDHW. Some will utilize Peer Support Specialists, Family Support Specialists and network providers as trainers. Some will feature national experts. In deference to Idaho's size and geography, Optum Idaho will use a variety of methods for providing education and training, maximizing electronic communications whenever possible.

Strategies for offering education and training will include:

- Forums across the state hosted by Optum staff
- Online training and education via training presentations posted on our web portal and access to OptumHealth Education, our online education tool, as well as Essential Learning, a national provider of e-training to human service organizations
- Web-Ex presentations of program updates and administrative training
- Web-Ex presentations on clinical topics with Optum clinical staff or external experts as presenters
- Fax and email blasts with important updates and information
- Member Handbook, posted on-line on www.OptumIdaho.com and available in hard copy
- Provider Handbook posted on-line on www. OptumIdaho.com
- Consultation with individual providers both face-to-face and via telephone by Optum Idaho regional staff
- Participation in Quality Improvement committees and work groups participation
- Sharing of regional data with Regional Behavioral Health Advisory Boards
- Partnerships with local consumer, advocacy and community groups

> If stakeholders are to be effectively involved, they must have access to education and information to help them understand the program, its scope and its possibilities.

- Meetings with professional organizations such as the Idaho Medical Society and the Idaho Association of Primary Care Providers

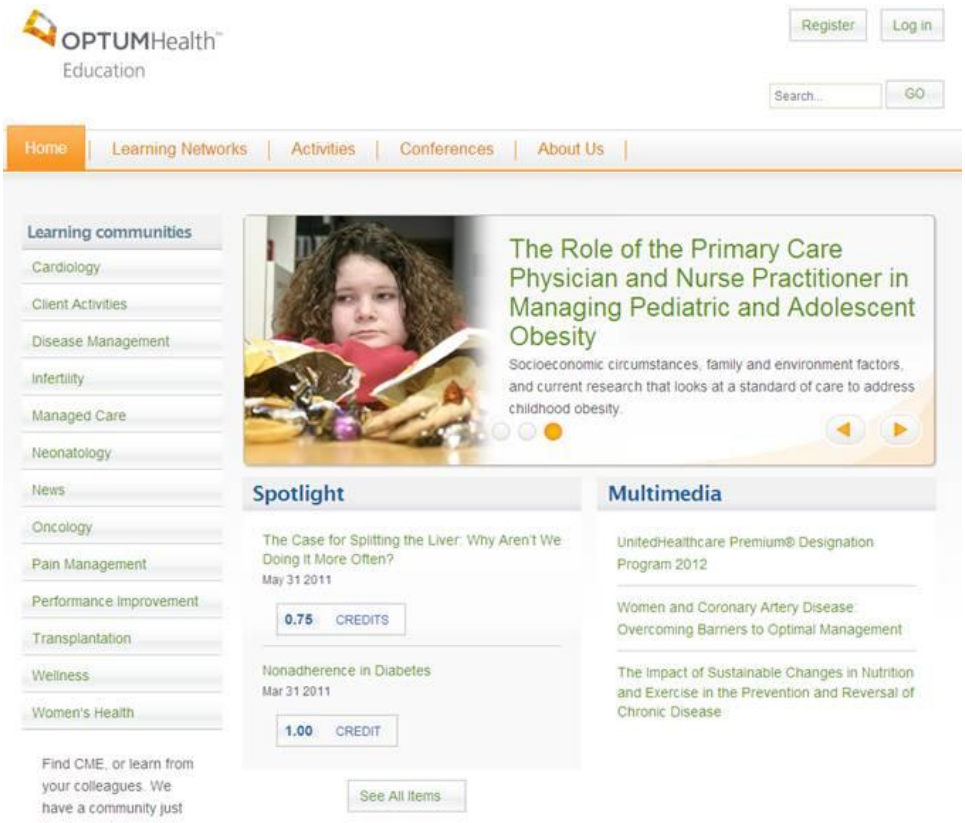
Education and training topics will depend, to some degree, on needs identified through quality improvement activities and requests from stakeholders. However, at a minimum, we will provide information on:

- The Idaho Behavioral Health Plan, including Optum Idaho's responsibilities to IDHW, Members and providers and covered benefits available to Members
- IDHW's vision of a robust continuum of behavioral health services for Members; the process and how stakeholders can be involved
- Responsibilities of Optum Idaho staff in Boise and regionally based staff; contact numbers for Optum Idaho staff
- Toll-free number for the Member Access and Crisis Line, which will be answered live by a licensed mental health clinician 24 hours a day
- Toll-free number for the Customer Service Line for providers and other callers
- How Members can access behavioral health services
- Principles of recovery and resiliency and the evolving role of consumers in behavioral health delivery systems
- Perspectives of consumers and families about effective behavioral health care
- Member rights and responsibilities
- Person-centered treatment planning
- Communication and coordination between behavioral health and medical services: responsibilities of providers and Members to share information
- Utilization Management, including responsibilities of providers and Optum Idaho staff
- Processes for filing an appeal, complaint or grievance
- Quality Improvement structure and accountability
- Cultural Competency
- Discussion of evidence-based practices and their importance

In the beginning, training will focus on basic program information; later in the contract period, it will be driven by identified training needs and stakeholder priorities

Initial training when the program begins will be more comprehensive and global. As the contract progresses, training will focus on specific clinical and administrative topics. We will adjust the content of training over time to include different delivery methods and content, using feedback analyzed by our Quality Improvement team and specific requests for topics made by Members, providers and other stakeholders.

For an example of the orientation overview shared with the provider network in Salt Lake County, see ***Appendix 7.***



Training for Affiliated Professionals

As an adjunct to education about all aspects of the Idaho Behavioral Health Plan, Optum Idaho will provide a variety of professional and clinical education and in-service opportunities for IDHW staff and providers serving Plan Members, including:

- Provision of forms and on-line access to screening tools recommended for use in identifying potential mental health and substance use issues in children, adolescents and adults; consultation and training in the use of the screening tools (See ***Appendix 8*** for an overview of these tools)
- Essential Learning, which offers online access to training and CEUs for behavioral health providers; Essential Learning's catalog and other information is located at **http://www.essentiallearning.com/**
- Optum Education, which is an on-line training resource for PCPs and other medical personnel offering CEUs free of charge at **http://www.optumhealtheducation.com/**
- Consultation by our Chief Medical Officer and other licensed behavioral health clinicians

e. Hire, train, and maintain sufficient qualified staff to implement, administer, and manage the Idaho Behavioral Health Plan and all services related to the contract. Sufficiency shall be determined by comparison of baseline accessibility to changes in accessibility, Member complaints and quality assurance processes.

Whenever Optum is awarded a new public sector contract, one of our first steps is to begin recruiting local individuals to become part of our staff. As we have implemented other public sector programs across the nation, we have learned that local residents bring a wealth of

knowledge that is critical in helping others understand the uniqueness of that state and its human service delivery system.

Recruiting and Hiring

Recruiting local staff will be particularly important in Idaho because we plan to hire staff who will be based in the Boise area as well as regional staff who will work from their homes and be assigned to serve providers and Members in specific IDHW regions. Their knowledge of key agencies and personnel in affiliated fields (such as primary care, child welfare, and the court system) will be extremely important in ensuring that providers of health care and people in public service across the state support the effort to improve Idaho's mental health and substance abuse services.

To hire staff, we will use a number of strategies, including:

- Recruiting through statewide and local newspapers and other media
- Requesting referrals from all stakeholders, including the IDHW Contract Manager and other IDHW staff
- Posting job descriptions and enabling the submission of resumes through our Idaho website
- Retaining a search firm for difficult-to-fill positions

> Recruiting local staff from across Idaho is important to our overall goal of becoming an integral part of the regional behavioral healthcare delivery systems.

In addition to recruiting in Idaho, we also will post job opportunities on our company's recruitment site so qualified individuals from within Optum, as well as external applicants interested in moving to Idaho, will be able to apply for Optum Idaho positions.

Training Staff

Staff training will include initial and comprehensive orientation as well as ongoing training on a variety of topics. Our Training Lead will plan and conduct a wide array of training, some of which will be specific to our own staff, but most of which will be geared to expanding everyone's understanding of mental health and substance abuse treatment services including evidence-based practices and recovery-based services and supports. For this reason, we plan to make a significant portion of our training available to provider staff, consumers and families as well to our own employees. We also will use a variety of training strategies, especially those that will leverage technology to enable participants to take part via computer or telephone.

The chart that follows outlines the basic staff training curriculum for Optum's public sector programs. Ongoing trainings occur regularly throughout the year.

Week One: Initial Training

Topic	Modality	Duration
Welcome breakfast with introductions to Site Leadership, Managers and site training staff as well as site walk through, complete new hire paperwork and other administrative tasks	Face-to-face	2 hours
Brief introduction and overview of Optum Behavioral Solutions	Face-to-face	1/2 hour
United Health Group overview (via WebEx)	WebEx	2 hours
Introduction to IDHW's structures and expectations	Face-to-face	1 Hour
Complete first self-study web course on Public Sector (Corporate)	Web course	½ hour

Topic	Modality	Duration
Overview of Optum Idaho staff roles and responsibilities and scope of practice	Face-to-face	2 hours
Introduction to Recovery, Resiliency and Self-Directed Care	Face-to-face	2 hours
Overview of Idaho's current service utilization	Face-to-face	2 hours
Member Rights and Responsibilities	Face-to-face	1 hour
Introduction to Cultural Competency	Face-to-face or web course	2 hours
Overview of Managed Care	Face-to-face	2 Hours
Introduction to systems of care, care management and care coordination	Face-to-face	2 hours
Providing excellent service to consumers, providers and agencies	Face-to-face	1 hour
Transitions of special populations, needs and resources	Face-to-face	2 hours
Basic telephone training	Face-to-face	2 hours
Introduction to basic/core computer systems training	Face-to-face	2 hours
Observe/practice on phone queue	Face-to-face	2 hours
Ergonomics	Web course	1 hour
Employee orientation to HR Direct, time reporting, leave policies	Face-to-face	1 hour
Mandatory training by UHG/Optum including Integrity and Compliance, Diversity, Ethics, HIPAA/Confidentiality	Each course is a web course	5 hours

Week Two: Initial Training

Topic	Modality	Duration
Best Practice Guidelines	Face-to-face	1 hour
Level of Care Guidelines	Face-to-face	1 hour
Idaho Behavioral Health Plan benefits: Mandated Medicaid Services	Face-to-face	2 Hour
Services provided through DBH	Face-to-face	2 Hour
Intensive clinical IS training	Face-to-face	6 hours
Disaster and emergency response (computer failure, phone failure,)	Face-to-face	1 hour
Customer Service Line Member Access and Crisis Line	Face-to-face	1 hours
Course #2 on Public Sector: Medicare and Medicaid	Web course	1 hour
Observe care managers on telephone reviews	Face-to-face	2 hours
Three-level outpatient authorization process	Face-to-face	2 hours
Administrative support roles and responsibilities	Face-to-face	2 hours
Care management roles and responsibilities	Face-to-face	2 hour
Review of Idaho's statewide and regional boards overseeing mental health and substance abuse services	Face-to-face	2 hours
Documentation guidelines--initial case notes	Self-paced	1 hour
Documentation guidelines--concurrent review	Self-paced	1 hour
Documentation guidelines - after hours	Face-to-face	1 hour
Risk Screening	Face-to-face	2 hours
Mandatory training by UHG/Optum continued on Privacy, Records Retention, Security, Handling Sensitive Data and Electronic Media	Web based courses	4 hours
Continue with assigned readings on Public Sector	Self-paced	2 hours

Topic	Modality	Duration
Complete self-paced web courses and continue with practice sessions	Self-paced	2 hours
Site specific additional training such as CPR, first aid, provider and consumer interactions	Face-to-face	As Needed

Week Three: Initial Training

Topic	Modality	Duration
Introduction to Evidence-Based Practices	Face-to-face	2 hours
Continued systems training	Face-to-face	4 hours
Complete online clinical case scenarios	Web courses	2 hours
Course #3 on Public Sector Care Continuum Service Delivery	Web course	1 hour
Discharge planning, referrals and resources	Face-to-face	1 hour
Peer staff and peer provider roles and responsibilities	Face-to-face	1 hour
Adverse benefit determinations and expedited reviews	Face-to-face	2 hours
Outpatient review process (care coordination)	Face-to-face	1 hour
Observe care managers (in phone queue, initial intake)	Face-to-face	2 hours
Complaints/grievances policies and CARTA	Face-to-face	1 hour
Overview of developing Comprehensive Care Plans for consumers including WRAP Plans, Advance Psychiatric Directives, Personal Medicine, etc.	Face-to-face	2 hours
Overview of interface with PCPs and other primary care providers	Face-to-face	2 hours
Complete Course #4 on Public Sector	Web course	1 hour
Role of regional Optum Idaho staff	Face-to-face	1 hour
Idaho provider network, range of services and levels/sites of care available	Face-to-face	2 Hours
Cultural Competency follow-up, cultural specialist assessments, Language Line usage	Face-to-face	2 Hour
Mandatory training by Optum on Whistle Blowers, Conflicts of Interest, Fraud and Abuse, Foreign Corrupt Practices Act	Web courses	4 hours
Self-paced study courses and practice sessions	Self-paced	3 hours

Week Four: Initial Training

Topic	Modality	Duration
Mandatory reporting requirements	Face-to-face	1 hour
Peer review request by provider	Face-to-face	1 hour
Practice sessions on the queue side by side with mentor	On the queue	4 hours 4 sessions of 1 hour each
Psychiatric review with MD and Psychopharmacology	Face-to-face	1 hour
Psychological testing guidelines	Face-to-face	1 hour
Critical Events and quality of care complaints	Face-to-face	2 hours
Complete Course #5 on Public Sector	Web course	1 hour
Quality management system	Face-to-face	2 hours

Topic	Modality	Duration
EPSDT and coordination with health plans	Face-to-face	2 hours
High risk consumers and special populations	Face-to-face	2 hours
Data-driven Intensive Care Management	Face-to-face	2 Hours
Review of Clinical Guidelines	Face-to-face	2 Hours
Open Q&A discussion on roles and responsibilities	Face-to-face	2 Hours
Complete assigned readings and finish all post tests	Self-study	2 hours
Finish self- paced study courses, practice sessions and evaluation	Self-study	8 hours
Adult correction system and treatment options	Face-to-face	1 hour
Youth services system and treatment options	Face-to-face	1 hour

Week Five: Initial Training

Topic	Modality	Duration
Visit and tour hospital providers	Face-to-face	15 hours
Visit and tour outpatient providers	Face-to-face	15 hours
Follow-up Training on Recovery and Resiliency	Self study	2 hours
Overview of advocacy agencies in Idaho	Face-to-face	2 hours
Services/supports for children and adolescents	Face-to-face	2 hours
Peer Specialists and Family Specialists roles and responsibilities	Face-to-face	2 hours
Care Coordination, medical coordination follow-up Discussion	Face-to-face	2 Hours
Psychosocial rehabilitation and other support services	Face-to-face	2 Hours
Open Q&A discussion on roles and responsibilities	Face-to-face	2 Hours

Maintaining Staff

As a company, Optum places a high priority on maintaining qualified staff because we realize that high staff turnover can impact our services to providers and Members. Recently, Fortune magazine and Aon/Hewitt named us as one of the top 25 companies for developing leaders in North America. We also have been named as a Most Admired Company for Human Resources by the HR Executive Magazine. "The companies that made the cut," said Fortune, "have one thing in common: They know that investing in their employees isn't a luxury—it's a necessity."

> *"Investing in… employees isn't a luxury—it's a necessity"*
> (Fortune magazine)

Optum employees have competitive salaries, a comprehensive benefit package and access to extensive career counseling to help employees pursue career goals internally. The company matches many employee charitable donations and promotes an environment that rewards ethics, teamwork and communications. Another benefit open to Optum employees is the Business Partner Purchase Program that offers an opportunity to save on products and services available through UnitedHealth Group's customers, supplies and other business partners, including: cell phones and cellular contracts, computer equipment, education, health clubs, insurance, lawn equipment and tools, mortgage and college financing, new and leased cars, and travel.

Measuring Staff Sufficiency

In designing the staffing plan for Optum Idaho, our goal was to ensure that the organization has enough resources to provide the services that will be needed during the first few months of operation as well as across the contract period. There is no doubt that the configuration of staff will change as the organization matures. Through our experience in both implementing and operating public sector programs, we have developed a basic framework for a stand-alone service center and staffing ratios that guide us in our planning. We then make adjustments based on the unique characteristics of each particular program.

For the Idaho Behavioral Health Plan, Optum agrees that sufficiency of staff will be measured through a comparison of baseline accessibility to changes in accessibility, Member complaints and quality assurance processes. In fact, each of these measures are included in our Quality Improvement Plan and Outcomes Management and Quality Improvement Workplan, which will be used to set goals and measure against those goals for key clinical and administrative functions.

3. Describe how you will:

a. Ensure that written material is in an easily understood language and format. Written material shall be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency. The Contractor shall also ensure Members are aware of this availability. 42 CFR § 438.10:

All critical written materials, including the Member Handbook and letters to consumers, will be translated into Spanish and available in alternative formats, such as Braille and large-print, for consumers with special needs. Members will be notified that alternative formats are available via the Member Handbook other written materials. Our providers will be made aware of this availability as well so that they can assist Members as necessary in requesting alternate formats. If another language becomes the preferred language of more than 5% of Members, or upon IDHW request, the Member Handbook will be translated and made available in that language as well.

All of our materials are written at or below the 6th grade reading level, as scored using the Fry readability or Flesch-Kincaid indices. We also will ask that a representative group of Members—often the Member Advisory Committee of the QI Program—review and edit all major Member materials before they are presented to IDHW for review.

b. Ensure continuity of care between all providers of behavioral health services, PCPs, and other health care specialists and other services as needed (school/courts);

One of the major reasons for implementing the Idaho Behavioral Health Plan is to ensure continuity of care for Members who are also receiving services from other state agencies, health care providers, and allied delivery systems such as schools and courts. Because we understand the importance of coordinating care, we will assign designated staff as our primary points of contact with affiliated delivery systems:

> Individual staff from Optum Idaho will be designated as primary points of coordination with other human service agencies and the medical community

- One of our Care Managers will be designated as the point person for contact with primary care providers, including Primary Care Case Managers, Health Homes, FQHCs and health plans (when they are implemented for physical health).
- Two staff members will be designated as Community Liaisons and each will be assigned to meet regularly with designated agencies including schools, social services agencies, staff of the Division of Behavioral Health (DBH), the problem-solving courts and other parts of the criminal justice system.
- The Chief Medical Officer will establish and maintain working relationships with the Idaho Psychiatric Association, the Idaho Medical Association, the Idaho Primary Care Association and other professional groups.

As Optum Idaho representatives, these staff members will be responsible for:

- Sharing information about the Idaho Behavioral Health Plan
- Providing resource and referral information to the Community Directory that Optum Idaho will develop to help guide Members and families to community resources
- Executing Memoranda of Understanding or similar agreements when appropriate that outline referral protocols between Optum Idaho and other organizations
- Meeting regularly with outside groups to resolve issues or initiate joint efforts to improve health care delivery

In addition to liaison positions located in our Boise office, Optum Idaho will have six individuals located in the north, southeast and southwest areas of the state who will be assigned to serve each of the IDHW regions. In addition to working with the Regional Behavioral Health Advisory Boards, providers, advocacy organizations and other providers and funders of services in their assigned regions, Optum Idaho regional staff will meet regularly with IDHW regional offices to ensure consistent, clear communication and appropriate referrals. They also will help resolve any clinical or administrative issues that may arise in their respective regions.

Other Strategies to Ensure Continuity of Care

In addition, Optum Idaho will implement a number of strategies for ensuring continuity of care, which will include:

- Network providers will be required to request each Member's permission to share information with the Member's primary care provider.
- Whenever a service is authorized, Optum Idaho will automatically inform the primary care provider listed on the Member's enrollment file. Initially we will provide the notice via fax or letter. As the Idaho Health Information Exchange serves more Medicaid providers, we will leverage that communications system.
- We also will ensure that the behavioral health provider is aware of the Member's primary care provider. If the provider cannot get the name of the Member's PCP from the Member or from one of the eligibility verification systems provided by Molina, the provider can call the toll-free Customer Service number where Customer Service staff will assist the provider.

> In keeping with the philosophy of recovery and resiliency, Optum Idaho will encourage Members and their families to take responsibility for proactively sharing information and promoting communication between all the practitioners and agencies from whom they are receiving services.

- Our policies will require that network providers work with each Member through the treatment planning process to identify all the services being provided to that Member or the Member's family. All those services will be required to be included in the Member's treatment plan, and with the Member's approval, the network provider will be required to inform and include other agencies in the treatment planning and review process. Providers also will be required to request information about other services and goals and to include that information in the comprehensive treatment plan.
- As we work with existing efforts to expand the use of Peer Support, we will include training for Peer Support Specialists and Family Support Specialists on the Member's role in treatment planning. Peers will then become part of our ongoing efforts to educate Members and families about their responsibility will be to keep the all providers up-to-date about other services and supports they are receiving. The same information will be shared at Member orientation and outreach meetings held in across Idaho.
- A major focus of our approach to care management will be the identification of high need Members—those determined to be at clinical risk because of clinical issues such as repeated hospitalizations, poly-pharmacy, service transitions, court involvement or other concerns. Those high need Members will be assigned to an Intensive Care Manager who will work with the provider to help the Member address the identified clinical risk. Coordination of services between providers will always be an important emphasis of the Intensive Care Manager's interaction with the provider.
- As part of our efforts to ensure the quality, appropriateness and clinical outcomes of Psychosocial Rehabilitation, Optum Idaho's Regional Care Managers and other clinical and quality improvement staff will review providers' medical records. One of the important aspects of those reviews will be to evaluate the extent to which affiliated service providers have been invited to, and involved with the Member's treatment.

> Poly-pharmacy and other concerns related to psychotropic medications are among the most critical factors to be tracked in care management. Optum's pharmacy analysis program will help us identify and intervene with Members who may be at risk.

- The coordination of services will be part of the training curriculum that will be offered by Optum Idaho for network providers, Members and their families and other stakeholders. The training also will address effective strategies for incorporating input from other providers, facilitating the participation of all providers in treatment planning, and the importance of the Member's role in enabling and supporting service coordination.

All the information generated through our chart reviews, feedback from our training, concerns raised by Intensive Care Managers and other clinicians, Member complaints and grievances, and concerns from affiliated providers will be routed through our Quality Improvement staff and tracked. If trends are identified, appropriate corrective action will be initiated, either with a specific network provider(s) or through training for both providers and Members.

c. Ensure verification of program eligibility for Members and providers;

As the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will implement a number of strategies to ensure verification of program eligibility for Members and providers, which include:

- We will load eligibility files and eligibility updates provided by IDHW into our management information system when they are received, ensuring that our Care Managers have access to the most updated eligibility information.
- Our management information system will automatically verify Member eligibility and network provider status as before an authorization number is issued through the ALERT system.
- No claim for the Idaho Behavioral Health Plan will be paid unless our claims payment system verifies that the Member was enrolled in the plan on the date of service; that the provider was a network provider on the date of service; and that the provider is contracted to provide that service.

In addition to the strict guidelines regarding enrollment in Medicaid, Optum Idaho will use medical necessity criteria and level of care guidelines in evaluating the appropriateness of every service request, based on algorithms in the ALERT system and/or discussions with a Care Manager, the Chief Medical Officer or peer reviewer.

d. Process claims and prior authorize services when required;

As included in our description of Optum's claims system in response to question 2b above, our claims processing procedures and our claims and clinical IT infrastructure will be customized for the Idaho Behavioral Health Plan. This will enable us to process claims efficiently and to validate that authorizations, when required, are in place before paying claims submitted by our network providers. For those few services for which authorization will not be not required, the claims system will validate Member eligibility and the provider's network status on the date the service was provided before paying the claim.

e. Promote the well-being of the population served through preventive and population-based behavioral health interventions;

Based on our review of the utilization data provided by IDHW, it appears that people in the Idaho Medicaid program may not be accessing mental health and substance abuse services when they or their families first see symptoms of impending illness. As described in response to Question B.2.a, today a significant majority of the service dollars are going for services to people who have serious mental illness or children who have serious emotional disorders. While it is critical that individuals with SMI and children with SED receive treatment and support, promoting the well-being of the overall Membership requires that people:

(1) Are aware of the symptoms of mental illness and substance abuse; and

(2) Know how and where to seek services; and

(3) Participate in treatment when indicated.

> As the Contractor for the Idaho Behavioral Health Plan, it will be Optum Idaho's responsibility to make people aware of the early signs of mental illness and substance abuse as one step in preventing unnecessary crises and hospitalizations

Most providers of mental health and substance abuse services with whom we have spoken have told us that they have the capacity to serve new patients. Therefore, as the Contractor for the Idaho Behavioral Health Plan, it will be our responsibility to promote awareness of the warning signs of mental illness and substance abuse and to facilitate early access to treatment to promote

the overall well-being of the Members and prevent unnecessary use of emergency and inpatient services.

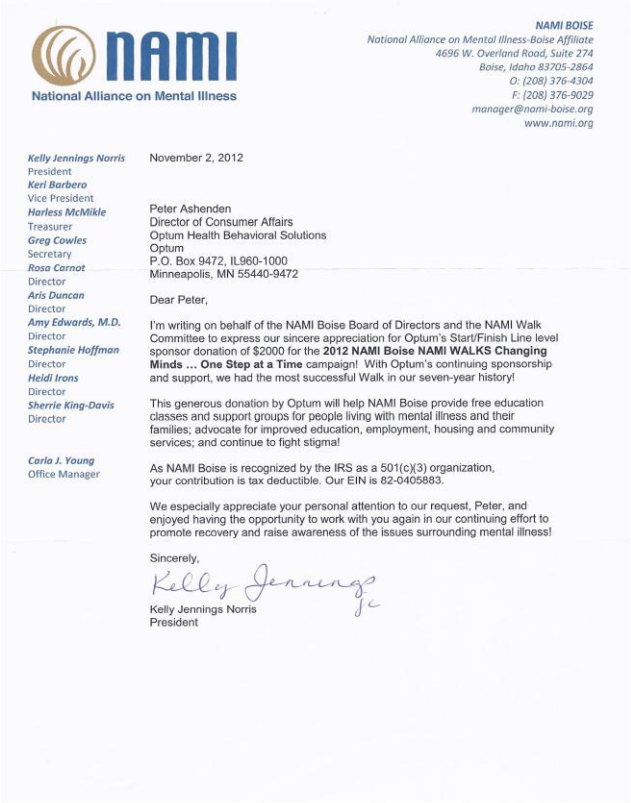
All the strategies that follow will be part of promoting the well-being of Members of the Idaho Behavioral Health Plan.

Sponsoring Public Education and Awareness

Encouraging wellness though preventive and population-based programs relies first on making information available to the general public. Optum has already begun to encourage the expansion of these efforts in Idaho, working in partnership with Idaho NAMI and local NAMI chapters as well as Idaho consumer groups. Over the last few months, we have helped sponsor health fairs in several communities and also provided for a number of NAMI training sessions on topics selected by local chapters for their relevance to individual communities.

As the Contractor for the Idaho Behavioral Health Plan, we will continue efforts, through our own staff and through partnerships with Idaho consumer and advocacy groups to:

- Provide information on early-warning signs of stress, mental illness, substance use and the Optum Idaho toll-free number for consultation and assistance with finding a provider
- Offer mental health and substance abuse screening tools, and training on the use of those tools, to primary care providers and other healthcare professionals
- Work with Idaho NAMI and other advocacy agencies to sponsor training (such as Mental Health First Aid) to help the general public recognize and understand how to deal with mental health crisis and seek follow-up care
- Sponsor public forums and participate in community activities that focus on whole health and wellness as well as behavioral health-related issues.



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National Alliance on Mental Illness

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November 2, 2012

Peter Ashenden
Director of Consumer Affairs
Optum Health Behavioral Solutions
Optum
P.O. Box 9472, IL960-1000
Minneapolis, MN 55440-9472

Dear Peter,

I'm writing on behalf of the NAMI Boise Board of Directors and the NAMI Walk Committee to express our sincere appreciation for Optum's Start/Finish Line level sponsor donation of $2000 for the **2012 NAMI Boise NAMI WALKS Changing Minds … One Step at a Time** campaign! With Optum's continuing sponsorship and support, we had the most successful Walk in our seven-year history!

This generous donation by Optum will help NAMI Boise provide free education classes and support groups for people living with mental illness and their families; advocate for improved education, employment, housing and community services; and continue to fight stigma!

As NAMI Boise is recognized by the IRS as a 501(c)(3) organization, your contribution is tax deductible. Our EIN is 82-0405883.

We especially appreciate your personal attention to our request, Peter, and enjoyed having the opportunity to work with you again in our continuing effort to promote recovery and raise awareness of the issues surrounding mental illness!

Sincerely,

Kelly Jennings

Kelly Jennings Norris
President

Early Identification and Referral

As an integral part of our outreach to PCPs, Optum Idaho will provide our Behavioral Health Toolkit for the HealthCare Professional. The tools, which will include the Whooley Depression Screen and CAGE-AID, are easy to administer and were developed for use in primary care settings. Both are recommended by the US Preventive Services Task Force. See ***Appendix 27*** for samples of the screening tools we will be providing. We also will provide information and training on how to use the tools and how to make referrals to Optum Idaho network providers.

An important part of our monitoring of individual Members as well as prescribers will be Optum Idaho's psychotropic pharmacy analytics. One of the many reports provided through our pharmacy analytics program will identify Members who, based on prescribed psychotropic medications and evidence-based practices, should also be receiving mental health services. If an identified Member is not being seen by a network provider, an Optum Idaho Care Manager will contact the PCP serving the Member and offer to arrange a referral to a network provider if the PCP and Member request it. (Identification of these Members will be dependent on our receipt of pharmacy claims for all Members.)

For additional information on our pharmacy analytics program, see ***Appendix 9*** as well as our response to Question R.1.c.

Promoting Direct Access to Behavioral Health Services

For many behavioral health conditions, especially those which relate to substance use, immediate access to treatment services is critical to the overall success of the treatment intervention. The time that the person accepts his or her need for treatment is generally when he or she is most willing to collaborate in the treatment process. If the individual cannot get into treatment quickly, his or her willingness to cooperate may disappear.

As the Contractor for the Idaho Plan for Behavioral Health, it will be Optum Idaho's responsibility to ensure easy access to care. Therefore, we recommend that IDHW take the steps required to eliminate the requirement for a PCP referral and/or medical examination as a pre-requisite for receiving services through the Idaho Behavioral Health Plan. As part of our service authorization process, we will require completion of the Idaho Standardized Assessment, which will allow us to identify the presence of mental health and/or substance use issues as well as potential underlying medical issues.

> The Idaho Standardized Assessment will provide information on psychological distress, chemical dependency risk and medical issues. Members will be asked to complete it as part of the service authorization process.

The Idaho Standardized Assessment will be based on a psychometrically-tested instrument that uses the Global Distress Scale for identifying and monitoring change in psychological distress and identifying chemical dependency risk and medical issues. It has been independently validated to ensure its psychometric integrity as an outcome tool and to affirm its use as an objective assessment tool with external credibility. See ***Appendix 10*** for a discussion of the instrument, its reliability and validity.

If we have additional questions, our Care Managers, Medical Director and/or Peer Reviewers will contact requesting providers for additional information.

Our network providers will continue to be required to encourage Members to select a primary care provider and have annual physicals. Behavioral health providers also will be required to communicate key treatment issues to the Member's PCP so the PCP has the opportunity to be involved in treatment planning and service delivery. Our chart reviews and other monitoring and oversight activities will help verify the ongoing communication between the Member's behavioral health provider and the PCP.

In addition, we have designed our utilization management approach to balance easy access to services with our accountability for ensuring the medical necessity of mental health and substance abuse treatment. Our policies will enable providers to complete a comprehensive

diagnostic assessment or an individual assessment for substance use without prior authorization, but authorization will be required if the provider and Member determine that ongoing treatment is indicated. A more complete description of our authorization process is provided in response to Sections P and GG.

Emphasis on Self-Management and Individual Responsibility for Wellness

As our experience with recovery-driven mental health and substance abuse delivery systems has grown, we have come to understand more clearly the importance of helping the individual Member or family take responsibility for their own health and well-being. Although not strictly a population-based intervention, Optum strongly supports self-management programs for individuals, especially for individuals who live with chronic illnesses. We will provide the peers that we hire with self-management training so they are qualified to promote the principles through their contacts with peers and families across the state.

In addition, our regional staff will contact organizations in Idaho that today are qualified to provide the Lorig Chronic Disease Self-Management Program and work with them to find ways to include Members in their classes.

> As part of our recovery philosophy, we strongly endorse self-management and the individual's responsibility for his or her own well-being. Therefore we will encourage Members and providers to provide or access self-management programs, such as Lorig Chronic Disease Self-Management Training.

In addition to IDHW, organizations qualified to offer the training include the Mountain States Group, Inc. in Boise, the Southwest Idaho Area on Aging in Garden City, the Eastern Idaho Community Action Partnership/Area VI Agency on Aging, the Elmore Medical Center in Mountain Home, Southeast Idaho Council of Governments in Pocatello, the Post Falls Senior Citizens Center in Post Falls, the Madison County Senior Citizen's Center in Rexburg, Sandpoint Area Seniors, Inc. in Sandpoint and Spirit Lake Senior Citizens, Inc. Chronic Disease Self-Management training also is available on line.

Self-management programs are preventive in nature because they are focused on helping people accept responsibility for maintaining their own health and well-being. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) decision making, and, 7) how to evaluate new treatments.

As noted earlier, when Optum's Consumer Affairs staff provided self-management training to people in Texas who were living with mental illness and other chronic conditions, they experienced a significant reduction in hospitalizations and a decrease in average length of stay for those who did require hospitalization.

f. Provide general information and orientation regarding all aspects of the program and operations. The Contractor shall have in place a comprehensive program to provide all Members, not just those who access services, with appropriate information, such as information about behavioral health treatment services, available providers, and education related to recovery, resilience and best practices, as well as Member rights. In developing these materials, obtain input from consumers, secondary Member and/or family Members and other stakeholders who can contribute to both the content and presentation of the

information so that the information is provided in a manner and format that may be easily understood per 42 CFR § 438.10(b)(1);

One of our goals is to make our training program as broad as possible, and invite Members and families to training and orientation that Optum Idaho has designed for our own staff and/or network providers. We will request assistance from our IDHW Contract Manager in some of the topic areas. Other presentations may be done in partnership with Members or Peer Support Specialists, and some in cooperation with network providers. However, there will also be communications designed specifically to inform Members about the Idaho Behavioral Health Plan and how to find out more information.

Focusing on that outreach to Members, during implementation and throughout the contract period, Optum Idaho will use a variety of methods in the effort to provide information to all Members, not just those who access mental health or substance abuse treatment, including:

- News articles in Idaho papers about the implementation of the Idaho Plan for Behavioral Health and who will be Members of the Plan as well as where to call for information
- Interviews or news items on local radio and television stations
- The Optum Idaho website, which is already in test mode at **www.OptumIdaho.com**
- Flyers about the Idaho Plan for Behavioral Health that will be distributed through network providers, advocacy agencies and primary care providers. With permission from IDHW, flyers also could be included in mailings to Members, such as Medicaid cards
- Our toll-free Member Access and Crisis Line, which will be answered live by a behavioral health clinician 24 hours a day
- Forums across the state hosted by Optum staff, including our Peer Specialist and Family Specialist
- WebEx presentations with toll-free conference lines for participants
- Member Handbook, posted on-line at **www.OptumIdaho.com** and available in hard copy
- Use of the Optum Idaho website to link with Optum's Member Portal, which contains access to a wide array of consumer-centered information, such as:
    - **Super Better:** an online game that helps a person achieve his or her health goals by increasing the individual's personal resilience.
    - **Whole Health Wellness Tracker SmartPhone App:** Built on the ten dimensions of wellness adopted by SAMHSA/HRSA and developed by Larry Fricks, who is a national consumer leader. This free app lets the user set wellness goals based on the ten dimensions and track and share progress.
    - **Peer-to-Peer Addictions Recovery Coaching**, which is offered in partnership with Faces and Voices of Recovery

- **HARP,** the Health and Recovery Peer Program is an adaptation of the Lorig program, the evidence-based practice for helping individuals take responsibility for their health and well-being
- **Consumer videos**, which also are included on a DVD (***Appendix 1***) with this proposal.

Our training opportunities will be posted at **www.OptumIdaho.com**, and we will expand our training curricula to incorporate topics identified through our quality improvement activities and stakeholder requests, but at a minimum, we will cover topics such as:

- Information about behavioral health services
- An overview of the Idaho Behavioral Health Plan, its benefits, enrollment, policies and procedures
- An introduction to the provider network and information on where to find listings on the Optum Idaho website as well as various locations around the state and through Optum Idaho
- Ongoing education about recovery, resilience and evidence-based best practices which will be available on-line through both Essential Learning and Optum Education as well as in training presented by Idaho and national experts
- Member rights and member responsibilities ranging from appropriate treatment to sharing information among all service providers
- Opportunities to be involved in with the Idaho Behavioral Health Plan for Members, families, providers and other stakeholders
- The organization and staff of Optum Idaho, its responsibilities to Members, families and providers as well as all Idaho citizens

The focus of the information Optum Idaho will provide will probably change over time. Initially, attendees will want basic information about the Idaho Behavioral Health Plan and how it will impact the delivery system. Over time, training will begin to focus on specifics driven by quality improvement findings, changing policies, regional plans and IDHW priorities. Evaluations and feedback from attendees will be an important component of all our orientation and training programs to allow us to evaluate program content, presentation and relevance.

Compliance with 42 CFR § 438.10(b)(1)

Optum Idaho will gather input from consumers, family members and other stakeholders on the content and presentation of informational and orientation materials initially and on an ongoing basis through our Quality Improvement committee structure. Members, families and providers will all have representatives on standing QI committees as well as any task forces or work groups which may be formed for specific initiatives.

We share IDHW's focus on our compliance with federal regulations that require us to ensure that all Members are aware of and understand their eligibility for services under the Idaho Behavioral Health Plan and how to access those services. We understand our role in providing written materials that are easily understandable, and we want to be sure that Members have Optum Idaho's toll-free Member Access and Crisis Line number readily available.

In addition to having our Member materials evaluated based on a sixth-grade level of reading complexity, we also will have all materials reviewed and edited by Members and family members before they are presented for IDHW for final approval.

g. Identify any new service offeror proposes to develop under the capitated rate as cost-effective services per 42 CFR § 438.6(e) as determined by the IDHW. Later in the contract period, if the opportunity for 1915(b)(3) services becomes available, the contractor should identify any impacts the services they proposed would have on the capitation rates set for the contract.

Optum's proposed benefit package for children and adults includes community-based behavioral health services as well as rehabilitative services. In addition to the current Medicaid state plan mental health and substance abuse treatment services, Optum Idaho will expand the benefit package at the time the Idaho Plan goes live to include:

- Peer Support: a key component of a recovery-driven behavioral health delivery system, peer support will be provided by consumers of mental health services who have been certified as Peer Support Specialists through the IDHW Office of Consumer and Family Affairs.
- Family Support Services: Support from a family member of a child who has serious emotional disturbances can play a major part in helping another family maintain or regain resiliency while their child is receiving mental health or substance abuse services. Family Peer Support will be provided by family members who have completed training provided by the Idaho Federation of Families or similar training that meets Optum's credentialing standards.
- Community Transition Support: During the first month after an individual is discharged from a hospital, it is critical that the individual follows his or her discharge plan, begins outpatient treatment as indicated, uses medication as ordered, and begins to re-engage with family, friends and other natural community supports. This service, which will be initiated by a network provider at the request of an Optum Idaho Discharge Coordinator or Intensive Care Manager, will provide in-home support by a case manager or therapist as well as peer support by a certified Peer Specialist. It is designed to augment the services provided by IDHW Navigators.

We are including these services as covered benefits because national studies—as well as our own Optum experience—support their importance in controlling expenditures and in improving clinical outcomes, especially for those who have serious mental illness or serious emotional disturbances. Our response to Question B.1.a. provides more detailed information on a study done by Yale University on an Optum Peer Link program in Wisconsin that showed a significant decrease of 30% in participants' use of inpatient hospital days.

We also consider these initial peer-involved services as our first step in expanding the recovery orientation of the delivery system while also improving its overall cost effectiveness. For a complete list of the procedure codes that will be included in the Optum Idaho benefit package, see ***Appendix 3*.**

Demonstration Programs

In addition to the covered benefits that will be available statewide, Optum Idaho also will support a number of demonstration programs that will be awarded to providers on a competitive basis across the first contract period. The demonstration programs, which are also described in response to questions in Section D.4, will enable evaluation of new treatment modalities or services while also allowing Optum Idaho to support Regional Behavioral Health Advisory Boards in addressing service gaps they consider to be priorities in their own areas. Those

programs proven the most effective may be recommended to IDHW for inclusion as Medicaid state plan services and thus would become covered benefits for the Idaho Behavioral Health Plan.

Based on our initial analysis of utilization data, as well as our many discussions with Regional Behavioral Health Advisory Boards, state staff, providers, Members, advocates, Legislators and other Idaho stakeholders, Optum's preliminary priorities for demonstration programs include:

- Coordination and/or provision of crisis response, crisis stabilization and hospital diversion services
- Evidence-based services for children and adolescents and their families, especially those aimed at building resiliency within the family unit
- Peer support programs and family peer support programs
- Evidence-based practices or programs that support co-occurring treatment for individuals with mental illness and substance abuse issues

Telepsychiatry

The Idaho Medicaid program currently reimburses providers that utilize telecommunications to provide direct treatment services, and Optum Idaho plans to expand its scope. Like IDHW, Optum has endorsed the use of telemedicine for many years. We have been actively involved in expansion of telemedicine in states such as Mississippi, Tennessee, New Mexico, Texas, Georgia and Virginia. In those states we have worked to expand access through existing telecommunications systems and telemedicine providers and we also have helped develop new networks and sites. We look forward to working with IDHW to explore ways in which we might be able to leverage or extend IDHW's existing system and also to assessing the feasibility of extending existing telemedicine arrangements.

The importance and impact of telemedicine services are demonstrated on the DVD we have included as ***Appendix 14.***

Recently Optum introduced a ***telepsychiatry program*** that is designed to make it easier for providers—such as FQHCs or mental health clinics—to offer or increase psychiatric services to their patients. Optum provides the equipment and links the providers with board certified psychiatrists who are experienced in using videoconferencing to provide live, interactive psychiatric services.

> Through partnerships with primary care and/or behavioral health providers, Optum's telepsychiatry program is designed to bring psychiatrists to under-served areas.

Optum's successful telepsychiatry program in New Mexico could serve as a model. OptumHealth New Mexico (OHNM) is currently supporting telepsychiatry services to more than 1,200 rural New Mexico consumers. In its two years of operation, the program has expanded by 70%, serving predominately Medicaid consumers who are under the age of 18, many of whom are Hispanic or Native American. Approximately 70% of these telepsychiatry services are for medical management and 25% are for assessment. Based on satisfaction surveys, on the average, about 95% of consumers have been satisfied with telepsychiatry services. With the approval of IDHW, Optum Idaho will make our telepsychiatry program available to Idaho medical and behavioral health providers.

h. Implement new special services and programs when identified in by the Contractor's cost-benefit analysis as approved by the IDHW and CMS (as necessary); and

By implementing Peer Support, Family Peer Support, and Community Transition Support early in the contract period, Optum Idaho will be able to evaluate the financial impact of the services and provide data to substantiate impacts the services should have on future capitation rates. At a minimum, we expect them to be cost neutral, and believe they will have help control Medicaid dollars expended for inpatient psychiatric services.

The demonstration programs also will be evaluated for their impact on utilization patterns within the region as well as any impact that might be projected if those programs were added to the Medicaid state plan and implemented statewide. Those special services and programs approved by IDHW and CMS will be expanded through an open procurement process designed to select providers to offer those services or programs in every region.

i. Provide day to day business operations for the state of Idaho to ensure ongoing communication and interaction with IDHW staff to implement and maintain the services outlined in the RFP. Response should include, but not be limited to, meeting with IDHW staff on an ongoing basis, providing ongoing support and interaction with network providers, and working with stakeholders. The IDHW will not provide work space for the Contractor's staff.

We believe that the most effective way to ensure ongoing communication and interaction with IDHW staff is through a substantial staff presence in Idaho. Therefore, as reflected in our proposed organization chart for Optum Idaho, which is included in response to Question 3.9, all key staff and management functions will be provided by staff located in an office in the Boise area or based in southwest, southeast or northern Idaho. Because all key staff will be in offices located within a few minutes of the IDHW Contract Manager and other state administrators, we will readily available to meet with IDHW staff, network providers or other stakeholders.

> The most effective way we will ensure ongoing communication and interaction with IDHW staff is by locating all key Optum Idaho decision makers in an office in the Boise area

Meeting with IDHW Staff

We typically recommend meeting at least weekly with our Medicaid government partners during implementation and for at least four weeks after the program start date. These will meetings serve as a consistent venue for both parties to discuss their portion of the implementation responsibilities and for Optum to deliver to IDHW up-to-the-moment information and data on our readiness to implement.

Once the program is successfully implemented, we recommend monthly contract oversight meetings with IDHW staff to review utilization reports, examine quality indicator performance, and discuss any other issues that may arise. In addition to these regular meetings, IDHW staff will be invited to sit on our monthly Quality Assurance & Performance Improvement (QAPI) meetings and to participate with us as a co-presenter or attendee in ongoing clinical and administrative trainings, forums and other meetings. Although the Optum Idaho Contract Manager will serve as the main contact and "go to" individual for IDHW, other Optum staff will available at any time to process IDHW requests for information or to address issues or concerns.

Reserved Office Space

Optum will provide a reserved office for IDHW staff in our headquarters in the Boise area. The IDHW Contract Manager and other department staff will be spending a significant amount of time at the Optum Idaho office, and we have found that having an office available makes it much easier for state staff to keep on top of their other responsibilities. In addition, staff authorized by IDHW to access Member and provider information will be able to log onto the Optum Idaho system and have assistance from our staff in locating needed information in our management information system.

Support and Interaction with Providers and Stakeholders

Optum's Quality Improvement committee structure, particularly our Provider Advisory Committee and Member Advisory Committee, which are subcommittees to our QAPI Committee, will offer a regular point of interaction between our staff, Members, providers and other stakeholders. During these meetings Optum Idaho will:

- Review Member and provider materials for readability, understandability, timeliness and pertinence;
- Routinely review data related to the quality of our administrative and clinical program such as utilization data and summarized complaint and grievance data;
- Discuss the need for additional training on clinical topics; and
- Discuss and work to improve Optum Idaho policies and procedures.

In addition to this more formal interaction, Optum Idaho staff will always request feedback and respond to questions during any of our orientation or training meetings and also when we are doing presentations to other groups, such as the Regional Behavioral Health Advisory Boards.

Our staff also will be available to address issues and concerns via our toll free telephone lines. The Member Access and Crisis Line will put a Member in immediate contact with a behavioral health clinician 24 hours a day, 365 days a year. The Customer Service Line will be available for providers and other stakeholders during regular business hours. The Customer Service Line also will have the capability to take a message which will be returned by appropriate Optum Idaho staff the following business day.

C. (E) WORK PLAN AND SERVICE IMPLEMENTATION

6 Offeror – submit the following with your proposal:

a A draft comprehensive written Work Plan that includes, but is not limited to, the tasks and plans identified in this section C.1.a – q., and identifies timelines.

The following draft Implementation work plans are included in ***Appendix 11***:

- (4.C.1.a) Schedules and timetables for Implementation
- (4.C.1.b) A detailed description of the Implementation methods
- (4.C.1.c) Communication Plan that includes a plan to communicate with members, providers, and stakeholders, including Member Service and Provider Service Call Centers and Member and Provider Handbooks
- (4.C.1.d) Website Development Plan
- (4.C.1.e) Network Development Plan including analysis and plans to effect a smooth transition
- (4.C.1.f) Service Transition Plan
- (4.C.1.g) A Staffing Plan identifying hiring expectations and staff associated with each task of the Implementation period and the work of the contract itself
- (4.C.1.h) Training Plan for Optum staff, IDHW staff, members, Providers, and stakeholders
- (4.C.1.i) Facilities, Fiscal Requirements and Cost Avoidance Plans
- (4.C.1.j) Quality Management Plan
- (4.C.1.k) Utilization Management Plan including outlier management and plans for care coordination
- (4.C.1.l) Complaints, Grievances and Appeals Plan
- (4.C.1.m) Customer Service System Plan
- (4.C.1.n) Overall Project Plan including reports and interface plans, claims processing and information management integration, hardware and equipment acquisition and installation, operating system and software installation, and systems testing
- (4.C.1.o) Business Continuity, Disaster Recovery, and Risk Management Plan
- (4.C.1.p) Contract Compliance Plan
- (4.C.1.q) Operational Readiness Plan

In each work plan, tasks required to meet IDHW requirements are listed with corresponding status, schedules, and resource owners.

The Overall Work Plan (4.C.1.n) includes Implementation tasks and schedules for reports and interface plans, claims processing and information management integration, hardware and equipment acquisition and installation, operating system and software installation, and systems testing.

In addition, the Overall Work Plan includes a summary of master tasks that are also listed with yellow shading in work plans (4.C.1.b – 4.C.1.m) and (4.C.1.o – 4.C.1.q).

Optum will update the work plans within ten (10) business days of the execution of the contract.

7 Offeror – describe how you will:

a. Ensure the health and safety of Idahoans is not put at risk during the transition in administration from the fee-for-service reimbursement model to the managed care model of service delivery;

Optum understands that the transition from fee-for-service to a managed care model is a change for IDHW, Members, providers and other stakeholders. In the past two years, we have met with consumers, families, mental health clinics, rehabilitation providers, substance abuse providers, legislators, county officials, and advocates and heard both their concerns and their excitement about this change. Optum brings to bear both our resources and the resources of our parent company, UnitedHealth Group, to facilitate a smooth implementation and transition to Idaho's new way of managing Medicaid behavioral health services.

Optum's policies, procedures and guidelines, along with our quality monitoring programs, are designed to help ensure the health, safety and appropriate treatment of members. These guiding documents are informed by national standards such as NCQA and URAC and by many years of implementing programs similar to the Idaho Behavioral Health Plan. Optum's implementation team includes staff experienced in the administrative and clinical tasks required to start a new program as well as staff experienced in working with the various stakeholder groups whose involvement is critical to a successful program implementation.

b. Ensure major components of the current network delivery system are not adversely affected by transition to managed care;

One of Optum's initial efforts will be to contract with existing Medicaid behavioral health providers and then add additional access in underserved rural and frontier areas. After we have the opportunity to gather utilization data, generate region-specific reports and talk with the Regional Behavioral Health Advisory Boards (and other stakeholders), we will begin to identify the need for expanding or adding services.

c. Honor existing Member-therapist relationships to the greatest extent possible;

It is Optum's our goal to execute a contract with every qualified mental health and substance abuse provider serving Idaho Medicaid participants today, but we recognize that that may not be possible. If a provider who is seeing a Plan member chooses not to enroll as a network provider, we do not want the ongoing treatment of the Member to be disrupted by implementation of the Idaho Behavioral Health Plan.

Therefore, for 60 days following program implementation, Optum Idaho will allow non-network providers that were providing services to an individual at the time he/she became an Idaho Plan Member to continue serving that Member. We will reimburse for those services based on our standard network policies, procedures and rates. Our Care Managers will work with the non-network provider to facilitate a referral to a network provider if the Member continues to need services after the 60-day transition period.

During the same 60-day time period, we will require no authorization of covered services provided to Members by network providers, and services currently being provided will be "grandfathered" for reimbursement. For those two months, Optum Idaho staff will be working with Members and network providers to:

- Become familiar with the clinical criteria and authorization requirements; and

- Enter all their existing services entered into the Optum Idaho management information system to ensure reimbursement will be available for services provided after the initial 60 day period

d. Effect transfers in care as seamlessly as possible to Members;

As stated above, Optum plans a 60-day transition period during which we will require not authorization for covered services. During this same 60 day period, Members will be able to continue to see a provider who does not choose to join our network. During this 60 day period, our Care Managers will work with the non-network provider to facilitate a referral to a network provider if the Member continues to need services after the 60-day transition period.

e. Allow a transfer process with sufficient time for Members to receive notifications, make choices when choices are available, and ask questions of the Contractor regarding the transfer process and the Member's Idaho Behavioral Health Plan benefits;

Optum will begin to work with IDHW immediately upon contract award to develop and distribute appropriate written notifications to Members which give them key information about the upcoming transition to managed care and how this change will affect Members. Our Customer Services line will also be up and running prior to implementation so that Members may call and ask questions about benefits or any other IBHP program element.

Also, as stated above, Optum plans a 60-day transition period during which we will require not authorization for covered services

f. Ensure the provider network:

i. Is sufficiently informed of the Contractor's administrative requirements for participation in the network and for delivery of benefits to Members provided under the Idaho Behavioral Health Plan;

ii. Is able to deliver services according to the Contractor's standards and all state and federal requirements;

iii. Is scheduled according to the Contractor's established timelines for "go live" activation.

There are key documents that all Optum providers are required to comply with including our Provider Agreement/Contract, the IBHP Provider Manual, additional updates made to providers in writing, and quality review reports following an individual provider site visit which note any deficiencies needing corrective action. These documents detail the administrative requirements for network participation and delivery of services to Members, Optum requirements and applicable Federal requirements. Our ongoing contracting discussions with providers as well as official written notifications once a contract is awarded and a final implementation date is determined, will clearly explain the "go live" date as well as calendar deadlines related to prior authorization commencement, contracting deadlines, and other key dates which will affect providers during and after contract implementation.

D. (E) BEHAVIORAL HEALTH SERVICES:

The Contractor shall provide a recovery oriented system of care that is holistic and includes the following categories of mandatory State Plan services:

a. Community based outpatient

b. Rehabilitation

c. Substance use disorders

1. The Contractor shall ensure the more stringent requirements for SUDS treatments regarding confidentiality (42CFR Part 2) are incorporated into the Contractor's policies and procedures as well as the requirements for the network of providers.

2. The Contractor may place appropriate limits on a service:

a. On the basis of medical necessity criteria (Medical necessity is defined in IDAPA 16.03.09, The IDHW shall be the final authority regarding all disputed medical necessity decisions.); or

b. For the purpose of utilization control, provided the services furnished can be reasonably expected to achieve their purpose. 42 CFR § 438.210(a)(3)(iii.)

Providing a recovery-oriented system of care that is holistic and includes a strong emphasis on interaction with the medical community is the essence of our design for the Idaho Behavioral Health Plan. The benefit package we propose in response to Question B.1.a. includes services categorized as community-based outpatient, rehabilitation, and treatment for substance use disorders.

Our first priority will be to ensure the clinical appropriateness and quality of the treatment services currently being delivered. The next—which is inextricably linked to the first—is to ensure that Members have access to a robust continuum of outpatient services and that providers are offering the full array of covered benefits.

We believe that the inclusion of three new support services, the expansion of telemedicine and the use of demonstration programs will provide yet another impetus toward increasing the recovery-orientation of the delivery system. We look forward to working with IDHW and Idaho stakeholders in implementing these system changes.

Optum has reviewed Section D a-c, 1, and 2.a. and 2.b. and we will comply with all requirements contained in the section. We recognize that the IDHW will be the final authority regarding all disputed medical necessity decisions, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan.

3. Describe how you will:

a. Promote and assist in the recovery of adult Members with serious mental illnesses (SMI) and those with serious and persistent mental illness (SPMI) and resiliency of child Members with serious emotional disturbance (SED) and/or co-occurring substance use disorders through innovative services that empower Members, and families as appropriate, to determine and achieve their goals; this includes specific attention to behavioral health service needs of very young children as described in Attachment 15 - Infant Toddler Mental Health.

Promoting and Assisting with Recovery

Optum places the highest priority on ensuring that the principles of recovery and resiliency guide our local operations in 25 states and also are a core value of our network providers. Although all our public sector programs are tailored to the delivery system they support, they are based on the same philosophy. In Idaho, as in other programs, we will:

- Promote training and employment of Peer Support Specialists and Family Support Specialists who will provide training and orientation to consumers, family members, providers and all stakeholders. Optum Idaho will employ Peer and Family Specialists as part of our Idaho team.
- Implement new services selected to address gaps in the delivery system and clinical needs of the population. In Idaho, these will include Peer Support and Family Peer Support as well as demonstration programs approved by Regional Behavioral Health Advisory Boards as needed in their areas.
- Work closely with advocacy organizations to reinforce initiatives already underway. In Idaho, this process has already begun with Optum's support of a number of NAMI Idaho priorities and wellness activities for consumers. Over the last few months, we have helped sponsor health fairs in several communities and also provided for a number of NAMI training sessions on topics selected by local chapters for their relevance to individual communities.
- Provide training opportunities for providers and members. In Idaho, as discussed in response to Questions B.2.d. and B.3.f. in this section, we plan a broad-based effort to help people understand the principles of recovery and resiliency. Strategies will range from forums featuring representatives from other state/local delivery systems to on-line educational opportunities to earn CEUs. Optum Idaho's own Peer Support Specialist and Family Support Specialist also will have a significant responsibility in helping people understand the principles and practice of recovery and resiliency.
- Commit to reinvestment of a proportion of savings in consumer and family services within the state. In fact, in proposing the addition of three new services at the time the Idaho Behavioral Health Plan goes live, Optum has made an immediate commitment to reinvestment. We also will use savings in the medical budget to support demonstration programs, as described in our response to Questions B1, B2.a, and B3.g as well as other places.
- Optum Idaho will require that all providers practice in compliance with recovery/resiliency principles and that all new services and programs include a strong consumer role or orientation. All our quality improvement studies, chart audits, utilization review discussions with providers and level of care criteria will enforce—and reinforce—the involvement of the consumer and/or family in treatment planning.

Recovery Assistance at the Optum Idaho Website

One of many features for Members on the Optum Idaho website will be a link to Optum's Recovery/Resiliency Center. The site includes recovery-based educational material and videos, and a number of other resources selected by Optum's Consumer Affairs team, including:

- an addiction self-help guide and links to Al-Anon/Alateen,
- a Health Tracker app and a WRAP app for mobile devices,
- webinars on building resiliency and life balance

- diagnosis-specific information

The screenshot below shows one set of links that will be available to support Members in their recovery and resiliency. For another example of Member information available to individuals in Optum public sector programs, see the Optum New Mexico website at: **https://www.optumhealthnewmexico.com/consumer/en/index.jsp** and the Optum Pierce RSN website at **https://www.optumhealthpiercersn.com/portal/server.pt?uuID={C2B4CCF7-16E0-1C50-930B-40313FCED000}&mode=2** .

Adults with SPMI

We know that recovery is possible for even those with the most severe illnesses. Our training programs are geared to helping people—consumers, families, providers and others who come in contact with people who have SPMI--understand recovery as a "meaningful life in the

community as defined by the consumer." An important part of the recovery philosophy is accepting personal responsibility and moving toward an independent lifestyle.

For example, in one situation, we were able to support a young man with a severe intellectual disability find work at a hotel laundry room. As a result, he had a job he loved, he made a reasonable living and interacted with individuals who were glad to have him do the work. No one is unable to reach some form of recovery.

Please see the CD in ***Appendix 1*** that includes videos from Optum Members who tell their own recovery stories.

Optum has made the videos included in Appendix 1 available on our corporate website as part of our ongoing efforts to make everyone aware that recovery, resiliency and hope can be part of everyone's life, despite the challenges they may be facing.

Expanding the employment opportunities for Peer Support Specialists is another example of the recovery philosophy in action. When an individual is trained to use his or her life experience in assisting others, the individual not only gets a great deal of personal satisfaction—he or she becomes employed and a contributing member of his or her family and community. Each successful Peer Support Specialist shows others that recovery is possible and working is an attainable goal.

Optum is committed to giving consumers tools that empower them to be fully engaged in their recovery and to take specific, concrete steps toward their goals. One resource that supports this is a document we have created which includes links to Optum recommended recovery, resiliency and empowerment tools available for use by anyone on recovery-oriented web sites. As noted earlier, the Optum Idaho website will have a link to these resources, which range from educational material to on-line games and smart phone apps.

We constantly add to the resources listed in this document and encourage consumers to access these tools to educate themselves, to plan, and to move toward reaching their full potential in their families and communities.

Individuals with Substance Use Disorders

The impact of using peer support to help others actually came from the substance abuse community. Long before the mental health community began to endorse the philosophy of recovery and resiliency, people with substance use disorders were participating in groups with individuals who had lived through similar challenges.

Whether the addiction is smoking, mis-use of prescription medications, alcohol or illegal substances, countless studies have shown that when a person is discharged from a substance abuse treatment plan, the probability of relapse is very high unless the person has a network of people to support abstinence. For example, one study conducted early in 2000 and reported in the Journal of Drug Education demonstrated that in an environment that stressed personal responsibility and in which peers were readily available, recovering alcoholics were able to maintain employment, thereby reducing their need for government subsidies. (Leonard A. Jason, Margaret I. Davis, Joseph R. Ferrari, and Peter D. Bishop, *Journal of Drug Education*, Volume 31, Number 1 / 2001).

To help ensure that individuals with substance use disorders also have the benefits of a delivery system that provides services in concert with the concepts of recovery and resiliency, Optum

Idaho Discharge Coordinators and Care Managers will work with network providers to strengthen the availability of support groups. The Optum Idaho website also provides an array of information specifically related to substance use.

Members with Co-occurring Substance Use and Mental Illness

Research, and the evidence-based best practices which grow from those studies, clearly demonstrate the increased effectiveness of integrated treatment for individuals who have co-occurring disorders. Both the mental health system and the substance abuse system are traditionally designed to operate isolated from one another, with structures, funding, rules and regulations, clinician training, and clinical practices that were not designed for the degree of complexity individuals and families present with every day.

In the world of co-occurring treatment, the vision is to create a welcoming, person-centered, recovery oriented, culturally competent, trauma-informed, co-occurring capable system that is created through stakeholder partnerships reflecting the spirit and capacity to:

- Welcome individuals with complex needs into hopeful, caring and integrated relationships,
- Support recovery through empowered partnerships focused on individualized goals, and
- Organize all staff to deliver effectively matched services in every setting to help individuals with complex needs achieve their recovery goals.

> Optum Idaho will put a priority on recruiting qualified providers of co-occurring substance abuse/mental health treatment, even if they are not currently serving Idaho Medicaid participants.

The Idaho Behavioral Health Plan will be responsible for one part of the delivery system for substance abuse treatment services and will fully cooperate with all efforts in Idaho to help treatment providers become both co-occurring capable and recovery-oriented. This will include:

- Including co-occurring treatment as one of the priority areas for our demonstration programs, which will be competitively procured and will offer the opportunity to demonstrate the effectiveness of evidence-based services in a community or region. Those demonstration programs that prove most effective may be recommended to IDHW for inclusion as state plan services and covered benefits in the Idaho Behavioral Health Plan.
- We are aware of a few co-occurring capable providers in Idaho, such as Ascent Behavioral Health Services, and will put a priority on them into our network, even if they are not currently serving Medicaid beneficiaries.
- We will provide training on evidence-based practices that incorporate co-occurring treatment, such as Integrated Dual Disorders Treatment (IDDT).
- Optum Idaho's community liaisons and regional staff will work with agencies in other funding streams in the effort to effectively coordinate existing mental health and substance abuse providers and encourage the expansion of co-occurring capable providers. This may include making recommendations to IDHW about rule changes that would facilitate the evolution of co-occurring capable providers.

Children with SED and Infant/Toddler Mental Health

Optum believes that you cannot successfully provide treatment to a child with Serious Emotional Disturbance without strong involvement from the parent/guardian/foster parent. If the child and

family are properly supported and receive the right services, the child has a better chance to grow to be a fully participating and productive member of their family and community.

Every young child with SED will be enrolled in our Intensive Care Management program, which will give the child and family access to a licensed clinician to help coordinate care and develop a recovery and resiliency based plan of care for the child. In addition, we will work collaboratively with the Idaho Federation of Families to make a Family Support Specialist available to the family of a young child with SED if the family chooses to have that support. Having a peer to assist the family understand the delivery system and the pressures of having a child with a serious illness can often make a critical difference in the family's ability to cope and remain resilient.

Coordination with the child's pediatrician or family practice physician is critical so that the child's progress against age specific milestones can be monitored and recorded and any missed milestones can be quickly identified and additional support provided. This is particularly important for infants and toddlers who, when they fall behind both cognitively and/or physically, need immediate intervention to help prevent long term effects. Our ALERT outpatient management system, which is one key component of our utilization management program, will automatically send a notice to a child's PCP whenever behavioral health services are authorized. This will be the first step in including the pediatrician's concerns in treatment planning and service delivery.

Optum will partner with IDHW and the Idaho Association of Infant Mental Health as the state progresses toward adopting the Michigan Association for Infant Mental Health guidelines related to provider competency and endorsement, as accepted by the World Association of Infant Mental Health. Optum fully concurs with the focus in the guidelines on Family-Centered Care, which recognizes the vital role family members plan in assessing the child and in making informed treatment decisions.

As we finalize our Training Plan, we will work with IDHW to provide training on the Dyadic Model and in the Coaching Evidence Based practice that is included in Attachment 15 of the RFP. Should IDHW or other child-serving organizations embark on a process to enhance the infant mental health services available, Optum Idaho will participate fully in the process.

As noted below, our New Mexico staff are have been participating in a statewide multi-agency process that might offer some support for similar efforts in Idaho.

New Mexico – Expanding the Availability of Infant Mental Health

Infant mental health services were a covered benefit when Optum took over the as the behavioral health care Statewide Entity (full risk managed care organization) in New Mexico in 2008. However, in the last four years, Optum New Mexico has been part of a focused effort to create a step-up service called Infant Mental Health "Treatment." The long-term goal of the initiative is to add Infant Mental Health Treatment as a reimbursable service under the terms of the 1915b waiver granted to the New Mexico Medicaid agency.

This process was initiated with the establishment of a that is composed of representatives from the New Mexico Children Youth and Family's Department (CYFD), leadership from the New Mexico Association for Infant Mental Health (NMAIMH, which is the training and endorsement entity for New Mexico and is affiliated with other states that are developing Infant Mental Health treatment and services), provider organizations and representatives from Optum New Mexico.

The primary task of the advisory council is to develop service definitions for Infant Mental Health treatment that could be approved by all interested parties. Once developed, initial funding was to be provided through CYFD. Optum New Mexico designed an allocation plan that would geographically distribute the available funds statewide to ensure geographic coverage. Funds were held back to encourage providers to expand services to rural/frontier and tribal communities. Allocations were then made to providers offering Infant Mental Health treatment that had been endorsed by the NMAIMH Association at a Level 3 or 4, and were independently licensed. The second phase was to develop service definitions that better defined treatment from services for infants up to the age of 3 and to develop services definitions for toddlers ages 3 to 5.

> The New Mexico Infant Mental Health Advisory Council, which includes a number of state agencies and Optum New Mexico, is working together to make Infant Mental Health treatment endorsed by the New Mexico Association for Infant Mental Health payable as a Medicaid service. Initial funding was to be provided through the New Mexico Children, Youth and Families Department.

Optum New Mexico continues to work with the advisory council on service definitions and programming in order to make the services payable under the New Mexico Medicaid waiver, which is the long- term goal initiative because funding for treatment is currently limited.

b. Utilize and implement evidence-based practices in service delivery and describe how you will demonstrate fidelity to the tested model used for each evidence-based practice, when available, in order to assure the effectiveness of the service provided. Such fidelity should be applied except when adjustment is specifically described and justified for good cause, such as administering the practice in rural areas or to account for cultural differences. Information on sources for five (5) of the adult evidence-based practices, including fidelity checklists, and evidence-based practices applicable for children, is available on the SAMHSA website at http://www.nrepp.samhsa.gov.

Optum is a strong supporter of the use of evidence-based practices (EBPs) in service delivery because we have found that clinical outcomes are much more likely to be positive when providers are using treatment modalities that have been proven to be effective. For that reason, Optum has devoted space on our provider portal to EBPs that have produced positive treatment outcomes. Our Care Managers actively refer providers to those treatment modalities when appropriate. Our clinical criteria and practice guidelines also are aligned with EBPs.

> Optum Idaho will track clinical outcomes and use evidence-based practices as a way to address identified clinical issues—both for individual Members as well as at the practice/agency level.

To evaluate the fidelity with which our network providers implement evidence-based practices we have developed outcome management measures and indictors—such as the ones that will be generated by our ALERT outpatient management system—that help us identify individual consumers who are not progressing well in treatment and providers whose overall clinical outcomes do not meet our expectations. This strategy has helped focus our clinical resources—the time of our Care Managers, Quality Improvement Specialists, Medical Directors and Peer Reviewers— where they are most effective.

In our interactions with providers serving a high risk consumer, or a provider for whom additional clinical support is indicated, our clinicians and Network Managers focus on best practices. For instance, our Chief Medical Officer may recommend that a provider consider a

particular EBP to address the needs of a consumer for whom a new treatment modality seems indicated. When the Quality and Network staff help a provider design a corrective action plan, they may recommend training in one or more EBPs based on the needs of the individuals the provider is serving.

Optum Idaho also will aggregate outcomes information at the regional and statewide levels to identify more pervasive training needs. Training in EBPs will be an important part of our curricula for the provider network in Idaho just as it is in other state Medicaid programs we manage because we want to help the providers in Idaho keep abreast of new and evolving treatment approaches. We also will offer e-learning on EBPs—with available CEUs— via OptumHealth Education and Essential Learning.

Assessing the Appropriateness and Validity of PSR

As the Contractor for the Idaho Behavioral Health Plan, one of Optum Idaho's first priorities will be assessing the appropriateness and medical necessity of providers' provision of psychosocial rehabilitation (PSR). As part of that process, we will consider the extent to which a provider is complying with national standards for PSR based on our criteria—which were developed directly from the national standards. Our goal will be to identify:

(a) Members for whom PSR may not be—or may no longer be—an appropriate and effective treatment modality; and

(b) Provider practice patterns that consistently under- or over-utilize PSR

If our reviewers identify consumers who are not making improvement and attaining their treatment goals through PSR, one reason may be that the provider is not adhering to national standards. In that instance, Optum Idaho staff will work with the provider to implement a corrective action plan that will increase the provider's fidelity to the standards and also make other changes as indicated. If our reviewers find that significant numbers of PSR providers are not complying with national PSR standards and Optum Idaho's criteria, we will design and implement training to help raise providers' fidelity.

Providing the clinical criteria and focused audits before go-live, as well as providing consultation on how to become fully compliant, will give providers significant time to ensure that their approach to providing PSR is consistent with standards and that the needs of the consumers to whom they are providing it can appropriately be met through PSR.

Assessing Fidelity in Other Treatment Modalities

While PSR represents more than 60% of today's outpatient expenditures for mental health and substance abuse services in Idaho's Medicaid program today, it is certainly not the only service for which evidence-based practice style will be beneficial. One of our goals is to increase the number of EBPs being provided for a range of clinical services, since we know that this can significantly improve the effectiveness of treatment and clinical outcomes.

Optum's experience with implementing EBPs for Medicaid and Medicare populations is that it is important to position it as a quality improvement activity designed to address identified needs. Once sufficient data regarding the current service system has been gathered, EBPs style will support our strategy to fill the identified service gaps, such as the need for more in-home treatment for children and families or as a way to better integrate the provision of psychiatric and substance abuse treatment.

Preserving the components that made the original practice effective can directly impact the success of desired outcomes. Measuring fidelity, however, can be difficult, and clinicians who implement EBPs—as well as organizations that reimburse treatment services—increasingly ask that researchers focus on the core factors required to effectively replicate a program and to identify scales for assessing fidelity. (Metz, Bowie, & Blasé Seven Trends for Enhancing the Replicability of Evidence-based Practices, *Child Trends Research-to-Results Brief*, 2007). As we identify the gaps in care and evaluate EBPs that might be appropriate, we will give preference to those modalities that include scales for assessing fidelity.

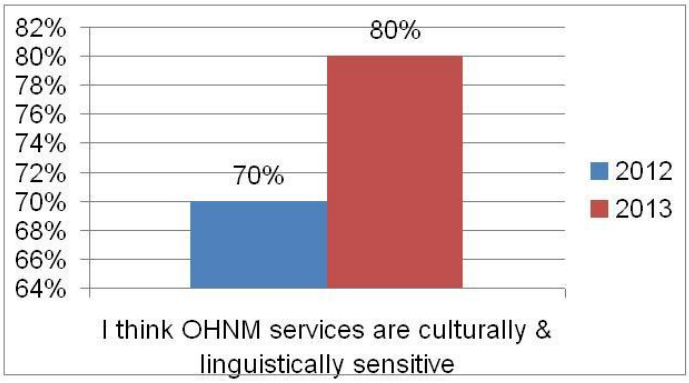
Organizational Readiness for EBPs

One additional step we will discuss with the IDHW Contract Manager is the option to assess providers' organizational readiness to implement EBPs. The Global Organization Index (GOI) is used to measure some of the general operating characteristics of an organization. The information obtained from the GOI is used to identify if an organization might be ready to implement and sustain evidence-based practices.

The GOI contains 10 principles including elements such as program philosophy, training, supervision, and program monitoring. The GOI refers to operating characteristics that should be very similar across the EBPs. Typically, agencies that do an excellent job in implementing an EBP have the GOI elements in place within the organization. Programs scoring high on the GOI are expected to be more effective in implementing an EBP and in achieving desired outcomes. The GOI principles are included as ***Appendix 12***.

c. Provide culturally competent community-based services, including evidence-based, best practices, trauma-informed care and alternative services for Members of all ages. See Attachment 18 - Trauma-informed Care for more a detailed description of trauma-informed care.

In all our public sector programs, cultural competency is a major emphasis—both for the providers in the network and also for our own staff. For example, the program we administer for the New Mexico Behavioral Health Collaborative includes a major emphasis on cultural competency because New Mexico is a "minority/majority" state—ethnic/racial groups represent 59.2% of the state's population. Optum New Mexico has shown significant improvement in its ongoing efforts to provide culturally competent services, as reflected in a 2013 member survey:



Every public sector program we operate helps us better understand the importance of cultural competency because every state and each community has its own unique profile. Idaho has become home to refugees from all over the world, including Somalia, the Congo, Afghanistan,

Russia, Burundi, Bhutan and Iraq. The Idaho Office for Refugees reports that the top five refugee languages in 2011 were Nepali, Karen, Arabic, Swahili and Burmese. According to recent census data, some 5% of Idaho's residents are foreign-born. Idaho also is home to five reservations and more than 17,000 American Indians as well as more than 100,000 people of Hispanic origin, nearly 12,000 Asians and a very visible Basque community in the Boise area.

Although all these cultures may not be significantly represented in the membership of the Idaho Behavioral Health Plan, they certainly are among the stakeholders who have an interest in the quality of behavioral health services available across the state. As the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will reach out to representatives of these cultural communities to help us ensure that those who are Members understand the availability of behavioral health treatment and that the treatment we provide is sensitive to their cultural values.

Our cultural competency efforts, then, will encompass a number of strategies including but not limited to:

- Providing training to reinforce the basics of cultural competency for providers and our own staff.
- Recruiting volunteers and training peer support specialists who represent the various ethnic sub-populations—and asking them to review and provide feedback on our policies, procedures, training programs, quality initiatives, utilization and communications.
- Using peer support staff and others from the various ethnic groups to provide in-service training on perspectives from groups they represent on how services could be more responsive and effective (e.g., perspectives of a parent of a child first encountering the mental health and/or child welfare system; perspectives of a American Indian on a particular evidence-based practice; perspectives of a Member being discharged from a state hospital and returning to his/her community).
- Including Members and family Members in Quality Improvement committees and on other groups to ensure that their perspectives as people who use services—as well as their perspectives as Members of various ethnic or geographical sub-populations—are part of all significant discussions and decisions.
- Hiring individuals to fill positions in Optum Idaho who come from various ethnic groups and geographical areas of the state. Our regionally based staff are one strategy for generating input from across Idaho.
- Requesting feedback on the cultural sensitivity of the staff of network providers and Optum Idaho in Member satisfaction surveys as well as in formal and informal meetings in which consumers and family Members participate.

> Everyone who provides interpersonal services should develop a basic understanding of how trauma may affect an individual because traditional service delivery approaches may trigger or exacerbate issues in trauma survivors

If we identify issues with the cultural competency of our services—whether treatment services or administrative services—we will work through our quality improvement process to design, implement and evaluate a plan that improves the cultural competency of an individual provider, a Member of our team, an evidence-based practice, a policy/procedure, or the continuum of available services.

Trauma-Informed Care

Although exact prevalence estimates vary, some consumers of mental health services are trauma survivors and their trauma experiences have helped shape their responses to outreach and services. Because of the growing awareness of consumers' traumatic experiences, it is important that Optum Idaho, as the organization responsible for ensuring the quality and appropriateness of mental health and substance abuse services, takes a major role in helping Idahoans understand the consequences of trauma and its potential impact.

Understanding the real impact of trauma is not only critical within the behavioral health community—it is equally important across the entire human service delivery system. Educators, ministers, medical practitioners, those who work in long-term and residential care facilities and everyone else who provides interpersonal services should develop a basic understanding of how trauma may affect an individual seeking services because traditional service delivery approaches may trigger or exacerbate issues in trauma survivors. The National Center for Trauma-informed Care was established to facilitate the adoption of trauma-informed environments and to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

Optum Idaho will work collaboratively with IDHW and other organizations in Idaho that are helping educate caregivers and the public about the consequences of trauma in the life of a survivor. While our staff also will join existing efforts at raising awareness, at a minimum, Optum Idaho will:

- Help distribute the trauma-informed tip sheets that have been developed by the Office of Juvenile Justice and Delinquency Prevention and include a link to them on the Optum Idaho website. The tip sheets currently available include:
    - Tips for Pregnancy Prevention Programs
    - Tips for Parent Education Programs
    - Tips for Parents and Other Caregivers
    - Tips for Child Welfare Staff
    - Tips for Early Childhood Providers
    - Tips for Engaging Men and Fathers
    - Tips for Domestic Violence and Homeless Shelters
    - Tips for Teachers
    - Tips for Agencies and Staff Working with Youth
    - Tips for Agencies Working With Immigrant Families
- Make training on trauma-informed care available to network providers through Essential Learning, an on-line educational resource that offers CEUs for behavioral health providers free of charge. Essential Learning is currently developing programs on trauma-informed care and every network provider will be granted seats for the all the training offered by Essential Learning, including that on trauma-informed care
- The Optum Idaho Training Lead will sponsor at least one in-service training session focused on trauma-induced care and some of the related evidence-based practices, which include:
    - Addiction and Trauma Recovery Integration Model (ATRIUM)

- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Please also see the Recovery Bill of Rights for Trauma Survivors, from the National Council for Community Behavioral Healthcare, in ***Appendix 13***.

d. Provide Members with timely access to a comprehensive array of specialized behavioral health services delivered by culturally-competent, qualified service providers.

Our goal will be to ensure that all network providers are culturally competent and that any Member who needs mental health and/or substance abuse treatment can receive that service promptly and within the area in which they live.

Because we have mechanisms in place to measure accessibility and comprehensiveness of behavioral health service in all of the Medicaid programs we currently serve, we have tested and proven methods that we can implement in Idaho. Some of the reports required by IDHW require data that will help point to areas in which more services may be needed. In addition, Optum Idaho will have a number of internal reports that help identify under-utilization and differences between regional utilization patterns, which also may be potential indicators of problems related to access or the service array. All this information will be reviewed monthly and tracked so emerging issues will be readily identified.

CLAS Standards

Assessing cultural competency is not as easy because it is a more complex—and somewhat more subjective—measure. However, IDHW's emphasis on cultural competency is consistent with the ever-increasing importance that federal agencies and legislation are placing on reducing racial and ethnic disparities in healthcare.

In fact, the national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care were established in 2000 "to decrease health care disparities and make practices more culturally and linguistically appropriate." However, their focus in the 2010 revision has expanded encompassing "advancing health equity, improving quality and helping eliminate health and health care disparities." In addition, the definition of "health" has been written to include physical, mental, social and spiritual wellbeing, and "culture" has been expanded to cover geography, religion or spirituality, race and ethnicity, biology, language and sociology. The 2012 CLAS enhancements are to include 15 standards rather than the original 14.

The 2012 CLAS enhancements are to be released in the fall of 2012. If selected as the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will leverage the expertise available through Optum and UnitedHealth Group to offer training to all those in the Idaho behavioral health community on CLAS standards and the new enhancements. We also will work with IDHW to determine the most effective way to begin to assess the system's compliance with the new areas of emphasis, which are being expanded include:

- Governance, Leadership and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement and Accountability

Other Strategies

In addition to the strategies related to CLAS and those mentioned in response to the previous question, Optum Idaho will take the following steps to monitor the cultural competence and qualifications of our network providers:

- Our credentialing process, which is done as part of the application for network provider status and every three years subsequently, ensures that network providers and their staff meet our standards for education, licensure and experience.
- As part of our recredentialing process in Idaho, we will require that providers document the participation of staff in at least one formal training session related to cultural competency.
- We will monitor and track all complaints and grievances to identify any issues related to cultural competency and link those complaints to individual providers if indicated so we can identify any provider-specific concerns from Members or families; our network staff will take corrective action when indicated.
- As noted above, Optum Idaho will provide training and solicit feedback related to cultural competency from Members and their families as well as through our quality improvement stakeholder groups.

e. Ensure that services reflective of continuous quality improvement are provided to Members, and families as appropriate.

Optum Idaho will monitor the services and service delivery patterns of the Idaho Behavioral Health Plan on an ongoing basis following Optum's continuous quality improvement process described below. Any corrective actions indicated will be implemented, and continuous monitoring will help determine the extent to which the desired changes have been made or additional CQI-based interventions are necessary.

> Optum Idaho will follow Optum's corporate quality management policies, which are built on a philosophy of continuous quality improvement and comply with national standards.

Optum Idaho's CQI-based Quality Improvement Program

Optum Idaho's quality improvement program will comply with the standards and policies established by our corporate Quality Management Team. Optum's Quality Improvement program is built on a framework of Continuous Quality Improvement (CQI) that consists of ongoing monitoring and analysis of clinical data and program results, identifying and prioritizing opportunities for improvement, implementing interventions, and evaluating the effectiveness of those interventions on the quality of care and services.

Monitoring and analysis that will be conducted by Optum Idaho will include:

- Utilization measures that are designed to detect over- or under- utilization of a specific level of care or within a specific Idaho region.
- Flags generated by our ALERT care management model that will identify opportunities to improve treatment or treatment outcomes based on Members' treatment needs (individual

over- or under-utilization of care) and variations in practice patterns and provider effectiveness.

- Tracking and trending of complaints and grievances for any trends related to service provision that need to be addressed.
- Input from providers through the Provider Advisory Committee, Peer Review Committee, and Clinical and Service Advisory Committee
- Input from Members and their families through the Member Advisory Committee.
- Retrospective chart reviews, either at a provider site or through submission of charts to Optum for review.
- Investigation of Quality of Care concerns for individual action and for any more global system implications.

Data Collection and Analysis

Opportunities for improvement will be continuously identified and addressed through a systematic process. Recognized important aspects of care and service will be routinely monitored and evaluated against appropriate benchmarks, practice norms or performance goals. Data will be collected through a number of sources, including the claims database, the clinical management information system, member and provider satisfaction surveys, Geo-Access® analyses of provider availability, member grievances and appeals, treatment records, credentialing information, and office site visits. Valid methodologies will be established with guidance from Optum's corporate data analysts and statisticians.

Barrier Analysis

When quality of care or services does not meet the expected standards, the Optum QI team will conduct a barrier analysis to assess the reasons for the identified deficiency or deficiencies. Techniques that will be used to determine the barriers or root causes for the results may include the collection of additional data, stratification of the data, or analysis of subgroup data in order to drill down sufficiently to understand the reasons for the results. Common techniques of CQI such as brainstorming, cause-and-effect diagramming, identification of key factors, and others also may be used to identify barriers to improvement. Citations from literature that contains information about barriers to performance may also be used.

Interventions

In accordance with the barrier analysis, opportunities for improvement will be identified and prioritized based on which variables are most likely result in improved performance. Appropriate interventions will be deliberated, selected, and implemented to overcome the barriers. Interventions will be recommended by various subcommittees, work groups, and/or the overall Quality Assurance and Performance Improvement (QAPI) Committee.

Evaluation of Effectiveness

All interventions and corrective actions will be followed by re-assessment or re-measurement to evaluate the effectiveness of the intervention. Trends will be identified and analyzed to determine their significance. Causal links between the interventions and the results that are observed will be examined. Interventions that influenced the outcome, with differentiation of those that were most influential, will be identified including any intervening or confounding factors that may have contributed to any changes that occurred.

Communication of Results

Results of QI program activities will be communicated to internal stakeholders, such as Optum operational departments, and externally to the IDHW, Members, families, providers, clinicians, and other stakeholders as appropriate.

f. Provide all necessary services through a cost-effective system.

The implementation of a risk-based, fully capitated plan such as the Idaho Behavioral Health Plan ensures cost effectiveness for IDHW and the State of Idaho because the Contractor will be financially responsible if the cost of treatment services exceeds the total revenue the Contractor receives from capitation payments. However, cost effectiveness is much greater than cost containment.

The message that Optum staff have consistently heard from the people of Idaho is that they want more accountability in the public behavioral health delivery system so they can see the impact of the dollars Idaho is investing in mental health and substance abuse services. In conversations about mental health and substance abuse services, questions about value of psychosocial rehabilitation inevitably arise. But there are other concerns as well. The credentials of providers, the potential of ongoing fraud and abuse, and the cost-benefit of evidence-based practices and national standards are important issues to many. People want services that are appropriate and services that have an impact. In other words, they want their behavioral health care delivery system to be cost-effective.

> Cost effectiveness is greater than cost containment. The people of Idaho want the Contractor to be accountable for the quality and appropriateness of services provided through the Idaho Behavioral Plan as well as its expenditures.

The best way for Optum Idaho to respond to stakeholders concerns—as well as to meet the requirements of this RFP to provide cost-effective services—is to operate transparently. This means that Optum Idaho will share our data with IDHW and with stakeholders and will involve stakeholders in identifying issues in the delivery system and resolving them. We will use utilization data to explain proposed changes in policy or new services being considered for implementation. We will customize our reports to assist Regional Behavioral Health Advisory Boards and others charged with planning and overseeing the delivery of mental health and substance abuse services. We will conduct open procurements for demonstration projects and new services and share information on their impact on service utilization. We will involve representatives of all those with whom we work in helping us evaluate and improve our operations.

A system is can only be considered truly cost effective if it can demonstrate its value to the satisfaction of those who oversee that system. The program described in this proposal was designed to ensure Optum's accountability to IDHW and all Idahoans.

g. Achieve a coordinated system of delivering medically necessary covered behavioral health services to Members.

A coordinated behavioral health delivery system requires the implementation of policies and procedures at both the system level and at the individual service delivery level. Perhaps even more important, it also requires building trust and respect between those who are part of the delivery system.

System Level Coordination

As the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will implement some of the system level policies that have been important in helping coordinate the delivery system in other public sector programs such as:

- With the support of our IDHW Contract Manager, we will define those human service agencies that most frequently provide services concurrently or consecutively to Members who will be receiving mental health or substance abuse services. This will include state and local school districts, the adult and juvenile court systems, vocational training agencies and housing authorities, and also Divisions within IDHW including Behavioral Health and Family and Community Services.
- Our community liaisons and regional staff will meet with these agencies to establish a schedule for regular meetings and draft written memoranda that will address available services, eligibility criteria, referral protocols, and expectations for joint treatment planning and key contacts.
- We will invite representatives from other agencies to participate in our training program and in quality improvement initiatives.
- We will seek opportunities to collaborate with other agencies on health-related initiatives such as health fairs, suicide prevention efforts, regional planning and strengthening community-based services or supports.

> A coordinated behavioral health delivery system requires the implementation of policies and procedures directing both individual care and system interfaces. A coordinated system also requires trust and respect between those who comprise the system.

In our New York City program, Optum has worked with state officials to create specialized workgroups that include providers and also involve state and community agencies to work through coordination issues and identify best practices. Current work groups include: Adolescent and Child, Housing, and Detoxification Services and Transitions. In Pierce County, we have executed 34 Memoranda of Understanding including 5 with health plans and 29 with other state, county and local agencies.

Coordination at the Individual Member Level

Coordination of care in the actual delivery of treatment services is the other important area of focus in ensuring a coordinated behavioral health delivery system. Most of the clinical policies and procedures we will implement, as well as many of the terms in our network provider contracts, will require ongoing communication and coordination between providers of mental health and substance abuse services and all other providers of services received by the Member or the Member's family, especially those that are reimbursed with public funds.

> Coordination of care will be especially important for Members who are being discharged from inpatient care and for those who are identified as high need/high risk.

Members in two categories—those being discharged from inpatient services and those identified as high need—will receive particular attention from Optum Idaho to ensure that services are coordinated effectively. Our Discharge Coordinators will work full time with the state hospitals and community psychiatric units to support discharge planning and the Member's return to community-based treatment. Discharge Coordinators also will link with IDHW regional staff

who also assist in the discharge transition process to ensure that individuals who are or will be Members of the Idaho Behavioral Health Plan can access services through our network providers.

Our Intensive Care Managers will be responsible for ensuring coordination of care for high need members—those who are receiving the most services and have the most treatment needs. Most of the individuals assigned to ICMs will be receiving services from at least one other funding source in addition to the Idaho Plan for Behavioral Health. Among Members who will be assigned to Intensive Care Managers will be those:

- Frequently readmitted to inpatient treatment
- Identified as at risk through reports from ALERT, our pharmacy analysis, and/or by Utilization Managers due to issues related to co-occurring diagnoses or medical conditions
- Children under the age of 12
- Children in the custody of IDHW
- Individuals under court-ordered treatment
- Individuals referred by Optum Idaho staff, providers, family or self

Our policies will require network providers to work with Members and families to identify all the services the member is receiving—regardless of funding stream—and to coordinate treatment planning and service delivery with those providers.

At the request of Intensive Care Managers, Regional Care Managers may meet with the providers who are serving high need members to provide additional consultation when appropriate. ICMs also will be able to initiate Transitional Community Support through network providers that are under contract to offer the in-home support of a case manager or therapist and Peer Support Specialist.

Although we will devote extra attention to ensuring the coordination of services to high need members and those being discharged from inpatient care, we also will require our network providers to coordinate treatment with for each Member to whom they are providing services, especially those that are publicly funded. The behavioral health provider will then be expected to link other providers into the individualized treatment planning process, including encouraging other providers to participate directly with the behavioral health treatment team. The behavioral health provider also will be expected to provide treatment updates to other providers and integrate information from those providers into the Member's plan and progress notes.

Because of their critical role in managing medications and medical services, primary care providers will be one of the most critical ancillary provider groups with whom behavioral health care providers will be required to share information. But other providers also will be important, such as those in the schools or those providing job training, those from the problem solving courts, and other Plan providers, especially when the Member may have co-occurring mental health and substance use issues.

Our Peer Support Specialist and Family Support Specialist also will play an important part in supporting the coordination of care. As they provide training across the state, they will emphasize the importance of helping Members and families understand why coordination between providers is critical to good treatment outcomes. They also will point out that, in the spirit of recovery and resiliency, a Member should be responsible for his or her own health and

well-being, which certainly includes proactively assisting providers to coordinate their services to the Member's benefit.

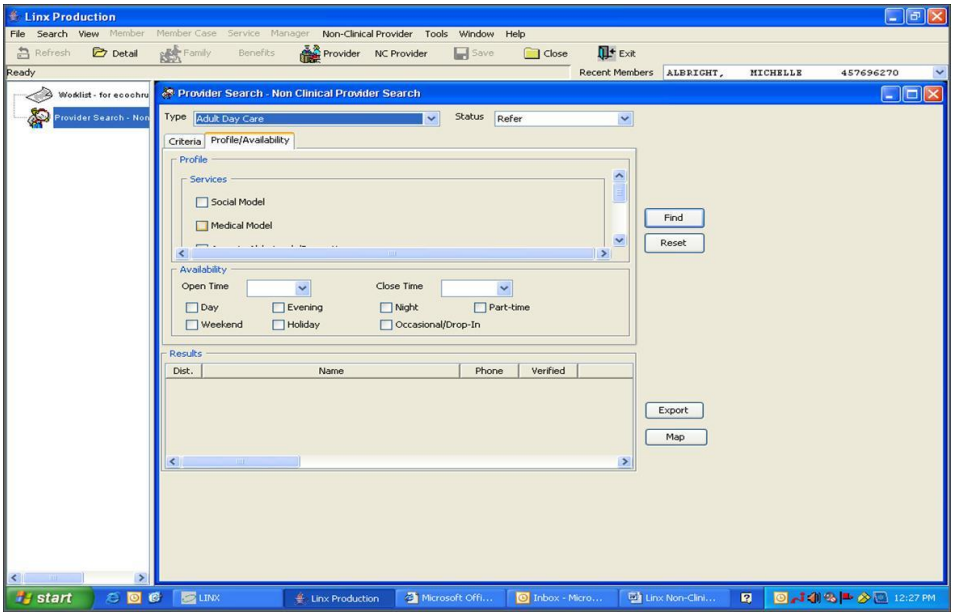
Building Trust and Respect

In keeping with the recovery philosophy, Members will be encouraged to take responsibility for sharing information between all those from whom they are receiving services

Although it takes extra effort on the part of providers and Members to coordinate care, we have found that the improved communication leads to better treatment outcomes—and those improved outcomes reinforce everyone's continued efforts. As providers come to better understand the role each plays, and as Members begin to proactively assist in the coordination process, all those involved in the treatment process have more respect for the other. Optum Idaho will monitor coordination at all levels and share the data that will document the improvement across the system and in individual Members.

h. Maximize community resources in an effort to maintain the least restrictive level of care.

One of our standard implementation tasks is to develop a Directory of Community Resources which includes address, email and telephone numbers for every resource in every community and area in which we are responsible to coordinate care. The Directory is embedded in our management information system so it is readily available to all our staff, and the information also is posted on our websites.



In Idaho, we already have developed a community resource directory for use with the 70,000 Idahoans we serve through commercial health plans. We also look forward to talking with IDHW about how we work collaboratively with 211 IdahoCare Line ,which helps Idahoans find help through a comprehensive array of government, faith-based and community resources.

Community support is critical at many different times, but especially when a Member is returning from an inpatient stay, having access to services and supports necessary to find a place to live and adequate food can make the difference between a successful transition and a readmission. Our regional staff, as well as those located in Boise will continue to expand our

information base so we can help members and our network providers identify services that may help Members and families achieve and retain recovery and resiliency. We also will enlist the assistance of our network providers who are already very familiar with their local community resources and how to access them.

Our directory will be available through the Optum Idaho website and with IDHW's permission, we also will provide a link to 2-1-1 Idaho CareLine at **http://www.211.idaho.gov/**.

i. Ensure provision for a second opinion from a qualified behavioral health care professional within the network, or arrange for a second opinion outside the network, at no cost to the Member per 42 CFR § 438.206(b)(3) and must occur within seven (7) calendar days from the date it is requested.

As we currently do in other states, we will authorize a second opinion from an in-network provider upon request and in compliance with 42 CFR § 438.206(b)(3). If necessary due to lack of a network provider within required access standards or due to special circumstances, we will provide a single case agreement to an out-of-network provider for a second opinion. Special circumstances might include a condition requiring a specialization not represented among our contracted providers in Idaho.

j. Cover those services out-of-network for the Member for as long as the Contractor is unable to provide them by a network provider in the event that the network is unable to provide necessary services covered under the contract for a particular member, per 42 CFR § 438.206(b)(4).

Optum Idaho will cover out-of-network provider services if we are not able to arrange for a network provider to deliver services to a member. It is generally our goal to execute a network contract with a provider rather than using a single case agreement, so that others can have open access to the provider and so continue to improve the array of services available.

k. Coordinate with out-of-network with respect to payment and ensure that cost to the Member is no greater than it would be if the services were furnished within the network.

Our use of single case agreements with out-of-network providers means that terms of payment to the provider are the same for the Medicaid member as if a member had used an in-network provider. As stated in response to question j. above, it is generally our goal to execute a network contract with a provider rather than using a single case agreement, so that other members can have open access to the provider and so that we can continue to improve access for members.

l. Track and report Members' movement from one (1) level of care to another on a quarterly basis.

We will work with the IDHW Contract Manager during the implementation period to design the format for a quarterly report that tracks Members' movement from one level of care to another

4. Describe how you will manage potential influences on the administration of behavioral health services under the PAHP, including the following:

a. Each region features a different mix of professional expertise and community volunteerism, and the array of services might be achieved through different types of venues or may have a different configuration from one region to another;

Representatives from Optum have spent the last 18 months traveling throughout Idaho, talking with consumers, providers, advocacy groups, members of regional boards, state staff, county officials, local Legislators and other residents of all seven Department of Health and Welfare Regions. We not only came to understand that all the regions are different—we came to understand that they take pride in those regional differences.

We have designed our proposal not only to accommodate those regional differences, but to capitalize on them. Our public sector experience has proven that behavioral health service delivery systems are most effective when they recognize and build on their local mix of professional expertise, community volunteerism, and service utilization profiles. We also have designed our proposal to promote the exchange of information and data between the regions so everyone can learn about others' successes and be part of evaluating if and how a success in one part of Idaho might be adapted and adopted in another.

> As we traveled across Idaho, we came to understand not only that all regions are different—but that they take pride in their regional differences

Therefore, if Optum is selected as the Contractor for the Idaho Behavioral Health Plan, the following strategies will be implemented:

- Regional staff will be assigned to live and work in the southwest, southeast and northern areas of Idaho and will serve the seven IDHW regions
- Regional staff will work with Regional Behavioral Health Advisory Boards and other stakeholders to create a series of reports that will break down utilization, expenditure and other administrative data by region to facilitate cross-region comparisons
- Regional staff will meet regularly with regional boards and other community groups to discuss the implications of differences between regions
- Regional staff will support regional boards in identifying strengths and prioritizing needs in their region
- Optum Idaho will conduct procurements and award contracts to network providers for implementing demonstration programs approved by IDHW and by regional boards
- Regional and statewide data will be reviewed with regional boards, as will findings from all demonstration programs as part of the process for developing recommendations for IDHW on additions to the benefit package of the Idaho Behavioral Health Plan

b. Services will be available in all areas of the state, but the prevalence of any service may vary among regions as appropriate to reflect the needs of a region's targeted population;

As explained in part above, Optum Idaho will have regionally staff who will help stimulate a dialogue in all regions that helps highlight (a) the differences and similarities in service utilization and (b) opportunities to adapt and adopt successes from one region into others. We also will create and distribute reports that summarize those differences as a way to enhance awareness of the differences that exist and potential opportunities to improve local delivery systems. With the support of the Regional Boards, we will help each region develop a prioritized plan to expand the services available in their region.

> At least annually, Optum Idaho will work with IDHW to identify funds in the Idaho Behavioral Health Plan that can be reinvested in the expansion of community-based services and supports

At least annually, Optum Idaho will work with IDHW to identify funds in the Idaho Behavioral Health Plan that can be reinvested in the expansion of community-based services and supports. In collaboration with IDHW, we will issue an RFP for demonstration programs that will address identified priorities. Some of the pilot programs may be adaptations of programs available in other regions, and some may be uniquely appropriate for a particular part of the state. Regional Board members will be invited to work with IDHW and Optum Idaho in the evaluation of pilot programs.

Using this approach, we will have the opportunity to evaluate the impact of new programs and services together based on actual experience in Idaho. Those programs proven the most effective may be recommended to IDHW for inclusion as Medicaid state plan services and thus would become covered benefits for the Idaho Behavioral Health Plan.

c. Working with regional behavioral health advisory boards to develop local access standards using their own demographics, geography, and availability of services within pocketed areas of a particular region;

Our goal is to contract with a provider network that meets access requirements set by IDHW and CMS. At the same time, we recognize—as do proposed CMS access rules—that there must be flexibility in establishing measures to demonstrate and monitor access to care. Members who live in areas of Idaho that qualify as rural or frontier may not be able to get to a provider as easily as a Member living in a more populated area of the state. Staff of Optum Idaho—led by our regional staff—will work with regional behavioral health advisory boards to:

- Quantify and analyze differences in utilization across regions and compare each region's accessibility to Optum's internal access standards.
- Discuss ways about how those differences could be addressed if they are found to be posing significant barriers to Members' access to services based on complaints, grievances or other concerns raised by Members.
- With IDHW's permission, offer to support providers' use of telemedicine by expanding on existing telemedicine arrangements and also through our telepsychiatry program

Residents in 29 of 33 New Mexico counties can receive behavioral health services through Optum's telepsychiatry program

If issues are identified, or if a Board wants to promote an increase in access, the regional Optum Idaho staff will work with the regional boards to finding solutions, such as identifying locations where telemedicine or telepsychiatry might be effectively provided or working collaboratively to knit together existing crisis/emergency response resources into a more comprehensive and effective local system. The opportunity to implement regional demonstration programs, as described above will be one strategy for helping address regional differences.

Our experience in other communities (e.g., the Pierce County Regional Support Network as described in response to Question B.2.a) demonstrates how effective communities can be in improving services when they understand the needs and decide to work together to find solutions. Based on our discussions with individuals who are participating in regional and statewide mental health and substance abuse committees today, those groups are an excellent cadre of community leaders to spearhead local system improvements.

For an example of the difference that Optum's telepsychiatry can make in a local delivery system, please see the video clip from Mississippi that is included on the DVD in ***Appendix 14.***

d. The Contractor may need to establish arrangements across regions to help make a service available that is not available in a certain region;

One of the philosophies that Optum considers vital in public sector behavioral health programs is transparency. To us, this means that program changes are discussed with stakeholders publicly prior to implementation and that their input is sought before recommendations are submitted or decisions are made. It also means that the opportunity to expand services in a region should be openly shared among all providers that might be qualified and willing to provide those services.

In some instances, a network provider agency may decide to open an office in a new area without a request for financial or programmatic support from the Contractor or IDHW. Data showing gaps in service between regions may be sufficient to encourage some agencies decide to open new offices in nearby communities. Optum Idaho strongly supports a robust provider network to enhance consumer choice and would help share information about the availability of the new services.

In other instances, while the need for services might be significant, provider agencies might consider opening a new office to be a major financial risk, at least until a sufficient number of Members were enrolled for services. In the case of other services—such consumer-centered or consumer-run services—the sponsoring organization itself may lack sufficient financial resources to establish a new kind of service.

To support the expansion of services between regions and/or to support the expansion of new services in a region, Optum Idaho's network staff will:

- Execute statewide contracts with network providers that do not limit their service areas to specific geographic sub-divisions of the state.
- Encourage providers who are part of Optum's current commercial network in Idaho, but who do not currently serve Medicaid beneficiaries to begin providing services to Members.
- Share information statewide about service priorities identified by regional boards, including the level of projected need where available.
- Conduct open procurements for the implementation of regional pilot programs that address priorities identified by regional boards.
- Help determine critical service needs. If a high priority service is not initiated independently by a network provider and that service is critical to the appropriate treatment of Members in that region, network and regional staff will work with the regional boards to offer incentives or other support to providers that offer that service in adjacent or nearby regions.

Telepsychiatry Can Expand Access

One of the most consistent concerns we heard across the entire state was the lack of psychiatrists. Members and their families, providers and PCPs all said the system would be much stronger if more psychiatrists were available to provide diagnosis, assessment, medication management and/or therapy, especially in coordination with primary care providers. Like IDHW, Optum has endorsed the use of telemedicine for many years. We have been actively involved in expansion of telemedicine in states such as Mississippi, Tennessee, Texas, New Mexico, Georgia and Virginia. In those states we have worked to expand access through existing telecommunications systems and telemedicine providers and we also have helped develop new networks and sites. We look forward to working with IDHW to explore ways in which we might be able to leverage

or extend IDHW's existing system and also to assessing the feasibility of extending existing telemedicine arrangements.

The importance and impact of telemedicine services are vividly demonstrated on the DVD we have included as ***Appendix 14.***

Recently Optum introduced a ***telepsychiatry program*** that is designed to make it easier for providers—such as FQHCs or mental health clinics—to offer or increase psychiatric services to their patients. Optum provides the equipment and links the providers with board certified psychiatrists who are experienced in using videoconferencing to provide live, interactive psychiatric services.

> Through partnerships with primary care and/or behavioral health providers, Optum's telepsychiatry program is designed to bring psychiatrists to under-served areas.

Optum's successful telepsychiatry program in New Mexico could serve as a model. OptumHealth New Mexico (OHNM), is currently supporting telepsychiatry services to more than 1,200 rural New Mexico consumers. In its two years of operation, the program has expanded by 70%, serving predominately Medicaid consumers who are under the age of 18. Approximately 70% of these telepsychiatry services are for medical management and 25% are for assessment. Based on satisfaction surveys, on the average, about 95% of consumers have been satisfied with telepsychiatry services. With the approval of IDHW, Optum Idaho will make our telepsychiatry program available to Idaho medical and behavioral health providers.

e. While initially it may only be possible that the Contractor provides services in areas where there are already services, the expectation is that the Contractor will engage in long term planning with regional behavioral health advisory boards to develop a full continuum of services across all areas of the state.

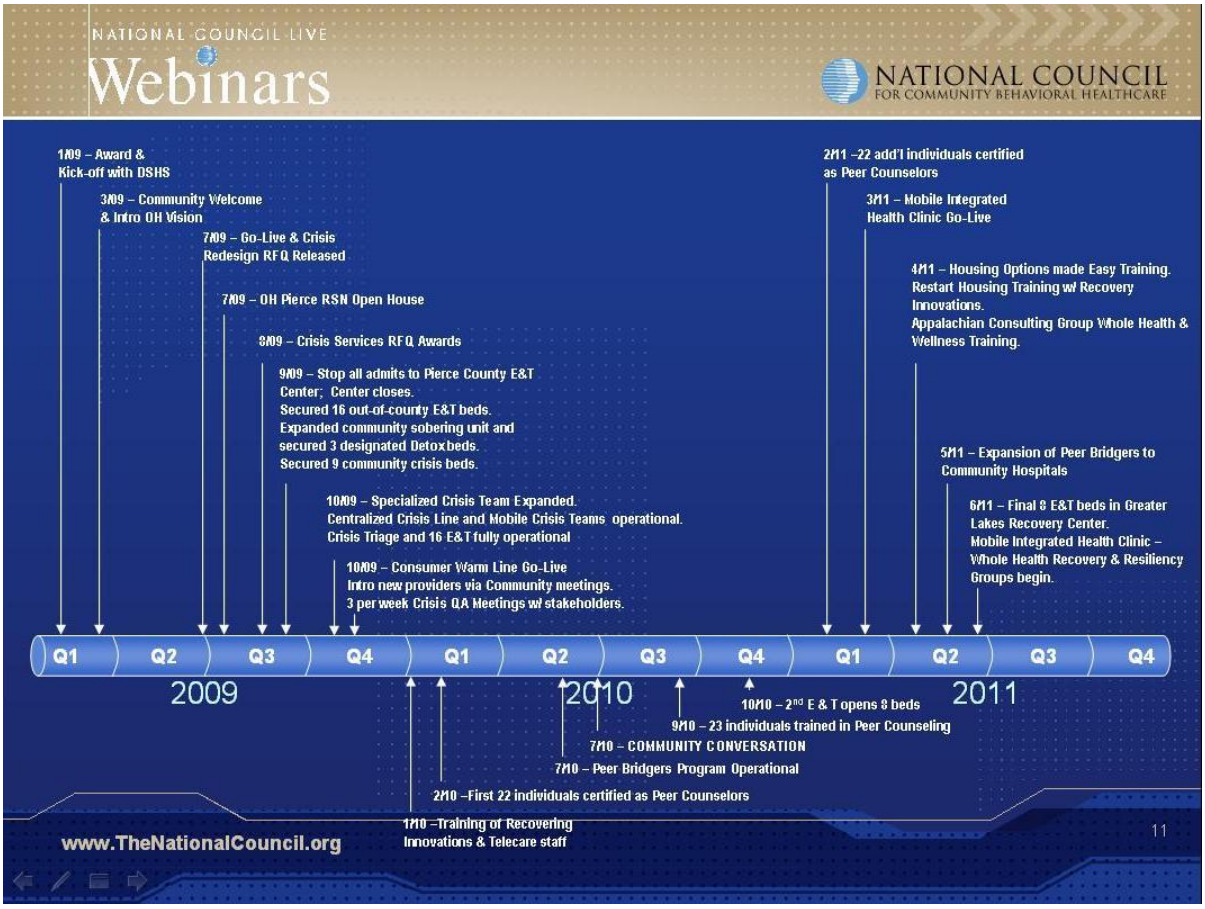
One of the major responsibilities of Optum's regional staff will be to work with Regional Behavioral Health Advisory Boards to enhance their current planning processes. Reviewing data and information from their own region as well as comparing their data with that of other regions is designed to set the framework for developing an ongoing planning process within each region. Based on our discussions with members of today's advisory committees, we believe that Regional Board members will be willing and able to participate in a formalized planning process with the support of Optum Idaho's data.

Our vision is that by the end of the second year in the contract period, each region will have created a plan that incorporates input from consumers and their families, providers and their boards, advocacy groups, representatives of schools, affiliated human services agencies and the courts as well as other interested citizens. Based on our experience in other contracts, we believe that by the end of the first contract period, regions will have developed a strong ownership in their vision for a comprehensive delivery system in their area and a commitment to making it happen.

Expanding the Continuum of Care in Pierce County

A long-term planning effort has been underway in Pierce County, Washington, since 2009 when Optum became the county's Regional Support Network. The process illustrated in the timeline that follows is specific to Pierce County, but typical of the approach that Optum uses in supporting system change through planning with stakeholders.

The long-term planning that Optum Idaho will support with Regional Behavioral Health Advisory Boards to develop a full continuum of services across all areas of the state will have many elements in common with the one that continues today in Pierce County.



For more information about the system transition in Pierce County as well as in Salt Lake County, please see ***Appendix 15*** that includes a presentation made to the National Council for Community Behavioral Healthcare by the Executive Directors of those Optum programs.

E. (E) MEMBER ENROLLMENT/DISENROLLMENT:

The Contractor shall use the IDHW's Medicaid Management Information System (MMIS) eligibility to identify Medicaid eligible Members on a daily basis. The Contractor shall:

1. Accept Members in the order in which they are enrolled, without restriction;

2. Not discriminate against Members eligible to enroll on the basis of health status or need for health care services, race, color, or national origin per 42 CFR § 438.6(d)(3);

3. Not use any policy or practice that has the effect of discriminating on the basis of race, color, or national origin per 42 CFR § 438.6(d)(4);

4. Not request disenrollment of any Member for any reason, including requests because of a change in the Member's health status, or because of the Member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs. 42 CFR § 438.56(b)(2);

5. Not disenroll Members for any reason. The Contractor may propose a disenrollment to the IDHW, but the IDHW will make the final determination;

6. Eligible Members may not disenroll from the Behavioral Health Plan, but the IDHW may disenroll Members whose eligibility changes to a Medicaid coverage group excluded from the BEHAVIORAL HEALTH PLAN, or who otherwise lose Medicaid eligibility, consistent with the terms of this contract and the related waiver;

7. The Offeror must provide an assurance and description of its methods to the IDHW that it will not request disenrollment of Members for any reason and be consistent with the IDHW's policy that there will be no circumstances in which a qualified Member is disenrolled. 42 CFR § 438.56(b)(1) and (3.)

Optum Idaho agrees to use IDHW's Medicaid Management Information System (MMIS) eligibility to identify Medicaid eligible Members on a daily basis. In addition, Optum Idaho agrees to:

- Accept Members in the order in which they are enrolled, without restriction
- Not discriminate against Members eligible to enroll on the basis of health status or need for health care services, race, color, or national origin per 42 CFR § 438.6(d)(3)
- Not use any policy or practice that has the effect of discriminating on the basis of race, color, or national origin per 42 CFR § 438.6(d)(4)
- Not request disenrollment of any Member for any reason, including requests because of a change in the Member's health status, or because of the Member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs. 42 CFR § 438.56(b)(2)
- Not disenroll Members for any reason

Optum Idaho acknowledges that eligible Members may not disenroll from the Idaho Behavioral Health Plan, but the IDHW may disenroll Members whose eligibility changes to a coverage group excluded from the Behavioral Health Plan or who otherwise lose Medicaid eligibility.

Assurance and Methods

In addition to the above attestations, Optum hereby provides assurance to the Idaho Department of Health and Welfare that neither Optum nor Optum Idaho will request disenrollment of Members for any reason. We also provide assurance that we will be consistent with the IDHW's policy that there will be no circumstances in which a qualified Member is disenrolled.

To ensure our compliance, the Optum Idaho Utilization Management policies and procedures will include a statement that Optum Idaho will not request disenrollment of Members for any reason. On an operational level, Optum Idaho will load eligibility files provided by the IDHW and those files will not be changed; Members will neither be added nor deleted by Optum or Optum Idaho. We also recommend that the contract between IDHW and Optum specify that neither Optum nor Optum Idaho has the authority to request disenrollment of Members for any reason.

F. (E) COVERAGE AND PAYMENT FOR POST-STABILIZATION SERVICES:

The Contractor shall provide post-stabilization services as defined in 42 CFR § 438.114(a) and (b), and ensure the services are covered and paid for in accordance with the following provisions:

a. Be financially responsible for medically necessary post-stabilization services that are pre-approved by a Behavioral Health Plan provider or other Behavioral Health Plan representative that the Contractor has authorized to make pre-approval decisions;

b. Be financially responsible for medically necessary post-stabilization services obtained within or outside the network that are not pre-approved, but administered to maintain the Member's stabilized condition within one (1) hour of a request to the Contractor for pre-approval of further post-stabilization covered services.

1. Describe how you will ensure the following:

a. Be financially responsible for medically necessary post-stabilization services obtained within or outside the network that are not pre-approved, but administered to maintain, improve or resolve the Member's stabilized condition if:

> **i. The Contractor does not respond to a request for pre-approval within one (1) hour;**
>
> **ii. The Contractor cannot be contacted; or**
>
> **iii. The Contractor and the treating physician cannot reach an agreement concerning the Member's care and the Contractor's physician is not available for consultation. In this situation, the Contractor shall give the treating physician the opportunity to consult with the Contractor's physician and the treating physician may continue with care of the Member until the Contractor's physician is reached.**

2. The Contractor's financial responsibility for medically necessary post-stabilization covered services it has not pre-approved ends when:

a. A network physician assumes responsibility for the Member's care through transfer; and

b. The Contractor's representative and the treating physician reach an agreement concerning the enrollee's care.

We have reviewed Section F, Coverage and Payment for Post-Stabilization Services and will comply with all applicable requirements contained in the section. Optum Idaho will provide and be financially responsible for medically necessary post-stabilization services to the extent that services required to treat an emergency medical condition fall within the scope of services for which the Idaho Behavioral Health Plan (a prepaid ambulatory health plan) is responsible.

Ensuring Compliance

Neither Optum Idaho's utilization management system nor claims management system will require authorization for any emergency or post-stabilization services that fall within the scope of services for which Optum Idaho as Contractor for the Idaho Behavioral Health Plan is

responsible. Upon request, the Optum Idaho Network Director will assist non-network providers who are unfamiliar with the post-stabilization services through claims submission process.

G. (E) ACCESS TO CARE:

The Contractor shall ensure services are provided through a well-organized service delivery system. The service delivery system shall include mechanisms for ensuring access to high quality, general and specialized care, from a comprehensive provider network. Mechanisms for access shall include opportunities for face-to-face inquiries, a twenty four (24) hour per day toll free telephone line, and electronic communication mediums. The Contractor shall ensure access to medically necessary covered behavioral health services for Members, and families as appropriate, including engaging Members with serious mental illness, serious and persistent mental illness and/or co-occurring substance use disorder who may not seek help on their own.

Service Delivery System

Our Optum Idaho behavioral health network will consist of mental health clinics, psychosocial rehabilitation agencies and individual practitioners licensed or accredited to provide mental health and/or substance abuse treatment in the State of Idaho. We will establish a main office in Boise and also locate Regional Care Managers and Regional Network Managers across the state. Under the supervision of the Optum Idaho Contract Manager our clinical, quality and network staff members will be responsible for overseeing and managing the services available through the Idaho Behavioral Health Plan and ensuring that Members have access to high quality, general and specialized care from our comprehensive provider network.

Optum Idaho Regional Network Managers will conduct a statewide needs assessment to identify and quantify gaps in the array of State Plan services and in the network provider types. They will work with Regional Behavioral Health Advisory Boards and other regional stakeholders to describe the challenges presented by gaps in their local area, and then prioritize solutions for addressing the unmet service needs. Solutions will not be limited to the agency/clinical model of service delivery. Optum Idaho's Network team will combine the seven regional plans, provide an overview from a statewide perspective, and submit the assessment to the IDHW within twelve months after the implementation of services.

> A planned, incremental approach to service expansion based on regional specific, community-informed plans will guide evolution of the continuum of care.

Over time, we recommend evolving the service system to improve the structure of, access to, and outcome of services provided to Members. In order to assure a smooth transition from the current service array, a planned, incremental approach to service expansion based on regional specific, community-informed plans will guide the evolution of the continuum of care. Member population analysis, a detailed network sufficiency analysis, and stakeholder forums will be conducted during the first six months post-implementation to guide the targeted system development. One of the major goals will be to promote access to the least restrictive setting and assure quality and appropriateness of care. Year One activities will also focus on evaluating the efficacy of current psychosocial rehabilitation services and providers and further enhancing the service array.

Mechanisms for Ensuring Access to Care

Optum Idaho will provide Members with the following mechanisms in order to access care:

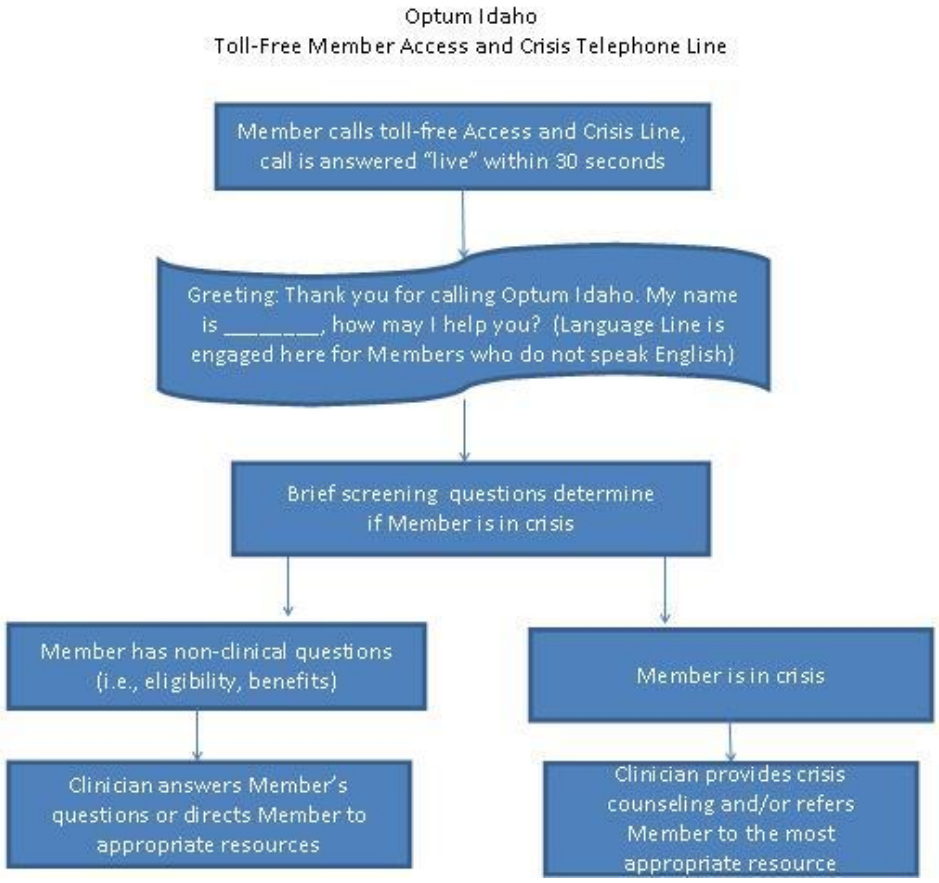
Face-to-Face Inquiries

Optum Idaho will not require Members to obtain a referral to seek care from network providers. Members may call or walk into a network provider office to schedule an intake appointment. We believe that removing barriers to access will reduce the need for emergent or urgent care resulting from lack of access to promptly available services. During the implementation period, we will request IDHW's review of our recommendation to facilitate the Administrative Code changes necessary to allow a Member to access mental health or substance abuse treatment without an authorization from the Member's PCP.

24/7 Toll Free Telephone Line

Optum Idaho will provide a 24/7 toll-free telephone line for use by Members that is answered by a live voice at all times. This line, known as the Member Access and Crisis Line will be answered by a team of Masters-level behavioral health clinicians who will provide telephone triage and crisis intervention, coordination with public mental health and substance abuse systems and immediate phone support to individuals and families in crisis. These staff members will also be trained to respond to Member inquiries regarding eligibility, benefits, claims, available community resources and network providers.

The figure below shows the call flow for the 24/7 toll-free Member Access and Crisis line.



Electronic Communication

Optum Idaho will establish a website for the Idaho Behavioral Health Plan that allows Members and providers to access information through separate secure portals. The websites will contain links to valuable Member and provider resources, including a Member Handbook, Provider Manual, educational offerings and WebEx training. Members and providers will also be able to communicate through a secure email system and receive a response within two business days.

In addition, Optum Idaho will provide Members with the following mobile apps designed to help them track and achieve wellness goals.

- The Optum Whole Health Tracker App, which is available free of charge, is compatible with Apple and Android smart phones and allows Members to identify their strengths, set their goals and plans and track what they've accomplished. The app focuses wellness on the whole person through coaching Members to set goals in each of Ten Health Lifestyle Domains. Members are able to update their progress toward each goal showing their progress on a grid as well as through a narrative. The app program is also available for download through the website for Members without a smart phone.
- The Wellness Recovery Action Plan (WRAP) App, scheduled to launch during the first quarter of 2013, will help Members identify their mental health triggers, create a wellness toolbox, learn how to cope with symptoms and create a plan in case their symptoms escalate. It also will be provided without charge.

Engaging Members with SPMI/Co-occurring Substance Use Disorders

In addition to using information from the Idaho Standardized Assessment that Members complete when they begin working with a new provider or the provider requests authorization to continue providing services, Optum Idaho will use the following strategies to engage Members with SPMI or co-occurring substance use disorders:

- Supporting the emerging peer support programs in Idaho by working with the Office of Consumer and Family Affairs, the Idaho Federation of Families, Idaho NAMI and other advocacy organizations to expand training and job opportunities for Peer Support Specialists and Family Support Specialists; most Peer Support Specialists are individuals with SPMI or co-occurring substance use disorders
- Using Peer Support Specialists to work with Members who have SPMI or co-occurring substance use disorders;
- We will evaluate the need to implement programs of Recovery Coaching and other evidence-based practices for youth who have co-occurring mental health and substance abuse disorders
- Encouraging Members to call the 24 hour toll-free Member Access and Crisis telephone line and access service by distributing information on early-warning signs of stress, mental illness, substance use along with the Optum Idaho toll-free number
- Offering our Behavioral Health Toolkit containing mental health and substance abuse screening tools, and training on the use of those tools, to primary care physicians and other healthcare professionals. The toolkit facilitate the referral process for professionals in affiliated health care or social service systems and Members they serve
- Working with Idaho NAMI and other advocacy agencies to sponsor training (such as Mental Health First Aid) to help the general public recognize and understand how to deal with

mental health crisis and how to encourage those with mental health and/or substance abuse issues to seek treatment and illness self-management

- Expanding the alternatives for support services available in Idaho, using evidence-based models to develop places where Members with SPMI or co-occurring substance use disorders might develop peer relationships
- Working with consumer-run organizations to develop a warm line as part of Optum Idaho
- Sponsoring regional forums to solicit input from Members and families as well as state and Regional Behavioral Health Advisory Boards regarding needed services that would encourage Members with SPMI or co-occurring substance abuse disorders to engage in treatment
- Working with organizations across Idaho that offer Lorig self-management training to make their workshops available to for individuals with serious mental illness and co-occurring substance abuse disorders
- Using the Idaho Standardized Assessment tool, we will be able to obtain information related to the member's progress through a self-reported, brief survey instrument. (See provider's comments in text box.) Using our on-line, secure tool, the results will be available to the provider—reporting both individual and aggregate results. This tool is available in both a youth and adult version.

> *"I have found the Wellness Surveys to be an invaluable tool in my practice. It allows my clients to clearly see the progress-or lack of progress-they are making. And, when they have made gains, it allows me to ask what they have done to achieve such progress."* - Licensed Professional Counselor from Optum's Arizona plan.

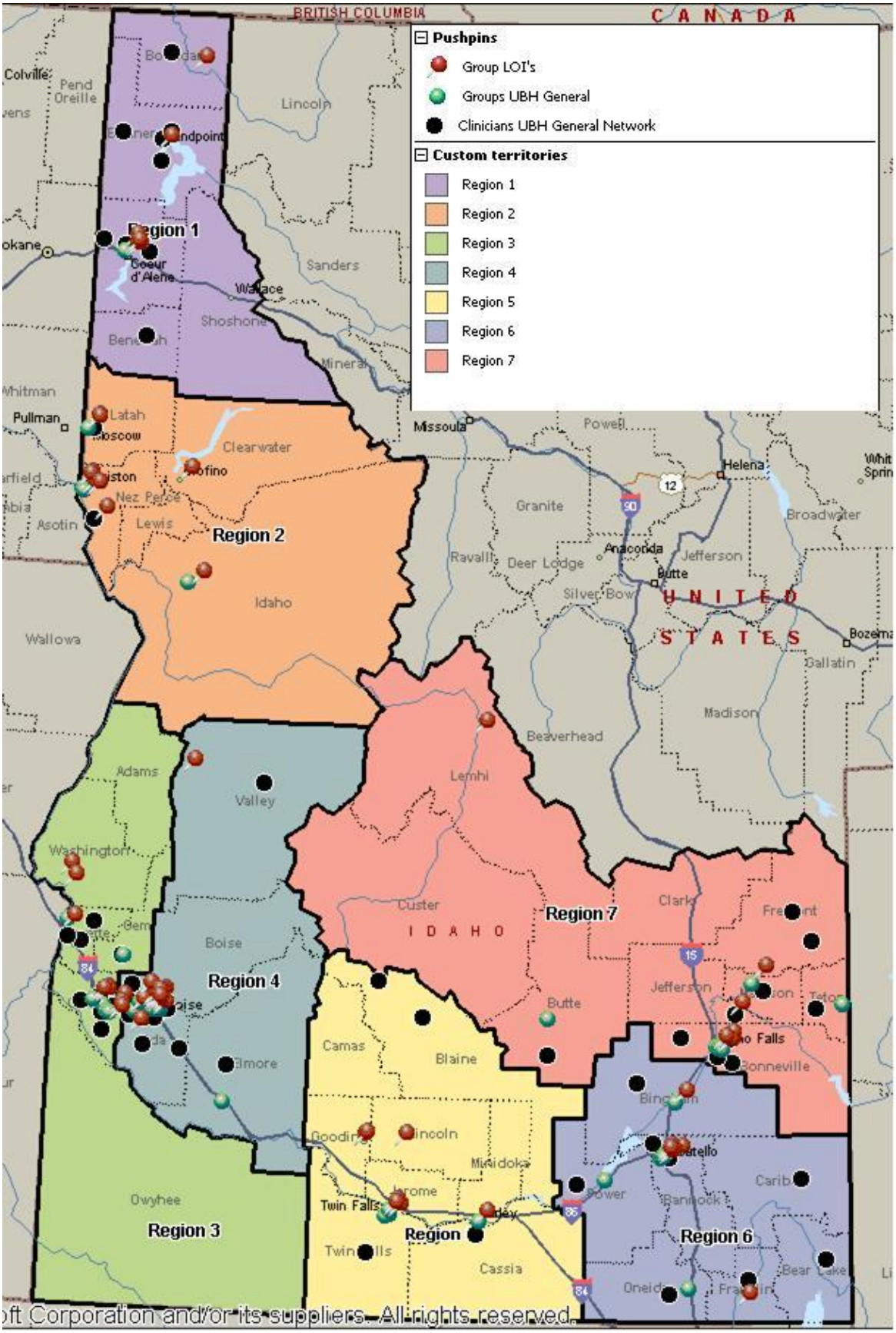
1. Describe how you will:

a. Ensure access to care for all Members in need of covered behavioral health services through the provision of the following:

Optum Idaho will ensure that Members have access to care by applying and monitoring standards for the appropriate availability of behavioral health providers and facilities. Building upon Optum standards currently in place and industry best practices, Optum Idaho, in conjunction with the seven Regional Behavioral Health Advisory Boards, will compare current access and utilization to national standards and identify areas or services in which increased access would benefit Members and area residents. Priorities will be developed by the Regional Behavioral Health Advisory Boards based on the specific needs within each region.

i. Varied geographic location of providers;

Our Idaho network has been developed to allow for optimal access to care for our statewide Membership. Our current network consists of 523 multidisciplinary contracted providers statewide. We are pursuing recruitment of all current Medicaid providers of mental health and substance abuse services, and are continuing to build the network throughout the state to enhance accessibility to qualified providers for Members of the Idaho Behavioral Health Plan. We are focusing in particular on the rural areas to ensure optimal access to care for all Members. The map below shows the geographic location of Optum Idaho's providers throughout the state currently under contract and those who have signed Letters of Intent (LOI) to join our network:


Pushpins
Group LOI's
Groups UBH General
Clinicians UBH General Network
Custom territories
Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
BRITISH COLUMBIA
CANADA
UNITED STATES
IDAHO
Region 1
Region 2
Region 3
Region 4
Region 6
Region 7
Colville
Pend Oreille
Lincoln
Sanders
Shoshone
Mineral
Whitman
Pullman
Latah
Moscow
Clearwater
Nez Perce
Lewis
Asotin
Idaho
Wallowa
Missoula
Powell
Helena
Granite
Broadwater
Anaconda
Jefferson
Butte
Silver Bow
Ravalli
Deer Lodge
Gallatin
Madison
Beaverhead
Lemhi
Adams
Valley
Washington
Custer
Clark
Boise
Elmore
Camas
Blaine
Jefferson
Bonneville
Bingham
Goodin
Lincoln
Minidoka
Twin Falls
Jerome
Owyhee
Cassia
Power
Bannock
Oneida
Bear Lake
Teton
Bozeman
Twin Falls
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ii. Providers located within thirty (30) miles or within thirty (30) minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties and within forty five (45) miles or within forty five (45) minutes in all other counties. Where this standard is not achievable, the Contractor shall develop plans for moving toward achieving this standard; such planning is subject to IDHW oversight. Use of telehealth technology is encouraged;

GeoAccess Reporting

GeoAccess reporting enables the accessibility of health care networks to be accurately measured based on the geographic locations of health care providers relative to those of the members being served. On a quarterly basis, Optum Idaho will run a report using GeoAccess™ software to calculate estimated drive distance, based on zip codes of unique Members and providers/facilities. Performance against standards will be determined by calculating the percentage of unique Members who have availability of each level of /service provider and type of provider/service within the established standard.

Our most current GeoAccess reports presented in ***Appendix 16*** indicate our existing network meets accessibility standards of 1 provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties at 99.3% to 99.6%**.** For the remaining counties in rural or otherwise remote areas with the access standard of 1 provider in 45 miles, our existing network allows more than 90% coverage for non-prescribing providers, and 61% currently for providers with prescriptive authority (psychiatrists and advanced practice psychiatric nurses). As we continue to pursue network development in these areas and execute full contracts with the agencies from which we have collected LOI's, we are confident that our efforts will allow us to meet these standards at contract implementation. While many current Medicaid providers have indicated that they will not complete the application and contracting process until IDHW selects its Contractor, we have provided GeoAccess reports that include the agencies that have signed LOI's, to further indicate the projected depth and breadth of the Optum network at contract implementation in 2013.

The table below provides a summary of our GeoAccess results for: 1) our existing contracted network and 2) our contracted network plus the addition of 74 provider agencies that have signed Letters of Intent (LOI's) to contract with us upon award by IDHW. See ***Appendix 16*** for the GeoAccess reports for both network groupings.

	Counties with Access Standard of 1 Provider within 30 miles		Counties with Access Standard of 1 Provider within 45 miles	
Provider Type	**Contracted Network**	**Contracted Network plus LOIs**	**Contracted Network**	**Contracted Network plus LOIs**
Prescribers (MDs and RNs with Prescriptive Authority	99.3%	99.5%	61.0%	94.2%
Doctoral/Master's-Level Licensed Providers	99.6%	99.6%	91.3%	99.4%
Child/Adolescent Providers (MD, PHD, MA, RN)	99.6%	99.6%	91.2%	99.3%

Telehealth Technology

Optum Idaho will work with IDHW to augment the state's current telecommunications technology system to provide services in remote areas where Members must travel long distances to receive care.

> By using telepsychiatry services, our OptumHealth New Mexico plan added more than 20 additional psychiatrists in a few short months—providing improved access to largely rural and frontier under-served areas.

In addition, our successful telepsychiatry program in New Mexico can serve as a model for the Idaho Behavioral Health Plan. Under contract with the state of New Mexico, OptumHealth New Mexico (OHNM), a subsidiary of United Health Group, is currently working with network providers to make telepsychiatry (real-time mental health services via video and audio technology) services available to more than 1,200 rural New Mexico consumers. In its two years of operation, the program has expanded by 70%, serving predominately Hispanic or Native American Medicaid-qualified consumers under the age of 18. Approximately 70% of these services are for medical/mental health/management and 25% are for assessment.

In its effort to continually improve the quality and reduce the costs of technology, Optum's Telepsychiatry Services (TPS) service line has purchased services from Vidyo, a "cloud"-based telehealth service. Optum maintains control of the cloud to ensure regulatory compliance and technical quality. This service is currently offered at no charge to full-service behavioral health providers when used in conjunction with services from TPS.

Because Vidyo can generally run on existing PCs or laptops over existing Internet connections, providers may be able to establish telehealth service for just $200-$400 per site, the cost of a high-definition webcam and a speaker phone. This technology is fully compatible with existing video systems which reduces the need for replacement of current systems. Currently, three high-volume OHNM behavioral health service providers are in the process of establishing Vidyo service and other groups are interested in providing services through this technology. The use of Vidyo can be done independently or with Optum through TPS.

iii. Use of local providers whenever possible to minimize need for travel and promote local cultural competency;

The current Optum Idaho network includes 43 group contracts with mental health and substance abuse clinics and psychosocial rehabilitation agencies. These groups are providing services in Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Cassia, Clearwater, Custer, Elmore, Gem, Jefferson, Kootenai, Latah, Malheur, Nez Perce, Payette, Power and Twin Falls counties. In addition, we are actively engaged in contracting with another 40 agencies throughout the state to ensure optimal accessibility and minimize the need for Members to travel. Along with these contracted providers, we have executed 74 Letters of Intent with mental health and substance abuse clinics that are currently providing services to the Idaho Medicaid population in Ada, Bannock, Bingham, Bonner, Bonneville, Boundary, Canyon, Cassia, Clearwater, Franklin, Gooding, Idaho, Idaho Falls, Jefferson, Kootenai, Latah, Lemhi, Lincoln, Madison, Malheur, Nez Perce, Twin Falls, Valley and Washington counties. We are committed to executing full contracts with these agencies to allow for continued coverage and affordable care to this membership.

Throughout the contract period, Optum Idaho will continue to recruit specialty providers and providers willing to extend services into currently under-served areas of Idaho

We continue to recruit for high-demand specialties such as geriatric specialists, child and adolescent specialists, prescribing psychiatrists and nurse practitioners, as well as bilingual and bicultural providers to serve the diverse populations throughout the state of Idaho. Our current Idaho network includes 27 providers with bilingual capabilities in several languages including Spanish, Hindi, Punjabi, Urdu, German, French, Italian, Russian and Portuguese. We also hold contracts with 18 providers who have voluntarily identified their non-Caucasian ethnicities, including Hispanic, African-American, Korean, Asian, Lithuanian and Israeli.

Recognizing that culturally-relevant services extend beyond member preferences related to language and ethnicity, we have a strong record of incorporating cultural awareness issues into our network training programs. Our network training emphasizes:

- The importance of cultural awareness
- Sensitivity to cultural diversity including ethnicity, language, lifestyle, age, sexual preference and socio-economic status
- Adaption of services to meet the specific cultural needs of members; and
- How to access non-traditional services

iv. Appropriate Member to provider ratio for all services in every region of the state, consistent with industry standards;

Optum Idaho will follow nationally recognized industry guidelines that require an organization to set quantifiable and measurable standards for the number of providers available within its delivery system. To meet this requirement, Optum Idaho has defined national provider ratio standards as shown in the table below. These standards are consistent with those applied in our other lines of business in Idaho.

PROVIDER TYPE	STANDARD
Psychiatrist	0.50 per Thousand Members
Doctoral-Level Provider	0.50 per Thousand Members
Master's-Level Provider	1.0 per Thousand Members
Child/Adolescent Provider (MD, PHD, and MA)	1.0 per Thousand Members
Intensive Outpatient Care (mental health & substance abuse)	1.0 per 20 Thousand Members

Monitoring of Provider Ratios

On a semi-annual basis, Optum Idaho will calculate the ratio of providers to members. Performance against standards will be determined by comparing the ratio of providers to unique Members in the service area.

v. Ensure sufficient numbers of prescribers/psychiatrists are available in the state;

As shown in the table below, our Idaho network consists of 523 contracted providers statewide (42 prescribing psychiatrists, 62 licensed psychologists, 383 licensed master's level counselors, and 36 psychiatric nurse practitioners with prescriptive authority). Of these 523 providers, 62 are privileged as substance abuse specialists. These figures represent individual practitioners in addition to licensed providers associated with our currently contracted agencies. Please note the table includes providers who have practice locations in more than one county, and substance abuse specialists are a subset of the licensed clinician network.

Region	Counties	Providers				
		MD	MSW	PhD	S/A	RN
Region 1	Boundary, Bonner, Kootenai, Shoshone, Benewah	7	47	4	2	12
Region 2	Latah, Clearwater, Nez Pearce, Lewis, Idaho		13	5	1	3
Region 3	Adams, Washington, Payette, Gem, Canyon, Owyhee	5	77	5	15	6
Region 4	Valley, Boise, Ada, Elmore	28	226	34	30	31
Region 5	Camas, Blaine, Gooding, Lincoln, Minidoka, Jerome, Twin Falls, Cassia	5	19	4		3
Region 6	Power, Bingham, Caribou, Bannock, Oneida, Franklin, Bear Lake	5	50	6		6
Region 7	Bonneville, Teton, Madison, Jefferson, Fremont, Clark, Butte, Custer, Lemhi	20	95	12	2	11

In recent years we have rapidly expanded the network with an increased number of psychiatric nurse practitioners with prescriptive authority who deliver medication evaluation and management services. This ongoing focus is a critical element in our commitment to providing our membership with optimal access to prescribing providers.

vi. Make use of licensed psychologists to extend network capacity.

Optum Idaho will use every licensed psychologist in its network to conduct assessments and psychological testing. We are focusing our recruitment efforts on adding additional psychologists to our network, both individual practitioners and those associated with agencies. While we recognize that currently only a small portion of licensed psychologists in Idaho participate in Medicaid, we are confident that more will participate once the Idaho Behavioral Health Plan is implemented, because Members will have more direct access to mental health and substance abuse treatment providers.

b. Ensure services to Members are uninterrupted.

Our network providers are contractually obligated to give 90 days' notice when voluntarily resigning from the network. This will enable Optum Idaho staff to contact the Members being served by the terminating provider at least 30 days prior to the expected termination date. We can modify the notice to meet IDHW requirements, but our standard letter advises Members they

have options for ongoing treatment (e.g., transitioning to a new in-network provider) and offers to assist the Member in arranging for ongoing treatment.

If an agency or provider is terminated involuntarily, Optum Idaho will follow the same procedure unless termination needs to be effective immediately (e.g., the provider loses his or her license, or commits gross misconduct). In that case an Optum Idaho Care Manager will notify the Member by phone and help the Member select a new provider with the appropriate skills to meet the Member's continuing treatment needs.

> Our provider contracts require that providers give 90 days' notice if they plan to resign from the network and to help those they are serving to transition to new providers. Our Care Managers also assist in the transition process, especially for individuals who are high need or high risk.

Our primary concern is to always ensure our Members have access to the care they need. If a Member reports being unable to schedule an appointment with a provider to whom he/she has been referred, we will help the Member locate another qualified provider who can offer an appointment that is convenient for the Member.

In that instance, an Optum Idaho Network Services Specialist will follow up with the provider who declined the referral to determine his/her reason for refusing to offer an appointment. If the provider states he/she does not wish to remain in the network, we will work with the provider to terminate the contract, ensuring continuity of care for any members who may be currently under the provider's care. Providers or agencies that wish to remain in the network but temporarily not receive any referrals from us may do so for a period of up to six months and will be identified as unavailable in our online referral system. We also will remind the provider to use Optum Idaho's website, which will contain links to our provider portal, to notify us of changes in his/her practice, including availability. In addition, continuous outreach calls from network managers serve to keep providers informed about any changes in protocols and how to contact us if they experience any problems.

Ensuring Continuity of Care at Program Implementation

Although it is our goal to execute a contract with every qualified mental health and substance abuse provider serving Idaho Medicaid participants today, we recognize this may not be possible. In that instance, we do not want the ongoing treatment of an Idaho Plan Member to be disrupted by implementation of the Idaho Behavioral Health Plan. Therefore, for 60 days following program implementation, we will allow non-network providers, who were providing services to an individual at the time he/she became an Idaho Plan Member, to continue serving that Member. We will reimburse for those services based on our standard network policies, procedures and rates. We will work with the non-network provider to facilitate a referral to a network provider if the Member continues to need services after the 60-day transition period.

> To ensure that Members receiving service do not "fall through the cracks" when the Idaho Behavioral Health Plan is implemented, we will allow non-network providers to continue to see Members for 60 days following implementation to provide adequate time for a planned transition between providers.

c. Adhere to professional standards for determining staffing patterns in all settings.

Optum Idaho will ensure that all care providers adhere to appropriate professional standards by clinical category. We will utilize mechanisms to verify appropriate licensing and educational

requirements, monitor clinical outcomes and identify use patterns by high needs Members. If chart review audits identify that standards are not being met, we will examine staffing levels to determine if additional staff are required. Additional internal monitoring mechanisms include mining of claims data and review of compliance with access standards, appeals, grievances and quality of care complaints. We also will conduct formal peer reviews process following any adverse event.

d. Ensure minimum hours of provider operation are sufficient in each time zone in Idaho to meet the needs of the population served in each location, which includes crisis coverage twenty-four (24) hours a day, seven (7) days a week, 365 days per year. Sufficiency shall be determined by comparison of baseline access to changes in access, Member complaints, and quality assurance processes.

Provider Operation Hours

Optum Idaho will ensure that provider operations are sufficient in each Idaho time zone to meet the needs of the Idaho Behavioral Health Plan population. All network providers are contractually required to maintain office hours during regular business hours as well as to provide emergency assistance after-hours, on weekends and holidays.

Crisis Coverage

Optum Idaho will subcontract with ProtoCall Services, Inc. to provide crisis coverage for Members through our 24/7 toll-free Member Access and Crisis telephone line. ProtoCall is an organization recognized across the country for its skill helping ensure 24/7 access to behavioral health care. ProtoCall is certified by the American Association of Suicidology, (the first privately-held provider to achieve this recognition) and by CARF. ProtoCall supports Optum's operations in Pierce County, Washington and in New Mexico and also is being included in other Optum proposals currently under development.

> ProtoCall Services, Inc., a provider of mental health crisis services, has been in operation for 10 years and is certified by the American Association of Suicidology and CARF.

The Member Access and Crisis line will function as the central point of access for crisis services and will coordinate with provider agencies, emergency rooms, law enforcement and others to help ensure access to the right care for Members in crisis. The line will be answered by a staff of Masters-level behavioral health clinicians who will provide crisis intervention, coordination with public mental health and substance abuse systems and immediate phone support to individuals and families in crisis. They also will respond to Member inquiries related to providers, Plan benefits and community resources.

Monitoring Adherence to Timelines and Expectations

Optum Idaho will monitor appointment standards and wait times through a variety of tools including:

- Access and availability studies that monitor provider's appointment access through "open shopper" technique
- Member surveys which provide feedback on member experience with the toll-free line Member Access and Crisis line, provider distance and appointment access
- Feedback related to access and availability of care obtain through the Quality Improvement

- Monitoring of complaint and grievance data for any trend toward dissatisfaction with access to care or timeliness of care
- Feedback about access from Peer Specialists, Family Peers and other staff, especially those who are regionally based across Idaho
- Comments gathered through attendance at community meetings, including Regional Mental Health Boards, Regional Advisory Committees and the State Mental Health Planning Council

Based on findings, the Optum Idaho Network team will initiate targeted regional and local recruitment efforts and provide support and technical assistance to those provider agencies dealing with capacity issues.

e. Provide hours of operation and service coverage in every region at sufficient locations to meet the needs of the population in each region, which may include additional morning, evening or weekend hours, to accommodate Members who are unable to attend appointments during standard business hours.

Optum Idaho will require network providers to maintain office hours during regular business hours as well as to provide emergency assistance after-hours and on weekends and holidays. This requirement is contained in the Provider Manual which is incorporated by reference into the provider contract as follows:

> *"On-Call and After-Hours Coverage*
>
> *You must provide or arrange for the provision of assistance to Members in emergency situations 24 hours a day, seven days a week. You should inform Members about your hours of operation and how to reach you after-hours in case of an emergency. In addition, any after-hours message or answering service must provide instructions to the Members regarding what to do in an emergency situation. When you are not available, coverage for emergencies should be arranged with another participating clinician."*

When we become aware of the need for Members to schedule appointments during non-regular business hours, we will work with those providers involved to ensure additional appointment times are made available to the extent possible.

f. Ensure network providers offer flexibility of appointment times to Members whenever possible.

Optum encourages providers to offer flexible appointment times to members. As a result, approximately 65% of our individual and agency network offer night and/or weekend appointments for the convenience of Members. The names of individuals and agencies who offer extended hours will be available online to Optum staff, enabling them to offer referrals to providers who can schedule evening and/or weekend appointments. The information also will be part of the Provider Directory which referral agencies and Members will be able to access on line if they are seeking a provider.

During initial and on-going provider training, Optum Idaho Network Managers will encourage providers to offer extended appointment availability to accommodate Members who are unable to schedule appointments during routine office hours.

Optum Idaho will use results of access and availability studies to target additional locations or provider types/specialties where greater appointment time flexibility is needed. In addition, we

have also offered enhanced fee schedules ("pay-for-enhanced" access) in situations where access needs are significantly compromised, impacting key outcome and quality measures (e.g., ambulatory follow-up after inpatient discharges).

g. Provide community-based access to increase accessibility and improve outcomes to ensure behavioral health services are provided in multiple community-based venues, based on a determination that the services:

i. Are medically necessary;

For most Idaho Plan services that require authorization, providers will submit the Idaho Standardized Assessment completed by the Member and/or an Outpatient Treatment Request form. If the information provided does not appear to support the medical necessity of the requested service, an Optum Idaho Utilization Manager will talk with the requesting provider to obtain additional information. If the Utilization Manager cannot validate the medical necessity based on the additional clinical information, the request will be reviewed by a Peer Reviewer who will make the determination of medical necessity either based on the available information or after additional discussion with the requesting provider.

Some services—such as Comprehensive Diagnostic Assessments, medical management and drug/alcohol testing—are considered basic outpatient services and will not require formal authorization. Optum Idaho chart reviewers, who will be licensed clinicians, will conduct random reviews of basic outpatient services to validate the medical necessity of the service provided.

ii. Are appropriate to the Member's needs and are not duplicative of other services the Member is receiving; and

For 60 calendar days following implementation of the Idaho Behavioral Health Plan, we will require no authorization of covered services that were being provided to Members as of the implementation date. During this time period, Optum Idaho staff will be working with network providers to:

- Become familiar with the clinical criteria and authorization requirements
- Enter all their existing services entered into the Optum Idaho management information system to ensure reimbursement will be available for services provided after the initial 60 day period

In order to avoid duplication of services, our Care Manager will access the Member's record in our care management system to review any previous treatment notations. A single member record displays all of the following information:

- Complete demographic information, including dependent relationships
- Eligibility and coverage information
- Optum services of any type received by the member

For Members who have previously received behavioral healthcare services through Optum, the record also displays the following:

- Full information about the member's diagnosis and treatment authorizations
- Contact information for all providers to whom the member has been referred

- Detailed care management notes from intake and all subsequent reviews, covering the Member's full treatment history
- Notes regarding all follow-up or other contacts, including any appeals

Whether a service requires authorization with an Optum Idaho Utilization Manager or a clinical judgment by a network provider, an inherent part of evaluating the medical necessity of the service is evaluating our clinical appropriateness based on the Member's needs and ensuring that the service neither duplicates nor conflicts with other services the Member may be receiving.

iii. Do not put the provider's safety at undue risk when provided in alternative treatment sites. Alternative treatment sites may include, but are not limited to,

(1) Schools;

(2) Federally Qualified Health Centers;

(3) Homeless shelters;

(4) Assisted living facilities; and

(5) Members' homes.

Optum Idaho providers will be encouraged to provide services by developing relationships with alternative treatment sites such as schools, Federally Qualified Health Centers, homeless shelters, assisted living facilities and members' homes when appropriate. However, Optum Idaho will neither request nor require a network provider to offer services in a location which the provider considers to be unsafe.

2. Describe how you will:

a. Provide evening and weekend support services for Members and families that include access to clinical staff, not just an answering service or referral service staff.

Calls to our toll-free Member Access and Crisis line that are received after hours, on weekends and holidays, will be answered by a team of Masters-level behavioral health clinicians who will assess the Member's needs, provide counseling as appropriate, and refer the Member to the most appropriate resource based on the Member's needs. This line will be answered within 30 seconds by a live voice at all times and will not be connected to an answering service or referral service.

b. Provide access to a twenty four (24) hour, seven (7) days per week, 365 days per year, toll-free line dedicated to Members that meets the following minimum standards:

As described in previous responses, Optum Idaho will provide access to care 24 hours a day, seven days a week, 365 days per year through our toll-free Member Access and Crisis line.

i. The toll-free number shall be approved by the IDHW;

Optum Idaho will seek approval by IDHW for the toll-free telephone number that will be used by Idaho Behavioral Health Plan Members.

ii. The Member line shall be answered by a live voice at all times;

Our commitment is that all calls to our toll-free Member Access and Crisis line will be live-answered by a Masters-level behavioral health clinician at all times.

iii. All phone calls, voice mail and email shall be responded to on the same or next business day.

A Masters-level behavioral health clinician will respond to our dedicated toll-free Member Access and Crisis line 24/7, 365 days a year.

Our Member Access and Crisis Line will not have voice mail because it will be answered live 24 hours a day by master's level behavioral health clinician. Our Customer Service Line will have voice mail capability, and Members may choose to call it rather than—or in addition to—the Access and Crisis Line.

Regardless of the line on which they are received, all phone calls, voice mail and email will be responded to on the same day or the next business day. A selected group of Customer Service Representatives in Boise will serve as a Rapid Response Team dedicated to tracking phone calls, voice mail and emails and ensuring that responses are provided within the required timeframes.

c. Identify Members who unexpectedly miss appointments or discontinue treatment. Appropriate and timely steps shall be taken to contact Members to determine if there is a problem that can be resolved and to promote continuation of services. The Contractor shall recognize that different strategies and levels of effort are appropriate for different populations (e.g. age groups, diagnosis, severity of illness, culture, language, etc.) and conduct outreach efforts that are appropriate for different populations, using numerous attempts and multiple methods that could include mail, telephone, e-mail, text messaging, home visits, or other efforts that are reasonably calculated to ensure verifiable contact.

In other public sector programs, contact from a certified Peer Specialist has proven among the most effective ways to encourage a consumer to keep his or her appointments. We will use Peer Support Specialists to perform this service in Idaho.

Optum Idaho will require network providers to inform our Utilization Management Department when Members miss three appointments within a calendar quarter or when a Member being discharged from inpatient care misses any of his/her scheduled follow-up visits. An Intensive Care Manager, Peer Support Specialist or Family Support Specialist who is part of the Optum Idaho Member and Family Affairs team will contact the Member to determine the reason for the missed appointment. The staff member will make recommendations for continued care and assist with arranging future appointments if the Member requests help. Where a Peer Support Specialist or Family Support Specialist is available to provide direct service, we will make recommendations to an appropriate agency for additional follow-up and assistance if the Member wishes to receive it.

Optum Idaho will also explore the implementation of a text messaging demonstration program currently in place in Optum's North Carolina plan as a way to reduce missed appointments. A growing number of professionals and other appointment- dependent businesses are utilizing texting as an easy, unobtrusive way to connect with their customers. This texting demonstration will be pursued as a means for reaching Members directly in order to increase Idaho Standardized Assessment submissions and to offer providers an appointment reminder system.

We will explore using Idaho as a test site for a text messaging demonstration program currently in place in Optum's North Carolina plan. The program is designed to reduce missed appointments.

Members will be sent one text reminding them of their appointment 24 hours in advance and another text on the day of the appointment. At appropriate intervals, the text message includes a reminder for Members to

complete the Idaho Standardize Assessment.

Optum's goal is to partner with a third party texting vendor and a provider's office in order to carry out the data entry and text transmission functions. Once per day, the office staff will enter all new days appointments made during the past 24 hours. The software will begin texting the Member at the appropriate times once the Member opts into the texting program. By offering a reminder service to the provider, Optum can foster stronger bonds with the provider, assist the provider in decreasing no-show rates and increase Idaho Standardize Assessment submissions. Our plan is to explore the feasibility of implementing this program in targeted regions and/or with specific providers in Idaho with the goal of expanding the program based on successful results.

3. Describe your criteria for discharge from treatment/services. The Contractor should establish clear and specific criteria for discharging Members from treatment and criteria should be included in Member materials and information. Ensure criteria for discharge, established with Member input, is agreed upon by Member and Provider and should be noted in the Member's health care record and modified, by agreement, as necessary.

The benefit package for Members of the Idaho Behavioral Health Plan is comprised of a variety of services, all of which are at the outpatient level of care. Discharge criteria must be relatively generic and broad to enable the provider and Utilization Manager to evaluate the appropriateness of discharging Members, who have individual needs, goals and circumstances.

Optum's discharge criteria for outpatient services include the following:

- The Member has successfully met the defined goals of his/her treatment plan; or
- The Member is choosing to not participate in the treatment plan and/or interventions designed to achieve the plan goals; or
- The Member has not demonstrated substantial benefit or movement toward recovery and independence through the treatment provided; or
- The Member's behavioral health treatment needs could be met with a less intensive level of care or services.

Accurate assessment of a Member's readiness for discharge will depend on having individualized and measurable treatment plan goals and the documentation to support the Member's progress

Specific, individualized and measurable treatment plan goals are the key to ensuring that the impact of outpatient services can be accurately evaluated and the appropriateness of discharging the Member determined. Requiring specificity is also an effective strategy for ensuring Member (or family) involvement in treatment planning because only the Member or the Member's family can set truly individualized, recovery-oriented goals and make the commitment to meet them. Strong clinical documentation of the Member's progress in treatment, ongoing unmet needs and other clinical indicators are also critical to enabling a provider or Utilization Manager to determine that discharge criteria have been met.

Training and Support for Members

Our Optum Idaho Peer Support Specialist will collaborate with ongoing initiatives of the Office of Consumer and Family Affairs to help Members learn about Wellness and Recovery Action Plans, how to participate in their own treatment planning and take responsibility for their own recovery and well-being. One of Optum Idaho's goals will be to develop a sufficient number of Peer Support Specialists across Idaho to enable a Peer Support Specialist or Family Support

Specialist to assist every Member or family who requests support in the treatment planning process. Because we recognize the effectiveness of peer support and family support, with approval of IDHW, we will include the two services as part of the covered benefits of the Idaho Behavioral Health Plan.

Contract Oversight

Among the responsibilities assigned to Optum Idaho's Regional Care Managers will be conducting chart reviews. Although the chart reviews are primarily intended to be part of our utilization management efforts to ensure the quality, appropriateness and clinical outcomes of services provided, they also will be used to assess the degree to which providers are complying with Optum Idaho requirements related to treatment planning and other clinical processes. Any indications that a provider may not be in compliance with some or all policies will lead to a more comprehensive record review and corrective action as necessary.

Discharge Criteria in Member Materials

The clinical criteria and discharge criteria used to evaluate the medical necessity of continuing outpatient services under the Idaho Behavioral Health Plan will both be explained in Member materials. Members will have access to the full set of criteria on the Optum Idaho website and may also request hard copies.

In some public sector contracts, staff has received requests from Members and families to have the clinical criteria made available in lay persons' language. If our Peer Support Specialist and/or Family Support Specialist identify a similar interest among Members and families in the Idaho Behavioral Health Plan, we will work with the Member Advisory Committee to prepare and distribute the lay versions.

Member Input in Discharge Criteria

Because specific, individualized treatment planning is an integral part of ensuring recovery and resiliency, as well as good clinical outcomes, Optum Idaho will work with providers to ensure that Members set realistic and measurable outcomes and demonstrate commitment to working toward them. By setting their own goals, Members will have direct control over the discharge criteria applicable to their situation. Making progress toward those goals will support continuing authorization of services; attainment of the goals will signal readiness for discharge.

> If Members and/or families show an interest, Optum Idaho will work with the Member Advisory Committee to make our clinical criteria available in lay language

In addition, at the policy level, Members will have input into all major policies and procedures because those who participate in the Member Advisory Committee will add a Member perspective to the discussion of ways to improve Optum Idaho's functioning.

Signatures of the treatment team, the Member or the Member's family if the member is a child, will be required to document the agreement of the Member and the provider. Policies will also require that the treatment plan be updated or modified by the Member and the provider no less than every four months or when the provider requests authorization to continue providing services, whichever is the shorter time period.

The Optum Idaho Provider Manual will contain the following requirements for documentation of the treatment plan:

- Specific symptoms and problems related to the Axis I diagnosis of the treatment episode
- Critical problems that will be the focus of this episode of care are prioritized
- Relate the recommended level of care to the level of impairment
- Member (and, when indicated, family) involvement in treatment planning
- Treatment goals must be specific, behavioral, measurable, and realistic
- Treatment goals must include a time frame for goal attainment
- Progress or lack of progress towards treatment goals
- Rationale for the estimated length of the treatment episode
- Updates to the treatment plan whenever goals are achieved or new problems are identified

4. Describe how you will meet industry standards for access in the following categories, including timeframes and types of professionals. Placing Members on waiting lists for initial routine service requests is not acceptable.

Members in the Idaho Behavioral Health Plan will be able to access treatment either by calling the Member Access and Crisis toll-free telephone number for a referral or by contacting a network provider and requesting an appointment. During initial and ongoing provider education sessions, Optum Idaho will emphasize that placing Members on a waiting list for routine appointments is not permissible.

Optum's standards for service access, which are consistent with standards across the industry and standards established by most state Medicaid agencies, are:

- **Emergent Care:** services provided for a person that, if not provided, would likely result in the need for crisis intervention, or hospitalization due to concerns of potential danger to self, others, or grave disability. Emergent services must be provided within two hours of the request for services
- **Non-life threatening Care:** non-life threatening crisis intake and intervention services will be provided to Members within six hours by a contracted Optum Idaho provider.
- **Urgent Care:** a service to be provided to a person approaching a behavioral health crisis. If services are not received within 48 hours of the request, the person's situation is likely to deteriorate to the point that Emergent Care is necessary.
- **Routine Care:** non-emergent and non-urgent services designed to alleviate a person's symptoms, to stabilize, sustain and facilitate the person's progress toward recovery. Routine services must be provided within 14 days of the initial request for service.

The same standards will be applied whether the Member calls the Optum Idaho toll-free Member Access and Crisis line or presents at the office of a network provider.

Optum has established standards consistent with industry requirements for the provision of emergent, non-life threatening, urgent and routine treatment.

Optum Idaho will monitor appointment standards and wait times to ensure that Members are able to receive care within the appropriate timeframes. Our Regional Network Managers will review appointment logs during visits to provider offices, and system reporting from our enhanced information system will provide additional information.

Optum tracks this information and reviews it against member survey results, provider accessibility study findings, and Member and provider complaints related to appointment standards and wait time monitoring. If issues are identified, the Quality Improvement and Network teams will initiate targeted regional and local recruitment efforts and provide support and technical assistance to those provider agencies dealing with capacity issues. Corrective action plans also will be implemented with individual providers as required.

As part of our network sufficiency analysis, any waiting lists that exist for specific treatment needs will be identified at program launch, monitored through ongoing access/availability metrics through the Quality Assurance/Performance Improvement plan, and addressed through a corrective action plan as necessary.

a. Capacity for crisis response and service authorization;

Optum Idaho will address crisis response needs through our toll-free Member Access and Crisis Line, which will provide Members with immediate access to a Masters-level behavioral health clinician 24/7, 365 days a year. Any crisis services covered by the Idaho Behavioral Health Plan will not require authorization.

b. Life-threatening crisis intake and intervention services;

For life threatening emergencies, Optum Idaho will arrange for immediate access to emergency services at the nearest local hospital emergency room or if appropriate in a network provider's office.

c. Non-life-threatening crisis intake and intervention services;

Members with non-life threatening emergencies requiring crisis intake and intervention services will be provided access to emergency services within six hours.

d. Urgent care, including urgent medication management;

Providers are contractually required to provide Members with urgent care, including urgent medication management within 48 hours.

e. Access to board certified physicians to provide clinical consultation for network providers, including a psychiatrist. Describe any special accommodation for children.

Because a significant proportion of Members receiving services are children or adolescents, Optum will recruit a Board-certified child psychiatrist to serve as Chief Medical Officer for the Idaho Behavioral Health Plan. To attain board certification in child psychiatry, a psychiatrist also has completed extensive training in adult psychiatry.

> In recognition of the high proportion of service dollars that are being used to provide services to children and adolescents, Optum Idaho will recruit staff who are experienced in dealing with youth

Because we know that many Medicaid beneficiaries in Idaho are children or adolescents, we have paid special attention to the needs of these Members in designing our program for Optum Idaho. For example, our treatment planning for these Members will emphasize a high level of support and participation in therapy by the child's family and other significant adults in the child's life.

Recognizing that the child or adolescent is dependent on the family system and other social and medical services systems, our policies require that providers coordinate clinical work with teachers, coaches, pediatricians and other supporting individuals. Our specialized *best practice*

guidelines for children and adolescents pay particular attention to the availability and capacity of the family and/or other significant persons in the child's environmental support system to provide adequate support, structure and supervision for the Member. We emphasize that, whenever possible, children and adolescents should be treated in a setting, program or unit that:

- Is age and/or developmentally appropriate
- Addresses the unique and special clinical issues pertaining to children
- Is staffed with treating providers who are trained and experienced in child/adolescent mental health treatment
- Is located as close as possible to the home community to promote optimal involvement of the family and other key people in the child's environment

f. Access to board certified physicians to provide clinical consultation for PCPs, including a psychiatrist. Describe any special accommodations for children.

Optum Idaho will provide psychiatric consultation to primary care providers (PCP) at their request. When a PCP contacts Optum Idaho for a psychiatric consultation, the Clinical Care Manager will obtain information about the Member, pull up any historical treatment information in Optum Idaho's management information system and also document the PCP's request. Whenever possible, the PCP will be transferred immediately to our Chief Medical Officer for the consultation. If our Medical Director is not immediately available, the Clinical Care Manager will request times the PCP could accept a return call. The Chief Medical Officer will then call the PCP for the consult. All information regarding the consultation will be documented in Member's record in the Optum Idaho information system.

Special Accommodations for Children

As noted in an earlier response, Optum intends to recruit a Board-certified child psychiatrist to serve as Chief Medical Officer for the Idaho Behavioral Health Plan. We will put a high priority on recruiting candidates for this position who have experience in working with children and adolescents and in the delivery of substance abuse services as well as mental health treatment.

g. Routine appointments; and

For Members who have a routine level of need for services, network providers will be required to maintain the level of staffing to necessary to enable them to offer appointments within 14 calendar days or 10 business days of the request.

h. Outpatient follow-up appointments after discharge from an inpatient psychiatric hospitalization or residential facility. Refer to Post-Stabilization Services for related requirements.

Our Boise-based staff will include two Discharge Coordinators whose responsibility will be to work with the state and community hospitals so we are aware of admissions and impending discharges of Members of the Idaho Behavioral Health Plan. Discharge Coordinators will help the hospital-based staff link with community-based outpatient providers to arrange for follow-up treatment following discharge.

Discharge Coordinators also will assist residential facilities when they are preparing to discharge Members to community-based living arrangements. They will assist the residential facility staff to locate network providers that offer appropriate community support services and will provide

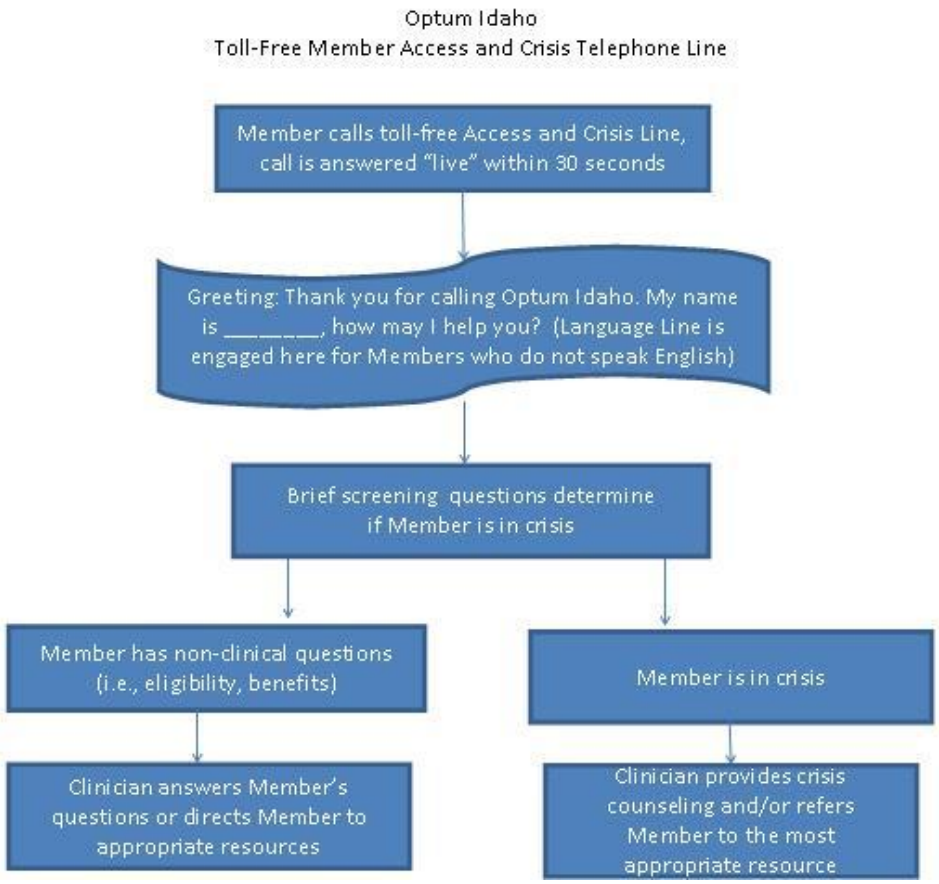
linkages to other support services such as supported housing and supported employment where those services are available.

5. Describe how you will:

a. Ensure the Member line is answered by a live voice at all times;

As previously stated, our Member Access and Crisis line will be answered by a staff of Masters-level behavioral health clinician at all times.

The figure below shows the call flow for the 24/7 toll free Member Access and Crisis telephone line.



b. Assist and triage callers who may be in crisis by effectuating an immediate transfer to at least a licensed masters level care manager. The call shall be answered within thirty (30) seconds and only transferred via a warm line to at least a licensed masters level care manager.

Our toll-free Member Access and Crisis line will be answered within 30 seconds by licensed Masters-level clinicians who will provide telephone triage and crisis intervention, coordination with public mental health and substance abuse systems and immediate phone support to individuals and families in crisis.

c. Respond to Members with limited English proficiency through the use of bilingual/multicultural staff or language assistance services. Bilingual/multi-cultural staff, at a minimum, shall speak English and Spanish and any other language spoken by at least 5% of the eligible population. The Contractor shall notify Members that oral interpretation is available for any language and written information is available in English and Spanish, and inform the Members how to access such services 42 CFR § 438.10(c)(5);

Optum Idaho will respond to Members with limited English proficiency, either directly through the use of bilingual/multicultural staff or through a contract with the Language Line, which provides translation services in more than 170 languages. We will also continuously track the availability of providers who are proficient in American Sign Language (ASL) and qualified to offer services to Members with hearing impairments.

We will recruit employees for Optum Idaho who speak both English and Spanish because data show that, among the foreign born older than age five in Idaho in 2010, 68.4 percent of individuals who have limited English proficiency spoke Spanish. According to the 2011 U. S. Census Bureau, 11.5% of Idaho residents are Hispanic or Latino in origin. We will continue to monitor the prevalent languages spoken by Members and will recruit staff who are able to speak those languages. We have the option to offer a pay differential to attract providers who have bi-lingual capabilities.

All published materials, as well as information posted on the Optum Idaho website, will explain how to access communications services for callers with limited English proficiency and for those who are hearing impaired. The initial greeting in our toll-free Customer Service line will include an option for callers to press 3 to be connected to a Spanish-speaking staff member. Callers who wish to be connected to the language line may remain on the line to be connected with the next staff member who will address their need for the language line. Optum Idaho will also maintain a local written list of certified sign language interpreters whose services will be accessed as necessary.

d. Ensure every reasonable effort is made to overcome any barrier that Members may have to receiving services, including any language or other communication barrier;

Optum Idaho staff will make every reasonable effort to overcome any barrier Members may have to receiving services. Our approach to utilization management was designed to encourage Members to access services at the first sign of any mental health or substance use concerns, and we are recommending that IDHW take the steps necessary to modify Administrative Rules that require a referral from a PCP before a Member can access mental health or substance abuse services.

> Optum Idaho will implement a number of strategies to overcome barriers that Members may experience in accessing services; if new barriers are identified through complaints or other feedback, we will immediately begin to find ways to eliminate those barriers as well

As described in previous responses, we will recruit bi-lingual clinical and administrative staff to assist non-English-speaking members and use the Language Line to provide translation services when needed. For hearing-impaired Members, we will provide TDD and/or relay systems.

We will continue to recruit providers who speak other languages especially those spoken by at least 5% of Members of the Idaho Behavioral Health Plan. We also will attempt to accommodate Member

preferences for provider gender, ethnicity, and cultural background. Our current Idaho network includes 27 providers with bilingual capabilities in several languages including Spanish, Hindi, Punjabi, Urdu, German, French, Italian, Russian and Portuguese. We also hold contracts with 18 providers who have voluntarily identified their non-Caucasian ethnicities, including Hispanic, African-American, Korean, Asian, Lithuanian and Israeli.

In addition, our Provider Contracts will continue to require that providers obtain a minimum of four hours of cultural competency training each year. Training may encompass a variety of clinical topics, including cultural features that may be present in various disorders, culture-bound syndromes, cultural explanations of illness, help seeking behaviors and facilities that promote such behaviors, such as faith-based organizations. Training will also encompass an appreciation for traditional ethnic and cultural healing practices and cultural factors in the clinical assessment process, including potential bias in assessment instruments and the need to critically interpret assessment results within the context of the client's cultural, linguistic, and life experiences. Both of the on-line educational sites that Optum Idaho will make available to its provides—Essential Learning and OptumHealth Education—offer CEUs free of charge for coursework related to cultural competency and sensitivity.

e. Ensure network providers have staff available to communicate with the Member in his or her spoken language, and/or access to a phone-based translation service so that someone is readily available to communicate orally with the Member in his or her spoken language;

Our network management practices are designed to ensure that our contracted provider network will include culturally competent practitioners of diverse backgrounds who speak the threshold languages within the seven IDHW regions. We will identify and recruit providers who speak threshold languages through contacts with local provider organizations such as the Idaho Psychological Association, the Idaho Psychiatric Association, NASW Idaho Chapter, and the Idaho Association for Marriage and Family Therapy.

We will also partner with providers to increase the number of their staff who can communicate in the languages most frequently used by Idaho Behavioral Health Plan Members. We will conduct and update our initial analysis of provider staffing as compared to their geographic location of service and the types of ethnic minorities they serve. If the provider does not have the required capacity to address the needs of Members in the languages in which they are proficient, we will work with them to define recruiting, hiring, and training processes that will enable them to meet this capacity.

We also will encourage providers to hire staff, including Peer Support Specialists and Family Support Specialists, who are representative of the cultures served through the Idaho Behavioral Health Plan. Our Provider Manual, which is incorporated by reference into the Provider Contract, contains an explanation of the requirement for providers to arrange for services of interpreters for their Members when indicated. Our Care Managers are available to assist providers with determining how best to secure these services. In addition, we will maintain a list of qualified interpreters within our Community Resource Directory in order to readily assist network providers in identifying these resources.

f. Have available, at all times, a Telecommunications Device for the Deaf (TDD) and/or relay systems;

Our Customer Service staff will be trained to handle calls from callers who have hearing impairments, and we will provide a toll-free Relay Line at all times. When the Relay Line is used, the TTY operator will conduct a three-way call with the Care Manager, or other staff as appropriate, and the caller. ProtoCall, the organization that will staff the Member Access and Crisis Line also is fully equipped with TDDs, a language line and other resources to enable them to communicate with Members of the Idaho Plan for Behavioral Health.

g. Interact with callers in a courteous, respectful, polite, culturally responsive, and engaging manner;

Our customer services staff participates in a four-week training course that emphasizes customer-focused best practices. Among the topics covered are:

- Professionalism
- Effective listening
- Techniques for proper tone of voice
- Good reasoning/problem solving skills
- Ability to be organized and focused
- Ability to manage time and stress
- How to appropriately escalate a call
- How to resolve uncommon situations

ProtoCall staff also participate in extensive orientation and training, which is described fully in response to Section 3.9.3 of the RFP.

In addition, both Optum and ProtoCall staff participate in cultural competency training to heighten awareness of the impact of cultural differences in seeking care, on cultural features that may be present in various disorders, culture-bound syndromes, and cultural explanations of illness.

h. Respect the caller's privacy during all communications and calls.

All Optum Idaho staff will receive training on the importance of respecting Members' privacy during calls and other forms of communication. Customer Service Representatives receive more in-depth training about privacy in communications. A separate training module on HIPAA confidentiality covers topics including an overview of HIPAA compliance, HIPAA individual rights, protected health information (PHI), authentication, and release of information to members, family and minors.

Staff also will receive instructions regarding safeguarding PHI, such as recording only necessary information in the Member record, closing out the case when leaving the desk, not discussing Member information in common areas or outside the building, and precautions with fax and email.

H. (E) CULTURAL COMPETENCY:

The Contractor shall provide culturally competent behavioral health services to its Members, consistent with standards described at 42 CFR § 438.206(c)(2).

1. Submit, with your proposal, your Cultural Competency Plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services with specific focus on Native Americans' and Hispanics' needs, and includes a positive statement that the Contractor shall have sufficient staff with cultural competency to implement and oversee compliance with the Cultural Competency Plan.

Please see ***Appendix 17***, which includes our draft Cultural Competency Plan. The Plan includes a positive statement that Optum Idaho will have sufficient staff with cultural competency to implement and oversee compliance with the Cultural Competency Plan. The sections that follow provide further detail on how we will ensure the provision of culturally competent behavioral health services to Members of the Idaho Behavioral Health Plan.

The Three States of Idaho

Optum understands that Idaho's history and the diversity of its geography provide distinct character to the southeast, north and southwest areas of the state. These differences are sometimes referred to as the "three States of Idaho" and can be the source of particular community strengths that we will leverage to develop and expand the behavioral health system of care, as represented in Attachment 1 of our draft Cultural Competency Plan. Please note, as detailed in our Implementation Plan in ***Appendix 11***, the attached Cultural Competency Plan will be customized to the demographics of the State of Idaho and to requirements of the Idaho Behavioral Health Plan.

Optum recognizes that cultural competency will play a vital part in helping us realize our goal of supporting consumer recovery and resiliency in ways that are meaningful for individuals in their communities, and appropriate and relevant to their unique cultural experiences. Therefore, Optum Idaho's Cultural Competency Program will start with a base of understanding of all cultures in Idaho and follow through to the identification of specific Members with specific needs related to cultural norms and practices

Our goal is to comply fully with 42 CFR § 438.206(c)(2) in providing services to Members in a culturally competent manner so that services are accessible and available to all Members who need them, regardless of the Member's cultural background or language. Our role as the Contractor is to ensure that our employees and network providers have the key skills they need to support each Member in his or her recovery journey and to engage and support Members in ways that are culturally and linguistically appropriate.

The standards for Culturally and Linguistically Appropriate Services (CLAS) issued by the U. S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) were drafted to respond to the need to ensure that all people entering the health care system will receive equitable and effective treatment in a culturally and linguistically appropriate manner. Optum Idaho will ensure that the 14 standards are fully implemented throughout the Idaho system.

The CLAS standards were designed as a means to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers. The standards are intended to be inclusive of all cultures and not limited to any particular population group or set of groups; however they are especially designed to address the needs of racial, ethnic and linguistic populations that experience unequal access to health services. Ultimately, the aim of these standards is to eliminate health disparities and to improve health of all citizens.

> The standards for Culturally and Linguistically Appropriate Services (CLAS) were designed to make services more responsive to the individual needs of all those who use health care. Our staff and our network provider staff will receive CLAS training as well as other cultural competency training.

Numerous cultural variables including, but not limited to, ethnicity, race, sexual orientation, gender, age, gender identity, socio-economic status, primary language, English proficiency, spirituality and religion, country of origin, literacy level, employment status, geographic location, cognitive and physical ability level, immigration status and criminal justice involvement influence the way in which a person seeks and utilizes behavioral health services and the manner in which a person approaches and manages recovery. Our Cultural Competency Plan is designed to improve sensitivity to these factors and increase the cultural appropriateness of treatment services for all Members.

Cultural Competency Staff

All Optum Idaho staff will receive initial and ongoing Cultural Competency training and will be expected, as part of employment policies, to serve Members in a culturally competent manner. This includes asking for expert consultation including the use of interpretive services, when more knowledge is needed in order to serve a Member appropriately. According to the 2011 U. S. Census Bureau, 11.5% of Idaho residents are Hispanic or Latino in origin and 10.2% of people living in Idaho speak a language other than English at home. These data indicate the need for culturally and linguistically appropriate services. To ensure Optum Idaho's responsiveness, the following staff will have enhanced roles related to cultural competency:

- Account Manager (Compliance) : will monitor compliance with our IBHP Cultural Competency Plan and will work with our training and quality departments to initiate any activities necessary to increase our performance related to cultural competency
- Quality Improvement Director: will monitor complaints, grievances and appeals for any trends related to cultural competency. Will bring directions/suggestions from Cultural Competency Committee to larger QI oversight committee for action
- Clinical Director: Will be responsible for ensuring adequate cultural competency training for all clinical staff, particularly with respect to Native American and Hispanic cultures. This training will be designed to enhance interaction and understanding between Optum Idaho clinical staff so that Members are comfortable seeking necessary care. The Clinical Director will also be responsible for identifying and implementing any best practices related to treatment for individuals who are Native American, Hispanic, or of other cultural backgrounds requiring better understanding on the part of our staff
- Member and Family Affairs Director: Will be responsible for ensuring adequate cultural competency training for all Member services staff, who will interact with Members who have questions about benefits, want to file a complaint/grievance/appeal, or who have general issues/questions to discuss

Cultural Competency Committee

With the support and assistance of the Cultural Competency Committee, a part of our Quality Improvement Committee structure, Optum Idaho will monitor customer service, quality management, utilization management and provider network policies and procedures for compliance with CLAS mandates and guidelines. The Cultural Competency Committee will be comprised of Optum Idaho staff, providers and community representatives—including but not limited to consumers and their families—who are representative of the various cultures and languages of Idaho residents.

> The Optum Idaho Cultural Competency Committee and Account Manager (Compliance) will have major roles in monitoring our compliance with our Cultural Competency Plan and with CLAS standards.

Cultural Analysis

As part of our implementation and ongoing program quality monitoring, Optum Idaho will:

- Provide a quantitative and qualitative analysis of the population of the Idaho Behavioral Health Plan, including, but not limited to: age, gender, geographic location, language/s spoken, presence of disability (i.e., intellectual, physical and/or visual/hearing).
- Analyze the refugee count in Idaho and adjust outreach/education efforts to reach new groups of Members resettled into Idaho communities.
- Conduct an ongoing self-assessment within Optum Idaho of all CLAS- related activities annually. The assessment shall, among other things, assess the competency of the provider network and Optum Idaho staff in representing and addressing the linguistic, cultural and ethnic demographic needs and preferences of Members who received behavioral health services.
- Work with organizations such as the Idaho Partnership for Hispanic Mental Health (IPHMH) to assess any barriers and health needs of Hispanics and other minorities, leveraging existing resources such as the recent two-year IPHMH Community Needs Assessment to inform our strategies.
- Provide a summary analysis of the population/subpopulation clinical and risk characteristics for targeting current and future quality improvement efforts and to identify appropriate supportive education and prevention activities.
- Train providers on how to integrate cultural and linguistically competency-related measures into their internal audits, performance improvement programs, consumer satisfaction assessments, and outcomes-based evaluations.

Results of the above efforts will be reported to the Cultural Competency Committee for review and recommendations of follow-up actions. Recommendations will be forwarded from the Cultural Competency Committee to the Quality Improvement Committee as part of our continuous quality improvement process.

2. Describe how you will:

a. Identify Members whose cultural norms and practices may affect their access to health care and its plan to outreach these Members;

Mechanisms for Identification of Specific Members with Specific Needs

Identifying the cultural norms and practices is a vital part of the evaluating the overall population in a program and also an integral part of the assessment process for any individual, child or family seeking mental health or substance abuse treatment services. Optum Idaho will use a variety of strategies to identify Members whose cultural norms and practices may affect their access to healthcare, including:

At the Individual Member level:

- Our network of providers are required as part of the assessment process to gather information including preferred written and spoken language, religious and cultural beliefs, and the Member's physical or behavioral health history as a means of providing culturally competent services, including the need for interpreter services.
- Providers often have existing relationships with community organizations such as churches and schools that make referrals and help providers identify the language and cultural background of individuals and families.
- When available on enrollment tapes received from the states we serve, we collect and register primary language spoken in our clinical care management system so that our Care Managers are aware of the potential need to seek a specialty provider, given a Member's language and/or cultural background. The same information is available to network providers who are required to ensure that they have the appropriate competencies to serve the Member or to make a referral.

> Ensuring cultural competency requires the identification of individual Members when they seek treatment and also conducting community, regional and statewide analyses to project the level of demand for specialty providers

At the Program Level:

- During implementation and on an ongoing basis, we will conduct analyses of the cultural and ethnic backgrounds of the Membership, both overall and by region, as one step in identifying the potential level of demand for specialty providers
- As part of the network application process, we gather information on provider specialties, including competency in particular languages or in treating individuals with particular cultural backgrounds and verify those skills during the credentialing process
- We will request the support of IDHW in identifying any recent analyses that may have been completed by the Department or other agencies or organizations across Idaho that might provide current information about the location of ethnic groups or other sub-populations and their utilization of health or social services
- As part of our Cultural Competency Plan update every year, we will analyze the services provided to those from ethnic or cultural sub-populations. If we identify significant differences from the general Membership, especially in the percent of Members who receive treatment, we will meet with representatives of that group of Members to identify any potential barriers and ways to remove them.

- Optum Idaho staff will work with organizations such as the Idaho Partnership for Hispanic Mental Health (IPHMH) to assess any barriers and health needs of Hispanics and other minorities, leveraging existing resources such as the recent two-year IPHMH Community Needs Assessment to inform our strategies.
- Optum Idaho will make informational materials such as the Member Handbook available in Spanish and in other languages, such as Braille, upon request to help ensure Members are aware of the services available to them and of their rights and responsibilities.

New Mexico: Native American Interface

Optum New Mexico has created an Office of Native American Affairs to promote coordination with Native American providers and develop awareness regarding behavioral health issues in the Native American population. A core goal of the Optum New Mexico Office of Native American Affairs is to develop awareness of New Mexico Core Service Agency (CSA) roles and responsibilities to New Mexico tribal consumers by having:

> In New Mexico, Optum has worked closely with Native Americans to identify and address behavioral health needs within their communities.

- Individual provider meetings with Tribal Behavioral Health Staff
- Individual provider meetings with Behavioral Health Directors from both Indian Health Service and Tribal 638 programs
- Individual meetings with Tribal Leadership
- An OHNM Tribal Advisory Committee
- Meetings with Core Service Agencies (CSAs) who have significant Native American populations to inform and engage them in serving this population
- Joint meetings with CSA and Tribal Leadership to explain how CSAs can provide services or provide clinical technical assistance and/or consultation so more Native American consumers can be served

In addition, in New Mexico Optum has established ongoing relationships with tribal communities, the New Mexico Secretary of Indian Affairs, Native American Legislators, Tribal Leadership, Tribal and Pueblo Behavioral Health Providers, Indian Health Services, New Mexico Behavioral Health Services Division, New Mexico Medicaid, New Mexico Child Youth and Families Department, Purchasing Collaborative, Native American Local Collaborative, Substance Abuse and Suicide Prevention Providers, Native American consumer-run organizations and other urban and rural Native-serving programs.

b. Recruit and retain qualified, diverse and culturally competent clinical staff within your provider network and include a positive statement that the Contractor will offer single case agreements to culturally competent staff outside of its network, if required to meet a Member's needs;

Optum's goal is to assemble a network of qualified, diverse, culturally competent providers so that all Members have access to necessary treatment services. In addition to our standard recruitment process, Optum Idaho will:

- Work with the Idaho Commission on Hispanic Affairs and community organizations, such as the Idaho Partnership for Hispanic Health and the Community Council of Idaho (formerly the Idaho Migrant Council). We will also work in concert with the Department's tribal relations

representative and the tribal councils of the six federally recognized tribes. With these organizations, we will identify qualified providers who are culturally competent in treating Native Americans and individuals who are Hispanic.

> Optum Idaho's Member and Family Affairs Unit will work with the Office of Consumer and Family Affairs and the Idaho Federation of Families to recruit and train individuals from Native American and Hispanic cultures to be Peer Support Specialists and Family Support Specialists

- Collaborate with the University of Idaho, Boise State University, and Idaho State University, as well as Idaho community colleges and other organizations to assist in increasing opportunities for individuals of every culture to receive university-level educations in behavioral health care careers.
- Recruit and train individuals qualified to be Peer Support Specialists and Family Support Specialists who are from and/or who are familiar with Native American, Hispanic or other Idaho cultures.
- Work with programs in Idaho that improve the skills of workers through structured learning and training opportunities including: language training, mental health interpreter training, tuition reimbursement, scholarship awards and specialized training courses.

Provider Recruitment, Contracting and Training

As a company, Optum is committed to diversity and inclusion; our anti-discrimination requirements are comprehensive and constantly evolving. Optum will not discriminate against any applicant or employee based on age, race, gender, color, religion, national origin, ancestry, disability, marital status, covered veteran status, sexual orientation, gender identity, and or expression, status with respect to public assistance or any other characteristic protected by state, federal or local law. Optum is a learning organization and as such, we are always open to productive critiques and input to improve our effectiveness.

Each Optum network provider contract will include the following language: "The provider hereby agrees to comply with the Civil Rights Act of 1964 (42 U.S.C. 2000e, et seq.) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.) Section 504 of the rehabilitation Act of 1973 (29 U.S.C. 794 et seq.) Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.) the discrimination act of 1990 (42 U.S.C. 12150, et seq) and all other applicable federal and state laws and regulations. These laws and regulations prohibit discrimination on the grounds of race, color, national origin, sex, age, religion, sexual preference, medical condition, veterans' status, handicap or disability. The provider also agrees to comply with all relevant rules, regulations, and orders of the Secretary of Labor."

As a condition of re-credentialing, all Idaho providers will be required to participate in ongoing education, training and clinical consultation in culturally and linguistically (including deaf and hard of hearing) appropriate service delivery and dispute resolution. Training will be provided through a variety of methods, which may include face-to-face, webinar, Essential Learning online training and Optum Health Education online training.

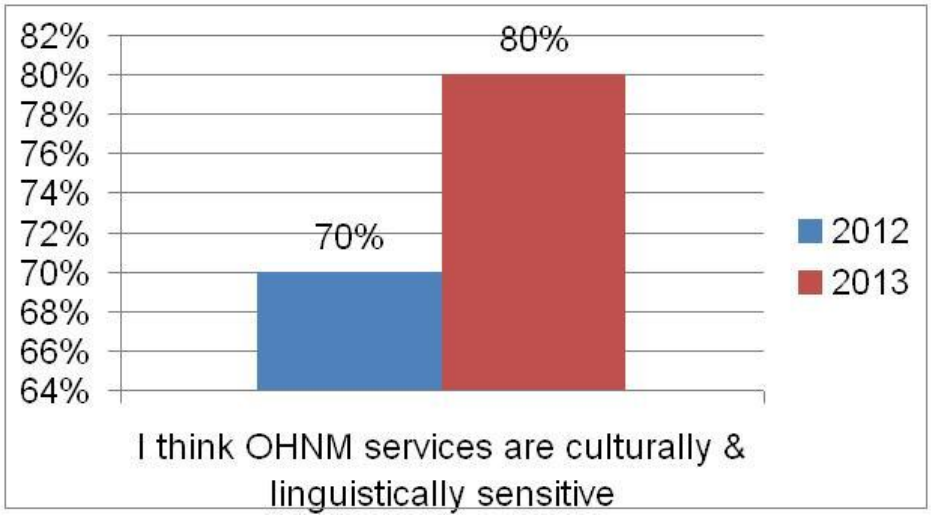
Single Case Agreements

When a culturally competent provider is not available within a reasonable travel distance, Optum Idaho can offer a single case agreement to a provider qualified to meet a Member's needs if one can be identified. In general, the provider would be required to meet our credentialing criteria.

Our preference would be to execute a contract with that provider so the provider's services will also be available to other Members with similar cultural needs.

c. Work with Native American and Hispanic providers to promote the development of these culturally specialized networks of providers;

Optum has significant experience in New Mexico in working collaboratively with the New Mexico Behavioral Health Collaborative to identify a network of Native American and Hispanic providers so that individuals can receive services both in their primary language and in the context of their specific cultural background. Their efforts have made a difference in their Members' satisfaction with services:



As the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will adapt the approaches that have been effective in New Mexico and other Optum programs to meet the unique needs of the various ethnic populations in Idaho.

Understanding the many cultures that come together in Idaho is a first step in understanding the trainings and backgrounds needed. Idaho is home to six federally recognized Tribes: the Coeur d'Alene Tribe, the Kootenai Tribe, the Nez Perce Tribe, the Shoshone-Bannock Tribes, the Northwestern Band of the Shoshone Nation and the Shoshone-Paiute Tribes of the Duck Valley Indian Reservation. Collectively these tribes represent 1.4% of Idaho's population. Hispanics represent 11.2% of Idaho's population and 2.5% of Idaho's population report two or more races, as reflected in the Idaho Blue Book, published by the Secretary of State. When we have access to complete Medicaid enrollment data, we will determine specific representation of these cultural communities within the membership of the Idaho Behavioral Health Plan.

Culturally competent care can produce meaningful outcomes. In some cases, treatment may include the use of traditional healing modalities. Traditional healing in combination with western approaches allows the consumer to draw from various areas of expertise to restore physical, emotional and spiritual wellbeing. For some people, traditional healing is a critical element, necessary for complete healing to unfold. Traditional healing is not based on western science; it is part and parcel of ancient philosophies about how individuals fit into the web of life. This web includes the individual, the tribe, family members both dead and alive; indeed the web of life is all inclusive. Traditional healing may include a ceremony, a song, a cleansing ritual or other rites.

Optum recognizes that effective treatment and good treatment outcomes must include contextual elements for some Members from certain cultures. Optum will work with representatives of the cultural groups with Idaho to ensure that services, policies, and practices are all inclusive and are sensitive to the cultural beliefs of all Idaho residents. In addition, Optum Idaho will work to ensure that Members who request traditional health services have access to those natural supports.

> Optum covers traditional healing modalities in some of our other public sector contracts, and will consider including them as benefits in the Idaho Behavioral Health Plan if there is significant need and demand

d. Monitor whether or not language services are being provided to all Members, upon request, and how it will address gaps or inadequacies found.

Part of Optum Idaho's initial cultural competency assessment will be analysis of the primary languages spoken by Members. We will use this information to help determine the need for interpreters and for additional providers who speak the languages spoken by Members. We will also monitor the monthly reports provided by our language line service provider to assess which languages are most requested for oral translation services.

Members who have any requests or complaints related to language services will be encouraged to discuss these issues with any Optum Idaho clinical or administrative staff member. All staff will be trained in how to document and submit requests and complaints so that Member issues are addressed promptly.

Addressing Gaps or Inadequacies

To address any gaps or inadequacies, Optum Idaho will:

- Require our providers to arrange for interpretation or translation services for Members who need them
- Actively recruit and hire bilingual staff to assist Members and their families who have limited English proficiency
- Contract with a Language Line that provides live and immediate translation capabilities for 170 languages using interpreters trained in medical terminology. The Language Line will be available 24 hours a day, 365 days per year
- Offer Telephone Device for the Deaf (TDD) and Telecommunications Typewriter (TTY) services
- Provide all written materials and website information in English and Spanish and any other language spoken by 5% or greater of Members
- Ensure all written Member materials are worded at the reading level specified by Idaho Medicaid
- Make available all written materials in alternative formats to persons with special needs, including large print and audio

As part of our continuous quality assurance process, we will monitor trends and implement a quality improvement process when indicated.

I. (E) CUSTOMER SERVICE SYSTEM:

The Contractor shall provide a customer service system that includes implementation of a Customer Service System Plan. The Customer Services System Plan must include services that meet the requirements at 42 CFR § 438.10(f)(6).

1. Submit, with your proposal, a detailed Customer Service System Plan that includes a Call Center and Help Desk, policies on customer service, and identifies how staff will be trained to meet the customer service requirements.

Optum Idaho will locate a Call Center/Help Desk for the Idaho Behavioral Health Plan at our Boise office dedicated to responding to customer service inquiries. A team of Customer Service Representatives will staff the Boise Call Center/Help Desk from 8 a.m. to 6 p.m. Monday-Friday to accommodate callers from both Mountain and Pacific Time zones. The Customer Service Representatives will be trained to respond to inquiries from providers, IDHW staff and any other stakeholder wishing to contact us. A separate Member Access and Crisis line, staffed by Masters-level behavioral health clinicians through a subcontract with ProtoCall Services Inc., will be available to respond to Members routine or crisis-related inquiries.

See ***Appendix 18*** for Optum Idaho's Customer Service System Plan.

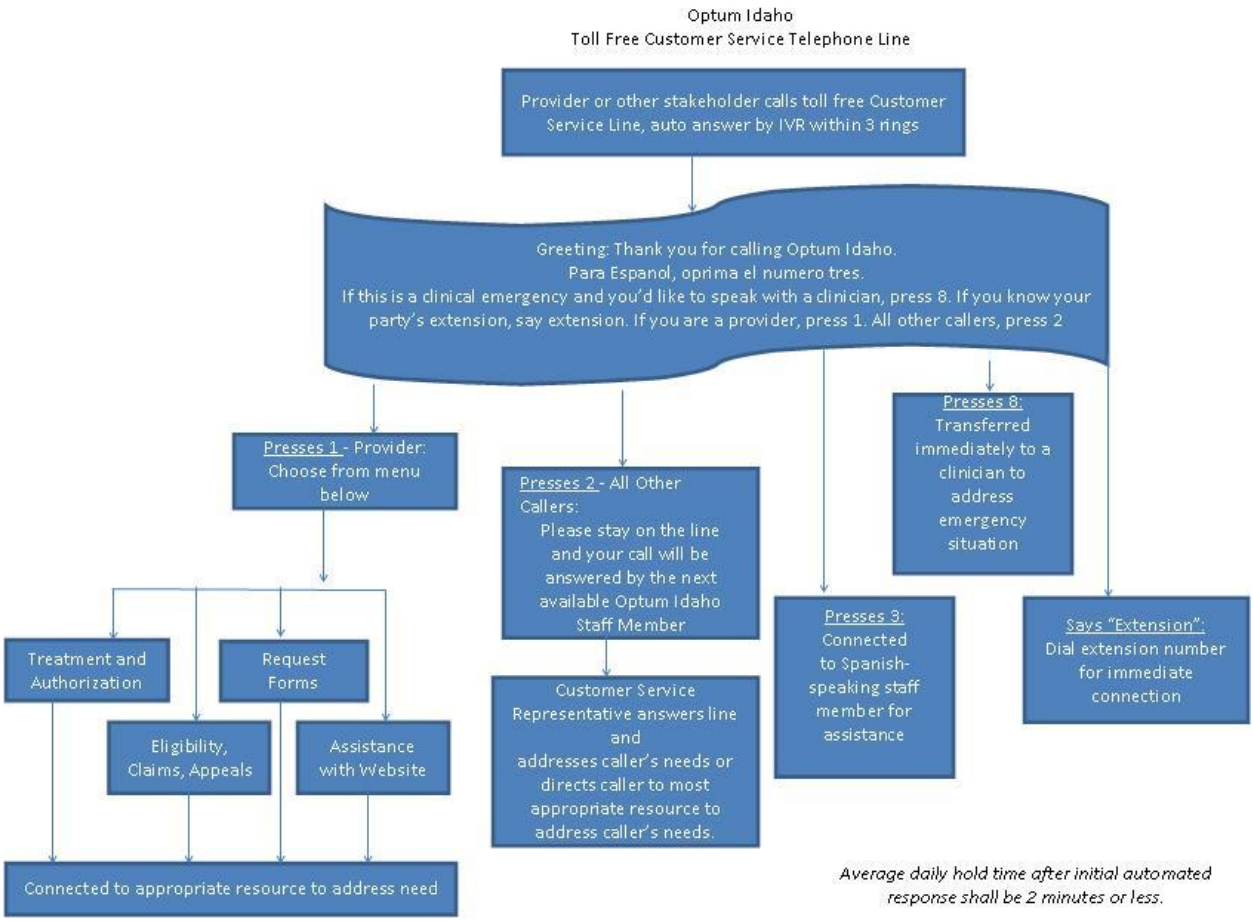
2. Describe how you will:

a. Ensure that a toll-free number, dedicated to customer service inquiries is established and publicized throughout Idaho and ensure multiple lines are available to accommodate Members, providers, IDHW staff and others that may be calling. The IDHW shall own the rights to the toll-free call center number at the conclusion of the contract;

As we do in each of our public service and commercial programs, Optum Idaho will establish a toll-free number for customer service inquiries. The customer service line will be connected to an automated Interactive Voice Response (IVR) system that answers the call instantly.

Our intent is to use this toll-free customer service line primarily to serve providers, IDHW staff and any other stakeholders wishing to contact us. As described in Section G.2.b, Optum Idaho will provide Members with a separate toll-free Member Access and Crisis line that is answered live by a behavioral health clinician at all times. However, if Members call the customer service line with a clinical emergency, they will immediately hear an option to speak to a Care Manager.

All Member materials will include a thorough description of the two toll-free lines with clear instructions for the use of the customer service line and the Member Access and Crisis line. The illustration below shows the various options available through the IVR system for the customer service line, including the option to speak to a Spanish-speaking staff member, speak directly to a specific staff member, or leave a message.



Optum Idaho will publish the Idaho Behavioral Health Plan toll-free customer service number in the Provider Manual and on the Provider website. The toll-free Member Access and Crisis number will be published in the Member Handbook, in all educational material and on the Member website. Optum Idaho will ensure that IDHW staff has the toll-free customer service number and any direct lines for Optum Idaho staff as required.

Optum Idaho acknowledges that IDHW will own the rights to the toll-free call center number at the conclusion of the contract.

b. Maintain sufficient equipment and staff to meet the customer service requirements;

Equipment

Optum Idaho will use an Avaya S8700 communication system to handle all Idaho Behavioral Health Plan calls. This system provides state-of-the-art call center technology, including the following features:

- Permits complex routing patterns so that calls can be forwarded to the appropriate Optum Idaho Customer Services Representative
- Allows special handling of calls based on the priority status assigned to the specific call, routing emergency calls ahead of others
- Reduces telephone wait time by permitting incoming calls to be queued to several splits at the same time so that the first available Customer Services Representative can take the call

- Incorporates customizable tools to effectively manage the Call Center (including real-time and historical reporting) as well as alarms if identified service thresholds are met or exceeded
- Empowers clinical staff to manage and improve their own performance by providing real-time status updates on 25 management-defined parameters on their display sets

To ensure callers never hear a busy signal, we have more than 8,000 incoming trunk lines servicing our toll-free numbers, and we continually test and monitor our telephone capacities for accessibility, responsiveness, and flexibility. Our telecommunications system is easily upgradeable as the need for added capacity develops.

Staffing

Optum Idaho will use Erlang staffing methodology to develop staffing for the customer service function. This proprietary software uses an algorithm that considers variables such as forecasted call volume, average call handle time, average speed to answer and agent time away to calculate the number of Customer Service Representatives required.

c. Ensure no calls, e-mails or correspondence go unanswered (e-mails and other written correspondence shall be answered within two (2) business days);

We currently maintain a standard of responding to calls, emails and correspondence within 48 hours. A selected group of Customer Service Representatives will serve as a Rapid Response Team dedicated to responding and managing emails and correspondence within the required timeframes.

d. If an automated Interactive Voice Response (IVR) system is used, the system shall be programmed to answer all calls within three (3) telephone rings;

Optum Idaho will use an Interactive Voice Response (IVR) known as Enterprise Voice Portal (EVP) to manage the multiple lines for customer service calls. This system is currently programmed to answer all calls instantly, exceeding the requirement to respond within three telephone rings.

> Our IVR will exceed IDHW standards by answering calls instantly.

e. The average daily hold time after initial automated response is two (2) minutes or less;

Optum's current average daily hold time after initial automated response is 30 seconds, which is faster than IDHW's requirement to respond within two minutes or less. We expect to maintain the current performance after the Idaho Behavioral Health Plan goes live.

f. Provide periodic live monitoring of service calls for quality management purposes;

Optum Idaho will perform both quantitative and qualitative reviews to monitor the quality and accuracy of information provided to callers by our Customer Service Representatives and Care Managers. Each month, supervisors will monitor live calls for each Customer Service Representative and Care Manager and listen for accuracy, appropriateness and timeliness of response, and professionalism. Results will be tracked and individual coaching will be provided when applicable. The audit process has a number of steps:

- The recording application, Qfiniti, randomly records calls for Customer Service Representatives and Care Managers.
- An auditor, supervisor, and/or manager randomly selects a recorded call and enters an audit in Qfiniti

- All feedback is provided to the Customer Service Representative and Care Managers by their direct supervisor
- Results are monitored and individual coaching and re-training are provided when applicable.
- Any complaint regarding a Customer Service Representative or Care Manager is reviewed to determine if quality improvements should be made to the system or to our policies or if individual coaching or re-training is necessary.
- The timeliness of call resolution is tracked for each Customer Service Representative or Care Manager. Supervisors review outlier performance and, when necessary, provide coaching or re-training.

g. Ensure call tracking and record keeping is established and utilized for tracking and monitoring phone lines;

Our Avaya telephone system generates reports to assess call volume, average handle time, abandonment rate, and average speed to answer, service level and occupancy. The reports can be produced monthly, quarterly and on an annual basis. All of our evaluations are entered into Qfiniti which allows for quality reporting for the number of evaluations completed and their quality averages. The figures below provide examples of the standard call tracking reports produced by the Avaya telephone system:

Split/Skill Summary Daily - CS HOU EB HT 526

Report Edit Format Tools Options Help

Split/Skill: CS HOU EB HT 526

Date	Avg Speed Ans	Avg Aban Time	ACD Calls	Avg ACD Time	Avg ACW Time	Aban Calls	Max Delay	Flow In	Flow Out	Extn Out Calls	Avg Extn Out Time	Dequeued Calls	Avg Time to Dequeue	% ACD Time	% Ans Calls
Totals	**:22**	**:39**	**145**	**7:38**	**:38**	**2**	**5:00**	**1**	**1**	**17**	**2:24**	**0**		**10.57**	**97.97**
10/19/2012	:22	:39	145	7:38	:38	2	5:00	1	1	17	2:24	0		10.57	97.97

VCC_NODE6

Split/Skill Call Profile Daily - CS HOU EB HT 526

Report Edit Format Tools Options Help

Date: **10/19/2012**
Split/Skill: **CS HOU EB HT 526**
% Within Service Level: **84.46**

Service Intervals Changed: **n**
Acceptable Service Changed: **n**

Seconds	0 -	10 -	20 -	30 -	35 -	40 -	45 -	50 -	55 -	60 -
ACD Calls:	**121**	**4**	**1**	**0**	**2**	**0**	**1**	**0**	**0**	**16**
Aban Calls:	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**

ACD Calls: **145**
Avg Speed Ans: **:22**
% Ans Calls: **97.97**

Aban Calls: **2**
Avg Aban Time: **:38**
% Aban Calls: **1.35**

VCC_NODE6

h. Ensure customer service inquiries are reported monthly to the IDHW per the requirements of the contract. All customer service communications, written or verbal, shall be reflected in the report.

Optum Idaho will maintain a comprehensive reporting system to record all customer service inquiries and will report all written and verbal customer service communications to the IDHW monthly. The customer service reports will provide reporting by inquiry type and total numbers received, average time to close an inquiry, telephone answering statistics, total grievance and appeals by type, total numbers received and average time to close, and satisfaction survey results. See ***Appendix 19*** for a sample of the customer service report.

3. Should the Contractor choose to use an IVR the Contractor shall describe how you will comply with the following requirements:

a. Provide an up-front message in the phone system to inform users when the system is down or experiencing difficulties, including an indication when the system is expected to be operational;

Optum has a robust business continuity plan and sophisticated technology systems that will ensure that Idaho Behavioral Health Plan Members receive uninterrupted service. We test our documented continuity plan routinely, and the results from the most recent test indicated a seamless implementation of the plan and return to business, with no interruption of service.

Each of our Optum offices, located strategically throughout the United States, has the capability to take on workload from any other center. In the event of a local disaster, each center has the capability to seamlessly reroute calls away from any of the others, eliminating the need to provide a message stating the phone system is down. We also have a process in place in case of long-term office outages that allows for office based staff to securely access their work desktops from their home computers, allowing them to take calls from home, should it be necessary.

In addition, the centralized data processing that supports these sites is spread across major, geographically dispersed data center environments. Multiple connections and routes exist across all nodes in the service network, ensuring a rapid response to a site or regional issue. Each site has a detailed site-specific plan that provides business and technical procedures to be followed if an event occurs that disrupts business service. These plans are tested on a periodic basis and adjustments are made as appropriate. A back-up site for the affected Optum Idaho location can be set up for full operation within 24 hours of an event if the recovery is anticipated to be long.

Our telephonic and informational systems are designed to minimize the impact of any disruption. We have never had a failure that has caused a disruption in our ability to receive calls. From a data center perspective, we have extensive business continuity and disaster recovery plans covering application and web servers. The plans consider varying levels of continuity from redundancy and “hot” fail over servers, to the redundant telecom links, to full disaster recovery arrangements. To assure continuity of service, we back-up the full system on a nightly basis. Copies of back-ups are stored off site in a secured facility. Security measures to provide access only to appropriate personnel are strictly enforced.

b. Roll incoming calls to the Call Center staff during those instances when the system is unavailable during the hours the Call Center is staffed;

If the IVR system became unavailable down during normal hours of operation when the Call Center is staffed, the system would automatically bypass prompts and route the call to the next available staff member.

c. For IVR users who are seeking data, verify that the person using IVR is an authorized user, and allow access to data by Member ID number, social security number, or Member name and date of birth;

The IVR system prompts callers for Member ID number and date of birth in order to verify proper authorization. If the caller cannot provide this information, a Customer Service Representative will intervene to assist the caller.

d. Assign and provide the user a unique identifier number for each inquiry;

The IVR currently assigns a unique identifier for each inquiry to allow for easy tracking of all interactions associated with each inquiry.

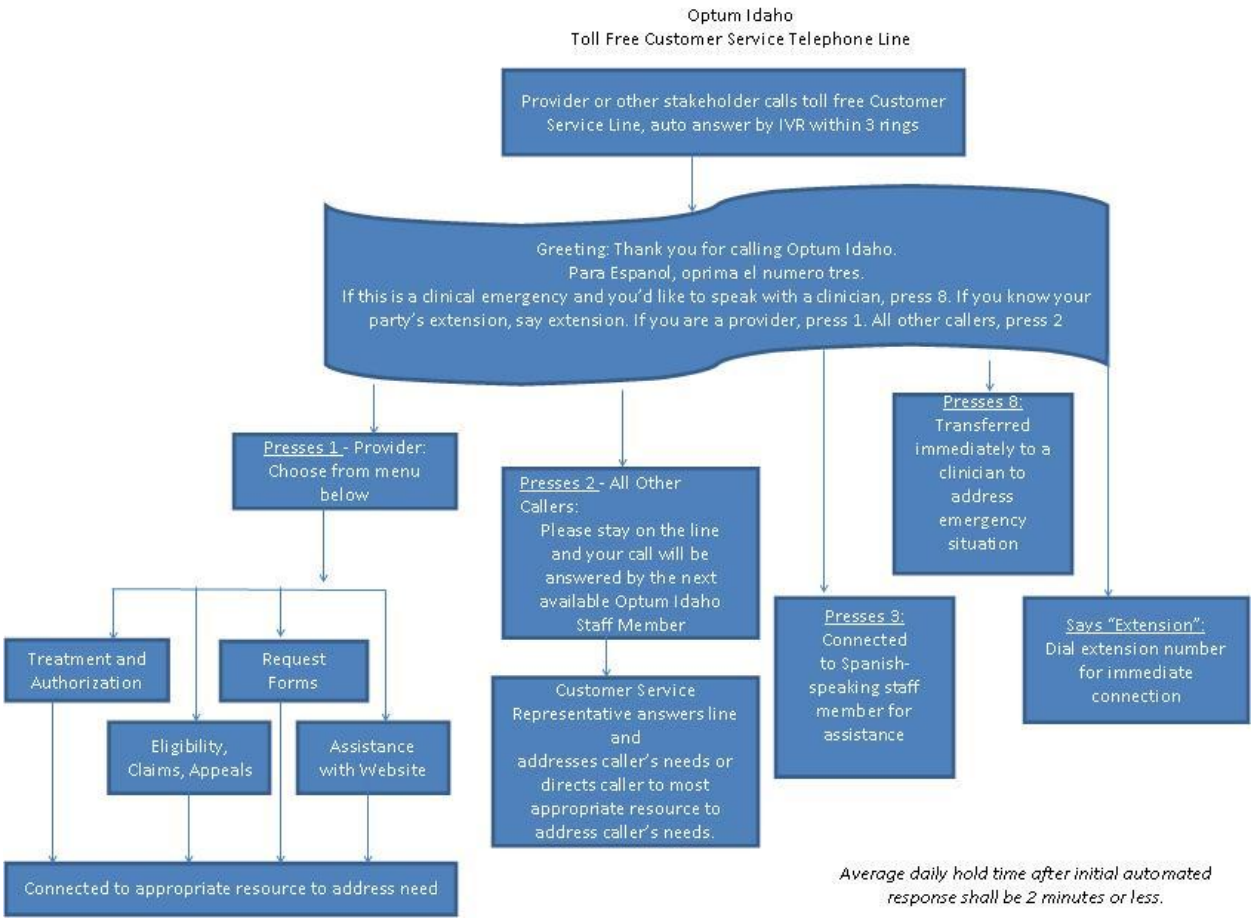
e. Provide appropriate safeguards to protect the confidentiality of all information, in compliance with federal, State and IDHW confidentiality laws, including HIPAA;

All Optum phone systems comply with all federal, State and IDHW confidentiality laws, including HIPAA.

f. Provide toll-free telephone number(s);

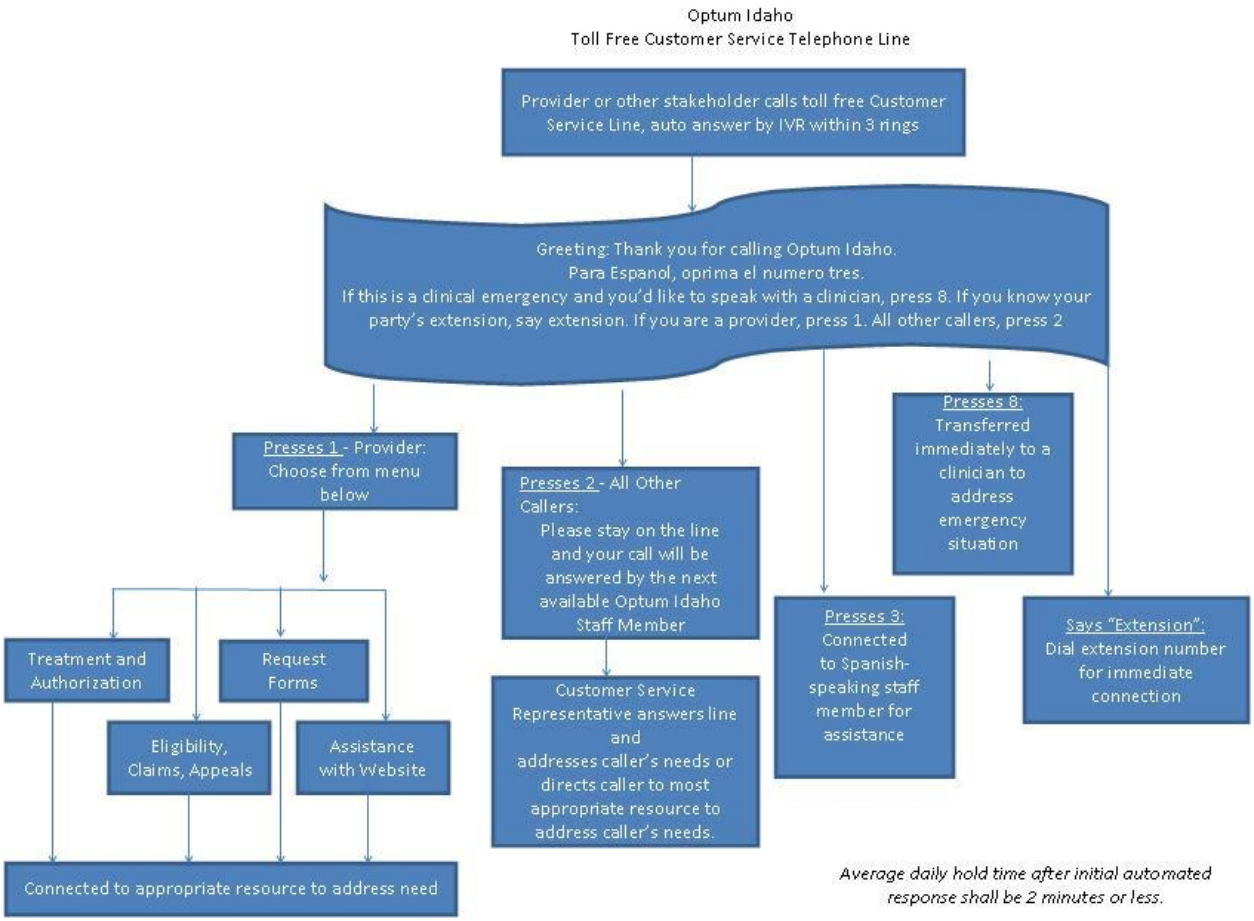
As we do in each of our public service and commercial markets, Optum Idaho will establish a toll-free number for customer service inquiries. The customer service line will be connected to an automated Interactive Voice Response (IVR) system that answers the call instantly. Our intent is to utilize this toll-free customer service line primarily to serve providers, IDHW staff and any other stakeholders wishing to contact us.

As described in Section G.2.b, Optum Idaho will provide Members with a separate toll-free Member Access and Crisis line that is answered by live by a behavioral health clinician 24 hours a day. However, if Members call the customer service line with a clinical emergency, they will immediately hear an option to speak to a Care Manager. All Member materials will include a thorough description of the two toll-free lines with clear instructions for the use of the customer service line vs. the Member Access and Crisis line. The illustration below shows the various options available through the IVR system for the customer service line, including the option to speak to a Spanish-speaking staff member, speak directly to a specific staff member, or leave a message.



g. Integrate with the Call Center and Help Desk to provide IVR users with an option for customer service representative support when requested during the hours the Call Center is staffed;

An option to request assistance from a Customer Service Representative will be available within the IVR system prompts. See "Presses 2" in the figure below indicating that the caller can stay on the line to be connected to an Optum Idaho staff member.



h. Provide sufficient in-bound access lines to ensure IVR users:

i. Are connected with the IVR system within three (3) telephone rings at least ninety-nine percent (99%) of the time;

Our IVR is connected directly to our carrier networks, AT&T and Verizon. The IVR system answers every call the instant it arrives from the carrier network and there is no queuing between the carrier and the IVR.

ii. When transferred are connected with the IVR system within ten (10) seconds, ninety-nine percent (99%) of the time;

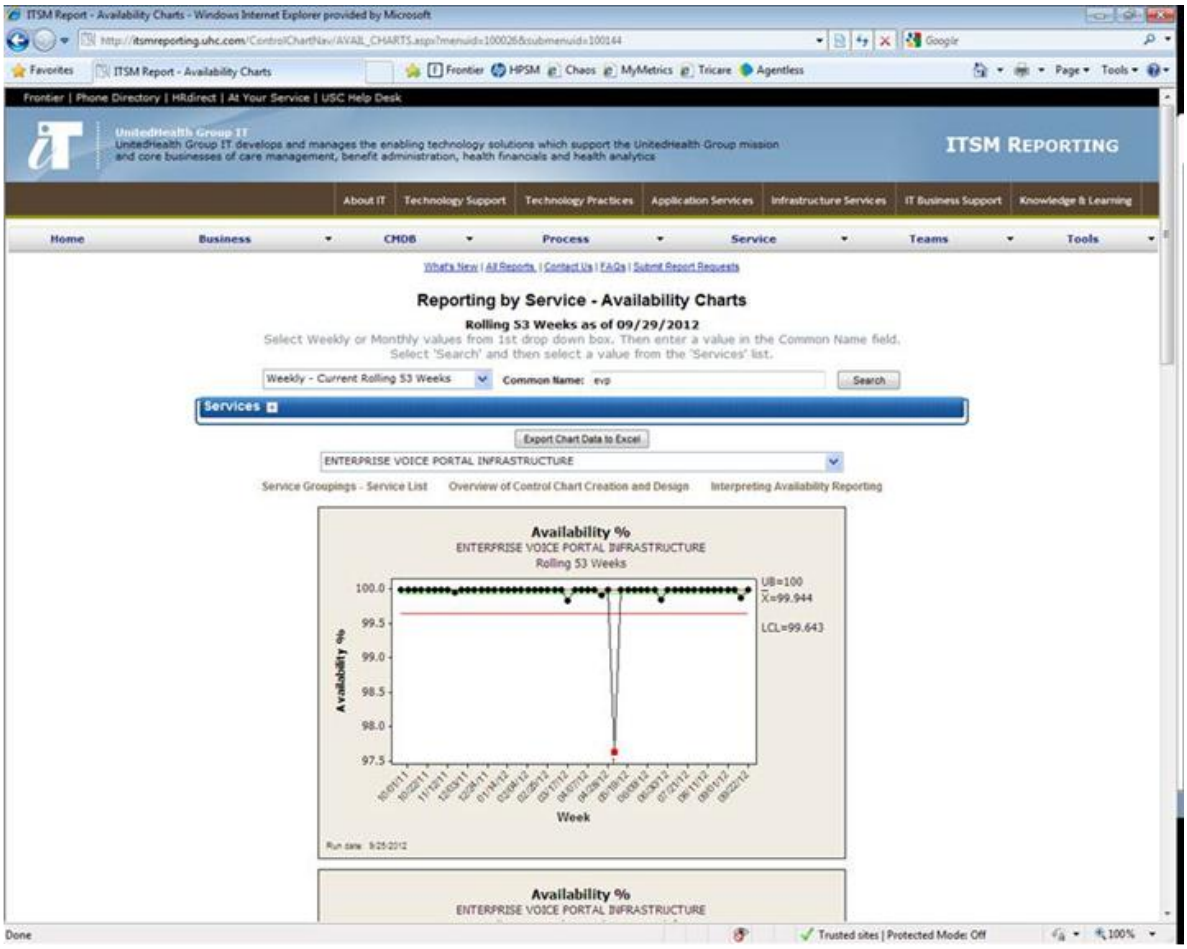
A transferred call is answered the instant it arrives. The IVR system treats transferred calls in the same manner as a new call with no queuing between the carrier and the IVR.

iii. Receive a busy signal less than five percent (5%) of the time they call;

Callers will never receive a busy signal—even on our busiest day of the year, which is typically the first business day of the calendar year. Our phone system contains 8,000 ports to receive phones calls and on our busiest days over the past two years (Jan 3, 2012 and Jan 3, 2011), fewer than 4,000 simultaneous calls were received into the voice portal.

iv. Are not dropped in excess of zero-point-five percent (0.5%) of the total daily call volume; and

For the last twelve months, our IVR availability has been 99.95%. The figure below illustrates our call availability during a 53-week rolling period as of September 29, 2012. Note that on May 4, 2012 the call routing system was not available, however during this time, in lieu of hearing the automated menu, callers were routed to the next available staff member.



v. Are successfully transferred to live assistance at the Call Center in less than one-hundred-twenty (120) seconds of request to transfer;

All calls are transferred instantly to the next available staff person with no queuing between the caller and the IVR. As illustrated in the figure below, our 2012 YTD average speed of answer by the next available staff person is 18 seconds, well below the requirement of 120 seconds.

Split/Skill Summary Monthly - CS HOU EB HT 526

Report Edit Format Tools Options Help

Split/Skill: **CS HOU EB HT 526**

Month Starting	Avg Speed Ans	Avg Aban Time	ACD Calls	Avg ACD Time	Avg ACW Time	Aban Calls	Max Delay	Flow In	Flow Out	Extn Out Calls	Avg Extn Out Time	Dequeued Calls	Avg Time to Dequeue	% ACD Time	% Ans Calls
Totals	**:18**	**1:30**	**36470**	**6:57**	**:31**	**422**	**23:31**	**433**	**433**	**5015**	**1:19**	**0**		**13.31**	**97.71**
1/1/2012	:11	:56	4264	6:32	:20	43	8:25	52	52	629	1:19	0		14.01	97.82
2/1/2012	:20	1:16	4224	6:45	:20	55	8:20	65	65	592	1:25	0		14.84	97.24
3/1/2012	:23	1:21	4339	6:50	:22	59	13:03	23	23	531	1:12	0		15.39	98.15
4/1/2012	:20	2:10	3833	6:53	:29	49	23:31	35	35	514	1:24	0		12.66	97.86
5/1/2012	:18	1:07	3989	7:21	:37	40	13:02	56	56	553	1:48	0		12.66	97.65
6/1/2012	:15	1:26	3900	6:58	:43	32	8:24	54	54	546	1:24	0		12.91	97.84
7/1/2012	:15	1:40	4087	7:10	:34	49	12:43	73	73	532	1:07	0		13.17	97.10
8/1/2012	:21	1:34	4273	7:04	:40	54	11:22	59	59	605	1:10	0		12.88	97.42
9/1/2012	:18	1:53	3561	7:04	:41	41	12:32	16	16	513	1:05	0		11.88	98.42

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vi. Call abandonment rates should not exceed 7%;

Optum Health will ensure that call abandonment rates will not exceed 7%. As shown in the figure below, our 2012 YTD abandonment rate is currently 1.14%. We calculated this rate as follows: Abandoned Calls/ACD Calls + Abandoned Calls (442/36,470 + 422 = 1.14%).

Split/Skill Summary Monthly - CS HOU EB HT 526

Report Edit Format Tools Options Help

Split/Skill: **CS HOU EB HT 526**

Month Starting	Avg Speed Ans	Avg Aban Time	ACD Calls	Avg ACD Time	Avg ACW Time	Aban Calls	Max Delay	Flow In	Flow Out	Extn Out Calls	Avg Extn Out Time	Dequeued Calls	Avg Time to Dequeue	% ACD Time	% Ans Calls
Totals	**:18**	**1:30**	**36470**	**6:57**	**:31**	**422**	**23:31**	**433**	**433**	**5015**	**1:19**	**0**		**13.31**	**97.71**
1/1/2012	:11	:56	4264	6:32	:20	43	8:25	52	52	629	1:19	0		14.01	97.82
2/1/2012	:20	1:16	4224	6:45	:20	55	8:20	65	65	592	1:25	0		14.84	97.24
3/1/2012	:23	1:21	4339	6:50	:22	59	13:03	23	23	531	1:12	0		15.39	98.15
4/1/2012	:20	2:10	3833	6:53	:29	49	23:31	35	35	514	1:24	0		12.66	97.86
5/1/2012	:18	1:07	3989	7:21	:37	40	13:02	56	56	553	1:48	0		12.66	97.65
6/1/2012	:15	1:26	3900	6:58	:43	32	8:24	54	54	546	1:24	0		12.91	97.84
7/1/2012	:15	1:40	4087	7:10	:34	49	12:43	73	73	532	1:07	0		13.17	97.10
8/1/2012	:21	1:34	4273	7:04	:40	54	11:22	59	59	605	1:10	0		12.88	97.42
9/1/2012	:18	1:53	3561	7:04	:41	41	12:32	16	16	513	1:05	0		11.88	98.42

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i. Ensure that the IVR is available for information and service requests twenty (24) hours a day, seven (7) days a week, 365 days per year except for IDHW approved scheduled downtime;

Our IVR system will be available 24 hours a day, seven days a week, 365 days per year. This geo-diverse system is fully redundant, which means there are two distinct systems in two separate data center locations. If maintenance is required in one data center, all calls are automatically routed to the second data center.

j. Resolve all IVR system downtimes caused by the IVR hardware, software, or other components under the Contractor's control, within thirty (30) minutes of initial notification

of system failure. If the system is not in service within that time frame, the Vendor shall provide a failover IVR system to ensure that system downtime is limited to a maximum of thirty (30) continuous minutes;

Because our IVR system is fully redundant, failover is accomplished automatically within five minutes.

k. Maintain and retain for twenty-four (24) months, electronic records of all IVR inquiries made, information requested, and information conveyed;

In keeping with our corporate practice, Optum Idaho will maintain IVR records online for 13 months, after which they will be archived and retained for a period of seven years.

l. Make updates to the IVR recorded responses within two (2) business days of receiving a request from the IDHW.

Optum retains a professional recording vendor in order to maintain a consistent "single voice" for all recorded messages wherever we use the IVR software. To comply with the requirement to make updates to the IVR recorded responses within two business days, Optum Idaho will record the updated message using an Optum Idaho staff person and will then have the updated message re-recorded by our professional vendor for voice consistency.

4. Describe how you will:

a. Manage the Call center and Help Desk function and ensure staff are trained to provide customer service response to inquiries;

Optum Idaho Customer Service Representatives and Care Managers will receive extensive training to triage calls and seek resolution for all inquiries. Specific training will be provided to handle the following types of calls from Members or their families, providers, and other stakeholders

Members/Families	Providers	Other Stakeholders
Crisis triage	Claims status	Referral of Member for services
Covered benefits; Contracted service provider referral	Authorization requests or support with providing required documentation	Information on upcoming training, web address, and other Idaho Plan services open to PCP or social services agency staff
Community resources	Resources for Members with special needs (deaf and hard of hearing, DD, serious medical conditions)	Verification of PCP or other services being provided to Member
Complaints/grievances	Inquiries/complaints/grievances	Coordination of care for Member
Available Training	Requests for information on processes/new services, required actions/clarifications	Access to funded specialized service
Availability of Peer Support or Family Support services	Information on support for migration to Electronic Medical Records (EMR)	Education on required processes for authorization, clinical guidelines application, system changes

Members/Families	Providers	Other Stakeholders
General support	Information on credentialing, re-credentialing, provider contracts or other inquiries related to applying for network provider status	Member eligibility
		Provider contracting
		Links to local, state and federal funding opportunities
		Training and education for their staff
		Housing and transitional housing programs - available by local community
		Network options at the local and regional levels for all levels of care
		Types of services by provider agency (includes SA and non-covered service providers)
		Informatics and data analysis unit - IT liaison

Clinical and Non-Clinical Call Center Staff Training

Week One of Initial Training for All Call Center Staff

Topic	Duration
Introduction to the lived experience of mental health and substance use consumers and family members	2 hours
Overview on the IDHW and Idaho Medicaid	2 hours
Introduction to the Idaho Behavioral Health Plan, Its Mission and Goals	2 hours
Overview of the Idaho Behavioral Health Delivery system and current service utilization	2 hours
Overview of Optum Idaho Staff roles and responsibilities	2 hours
Overview of the Optum Idaho Network and ongoing development/recruitment	1 hour
Providing Excellent Service to Idaho consumers, providers and members agencies	1 hour
Member Rights and Responsibilities	2 hours
Introduction to Recovery, Resiliency and Self-Directed Care	2 hours
Introduction to Cultural Competency and sub-populations in the Idaho Plan	2 hours
Overview of Optum Idaho Referral Processes	2 hours
Transition process for Members and Providers	2 hours
Basic Telephone training	2 hours
Basic/core computer systems training (Microsoft, CareOne)	2 hours
Mandatory Optum training including Integrity and Compliance, Diversity, Ethics, HIPAA/Confidentiality	4 hours

Week Two and Three of Initial Training for All Call Center Staff

Topic	Duration
Extended Telephone Training for Call Center Staff	8 hours

Topic	Duration
For call center staff with direct consumer facing interactions, specialized training on responding and directing to resources	6 hours
Responding to provider inquiries and consumer complaints	4 hours
Responding to claims inquiries—8 hours	8 hours
More intensive systems training	4 hours
Orientation and navigation on claims routing	8 hours
Orientation and navigation training on Member Portal	2 hours
Orientation and navigation training on Provider Portal	2 hours
Service Registration Training	2 hours
Disaster and Emergency Preparation Training	2 hours
Documentation Guidelines and standards	2 hours
Clinical Queue Coverage (Telephone Standards)	2 hours
Mandatory training by Optum Idaho continued on Privacy, Records Retention, Security, Handling Sensitive Data and Electronic Media	5 hours
Mandatory Training by Optum Idaho on Whistle Blowers, Conflicts of Interest, Foreign Corrupt Practices Act	3 hours
Self paced practice sessions and other study (e.g., Practice Navigating Systems, Fraud, Ethics,)	25 hours

Week Four of Initial Training for Clinical Staff

Topic	Duration
Introduction to Evidence-Based Practices, Culturally Adapted Evidence-Based Practices, and Community-Defined Practices	2 hours
Introduction to Clinical Criteria and Guidelines	2 hours
Introduction to Substance abuse level of care guidelines - ASAM PPC-2R	2 hours
Care Coordination Roles and Responsibilities	2 hours
Overview of Developing Comprehensive Care Plans for Consumers including WRAP Plans, Advance Psychiatric Directives	2 hours
Overview of Coordination/collaboration with PCPs and primary care providers	2 hours
Peer Specialists, Family Peer Specialists Roles and Responsibilities	2 hours
Risk screening	6 hours
Self paced practice sessions and other study	12 hours

Ongoing Education and In-service Training

Education and in-service training will be provided to Optum Idaho clinical and non-clinical staff on a regular basis. Some sessions will serve as refresher courses on the Idaho Behavioral Health Plan or updates on new policies and procedures being implemented. Other training will cover principles of recovery and resiliency, emerging treatment modalities for mental health and substance use, Member-centered care, call center policies, procedures and protocols as well as any new requirements or special populations served.

In addition to these periodic opportunities, training and education will provided to individual employees who need it, as identified through supervision and call monitoring activities. Optum Idaho will provide ongoing clinical training and education to all clinical staff through in-service

training programs as well as requiring and reimbursing clinical staff to attend statewide, regional, and local training initiatives for professional development.

> Essential Learning is an on-line library giving providers access to more than 400 classes with up to 800 hours of CEUs available.

Optum Idaho will offer network providers at no charge, the opportunity to participate in continuing education through Essential Learning, a library of over 400 on-line courses with over 800 hours of CEUs for professional staff on behavioral health topics. Offered through an agreement with Essential Learning, the range of courses will support training on best clinical practices and recovery and resiliency. Essential Learning's course offerings are fully accredited by organizations including the American Psychological Association, Association of Social Work Boards, the Association for Addiction Professionals and the National Board of Certified Counselors. Essential Learning is also the official host for courses offered through the United States Psychiatric Rehabilitation Association (USPRA) and the California Association of Social Rehabilitation Agencies (CASRA) and the Center for Psychiatric Rehabilitation at Boston University to provide conference-based courses online.

Optum Idaho also will provide clinicians access to OptumHealth Education, an accredited provider of continuing medical education dedicated to improving care and health outcomes through the education of health care professionals. The OptumHealth Education web site, located at **www.optumhealtheducation.com**, offers over 100 hours of on-demand CME accredited education. It will be available free of charge to Optum Idaho's network providers as well as primary care clinics and practitioners who are serving Idaho Plan Members

b. Utilize a language line translation system for callers whose primary language is not English;

We provide translation through the Language Line, which provides translation capabilities in over 170 languages using interpreters trained in medical and behavioral health terminology. The caller is seamlessly transferred to a translator and the Customer Service Representatives remains on the call through resolution.

We track the usage of the language line to ensure we are providing interpretation services in the languages requested by our Members.

c. Have available, at all times, a Telecommunications Device for the Deaf (TDD) and/or relay systems;

We will provide a toll free Relay Line at all times to handle calls from callers who have hearing impairments. Our Care Managers and other staff will be trained on the use of Relay system. When the Relay Line is used, the TTY operator will conduct a three-way call with the Care Manager, or other staff as appropriate, and the caller.

d. Interact with callers in a courteous, respectful, polite, culturally responsive, and engaging manner;

Our Customer Service Representatives participate in a four-week training course that emphasizes customer-focused best practices. Among the topics covered are:

- Professionalism
- Effective listening
- Techniques for proper tone of voice

- Good reasoning/problem solving skills
- Ability to be organized and focused
- Ability to manage time and stress
- How to appropriately escalate a call
- How to resolve uncommon situations

In addition, all staff participates in cultural competency training to heighten awareness of the impact of cultural differences in seeking care, on cultural features that may be present in various disorders, culture-bound syndromes, and cultural explanations of illness.

e. Respect the caller's privacy during all communications and calls;

All Customer Service Representatives receive in-depth training on the importance of respecting Members' privacy during calls and other forms of communication. A separate training module on HIPAA confidentiality covers topics including an overview of HIPAA compliance, HIPAA individual rights, protected health information (PHI), authentication, and release of information to members, family and minors. Staff also receive instructions regarding safeguarding PHI, such as recording only necessary information in the Member record, close out the case when leaving the desk, not discussing Member information in common areas or outside the building, and precautions with fax and email.

f. Assist callers with issues and concerns regarding service referrals, authorizations, payments, training, or other relevant inquiries, regarding service provision, eligibility or payment; a separate provider services line is also permitted to address provider issues;

Our Customer Service Representatives are trained to respond to calls and provide the following services:

- Triage incoming calls
- Conduct risk screen
- Assist callers with benefit determination
- Assist callers with provider referrals
- Issue outpatient authorizations or notifications based on plan specifics
- Verify claims received
- Provide claim status
- Investigate and research claim issues
- Identify processing errors and initiate the necessary actions to rectify the issues
- Liaison between clients and claim processors

Providers will be instructed to call our toll-free Customer Service line where they will be connected to the appropriate resource to address their needs.

g. Work with callers to provide referrals to obtain eligibility for other supportive services, such as, but not limited to, community organizations. For complex matters, callers should be referred to the Contractor's care management staff;

Our Customer Service Representatives will be trained to assist callers with accessing information contained in our Community Resource Directory and also on how to access the 2-1-1 Idaho CareLine which includes a comprehensive array of community-based services. For more

detailed information, callers may be routed to our Community Liaisons, who will be Optum Idaho's primary point of contact with other human service organizations across the state. For more complex and clinical matters, callers will be referred to an Optum Idaho Care Manager.

h. Facilitate access to information on available service requirements and benefits.

Our Customer Service Representatives will receive comprehensive training on all services and benefits associated with the Idaho Behavioral Health Plan so they are fully prepared to provide accurate, up-to-date information to Members.

J. (E) PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN:

As part of the implementation process, the Contractor shall implement a Provider Network Development and Management Plan for transforming the current service delivery system into a comprehensive system.

1. Submit your Network Development and Management Plan with your proposal. The Network Development and Management Plan shall clearly identify your plan for transforming the current service delivery system into a comprehensive system that:

We recognize that one of IDHW's short-term goals for the Idaho Behavioral Health Plan is to enroll a statewide network of competent providers to deliver services, and over a longer term, transition the existing network to a comprehensive, accessible behavioral system grounded in evidence-based practices. Our attached Network Development and Management Plan, provided in ***Appendix 20***, outlines our process for meeting IDHW's initial goal as well as our longer-term approach to system transformation.

To date, we have talked with many Idahoans who are involved with the behavioral health community—Regional Behavioral Health Board members, consumers, families and providers—to learn their perspectives in regard to today's delivery system, and their ideas of what a comprehensive, effective system should look like. Their ideas, as well as our analysis of utilization data and experience in other behavioral health systems, all helped inform our design.

Our initial efforts will focus on contracting with those providers currently supporting the Fee-for-Service Medicaid program and assessing the quality and appropriateness of the services they are providing. At this moment the network of 480 providers with which we are currently contracting is the foundation of our service delivery system.

The next step will be to more fully assess the gaps in services, working in collaboration with the Regional Behavioral Health Advisory Boards and various committees of our Quality Improvement program. We then will work with the Boards, stakeholders, provider and Member representatives and IDHW to establish short- and longer-term priorities for addressing gaps in service and expanding the service array. Our proposed demonstration programs will be one component of service expansion and implementing telemedicine and/or telepsychiatry in areas were brick and mortar providers are not available will be another.

We will support the Idaho Behavioral Health Plan with a dedicated Idaho team including a Network Director, a Network Associate, three regional Network Managers, and two Community/Agency Liaisons. These staff will have an ongoing role in the continuous review of the network, including both development and management, to ensure that the provider network offers appropriate access. These staff also will interact with providers, the Regional Health Boards and other stakeholders to help transform the current delivery system into a comprehensive, accessible system, fostered in evidence-based practices.

a. Includes qualified service providers and community resources designed and contracted to deliver behavioral health care that is strength-based, family-focused as appropriate, community based, and culturally competent.

Optum's intent is to recruit both individual providers and agencies so that families and Members will have access to resources in or near their community with which they already are familiar. .

Our goal is to improve the network over time by increasing access, increasing the appropriateness of services and avoiding abrupt transitions or disruption in care for those Members receiving services.

We recognize that an effective public behavioral health network requires a strong partnership and collaborative efforts between the behavioral health provider community and the managed care entity. As part of our planning for the Idaho Behavioral Health Plan, we have canvassed the state, outreaching to providers and other stakeholders. During the past two months, two members of our network development team also have been on the ground in Idaho, actively recruiting providers to sign letters of intent so that our provider network will be ready to go if we are selected as the Contractor for the Idaho Behavioral Health Plan.

Through all these processes, we are building a network that incorporates a family- and strength-based focus, along with a respect for Idaho's unique cultural profile. We will contract with qualified individual practitioners, mental health clinics, rehabilitative services providers and substance abuse treatment programs and we also will expand our database of community resources so that it incorporates information about services available in individual Idaho communities to help families and Members receiving care through the Idaho Behavioral Health Plan.

> Staff from our network team have been on the ground in Idaho recruiting providers to join the network we are establishing to serve Members of the Idaho Behavioral Health Plan.

Building on a Well-Established Network

As the nation's largest behavioral health company, Optum already has an established presence in Idaho where we serve more than 70,000 Idahoans through employer-sponsored plans and Medicare Advantage plans. Our contracted network in Idaho is comprised of 480 Providers statewide (42 prescribing psychiatrists, 58 licensed psychologists, 353 licensed master's-level counselors and 27 psychiatric nurse practitioners with prescriptive authority). We recognize that all health systems are local and personal – particularly to the person receiving services. In that regard, we are expanding our established system with 23 group contracts with mental health, rehabilitative services and substance abuse providers that specialize in serving Medicaid participants. These groups are currently providing services in Ada, Bannock, Bonner, Bonneville, Canyon, Custer, Idaho Falls, Jefferson, Nez Perce, Payette and Power counties. We are actively engaged in contracting with another 40 agencies throughout the state to ensure that Members have optimal accessibility to treatment.

In addition we have executed 22 Letters of Intent with mental health clinics that are currently providing services to the Idaho Medicaid population in the counties of Ada, Bannock, Bingham, Bonneville, Canyon, Clearwater, Idaho Falls, Kootenai, Latah, Nez Perce, Twin Falls, Valley and Washington. We are committed to executing full contracts with these agencies to allow for continued coverage and affordable care to Members, should Optum be awarded the contract for the Idaho Behavioral Health Plan.

Expanding our Community Resource Database

Because of our current Idaho membership, we also already have an Idaho-specific community resource database in place. We are reviewing our Directory's listings and will expand it to include a wider array of services and supports, geared to the needs of Members with both economic and behavioral health to include:

- State/local safety net/non-Medicaid providers
- National Alliance on Mental Illness (NAMI)
- Alcoholics Anonymous
- Area Agencies on Aging
- Self-Reliance Office
- Faith-based providers such as Sanctuary in Boise, Catholic charities and LDS social services
- Health districts
- Community action agencies
- Homeless shelters
- Boys and Girls Clubs
- Salvation Army
- YMCA
- Self-help/support groups
- Food banks
- Domestic violence counseling resources and shelters
- Tribal Councils
- National Guard
- Veterans Administration

Our regional staff, as well as those located in Boise, will continue to add to our information base so we can help Members and our network providers identify services that may be key in helping Members and families achieve and retain recovery and resiliency. We also will enlist the assistance of our network providers who are already very familiar with their local community resources and how to access them.

> The 2-1-1 Idaho Care Line will augment the information in our Community Resource Directory. Community supports can make a critical difference in helping Members on their recovery journey.

In addition, we will leverage the vast and varied information available through the 2-1-1 Idaho Care Line which helps Idahoans find help through a comprehensive array of government, faith-based and community resources. Through the Care Line, Members will have access to services such as Rental Assistance, Energy Assistance, Medical Assistance, Food and Clothing, Child Care Resources, Emergency Shelter, and more Especially when Members are in a time of transition or crisis, the kinds of support offered by these resources can be critical in avoiding hospitalization.

We will make our directory available through the Optum Idaho website for our clinical staff, providers and members. With IDHW's permission, we also will provide a link on our directory website to the 2-1-1 Care Line at **http://www.211.idaho.gov/.** If awarded the contract, we would like to discuss other opportunities to leverage resources between our database resources, our proposed Member Access and Crisis Line and the State's 2-1-1 Care Line.

Person-Centered Planning: Strengths-Based, Family-Focused, Culturally Competent

Optum's clinical policies and procedures are—and will continue to be—consistent with the principles of recovery and resiliency. Ensuring that services are strengths-based, family-focused, community-based, and culturally competent is inherent in the concepts of recovery and resiliency. The same values and characteristics also are integral to individualized person-centered planning, which will be Members' most basic entitlement and providers' most basic responsibility under Optum Idaho.

Whether the Member is an adult capable of leading his or her own treatment planning process or a child who depends on a parent or guardian, Optum Idaho policies will require that comprehensive individualized person-centered treatment plans be developed in meetings led by the Member/families or other Member representatives, along with representatives of every delivery system serving the Member, so long as the Member/family chooses to include them in the treatment planning process.

When the Member—or family member—leads and/or participates fully in a person-centered treatment planning process, that participation is the most effective way to ensure that the plan builds on the Member's strengths and/or is focused on the family, and is sensitive to the Member's or family's culture and beliefs. However, person-centered planning is not always easy for Members and their families or for providers, so Optum Idaho will implement a number of strategies to enable better compliance with the policies we establish.

Providers are critical to the delivery of person-centered treatment planning. Optum Idaho will support providers through the transition into a managed care environment and help shore up person-centered treatment planning where needed. This will include not only orientation and training, but also one-on-one coaching where necessary.

Our Peer Support Specialist and Family Support Specialist also will be important change agents within our network to help us transform symptom-based care to strength based delivery. They will work with Members, families and providers, offering the training and support necessary to ensure that Members and family members are empowered to advocate for themselves and exercise their rights and responsibilities. An independent study by Yale University showed that an intensity of peer support reduced inpatient re-hospitalization from 46 to 78 percent. In our New York plan, we successfully reduced both the seven and 30-day behavioral health readmissions rates using a combination of individualized person-centered treatment planning and peer support.

Focusing on Families

We recognize that preserving the strength of families is at heart of most public sector delivery systems including Idaho's, and our programs focus as directly on resiliency in families as on recovery in individuals. Building an individualized, comprehensive treatment plan that effectively integrates all the challenges a child and family face with all the services they are receiving is critical.

Given the high proportion of service dollars that are spent on the provision of psychosocial

As we recruit staff, Optum Idaho will put a priority on hiring clinicians—from the CMO to Care Managers—who are trained and experienced in working with children and adolescents so consultation will be available to PSR providers and others who are serving youth and families.

rehabilitation (PSR) services to children in Idaho today, person-centered treatment planning and an emphasis on resiliency will be even more important. As the Contractor for the Idaho Behavioral Health Plan, it will be Optum Idaho's responsibility to avoid using any of the Plan's resources on ineffective or inappropriate services. This means that the person-centered plan must become one of the major ways in which the team document the way in which PSR is being used to build the strengths of the child or adolescent to help the child or adolescent continue to live with his or her family, go to school, and participate in community activities.

At a minimum, all providers serving children and adolescents, including those offering PSR, will be required to:

- Assess the quality of the child or adolescent's current family situation or living environment
- Evaluate the presence and extent of psychiatric symptomatology based on our child and adolescent *Level of Care Guidelines*
- Complete the CAFAS or PECAFAS as appropriate and report the scores as part of the service authorization request
- Develop a treatment plan that includes and coordinates behavioral health services with all other services being provided to the child/adolescent and the family and includes ways to measure attainment of goals set for the child/adolescent

To further ensure that PSR for children and adolescents is being used in a way that builds on the Member's strengths, family life and culture, Optum Idaho will put an emphasis on hiring clinicians—from the Chief Medical Officer to Care Managers—who have training and experience in working with children, adolescents and families. This will ensure that consultation is available, especially if some providers of PSR or other services to children/adolescents are found to be in need of additional clinical oversight or management.

Cultural Competency in the Network

Cultural competency is an Optum core value. Optum Idaho's network team will perform continuous monitoring to ensure we offer a culturally competent network. Members who are in treatment generally appreciate a provider's understanding of their cultural needs—whether gender, language, ethnic origin, religion or sexual orientation— and this understanding can be crucial in some cases to achieve an effective therapeutic relationship.

To assist in making referrals that are appropriate to a Member's needs, we include specialty codes in our provider database in regard to ethnic/cultural competencies. This information will be available online to Optum Idaho Care Managers so that they will be able to match Members with providers who meet their individual requirements. Members also will be able to search the Optum Idaho website for providers who have qualifications or skills important to them.

Across the contract period, Optum Idaho will continue to recruit bilingual and bicultural providers to serve the diverse populations throughout the State, as well as to specifically identify the cultural needs of subpopulations throughout the State. Special attention will be given to recruiting and contracting with providers who already offer culturally competent services, or who already serve adults and children with special healthcare needs. Our current Idaho network includes 27 providers with bilingual capabilities in several languages including Spanish, Hindi, Punjabi, Urdu, German, French, Italian, Russian and Portuguese. We also hold contracts with 18 providers who have voluntarily identified their non-Caucasian

One of the most effective ways to build cultural competency is to recruit providers who come from ethnic communities. Optum Idaho will support workforce development efforts in Idaho to bring more multi-cultural providers to the behavioral health community

ethnicities, including Hispanic, African-American, Korean, Asian, Lithuanian and Israeli.

Optum Idaho staff will deliver training to providers regarding cultural competency requirements and discuss how to prevent linguistic and cultural barriers from impacting a member's access to participation in the Plan. We will leverage electronic training methods whenever possible, such as WebEx presentations, conference calls, video conferencing and Internet-based courses. We recognize that culturally relevant services extend beyond Member preferences related to language and ethnicity. Therefore, our network training program emphasizes:

- The importance of cultural awareness
- Sensitivity to cultural diversity including ethnicity, language, lifestyle, age, sexual preference and socio-economic status
- Adaption of services to meet the specific cultural needs of members
- How to access non-traditional services.

Finally, as part of our overall Quality Improvement Program, Optum Idaho will establish a Cultural Competency Committee. This committee will be tasked to make recommendations for incorporating standards of practice and outcomes related to cultural competence in all aspects of our program, including training. The Committee will also review access to service, monitoring data, and member feedback to identify trends and make recommendations for quality improvement initiatives related to culturally competent services, including training. In addition, they will review the SAMHSA report on Cultural Competence Standards in Managed Care Mental Health Services (and subsequent updates) and recommend which standards should be adopted by Optum Idaho.

Cultural Competency in New Mexico

An example of how we have met Members' needs has been demonstrated in our New Mexico plan. Members with hearing impairment are sometimes underserved by the behavioral health system. In Las Cruces, NM, we have piloted a program supporting members who are deaf or hearing impaired by providing video relay technology allowing them to communicate through video telephones with hearing people in real-time, via an American Sign Language (ASL) interpreter.

In New Mexico, we also established a Native American team that works with local community providers to facilitate health services that are culturally responsive and holistic ─ and which promote respect for traditional Native American mind/body/spiritual healing. Our team outreaches to urban, pueblo and tribal communities to in order to incorporate the perspective of all communities and in order to obtain offer serves that are culturally appropriate. Our Native American team includes members of federally recognized tribes in the New Mexico, and understands the needs of Native Americans living on and off reservations. The team speaks a diverse range of Native American languages.

b. Is of sufficient size and scope to offer Members a choice of providers for all covered behavioral health services.

Optum is already in basic compliance with IDHW's requirements to contract with a network of sufficient size and scope that offers Members a choice of qualified providers for all behavioral health services covered through the Idaho Behavioral Health Plan.

We already have a network in place that serves our Medicare Advantage and employer membership, and for the past several months, we have been recruiting all providers who provide Medicaid-funded mental health and substance abuse service. If selected as Contractor for the Idaho Behavioral Health Plan, we will offer Idaho Plan amendments to our current network providers and complete the credentialing process with newly recruited practitioners and agencies. In our outreach to the provider community, we are focusing in particular on the rural areas of the state to ensure optimal access to care for all members, regardless of where they live.

Recent GeoAccess reports show that our existing network meets or exceeds urban and suburban accessibility standards of providing urban Members with access to at least one provider within 10 miles and providing suburban Members at least one provider within 20 miles. We are prepared to serve the Idaho Medicaid population with providers located within 30 miles or within 30 minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties. Our continued attention on network development in the underserved areas will allow for accessibility in rural areas to be achievable within 45 miles or within 45 minutes in all other counties.

> When significant gaps in services are identified, we will work with current providers to determine their ability and interest to open an office in an under-served area. We also will look at telemedicine and telepsychiatry as potential ways to extend access.

When underserved areas are identified, such as in the State's rural and frontier areas, we will consider the viability of telemedicine and telepsychiatry as one way to extend access. Optum has successfully used both telemedicine and our telepsychiatry program in other rural and frontier areas where we deliver public behavioral health, such as in New Mexico and Mississippi. In addition, when we identify a significant gap in care, we may issue RFPs and/or work with current Idaho network providers to determine their interest and ability to open new offices in underserved areas.

Expanding Access in New Mexico and Mississippi

In New Mexico, a state with vast rural and frontier areas similar to Idaho's, we established 48 active telepsychiatry sites statewide and in 35 cities to deliver behavioral health services. New Mexico members embraced telepsychiatry, demonstrated by the fact that:

- Telepsychiatry services increased by 111 percent in rural New Mexico counties since Optum began performing as the statewide behavioral health entity in July 2009.
- More than 10,700 telepsychiatry services were provided in New Mexico from July 2009 - July 2011
- More than 88 percent of New Mexico telepsychiatry consumers feel positive about the services they have received through telepsychiatry

In Mississippi, we launched telepsychiatry within a school setting to increase access in rural communities. The need for this type of clinic in Sunflower County, Mississippi was driven by the distance to the nearest behavioral health prescriber - over a 45-mile drive for families. In cooperation with the school system, we were able to implement telepsychiatry capacity in a secure, private area within a middle school that offered timely access to child/adolescent psychiatric services. A video showcasing this clinic is included in ***Appendix 14***.

c. Ensures behavioral health services are uniformly available throughout the state incorporating recognized evidence-based practices, best practices, and culturally

competent services that promote recovery and resiliency through nationally recognized integrated service models.

Optum has already completed GeoAccess studies as an initial step in assessing the uniform availability of services across Idaho. Ensuring that providers incorporate evidence-based practices, best practices and culturally competent, recovery/resiliency-focused treatment will be an ongoing focus and priority across the contract period. In fact, it is the essence of our goal to ensure that Idaho's Medicaid behavioral health care delivery services are accountable, cost-effective, outcome-driven, and recovery-centered.

Therefore, Optum's philosophy of network development fully supports all the values included in this question. The Optum Idaho Network team will coordinate efforts that will involve our Idaho-based clinical and quality improvement staff as well as an array of corporate resources in helping the provider network serving Members of the Idaho Behavioral Health Plan come into alignment with each of the requirements.

As our Provider Network Development and Management Plan indicates, creating lasting change in a delivery system is an incremental process. In Idaho, it will involve a number of strategies initiated and supported by the staff of Optum Idaho with the active involvement of providers, advocates, representatives of allied delivery systems, consumers, family members and other interested stakeholders. Participation of IDHW also will be critical, both to show the Department's support of the overall transformation process and also because Department staff play a significant role in providing services across the state.

Our approach, which is outlined in detail in other sections as well, will include the strategies discussed in the following paragraphs.

Uniformly Available Services

The Optum Idaho Network team, with ongoing support from corporate network development and contracting staff, will continue to recruit providers who are qualified and willing to serve Members of the Idaho Behavioral Health Plan. A primary goal for network recruitment efforts is focused on the rural and frontier areas of Idaho where a full array of services are not as easily accessible as they are in more urban areas of the state. Our Regional Network Managers will support planning efforts of the Regional Behavioral Health Advisory Boards, especially by providing region specific data that will help identify gaps in service. The Network team will partner with the Optum Idaho QI team to continuously monitor utilization data reflecting Members' access to services, complaints and grievances about service availability, and feedback from Boards and other sources that might point to issues with service availability.

If an access issue should be confirmed, the Network Managers would work with the Regional Boards to plan for and/or implement ways to improve access. Inter-related strategies to address a potential gap in services are:

- Work with existing providers to determine their willingness and ability to open an additional office in an under-served community or area;
- Conduct an open procurement to encourage providers to bring services to the under-served area;

- Work with an area FQHC or behavioral health provider to consider whether telemedicine or telepsychiatry would be a feasible way in which to expand the availability of behavioral health care.

Feedback from Providers Regarding ALERT

"I have found the Wellness Surveys to be an invaluable tool in my practice. It allows my clients to clearly see the progress-or lack of progress- they are making. And, when they have made gains, it allows me to ask what they have done to achieve such progress. I phrase the questions so that they take full ownership of the progress. Clients sometimes bask in the positive feedback. I have had defiant teenagers ASK to retake the survey. The instrument is so important that I use it for all my clients, UBH [Optum] or not. Obviously, it makes the subjective much more definable and concrete."

- Mark Loeser, Licensed Professional Counselor from AZ

'I appreciate your efforts to help therapists be more effective.'
- anonymous feedback on ALERTt online survey

Evidence-Based Practices, Best Practices, National Models

Training is a key component of every change process. Optum Idaho will have a staff member responsible for planning and coordinating training efforts to ensure that the programs offered reflect priorities and interests of those who are part of the Idaho Behavioral Health Plan—especially providers and Members.

Based on our experience with other public sector programs, as well as discussions with both providers and consumers across Idaho, we believe that training on evidence-based practices will be in significant demand. Although integrated service models incorporate different kinds of treatment, in Idaho the integration of medical and behavioral healthcare is a priority because of the scarcity of psychiatrists, which places responsibility for management of psychotropics on PCPs in many communities. Evidence-based and best practices in medical/behavioral coordination will be important to ensure the best outcomes for Members.

Although we will offer training in many venues, because of the size of Idaho, we will emphasize the use of electronic communications, such as web-ex presentations, conference calls and on-line training, which will be available through the Optum Idaho website. Our on-line training options, Essential Learning and Optum Education, offer CEUs free of charge to licensed behavioral health and medical professionals. Both sites have significant material on evidence-based and best practices, and both also have coursework on medical/behavioral integration.

Culturally Competent Services/ Recovery and Resiliency

Both cultural competency and the principles of recovery and resiliency will be critical components of Optum Idaho's internal policies and provider network requirements. Our training program, our network contracts, Members Rights and Responsibilities, our clinical guidelines—all will be based in our determination to ensure that services respect Members' ethnicity and beliefs and also help Members move toward independence, mental and physical well-being with a spirit of hope and confidence. Complying with these philosophies will be a requirement of our network providers and our own staff. Monitoring compliance in these areas will be an integral part of every supervisory, network management and quality improvement effort we undertake.

ALERT: Values in Action

The values reflected in this question also will be an inherent part of Optum Idaho's approach to utilization management, care management and quality improvement—all of which directly

impact the services of the provider network. Evidence-based practices, best practices, and culturally competent services that promote recovery and resiliency are the basis of our nationally recognized integrated service models.

Our ALERT outpatient management program is based on evidence-based treatment and scientifically validated approaches to care advocacy that reach beyond traditional care management to support those who have the highest clinical risk and require the most intensive behavioral health services. ALERT will use the results of a member self-assessment (the Idaho Standardized Assessment) to provide decision support for the authorization of outpatient services and care management through:

- Risk stratification of individual Members
- Identification of Members who are not progressing in treatment
- Measuring and reporting clinical outcomes for the Idaho Behavioral Health Plan.
- Identifying providers for outreach based their effectiveness and efficiency

This individualized approach to Members who have the highest need is the most effective way to ensure that services are effective and meeting Members' needs.

Appendix 4 provides an overview of ALERT, the Idaho Standardized Assessment and ALERT Online.

d. Increases access to family and community-based services and reduces reliance on higher cost services.

As we reviewed the data provided by IDHW in response to questions submitted by bidders, we gained an even clearer understanding of the importance of increasing Members' access to family and community-based services. Although the Idaho fee-for-service Medicaid program includes an array of typical outpatient services, the data shows that three services—individual skill training, individual medical psychotherapy and community reintegration—account for about 80% of services reimbursed for children and adolescents. Individual skill training and case management are the services most frequently provided to adults.

Although Optum clinicians have not had the opportunity to review clinical records or talk in depth with providers about the rationale behind the services they are providing, this service utilization profile differs significantly from those we have seen in other state Medicaid programs. We also have seen no analyses that would demonstrate the effect that the provision of psychosocial rehabilitation in Idaho has had on inpatient and residential treatment, both of which are higher cost services.

Our review of utilization data indicates that only a few of the outpatient services covered by the Idaho Medicaid program are being provided today. It is our goal to expand the array of services that Members are being provided to ensure that their treatment is both appropriate and effective.

Nevertheless, the basic assumption behind our proposed design for the Idaho Behavioral Health Plan is that Members will benefit from a wider array of outpatient treatment services and that additional treatment modalities will both (a) decrease the length of time that some Members remain in treatment and (b) decrease the rates at which Members are readmitted to inpatient, and potentially other out-of-home placements as well.

Like other parts of our network development strategy, our approach is incremental and includes:

- Ensuring that all services are medically necessary, appropriate to meet the needs of the Members to whom it is provided, and complies with national standards and our criteria; our first priority will be to review those services provided most frequently
- Providing Peer Support and Family Support, both of which are recovery/resiliency-oriented services that will be provided by trained and certified peer specialists
- Offering increased support for Members who are being discharged from 24-hour settings to decrease the possibility of readmission; in addition to peer support, this will include Community Transition Support which will offer in-home assistance for Members at high risk of recidivism
- Working with providers to identify and eliminate barriers to the provision of group treatment, ranging from PSR to therapy for families
- Leveraging community-based resources, such as those that can be accessed through 2-1-1 IdahoCares. These services will help Members and families maximize the benefit of treatment services provided through the Idaho Behavioral Health Plan by helping ensure a safe and stable living environment, food, clothing, education, and other necessities of community living

Through our quality improvement program, we will monitor the utilization profile of services on a monthly basis and also monitor the individual utilization patterns of select providers. Aggregated information will be shared with Regional Behavioral Health Advisory Boards to assist in their own assessment and priority-setting processes. We also will conduct procurements for demonstration programs in various regions or communities to provide an opportunity to evaluate the impact of those best practices or new approaches to service. We will work closely with our IDHW Contract Monitor to watch the impact of all these combined strategies, making adjustments as necessary to increase Members' access to a wider array of outpatient services, family and community-based services while decreasing utilization of more restrictive, higher cost services.

e. Includes the needs of all Members identified in the scope of the PAHP and includes the following:

i. A fully operational network of psychiatric crisis response providers available twenty four (24) hours per day, seven (7) days per week, 365 days per year, prior to completion of the Readiness Review.

Today there are a number of crisis responders in Idaho. Some work for providers that offer psychosocial rehabilitation and some are employees of the Division of Behavioral Health. Some—such as local law enforcement officers—work for a city or a county. Many work in hospital emergency departments and/or are part of community emergency response teams.

Optum Idaho will establish the Member Access and Crisis Line to ensure that Members have access 24 hours a day, 365 days a year to a behavioral health clinician trained in crisis counseling

Optum Idaho will require all network providers to provide for emergency assistance after-hours and on weekends and holidays, which will increase the number of responders available across the state. However, today there is no coordinated statewide crisis response system for Medicaid participants.

Many first responders, who are often not mental health or substance abuse professionals, do not feel competent to assess the right kind of service for a person who is in crisis, much less to intervene in the crisis in an effort to help the individual de-escalate. Because behavioral health crisis stabilization facilities are not readily available in most areas, emergency rooms have become the main resource for people who are considered to be in crisis. One hospital administrator in Boise told us that more than half the individuals brought to the emergency room for psychiatric reasons do not meet the criteria for emergent care.

Therefore when the Idaho Behavioral Health Plan goes live, Optum Idaho will initiate the Member Access and Crisis Line to provide, among other services, telephonic crisis triage and intervention for our Members. The Member Access and Crisis Line will be answered by trained, master's level licensed clinicians who will provide telephone triage and crisis intervention, coordination with public mental health and substance abuse systems and immediate phone support to individuals and families in crisis. The clinicians also will function as a central access point for Members, providing referral information and responding to any other questions a Member may have about the Idaho Plan for Behavioral Health or community-based resources.

The goals of the Access and Crisis Line will be to:

- Provide crisis intervention via phone
- Coordinate access to urgent and emergent resources
- Help reduce wait times for those seeking services
- Connect Members with the right resources at the right time
- Build capacity to best manage future growth
- Develop data to better understand the mental health and substance abuse needs of Idahoans that will support planning efforts of IDHW, Regional Behavioral Health Advisory Boards, the State Planning Council on Mental Health and other public boards and organizations.

During implementation, we will work with the Suicide Hotline and IDHW's current crisis response system to coordinate their services and those offered by the Member Access and Crisis Line.

To operate the Member Access and Crisis Line, Optum Idaho will contract with ProtoCall, an organization recognized across the country for its skill helping ensure 24/7 access to behavioral health care. In the past 10 years, ProtoCall has responded to nearly 4 million phone calls and conducted nearly 1.5 million clinical assessments. ProtoCall is certified by the American Association of Suicidology, (the first privately-held provider to achieve this recognition) and by CARF. ProtoCall supports Optum's operations in Pierce County, WA and in Salt Lake City, Utah and our current New Mexico operations and also is being included in other Optum proposals currently under development.

Coordination with the Other Crisis Services

As we considered including the Member Crisis and Access Line as part of the Idaho Behavioral Health Plan, we talked with a representative of the Idaho Council on Suicide Prevention about ways in which the service sponsored by Optum Idaho could complement—but not duplicate—the services that will be offered through the Mountain States Group, which will operate the Suicide Hotline. We discussed some potential interfaces and agreed that, should Optum be selected as the Contractor for the Idaho Behavioral Health Plan, we would work with the IDHW Contract Manager and Council members to fine-tune protocols for collaboration between the two

services. We also will work with IDHW to ensure coordination with the crisis response system currently provided through the Department.

> **ii. Within nine (9) months after the date of the implementation of services the Contractor shall conduct a statewide needs assessment to identify and quantify gaps in the array of State Plan services and in the network provider types, describe the challenges presented by such gaps, and then design an innovative solution for addressing the unmet service needs that is not limited to the agency/clinical model of service delivery. This solution shall be submitted by the Contractor to the IDHW within twelve (12) months after the implementation of services.**

Within nine months after the date of the implementation of services Optum Idaho Regional Network Managers will conduct a statewide needs assessment to identify and quantify gaps in the array of State Plan services and in the network provider types. They will work with Regional Behavioral Health Advisory Boards and other regional stakeholders to describe the challenges presented by gaps in their local area, and then prioritize solutions for addressing the unmet service needs. Solutions will not be limited to the agency/clinical model of service delivery. Optum Idaho's Network team will combine the seven regional plans, provide an overview from a statewide perspective, and submit the assessment to the IDHW within twelve months after the implementation of services.

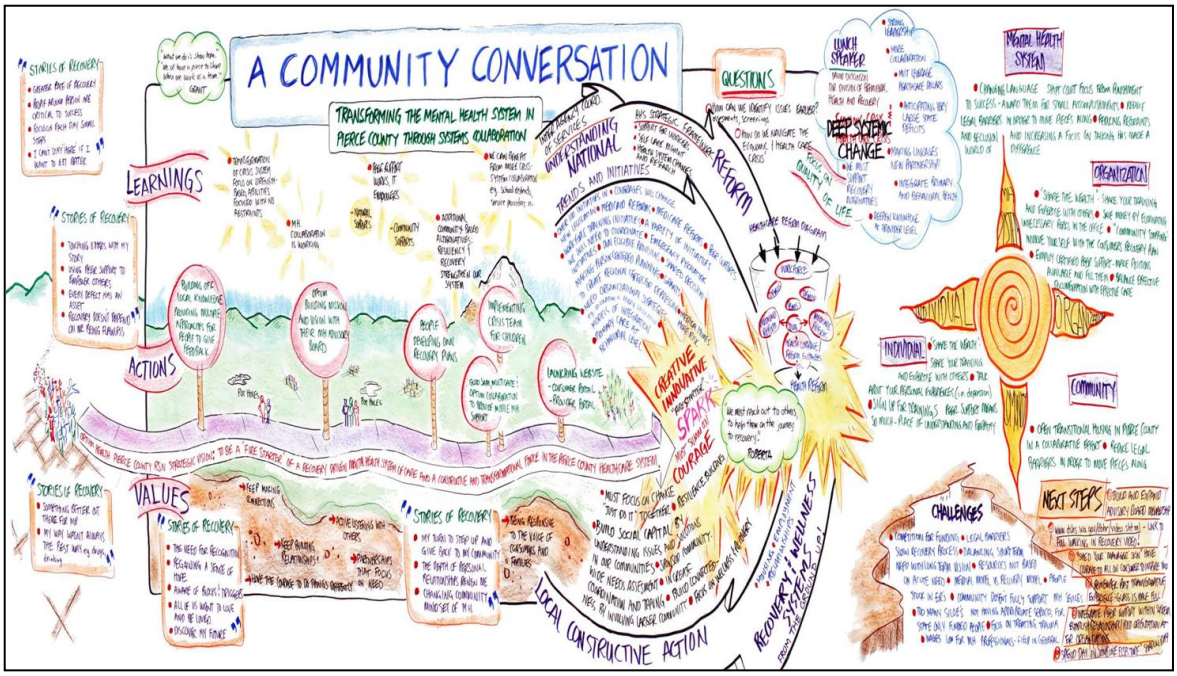
This approach to assessing gaps in services and working with local stakeholders to identify and prioritize strategies for addressing those gaps is Optum Idaho's preferred approach to expanding the array of services in a behavioral health delivery system. In response to Question B.2.a., we described more fully the impact that a similar process has had in Pierce, County, and Washington where Optum began managing the mental health delivery system in 2009.

Planning for Change with a Local Delivery System

Optum took over management of the Pierce County Regional Support Network (RSN), after being awarded the contract by the Washington Department of Social and Health Services (DSHS), Mental Health Division. This program is at risk for the inpatient and outpatient mental health services and for a number of state and local funding sources in addition to Medicaid.

Even before the contract went live, Optum Pierce County staff began a series of community conversations to identify the community's mental health system needs and priorities. The goal was to transform the delivery system to a recovery-based model through "an unbiased and transparent approach to guiding system change incorporating the vision, mission and priorities of the Pierce County mental healthcare community and other community stakeholders."[4]

[4] 2010 Year in Review in Pierce County, WA



Pierce County Community Conversation White Board

A series of initiatives have come from the ongoing community-based planning process that began in 2009, including:

- A redesign of the crisis system which included the implementation of an array of new services and supports
- Comprehensive training on the principles of recovery and resiliency for staff of Optum Pierce, providers, consumers, family Members, staff of the county and other human service agencies and implementation of an array of consumer-centered services and supports
- Development of a housing plan and employment plan for the community in addition to ongoing plans for the evolution of the mental health delivery system
- A mobile integrated health care clinic operated in collaboration with a local hospital system that travels to locations in which people with mental illness gather and offers a variety of primary healthcare services

The impact of the community involvement in system change efforts is obvious in the summary of utilization statistics below that show how the delivery system has changed because of community-based planning initiatives:

	Prior Year FY 2009	OptumHealth FY 2010	OptumHealth FY 2011
Individuals Served • 26.52% increase in individuals served annually	12,121	15,262	15,410
Reductions in Hospitalization • 35.6% reduction in hospitalizations • $2.7 million est. 2 year savings	123 monthly	99 monthly	79.25 monthly
Involuntary Treatment Act (ITA) Reduction • 33.3% reduction in ITA • $2.1 million est. 2 year savings	83.6 monthly	56.8 monthly	55.8 monthly
Re-admission Rate / 30 days • 27.5% reduction in re-admission rate • $332,817 est. 2 year savings	12.6%	8.6%	10.75%
Inpatient Bed Days / 1,000 • 36.8% below state average • $8.7 million est. 2 year savings	19.60	12.13	12.37

f. Ensures there are a sufficient number of accessible qualified interpreters. Sufficiency shall be defined as baseline accessibility compared to changes in accessibility, Member complaints and quality assurance processes.

Providers will hold the contracts for interpreter services and will bill Medicaid directly for these services. Optum Idaho will review the availability of these services during our network sufficiency analyses. We will confirm that providers either have developed or are maintaining their existing relationships with qualified interpreters.

As the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will maintain a list of interpreters as one of the resources available through our community resources database. We will also cross-verify and update our list with any other listing of interpreters that may be available through other state resources, such as through 2-1-1 Idaho CareLine.

2. Describe your plan for providing and maintaining a database that contains real-time information identifying, according to ZIP code and by provider type, office hours, contracted capacity and out-of-region or out-of-network service alternatives. The IDHW shall have access to this database.

We will develop and provide our IDHW Contract Manager and other approved IDHW staff with access to a database that contains real-time information identifying, according to ZIP code and by provider type, office hours, contracted capacity and out-of-region or out-of-network service alternatives. Because providers change office hours frequently, we do not track "pure" office hours, such as 10 to 5, Monday through Friday. We do maintain information indicating whether an office has weekend or can accommodate members for routine appointments using later hours. Out-of-network or out-of-region services are also not routinely captured in our provider database since these agreements are managed through network accommodations and single case agreements.

Network providers will be able to update their own demographic and administrative information on-line to ensure that the information Optum Idaho uses for referrals is accurate.

Optum Idaho will enable providers to update their information independently by providing them with access to our extensive, secure transactional capabilities through the Optum Idaho website,

which will enable them to report demographic or administrative changes. These transactional capabilities save providers time and administrative costs by eliminating the need to call us or conduct paper-based exchanges, freeing them to focus on providing Member services. System updates occur nightly and are available within 1-2 business days.

Through this interactive system, administrative changes (e.g., address changes) are automatically routed to our clinical network data management team for uploading, so our service staff always has online access to the most up-to-date information. Our on-line directory is searchable (e.g., by zip code, city, provider specialty type, languages spoken, ethnicity, gender, areas of expertise and other key member preferences (e.g., available on weekend or evening hours, accessible to public transportation, TDD capability). The on-line directory is available in the public domain, and will be readily accessible by IDHW.

3. Describe your plan, including timelines, for soliciting input from the members of the provider network regarding their satisfaction with participating in the Contractor's network.

Optum Idaho will conduct an annual provider satisfaction survey of network providers that administered services during the previous calendar year. Typically we schedule the survey for the third quarter of each calendar year, and results are compiled by the fourth quarter, but we can adjust the timeframe at the request of IDHW.

We will administer the satisfaction using a representative, random sample through an online or telephonic approach. We will work with our IDHW Contract Manager to add questions to our standard provider survey specific to Optum Idaho providers.

Our typical survey assesses provider satisfaction across the following dimensions:

- Intake
- Care advocacy
- Authorization process
- Behavioral network services
- Claims processing and customer service

Also, we will gather both subjective (opinions expressed by providers in QI committees, in-service training or other meetings) and objective data (utilization trends, complaints and grievances) and analyze it as it becomes available through monthly committee meeting to better understand provider satisfaction.

During implementation and on an ongoing basis, we will provide continuous hands-on, informal technical assistance to providers through our regional staff as we respond to questions and requests. We will collect and review all feedback and data regarding priority issues to adapt our first-year technical assistance plans and training curriculum.

K. (E) PROVIDER NETWORK:

The Contractor shall implement and maintain a network of providers to deliver behavioral health treatment, rehabilitation, and support services, while optimizing the use of natural and informal supports that meet the needs of Members. The Contractor's network of providers shall assure the health, safety, and appropriate treatment of Members.

The providers that Optum is recruiting to serve Members of the Idaho Behavioral Health Plan are the foundation of the improved delivery system that IDHW and its stakeholders want to create in Idaho. Shoring up that foundation will be one of Optum's first priorities as the Contractor for the Idaho Behavioral Health Plan because using any of the Plan's resources on ineffective or inappropriate services will limit our ability to accomplish IDHW's goals. As part of the process, we will encourage Members and providers to take advantage of natural and informal supports because they are an integral part of an individual's recovery journey and a family's resiliency.

Optum has reviewed Section K and will comply with all requirements contained in the section. . Our policies, procedures and guidelines, which are included in our Provider Manual, along with our quality monitoring programs assure the health, safety and appropriate treatment of members.

1. The Contractor shall design the network to deliver culturally and linguistically (including the Member's prevalent language(s) and sign language) appropriate services in home and community-based settings and assist Members to achieve their recovery goals or treatment plans.

The entire benefit package offered to Members through the Idaho Behavioral Health Plan will be community-based, and we will encourage network providers to offer more of the covered services in Members' homes, schools and other out-of-office settings. For example, one of the new covered services that Optum Idaho will offer is Community Transition Support, which will be initiated by a network provider at the request of an Optum Idaho Intensive Care Manager and will provide in-home support by a case manager or therapist as well as peer support by a certified Peer Support Specialist.

> An individualized, person-centered approach to treatment will be required not only to ensure the cultural appropriateness of services being provided, but also to help demonstrate their appropriateness and medical necessity

Cultural competency is one of our core values and one of our goals is to develop an in-depth understanding of Idaho Behavioral Health Plan Members so we are increasingly able to provide services that meet their needs, whether those be for a translator, for a culturally specific kind of provider or for in-home services for those who are homebound. Optum Idaho's network team will provide training and continuous monitoring to respond to special service needs— whether gender, language, ethnic origin, religion or sexual orientation— and this understanding can be crucial in some cases to achieve an effective therapeutic relationship.

We include specialty codes in our provider database in regard to ethnic/cultural competencies. This information will be available online to Optum Idaho Care Managers so they will be able to match Members with providers who meet their individual requirements. Members also will be able to search on the Optum Idaho website for providers who have qualifications or skills important to them.

In Idaho, we will continue to recruit for bilingual and bicultural providers to serve the diverse populations throughout the State. While we have identified 27 providers with bi-lingual

capabilities, our goal is to increase not only the number, but the cultural competency in the manner which providers address Member needs. We also will work in partnership with IDHW to ensure that all subpopulations in the State, including Hispanic and Native American populations, understand how to access all services covered under the Idaho Behavioral Health Plan.

As noted in an earlier response, we consider individualized, person-centered planning as one of the key steps in ensuring that services are appropriate for the Member's needs—cultural, ethnic, and personal as well as behavioral health. Our network policies and procedures, as well as our chart audits, will reinforce the importance of individualized, person-centered planning in service authorization as well as in Members' recovery journeys and families' resiliency.

To further ensure that care is culturally competent, Optum Idaho will refine our Idaho-specific Cultural Competency Plan. Our QI team will implement monitoring to ensure that Members and their families, including individuals with needs based on their ethnicity, disability, preferences or beliefs, receive appropriate care. We also will require that our own staff and the clinicians who serve Members of the Idaho Behavioral Health Plan complete training in cultural competency each year.

2. The Contractor shall enter into written subcontracts with qualified service providers to deliver covered behavioral health services to Members. See Attachment 5 – Network Provider Subcontracts for minimum requirements for the subcontracts.

Optum will enter into written subcontracts with providers in compliance with requirements detailed in Attachment 5. ***Appendix 21*** includes both our standard Idaho contracts and a cover page which reflects the required RFP Attachment 5 provider contract elements as well as a draft list of changes Optum will make to detail IBHP program requirements.

3. The Contractor shall require providers to:

a. Obtain a unique national provider identifier (NPI).

Optum requires that all claims submitted have an NPI number for reimbursement. We also inform prospective providers that they must have an NPI number (if they do not already) to participate in our network and guide them to follow the instructions on the NPI website (**https://nppes.cms.hhs.gov/NPPES/Welcome.do**) if an NPI number is needed.

b. Operate within their license and scope of practice.

Optum credentials individual practitioners who are licensed to practice independently according to rigorous criteria. Providers are required to operate within their license and scope of practice, as well as to abide by the ethical principles of their discipline's licensing Board. We perform primary source verification of each provider's license and require providers to attest to any specialization that they hold. We also have developed credentialing standards for agencies that enable us to verify the licensure of those who work for or consult with the agency as well as the agency's certification by national organizations such as the Joint Commission or CARF.

We also have policies and procedures that enable us to perform customized credentialing. For example, in New Mexico we have an Office of Native American Affairs that is responsible for credentialing, contracting, provider retention, accurate claims payment, relationship building and specialized care coordination. Involved at community level and statewide, the Office of Native American Affairs represents an important step forward in acknowledging the unique

government-to-government relationship we hold with these providers and allows us to meet the needs of the Native Americans.

c. Obtain and maintain all applicable insurance coverage, in accordance with the Terms and Conditions of the contract.

We currently obtain and maintain all applicable insurance in accordance with the Terms and Conditions of the contract. We will require that all network providers possess liability coverage in the minimum amounts of $1 million per occurrence and $1 million in aggregate. In addition, psychiatrists must possess professional liability insurance with minimum coverage limits of $1 million per occurrence and $3 million in aggregate. Worker's compensation insurance will be applicable to group practices that operate as a staff model.

4. The Contractor is not obligated to contract with any provider agency or individual practitioner unable to meet contractual standards (see exceptions for FQHCs in section T and Tribal providers in section U). The Contractor shall provide written notice to any individual, facility or agency that applies to be part of the Contractor's network but is not enrolled. The notice shall include the reason(s) the applicant was not accepted into the network. The Contractor shall provide written notice to each network provider the Contractor chooses to end a contract with and shall state the reason for ending the contract. 42 CFR § 438.12(a)(1) and (b) (1).

Optum understands that we are not obligated to contract with any provider agency or individual practitioner unable to meet contractual standards. We will provide written notice to any individual, facility or agency that applies to be part of the Optum network but is not enrolled. The notice shall include the reason(s) the applicant was not accepted into the network. We also will provide written notice to any network provider with which we choose to end a contract, and the written notice will state the reason for ending the contract. A sample written notice is provided in ***Appendix 22***.

5. The Contractor is not obligated to continue to contract with a provider agency or individual practitioner who does not provide services reflective of continuous quality improvement or who demonstrates utilization of services that are an outlier compared to providers with similarly acute populations and/or compared to the expectations of the Contractor and the IDHW.

Optum understands that we are not obligated to contract with provider agencies or individual practitioners who do not provide services reflective of continuous quality improvement or who demonstrate outliers in services. Shoring up the quality of services will be one of Optum's first priorities as the Contractor for the Idaho Behavioral Health Plan to avoid using any of the Plan's resources on ineffective or inappropriate services.

Our quality monitoring will identify those providers who consistently fail to provide services reflective of continuous quality improvement or who demonstrate utilization of services that are an outlier compared to other Idaho Behavioral Health Plan providers. Our network sufficiency review will incorporate provider education related to best- and evidence- based practices, and then work with those providers to offer education.

We recognize that it will be necessary to establish a best practice model of PSR that is consistently uniform across the State. Once we have completed an in-depth analysis of PSR, we will educate providers regarding best practice PSR approaches. It will be critical for Optum

Idaho to focus on PSR because it represents a preponderance of the outpatient treatment being provided to both the children/adolescents and adults who will comprise the Plan's membership.

Optum Idaho will introduce a data-driven outpatient clinical care model called ALERT® (**Al**gorithms for **E**ffective **R**eporting and **T**reatment), which is a consumer-directed, outcomes-based and cost-effective approach to making treatment decisions and controlling outpatient costs. Through clinical- and claims-based algorithms, ALERT also will help us appropriately manage over- and under-utilization of outpatient services by identifying providers for outreach based on their effectiveness and efficiency. ALERT includes both Member-centered and Provider-Centered management algorithms. The provider-centered algorithms will be one of the major components of our provider profiling:

The Provider-Centered Practice Management Algorithms are run quarterly and support the identification of high cost provider practices that are outliers based on utilization, billing patterns, and/or consistent provision of non-evidence-based care.

Practice patterns are analyzed via a proprietary tool: Practice Pattern Analysis (PPA). Based on the PPA results, the Optum ALERT practice specialists coordinate with network, Fraud & Abuse, and clinical operations to determine the most appropriate provider outreach strategy. When appropriate, telephonic outreach can occur with the provider/group to discuss noted patterns and educate them regarding the provision of evidence-based care and proper billing of actual services provided.

Providers will have real-time access to information generated through the ALERT algorithms through a link on the Optum Idaho website, **www.optumidaho.com**. ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail. ALERT Online is updated nightly.

For more information on the ALERT system, including ALERT Online, see ***Appendix 4.***

6. The Contractor's provider agency and individual practitioner selection policies and procedures cannot discriminate against particular provider agencies or individual practitioners that serve high-risk populations or specialize in conditions that require costly treatment.

7. The Contractor may not discriminate for the participation, reimbursement, or indemnification of any provider agency or individual practitioner who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. If the Contractor declines to include provider agencies or individual practitioners in its network, it shall give the affected provider agencies and individual practitioners written notice of the reason for its decision. 42 CFR § 438.12 (a)(1).

This section may not be construed to:

a. Require the Contractor to contract with provider agencies or individual practitioners beyond the number necessary to meet the needs of its enrollee.

b. Preclude the Contractor from using different reimbursement amounts for different specialties or for different practitioners in the same specialty.

c. Preclude the Contractor from establishing measures that are designed to maintain quality of services and control costs and is consistent with its responsibilities to Member. 42 CFR § 438.12(b)

Optum has carefully reviewed Provisions 6 and 7, and will comply with each. We are willing to contract with all providers that are currently participating in the Idaho Medicaid Fee-for Service Program or are otherwise eligible and are willing and have the required credentials to participate in our network.

8. The Contractor shall develop and implement written policies and procedures for the selection and retention of providers per 42 CFR § 438.214(a) and ensure the network of providers is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of Members in the service area per 42 CFR § 438.207(b). The Contractor shall provide the policies and procedures to the IDHW when requested. The policies and procedures may be reviewed during the Readiness Review process. These policies and procedures shall include, at a minimum, the following:

Our written policies and procedures will be adapted specifically for the Idaho Behavioral Health Plan. Each quarter, we will conduct network analyses to ensure the network is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of Members in the service area. We will provide Network Development policies and procedures to the IDHW for review during the Readiness Review or when requested.

a. A documented process for receiving requests for initial services and continuing authorization of services per 42 CFR § 438.214(b)(1);

The Provider Manual, as well as orientation material and other Optum Idaho policies and procedures, will document the process by which providers are to request authorization for providing specific covered services and also the process by which providers can request authorization to continue the providing services to a Member of the Idaho Behavioral Health Plan. The Provider Manual will be available electronically at the Optum Idaho provider portal. E-alerts and secure messages will be sent to providers to notify them of any changes and reinforced through regular provider newsletters.

b. A documented process for credentialing and re-credentialing of providers who have signed contracts or participation agreements with the Contractor per 42 CFR §438.214(b)(2);

Optum's credentialing and recredentialing activities comply with NCQA and federal standards. Our credentialing criteria include (but are not limited to) satisfaction of the following standards:

Optum is credentialing both individual practitioners and agencies for the Idaho Behavioral Health network

- Independent licensure or certification in the states where the provider practices
- License is in good standing and free from restriction and without probationary status
- Board Certification or Board Eligibility for psychiatrists
- Current certification through the Federal Drug Enforcement Agency (DEA) for prescribing providers
- Professional Liability Coverage: We require that all network clinicians possess liability coverage in the minimum amounts of $1 million per occurrence and $1 million in aggregate.

In addition, psychiatrists must possess professional liability insurance with minimum coverage limits of $1 million per occurrence and $3 million in aggregate.

Optum utilizes an industry recognized single universal online application process through the Council for Affordable Quality Healthcare's (CAQH) Universal Provider Datasource. This credentialing application database makes the credentialing process more efficient for providers as well as for Optum by collecting all provider information necessary for credentialing, thus eliminating the paperwork and hassle that many providers face during the credentialing process. CAQH transmits completed applications to Optum, after which the credentialing process is initiated with Aperture, our Credentialing Verification Organization (CVO), which conducts primary source verification. If a provider has an application on file with CAQH, they can request online that this application be forwarded to Optum, eliminating the need to fill out an additional application.

Agency Credentialing

The process for credentialing an agency begins with the agency completing an application. Upon receipt of a completed application, the Optum Network Manager will review the application to ensure compatibility with our clinical model and concurrent review procedures. As part of the credentialing process, Optum staff may interview the agency's Executive Director and administrative staff by phone. We also gather a range of information on the following:

- The agency's goals and structure
- Methods of treatment planning and documentation
- Credentials of the agency and management staff
- Sample treatment plans
- Agency approvals and accreditations
- Liability insurance and malpractice history, if any

With mutual agreement by the Optum Clinical team to continue with contracting, the agency application is sent to the Credentialing Committee for approval.

Unaccredited facilities must undergo a site audit prior to Credentialing Committee review.

Once approved by the Credentialing Committee, the agency is contacted by a Contracting Manager to initiate contract negotiations. When all contract terms have been finalized, a final contract is generated and sent to the agency for signature. Once Optum receives the signed contract, we will countersign the agreement and return a copy to the agency with a Welcome Letter that indicates the contract's effective date.

c. The Contractor's provider selection policies and procedures, consistent with 42 CFR § 438.214(c), shall not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment;

Optum's policies and procedures for selecting providers do not—and will not—discriminate against particular provider agencies or individual providers that serve high-risk populations or specialize in conditions that require costly treatment.

d. The Contractor may not employ or contract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act and per 42 CFR § 438.214(d);

The credentialing process and ongoing quality assessments for providers will include review of Medicare/Medicaid exclusion status through the Office of Inspector General (OIG) database at http://www.oig.hhs.gov, and malpractice coverage and history.

In addition, in accordance with 42 CFR 438.610, all providers contracted with Optum will be screened through the Excluded Parties Listing System at **http://epls.gov** to determine whether they have been listed by a federal agency as debarred, excluded, or otherwise ineligible for federal program participation. Further, to comply with Section 1128A of the Social Security Act, we will review the List of Excluded Individuals/Entities through the Office of the Inspector General (OIG) and exclude any parties that have been excluded due to Medicare or Medicaid sanctions.

e. Requirement that criminal conviction information for anyone who has ownership or control interest in the provider, or is an agent or managing employee of the provider as per 42 CFR § 455.106 shall be disclosed; and

Optum Idaho will use a multi-tiered approach to track this requirement. As a component of our application and credentialing process, we require providers to complete a Disclosure Form which indicates ownership and affiliated relationships. On an ongoing basis, providers are required to notify us of the status of the practice within ten days, including notification of the status of professional licensure and/or certification such as revocation, suspension, restriction, probation, termination, reprimand, inactive status, voluntary relinquishment, or any other adverse action. The provider must also notify us in regard to potential legal standing (such as any malpractice action or notice of licensing board complaint filing). Through our NCQA compliant credentialing and recredentialing processes, Optum confirms information regarding medical malpractice payments, any adverse actions taken against a provider's licenses and clinical privileges, any Medicare/Medicaid sanction activity, and any criminal activity related to medical practice through a query of the National Practitioner Data Bank/Healthcare Integrity Protection Data Bank (NPDB/HIPDB).

f. Disclosure of owners, per 42 CFR § 455.104(b)(2), who own five percent (5%) or more in this provider entity (42 CFR § 455.104(a)(2)) shall be disclosed to the IDHW including the following:

i. All managing employees of the disclosing entity (provider) as defined in 42 CFR § 455.101;

ii. Subcontractor in which a practitioner has direct or indirect ownership of five percent (5%) or more per 42 CFR § 455.104(b)(2);

iii. List ownership of any subcontractor with whom this provider has had business transactions totaling more than $25,000 during the previous twelve (12) month period per 42 CFR § 455.105;

iv. List persons that are related to each other (spouses, parents, children, or siblings); and

As part of our standard recruitment and credentialing processes, we require providers to disclose any ownership of 5% or more in the entity, as well as subcontracted relationships and affiliations. A Provider Disclosure form is included in our standard application and credentialing processes. A sample of this form is included as ***Appendix 23***.

v. Identification of persons with criminal offenses for criminal offenses related to the person's involvement in any program under Medicare, Medicaid, or Title XX. 42 CFR §455.100; 42 CFR §455.106.

Optum will meet this requirement. Through our NCQA-approved credentialing process, we will capture any adverse actions taken against a provider's licenses and clinical privileges, any Medicare/Medicaid sanction activity and any criminal activity related to medical practice through a query of the National Practitioner Data Bank/Healthcare Integrity Protection Data Bank (NPDB/HIPDB). We will also review the List of Excluded Individuals/Entities available through the Office of the Inspector General.

9. The Contractor shall not restrict or inhibit providers in any way from freely communicating with or advocating for a Member regarding behavioral health, medical needs, and treatment options, even if the Member needs services that are not covered or if an alternate treatment is self-administered. The Contractor may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an Member who is his or her patient:

a. For the Member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.

b. For any information the Member needs in order to decide among all relevant treatment options.

c. For the risks, benefits, and consequences of treatment or non-treatment.

d. For the Member's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

Optum has reviewed Sections K.9 a. through d. as well as our provider contracts, network policies and procedures, and we affirm that we will fully comply with all the requirements in this section.

We encourage providers to educate Members with clear explanations about their diagnosis, prognosis, treatment plan, including the projected length and course of treatment, and the potential benefits of medication, if medication is indicated. We also encourage providers to discuss all treatment options and the associated risks and benefits, regardless of whether the treatment is covered under the Member's Benefit Plan.

Encouraging Members' participation in their treatment planning and their overall responsibility for their health and well-being is a major tenet of a recovery-based philosophy of care, which is the cornerstone of all Optum's public sector behavioral health programs. In our written materials, orientation and training programs and other communications with Members, family members and providers, we will emphasize a Member's right and responsibility to participate in decisions regarding his or her health care, including the right to refuse treatment. We also will encourage each Member to express preferences about future treatment decisions that affect him or her. Our goal over the contract period is to support the expansion of peer support and family support services available across Idaho to better enable Members and the families of children and adolescents to participate in their treatment planning and express their preferences.

Our Provider Manual and Provider Agreement clearly outline Provider Roles, as well as Member Rights and Responsibilities.

10. The Contractor shall require providers to communicate information to assist a Member to select among relevant treatment options, including the risks, benefits, and consequences of treatment or non-treatment; the right to participate in decisions regarding his or her behavioral health care; and the right to refuse treatment and to express preferences about future treatment decisions.

Optum will ensure that our providers meet this requirement. We encourage providers to give Members clear explanations about their diagnosis, prognosis, treatment plan, including the projected length and course of treatment, and the potential benefits of medication, if medication is indicated. We also encourage providers to discuss all treatment options and the associated risks and benefits, regardless of whether the treatment is covered under the Member's Benefit Plan.

In our written materials, orientation and training programs and other communications with Members, family members and providers, we will emphasize a Member's right and responsibility to participate in decisions regarding his or her health care, including the right to refuse treatment. We also will encourage each Member to express preferences about future treatment decisions.

11. Submit a sample of your proposed network provider agreement/contract with your proposal.

A sample of our proposed network provider agreement, along with the additional specific requirements of the Idaho Behavioral Health Plan, is provided in ***Appendix 21***.

12. Describe how you will:

a. Ensure the provider network is sufficient in size and composition to meet the needs of Members, per 42 CFR 438.206(b)(1), based on the following factors:

Optum's overall approach to determining network sufficiency in size and composition is one that is based in a network sufficiency logic model. The model will provide the basic framework by which the Optum Idaho Network team will monitor the provider network serving Members of the Idaho Behavioral Health Plan.

The model is designed to collect, report and analyze data at the regional and county level and regularly assess and monitor network sufficiency and service availability. Based on the findings, the Optum Idaho Network team will then review, revise and update the Network Plan to reflect the data and other elements key to understanding regional differences. The Optum Idaho Network Director will be responsible for ensuring that information from the sufficiency analysis is integrated into Optum Idaho's system-wide Quality Improvement Program.

The network sufficiency model's key components and data elements are:

Administrative Data Elements

- Eligibles
- Current Enrollment
- Demographic data (including language and cultural preferences)
- Penetration Rates
- Diagnoses
- Timeliness of Service
- Access to Care

- GeoAccess (analysis of eligibles, enrollees, provider locations and services, age, ethnicity, language spoken, high eligible ZIP codes)
- Provider gains and losses
- Provider match for Member origin
- Utilization of out of network provider

Provider Specific Data Elements

- Monitoring and oversight reviews
- Utilization by service code
- Inquiries
- Culturally responsive programming
- Clinical Models
- Length of Stay
- Staffing Ratios
- Types of service and available capacity
- Service utilization and per consumer per month costs
- Program budgets
- Staff retention and recruitment
- Bilingual capacity

Member Focused Data Elements

- Grievances
- Inquiries
- Satisfaction Surveys
- Member voice and choice through chart reviews
- Outcomes

The Optum Idaho Network team will perform scheduled monthly, quarterly, and annual analyses to identify trends and patterns related to network capacity needs. In some cases unique data elements may indicate a network gap; however, it is through the review of multiple data elements that we identify potential gaps, since a single data element may not be a true indicator but perhaps a deviation that warrants research to determine validity.

Optum goes beyond meeting minimum network requirements and distance standards to ensure that Members are able to access care appropriately. Optum also monitors appointment standards and wait times to ensure that Members are able to receive care within the appropriate timeframes.

The Idaho network team will do this by reviewing appointment logs during visits to provider offices, and system reporting from our enhanced information system. Network information will be compared to Member and provider complaints related to appointment standards and wait time monitoring in order to initiate targeted regional and local recruitment efforts and provide support and technical assistance to those provider agencies struggling with capacity issues.

Additionally, to further improve access for high demand specialties in limited supply, for example, child psychiatrists, we may establish reserved appointment hours with network psychiatrists in high-volume areas. By pre-arranging appointment times with critical providers, we maximize our partnership with the network while ensuring that a child in crisis is guaranteed prompt access to a qualified specialist.

Also, in response to the increased national demand for psychiatry services, in other states Optum has contracted with medical groups at psychiatric teaching facilities, using supervisory protocols that allow for the use of psychiatric residents to provide treatment under the supervision of a fully licensed and credentialed network psychiatrist. We will explore the feasibility of establishing similar relationships in Idaho. This approach enhances accessibility to care for our

Members and supports the training programs that are preparing the next generation of psychiatric professionals.

i. Growth trends in eligibility and enrollment.

Optum has considerable experience expanding network services to accommodate growth in eligibility and enrollment. Across the nation, we have rapidly established behavioral health networks for Medicaid membership in the 23 states where we operate If Idaho elects to move ahead with Medicaid expansion, for example, Optum will have the resources of the local Idaho team to aggressively recruit providers and as well as the resources and support of our national teams.

We will employ a dedicated network staff of eight in Idaho including a Network Director and three regional Network Managers. They will continually monitor access to services and provider capacity using network sufficiency analyses.

If an increase in enrollment is projected, the staff will update the network development plan, and regularly report against this plan to IDHW. Their main responsibility in that situation will be to monitor and to actively recruit providers based on the projected needs of new membership, identifying where the most aggressive recruitment must occur to ensure an adequate member-provider ratio.

Our Idaho staff will be supported by national credentialing staff who will help to rapidly credential providers for inclusion in the network.

ii. Best practice approaches.

Optum Idaho will ensure the provider network is aware of the IDHW's commitment to the provision of best practice approaches to support Members. To support the expansion of best practice approaches in the Idaho Behavioral Health Plan, we will offer training in best practices and also employ creative contracting strategies for key providers tied to pay-for-performance (P4P) programs. For providers selected to participate in the P4P initiatives, specific criteria will be implemented in Contract Year #2 as a means of "raising the bar" towards improvement in quality of care.

> Optum has been introducing a number of reimbursement strategies in our public sector programs that provide financial incentives for providers that meet quality and outcome standards

In collaboration with Optum network staff, Optum Idaho also may develop other alternative contracting methodologies tied to key clinical/performance measures and incentives. Approaches might include tiered reimbursement based on outpatient case rate modeling and/or capitation arrangements with mandatory performance guarantees (i.e., readmission warranties).

Methodologies will be developed and discussed with providers through the Clinical and Services Advisory Committee of the Quality Improvement program as well as in other public meetings. One focus of alternative contracting strategies will be to expand the use of best practices, reinforce compliance with the philosophies of recovery and resiliency, and/or to support recognized medical/behavioral integration approaches.

Provider feedback and recommendations will be shared as options for new contracting methodologies are discussed with the IDHW Contract Manager and also when they are formally submitted for the IDHW's approval.

iii. Accessibility of services including:

(1) The number of current qualified service providers in the network who are not accepting new referrals.

If a provider's office reaches maximum caseload, the provider will be required to will inform the Regional Network Manager or submit a request to close the office to new referrals. This information can be provided by telephone, letter or via the Optum Idaho website and the request will be immediately routed to one of Optum Idaho's network staff. While these transactional capabilities will save providers time and administrative costs, they also will allow our network staff to monitor the availability of services in a given geographic area to ensure network services continue to be available to members. Our regional network managers will follow up with providers and monitor closed practices.

While we understand that provider offices may reach maximum caseloads, our goal is to keep provider offices open and accepting patients. Nationwide, 97% of our contracted provider offices are open and accepting patients. Additionally, our Quality Improvement/Utilization Management Work Plan will monitor the number of closed practices as well as providers' ability to comply with timely access to care.

Optum Idaho will also monitor the promptness with which providers can provide appointments to Members. Regional Network Managers will also routinely review access performance as part of our onsite clinical and administrative record audits.

> *"Weekly discussions with [Optum] on improvement of behavioral health services for the Navajo Nation have been valuable and highly productive. Being able to access Children, Youth, and Families (CYFD) funding recently and the Core Service Agency (CSA) designation to begin providing Comprehensive Community Support Services (CCSS) are noteworthy projects to expand our joint Medicaid behavioral health service capability."*
>
> **Ray Daw, NM Health Systems Administrator, Navajo Nation: Department of Behavioral Health Services**

(2) The geographic location of providers and Members considering distance, travel time, and available means of transportation.

Our GeoAccess reports indicates that Optum's current Idaho network meets or exceeds accessibility standards for providing urban Members with access to at least one provider within 10 miles and providing suburban Members at least one provider within 20 miles. We are prepared to serve the Idaho Medicaid population with providers located within 30 miles or within 30 minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties.

A significant number of current behavioral health providers have said that they will contract with the selected Contractor. Therefore, we are confident that our continued network development will allow for accessibility in rural areas to be achievable within 45 miles or within 45 minutes in all other counties. Additionally, in areas where fewer providers are available, for example, in Southeast Idaho, IDHW Regions 6 and 7, we may recruit current providers to open new offices and/or use telemedicine or telepsychiatry to reach members.

We understand members may require transportation to appointments. The RFP speaks to IDHW's relationship with contracted transportation broker for non-emergency medical transportation and that transportation costs are not a part of this contract. We have already met

with the state's transportation vendor, American Medical Response, to learn more about the way in which the Idaho Behavioral Health Plan Contractor could best interface with their team.

(3) Availability of services with physical access for persons with disabilities.

When a Member has a physical disability, we will refer the Member to a provider whose office is wheelchair-accessible. In Idaho, 83% our network includes providers who have wheelchair-accessible offices. Members may also identify these providers through our Provider Directory.

(4) Cultural and linguistic needs, including the Member's prevalent language(s) and sign language.

We believe our current Idaho network addresses the prevalent languages within the State. Our current Idaho network includes 27 providers with bilingual capabilities in several languages including Spanish, Hindi, Punjabi, Urdu, German, French, Italian, Russian and Portuguese. We also hold contracts with 18 providers who have voluntarily identified their ethnicities, including Hispanic, African-American, Korean, Asian, Lithuanian and Israeli.

In fiscal year 2012, our NM program served over 2,300 members with dual diagnoses of mental illness and a disability, such as hearing impairment or developmental disability. A Pay for Performance Initiative in NM helped Optum identify and resolve service system gaps for this often underserved population.

We continue to recruit for other bilingual and multi-cultural providers, providers who communicate in American Sign Language and we are also recruiting Native American and Hispanic providers.

Beyond language, our initiatives will focus on reducing disparities in treatment. We will outreach to providers to help them understand the specific needs of often underserved populations such as Hispanics, using web-based training and consultation by our Regional Network Managers.

b. Maintain a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract per 42 CFR § 438.206(b)(1). In establishing and maintaining the network, the entity shall consider the following:

Optum Idaho will develop and manage a comprehensive behavioral health network throughout the state of Idaho. Optum requires all providers to submit an application and complete our NCQA- accredited credentialing prior to being accepted in the network.

During the development of this RFP response, we contacted all current Medicaid mental health and substance abuse providers and received over 200 signed Letters of Intent. If we are selected as the Contractor for the Idaho Behavioral Health Plan, Optum will begin implementing contracts with providers who have signed LOIs.

i. The anticipated Medicaid enrollment.

Should there be a growth trend in projected for Idaho's Medicaid enrollment, Optum Idaho will expand the size and composition of the network to meet the anticipated demand of new Members. Through our public sector contracts in other states, we have developed strong relationships with a number of mental health and substance abuse treatment providers that provide services in multiple states. Although our first choice will be to work with licensed Idaho

providers to expand services as needed, working with national provider programs and/or providers in contiguous states is a viable option.

We also have experience with working with providers to develop new capabilities. For example, in our New Mexico-based program, we worked with residential providers to expand the service array to support children with both developmental disabilities and mental health needs to support this under-served population. Telemedicine is another option for expanding services, and is already well-accepted in Idaho.

ii. The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented in the particular contract.

In determining network size and need, Optum has taken into account the expected utilization of services based on the past utilization of covered services and the characteristics and health care needs of specific Medicaid populations represented in this particular contract.

Immediately after contract award, we will request access to claims-level utilization information for a minimum of three state fiscal years and will conduct additional analysis of utilization, particularly to identify the:

- Unduplicated number and geographical distribution of Medicaid beneficiaries who will be enrolled in the Idaho Behavioral Health Plan (future Idaho Plan Members) and have used behavioral health treatment in the last fiscal year or years;
- Unduplicated number of future Idaho Plan Members served by each current Idaho Medicaid provider of mental health and/or substance abuse treatment services and the average duration of each service episode
- Geographical distribution of unduplicated future Idaho Plan Members divided into age categories to identify the number of adults, adolescents and children who received each of the service categories represented in RFP Attachment 19

Optum has already begun projecting the utilization of services, and will complete more detailed projections when we have access to claims-level data

The opportunity to analyze data by these and similar parameters will significantly improve our ability to project utilization and identify potential network gaps.

A Focus on Children and Adolescents

Because we know that many Medicaid beneficiaries in Idaho are children or adolescents, we have paid special attention to the needs of these Members in designing our program for Optum Idaho. For example, our treatment planning for these Members will emphasize a high level of support and participation in therapy by the child's family and other significant adults in the child's life. Recognizing that the child or adolescent is dependent on the family system and other networks, our policies require that providers coordinate clinical work with teachers, coaches, pediatricians and other supporting individuals.

Our specialized best practice guidelines for children and adolescents pay particular attention to the availability and capacity of the family and/or other

Because of the predominance of children and adolescents in the Membership and also in service utilization, Optum Idaho is emphasizing the availability and capacity of the network to meet the needs of these younger Members.

significant persons in the child's environmental support system to provide adequate support, structure and supervision for the Member. We emphasize that, whenever possible, children and adolescents should be treated in a setting, program or unit that:

- Is age and/or developmentally appropriate
- Addresses the unique and special clinical issues pertaining to children
- Is staffed with treating clinicians who are trained and experienced in child/adolescent mental health treatment
- Is located as close as possible to the home community to promote optimal involvement of the family and other key people in the child's environment

As a result, we will aggressively work to contract with more providers that have experience in working with children and adolescents and to expand psychiatric access for children. For example, we plan to recruit a child psychiatrist to serve as the Optum Idaho Chief Medical Officer. He/she will consult with PCPs and pediatricians with the goal of:

- Increasing PCP/pediatrician familiarity with the most common psychiatric diagnoses and tools to guide assessments and referrals
- Increasing PCP/pediatrician knowledge of community-based, effective programs and support in referrals
- Promoting PCP/pediatrician inclusion of the family as effective child advocates and coordination with community-based services as needed

iii. The numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted Medicaid services.

We will develop the Idaho network to allow for optimal access to care for Members of the Idaho Behavioral Health Plan across the state. In that regard we are continuing to build the network and enhance accessibility, focusing in particular on the rural areas.

> Recognizing that youth often have unique preferences—especially in regards to technology and communications—Optum has assembled an array of tools to serve these young people.

A key focus of the network sufficiency analysis that will be produced during the first 9 months post-award will be to identify gaps in provider specialties, training and experience. For example, our experience in other Medicaid programs is that there is often a dearth of services for "transitional youth" between the ages of 17-24. Leveraging our focus on member empowerment tools and recognizing that youth may have unique preferences (e.g., use of technology), we have assembled an array of potential tools to meet the needs of this population. Training our providers on age-specific, effective approaches will be a key focus.

Pilot Appointment Reminder System

One example a tool that specifically targets younger members is our appointment reminder system. In a few selected programs, Optum is piloting an appointment reminder system for Members that utilizes texting software designed to increase the completion of the Wellness Assessment, which will be modified to become the Idaho Standardized Assessment for the Idaho Behavioral Health Plan. The software also is designed to assist the attending clinic with appointment reminders.

In the pilot, Members receive texts to remind them of the need to complete an Assessment, and also to remind them of an upcoming appointment 24 hours in advance and on the day of the appointment. We believe the outcomes of this project will be a reduction in number of no-shows and an increase in the number of completed Assessments.

We will be pleased to share the results of the pilot with IDHW, and to discuss the possibility of implementing for the Idaho Behavioral Health Plan.

iv. The numbers of network providers who are not accepting new Members.

We require our providers to notify us in writing within 10 calendar days of any changes regarding the status of the practice including closing the office to new patients. To ensure the network remains viable and open in Idaho, we will clearly communicate performance expectations to all providers including communicating what we consider to be a reasonable caseload. We will include appointment standards in provider contracts as a contract performance measure and will publish the standards in the Optum Provider Manual and Member Handbook, and also post the standards on the OptumHealth Idaho website.

Because we realize that access is limited by providers that are not accepting new Members, we have a number of strategies for tracking those whose practices are temporarily closed

Additionally, Optum's corporate Quality Improvement/Utilization Management Work Plan includes monitoring providers regularly to determine compliance with timely access to care. In compliance with those policies, Regional Network Managers will routinely review access performance as part of our on-site clinical audits.

We will also conduct access and availability studies that monitor access through "secret shopper" approaches. This will confirm a provider's ability to meet appointment access as well as confirm that the provider is accepting new members. Secret Shopper visits will be conducted at least annually and compared to member survey results related to access and availability.

v. The geographic location of providers and Members, considering distance, travel time, the means of transportation ordinarily used by Members, and whether the location provides physical access for Members with disabilities.

Our Idaho network is being developed to allow for optimal access to care for Members across the state. In that regard we are continuing to build the network, focusing in particular on the rural areas to ensure optimal access to care for the entire Idaho Medicaid membership.

Recent GeoAccess reports indicate our existing network meets or exceeds urban and suburban accessibility standards of providing urban Members with access to at least one provider within 10 miles and providing suburban Members at least one provider within 20 miles. We are prepared to serve the Idaho Medicaid population with providers located within 30 miles or within 30 minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties. Our continued attention on network development in the underserved areas—and the signed Letters of Intent we have received—will provide accessibility in rural areas within 45 miles or within 45 minutes in all other counties. If service gaps are detected, we may work with existing providers to open new offices, conduct a competitive procurement for new service locations and/or consider how telepsychiatry might be used to enhance service availability.

Access for Members with Physical Disabilities

If a Member has a physical disability, we will refer him or her to a provider whose office is wheelchair-accessible. In Idaho, 83% our network includes providers that have wheelchair-accessible offices.

Coordinating Transportation for Members

Lack of transportation to get to an appointment may be a barrier to care. If we are awarded as Contractor for the Idaho Behavioral Health Plan program, we will work with IDHW to establish processes with American Medical Response for non-emergency transportation to appointments.

c. Ensure at least as much access to services as exists within Medicaid's fee-for-service program.

One of Optum's initial efforts will be to contract with existing Medicaid behavioral health providers and then add additional access in underserved rural and frontier areas. After we have the opportunity to gather utilization data, generate region-specific reports and talk with the Regional Behavioral Health Advisory Boards (and other stakeholders), we will begin to identify the need for expanding or adding services. Our demonstration programs will be another way in which we can evaluate the impact of new services or programs to meet community- or region-specific needs.

> Competitive procurements, demonstration programs and telepsychiatry are three strategies by which Optum Idaho can expand access beyond that that currently exists within Medicaid's fee-for-service program

Our current Idaho network consists of 42 prescribing psychiatrists, 62 licensed psychologists, 383 licensed master's level counselors and 36 psychiatric nurse practitioners with prescriptive authority. Also included in the current network are 43 group contracts with mental health clinics and substance abuse programs as well as psychosocial rehabilitation agencies. We are actively engaged in contracting with another 40 agencies throughout the state to ensure optimal accessibility to care for the Idaho Medicaid population.

In addition we have executed 74 Letters of Intent with mental health clinics that are currently providing services to the Idaho Medicaid population in the counties of Ada, Bannock, Bingham, Bonneville, Canyon, Clearwater, Idaho Falls, Kootenai, Latah, Nez Perce, Twin Falls, Valley and Washington. We are committed to executing full contracts with these agencies to allow for continued coverage and affordable care to this membership should Optum be awarded the Idaho Medicaid business.

A number of providers have indicated their willingness to contract with the winning Contractor once the decision is made, but are unwilling to execute LOIs or contracts with multiple bidders If awarded, we will immediately reactivate our recruiting efforts with these providers.

d. Establish the initial managed care provider network by drawing from the pool of the existing enrolled Medicaid behavioral health agencies that have either successfully achieved Medicaid credentialing or national accreditation in addition to any other qualified practitioners that may or may not have ever delivered services to Members. Network providers shall meet the standards set by the Contractor and IDAPA and be in compliance with all federal and state requirements, including not being on the federal and state exclusion lists.

Before Optum began recruiting providers who are currently delivering mental health and substance abuse services to Idaho Medicaid beneficiaries, we already had a robust network of behavioral health treatment providers. Those providers have been recruited over the years to serve the more than 70,000 Idahoans for whom we manage behavioral health care through contracts with their employers or through a Medicare Advantage plan.

As soon as we became aware that IDHW would be seeking a Contractor to manage Medicaid-funded mental health and substance abuse services, we began to expand our network provider recruitment in two ways:

1. We reached out to our current network providers to encourage them to serve Members of the Idaho Behavioral Health Plan if Optum is selected as the Contractor; and
2. We contacted all providers listed as mental health and/or substance abuse providers on the IDHW website.

We are continuing this outreach today, and if selected as the Contractor, will continue to recruit, credential and contract Idaho providers, including those in the categories above as well as providers with whom we may not yet have had contract.

Because we manage publicly funded mental health and substance abuse services in more than 20 states, Optum understands the importance of building public sector network using the providers that have traditionally served Medicaid beneficiaries. Their expertise and experience will be critical in assuring that we are able to meet the needs of Members of the Idaho Behavioral Health Plan. Therefore, Optum will recruit and contract with all willing and qualified Idaho providers that are enrolled with the Idaho Medicaid program.

e. Perform credentialing and re-credentialing of qualified service providers in order to ensure they meet the accreditation requirements set by the Contractor and compliance to IDAPA, state and federal statutes.

Optum will credential and re-credential providers to meet these requirements. Our credentialing and recredentialing criteria were written and developed by our Credentialing Committee in accordance with NCQA standards and comply with federal statutes as well as with the requirements of most state's public sector programs.

Upon contract award, we will perform an analysis of the Optum credentialing and recredentialing criteria to identify any requirements in IDAPA that are not covered by our process. We will also work with the IDHW Contract Manager to determine whether to incorporate those requirements into the Optum Idaho procedures

f. Implement and maintain written credentialing and re-credentialing policies consistent with federal and state regulations for selection and retention of providers, credentialing and re-credentialing, and nondiscrimination. 42 CFR § 438.214;

Optum will meet this requirement. We will implement and maintain written credentialing and recredentialing policies which are specific to the Idaho Behavioral Health Plan. Our current policies have been developed by our Credentialing Committee in accordance with NCQA standards, which are consistent with federal statutes and most state requirements. As noted above, if Idaho requirements are not covered by Optum policies and procedures, we will work with the IDHW Contract Manager to resolve those differences.

g. The Contractor is required to contract with providers of behavioral health services who are appropriately licensed and/or certified and meet the Contractor's criteria for network enrollment including completion of a Network Provider Subcontracts. See Attachment 5 – Network Provider Subcontracts.

Optum Idaho will contract with providers who are licensed or certified to deliver the Covered Services of this contract. We have provided our standard provider contract which we will use as the initial template to standardize for the IBHP.

h. Evaluate every prospective individual practitioner's ability to deliver behavioral health services in the continuum of care prior to contracting with any provider agency that employs such practitioners.

Optum's policies for credentialing with provider agencies comply with this requirement. In addition, those policies require that non-credentialed, non-licensed, bachelor's-level or certified providers will be required to operate under a supervisory protocol. The supervisory protocol requires a psychiatrist, psychologist, social worker, family or other therapist operating within the agency or clinic that is licensed and qualified in Idaho to perform as a Supervising Provider. The Supervising Provider will ensure that non-credentialed providers practice within the scope of their training and abide by the ethical principles of their discipline's licensing Board, that of their Supervising Provider and the relevant professional association with which they are affiliated.

i. Identify the gaps in services and access, and implement solutions to resolve the issues.

The Optum Idaho Regional Network Managers will support planning efforts of the Regional Behavioral Health Advisory Boards, especially by providing region-specific data that will help identify gaps in service. They will work with Regional Behavioral Health Advisory Boards and other regional stakeholders to describe the challenges presented by gaps in their local area, and then prioritize solutions for addressing the unmet service needs. The Network team will combine the seven regional plans, provide an overview from a statewide perspective, and submit the assessment to IDHW.

If an access issue should be confirmed, the Network Managers would work with the Regional Boards to plan for and/or implement ways to improve access. Inter-related strategies to address a potential gap in services include:

- Working with existing providers to determine their willingness and ability to open an additional office in an under-served community or area;
- Conducting an open procurement to encourage providers to bring services to the under-served area;

- Working with an area FQHC or behavioral health provider to consider whether telepsychiatry would be a feasible way in which to expand the availability of behavioral health care.

j. Develop and recruit culturally informed Native American and Hispanic practitioners into the provider network to provide services.

Our network management practices are designed to ensure that our contracted provider network includes culturally competent practitioners of diverse backgrounds within Idaho. We will identify and recruit Native American and Hispanic providers through relationships with local provider organizations such as the Idaho Commission on Hispanic Affairs, the Idaho Partnership on Hispanic Health, the Duck Valley Reservation's Indian Health Service facility that provides mental health and medical care, health care clinics of the Nez Perce, Coeur d'Alene, and Kootenai Tribes.

We also will explore the feasibility of using telemedicine and telepsychiatry to extend access to culturally informed providers to Members who may not be able to easily reach them due to distance, geographic or cultural barriers.

Native American Members

We will work closely with Native American health care providers, Members/families, and Tribal communities to ensure that the services we offer meet the needs of the Native American people and communities. Because Native Americans utilize services both on and off reservation, it is critical for us to provide cultural competency training for all Optum Idaho providers and we also will require that all providers complete additional cultural competency training annually. Additionally, we will partner with the Tribal Councils of the Shoshone, Bannock, Nez Perce, Coeur d'Alene, and Kootenai Tribes as well as with the health care clinics they operate.

Hispanic Members

We understand the importance of recruiting culturally-informed Hispanic providers into the Optum Idaho network. Of particular importance is recruiting these providers in Ada and Canyon Counties, where 41% of Idaho's Hispanic population is located. To actively recruit these providers we will partner with the Idaho Commission on Hispanic Affairs and the Idaho Partnership on Hispanic Health.

> *"[Providers] should try to understand our social and cultural situation. The majority of Hispanics are people from humble origins who may not have too much education coming from surroundings very different from where they now find themselves."*
>
> ***Hispanic Qualitative Interview Quotes from the Idaho Hispanic Mental Health Disparities – Ada and Canyon Counties, Idaho.***

We have reviewed the report issued by the Idaho Partnership for Hispanic Health in November 2011 entitled "Idaho Hispanic Mental Health Disparities - Ada & Canyon Counties," which was based on a two-year study funded by the National Institutes of Mental Health. The study looked at the perspectives of providers versus Hispanic members in the community, and revealed that there was a disparity in perspectives, such as:

- The most salient mental health problems identified by the majority of Hispanic respondents were anxiety, stress, and numerous other symptoms caused by immigration issues and fears of deportation. However, this dynamic was not recognized as much by local mental health providers. Only 20% of providers identified the issue of immigration as a major concern for Hispanics, as compared to 57% of Hispanic community respondents

- Some folkloric beliefs about causes of mental illness exist in the southwest Idaho Hispanic community, which is primarily of Mexican origin. For example, over one-in-five of the 238 quantitative interview respondents identified evil spirits/being under a spell as a cause of mental health issues. This was an issue for cognizance by mental health professionals
- There was a low level of treatment and diagnosis compared to the symptoms described by respondents, which were typical of depression and anxiety.
- When probed, most participants did not know what kind of help or treatment for mental health problems was actually available in their community, or where to find such services.

The results from this study are significant and we believe it can inform our approach to creating improved and more responsive culturally competent services. We will utilize the results of the study in community training that offered by our Member and Family Affairs team and as part of our provider outreach to help providers gain more cultural insight into the needs of our Idaho Hispanic Members.

k. Whenever possible, ensure Members have a choice of providers, to the extent possible, which offer the appropriate level of care. (42 CFR § 438.6(m)) Exceptions would involve highly specialized services which are usually available through only one (1) agency or provider in the geographic area. Members may change providers.

Optum Idaho's goal will be to offer Idaho Plan Members a choice of providers to the greatest extent possible. To enable us to meet that goal, we are recruiting all current Idaho behavioral health providers that are serving Medicaid beneficiaries today and we have executed contract addenda with many providers currently under contract to Optum to serve the 70,000 Idaho residents who receive their health care coverage through one of our sister UnitedHealth Group companies.

Across the contract period, Optum Idaho will continue to recruit providers in those areas in which access is limited. Although we may not be able to provide extensive choice in some rural and frontier areas of Idaho, we will work providers in other areas to expand access in those under-served areas either by establishing satellite offices or by leveraging telemedicine and/or telepsychiatry.

Changing Providers

Our member materials, including our Member Handbook, will state that Idaho Plan Members have the right to change providers. When Members call us to request a different provider, our staff will ask the Member why this change is being requested. The change request will be documented and tracked in our management information system.

If a trend is detected—for example, a significant number of Members request to change providers in a relatively short period of time—our Quality Improvement team would identify the root cause(s). For example, we would check to make sure that our process for matching Members with appropriate providers is meeting critical Member requirements. In addition, we would inquire whether the Member is dissatisfied with the services provided by the provider and intervene with the provider as necessary. We would explore any clinical issues that may be causing the desire for a change. If a significant number of Members leave a particular provider, our network and QI teams will work together to determine any significant issues with that provider and implement a corrective action plan if indicated.

l. Honor existing Member/provider relationships as much as possible in the newly established network. If a change is necessary, the Contractor shall ensure a seamless transition of services or providers.

> Optum Idaho will "grandfather" existing services for Members for the first 60 days following implementation of the Idaho Behavioral Health Plan

Although it is our goal to execute a contract with every qualified mental health and substance abuse provider serving Idaho Medicaid participants today, we recognize that that may not be possible. If a provider who is seeing a Plan member chooses not to enroll as a network provider, we do not want the ongoing treatment of the Member to be disrupted by implementation of the Idaho Behavioral Health Plan.

Therefore, for 60 days following program implementation, Optum Idaho will allow non-network providers that were providing services to an individual at the time he/she became an Idaho Plan Member to continue serving that Member. We will reimburse for those services based on our standard network policies, procedures and rates. Our Care Managers will work with the non-network provider to facilitate a referral to a network provider if the Member continues to need services after the 60-day transition period.

For 60 calendar days following implementation of the Idaho Behavioral Health Plan, we will require no authorization of covered services that were being provided to Members as of the implementation date. During this time period, Optum Idaho staff will be working with network providers to:

- Become familiar with the clinical criteria and authorization requirements; and
- Enter all their existing services entered into the Optum Idaho management information system to ensure reimbursement will be available for services provided after the initial 60 day period

m. Pursuant to Early Periodic Screening, Diagnosis and Treatment (EPSDT) requirements, if a child under the age of twenty one (21) needs a specialized medically necessary service that is not available through the network, the Contractor shall arrange for the service to be provided outside the network by a qualified provider.

The Optum Idaho covered benefits and contracted provider network will meet the behavioral health needs of the vast majority of the Plan's Members, including children under the age of 21. However, should there be a specialized medically necessary service within the purview of a Prepaid Ambulatory Health Plan that is not available through our network providers, Optum Idaho will negotiate single-case agreements with a qualified non-network provider.

n. Maintain a list of current network providers that is available to Members, the Member's family/ caregiver and referring providers in hard copy and electronically. The list shall specify providers who are able to deliver services in languages other than English.

Anyone who visits the Optum Idaho website will have access to a list of current network providers. Information about the providers' offices, contact numbers, specialties and other important characteristics ((e.g., race, gender, languages spoken,) will be part of the on-line provider listing.

To receive a hard copy directory the Member Handbook will instruct the Member or family member to call the Member Access and Crisis Line, which will be answered by a live person 24 hours a day, 365 days per year. However, given the volume of changes that occur as providers

move, adjust office hours, resign and retire, in orientation meetings, we will encourage Members to use the on-line directory and/or to call the toll-free Access and Crisis Line for assistance in finding a provider.

The Optum Idaho website and the Provider Handbook will instruct non-Members who want a hard copy directory to call the Customer Service Line, which will be open during regular business hours. Callers to the Customer Service Line will be able to leave a message requesting the listing after hours, on weekends and on holidays. Upon receiving a request, Optum Idaho will mail a listing of providers to the individual at the address provided.

o. Conduct an Annual Network Inventory and provide a written report to the IDHW by a date determined by the IDHW. The first inventory due date will be relative to the implementation of services date of the Idaho Behavior Health Plan. The Contractor shall prepare the network inventory to quantify the number of qualified service providers, including the crisis response providers, available within the network as follows:

i. Each category of covered behavioral health services as identified by the IDHW.

ii. Specialty behavioral health service providers, including providers with expertise to deliver services to persons with developmental disabilities, non-English speaking persons, and other specialties as identified by the IDHW.

We have provided a sample Annual Network Inventory Report in ***Appendix 24***. The inventory will include a listing of the number of providers by type across each regional area. In addition to the network inventory/composition report, an analysis will highlight any network gaps and plans to fill including specific providers. In partnership with the IDHW Contract Manager, we will work to further refine this format so that it is in full compliance with all the requirements in these sections.

L. (E) NOTIFICATION REQUIREMENTS FOR CHANGES TO THE NETWORK:

Describe how you will:

1. Notify and obtain written approval from the IDHW before making any material changes in the size, scope, or configuration of its network, as described in the Contractor's Network Development and Management Plan. A material change includes any event that affects service delivery and includes a reduction in workforce at a qualified service provider level; any plan to not fill, or delay filling, staff vacancies; or termination of a subcontract, the crisis provider and other qualified providers. The Contractor shall notify the IDHW, in writing within one (1) business day of the Contractor's knowledge of an expected, unexpected, or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network. The notice shall include:

a. Information describing how the change will affect service delivery, availability, or capacity of covered behavioral health services.

b. A plan to minimize disruption to the behavioral health Member's care and service delivery.

c. A plan for clinical team meetings with the behavioral health Member and his or her family/caregiver as appropriate to discuss available options and revise the treatment plan to address any changes in services or service providers.

d. A plan to correct any network deficiency.

One of the most important variables in the success of a managed behavioral health care program is the effectiveness of the partnership between the Medicaid agency and its Contractor. Because we have experienced the benefits of a strong working relationship with state staff in other programs, we understand the importance of discussing proposed changes with IDHW and obtaining written approval before implementing any material changes. Therefore, if Optum Idaho anticipates any material changes in the size, scope of configuration of its network, we will notify the IDHW Contract Manager within one day of the time that we become aware of the possibility of such a change.

The written notice will contain all the information prescribed in sections L.1., a., b., c., and d.

2. Should the Contractor terminate a provider from the network for cause, ensure this information is reported to the Medicaid Program Integrity Unit as well as the IDHW Contract Manager.

Should Optum terminate a provider from the network for cause, we would report this information to the Medicaid Program Integrity Unit as well as the IDHW Contract Manager. However, our standard procedure would be to notify the IDHW Contract Manager as soon as we anticipated any potential need to terminate a network provider, especially if that provider was an enrolled Medicaid provider as well.

3. Utilize performance and quality assurance data when determining to retain providers. Describe the criteria to be used for making the determination to terminate a network provider.

As we described earlier in this response, Optum Idaho will introduce a data-driven outpatient clinical care model called ALERT® (Algorithms for Effective Reporting and Treatment), which is a consumer-directed, outcomes-based and cost-effective approach to making treatment decisions and controlling outpatient costs. Because of the significant role PSR services play today in Idaho, Optum is designing an additional set of algorithms that will augment ALERT's ability to identify clinical concerns about Members for whom providers request authorization to initiate or continue the provision of PSR.

In addition to supporting utilization management and care management functions, ALERT's clinical algorithms will generate provider profiles that will enable Optum Idaho quality improvement and clinical staff to take action when trends are identified. ALERT's analyses also will complement claims-based fraud, waste and abuse detection. While ALERT is typically not used as grounds for provider termination, it does help us identify Providers who require education, as well as where to direct referrals.

> Focusing our efforts on high risk Members and providers with ineffective or inefficient treatment patterns is the best way to improve individual Member outcomes and overall provider performance.

ALERT data will be used to augment an array of other clinical and administrative information that will be regularly tracked and trended by the Quality Improvement team in collaboration with the Network Management team. All such data are evaluated as part of the recredentialing process.

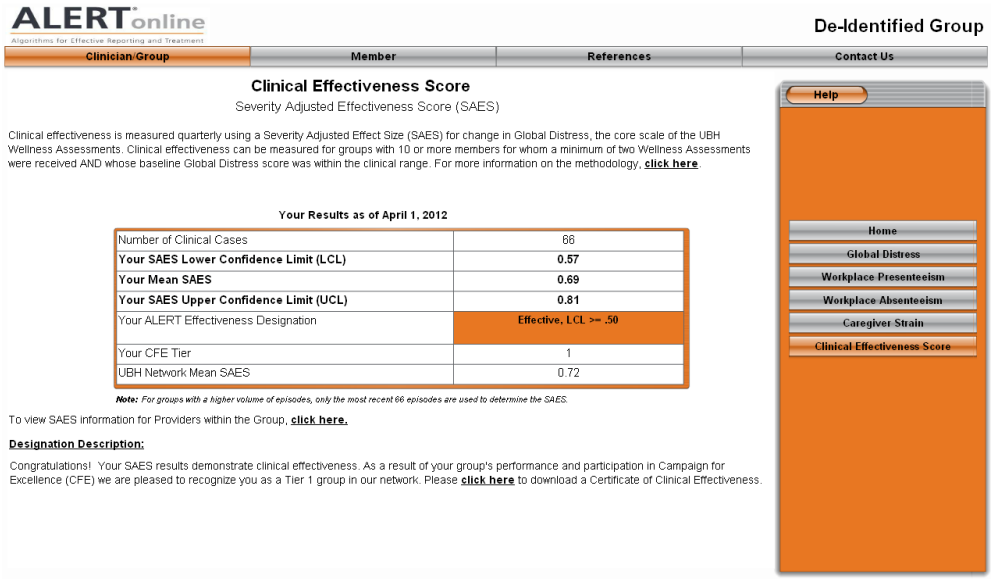
ALERT Online

ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail. ALERT Online is updated nightly.

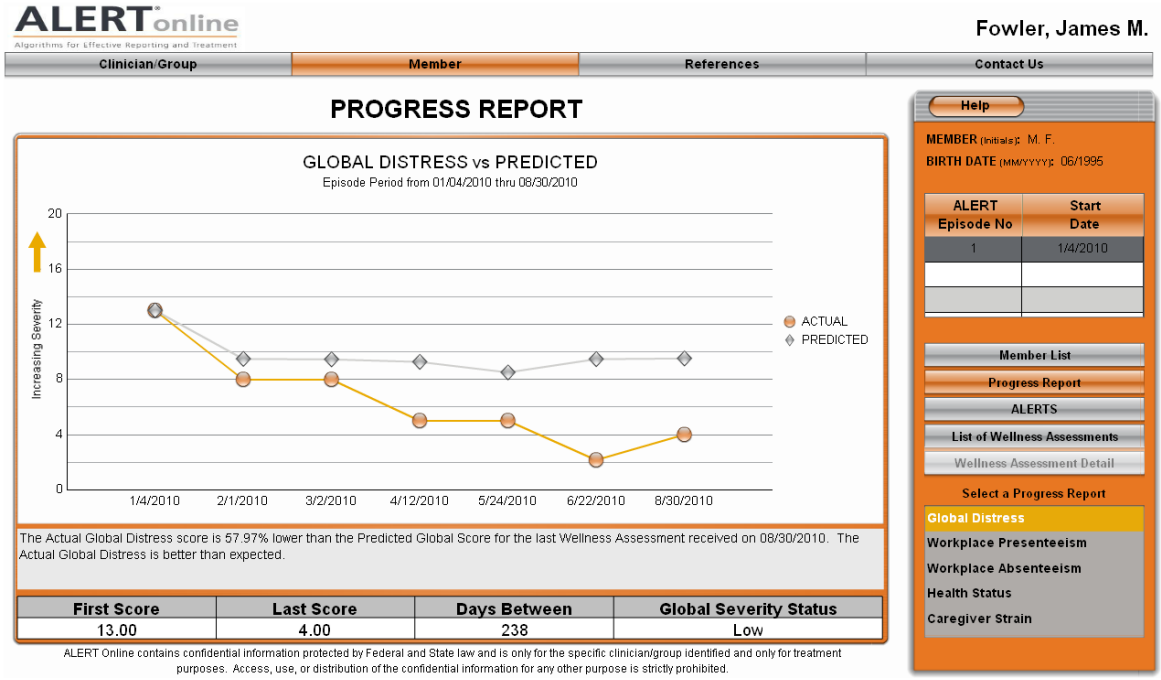
ALERT is built on the theory of patient- centered outcomes-informed treatment planning. Studies have shown that when providers regularly measure and monitor patient progress in treatment and act on the information, they achieve better outcomes. So while information from the Idaho Standardized Assessment will support our authorization and care management, it is equally important that the clinician have access to the information so that they can actively monitor their patient's progress in treatment. ALERT Online will enables Optum Idaho network providers to do this**.**

ALERT Online presents data in two ways:

- Provider/Group Summary - This section shows the aggregate of all the Standardized Assessments and will compare the provider's patients to all other similar Optum Idaho providers. This will allow providers to see how their patients' profiles compare to other providers. Providers also will be able view their Severity Adjusted Effect Size and see their overall effectiveness.



- Member Detail - In this section we will provide information on the Members who have submitted Standardized Assessments. Most importantly, we have graphs that track the Member's progress over time based on the Standardized Assessments submitted. Actual change is plotted against the predicted change so that providers will be able to see if their patient is progressing as expected or not. We also will provide information on any risk algorithms triggered by the Standardized Assessments.



Involuntary Network Terminations

Involuntary network terminations are made by our Credentialing Committee on a case-by-case basis. The primary factor in the Credentialing Committee's decisions is Member safety.

As part of our ongoing assessment of our overall network, Optum evaluates, audits, and reviews the performance of existing contracted providers, programs, and facilities. Examples of grounds for termination include Medical Board violations; malpractice actions; quality of care issues; and continuing administrative issues, such as balance billing, inaccessible practice, and a high level and severity of Member complaints.

Aside from quality of care concerns, other reasons for which providers have been terminated from our network include the following:

- Relocation without notification to Optum, death, or closure of practice
- Failure to respond to our recredentialing efforts
- Practice closed to new Members for more than six consecutive months

Providers who are leaving the Optum network are required to notify any Optum Member in ongoing care with them prior to the termination and assist the Member in transferring to a new provider. Members also may be directed to the toll-free Member Services number for assistance.

In compliance with NCQA requirements, Optum sends notices to any Member seeing a provider who is leaving our network. The Member is encouraged to contact us to discuss benefit options, including referral for continued care with another provider in our network.

4. Notify a network provider in writing when a determination is made to terminate a provider from the network and ensure prior written notice includes details pertaining to the decision to terminate. Submit a sample of a termination notice with your proposal.

While terminating a network provider for cause is a rare occurrence, should Optum terminate a provider from the network for cause, we would notify the provider in writing and include details pertaining to the decision to terminate. A sample termination notice is attached in ***Appendix 22.*** Providers may appeal involuntary terminations.

5. Ensure the IDHW is notified within two (2) business days if a provider fails to meet licensing criteria, or if the Contractor decides to terminate, suspend, limit, or materially change qualified service providers or subcontractors. The notice to the IDHW shall include:

a. The number of Members affected by the termination, limitation, suspension, or material change decision.

b. A plan to ensure that there is minimal disruption to the behavioral health Member's care and service delivery.

c. The Contractor shall require the behavioral health Member's original provider to be responsible for transitioning his or her Members until the behavioral health Member has attended the first appointment with the new provider.

d. A plan for clinical team meetings with the behavioral health Member and his or her family/caregiver as appropriate to discuss available options and to revise the treatment plan to address any changes in services or service providers.

e. A plan to communicate changes to affected Members, including provision of required notices per 42 CFR § 438.10(f)(4) and (5).

f. A written transition plan for Members affected by these network changes.

Should a provider fail to meet licensing criteria or should Optum terminate, suspend, limit or materially change qualified providers in our network, the Optum Idaho Network Director or his/her designee will notify the IDHW Contract Manager of the impending action. The notice will include all the information required in Question L.5.a., b., c., d., e., and f.

So long as the terminating provider is legally and ethically qualified to continue treating a Member of the Idaho Behavioral Health Plan, Optum Idaho will require that the provider be an integral part of transitioning his or her members to new network provider(s). An Optum Idaho Care Manager will work with the provider and each Member, as well as the Member's family when appropriate, to ensure a smooth transition.

However, if the reasons for the change in a provider's network status are of a nature to terminate or call into substantial question the provider's appropriateness to continue to serve Members, a Care Manager will independently work with the Member and the Member's family and maintain communications at least until the Member has had an initial appointment with the new provider of his or her choice. In some circumstances, the Care Manager, Peer Support Specialist or Family Support Specialist may remain in contact with the Member or the Member's family for a longer period of time until the Member has developed an effective therapeutic relationship with the new provider.

6. Track all Members transitioned due to a subcontract's suspension, limitation, termination, or material change to ensure service continuity. At a minimum, the Contractor shall track the following elements: name, date of birth, population type, current services the Member is receiving, services that the Member will be receiving, name of new provider, date of first appointment, and activities to re-engage persons who miss their first appointment with the new provider. The IDHW may require the Contractor to add other elements based on the particular circumstances.

Optum Idaho will use claims data in addition to our case management notes to meet the requirement to track all Members transitioned due to the suspension, limitation, termination, or material change of a provider contract. This will provide clear documentation of our efforts to ensure service continuity for all impacted Members.

As required, we will track all significant demographic and service data: name, date of birth, population type, current services the Member is receiving, services that the Member will be receiving, name of new provider, date of first appointment, activities to re-engage persons who miss their first appointment with the new provider and other elements that IDHW may request.

7. Ensure the Contractor and its providers, where applicable, use common data elements to match existing required data fields specified by the IDHW.

Based on IDHW's response to the second round of vendor questions, if we are selected as the successful Contractor, Optum will work with IDHW to develop a Data Dictionary for the Idaho Behavioral Health Plan to ensure commonality of data specifications. Once the Data Dictionary is established, Optum will train our Provider network to use these common data elements to match existing required fields specified by the IDHW. We will communicate these common guidelines through web-based training, through our Provider Manual and on the Optum Idaho website.

M. (E) PROVIDER TRAINING AND TECHNICAL ASSISTANCE:

The Contractor shall develop and implement comprehensive provider training and support a training program for providers to gain and maintain appropriate knowledge, skills, and expertise and receive technical assistance to comply with the requirements resulting from this RFP. The trainings should be reported in the annual Provider Training Report. The Contractor shall incur all costs required to perform the training tasks, including facility, staffing, hardware and software cost, printing and distribution of all reports, forms, training materials, and correspondence.

As described in many places throughout our proposal, including in our Executive Summary, we are well aware of the importance that a comprehensive program of provider training and support will play in the Idaho Behavioral Health Plan. The mental health and substance abuse services currently being provided to Idaho's Medicaid participants—and the providers that make those services available—are the foundation of the improved delivery system that IDHW and its stakeholders want to create in Idaho. Shoring up that foundation will be one of Optum's first priorities as the Contractor for the Idaho Behavioral Health Plan because using any of the Plan's resources on ineffective or inappropriate services will limit our ability to accomplish IDHW's goals.

Optum has reviewed Section M and will comply with all requirements contained in the section.

1. Describe how you will:

a. Stimulate the development of providers' capacity to treat co-occurring disorders, dual diagnoses, very young children, Native American Members, and Hispanic Members;

Stimulating providers' interests in, and capacity for, treating Members who have co-occurring disorders or dual diagnoses as well as those who are very young children, Native American or Hispanic will be part of the evolution of the services that will come about through the Idaho Behavioral Health Plan. The first step is to ensure that providers understand and are able to comply with standards related to the basic mental health and substance abuse services that are being provided today. The next step is to encourage the most competent providers to expand into specialty services and/or to build capacity to serve Members who need special services.

Optum Idaho will use a number of strategies to stimulate expansion into new services, including, but certainly not limited to:

- Conducting network sufficiency studies. Our analysis will focus not only on the services available in each IDHW region, but it will also assess providers' implementation of recognized evidence based practices and culturally competent services that promote recovery and resiliency through nationally recognized integrated service models. To the greatest extent possible, our goal is to ensure that our network delivers appropriate treatment services that result in good clinical outcomes for Members, regardless of the Members' age, diagnoses, ethnic or cultural backgrounds, or place of residence.
- Documenting gaps in care and estimating the unmet need for services, especially specialty services such as co-occurring disorders, dual diagnoses, and evidence-based services very young children, Native American Members, and Hispanic Members; documenting the level of demand will help stimulate providers to build the skills and/or expand their existing locations to address the pent-up demand

- Issuing Requests for Proposals to enable network providers compete to implement demonstration programs that address needs in their community or region. This activity will follow from our network sufficiency analysis that identified where there may be a gap in the delivery of evidence based services
- Implementing alternative contracting methodologies for high-demand specialty services; methodologies would be tied to key clinical/performance measures and incentives (i.e. pay-for-performance), tiered reimbursement based on outpatient case rate modeling and/or capitation arrangements with mandatory performance guarantees (i.e., readmission warranties).

> Our overarching goal is to ensure that all Members have access to services that move them towards recovery and families to regaining resiliency, while addressing whatever special circumstances or unique needs the Member or family may have

- Building relationships with other organizations—ranging from Idaho tribes to agencies responsible for other mental health and substance abuse funding streams—to identify ways to work collaboratively to stimulate interest in and funding for particular services, programs, evidence-based treatment modalities or other mutual priorities.
- Hosting representatives of other service delivery systems to talk with Idaho stakeholders about services, supports and specialty programs that have had a significant—and documented—positive impact on treatment outcomes and/or access to services
- Encouraging person centered planning by offering in-person experiential training from internationally-recognized experts such as Neal Adams, MD, MPH, and Diane Grieder, M.Ed., plus follow up telephonic consultations from Adams and Grieder to help reinforce the person-centered planning approach.

Regardless of the strategy used to stimulate interest in new services and programs, Optum Idaho will also have the responsibility to provide the training required to enable providers to develop the skills necessary to provide new services effectively.

b. Develop and implement training opportunities for qualified providers to occur, at minimum, once per quarter;

The Optum Idaho Quality Improvement Team will include a Training Lead who will be responsible to:

- develop an annual training plan,
- update the training plan to meet newly identified needs when necessary,
- oversee the provision of all Optum Idaho training,
- compile evaluations after each major training event and make changes as indicated, and
- prepare an annual evaluation of Optum Idaho's training efforts.

The Training Lead has been included as part of the QI Team because we expect training to be one of the most important and effective strategies for improving our internal operations and the overall effectiveness of the Idaho Behavioral Health Plan. It's important to note that the Training Lead will not be expected to present or prepare the wide array of training that Optum Idaho will make provide. The Training Lead will plan and support the delivery of training opportunities.

We will ask many people to provide training: Optum Idaho clinicians, our network providers, our Peer and Family Support Specialists, representatives of various ethnic and cultural groups, representatives from other public sector behavioral health delivery systems, national experts. For some training programs, we will ask assistance from IDHW staff.

In deference to Idaho's geography as well as the need to be efficient and cost effective, we will leverage electronic means for providing training to the maximum extent available. This will include WebEx presentations, conference calls, and videotaping as well as extensive use of the Optum Idaho website. We also will sponsor face-to-face training opportunities in various Idaho communities and will make training materials available in hard copy and on the Optum Idaho website.

Training will be available 24 hours a day, 365 days a year for our network providers and PCPs through our on-line educational resources, Essential Learning and OptumHealth Education

As noted earlier, some of our earliest training will focus on orientation to the policies and procedures of the Idaho Behavioral Health Plan and Optum Idaho. This will include information on our clinical criteria and our requirements for the various covered services included in the benefit package. As those involved with the Idaho Plan become more expert in a managed behavioral health care environment, our training focus will expand to cover priorities identified through our various monitoring activities and needs highlighted by the Regional Behavioral Health Advisory Boards, the State Planning Council and other stakeholders.

Strictly speaking, Optum Idaho will make training available free of charge 24 hours a day every day for our network providers, PCPs and other medical practitioners through the on-line curricula offered by both Essential Learning and OptumHealth Education. Structured training opportunities will be offered at least twice a month during the weeks just before and just after the implementation of the Idaho Behavioral Health Plan. When the majority of orientation sessions have been presented, the Training Lead will work with the Optum Idaho Contract Manager and the IDHW Contract Manager to determine the frequency for ongoing training sessions.

At a minimum, Optum Idaho will make training available for providers at least once each calendar quarter. The training schedule will be posted on the Optum Idaho website so all those interested can participate in training that is of interest to them.

"The New Mexico behavioral health staff was willing to meet with us and provided one-on-one training sessions (on billing and reimbursement). They took our concerns very seriously and assured our facilities would get paid. The staff has established a great rapport with our Business Office staff. "

Roland Todacheenie, Navajo Area Indian Health Services

c. Provide technical assistance to network providers;

Optum Idaho will make technical assistance available to our network providers so they can develop the skills and understanding necessary for a smooth transition into managed behavioral health care. The primary resources will be the Optum Idaho Network Director, Regional Network Managers and a Network Associate who will be responsible for addressing providers' technical questions. The Regional Network Managers will be available for onsite consultation.

In addition, all three Customer Service Representatives will be trained in claims resolution and so will be prepared to provide technical assistance in regards to billing and claims issues.

Once network providers register on Optum Idaho's secure website, they will have access to a comprehensive training module that provides hands-on instruction for a number of critical functions including submitting claims, seeking authorizations and checking eligibility. Customer Service Specialists will staff the toll-free Customer Service Line from 8 am to 6 pm on regular business days, and callers also will have the option to leave a voice message after hours requesting assistance. Calls will be returned the following business day.

Optum Idaho staff also will coordinate specialized technical assistance for providers that want additional information on telepsychiatry, the selection and/or implementation of electronic medical records or other IT-related issues.

d. Include a cultural competency component in each training topic;

In addition to specific training related to cultural competency, we will include a cultural competency component as part of each training topic, especially those related to interactions with Members and their families.

To help us appropriately incorporate aspects of cultural competency, we will involve the Cultural Competency Committee and the Clinical Advisory Committee, both of which are part of our QI Committee structure. The Clinical Advisory Committee will help prioritize training needs. The Cultural Competency Committee will be asked to make recommendations for incorporating standards of practice and outcomes related to cultural competence in all aspects of our program, including training.

The ongoing success of the training program will depend to a large degree on the extent to which our training reflects the diversity and needs of Idaho as a whole, as well as each regional area. Local input into, and support of, the design, implementation and monitoring of the training program will serve to strengthen our success. We will track, monitor progress, and implement ongoing improvements based on trainee feedback.

e. Educate and require providers to use evidence-based practices, promising practices, and emerging best practices;

Optum Idaho will educate providers and promote the use of evidence-based practices, promising practices and emerging best practices through a number of channels:

- The addition of Peer Support and Family Peer Support to the list of covered benefits for the Idaho Plan for Behavioral Health. The use of peer support is an evidence-based practice supported by SAMHSA, and a number of other evidence-based and promising/emerging best practices also rely on Certified Peer Specialists. Therefore, by making Peer and Family Peer Support reimbursable services, Optum Idaho will take a significant step forward in expanding the use of evidence-based practices.
- The availability of demonstration programs, all of which will be required to be based in evidence-based practices and/or programs that have been proven effective in similar situations and/or other public sector delivery systems. Open procurements will be conducted among network providers, who will be challenged to address priority areas including:
    - Coordination and/or provision of crisis response, crisis stabilization and hospital diversion services

  - Evidence-based services for children and adolescents and their families, especially those aimed at building resiliency within the family unit
  - Peer support programs and family support programs
  - Integrated mental health/substance abuse services for individuals with co-occurring disorders
- Training on the full-spectrum of recognized best practices in facilitating recovery and resiliency programming for all services including the movement to integrate with physical health care management. Our approach focuses on promoting a recovery-oriented system that supports self-direction and empowerment through a holistic approach to wellness, a strength focus, shared responsibility and meaningful peer support and hope for the future. The introductory module of our current program, developed by our Tennessee plan's Vice President of Recovery and Resiliency, covers the history of the recovery movement, the principles of recovery and resiliency, the evidence-based and best practices that support recovery, and the barriers to change.
- The option to implement alternative reimbursement methodologies for evidence-based practices. Such methodologies would be tied to key clinical/performance measures and incentives (i.e. pay-for-performance), tiered reimbursement based on outpatient case rate modeling and/or capitation arrangements with mandatory performance guarantees (i.e., readmission warranties).
- Building relationships with other organizations—ranging from Idaho tribes to agencies responsible for other mental health and substance abuse funding streams—to identify ways to work collaboratively to stimulate interest in and funding for particular services, programs, evidence-based treatment modalities or other mutual priorities.
- Hosting representatives of other service delivery systems to talk with Idaho stakeholders about services, supports and specialty programs that have had a significant—and documented—positive impact on treatment outcomes and/or access to services
- Access to the latest information about evidence- and consensus-based best practices through links on the Optum Idaho website to our Optum provider website, which will offer:
- Best Practice Guidelines with expert information on treating patients for Alzheimer's Disease, Bipolar Disorder, Eating Disorders, Major Depressive Disorder, Schizophrenia, PTSD, Acute Stress Disorder, Panic Disorder, Suicidal Behaviors and more
- Optum Study Guides to the Best Practice Guidelines on ADHD and Major Depressive Disorder
- OptumHealth Education, which offers providers access to scientifically valid CME/CE initiatives based on demonstrated learning methodologies. With access to a network of more than 575,000 U.S. health care providers and de-identified medical, pharmacy and laboratory claims data on approximately 30 million lives, OptumHealth Education designs educational initiatives designed to significantly impact provider practices and improve patient care.
- Access to Essential Learning, which provides on-line access to more than 800 hours of coursework, including evidence-based practices; CEUs are available free of charge for many of the courses.
- Optum Idaho-specific training, which will be customized to include topics that have been important to other public sector programs as well as topics that will be identified by the Idaho providers themselves, findings of our quality improvement initiatives, recommendations

from IDHW, and significant changes to the Idaho Behavioral Health Plan that will impact providers. Many of the training topics will be focused on evidence-based practices and/or include information about evidence-based practices.

f. Educate providers on billing and documentation requirements;

In addition to the information available on the Optum Idaho website, we will also provide orientation and ongoing training on claims and billing, including procedures, forms, NCC requirements, timely filing and submission requirements, EDI submission, mailing addresses, and CPT, HCPC, and coding requirements.

In addition, our Regional Network Managers and Regional Care Managers will be available to provide individualized assistance to administrative staff of provider agencies.

g. Provide required orientation and training for all providers new to the Contractor's network.

Our Network Team in cooperation with the Optum Idaho Training Lead--and with assistance of consumer, family, and provider peer trainers—will offer orientation and training regularly for new providers in a number of ways: face-to-face regional meetings, WebEx meetings, conference calls and orientation modules on the Optum Idaho website. Those modules can be used for independent learning, and subsequently downloaded as a reference document.

In addition, the Optum Idaho Regional Network Managers will meet directly with providers to offer hands-on assistance if a new provider is experiencing difficulty, especially in submitting claims online or accessing our provider portal.

We will work with IDHW and representative providers to identify initial trainings for the network. Some of the trainings we have offered and will consider offering include:

- Recovery and Resiliency Training
- Strengths Based Assessment
- Effective Use of Peer Support
- Developing Comprehensive Care Plans (including WRAP® Plans)
- Clinical Implications of Supported Employment
- Post-Traumatic Stress Disorders
- Suicide Prevention, Awareness and Response
- Administrative Training and Technical Support
- Network Orientation
- Claims and Billing
- Critical Incident Reporting Requirements
- Service Registration, Eligibility Verification, Referrals and more
- Care Coordination Process and Administration
- Complaints, Disputes, Appeals and Grievance processes
- HIPAA and Privacy Requirements
- Clinical Education and Training (some examples listed here)
- Optum Level of Care Guidelines
- Substance Abuse Level of Care Guidelines Integration of Physical and Behavioral Health

Optum Idaho will emphasize the use of telecommunications in provider training to save travel time for provider staff

- Culturally Adapted Evidence-Based Practices
- Promising and Emerging Practices
- Prevention and Early Intervention

Providers will be encouraged to check our website to view the calendar of OptumHealth education current offerings as well as the Essential Learning course catalog which includes an extensive library of topics covering clinical issues, compliance and agency management. Many of the courses offered by Optum Education and Essential Learning offer Continuing Education Units. Links to these resources will be available free of charge at www.optum.com

h. Develop and implement an annual training plan that addresses all training requirements;

We will employ a Training Lead dedicated to Optum Idaho who will have primary responsibility for developing, updating and implementing an annual training plan that includes training for Optum Idaho staff, provider staff, Members, Members' families, PCPs and representatives of affiliated delivery systems. The plan will specify training topics, targeted providers, content, dates, times and locations. After the first contract year, it also will include an evaluation of the previous year's curricula as the basis for planning the subsequent year's training agenda.

Optum Idaho also will submit a quarterly training activity report to the IDHW, which will include a summary of each training event by title, location, number of registrants and participants, number and types of CEUs offered, and summary of participant satisfaction survey results. The training activity report will be incorporated into our Quality Improvement program.

i. Involvement of Members and family members in the development and delivery of trainings.

Members and their families will be involved in every part of the services provided by Optum Idaho, including training. Some of the ways in which the perspective of Members and their families will shape the development and delivery of the training curricula include:

- Our Member and Family Affairs team, will include, a Peer Support Specialist, a Family Support Specialist, and a Director, all of whom will be Certified Peer Specialists with lived experience as a consumer or family member of a consumer who has experienced mental health and/or substance use issues. This team will report directly to the Optum Idaho Contract Manager and will participate on all major committees and initiatives with the express purpose of ensuring that a consumer/family viewpoint is part of all major decisions.

> Members and their families will be involved in every part of the Idaho Behavioral Health Plan and in reviewing the performance of Optum Idaho. As part of that involvement, they will help shape the training curriculum and its delivery.

- Our Member Advisory Committee and QAPI will take an active role in most of Optum Idaho's initiatives, including development of the training plan, for which committee members will submit ideas for training topics and training sites.
- Members and family members will be asked to participate directly in the development of training materials and training programs, including serving as presenters to represent the Member/family perspective in discussions of evidence-based practices, cultural competency, role of Members/families in treatment planning and how to build effective Member/family/provider partnerships to improve treatment outcomes.

2. Submit a draft provider training and technical assistance plan with your proposal.

We have submitted our draft provider training and technical assistance plan as ***Appendix 25***.

N. (E) ELECTRONIC HEALTH RECORDS (EHR):

1. Describe how you will work with network providers to develop and implement EHR systems that will meet provider needs for real time data access and evaluation in medical care. See Attachment 13 – Electronic Health Records.

Commitment by providers to electronic health record and participation within a health information exchange such as Idaho Health Data Exchange (IHDE) will determine the timeline to meet objectives of real time data access and evaluation in medical care. EHR systems connected to the IHDE is a fundamental technical requirement to enable real time data access.

To make a beneficial impact, a critical mass of facilities, labs and providers that handle a majority of services in the region/state must participate in the IHDE.

There are several non-technical barriers to overcome. Individual consumers and providers must trust in the exchange of health information. Accuracy of information and lack of trust between competing health care entities can cause unwillingness to consent to the disclosure of electronic PHI. If a significant number of members opt out of allowing disclosure of PHI, inefficiencies will occur and the benefits of sharing electronic health data will be limited. Collaboration of all IHDE stakeholders will help ensure a successful deployment of this technology.

Optum proposes to share behavioral data with primary care providers and health home providers identified on the Medicaid eligibility file. The initial method of exchange will involve postal mail and secure fax directly to those physicians and providers. This limited exchange is equivalent to the "direct" messaging capability envisioned within health information exchanges. This method of direct messaging/sharing is a natural step in progression to full exchange capability. This approach will enable sharing of information during Optum's initial implementation while resolving technical and non-technical aspects of sharing electronic health data.

Following Optum EHR assessments and EHR education forums with Idaho Medicaid behavioral health providers, we anticipate adoption of EHR technology to advance. Financial incentives, other incentives or mandates will be required for some provider practices to adopt EHR technology.

2. Describe how and when you will be able to ensure that behavioral health providers participating in the managed care program adopt and use electronic health record technology. Please refer to Attachment 3 - Definitions for a definition of electronic health record and Attachment 13 - Electronic Health Records for more details regarding these requirements.

Optum and Optum Idaho strongly support Medicaid's efforts to implement the use of electronic health records. Based on our experience, electronic health records significantly improve the readability of patient records, the sharing of clinical information and also enable providers to be much more accurate, efficient and timely in the submission of claims.

However, implementing an electronic health record system is a significant investment for a practitioner or an agency, especially if the organization is not eligible for the federal meaningful use funds that were made available through the Affordable Care Act. Therefore, to help us select the best approach for encouraging the adoption of electronic health records in Idaho's behavioral health provider community, we talked with a number of mental health and substance abuse

providers who are currently serving Idaho Medicaid beneficiaries. We found that only a very few providers have implemented an EHR to date. The providers told us:

- Many do not have any significant familiarity with any EHR vendor or system, and most do not have a preference to any specific system
- They **do not** want to be forced to adopt a single EHR. The providers believe their agencies' needs differ, and they want to be able to make their own choice.
- They were not enthusiastic about adopting WITS, even if it were to be made available free of charge
- They **do** want technical assistance in selecting the EHR most appropriate to their needs and also in training their staff and in interfacing with other systems
- Many do not have the capital readily available to invest in an EHR

Based on the providers' feedback as well as on the advice of our own internal IT experts, Optum Idaho will offer the following support for Medicaid's efforts currently underway to implement the use of electronic health records:

1. Our Optum Idaho and Optum IT teams will talk with Idaho providers during the implementation period and the first three months of the contract period to get a more in-depth and technical understanding of the array of demands that Idaho mental health providers will make on their EHR systems. We will include substance abuse providers as well if they want to explore using an EHR other than WITS.
2. Our IT staff will create a general needs statement outlining the various capabilities and capacities that Idaho behavioral health providers would like to see in an EHR as well as an outline of the number and size of Idaho agencies that will be in the market for an EHR
3. Our IT staff will circulate the general needs statement to all vendors of behavioral health electronic health records and also will publicize the availability of the needs statement through IT industry news sources
4. The Optum Idaho IT team will host at least three forums in various locations across Idaho that they will invite all interested EHR vendors to attend. Because most EHR vendors have an array of products—sized to work for very small to very large agencies—attendees will be able to see and touch a significant number of EHR products.

Neither Optum Idaho nor Optum corporate IT staff will endorse any EHR vendor. However, our IT staff will help individual providers evaluate which EHR seems to fit most closely with their existing work flow and currently required capacity, as well as their projected growth.

If providers need assistance in financing their EHR, Optum Idaho can provide contact information for an officer of Optum Bank, which is a separate entity from United Behavioral Health, the entity submitting this proposal, and a sister organization within the UnitedHealth Group. Optum Bank is an FDIC insured bank with over $2B in assets that specializes in health care lending. They provide commercial financing directly to physicians, medical practices, specialty groups, hospitals and other health care providers for:

- Equipment and technology
- Facility improvements and expansions
- Working capital

The Optum Idaho and Optum corporate IT team will provide the designated Optum Bank officer with detailed information about the Idaho EHR initiative and the qualifications of the vendors that participate in the EHR forums, Although each provider will be required to qualify based on that organization's documented financial status and credit history, Optum Bank will be prepared to process applications quickly and competitively. The designated bank officer will have an in-depth understanding of the importance of EHRs to the Idaho Behavioral Health Plan.

Financing provided by Optum Bank to network providers for the implementation of EHRs or any other reason, will have no direct impact on the revenue or profit of Optum Idaho or United Behavioral Health. Financing by Optum Bank will be made available solely as a service to network providers.

Timing of Implementation

While some network providers are prepared to implement EHR systems in the immediate future, others are not. If selected as the Contractor for the Idaho Behavioral Health Plan, we will work with IDHW to clarify the schedule for the adoption of EHRs for other Medicaid-enrolled providers and will synchronize our timeline with the one being followed by Idaho Medicaid. In general, we would suggest that an implementation schedule be established that mandates earlier implementation for providers that receive the highest revenue from serving Medicaid beneficiaries and allow providers that derive less Medicaid revenue a longer period of time to come into compliance with EHR requirements.

O. (E) MANAGEMENT OF CARE:

Describe how you will:

1. **Provide care management and case management functions to promote achievement of the goals of this RFP including, but not limited to:**

Care management is one of the core responsibilities that will be delegated to the Idaho Behavioral Health Plan Contractor and will be one of the most important strategies for achieving the goals of IDHW's Request for proposals.

If selected as the Contractor, Optum Idaho will hire Idaho-based independently licensed behavioral health clinicians to perform care management. Our Care Managers will coordinate closely with case managers and other network provider staff to help Members access, plan, participate in and benefit from mental health and/or substance abuse services that are individualized, appropriate and effective for each Member's condition.

> Optum Idaho Care Managers will have three separate, but inter-related functions: utilization management, intensive care management, and regional care management

Optum Idaho will have Care Managers doing three different functions: utilization management, intensive care management, and regional care management. The roles differ, but are closely related, and all require significant experience in the delivery of mental health and/or substance abuse services. Utilization management deals with the review of requests to initiate and continue treatment services. Intensive care management provides oversight and consultation to providers serving Members who have been identified as high need or high risk. Regional care management involves building relationships with providers, affiliated delivery systems, Regional Behavioral Health Advisory Boards, regional IDHW staff and others in a designated IDHW region

A Data-driven Care Management Approach

Through other public sector programs, we have learned that the most effective way to improve a delivery system—as well as the treatment provided to individuals—is to focus on those Members who have the greatest clinical need and on those providers with less satisfactory performance. This enables us to use our Case Managers efficiently, regardless of the specific function to which they are assigned. It also reduces the additional workload often imposed on providers by managed care.

Therefore, Optum Idaho will implement a data-driven outpatient clinical care model called ALERT® (**Al**gorithms for **E**ffective **R**eporting and **T**reatment), which is a consumer-directed, outcomes-based and cost-effective approach to making treatment decisions and controlling outpatient costs. ALERT will use the results of the Idaho Standardized Assessment to provide decision support for the authorization of outpatient services and care management through:

> Focusing our efforts on high risk Members and providers with ineffective or inefficient treatment patterns is the best way to improve individual Member outcomes and overall provider performance.

- Risk stratification of individual Members
- Identification of Members who are not progressing in treatment
- Measuring and reporting clinical outcomes for the Idaho Behavioral Health Plan.

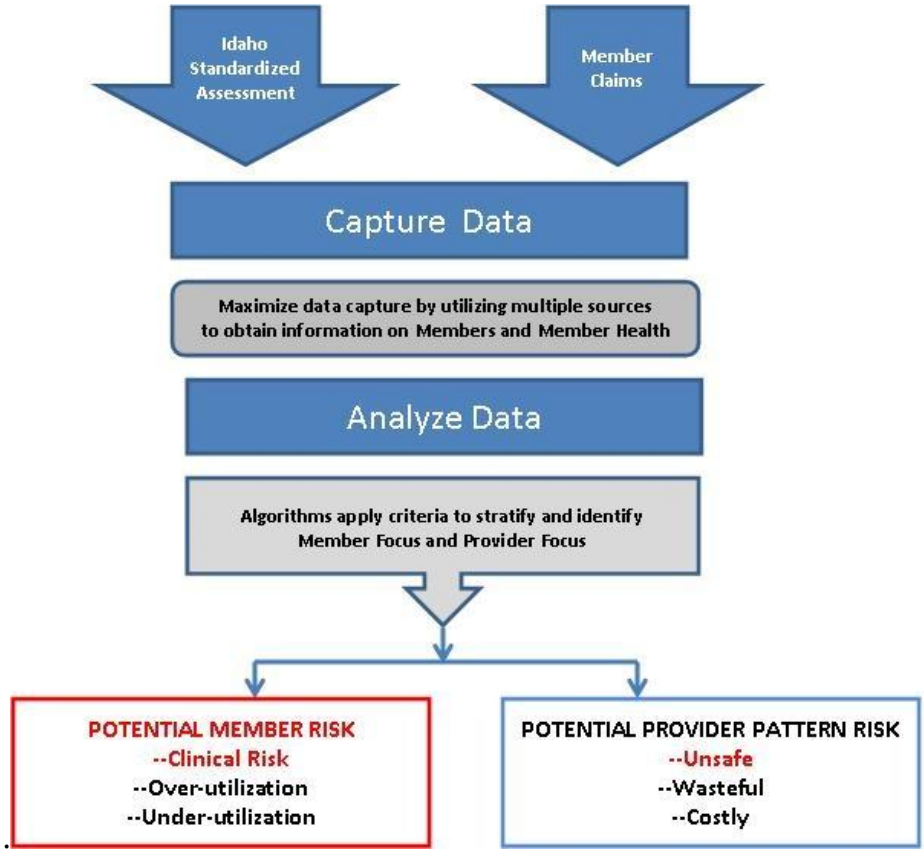
- Identifying providers for outreach based their effectiveness and efficiency

ALERT's analyses also will complement claims-based fraud, waste and abuse detection. Because of the significant role PSR services play today in Idaho, Optum is designing an additional set of algorithms that will augment ALERT's ability to identify clinical concerns about Members for whom providers request authorization to initiate or continue the provision of PSR.

The Idaho Standardized Assessment will provide clinical information for the ALERT system. The Assessment is based on a psychometrically-tested instrument that uses the Global Distress Scale for identifying and monitoring change in psychological distress and identifying chemical dependency risk and medical issues. Optum Idaho will be using two versions of the Assessment: one for adults and the other for adolescents over the age of 12. The adult scale includes 24 items that assess symptoms of depression and anxiety, functional impairment, well-being, daily functioning, health and medical co-morbidity, and substance risk and use. The youth scale has 25 items that assess global impairment in the child (including interpersonal, emotional, academic and behavioral), caregiver strain, parental workplace absenteeism and presenteeism and health.

ALERT will generate flags indicating that a Member is at risk for any one of 15 medical and behavioral complications ranging from anorexia nervosa to caregiver strain, chemical dependency, depression, and medical/behavioral co-morbidity.

Members (or the parent/caregiver if the Member is a child) will complete the Idaho Standardized Assessment independently during their first appointment with a mental health or substance abuse provider and again every four months or whenever the provider submits an authorization request to continue providing care to the Member. Providers will fax each Member's Idaho Standardized Assessment to Optum Idaho where it will be analyzed by ALERT algorithms. If potential issues are identified by the algorithms, a Care Manager will contact the requesting provider for additional information before issuing a service authorization. Ongoing retrospective chart reviews will be conducted to verify that documentation supports the clinical information provided and claims submitted.



While information from the Idaho Standardized Assessment will support our authorization and care management, it is equally important that providers have access to the information so that they can actively monitor their patient's progress in treatment. ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail.

Appendix 4 includes a discussion of ALERT, the Idaho Standardized Assessment and ALERT On-line.

Using claims information in the Optum Idaho database as well as information from the Idaho Standardized Assessment, ALERT also will generate Indicators of potential issues of fraud or abuse in individual provider practice patterns, including frequent provision of high cost/high intensity services, provision of services for prolonged periods of time, provision of services to multiple family members, use of the same diagnosis for most patients, CPT codes that do not match provider type, and provision of services to members already in treatment with other providers. If any patterns are detected which may indicate fraud and/or abuse, Optum's Fraud and Abuse Surveillance Unit will work with IDHW to conduct an investigation.

ALERT will generate provider profiles and also will flag potential indicators of provider fraud or abuse

Pharmacy Analysis

Our focus on high-need/high risk Members and outlier providers will be further enhanced by xPERTISE, Optum's program for pharmacy analysis and consultation. Through the review of claims for psychotropic medications, xPERTISE will leverage evidence-based medicine to assess trends, utilization patterns and clinician prescribing practices and to identify opportunities to reduce waste and enhance clinical quality. System-level reports and consultation also will be available to IDHW's Pharmacy and Therapeutics Committee.

a. Ensuring a person-centered process of care management and case management;

When we envision a service delivery system, we define care management and case management in the same way in which IDHW has defined them in Attachment 3. We consider *care management* to be the direct responsibility of our clinical and medical staff and *case management* to be a service provided directly to a Member by an appropriately qualified employee of a network provider.

We further concur with IDHW's definition of care management as including an array of services including utilization management, care coordination, discharge planning, care transition and ensuring the continuity and quality of services as well as the enrollment status of Members and providers involved in the care. In every program Optum operates, we strive to minimize the administrative requirements that are inherent in care management and to focus the time of our clinicians—and the staff of our network providers—on helping Members recognize and accomplish their treatment priorities.

> Optum Idaho's clinical policies and procedures for our network providers will reinforce individualized, person-centered and recovery-oriented treatment planning and service delivery

Therefore, our proposed design is intended to reinforce a person-centered care management process by requiring that providers work with each Member and the Member's family when appropriate to help the Member identify his or her treatment needs and priorities and create an individualized treatment plan that includes treatment goals and responsibilities for the Member, the mental health or substance abuse provider as well as:

- Services to be provided by other human services agencies
- Treatment provided by the Member's primary care provider
- Services offered by community agencies (such as churches, libraries, community centers) and
- Natural supports received from family and friends

To help ensure that providers and Members are prepared to comply with the person-centered treatment policies we will implement, Optum Idaho will:

- Provide training to Members and their families as well as to network providers on techniques to ensure Member participation and leadership in treatment planning; our Peer Support Specialist and Family Support Specialist will present part of the training
- Make peer support available wherever it is available to Members upon request, especially those who want assistance in participating more actively in their own treatment planning
- Monitor provider compliance with our treatment planning policies through regular chart audits; surveying consumers and families through questionnaires and at meetings and

forums; and discussing treatment plans and treatment progress at each concurrent review of services for which authorization with an Optum Idaho Care Manager is required.

Our emphasis on a person-centered process extends beyond our expectations of our network providers and their direct interaction with Members they serve. Our staff also have a person-centered focus on individual Members, especially those with the greatest needs for mental health and/or substance abuse treatment, to ensure that they (1) are receiving appropriate services and (2) are moving toward recovery.

> Intensive Care Managers will work with the providers serving Members identified as high need or high risk to ensure that each Member's treatment is coordinated and effective and that he or she is making progress in his or her recovery journey

If selected to manage the Idaho Behavioral Health Plan, Optum Idaho's care management program will put a major emphasis on identifying high need Members and improving their clinical outcomes. For instance:

- Some of our Care Managers will be assigned as Intensive Care Managers to high need Members, such as those who are being discharged from inpatient care, have had multiple hospitalizations, are identified as having significant medical issues, are children involved with the courts or child welfare systems, have been working with a provider for an extended time with no improvement, or who are identified as having potential drug-drug interactions or other pharmacy-related risks. Our ALERT system also will identify Members at high risk.
- The Intensive Care Managers will review the current treatment plan and services being provided to each high need Member and work with the provider to ensure that Member is aware of the risk issues that have been identified for him or her and that the treatment plan is revised to include the issues and related action steps.
- In some instances, especially when the Member is transitioning between providers or levels of care, our Intensive Care Manager may recommend that additional Community Transition Support services be provided to that Member. We will contract with providers for this specialized in-home service to assist the Member adapt to his or her new environment.
- We will include Peer Support in the benefit package for the Idaho Behavioral Health Plan and encourage Members to use the services of trained peer specialists to help them identify their individual goals and work toward meeting them. Optum Idaho also will hire a Peer Support Specialist and a Family Support Specialist who will support ongoing efforts across the state to train consumers to provide peer support and train providers on how to effectively use Peer and Family Support Specialists. Both will further enhance our ability to ensure person-centered services.

We have found the person-centered focus on individual high need Members to be an important component in the success of our care management program because:

- Our data show that supporting those with the greatest unmet needs is the most cost effective way to improve clinical outcomes;
- High need members tend to have many healthcare providers and can benefit greatly from coordinated treatment planning and coordinated goal setting; and
- A focus on high need Members is one of several ways in which we identify and work with providers that can benefit from additional training or oversight.

Our Focus on Psychosocial Rehabilitation

Our focus on a person-centered approach to services will also be an important component of the Idaho Behavioral Health Plan's ongoing focus on identifying potential fraud and abuse. Although we will initially concentrate most on psychosocial rehabilitation because of the high proportion of the expenditures it represents, we also will look for potential trends in other services as well. Thus, as we monitor to ensure consistency with our policies, we also will verify that services:

- Are being provided only to those Members who are benefitting from it
- Are being provided only by providers who are qualified and are producing good clinical outcomes
- Include activities that fall within the service definition and do not cover excluded services; and
- Include a strong recovery focus and an emphasis on self-management to prepare Members for taking more responsibility for their own health and well-being.

Person Centered Planning: A Performance Improvement Project in Partnership with State of Washington

Optum Pierce County has a Performance Improvement Project (PIP) in place to increase consumer voice and participation in treatment planning. The Code of Federal Regulations, the State of Washington Code and Optum Pierce policies and procedures all support consumer involvement in treatment planning as well as a consumer's right to participate in treatment decision making. In addition, consumer and family involvement in service planning supports Optum's commitment to a recovery – based model of care.

> *"OptumHealth is very clear about provider service performance and quality. OHPRSN operates from measurable standards, systematically monitors outcomes, and provides motivation and support for continuous quality improvement. I believe OptumHealth Pierce RSN, in collaboration with local providers, has in just two years achieved very notable improvements in local performance of the public mental health system serving Pierce County residents."*
>
> **Dick Towell, CEO, Greater Lakes**

During 2010 chart audits of Pierce County providers by the State of Washington Licensure agency, deficiencies were noted in the area of treatment planning. Baseline data collected September, 2010 through March, 2011 regarding consumer and family involvement in treatment planning showed 81.7% compliance.

Using a continuous quality improvement model, barriers were identified and interventions were chosen and directed toward improving performance, including:

- On-site training by Neil Adams, MD and Diane Grieder, MA, authors of Person-Centered Planning
- Technical assistance calls to community mental health agencies
- Person-centered planning training to additional community mental health agency staff by the staff who attended the on-site "train the trainer" sessions

Upon re-measure of charts from April 1, 2012 through August, 2012, consumer and family involvement in treatment planning had increased by over 7%, from 81.7% at baseline to 89.02%.

These results were found to be statistically significant. Improvement efforts continue in partnership with Washington Department of Social and Health Services, Mental Health Division.

b. Providing a multidisciplinary team approach that ensures working with all parties involved in the children's and adults' systems of care to establish service eligibility;

Many of the strategies that Optum Idaho will use to ensure a person-centered approach to care management and case management also will ensure that we will work with all those in the children's and adults' systems of care to establish service eligibility. More specifically:

- In serving children and adolescents, the importance of engagement with family/guardians, schools, and any applicable state systems involved with the child is critical to good treatment outcomes and cost-effective care. Through policies and procedures as well as training, we will reinforce the need to coordinate across delivery systems in the determination of service eligibility and also the delivery of treatment services.
- When Member presents with co-occurring diagnoses, such as mental illness and substance use issues, we will encourage the provider, at a minimum, to plan with the Member on how to access treatment for both conditions, either concurrently or consecutively. This will include ensuring the Member's eligibility for more than one funding stream or program.

> An important part of treatment planning is determining the full array of services for which a child or adult is eligible and coordinating the delivery of all services to ensure a consistent and non-duplicative treatment strategy.

- Our Provider Manual will include policies that require the development of a person-centered, recovery-oriented treatment plan for adults and a comprehensive treatment plan for children that is consistent with the principles of resiliency. An important part of treatment planning is determining the full array of services for which a child or adult is eligible and coordinating the delivery of all services to ensure a consistent and non-duplicative treatment strategy.
- Optum Idaho's Community Liaisons will work with child welfare, juvenile justice, adult corrections, and the problem-solving courts to ensure that linkages are established with those agencies and our network providers, which will be critical in ensuring that Member eligibility is accurately determined and conveyed. If any of our monitoring efforts indicate that additional multidisciplinary team involvement would be in the Member's best interest, a Liaison will be assigned to work with the network provider and other agency representatives to ensure an effective multidisciplinary team approach.

Staff of Optum Idaho will also support providers' efforts to share implement multidisciplinary eligibility determination and planning with providers of social and medical services. For example:

- We will notify the PCP indicated on the Member's enrollment file when behavioral health services are authorized and include the name of provider authorized to serve the Member.
- When reviewing requests for the authorization or continuation of treatment services, our Care Managers will ask specific questions about the Member's eligibility for other and ongoing communication and coordination with the agencies/practitioners providing those services. If a provider's responses are not in compliance with our policies, the Care Manager will have an option to:

- Request chart audits to determine the extent to which other agencies have been informed and involved;
- Request that a Community Liaison verify the Member's eligibility for services provided through other agencies; -
- Request a Regional Care Manager to work with the network provider to determine ways to better include other agencies.

- Our training program will include topics related to the development of a comprehensive treatment plan and the eligibility determination and coordination with others who are serving the Member. Member training will address the Member's responsibility to support that communication and interface between those from whom they are receiving services and support.

c. Arranging for services in network including movement to higher or less restrictive levels of care;

There are a number of ways in which Optum Idaho will help Members move between levels of care. The most important of these care management services include:

- Our Boise-based staff will include Discharge Coordinators whose responsibility will be to work with the state and community hospitals so we are aware of the impending discharge of a Member of the Idaho Behavioral Health Plan. The Discharge Coordinator will work with the hospital-based social worker, regional IDHW Navigators when appropriate, and the Member's choice of network outpatient providers to plan for follow-up treatment following discharge.
- An individual being discharged from inpatient psychiatric care will automatically be referred to an Intensive Care Manager who will be in contact with the Member's selected outpatient provider to ensure that the Member keeps appointments and is progressing well after returning to the community.

> Optum Idaho's Discharge Planners and Intensive Case Managers will oversee Members' transitions between providers and/or levels of care.

- If the recently discharged Member does not progress well in treatment, the Optum Idaho Intensive Care Manager will refer the case to a Regional Case Manager who will meet with the outpatient behavioral health provider and possibly with the Member and/or the Member's family to help identify and resolve any issues the Member has with the planned outpatient services.
- The Optum Idaho Discharge Coordinators, Intensive and Regional Care Managers will have the option of referring the Member for community transition support which will provide in-home support by a licensed clinician as well as peer support.
- Our Provider Manual will include policies requiring network providers to work with Members who complete treatment with their agency and will be transferring to another provider, including transfer to a higher level of care when medically necessary. The referring provider will be required, with the Member's authorization, to share information about the Member's course of treatment and the reasons for the referral.

A network provider, friend or relative, or the Member him/herself will be able to request the support of an Intensive Care Manager of a Regional Care Manager to provide additional clinical oversight during a transition if the service has not already been initiated. Peer Support will

become an integral part of ensuring Members' smooth transition between levels of care as Peer and Family Peer Support becomes available across Idaho during the early years of the Idaho Behavioral Health Plan.

d. Linking to services out-of-network as appropriate;

Optum Idaho's Care Managers will have the authority to authorize out-of-network services when a treatment service required by a Member is either not provided by a network provider or there are no appropriate network providers within a reasonable distance from the Member's home that can timely provide the needed service within appropriate timeframes.

The Network Director will help the Care Manager, referring provider and the Member locate an agency or professional who is appropriately trained to offer the required service and will execute a single case agreement. An Intensive Care Manager will then work with the out-of-network provider to monitor the Member's progress in treatment and to facilitate the Member's transition back to the network provider when clinically appropriate.

As mentioned previously, it is always Optum's goal to recruit qualified providers to our network rather than continuing out-of-network single case agreements so that other Members will have access to that service when it is required.

e. Coordinating the delivery of services including primary care services that function to rule out metabolic processes that may mimic behavioral health symptoms;

If selected as the Contractor for the Idaho Behavioral Health Plan, one of Optum Idaho's goals will be to facilitate easy access to ambulatory mental health and substance abuse treatment while maintaining the close relationship with primary care providers that IDHW's current rules ensure. Our care management and utilization management system is designed to assess a Member's presenting symptoms and direct the Member to the service(s) that are medically necessary. Therefore, if selected as the Contractor for the Idaho Behavioral Health Plan, we will recommend that IDHW take the steps necessary to eliminate the requirement for a physical and/or authorization from the Member's PCP in order to initiate mental health or substance abuse care.

The Idaho Standardized Assessment

Because Optum shares IDHW's realization that some physical conditions may mimic mental health symptoms, we incorporate a standardized health and wellness assessment as part of our authorization process for routine outpatient services in both Medicaid and commercial contracts. This instrument, which will be expanded slightly to meet Idaho's requirements, will be known as the Idaho Standardized Assessment. Members will be asked to complete this Assessment independently during their first appointment with a mental health or substance abuse provider and whenever a request to continue services is submitted. (For a comprehensive discussion of our process for authorizing services covered under the Idaho Behavioral Health Plan, please see our response to Question P.2.b.)

> The Idaho Standardized Assessment is one of the ways in which Optum Idaho will verify the presence of psychological distress and/or chemical dependency risk in Members who present for treatment.

The Idaho Standardized Assessment is based on a psychometrically-tested instrument that uses the Global Distress Scale for identifying and monitoring change in psychological distress and

identifying chemical dependency risk and medical issues. It has been independently validated to ensure its psychometric integrity as an outcome tool and to affirm its use as an objective assessment tool with external credibility. See ***Appendix 10*** for a discussion of the instrument, its reliability and validity.

Information provided by the Member on the Idaho Standardized Assessment will be run against the algorithms included in ALERT, Optum's authorization decision support software. If potential issues are identified by the algorithms, a Care Manager will contact the requesting provider for additional information before issuing a service authorization. If the presenting condition does not fall within the responsibility of the Idaho Behavioral Health Plan, the authorization will not be issued and a referral will be made, if appropriate, to the Member's primary care provider.

Other Processes for Coordinating With Primary Care

Optum Idaho's policies and procedures, which will be contractual requirements for our network providers, will also reinforce coordination with primary care by requiring that providers:

- Document each Member's primary care provider, request the Member (or guardian's) permission to share basic treatment information with the physician, and share the treatment plan, including medications, with the primary care provider.
- Include an annual physical as part of the treatment plan for each Member and document the Member's success in meeting that goal.
- Identify—with the assistance of the Member's PCP—major physical conditions that may impact the Member's recovery and help the Member develop goals to manage or remediate those physical conditions.

In addition, to support providers' efforts to coordinate with providers of primary care, Optum Idaho will send letters or faxes to a Member's primary care provider (as listed on the Member's enrollment file) whenever a behavioral health provider receive an authorization to initiate or continue treatment services. This notification will be continued until electronic medical records and the Idaho Health Data Exchange are in sufficiently wide use to make the hard-copy notifications unnecessary.

f. Monitoring and evaluating the Member's response to the behavioral health services as well as tracking such Members with complex medical needs use of medical services;

The Member's response to treatment will be part of Optum Idaho's authorization process, and, in addition, Intensive Care Managers will oversee the progress of Members identified as high need or high risk, including those who have complex medical needs.

When a provider submits a request to continue treatment, the Member will complete the Idaho Standardized Assessment. If the Member's functioning is not improving, ALERT algorithms will flag the request and a UM Care Manager will contact the provider. A decision may be made to discuss a different service or level of care with the Member in the effort to improve the Member's benefit from treatment and progress toward recovery. Some of those Members may be determined to be high risk or high need.

Optum Idaho's Intensive Care Management program was designed to enable us to track members with complex medical needs and other risk issues. As indicated in previous responses, we believe that the most effective way to improve clinical outcomes and impact system

expenditures is to focus on those Members who are at clinical risk and on those providers whose practices show opportunities for improvement in effectiveness or efficiency.

Therefore, using a combination of utilization data, prescription information (to the extent it can be provided through the Medicaid fiscal agent), notifications generated by ALERT algorithms, and referrals from our clinical staff, network providers and family members, Optum Idaho will provide Intensive Care Management to high risk/high need Members. Members with complex medical needs will be included as high risk/high need.

> Our ALERT decision-support system will help us track Members' responses to treatment, and Intensive Care Managers will oversee the progress of Members identified as high need or high risk

Optum Idaho's Intensive Care Managers will be independently licensed behavioral health clinicians with significant experience in working with individuals who have multiple treatment issues. Intensive Care Managers will be in direct contact with the providers working with high need Members as well as, in some instances, the Members and their families. The focus of the Intensive Care Manager's support will be to ensure that services are appropriate, that clinical relationships are effective and coordinated across all providers, and that the Member is actively participating in treatment. They will monitor and evaluate, on an ongoing basis, Member response to services and will help re-focus services when necessary with the goal of improving outcomes.

If the Intensive Care Manager believes that additional support is required, he/she will ask that the Regional Care Manager participate in treatment team meetings when indicated. The focus of these discussions will be to identify the most effective treatment approaches, including the possibility of transferring to another provider that might be more skilled in serving individuals with that Member's particular clinical needs and issues.

Fraud and Abuse

Part of monitoring Member response to services is the use of algorithms to identify potential fraud and abuse, as Members should make progress in treatment over time. It is our policy to address health care insurance fraud and abuse aggressively, which includes the operation of a Special Investigations Unit (SIU). The SIU focuses most of its fraud and abuse detection efforts at the provider level, identifying suspected providers through various data detection techniques and reviewing their claims prospectively (prior to payment) and as potential recovery cases (post-payment). Our program includes a full range of prevention and detection tools—from the latest anti-fraud software to focused audits—and specific protocols to investigate and report potential and actual program violations. All of our public sector programs include processes for ensuring fraud and abuse compliance and reporting any identified issues of non-compliance or fraud and abuse. We have policies and procedures in place and that include oversight, training, and actual process management components.

> ALERT data will be part of the information included our special Investigation Unit's ongoing surveillance for waste, fraud and abuse in the Idaho Behavioral Health Plan.

g. Advocating for Members who need multiple services to meet complex needs;

We expect every employee on the Optum Public Sector Team to advocate for Members within the scope of his or her job responsibilities. The principles of recovery and resiliency are an integral part of our new employee orientation, and everyone learns about our commitment to improving treatment outcomes for individuals and public sector delivery systems. Therefore, every member of the Optum Idaho staff should consider it his or her responsibility to advocate for quality, appropriate and cost effective mental health and substance abuse services for every Member of the Idaho Behavioral Health Plan.

On a day-to-day basis, Optum Idaho Intensive Care Managers will have the most direct responsibility for advocating for Members who need multiple services and for ensuring that all the needs identified by and on behalf of those Members are included in their treatment plans and are being addressed. In many instances, this may include helping identify community-based services or supports that will support the Member's progress toward recovery. Among those supports could be the services of a Peer Specialist and training in self- management of chronic conditions, such as the Lorig training offered by IDHW and a number of senior centers and other community organizations across Idaho.

h. Promoting activities and referrals to services that facilitate a Member's independence;

The focus on recovery and resiliency is not only a guiding philosophy for Optum—it is an integral part of the way in which our staff review services and evaluate providers. We strongly support activities and services that facilitate a Member's independence. For instance, in Idaho;

- Our Peer Support Specialist and Family Support Specialist will work with existing consumer groups and others who are promoting the ongoing development of peer support groups and peer-run organizations. Our goal is to be able to offer a referral for Peer Support or Family Support to every Member who receives Idaho Behavioral Health Plan services.
- We will include the principles of recovery and resiliency—which are the foundation of a Member's independence—as an integral part of all the training we provide for clinicians as well as for Members and their families.
- We will ensure that our Peer Specialists receive training in the Lorig approach to self-management of chronic conditions. As noted above, Lorig Chronic Disease Self-Management Training is offered in at 10 sites across Idaho, according to the Patient Education website of the Stanford School of Medicine at http://patienteducation.stanford.edu/organ/cdsites.html#ID .
- We will encourage our own clinicians as well as employees of our network providers to participate in Lorig training or similar programs that focus on enabling individuals with chronic illnesses or chronic conditions to learn to live with and manage their symptoms. Essential Learning offers a two-part course entitled "Self Direction, Person Centered Planning and Shared Decision Making to Facilitate Recovery" which includes self-management training. Lorig training is available on line at http://patienteducation.stanford.edu/internet/ healthy living .html, so clinicians can readily access self-management courses even in communities where such training is not otherwise available.

> We will encourage training in Chronic Disease Self-Management or the Health and Recovery Peer (HARP) program, which is an adaptation for individuals with mental illness, for Members, providers, and Optum Idaho staff

- We will focus on increasing the use of natural supports such as family and community facilities and program. Our Community Resource Directory and the 211 IdahoCare Line will be important sources of information for Members, their families, their providers and our staff. We will support members in achieving their potential and contributing to their families and communities.

i. Operating a screening process for Member's seeking inpatient behavioral health services in order to activate a hospital diversion mechanism;

Today, there are a number of crisis responders in Idaho. Some work for providers who offer psychosocial rehabilitation and some are employees of the Division of Behavioral Health. Some—such as local law enforcement officers—work for a city or a county. Many work in hospital emergency departments and/or are part of community emergency response teams. However, there is no coordinated statewide crisis response system. Some of the more populated urban areas have begun to knit separate providers into a local system and to develop alternatives to emergency rooms, but it is much more difficult to create coordination in more rural, sparsely populated areas.

Few first responders, who are often not mental health or substance abuse professionals, feel competent to assess the right kind of service for a person who is in crisis, much less to intervene in the crisis situation. Because crisis triage and crisis counseling is not readily available in many places, emergency rooms have become the disposition for many people who seem to be in crisis. In talking with professionals across the state, we were told that more than half the individuals brought to emergency departments do not actually meet emergency criteria.

Therefore, with the implementation of the Idaho Behavioral Health Plan, Optum Idaho will initiate the Member Access and Crisis Line to provide, among other services, crisis triage and intervention as one way to divert Members to other resources when they do not require hospital admission. The line will function as a central point of access and will coordinate with provider agencies, emergency rooms, law enforcement and others to help ensure that Members have access to the right care.

To operate the Access and Crisis Line, Optum will contract with ProtoCall, an organization certified by the American Association of Suicidology and by CARF. ProtoCall currently supports Optum's operations in Pierce County, Washington and in New Mexico, and also is being included in other Optum proposals currently under development.

The line will be live answered within 30 seconds 24 hours a day, 365 days a year by mental health and substance abuse professionals trained to provide crisis counseling. The Access and Crisis Line staff also will provide the telephonic Member Services support outlined in Section G of the RFP and will be trained about the benefits of the Idaho Behavioral Health Plan, community resources in Idaho and Optum Idaho's provider network. For additional information about ProtoCall and the Access and Crisis Line, please see our response to Section 3.9.3 and Question DD.3

Coordination with the Statewide Suicide Crisis Hotline

As part of our decision to include the Member Access and Crisis Line in our proposal, we talked with a representative of the Idaho Council on Suicide Prevention about ways in which the service

sponsored by Optum Idaho could complement—but not duplicate—the services that will be offered through the Mountain States Group, which will operate the Suicide Hotline. We discussed some potential interfaces and agreed that, should Optum be selected as the Contractor for the Idaho Behavioral Health Plan, we would work with the IDHW Contract Manager and Council members to fine-tune protocols for collaboration between the two services.

j. Participating in hospital discharge planning processes in an effort to impact lengths of stay and to facilitate timely admissions to step-down services;

As part of our Care Management team, Optum Idaho will hire two Discharge Coordinators who will be responsible for working with community and state hospitals to help facilitate timely discharges of Members who have been hospitalized. This will include:

- Serving as the point of contact with state and community hospitals, such as Intermountain Hospital, and identifying efficient ways to share information about Member admissions.
- Working with staff to facilitate discharge planning and referrals for Members in inpatient services. In other programs, we have found that hospitals come to view Optum as a resource in discharge planning and they proactively call us to help coordinate discharge plans.
- Ensuring a smooth transfer of the Member to an Intensive Care Manager at the point of discharge. Both the Discharge Coordinators and Intensive Care Managers will augment the transitional support provided by IDHW Navigators. The Intensive Care Manager will follow-up with Members to encourage the Members to keep their outpatient appointment, comply with their medication regime and other parts of their treatment plan. The Intensive Care Manager also will encourage Members to contact the Member Access and Crisis Line or their behavioral health provider at any time if they feel the need to talk with a clinician.

Some Members will have a pattern of frequent admissions to community and/or state hospitals. In some instances, these Members will not keep outpatient follow-up appointments or work effectively with their treatment providers. Intensive Care Managers will have the option to authorize Community Transition Support for those Members. Community Transition Support is a new service that Optum Idaho will add to the Idaho Behavioral Health Plan benefit package. It will consist of in-home services provided by a licensed clinician and Peer Support by a trained Peer Support Specialist.

Based on our experience in other programs and our discussion with Idaho consumers and behavioral health providers, we believe Intensive Care Management, in combination with Community Transition Support, will decrease inpatient stays and unnecessary hospital readmissions.

k. Coordinating the provision of behavioral healthcare services with Medicaid's Primary Care Case Management program and with Medicaid's Health Home program to ensure the best possible outcomes for coordinated physical and behavioral health services;

The importance of interaction between medical and behavioral health conditions is well documented. We believe coordinating the provision of behavioral healthcare services with both Medicaid's Primary Care Case management program and Idaho's emerging Health Home program is important and will improve outcomes for mental health and substance abuse treatment services as well as for medical treatment. We also believe, especially given the scarcity of psychiatrists and other licensed mental health and substance professionals in the rural areas of Idaho, that primary care providers are playing—and will continue to play—a very

important role in direct delivery of mental health treatment, in particular medication management.

Therefore, Optum Idaho will implement a variety of initiatives and policies to support the provision of behavioral and physical health services as well as improved outcomes for Members who use services of the Idaho Behavioral Health Plan.

Dedicated Staff

Building organizational relationships means dedicating the resources required to ensure effective communications—appropriate referrals, coordination of service planning and delivery, prompt identification and resolution of issues. We have found that assigning a specific individual with primary responsibility to coordinate communications with major referral resources is very important to strong organizational relationships. Although all Optum Idaho staff will be expected to communicate accurately and promptly with PCCM providers and Health Homes, explicit responsibility for coordination will rest with:

- One of our Care Managers, who will be designated as the point person for contact with primary care providers, including Primary Care Case Managers, Health Homes, FQHCs and health plans (when they are implemented for physical health).
- Our Regional Case Managers and Regional Network Managers, located in the north, southeast and southwest areas of Idaho will be assigned to serve each of the IDHW regions. In their role of representing the Idaho Behavioral Health Plan in communities across the state, they will be available to meet with PCCMs, health homes and other primary care providers to address specific issues, provide general information about the Idaho Plan, or assist the primary care practice in accessing Optum Idaho resources, such as our Medical Director for a psychiatric consultation.

Resources for PCCMs and Behavioral Health Providers

As the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will offer educational resources for primary care practices as well as our network providers. Many of those resources will support communications and referrals between medical, mental health and substance abuse providers. Some of the resources include:

- The coordination of services will be part of the training curriculum that will be offered by Optum Idaho for network providers, Members and their families and other stakeholders. The training also will address effective strategies for incorporating input from other providers, facilitating the participation of all providers in treatment planning, and the importance of the Member's role in enabling and supporting service coordination.

> To facilitate the identification of potential mental health and/ or substance abuse issues in Members—and to facilitate Members' referral to the Idaho Plan for Behavioral Health—Optum Idaho will distribute a Behavioral Health Toolkit for HealthCare Professionals to primary care providers.

- A Behavioral Health Toolkit for the Healthcare Professional that we will distribute widely to primary care providers. The Toolkit will contain easy-to-administer screening instruments for the identification of potential issues related to mental illness and substance use. The Toolkit also will include information about educational resources available on the Optum Idaho website, treatment services available through the Plan and how to make a referral, and

the toll-free number for requesting consultation from the Optum Idaho Chief Medical Officer.

- Essential Learning includes a course that offers 2.75 CEUs entitled "Coordinating Primary Care Needs of People with SMI" as well as various courses with a recovery-centered focus that include coordination of medical issues with behavioral health. Essential Learning offers on-line online courses and e-learning resources and will be available free of charge to network providers.
- Optum Education also offers a number of courses related to strengthening the interface between the provider community. OptumHealth Education is an accredited provider of continuing medical education and is dedicated to improving care and health outcomes through the education of health care professionals. The OptumHealth Education web site, located at www.optumhealtheducation.com, offers over 100 hours of on-demand CME accredited education. It will be available free of charge to Optum Idaho's network providers as well as primary care clinics and other providers that are serving Idaho Plan Members.
- As part of their recovery journey, Members accept responsibility for their own health and well-being. As we support existing efforts to expand the use of Peer Support, we will include training for Peer Support Specialists and Family Support Specialists on the importance of Members sharing information between all providers. The same information will be shared at Member orientation and outreach meetings.

Policies and Procedures Regarding Coordination

In addition, many of Optum Idaho's policies will directly enhance the coordination of care with PCCMs and Health Homes. For instance:

- Network providers will be required to document each Member's primary care provider, request the Member (or guardian's) permission to share basic treatment information with the physician, and share the treatment plan, including medications, with the primary care provider
- Optum Idaho will automatically inform the primary care provider listed on the Member's file whenever a provider is authorized to provide a behavioral health service to a Member who lists that provider as his/her PCP. Initially we will provide the notice via fax or letter. As the Idaho Health Information Exchange serves more Medicaid providers, we will leverage that communications system.
- Behavioral health providers will be required to identify—with the assistance of the Member's primary care provider—major physical conditions that may impact the Member's recovery and help the Member develop goals to manage or remediate those physical conditions
- Although we are recommending that IDHW change the rules that require a referral from a PCCM to initiate mental health or substance abuse services, we will require that providers continue to (a) encourage the Member to have an annual physical and otherwise follow recommendations of his/her primary care provider and (b) document the Member's success in that area.

> As part of our Member orientation and materials, we will remind Members of their responsibility to keep all their providers informed about the services they are receiving.

- A major focus of our approach to care management will be the identification of high need Members—those determined to be at clinical risk because of issues such as repeated

hospitalizations, poly-pharmacy, service transitions, court involvement or other concerns. Those high need Members will be assigned to an Intensive Care Manager who will work with the provider to help the Member address the identified clinical risk. Coordination of services between the primary care provider and the behavioral health provider will always be an important emphasis of the Intensive Care Manager's interaction with the behavioral health provider.

- When conducting concurrent reviews, Care Managers will review medical conditions and documented interactions with primary care providers to address those conditions as well as other services the Member may be receiving and the effectiveness with which the provider and Member are coordinating medical and behavioral care
- As part of our efforts to ensure the quality, appropriateness and clinical outcomes of all services, Regional Care Managers will review providers' records. One of the important aspects of those reviews will be to evaluate the extent to which PCCMs and Health Home staff have been invited to, and involved with the Member's treatment.

Our pharmacy analytics program will help us identify high need members and outlier prescribers. It also will provide information that can assist IDHW evaluate opportunities to make its formulary more cost effective.

All the information generated through our chart reviews, feedback from our training, concerns raised by Intensive Care Managers and other clinicians, Member complaints/grievances and concerns from affiliated providers will be routed through our Quality Improvement program and tracked so if trends related to coordination are identified, appropriate corrective action can be initiated, either with a specific network provider(s) or through training for both providers and Members.

Using Prescriptions to Help Coordinate Treatment

Because Optum is part of an organization that provides both medical and behavioral health services, we are particularly aware of the importance of monitoring prescriptions and their value in identifying opportunities to improve clinical care and treatment outcomes. We know that the right clinical and psychopharmacology expertise helps fill the gap between prescribing practices and evidence-based treatment. Therefore we will request that IDHW regularly (e.g., quarterly) provide an electronic file of the medications that have been prescribed for Members of the Idaho Behavioral Health Plan.

Using that medication file, as part of our services to Members and IDHW, our pharmacy staff will implement xPERTISE, Optum's program for pharmacy analysis and consultation. The program includes a comprehensive array of analytic reports that will help us identify a number of important clinical risks. The prescription data we receive will determine in part the reporting and analysis we are able to provide, but the data can be used to identify potential treatment issues such as:

- Members receiving psychotropic medication but who have received no mental health treatment; and
- Members receiving medications that indicate the presence of a medical condition the behavioral health provider should help the Member learn to manage and control.

The pharmacy analytic reports also will assist Optum Idaho quality management staff in ongoing efforts to uncover inadequate and inappropriate treatment practices among providers and Members such as:

- Frequent prescription switching
- Inappropriate dosing
- Contraindicated prescriptions
- Medication non-adherence
- Polypharmacy/multiple prescribers
- Extended duration of use
- Potential drug/MHSA incongruence
- Drug and disease contraindications

Members identified as having a significant pharmacy-related risk will be referred for Intensive Care Management. This will include Members with high utilization of psychotropic medications and or utilization of high cost psychotropic medications as well as those identified as being at risk of re-hospitalization. Behavioral health prescribers identified most consistently as using inadequate or inappropriate treatment will be contacted by our Optum Idaho Chief Medical Officer. Other prescribers identified as non-compliant with evidence-based prescribing standards will be referred to IDHW.

Reports will be available for presentation to the Idaho Medicaid Pharmacy and Therapeutics Committee and the Medicaid Pharmacy Program. For more information on our pharmacy analytics, see ***Appendix 9.***

l. Ensure that in the coordination of care that occurs through the Primary Care Case Management and Health Homes program confidentiality, requirements in 45 CFR parts 160 and 164 are observed; and

Optum Idaho will share no protected health information about a Member of the Idaho Behavioral Health Plan without the individual's prior written authorization except as allowed in CFR Section 164 Subpart E.

All Optum's corporate policies have been written to be in full compliance with federal regulations, including CFR Parts 160 and 164, which were enacted to maintain strong protections for the privacy of individually identifiable health information while recognizing the challenges to the confidentiality of health information presented by the increasing complexity of the health care industry, and by advances in the health information systems technology and communications. Policies promulgated by Optum Idaho, which will be reviewed by legal and compliance staff of Optum, also will comply with applicable federal regulations.

m. Coordinating with other providers and programs that deliver behavioral health services outside of the Contractor's delivery system.

In some instances, a Member of the Idaho Behavioral Health Plan will receive behavioral health services from a provider that is not part of Optum Idaho's provider panel. These instances will generally fall into two categories: (a) when the service has been authorized, arranged, and is being reimbursed by Optum Idaho at an out-of-network provider; and (b) when the service is being reimbursed by a funding stream other than the Idaho Behavioral Health Plan.

Out-of-Network Providers

Optum Idaho will authorize, contract for and reimburse services that are medically necessary for a Member but are not provided by an in-network provider or cannot be accessed within a reasonable timeframe through a network provider. In those instances, an Optum Idaho Care Manager will work with the referring network provider to identify the needed service and potential providers. An Optum Idaho Network Manager will recruit the provider to network status or negotiate a single case agreement with the provider to deliver specific services to that specific Member. An Intensive Care Manager will be assigned to work with the out-of-network provider, the referring network provider to whom the Member will return following treatment, the Member and the Member's family as appropriate. All communications will be documented in the Optum Idaho management information system as well as in the medical records of the providers.

Services Provided Through a Different Funding Stream

As part of the treatment planning process, network providers will be required to help Members identify all services they are receiving, including behavioral health services funded by payors other than Idaho Medicaid. Like all other services the Member may be receiving, the network provider is responsible to share information about treatment planning and treatment goals with the Member's consent. The network provider and the Member also are responsible to integrate goals and treatment information from all service providers into the comprehensive behavioral health treatment plan developed and maintained by the Idaho Plan network provider.

When an Optum Idaho Utilization Manager is reviewing a request to continue services, he/she will talk with the requesting provider about all services being provided to the Member and evaluate the quality and appropriateness of those services as well as the Member's overall progress in treatment. Regional Care Managers will review the involvement of other service providers when they conduct chart audits of Plan Members.

> Services of Optum Idaho's Discharge Coordinators and ICMs are designed to complement efforts of IDHW Navigators

Admission to a State Hospital

One of the instances when an Idaho Plan member will receive behavioral health service from a provider outside the Optum Idaho network will be when a Plan member is hospitalized in one of Idaho's state hospitals. In that instance, an Optum Idaho Discharge Coordinator will work with the state hospital social workers to support their discharge planning efforts. At the time of discharge, the Member will be assigned to an Optum Idaho Intensive Care Manager who will work with the network provider, the Member and the Member's family as appropriate to ensure a smooth transition into the follow-up services that were included in the Member's discharge plan. Both the Discharge Coordinator and Intensive Care Manager will coordinate their efforts with those of the IDHW Navigator who also is responsible to ensure a smooth transition for individuals returning from a state hospital stay.

If the Member is unable or unwilling to participate in outpatient treatment upon his/her return to the community, the Intensive Care Manager will have the option to authorize Community Transition Support for the Member, which will provide in-home support by a licensed behavioral health professional and a Peer Support Specialist.

P. (E) INTAKE AND ASSESSMENT:

The Contractor shall design and manage an intake process distinctive from the assessment process and that makes use of standardized tools. Currently the IDHW doesn't require a standardized tool to be used for determining Members' mental health program eligibility. The IDHW currently requires providers of substance use disorder services to use the Global Appraisal of Individual Needs (GAIN1) instruments for assessing Members seeking substance use disorders. For information on GAIN go to http://www.chestnut.org/LI/gain/index.html. The IDHW currently relies on a standardized tool for helping determine whether or not a child Member is experiencing a Serious Emotional Disturbance—the Child and Adolescent Functional Assessment System/Pre-school and Early Childhood Functional Assessment Scale® (CAFAS/PECFAS). For information on the CAFAS/PECFAS go to http://www.fasoutcomes.com/.

1. Submit, with your proposal, your intake process that includes a triage process which will identify and distinguish crises, urgent services and routine treatment needs.

Optum believes that a "no wrong door" approach is the best design for an intake process. This means that a Member of the Idaho Behavioral Health Plan will be able to request services through us or through the network provider of the Member's choice. More specifically:

- A Member will be able call the Member Access and Crisis Line 24 hours a day, 365 days a year and be in immediate contact with a licensed behavioral health clinician who will evaluate the Member's need for services, including whether the Member is in crisis, requires services urgently, or has needs that are routine in nature. The licensed professional will review available network providers in the Member's area that provide the service that seems most appropriate for the Member and help the Member select a provider agency. If requested, and especially when crisis or urgent interventions are required, the clinician will contact the provider on the Member's behalf and finalize arrangements to get the Member to the agency, office or emergency services site….OR…
- A Member will be able to walk into a network provider's office or call a network provider and request an appointment. The network provider will be responsible to have a licensed clinician available to talk with the Member and assess the urgency of the Member's needs. If the network provider cannot meet the Member's needs within contractually established timeframes or does not offer the services required by the Member, the provider will help the Member find a nearby network provider who can offer the indicated service. ….OR…
- A family member can contact a network provider's office and request an appointment for a Member. A licensed clinician will work with the family member to assess the urgency of the Member's needs. If the network provider cannot meet the Member's needs within contractually established timeframes or does not offer the services required by the Member, the provider will help the Member find a nearby network provider who can offer the indicated service or will help the Member call the Access and Crisis Line.

> Crisis services will not require authorization. The priority in every crisis situation will be to stabilize the Member and to ensure the Member's safety and the safety of those around them.

Crisis services will be provided regardless of whether or not the individual has completed a formal intake process. Optum Idaho will reimburse network providers for covered services provided to Members in a crisis whether or not the provider has received authorization.

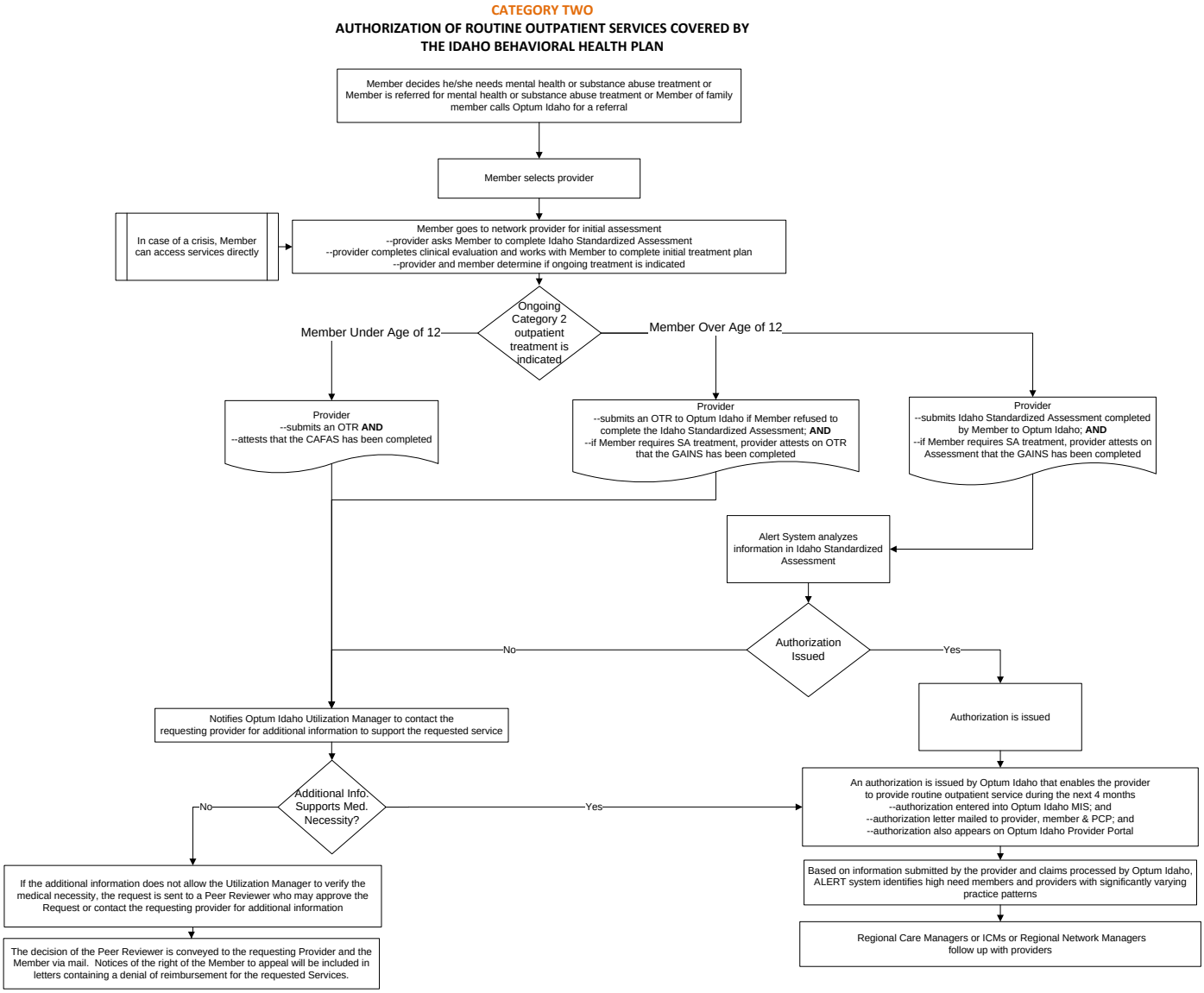
A network provider also will not require authorization to complete a Comprehensive Diagnostic Assessment. As part of the Assessment, the provider will complete the CAFAS/PECFAS if the Member is a child or adolescent and the GAIN if the Member is seeking treatment for substance use.

Before or after the Member talks with a counselor, the provider will ask Member will be asked to complete the Idaho Standardized Assessment without assistance from the staff.

To ensure Members' access to treatment, network providers will not be required to request authorization to complete Comprehensive Diagnostic Assessments and any standardized tests that are part of the assessment process.

The provider will be required to submit the Idaho Standardized Assessment and scores from the CAFAS/PECFAS or GAIN as appropriate to receive authorization to initiate covered services. If the Member refuses or is unable to complete the Idaho Standardized Assessment at the time of the initial session, the network provider will be allowed to complete an Outpatient Treatment Request, but Optum Idaho's policies will require the Idaho Standardized Assessment to be completed by the Member (or a parent/guardian if the Member is a child or not competent) before authorization to continue treatment is authorized.

A flow chart of the overall process for intake and routine service authorization is included below. For additional detail on the overall process for authorizing services with Optum Idaho, see our response to Section GG.



2. Describe how you will:

a. Ensure the intake process allows the Member to receive needed services immediately, when indicated by the presenting problem, without the delay that would be caused by the assessment process.

As indicated in the previous response, Optum believes that the removal of barriers to accessing care results in more rapid, timely intervention and increases the chance of minimizing any long term effects of a mental health or substance use issue. Therefore, as the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will implement a process that will enable a Member to access the network provider of his/her choice and allow the network provider to complete an intake and in-depth assessment of the Member's needs without authorization from Optum Idaho or any other delays caused by approval processes.

Open Access to a Behavioral Health Provider without a PCP Visit

Optum requests that IDHW take the steps necessary eliminate the rules that require Medicaid participants to get a referral from their PCP before seeing a behavioral health provider. The information requested in the Idaho Standardized Assessment that will become part of our service authorization process will generate the information required to alert our Care Managers to potential medical issues. We also will continue to require coordination between our network providers and Members' PCPs and to require providers to encourage Members to see their PCP at least annually.

> ALERT will generate flags indicating that a Member is at risk for any one of 15 medical and behavioral complications ranging from anorexia nervosa to caregiver strain, chemical dependency, depression, and medical/behavioral co-morbidity.

Provision of a Comprehensive Assessment Without Authorization

When a Member first presents to a network provider, the network provider will complete a Comprehensive Diagnostic Assessment. Before or after that appointment, the Member will be asked to complete the Idaho Standardized Assessment without assistance or coaching by the staff. In addition to the diagnostic assessment, the provider will be required to complete the CAFAS/PECFAS if the Member is a child or adolescent and the GAIN if the Member is seeking treatment for substance use.

Authorization will not be required for the network provider to conduct or be reimbursed for the initial diagnostic assessment, including relevant standardized assessments. However, the provider will be required to submit the Idaho Standardized Assessment form and scores from the CAFAS/PECFAS or GAIN as appropriate to receive authorization to continue to treat the Member. (If the Member refuses or is unable to complete the Idaho Standardized Assessment at the time of the initial session, the network provider will be allowed to complete an Outpatient Treatment Request, but the Idaho Standardized Assessment will be expected to be completed before ongoing services are authorized).

Grandfathering in Services Currently Being Provided

For 60 calendar days following implementation of the Idaho Behavioral Health Plan, Optum Idaho will not require prior authorization of services that were initiated prior to July 1, 2013. During this time period, Optum Idaho clinicians will go on site or work directly with network providers that have large numbers of Members. Together they will enter authorizations for those Members who are being "grandfathered" into service. This will allow providers to become familiar with the authorization process and will allow Optum Idaho to spread the authorization process—and subsequent concurrent reviews—across a two-month time period and stagger the subsequent concurrent reviews due after September 1, 2013.

Access to Emergency Services

In compliance with SSA § 1932(b)(1)&(2) and 42 C.F.R. § 438.114, Optum Idaho will require no prior authorization for emergency services that fall within the benefits covered by the PAHP.

b. Implement a process that results in an independent, standardized assessment of the Member's behavioral health care needs.

As discussed and illustrated in the previous response, the Idaho Standardized Assessment will be an integral part of the authorization process for the Idaho Behavioral Health Plan. Members will be asked to complete this Assessment independently during their first appointment with a mental health or substance abuse provider and every four months or whenever the provider submits an authorization request to continue providing care to the Member.

The Idaho Standardized Assessment based on a psychometrically-tested instrument that uses the Global Distress Scale for identifying and monitoring change in psychological distress and identifying chemical dependency risk and medical issues. Optum Idaho will be using two versions of the Assessment: one for adults and the other for adolescents over the age of 12. The adult scale includes 24 items that assess symptoms of depression and anxiety, functional impairment, well-being, daily functioning, health and medical co-morbidity, and substance risk and use. The youth scale has 25 items that assess global impairment in the child (including interpersonal, emotional, academic and behavioral), caregiver strain, parental workplace absenteeism and presenteeism and health. See ***Appendix 26*** for a copy of both the adult and youth questionnaires.

> The Idaho Standardized Assessment that Members will complete will be available in two versions: one for adults and the other for adolescents over the age of 12.

Analyses demonstrate that the scales, comprised of items from well-validated public domain scales, are both valid and reliable. Both have has been independently validated to ensure psychometric integrity as an outcome tool and to affirm the tool's use as an objective assessment tool with external credibility. See ***Appendix 10*** for a more detailed discussion of the Global Distress Scale, its reliability and validity.

Members will complete the Idaho Standardized Assessment when the Member's provider of mental health or substance abuse services requests authorization to continue providing services. Information provided by the Member on the Idaho Standardized Assessment will be run against the algorithms included in ALERT, Optum's authorization decision support software to help identify Members who are at risk because they are not progressing as expected. If the data in the Assessment triggers a flag from the ALERT algorithms, a Care Manager will contact the requesting provider for additional information before issuing a service authorization.

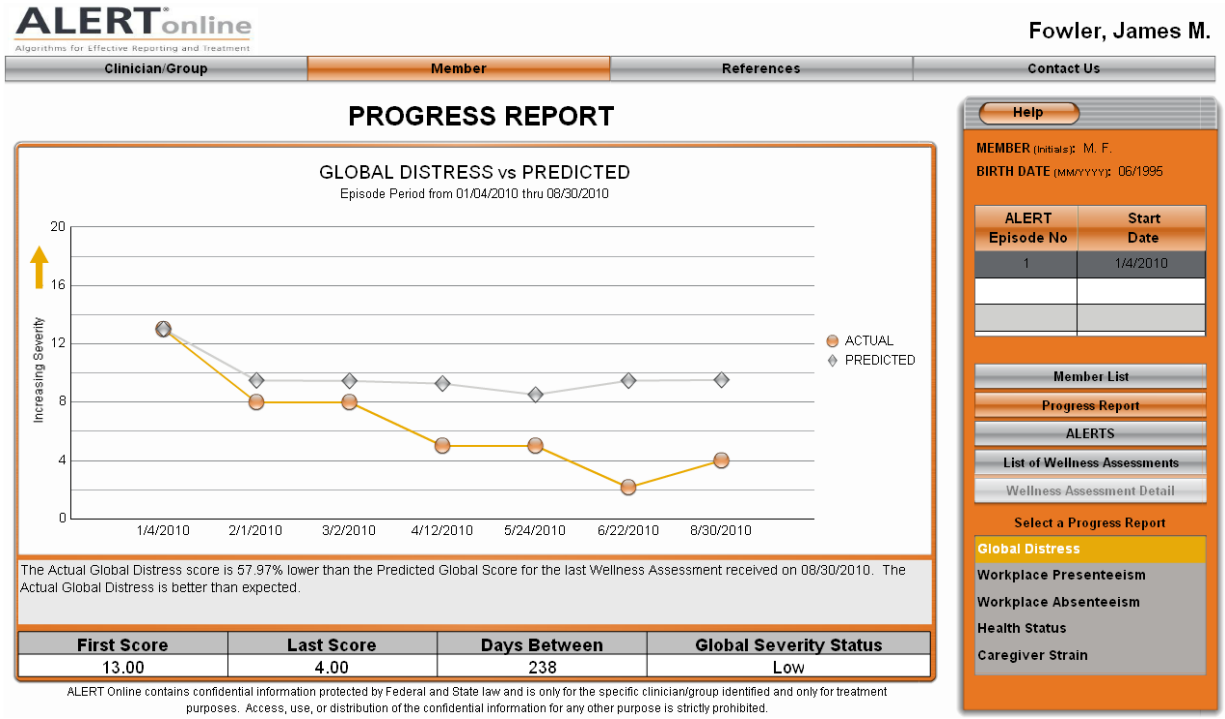
Other information included in the database will be paid claims and related clinical data. The ALERT system will augment our overall utilization management and quality management processes by providing a wide array of information including:

- Flags indicating that a Member is at risk for any one of 15 medical and behavioral complications ranging from anorexia nervosa to caregiver strain, chemical dependency, depression, and medical/behavioral co-morbidity.
- Indicators of potential issues of fraud or abuse in individual provider practice patterns, including frequent provision of high cost/high intensity services, provision of services for prolonged periods of time, provision of services to multiple family members, use of the same diagnosis for most patients, CPT codes do not match provider type, provision of services to members already in treatment with other providers.

Optum Idaho clinical and quality management staff will follow up based on information generated by the ALERT algorithms.

ALERT Online for Providers

ALERT is built on the theory of patient- centered outcomes-informed treatment planning. Studies have shown that when providers regularly measure and monitor patient progress in treatment and act on the information, they achieve better outcomes. So while information from the Idaho Standardized Assessment will support Optum Idaho's authorization and care management, it is equally important that the provider have access to the information so that THEY can actively monitor their patient's progress in treatment. ALERT Online enables them to do this**.**

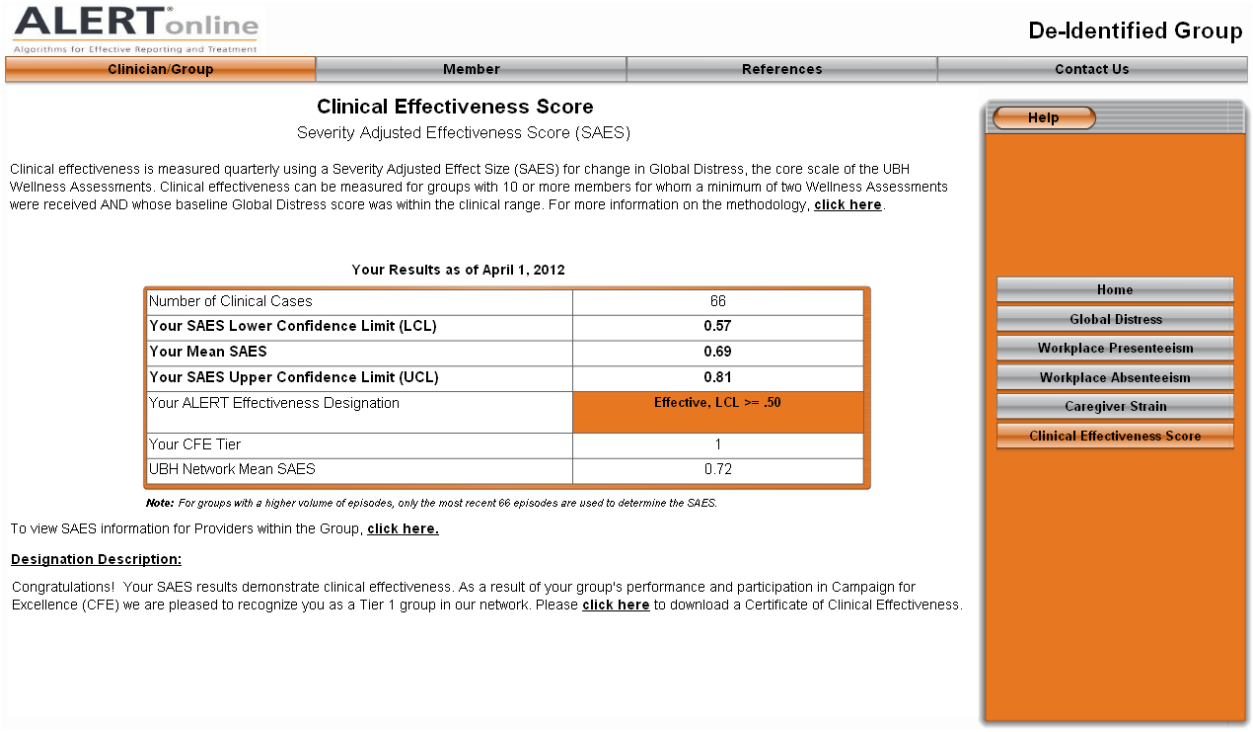


ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail:

- Provider/Group Summary - This section shows the aggregate of all the Standardized Assessments and compares the provider's patients to the book of business. This allows providers to see how their patients' profiles compare to other providers. Providers can also view their Severity Adjusted Effect Size and see their overall effectiveness.
- Member Detail - In this section we provide information on the members who have submitted Standardized Assessments. Most importantly, we have graphs that track the patient's progress over time based on the Standardized Assessments submitted. Actual change is plotted against the predicted change so that providers can see if their patient is progressing as

expected or not. We also will provide information on any risk algorithms triggered by the Standardized Assessments.

An overview of ALERT, ALERT Online and the Idaho Standardized Assessment is included in ***Appendix 4.***



ALERT online
Algorithms for Effective Reporting and Treatment

De-Identified Group

Clinician/Group | Member | References | Contact Us

Clinical Effectiveness Score

Severity Adjusted Effectiveness Score (SAES)

Clinical effectiveness is measured quarterly using a Severity Adjusted Effect Size (SAES) for change in Global Distress, the core scale of the UBH Wellness Assessments. Clinical effectiveness can be measured for groups with 10 or more members for whom a minimum of two Wellness Assessments were received AND whose baseline Global Distress score was within the clinical range. For more information on the methodology, **click here**.

Your Results as of April 1, 2012

Number of Clinical Cases	66
Your SAES Lower Confidence Limit (LCL)	**0.57**
Your Mean SAES	**0.69**
Your SAES Upper Confidence Limit (UCL)	**0.81**
Your ALERT Effectiveness Designation	**Effective, LCL >= .50**
Your CFE Tier	1
UBH Network Mean SAES	0.72

Note: *For groups with a higher volume of episodes, only the most recent 66 episodes are used to determine the SAES.*

To view SAES information for Providers within the Group, **click here.**

Designation Description:

Congratulations! Your SAES results demonstrate clinical effectiveness. As a result of your group's performance and participation in Campaign for Excellence (CFE) we are pleased to recognize you as a Tier 1 group in our network. Please **click here** to download a Certificate of Clinical Effectiveness.

Help

Home
Global Distress
Workplace Presenteeism
Workplace Absenteeism
Caregiver Strain
Clinical Effectiveness Score

c. Ensure the assessment process meets the intent of Idaho Code § 56-263.

Idaho Code § 56-263 mandated that the Medicaid managed care plan include an "…independent, standardized, statewide assessment…" As described above, the Idaho Standardized Assessment that will be included as part of the intake and authorization process implemented by Optum Idaho is:

- **Independent:** because it will be filled out by the Member or the parent of an adolescent without assistance from the provider.
- **Standardized:** because it has been extensively validated for its psychometric integrity and an objective tool with external credibility.

In our Member materials and Member orientation meetings, as well as in our training and orientation for network providers, we will emphasize the importance of the Idaho Standardized Assessment and the Member's responsibility to complete it independently and honestly. We will ask our Optum Idaho Peer Support Specialist and Family Support Specialist to ask Members and family members if they did complete their Assessment Forms without assistance. If the Specialists report significant variance, our Quality Improvement Team will implement a quality improvement project to ensure that the Assessment Forms are being completed in accordance with Optum Idaho policy.

d. Identify and monitor episodic behavioral health needs and support intervention in a coordinated and minimally disruptive manner. Contractor's response should include

screening strategies for common episodic behavioral health conditions such as affective disorders, eating disorders, adjustment disorders and coping disorders.

As described in our response to Question b above, the Idaho Standardized Assessment includes questions that will trigger a flag from our decision-support system if a Member is at risk for any of a number of episodic behavioral health conditions, including anorexia nervosa, caregiver strain, chemical dependency, and depression.

In addition, we will provide PCPs with our Behavioral Healthcare Toolkit of easy-to-use screening instruments that will help identify depression, ADHD and drug use. In addition to providing the screens and information on how to use them, we will include information on how to refer a Member for mental health or substance abuse treatment services through Optum Idaho.

e. Identify and monitor persistent behavioral health needs and support intervention in a coordinated and minimally disruptive manner. Contractor's response should include screening strategies for proactively identifying and locating persons with persistent behavioral health conditions.

Our policies and procedures include a number of strategies for identifying and locating persons who have persistent behavioral health conditions. These include:

- Our psychotropic medication analyses will generate names of individuals who, based on the medication they are receiving or the length of time for which they have received medication, require treatment by a mental health professional, based on recognized standards of clinical practice. Some of these individuals may be Members who are living with a persistent behavioral health condition but may not be in contact with a network provider.
- Our Optum Idaho Peer Support Specialist will work with other trained peers across the state to establish peer support groups and otherwise reach out to consumers in the community as well as those who are being discharged from inpatient settings. Many of the individuals who will become part of peer support groups will be individuals with persistent behavioral health conditions who may or may not currently be receiving treatment through the Idaho Plan for Behavioral Health.

> Our most effective ways to identify persons with persistent behavioral health conditions will be through outreach by our Peer Support Specialist and other consumers

- We will be providing consultation from our Medical Director to PCPs and also offering training to PCPs both individually and through professional organizations. One focus of that training will be on the importance of referring individuals with persistent behavioral health conditions for counseling and/or peer support and how to make those referrals.
- Our Peer Support Specialist will talk with Peer and Family Support Specialists running support groups to ensure that individuals who are not receiving treatment know how to access care through the Idaho Behavioral Health Plan.
- Our ALERT decision support system, which will analyze all clinical and utilization data in the Optum Idaho data warehouse, can be programmed to generate reports that flag individuals who have persistent behavioral health conditions. This will be even more accurate in Idaho than in other places where ALERT is being used because Optum clinicians are developing algorithms related to the criteria and medical necessity for psychosocial support services.

- The Member Access and Crisis Line will be another way in which people who have persistent behavioral health conditions will be identified. The clinicians responding to the line will document all calls and issues. The QI staff, in trending the information over time, will be able to identify frequent callers, many of whom are likely to be individuals with SPMI or parents of children with SED.
- One of our goals for the future evolution of services in Idaho is to enable a consumer organization or provider organization to initiate a statewide peer-run warm line. In addition to offering a listening ear to Members, a warm line could be another opportunity to help people who live with persistent behavioral health conditions find appropriate treatment.

Q. (E) TREATMENT PLANNING/SELF DETERMINATION AND CHOICE:

The Contractor shall implement a person-centered treatment planning process that results in improved Member and family experiences of care, promotes effectiveness and enhances outcomes. See Attachment 3– Definitions.

Optum's current public sector policies require network mental health and substance abuse providers to implement a recovery-oriented, person-centered treatment planning process with Members and members' families as well as other individuals who are important in the Member's life. Our Peer Support Specialist and Family Support Specialist will be trained in Wellness Recovery Action Plans and will help network providers, as well as Members and their families, follow the philosophy of that approach, which we have found results in improved Member and family experiences of care, promotes effectiveness, and enhances outcomes.

In this section, as in other responses, we refer to "Member" involvement and responsibility, but recognize that if the Member is a child or is not legally competent, the Member's parent, family or legal guardian must be an integral part of the treatment process unless clinically contra-indicated.

1. Describe how you will:

a. Ensure the development of a plan of care for each Member receiving behavioral health services;

Our Provider Manual will require that a person-centered, recovery-oriented treatment plan be developed with the participation of the Member and others important to the Member's recovery, such as family members, the Member's PCP, others providing treatment or support, and friends. We will require that the initial treatment plan be developed by the provider and Member during the initial meeting as part of the Comprehensive Diagnostic Assessment. A comprehensive individualized treatment plan, developed with the support of the Member's entire treatment team (which includes the Member and, when appropriate, the Member's family), will be required to be completed within 30 days of the date of the completion of the Comprehensive Diagnostic Assessment and updated every 120 days or immediately before an authorization is requested to continue service, whichever is the shorter period of time.

b. Ensure the plan of care is developed according to the Member's choices regarding his or her recovery (and in the case of dependent minors, the choices of the minor's guardian are also considered);

Optum Idaho, in keeping with the public sector recovery-centered philosophy of Optum, does not consider a treatment plan to be valid if the Member has not participated in its development. If the Member is a minor, we also require the participation of the Member's parent or guardian unless otherwise indicated on a clinical basis; however we believe the direct participation of the Member is critical to the overall outcome of treatment, even if the Member is a child or adolescent.

Member choice and participation in treatment planning are cornerstones of the recovery philosophy. Consumers tell us that they are much more likely to work toward their treatment goals if they have discussed alternatives and selected their own priorities. Conversely, they say that if they are not included, they have little interest or motivation to take responsibility for their recovery, health and well-being. Research bears out this perspective.

Therefore, Optum Idaho will verify the Member's participation in treatment planning and the Member's choice of treatment goals through chart audits, Member satisfaction surveys and in informal discussions. If Member feedback does not confirm Members' participation in treatment planning with a provider, we will work with the provider through our QI process to implement a corrective action plan. Continuing failure to comply with the standard could lead to termination of network provider status.

c. Ensure the plan is derived from all available diagnostic information and all available historical and current treatment information;

Ensuring that a treatment plan is derived from all available diagnostic information and all available historical and current treatment information is a responsibility shared by the provider and the Member. The treating provider has the responsibility to talk with the Member and, when gathering information for the clinical history, identify all previous treatment services and providers both past and present. The Member is responsible to share that information openly and completely and to sign any authorizations required to enable the current provider to access previous clinical records.

> Ensuring that a treatment plan includes information from all available sources is a responsibility shared by the provider and the Member or the Member's family or legal guardian if the Member is a child.

Optum Idaho Care Managers will serve as resources to providers if requested. To the extent our data warehouse has historical utilization data, we can provide the names of previous treatment providers who have been reimbursed for services to the Member with the caveat that our data warehouse will not contain extensive historical data nor claims from funders other than Idaho Medicaid.

To ensure that comprehensive diagnostic and treatment information is available, Optum Idaho will:

- Discuss the requirement as part of orientation and ongoing in-service training for network providers.
- Review clinical histories as part of chart reviews, evaluating the completeness of the clinical history in view of the Member's treatment goals, diagnosis and other information in the record.
- Include information in our Member Handbook, member orientations and other educational materials that emphasize the responsibility of the Member for providing comprehensive information and the importance of that information on the current treatment process.

d. Ensure development of plans of care provides opportunities for the following to participate in the process:

i. All service providers affiliated with the Member;

ii. The Member; and

iii. All support persons the Member chooses (and in the case of dependent minors, the choices of the minor's guardian).

As described in response to Question Q.b. above, Optum considers the Member's involvement in the development of an individualized, recovery-oriented treatment plan critical to maximizing a Member's benefit from treatment. Equally important is ensuring that all services being provided

are aimed at common treatment goals and outcomes. Often we have found that different agencies may implement services or strategies that are duplicative, contradictory or inconsistent, which certainly has a negative impact on the Member and the family. Uncoordinated services also are expensive for all involved funders.

> When treatment services are duplicative, contradictory or inconsistent, they can be detrimental to a Member's recovery or a family's resiliency and costly to the delivery system

If the treatment plan is to be comprehensive and effectively serve the purpose of coordinating service delivery among all providers, the Member and people important in the Member's life, as well as representatives of all those providing services to the Member, must all be included in the treatment planning process. While face-to-face participation is best, sharing information in writing or telephonically also can ensure coordination.

Our Provider Handbook will include policies that require Optum Idaho network providers to:

- Ask the Member to identify people the Member wants on the treatment team, including representatives of other agencies serving the Member
- Request the Member's permission to share information with other agencies if required
- Contact treatment team members to inform them of when and where the next treatment planning session will be held
- Provide for participation via conference call or for the submission of materials in writing from team members
- Provide the treatment plan and subsequent updates to all team members

Just as our Member Handbook, orientation and training materials will discuss the Member's responsibility to share information among all providers, we will emphasize the Member's responsibility, as the leader of the treatment planning process, to keep all providers updated.

e. Ensure the plan of care includes all the components recognized as industry standards for behavioral health treatment planning;

Optum Idaho will not prescribe a single format for providers' treatment plans. However, as part of the Provider Handbook, we will distribute our chart audit tool, which will include lists of information that our Regional Care Managers will expect to see in every medical record and in every treatment plan. These data elements are based on Optum requirements in all our public sector contracts. If an individual provider is consistently found to be out of compliance in either medical record content or treatment plan content, network and quality improvement staff will work with the provider to implement a corrective action plan. If a trend is identified among multiple providers, Optum Idaho will offer in-service training to help providers meet record requirements.

f. Ensure an appropriate intermittent review and oversight process is utilized that is consistent with industry standards.

Based on our experience in other programs, we will implement a two-stage approach to measuring compliance with requirements related to person-centered treatment planning. First will distribute our audit tool to providers so they will know exactly what information their treatment plans will be audited against. Our basic audit tool already incorporates the information required in this section, but during implementation, our Implementation Team will review the

tool with the IDHW Contract Manager and add any additional elements that may be important to the Department. Second, we will include information on our chart audit process and requirements in the Provider Handbook and in orientation and in-service training materials.

Our initial oversight and review will be focused on PSR providers in the effort to identify those who will need the most assistance in complying with the standards and policies we will implement.

Oversight of treatment planning and service delivery will be an important part of our quality improvement and network management strategies in Idaho. Upon contract award, we will request claims-level data from IDHW so we can conduct analyze the utilization patterns of individual providers with a particular emphasis on psychosocial rehabilitation.

The data analysis will help us select the providers we believe will require the most supervision and support to help them understand and comply with all the standards we will be implementing, especially the appropriate provision of PSR and accompanying documentation to substantiate its medical necessity for each Member to whom it is being provided. Initial record reviews and provider orientation will be conducted by Optum Idaho clinical and quality staff during implementation and the first 60 days of the contract period when services are being "grandfathered" in. By following this process, we believe all providers will have a reasonable opportunity to adjust their practices as needed to ensure that PSR and other services they may be offering meet Optum Idaho's criteria.

On an ongoing basis, our Regional Care Managers will do routine record audits at least annually on all large providers and at least once each contract period for smaller providers. At least during the first contract year, our routine audits will be stratified to focus on PSR services and providers. However, all providers will be subject to focused audits in a number of other circumstances, including:

- A provider will be audited whenever a quality of care issue is suspected; if the issue is substantiated, a broader audit will be conducted to determine the extent of the issue
- If the possibility of fraud, waste or abuse is raised either by Special Investigation Unit's claims protocols or through the ALERT decision support system, Optum Idaho staff will notify the IDHW Contract Manager and conduct a thorough audit if so directed
- Provider records may be reviewed as part of a quality improvement project or other clinical initiative focus on improving documentation standards, clinical outcomes or other initiatives.

Regardless of the reason chart audits are conducted, findings will be kept in the individual provider files for consideration as part of re-credentialing. Findings also will be aggregated and trended to provide information to guide in-service training and other educational programs and/or corrective actions.

Chart Audits Matter

In Pierce County, each large provider is audited twice a year and consumers are always part of the review teams

In Pierce County, Washington, Optum quality assurance teams visit each large provider twice a year and one component of the site visit is record audits. The quality audit team always includes a consumer/peer. One element that is reviewed is the extent to which treatment planning is person-centered. Other audits are conducted by state agencies charged with system oversight.

During 2010, chart audits of Pierce County providers completed by the State of Washington Licensure agency, identified deficiencies in the area of treatment planning. Baseline data collected September, 2010 through March, 2011 regarding consumer and family involvement in treatment planning showed 81.7% compliance. Using the Quality Improvement Cycle, Optum Pierce County convened providers to discuss how to improve performance. Barriers were identified and interventions were chosen and directed toward improving performance, including:

- On-site training by Neil Adams, MD and Diane Grieder, MA, authors of Person-Centered Planning
- Technical assistance calls to community mental health agencies
- Person-centered planning training to additional community mental health agency staff by the staff who attended the on-site "train the trainer" sessions

Upon re-measure of charts from April 1, 2012 through August, 2012, consumer and family involvement in treatment planning had increased by over 7%, from 81.7% at baseline to 89.02%. These results were found to be statistically significant. Improvement efforts continue in Pierce County in partnership with Washington Department of Social and Health Services, Mental Health Division.

R. (E) PRIMARY CARE INTERFACE:

Primary Care Case Management Program (PCCM) and Health Homes: The Contractor shall coordinate services with the IDHW's two (2) programs for coordination of Members' physical health needs PCCM program: Healthy Connections and a program recently developed at Medicaid: Health Homes. More information about the Healthy Connections program can be read at the following link: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/HealthyConnections/tabid/216/Default.aspx). Please see Attachment 20 –State Medicaid Director Letters for more information about the Health Home program.

1. Describe how you will:

a. Ensure a Member's primary care provider (PCP) has the opportunity to participate in the process used to diagnose and plan treatment for the Member;

Optum and our sister company United Healthcare Community and State have supported the development of patient-centered medical homes across the country and also are planning for health homes with several Medicaid programs. We also are working with behavioral health providers to test the most effective designs for behavioral health homes. We would be glad to share our experience and perspectives with IDHW as the Department moves ahead in its PCCM program and Health Home initiative.

Optum Idaho will implement several strategies for ensuring that a Member's primary care provider has the opportunity to participate in the process used to diagnose and plan treatment for the Member:

- Optum Idaho will automatically send information to the primary care provider listed on the Member's file with the name of the provider to whom an authorization has been granted to provide a mental health or substance abuse service to that Member. As the Idaho Health Information Exchange serves more Medicaid providers, we will leverage that communications system. We also will ensure that the behavioral health provider is aware of the Member's primary care provider.
- Network providers will be required to request each Member's permission to share information with the Member's PCP.
- Our network providers will be required to notify the Member's PCP about treatment planning meetings, to request the PCP's participation and input, and to provide the PCP with plan updates as they are completed.
- Our member materials and member orientation will reinforce a Member's responsibility to keep all providers informed about all services he/she is receiving because taking responsibility for one's health and well-being is an integral part of the recovery process.

b. Ensure ongoing communication and collaboration with a Member's PCP throughout the time period that the Member receives services through the Idaho Behavioral Health Plan, including the sharing of all screenings, assessments and treatment plans;

Optum Idaho will implement a number of strategies for ensuring communication, collaboration and continuity of care with PCPs, which will include:

- Our policies will require that network providers work with each Member through the treatment planning process to identify all the services being provided to that Member or the

Member's family. All those services will be required to be included in the Member's treatment plan, and with the Member's approval, the network provider will be required to inform and include other agencies in the treatment planning and review process. Providers also will be required to request information about other services and goals and to include that information in the comprehensive treatment plan.

- As we work with existing efforts to expand the use of Peer Support, we will include training for Peer Support Specialists and Family Support Specialists on the Member's role in treatment planning. Peers will then become part of our ongoing efforts to educate Members about the Member's responsibility will be to keep the behavioral health provider up-to-date about other services and supports and to share information between providers regularly. The same information will be shared at Member orientation and outreach meetings that will be held in the regions.
- Whenever a Care Manager works with a provider to evaluate a request to initiate or continue the provision of services to a Member, the Care Manager will review other services the Member may receiving and the effectiveness with which the provider and Member are coordinating and integrating services being provided through separate funding streams.
- A major focus of our approach to care management will be the identification of high-need Members—those determined to be at clinical risk because of clinical issues such as repeated hospitalizations, poly-pharmacy, service transitions, court involvement or other concerns. Those high need Members will be assigned to an Intensive Care Manager who will work with the provider to help the Member address the identified clinical risk. Coordination of services between providers will always be an important emphasis of the Intensive Care Manager's interaction with the provider.

> Coordination with a PCP will be most important for those who live with serious medical conditions as well as behavioral health issues. Our Intensive Care Managers will be responsible working with providers to ensure care coordination between medical and behavioral providers for those high need individuals.

- One of the important aspects of both routine and situation-generated record reviews will be to evaluate the extent to which affiliated service providers have been invited to, and involved with the Member's treatment.
- The coordination of services will be part of the training curriculum that will be offered by Optum Idaho for network providers, Members and their families and other stakeholders. The training also will address effective strategies for incorporating input from other providers, facilitating the participation of all providers in treatment planning, and the importance of the Member's role in enabling and supporting service coordination.

All the information generated through our chart reviews, feedback from our training, concerns raised by Intensive Care Managers and other clinicians, Member grievances and concerns from affiliated providers will be routed through our Quality Improvement staff and tracked so if trends are identified, appropriate corrective action can be initiated, either with a specific network provider(s) or through training for both providers and Members.

c. Ensure coordination of use of medications;

Optum's pharmacy analysis program was created because of the important role that medications play in an individual's overall health and well-being. We know that the right clinical and psychopharmacology expertise helps fill the gap between prescribing practices and evidence-

based treatment. Therefore, we will request that IDHW regularly (e.g. quarterly) provide an electronic file of the medications that have been prescribed for Members of the Idaho Behavioral Health Plan.

The pharmacy analytic reports generated by our xPERTISE program will assist Optum Idaho quality management staff in ongoing efforts to uncover inadequate and inappropriate treatment practices among providers and Members such as:

- Frequent prescription switching
- Inappropriate dosing
- Contraindicated prescriptions
- Medication non-adherence
- Polypharmacy/multiple prescribers
- Extended duration of use
- Potential drug/MHSA incongruence
- Drug and disease contraindications

Members identified as having a significant pharmacy-related risk will be referred for Intensive Care Management. This will include Members with high utilization of psychotropic medications and or utilization of high cost psychotropic medications as well as those identified as being at risk of re-hospitalization. Behavioral health providers identified most consistently as using inadequate or inappropriate treatment will be contacted by our Idaho Chief Medical Officer. Other prescribers identified as non-compliant with evidence-based prescribing standards will be referred to IDHW. Reports will be available for presentation to the Idaho Medicaid Pharmacy and Therapeutics Committee and the Medicaid Pharmacy Program.

For more information on our pharmacy analytics, see ***Appendix 9.***

In addition to our oversight of psychotropic medications, we also will encourage both behavioral health providers and PCPs to communicate regularly about all medications being prescribed for a Member. We also will emphasize the Member's responsibility to share information about medications when we discuss the Member's overall responsibility to share information and promote service coordination among his or her providers.

d. Operate a PCP hotline, or equivalent service, for PCPs' real-time telephonic consultation with a licensed behavioral health professional at the master's level or higher for either of the following two (2) purposes:

i. Information to support the PCP in the provision of behavioral health interventions/services that the PCP and Member choose;

ii. Information for the PCP to use for referring the Member to the Contractor's services.

PCPs will be able to talk with a behavioral health clinician at any time through the Member Access and Crisis Line, which will be answered live within 30 seconds 24 hours a day, 365 days a year. Optum Idaho's Chief Medical Officer, Clinical Director and other independently licensed clinicians also will consult with any PCP who calls Optum Idaho's toll-free customer service line during regular business hours. Whether the PCP calls the Access and Crisis Line or

the customer service line, information to support the provision of behavioral health services/interventions and referral information will both be available.

e. Provide on-line access to standardized screening tools for PCPs to use for identifying behavioral health issues.

On our provider web portal, **www.OptumIdaho.com**, Optum will post standardized screening tools for the following common behavioral health issues:

- Depression
- ADHD
- Drug Use
- Alcohol Abuse

In addition, we will distribute our Behavioral Health Toolkit for the Healthcare Professional to PCPs. The Toolkit is included as ***Appendix 27.*** Additional, more complex screening tools, as well as any necessary training, also be made available at the request of a PCP.

S. FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND RURAL HEALTH CLINICS (RHC):

FQHC services are defined in IDAPA 16.03.09.832. RHC services are defined in IDAPA 16.03.09.820.

1. The Contractor shall recognize FQHC's that provide behavioral health services as behavioral health providers and enroll them in the Contractor's network.

Optum has reviewed Section S 1 and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan. We recognize that FQHCs provide behavioral health services and will enroll them in our network, as we currently do in Pierce County, Washington and State of Tennessee programs. Active recruitment of FQHCs across Idaho is already underway.

In addition, after discussions with IDHW, Optum Idaho's Network Managers will talk with FQHCs that do not provide behavioral health services about their interest in telepsychiatry. Optum has developed a program in which we can provide technology and technical assistance to providers that will enable them to add or expand the psychiatric services they provide. In New Mexico, where the program has been in operation for about two years, FQHCs have been among the primary care providers most interested in implementing telepsychiatry services.

2. The Contractor shall describe how they will interface with FQHC patient-centered processes to help ensure services are delivered in the most effective manner to the Members.

Optum regularly contracts with FQHCs to provide mental health and/or substance abuse services because FQHCs are often the PCP of choice for many Medicaid beneficiaries. In addition, they are usually conveniently located and can significantly increase the availability of services in rural areas. When we identify gaps in access to mental health or substance abuse services, we will work with FQHCs in the area that do not currently offer mental health or substance abuse services to encourage them hire or contract with appropriately credentialed staff and add behavioral health care and/or to consider telepsychiatry.

In our outreach to FQHCs, both prior to the implementation of the Idaho Behavioral Health Plan and after it is implemented, we will work with and through the Idaho Primary Care Association, which represents most FQHCs in the state. As Optum staff have traveled across the state over the last several months, we have talked with individual FQHCs as well as with representatives of the Association. All have agreed that FQHCs are interested in being part of the Idaho Behavioral Health Plan and are willing to consider expanding their array of services based on identified need in their respective areas.

> Optum has collaborated with FQHCs in both New Mexico and Tennessee to expand telemedicine and establish telepsychiatry services.

We will interface with Idaho FQHCs in the same fashion as other network providers. They will be required to authorize the majority of the services they provide to Members. Our Regional Care Managers and Regional Network Managers will be available to provide on-site support upon request or when our Intensive Care Managers identify a high need Member being served by an FQHC. Staff of FQHCs in the network will be welcome at all training programs sponsored

by the Idaho Behavioral Health Plan and will be included in quality improvement initiatives and other Plan activities.

Optum Idaho will conduct comprehensive chart reviews with all Idaho behavioral health services providers, including enrolled FQHCs, as one way of becoming familiar with the quality and appropriateness of the services offered by each network provider. Chart reviews also are a routine part of our recredentialing process. In addition, chart reviews may occur when there is a question about quality of care or as part of a quality assurance or improvement process.

Working Effectively with FQHCs in Tennessee

In Tennessee, Optum manages behavioral healthcare in all three Grand Regions of the TennCare program. In that program, we enroll FQHCs as behavioral health providers when we verify that their staff have the skills and capacity to serve our enrollees. We are committed to expanding their role in our TennCare network and in using their service to increase access for TennCare enrollees across the state.

In addition to encouraging TennCare enrollees to access behavioral health services at FQHC sites, we work with the FQHCs to provide behavioral health telemedicine services to underserved areas of Tennessee. In fact, to expand access, we have provided some equipment to FQHCs to assist in the provision of all specialty telemedicine services including behavioral health.

Optum also has implemented pay-for-performance indicators related to behavioral health services provided by FQHCs. These indicators are part of a larger set of indicators that are used to reward FQHCs for excellence and improvement over time. To encourage more enrollees to use FQHC services, Optum also has a TennCare Quality Improvement subcommittee dedicated to increasing utilization of FQHCs for specialty services including behavioral health.

3. Reimbursement to FQHCs and RHCs for behavioral health services done in the FQHC facility or RHC facility will be made using Medicaid's reimbursement methodology, which is payment at an encounter rate, in an amount unique to each FQHC and RHC, as determined by the IDHW.4. One (1) behavioral health encounter rate will be paid for all covered behavioral health services provided on the same visit to an FQHC or an RHC. Medicaid encounter rates for FQHC and RHC behavioral health providers are listed in Attachment 11 - FQHC and RHC Encounters.

4. One (1) behavioral health encounter rate will be paid for all covered behavioral health services provided on the same visit to an FQHC or an RHC. Medicaid encounter rates for FQHC and RHC behavioral health providers are listed in Attachment 11 – FQHC and RHC Encounters.

5. Because it is not possible to accurately project what the annual FQHC or RHC encounter rate increases may be, the IDHW will reimburse the Contractor for the difference between the encounter rates effective at the Idaho Behavioral Health Plan implementation and the FQHC or RHC rate increases over and above the annual inflation rate that may occur after the plan implementation.

6. If there are no FQHCs in the Contractor's network to choose from, then the Contractor shall pay for the access out-of-network.

Optum has reviewed Section S 3-6 and will comply with all requirements contained in the section. We will provide the information IDHW requires to facilitate reimbursing FQHCs and RHCs using Medicaid's reimbursement methodology.

T. INDIAN HEALTH SERVICES (IHS) AND OTHER TRIBAL FACILITIES:

The Contractor shall:

1. Recognize IHS and other Tribal facilities that provide behavioral health services as behavioral health providers and enroll them in the Contractor's network.

2. Provide reimbursement for Native Americans accessing behavioral health services at IHS or other Tribal facilities. Reimbursement shall be made at the federally set encounter rate.

3. Report the number of encounters and the difference between the Contractor's standard reimbursement for the service and the encounter rate to the IDHW on a monthly basis.

Optum has reviewed Section T 1-3 and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan. Optum Idaho will establish reimbursement rates as required and comply with the reporting requirements as stipulated.

U. (E) MEMBER SERVICE TRANSITIONS:

The Contractor shall implement and monitor written policies and procedures regarding service transitions for all members.

1. The Contractor shall demonstrate its awareness of the unique set of challenges faced by children between the ages of fourteen (14) and twenty one (21), referred to in this RFP as youth, and families when the youth transitions from the child to the adult behavioral health system. Such challenges may include application for adult Medicaid benefits, service and provider changes, lack of coordination even within a provider organization, and failure of providers to recognize the additional time, training and support necessary for youth with behavioral health disorders to achieve customary developmental milestones. Youth with serious behavioral health challenges are delayed in almost every area of psychosocial development. There may also be significant resistance to accepting the label of mental illness or a substance use disorder among youth as they approach adulthood, and accompanying resistance to engaging in treatment.

Optum recognizes the unique challenges faced by youth and their families when the youth transitions form the child to adult behavioral health system. Proactive identification of these youth as they near transition is key to facilitating a smooth transition and minimizing disruption for the young person and his or her family. To support continuity of services for youth approaching this transition, we will:

> 169 youth in the Washington State juvenile justice system have been served by certified youth mentors over a six- month period. Mentors link youth and families to needed mental health services when the youth are released from juvenile detention

- Run transition reports on a quarterly basis to identify youth who are receiving any level of services and who will age into adult services within 12 months; those who are involved with other agencies or who are receiving multiple services will be assigned to an Intensive Care Manager who will work with the youth's main provider to identify and address any transitional issues as part of the youth's individualized treatment plan
- Work with school districts and other child-serving agencies, Regional Behavioral Health Advisory Boards and regional Children's Mental Health Subcommittees to create Task Forces in each region or area to identify the needs of youth in the area who are in transition and services that will span the move to the adult service delivery system
- In collaboration with the Idaho Federation of Families and other child/family advocacy organizations, create training and recruit young adults who have successfully made the transition to adult services (or are living independently) to serve as mentors for youth in transition. We have found this to be a useful model in our Pierce County, Washington program. We also will work with the Federation to provide additional training to Family Support Specialists to enable them to better support other families whose youth are approaching the transition to the adult service delivery system.

A Focus on Preparing for Independence

As Optum Idaho staff participate in community and regional groups focused on supporting youth in transition, they will advocate the transitional approach supported by emerging research. In recent years, experts in the field have moved away from recommending that youth simply move into the adult behavioral health treatment system. Rather, consistent with the concept of

resiliency and personal responsibility, the focus has been to support a transition to adulthood and independence. For example, the National Council for Community Behavioral Healthcare is currently offering funding to three-year projects to use mentoring/coaching as well as other support services to increase outcomes related to:

- Educational success
- Independent skilled work and financial independence
- Social skills, confidence, and peer relationships
- Illness and wellness self-management skills
- Improved residential stability

This broader focus is important based on the growing awareness that youth need more than behavioral health treatment if they are to become resilient adults and contributing members of society. As they move into adulthood, they need help learning the vocational skills and emotional maturity required for independence in today's competitive economy.

Emerging evidence-based practices also point to the need to help youth and families connect with community resources well before the youth reaches the age of 18 to reduce the stress associated with entering adulthood and facing many changes concurrently. Some of the services they require to prepare for adult life include:

- Advanced vocational training or education through the public schools, community colleges and universities
- Assistance with housing
- Employment services
- Self-help/support groups focused on teens with similar issues

Building a successful support system for youth in transition will require participation from a wide array of organizations and individuals who are willing to work together to outline potential strategies, programs, and resources that will enable political and agency leaders, policymakers, and practitioners to act collaboratively across systems and effectively address the problems that confront youth as they become young adults. We look forward to contributing to the evolution of those support systems in the communities and regions of Idaho.

2. Submit, with your proposal, a Member Service Transition Plan that identifies how you will ensure effective and timely transitions for all Members. The Member Service Transition Plan shall include:

a. How you will identify Members who need assistance and how the Members will be evaluated;

b. At a minimum, how you will address the specialized needs of adult and youth members as noted below:

i. Adults:

(1) Behavioral health Member transitions to/from another behavioral health practitioner or agency;

(2) Behavioral health Members whose behavioral health service provider becomes unable to continue service delivery for any reason;

(3) Behavioral health Member transitions to/from an assisted care facility or long term care placement for Members who continue to require behavioral health services;

(4) Behavioral health Member transitions from the correctional or community corrections system back to the community;

(5) Behavioral health Member discharges from an inpatient, sub-acute, psychiatric residential treatment facility, or mental health institute.

ii. Youth:

(1) Assistance with application for adult Medicaid benefits, including submitting applications in advance so that reapplication may be made, if necessary, without losing benefits, and assisting families, as needed, to transfer diagnoses used in the child behavioral health system to the appropriate adult diagnoses;

(2) Provide person-centered, strengths-based programming for youth from ages fourteen (14) to twenty one (21), focusing on education, employment, social and problem-solving skills, symptom management, reaction to stigma, sexual and gender identity, living situation/housing, personal health care, transportation resources, substance use disorder prevention or relapse prevention, and cultural and spiritual resources;

(3) Provide programming to facilitate Member transitions from the juvenile correctional or community corrections system or inpatient/residential treatment back to the community;

(4) Assist the youth and family to create a personal Safety Net of community supports, including a reliable family-like or healthy peer connection;

(5) Assess internal business practices, communication channels, and administrative support necessary to ensure a smooth transition for youth Members to the adult behavioral health system; and

(6) Provide training and a curriculum to educate staff about the unique needs of this population.

Please see ***Appendix 28*** for a sample Member Services Transition Plan that includes all the above requirements.

V. (E) EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT):

The Contractor shall provide EPSDT benefits for Members up to the last day of the month in which they reach twenty-one (21) years of age.

1. Describe your specific policies and procedures identifying operations and processes associated with adherence to the EPSDT requirements.

Optum has policies in place to ensure that our staff understand EPSDT requirements. The preventive and treatment services provided through EPSDT are monitored through proactive care management of children and adolescents and also through chart audits and claims analysis to help determine if necessary screenings and services have been provided to Members up to age 21. For example, our provider policies state that we:

- Require providers to make appropriate referrals to other providers and document provision of screening components appropriately in the medical record.
- Educate providers regarding coding and submission of appropriate codes and modifiers as described in standardized billing requirements and require that this billing methodology is used.
- Monitor provider compliance with EPSDT requirements including proper coding, medical record documentation, and including making arrangements for necessary follow-up if all components of a screen cannot be completed in a single visit.
- Require providers to contact an Optum Care Manager when the screening identifies the need for additional healthcare and the provider is unable to make an appropriate referral for the appropriate services.
- Require providers to have a process for documenting declined services by a parent or guardian or mature competent child, specifying the particular service that was declined. This process must meet the requirements of the State Medicaid Manual if necessary.
- If the member seeking behavioral health services is under sixteen (16) years of age and that member's parent or legally appointed representative is unable to accompany the member to the examination, the provider must either contact the member's parent or legally appointed representative to discuss the findings, or notify the Health Plan to contact the parent or legally appointed representative with the results. The results will inform the family of any other necessary healthcare, diagnostic services, treatment or other measures recommended for the member.

> Optum has experience in complying with EPSDT requirements in other Medicaid contracts, and will adopt IDHW's form to ensure that we can accurately track all requests we receive from providers for services for children and adolescents that are outside our standard benefit package.

Our policies also outline Optum's responsibilities in educating providers and members, helping increase coordination of care and reducing overlap in services, and monitoring compliance with EPSDT requirements.

2. Describe how you will:

a. Ensure Members and the network of behavioral health providers are sufficiently informed of EPSDT requirements;

Based on our discussions with Idaho's mental health and substance abuse providers, many are already familiar with EPSDT requirements and IDHW's process for requesting additional services under EPSDT regulations. However, to ensure that Members, their families and their network providers have a current and comprehensive understanding of EPSDT and its impact, we will include information about EPSDT in our orientation programs, Member Handbook and Provider Manual, and on our website. Information about how to request additional services also will be included.

b. Ensure accurate quarterly reporting of EPSDT requests, EPSDT benefits provided, EPSDT benefits denied, and the outcomes of such authorization decisions.

In order to ensure that Optum Idaho is able to track and document all additional services requested and provided under EPSDT, we will adopt the same procedures and forms currently in use by the Idaho Medicaid program. With the approval of the IDHW Contract Manager, we will make necessary changes in the current form, such as updating the fax number and mailing address to which the request should be sent.

W. (E) COMPLAINT RESOLUTION AND TRACKING SYSTEM:

The Contractor shall implement and maintain a Complaint Resolution and Tracking System for all complaints received. The Contractor shall have a system in place allowing providers, Members and authorized representatives of Members, the opportunity to express dissatisfaction with the general administration of the plan and services received. The Contractor shall have policies and procedures for resolving and tracking General Complaints.

Optum has reviewed Section W and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan and the Idaho Department of Health and Welfare. Optum considers the complaint and grievance processes to be a vital source of information about our performance, both clinically and administratively. Every Member-facing Optum staff member is trained on these processes and on how to properly direct a Member or other stakeholder so that their concern is resolved as quickly as possible.

1. General Complaint Process. The following must be included in the Contractor's General Complaint procedures:

a. Complaints may be lodged by a Member,

i. Member's authorized representative or a provider either orally or in writing.

ii. The Contractor will designate a person to conduct a reasonable investigation or inquiry into the allegations made by or on behalf of the participant or provider and shall give due consideration and deliberation to all information and arguments submitted by or on behalf of the participant or provider.

iii. The Contractor's designee shall respond in writing to each General Complaint, stating at a minimum:

(1) A summary of the General Complaint, including a statement of the issues raised and pertinent facts determined by the investigation;

(2) A statement of the specific coverage or policy or procedure provisions that apply; and

(3) A decision or resolution of the General Complaint including a reasoned statement explaining the basis for the decision or resolution.

2. The Complaint Resolution and Tracking System shall include components that allow the Contractor to analyze the complaint and provide reports as requested by the IDHW.

Optum Idaho will implement a General Complaint Process and Complaint Resolutions and Tracking System in compliance with the IDHW requirements included under 1 and 2 above.

3. Describe your complaint resolution and tracking system and submit, with your proposal, a sample of your proposed electronic complaint resolution and tracking log.

Optum has developed the Complaints & Appeals Reporting Tracking (CARTA) software application to standardize the processing and tracking of complaints across Optum, while maintaining the ability to customize to each state's specific requirements. The system is a web-

based application both for those resolving complaints and for staff entering grievance information. CARTA is based on a series of queues that allow the shared responsibility of resolving complaints to be monitored by staff. It provides support in the form of timeline calculations, letter generation and reporting functions that will be tailored to meet IDHW requirements.

Our CARTA software application supports timeline calculations, letter generation and reporting functions and will be customized for Idaho.

CARTA will be used for capturing and managing a complaint generated by a Member, their representative or a provider-initiated complaint presented to Optum on behalf of Member concerning administration or services.

All complaints will be documented by the Optum Idaho staff member who receives the complaint. The staff member will capture information regarding the complaint, and then classify and log it into our electronic database. All activities related to the processing of complaints are documented in the database. The application provides consistent tracking and reporting of response turnaround times, and will ensure compliance with state, federal, accreditation and IDHW-specific guidelines. We have provided screenshots of this application, which serves as our resolution and tracking log, as ***Appendix 29.***

4. Provide a detailed description of the following:

a. Methodology for reviewing and resolving complaints received, including timelines for the process.

Receiving and Logging for Review

We use a comprehensive process for recording, triaging, resolving and tracking complaints. Our definition for a general complaint will be consistent with IDHW's definition: an expression of dissatisfaction logged by a participant, a participant's authorized representative or a provider concerning the administration of the plan and services received. Actions subject to a General Complaint include, at a minimum, dissatisfaction with the benefit plan, a provider, a participant, or the way in which the Contractor or subcontractor administers the plan.

A complaint can be received by any Optum staff member and may be made by a Member, authorized Member representative or provider in writing or orally.

Methodology for Review

Some complaints received telephonically can be resolved immediately by the receiving staff member. If this is not possible, the receiving staff member registers the complaint and tells the caller that the complaint will be directed to the appropriate Optum staff member for resolution. The complaint is then sent to the Optum Complaint & Grievance Specialist for tracking and resolution. When a complaint is received in writing, the complaint is given to the Optum Complaint & Grievance Specialist for tracking and resolution. Our Complaint & Grievance Specialist reaches out to other Optum staff as necessary to resolve the complaint within the required 10 business day timeframe.

Timelines for Process

We comply with all contractual and regulatory turnaround times for processing complaints, including:

- Acknowledgment letters when required are mailed within five business days of receipt of the written complaint, unless a shorter timeframe is required by contract or Idaho state law
- We will address and resolve all non-quality-of-care complaints within 10 business days to meet the IDHW's timeframes

b. How they will ensure complaints are resolved within ten (10) business days.

All complaints received by Optum Idaho will be documented and logged into CARTA, our software based application. To ensure we can resolve complaints within ten business days, Optum Idaho will have a designated Complaint & Grievance Specialist who will be part of the Quality Improvement team. This Complaint & Grievance Specialist will be responsible for processing all complaints entered into the database, triaging them to appropriate staff for resolution and ensuring that responses are provided to the complainant within allocated time limits. The Complaint & Grievance Specialist will run daily reports to determine which complaints are due a response.

c. How they will ensure complainants are sent written notifications of complaint resolutions that have all of the required information.

To ensure complainants are sent written notification of complaint resolutions that have all of the required information, our complaints tracking system will open a complaint template letter that will be tailored to the specific member's complaint. These template letters will be created in conjunction with the IDHW to include all required information.

d. How they will address complaints that may need resolution at the IDHW level.

If a complaint requires resolution at the IDHW level, the Optum Idaho Contract Manager or his/her designee will bring the complaint to the IDHW Contract Manager who will provide the IDHW resolution and additional guidance on handling the complaint. The Optum Idaho Contract Manager will notify the IDHW Contract Manager as quickly as possible of a complaint that may need resolution at the IDHW level, but in all instances, within three business days.

e. Internal controls to monitor the operation of the complaint resolution and tracking system.

Our Complaint & Grievance Specialist will monitor timelines and process of the complaint resolution and tracking system using the internal complaint forms on which complaints are originally recorded as the foundational documents for verifying the accuracy of the system. The Complaint & Grievance Specialist will receive supervision from the Quality Improvement Director, including monitoring compliance with complaint and resolution policies.

f. How they will track all complaints received, whether they are resolved or in the process of resolution, and report the information to the IDHW.

CARTA tracks all complaints received, and it includes a tracking system that registers the complaint, date filed, staff involved, resolution and date complainant is notified. Multiple records can be submitted to document the progress toward a resolution. In addition, our system has a configuration and modeling tool that is used to augment the complaint tracking progress.

This Complaint & Grievance Specialist will carefully track complaints from the date they are entered in our complaint tracking system and will generate daily reviews to determine which complaints are due a response.

An Optum Idaho Business Analysis staff member will generate a regular monthly de-identified report that will document the status of all complaints. The report will be shared with the IDHW's Contract Manager, other designated IDHW staff, and Quality Improvement committees. At the request of the IDHW Contract Manager, a report with the identity of complainants can be provided for the IDHW's internal use.

g. Analyze the complaints and utilize the information to improve business practices.

Our Quality Improvement Specialist will review the monthly report that documents the status of all complaints and may also review individual complaints. The Quality Improvement Specialist will prepare an analysis of the information in the report to highlight any trends or potential areas of concern. A de-identified version of the report and the analysis will be shared with the IDHW's Contract Manager, other IDHW staff the Quality Assurance and Performance Improvement (QAPI) Committee and selected sub-committees. At the request of the IDHW Contract Manager, a report with the identity of complainants will be provided for the IDHW's internal use.

Optum reviews monthly complaint reports to detect any trends that may need to be addressed or further investigated.

The QAPI Committee will review the de-identified information, identify opportunities for improvement and monitor interventions. Complaint information, along with Member and provider satisfaction data, will be used to guide corrective action, training, and other interventions when necessary.

Complaint and grievance data related to specific providers will not be shared with the QAPI Committee members, but will be trended by provider on a quarterly basis to enable us to identify any provider that may have an elevated frequency of complaints or grievances. In such cases, the Quality Improvement team will work with the Network Director and other staff as needed to conduct a more in-depth analysis to determine if there are provider practices which are causing this elevated level of expressed dissatisfaction and if these patterns are out-of-compliance with contract requirements. In those cases, providers will be required to develop a corrective action plan and will be subject to more frequent and focused monitoring.

Optum Idaho can involve the IDHW Contract Manager or other designated IDHW employee at the point in the review process that IDHW prefers to become involved.

5. Provide a detailed description of how all documents pertaining to General Complaints, investigations and resolutions will be preserved in an orderly and accessible manner.

Optum Idaho will store complaints, investigations and resolutions in our complaints tracking system, CARTA, which is backed up on our server. This application standardizes the processing and tracking of complaints and appeals across our business, while allowing state-by-state customizations.

Documentation on each complaint is tracked in detail sufficient for reporting and future audits. For example, details regarding telephone conversations with Members or providers are documented in this application. Any written documentation received, such as letters of complaint or plans of correction from providers, will be maintained in locked files under the control of the Quality Improvement team. Both written and electronically stored complaint data will be retrieved for audits upon request.

X. (E) MEMBER GRIEVANCES AND TRACKING SYSTEM:

The Contractor shall have a system in place for Members and a Member's authorized representative to file a Grievance challenging the Contractor's actions related to services. The Contractor shall have policies and procedures for addressing and tracking Grievances.

1. Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested must be made by a licensed provider or physician who has appropriate clinical expertise in the treatment requested for the Member.

Optum has in place comprehensive grievance policies and procedures in all states in which we serve Medicaid agencies. These policies are in compliance with federal requirements and also are customized to be in compliance with each state's Medicaid rules. Any decision to deny a request for service authorization or to authorize a service in an amount, duration or scope that is less than requested will be made by:

- The Chief Medical Officer, who will be a board certified psychiatrist; or
- A Peer Reviewer, who is a licensed provider or physician who has appropriate clinical expertise in the treatment requested for the Member

2. Definitions: The Contractor's policies and procedures shall define the following terms with the following indicated meanings:

a. Action means the denial or limited authorization of a requested service; termination, suspension, or reduction of a previously authorized service, the denial, in whole or in part, of a payment for service; or the failure to act upon a request for services in a timely manner.

b. Appeal means a clear expression by the Member, or the Member's authorized representative, following a decision by the Contractor, that the Member wants the opportunity to present their case to the IDHW.

c. Grievance means an expression of dissatisfaction challenging the Contractor's action.

d. Notice means a written statement of the action the Contractor has taken or intends to take, the reasons for the action, the Member's right to file a Grievance and request a fair hearing with the IDHW, and the procedures for exercising that right.

3. Notice of Action. The Contractor's policies and procedures shall include the following requirements for notifying Members of actions the Contractor has taken or intends to take:

a. The notice must be in writing and comply with the language and format requirements of 42 CFR §438.10(c) & (d), with Spanish as the prevalent non-English language.

b. The notice must be given to the requesting provider and to the Member.

c. The notice must explain the following:

i. The action the Contractor has taken or intends to take;

ii. The reasons for the action;

iii. The procedures for filing a Grievance with the Contractor;

iv. The Member's right to represent themselves or be represented by a person of their choosing; and

v. The future right to request a fair hearing with the IDHW if they are not satisfied with the Contractor's resolution of the Grievance.

4. Timing of Notice. The Contractor must mail the notice within the following timeframes:

a. For standard service authorization decisions that deny or limit services, within the timeframe specified in 42 CFR § 438.210(d)(1);

b. For cases in which a provider indicates, or the Contractor determines, that following the standard timeframe could seriously jeopardize the participant's life or health or ability to attain, maintain, or regain maximum function, the Contractor must make an expedited authorization decision and provide notice as expeditiously as the participant's health condition requires and no later than three (3) business days after receipt of the request for service. The Member or provider may file an expedited appeal either orally or writing. No additional Member follow-up is required.

c. If the Contractor extends the timeframe for decision in accordance with 42 CFR § 438.210(d)(1), it must:

i. Give the Member written notice of the reason for the extension of time and inform the participant of the right to file a Grievance if they disagree; and

ii. Issue and carry out its decision no later than the date the extension expires.

d. For termination, suspension, or reduction of previously authorized covered services, within the timeframes specified in 42 CFR §§ 431.211, 431.213, and 431.214.

e. For service authorizations decisions not reached within the timeframes specified in 42 CFR § 438.210(d) (which constitutes a denial), on the date the timeframes expire.

5. Grievance Process. The Contractor's policies and procedures for handling Grievances shall include the following requirements:

a. A Member or Member's authorized representative may file a Grievance.

b. A Grievance may be filed either orally or in writing with the Contractor. If mistakenly filed with the IDHW, it will be immediately forwarded to the Contractor.

c. The Contractor must allow a reasonable time period following its action for the Member or authorized representative to file a Grievance. The time period shall be no less than twenty (20) days and no more than (28) days from the date of the Contractor's action.

d. The Contractor shall give Members any reasonable assistance in completing forms and taking other procedural steps including, but not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

e. The Contractor shall acknowledge receipt of each Grievance.

f. The Contractor shall ensure that individuals who make decisions on Grievances are individuals who:

i. Were not involved in any previous review or decision of the action; and

ii. If deciding a Grievance of a denial based on medical necessity or involving clinical issues, are health care professionals who have the appropriate clinical expertise, as determined by the IDHW, in treating the Member's condition.

6. Grievance Decision and Notification. The Contractor shall make a decision on each Grievance and provide notice of its decision within thirty (30) days from the date the Contractor received the Grievance.

a. Notice of Grievance decisions shall be provided to the affected parties, in writing, stating at a minimum:

i. A statement of the Grievance issue(s);

ii. A summary of the facts asserted by each party;

iii. The Contractor's decision supported by a well-reasoned statement that explains how the decision was reached;

iv. The date of the decision; and

v. For Grievances not resolved wholly in favor of the Member, the Contractor's decision notice shall also include the Member's right to request a State fair hearing, the timeframe and procedure to do so by stating the following:

(1) You, or your representative have the right to request a fair hearing with the Idaho Department of Health and Welfare if you are not satisfied with the resolution of your Grievance. You have twenty-eight (28) days from the date of this decision to file your appeal. You must explain why you disagree with this decision and include any other information you want the IDHW to know. Your appeal must be received by the IDHW or postmarked within twenty-eight (28) days.

(2) To appeal, notify the IDHW in writing or complete a "Fair hearing Request" form. "Fair Hearing Request" forms are available at any Health and Welfare local office or via e-mail at: MyBenefits@dhw.idaho.gov. Include a copy of this notice with your appeal. You can bring your appeal to any local Health and Welfare office, fax or mail it to:

Administrative Procedures Section

Idaho Department of Health and Welfare

450 W. State St., 10th Floor

P.O. Box 83720

Boise, ID 83720-0036

Fax: (208) 334-6558

7. Miscellaneous Requirements.

a. Information about Grievance System. The Contractor shall provide the information specified in this section about the Grievance system to all providers and subcontractors at the time they enter into a contract.

b. Recordkeeping and Reporting Requirements. The Contractor shall maintain records of Grievances and must review the information as part of the State quality assurance.

c. Effect of Reversed Grievance Decisions.

i. If the Contractor or the State Fair Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the Grievance or appeal was pending, the Contractor shall authorize or provide the disputed services promptly.

ii. If the Contractor or the State Fair Hearing officer reverses a decision to deny authorization of services, and the participant received the disputed services while the Grievance or appeal was pending, the Contractor must pay for those services, in accordance with State policy and regulations.

Optum has reviewed Section X and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan.

8. Provide a detailed description of your Member Grievance Tracking System and submit a sample of your electronic Member Grievance tracking log with your proposal.

Optum uses an Appeals Reporting and Tracking Tool (ARTT) to monitor compliance with denial and appeal turnaround times. All denials, appeals and grievances, as defined by this contract, are tracked with a high level of detail, including the time the request is received, along with the time of the decision, and when the written determination is made. Set timeframes will be entered for Idaho-specific requirements.

Through ARTT, we have standardized tracking, reporting and monitoring of grievances. The grievance reporting and tracking tool includes the following functions:

- Data validation to ensure accuracy of both required and optional entries
- Real-time tracking of grievance status and assigned parties
- Provides robust reporting interface to generate pre-defined and ad-hoc reports
- Ability to update the system with new functionality/fixes with minimal end-user interruption
- Intuitive and interactive user interface with a logical flow of information for data entry
- Pre-populates information to minimize redundant data entry (e.g., patient, provider and user data)
- Drop down boxes with pre-populated options
- Calculate turn-around times based on federal, state, accreditation and/or account-specific requirements
- Ability to track a grievance from denial through to resolution
- Look-up feature to search for Member by name or ID
- Appropriate database security (create, read, update, delete)
- Database backup to ensure data integrity

ARTT includes both standardized and custom reporting capabilities.

Sample screen shots from the appeals reporting and tracking tool system, which serves as our tracking log, are provided as ***Appendix 30*.**

9. Provide a detailed description of the following:

a. Methodology for reviewing and resolving Member Grievances, including timelines for the process.

Should a Member or Member's authorized representative file a grievance, our formal process includes peer review involvement and assignment as detailed below. Please note that all written materials used in the Grievance process will be reviewed and approved by IDHW prior to use. Although only one level of internal Grievance is required, Optum can offer two levels if preferred by IDHW, as described below.

First-Level Grievance Review

For clinical grievances (appeals), an Optum board-certified psychiatrist or addiction-medicine specialist in the same or similar specialty as the treating psychiatrist conducts the grievance review. The Member or Member's authorized representative or provider on behalf of the Member must file the grievance within 28 days from the date of Optum's action. First level grievances will be acknowledged in writing within five days of receipt. An Optum board-certified psychiatrist or addiction-medicine specialist in the same or similar specialty as the treating psychiatrist—who was not involved in the previous determination and is not a subordinate of anyone involved in the previous determination—conducts the grievance review. Optum will make a grievance decision within 30 days of receipt of the grievance. First level grievance notification letters include instructions on how to file a second level grievance or State Fair Hearing request and applicable timeframes.

Expedited First Level Grievance

An expedited first level grievance review is available if the standard timeframe could seriously jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function. In such cases, Optum will make a grievance decision as expeditiously as the Member's health condition requires but no later than three business days after the request for the expedited grievance.

Optum supports our Medicaid agency partners by providing any needed documentation for State Fair Hearings

Second-Level Grievance Review

If a member does not agree with the first level grievance decision, the Member or Member's authorized representative or provider on behalf of the Member may file a second level grievance within 28 days of notification of the first level grievance outcome. Second level grievances will be acknowledged in writing within five days of receipt. As with the first-level clinical grievance review, an Optum board-certified psychiatrist or addiction-medicine specialist in the same or similar specialty as the treating psychiatrist—who was not involved in the previous determination and is not a subordinate of anyone involved in the previous determination—conducts the grievance review. Optum will make a second level grievance decision within 30 days of receipt of the grievance. Second level grievance notification letters include instructions on how to request a State Fair Hearing request and applicable timeframes.

Idaho State Fair Hearing Process

If a Member disagrees with the results of the second level internal Optum grievance determination, a Member or Member's authorized representative or provider on behalf of the Member may have the ability to request a State Fair Hearing. The Hearing must be requested within 28 days of Optum's decision letter. These reviews are available in instances as defined by the IDHW. Optum facilitates these reviews by providing appropriate grievance information when a final adverse determination is made.

Timeframe Extensions

If Optum extends the timeframe for decision in accordance with 42 § CFR 431.210(d)(1), we will notify the Member of their right to file a grievance if they disagree with the extension. We will also issue and carry out our decision by the date the extension expires.

Assistance to Members

Optum will provide any assistance necessary to support members throughout the grievance process. This includes, but is not limited to: assistance with completing forms, interpreter services, toll-free access to our Complaint & Grievance Specialist and other Optum staff and access to a TTY/TTD line.

Notification Letters

Grievance notification letters will include:

- Statement of grievance issue
- Summary of facts
- Optum's grievance decision and an explanation for our determination
- The date of the grievance decision
- Detailed information on how to pursue the next level of grievance review or the State Fair Hearing process as well as required timeframes for filing
- Notification letters which include instructions on how to access a State Fair Hearing will use the wording

b. Internal controls to monitor the operation of a Member Grievance Tracking System.

Our Complaint & Grievance Specialist will monitor timelines and process of the complaint resolution and tracking system, using the original grievance request documents as the foundational documents for tracking and verifying the accuracy in the system. The Complaint & Grievance Specialist will receive supervision from the Quality Improvement Director, including monitoring compliance with complaint and resolution policies.

In addition, Optum uses an inter-rater reliability process to audit our grievance process for consistency in decision making. We also review grievance data on a monthly, quarterly and annual basis in our QAPI Committee and its subcommittees.

c. How you will track all Member Grievances received, whether they are resolved or in the process of resolution, and report the information to the IDHW.

Our grievances reporting and tracking tool tracks all Member grievances received and registers the grievance, date filed, staff involved, resolution and date Member is notified. Multiple records can be submitted to document the progress toward the resolution. The Optum Idaho

Complaint & Grievance Specialist will generate reports in the format preferred by IDHW to allow the IDHW Contract Manager to track Member Grievances, whether they are resolved or in the process of resolution.

d. Analyze the Member Grievances and utilize the information to improve business requirements.

The Optum Idaho QAPI Committee will review Member grievances and other feedback monthly, quarterly and annually to analyze trends, identify opportunities for improvement and monitor interventions. This information, along with Member and customer satisfaction data, will allow us to continually refine our service delivery.

For example, grievance data related to providers will be trended by provider on a quarterly basis to identify any provider that may have an elevated frequency when compared to other providers. In such cases, the Quality Improvement team will conduct a more in-depth analysis to determine if there are provider practices which are causing this elevated level of grievance filings. If so, the Quality and Network teams will work the provider to address practice pattern variations or other issues.

10. Describe how you will meet each of the Member Grievance Requirements and ensure the timeframes required in the CFR are met.

Our complaint and grievance reporting and tracking tool produces a variety of standard reports that closely monitor compliance with established timeframes. It also has the capacity to produce ad hoc reports. The Optum Idaho Complaint & Grievance Specialist will use a daily inventory system in addition to the complaint and grievance reporting and tracking tool database to track denials and grievances. This daily planning, in addition to the ongoing reports, will ensure that timeframes are met.

> The Optum Idaho Complaint & Grievance Specialist will use a daily report to manage workload against required response time lines.

We also retain and track all documents pertaining to Member grievances. Our Quality Improvement Director also serves as an internal reviewer of the letters to ensure we are meeting the grievance requirements and timeframes.

11. Describe how all documents pertaining to Member Grievances, investigations and resolutions will be preserved in an orderly and accessible manner.

Optum Idaho will retain and track all documents pertaining to Member grievances ARTT. We maintain this information in an electronic form indefinitely. Additionally, we scan letters and keep case system notes and can produce files as needed.

The appeals reporting and tracking tool system allows denials, appeals and grievances and to be tracked, monitored and retrieved as needed. Denial and grievance data can be pulled for reporting and audits.

12. Submit, with your proposal, a copy of your notice of decision letter.

In ***Appendix 31***, please find a copy of the notice of decision letter template. We will customize our notice of decision letter to meet all Idaho contract requirements.

13. Submit, with your proposal, a copy of your notice of grievance decision letter.

In ***Appendix 32***, please find a copy of the notice of grievance decision letter template. We will customize our notice of decision letter to meet all Idaho contract requirements.

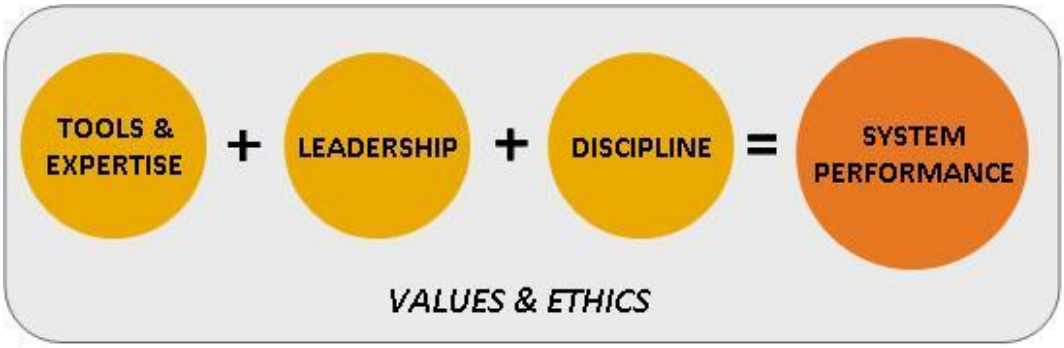
Y. (E) ELECTRONIC SYSTEM AND DATA SECURITY:

The Contractor shall implement and maintain an electronic system and data security plan.

1. Submit, with your proposal, an Electronic System and Data Security Plan that includes, but is not limited to all of the requirements outlined in Attachment 6 - Technical Requirements: Electronic Systems, Data Security and Website Requirements. In addition to submitting the Electronic System and Data Security Plan with the proposal, the Contractor may be required to submit a revised Electronic System and Data Security Plan for review as outlined in Attachment 10 – Readiness Review.

Information Systems Methodology Overview

Optum Information Technology division plays a critical role in our ability to keep, and surpass, our commitment to our customers. The purpose of technology is to simplify and support business needs, therefore, we are committed to making resources available to the State of Idaho, Optum Idaho staff, providers, and consumers—when and where they are needed. By adhering to the following Optum Performance Model, we will deliver systems that are highly reliable, adaptable, secure, expandable, and able to easily interface with other systems.



As applied to our Public Sector information systems, the Optum Performance Model includes the following key elements:

Tools: Optum and UnitedHealth Group invests extensively each year in information technology capital purchases and development to ensure our systems have the capacity, reliability, and security to surpass the needs of our customers. This, coupled with our philosophy of owning, or at least having the ability to enhance our technologies, allows us the freedom to change rapidly to meet customer requirements and decrease administrative burden on providers. We designed our applications, network infrastructure, load-balancing server clusters, and communication systems with the ability to grow quickly, provide capacity-on-demand and high availability, while protecting consumer information. We utilized industry standards such as ISC² and ITIL as a model to create a multi-layered approach to security that includes clearly delineated policies and procedures, role-based access, regular training, hardening of network and system access, and adherence to federal laws such as HIPAA and SOX, and any more stringent, state-specific requirements.

Expertise: The best Information Systems in the world are only as good as the people running them. For this reason, we recruit and retain the most skilled and experienced IT staff available that possess the knowledge to develop and implement the most up-to-date technologies**. Our Public Sector Behavioral Health Technology team on average has more then 20 years**

experience, and has implemented Public Sector contracts of all sizes, from simple to exceedingly complex. This dedicated team performed all the system assessments for this contract. We back this team up with more than 7,000 IT staff throughout our corporate technology organization. If there is an expertise needed—we have it.

Leadership: Optum leads the industry through experience, innovation and collaboration. Optum has unmatched experience managing complex systems, including the largest set of consumer healthcare information in the world. We utilize innovative, proprietary tools, including OptumInsight's ImpactPro® Behavioral Health, with its add-in neural network engine, and we collaborate with stakeholders to improve the entire system. We do this by increasing the provider's knowledge through expert training, creating tools to reduce administrative burden, and disseminating critical information in multiple methods to stakeholders as directed by the State of Idaho. This works in concert to improve the quality of consumer care—our ultimate goal.

Discipline: Optum excels at Execution Competence: the ability to get things done, by strict adherence to processes that have been developed and tested over many years. These processes are tied to the Quality Improvement method of Plan-Do-Check-Act, to ensure that they are continually improved and refined, and we have built our data warehousing and reporting systems to enable ongoing quality improvement in every area of our operations.

Capability and Capacity Assessment - Applying the Right Tools: In anticipation of this RFP, Optum has carefully selected, integrated, and configured the most appropriate technologies based on a thoughtful review of the publicly available information describing the service model, mission, values, and vision of the State of Idaho. This selection process involved an evaluation of Optum technologies against a comprehensive list of the State of Idaho specific requirements. Based on comparative scoring and qualitative analysis, the selected technologies included in this response represent our very best and most appropriate solutions to support and streamline functions of the IDHW and servicing providers, including the ability to support the acceptance, transmission, maintenance and processing of consumer, provider, prior authorization and claims information.

Over the past several months, we have continued to validate our information systems and technical infrastructure against additional information made available to the public by the State of Idaho. Optum will establish a significant locally staffed and controlled technology presence of four dedicated FTEs located in Idaho, which will be supported by the full technology infrastructure and expertise of our corporate technology team

Our systems methodology consists of architecting our systems for scalability, monitoring and modeling existing and anticipated loads, budgeting for upgrades, and deployment of additional capacity. This process is detailed under question E below "II. (E) Data Tracking and Utilization Information System". In addition, UHC deploys a Project Manager (PM) for each new implementation. This PM serves as the organization's facilitator/watchdog to ensure that the customer is being heard, competing projects do not interfere, and that tasks are being delivered on time.

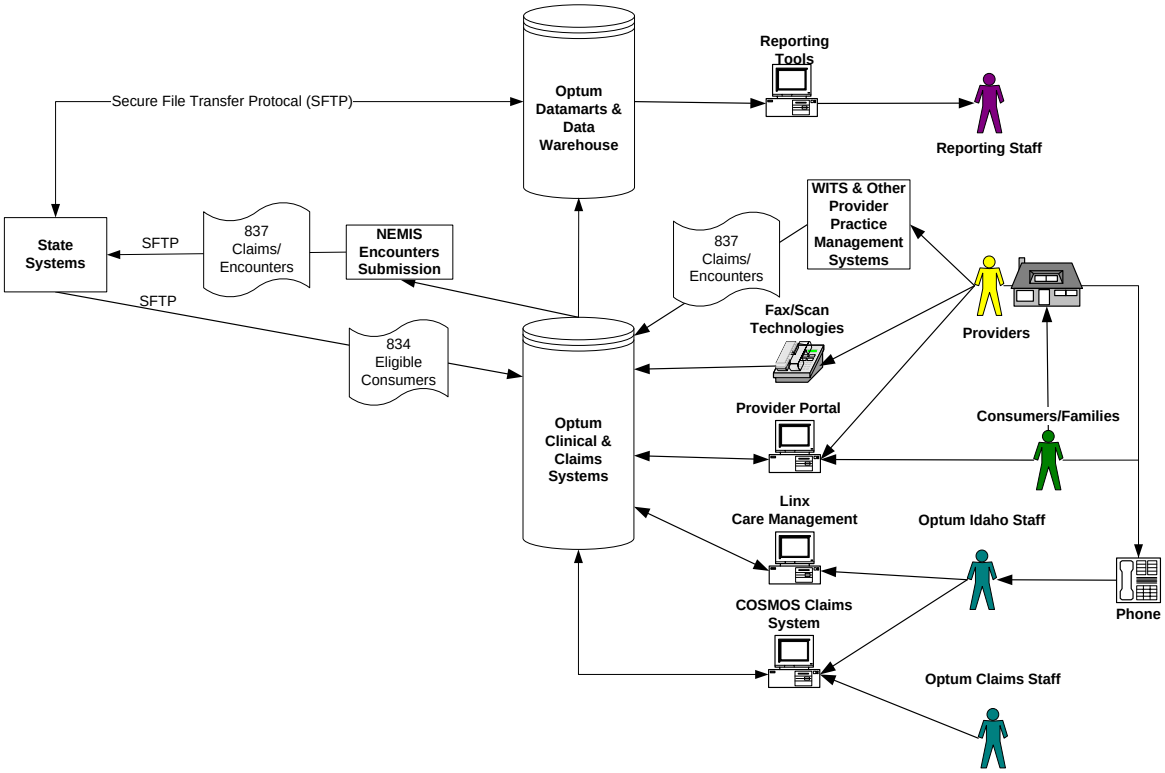
2. Provide a detailed description of your current electronic system and explain how it will be maintained to meet the requirements of the RFP.

Optum Electronic Systems

Like the foundation of a building, our hardware, and the platform our software runs on, is the underpinning of the stable and secure environment we have engineered. This foundation provides a highly flexible and expandable platform, while providing reliability and availability of systems and data through multiple layers of security. The layers include facility safeguards, hardening of network and system access, broad environmental protections, continual staff training, and robust role-based access to systems.

Optum provides systems for care management, data warehousing and reporting, electronic data interchange (EDI), SFTP, member and provider internet portals, and other supporting systems; tightly integrated with claims and eligibility processing supplied on an enterprise level by enterprise information technology team and our parent company. All of the core computing equipment (the servers and associated peripheral software and equipment) Optum would deploy for Idaho are located in our protected datacenter facilities in Minneapolis, MN.

Optum Idaho High Level View of MIS Systems



The Optum EDI Team is responsible for file transfer setup and operations, and it validates, pre-processes, transforms, and maps customer files to the specifications required to load into our eligibility system. The EDI staff is comprised of IT professionals dedicated to the field of healthcare data exchange systems and processes, and they immediately resolve any system- or data-related issues.

Our EDI staff members are experienced in handling the special requirements of behavioral health data, ensuring that we can smoothly set up a strong, adaptable data exchange process with the

Department of Public Welfare, using data mapping and transformation as needed to support the Department's requirements.

Secure File Transfer Protocol (SFTP) is utilized to exchange data securely. Our Electronic Customer Gateway service allows for Optum to push and pull files as well as host files for data exchange using a variety of secure transfer mechanisms.

Hardware involves IBM Mainframes for claims and eligibility processing. Distributed systems and web applications utilize IBM hardware, Java language and Sybase database management system with real-time data replication. Desktop and MS Windows server environments run on HP Intel processor based hardware.

LINX—Enterprise-wide Clinical Management System

LINX is the Optum enterprise-wide, integrated Clinical Management System that consolidates member health information. Our integrated health services software has been carefully designed to match the workflow of our clinical staff, providing an easy and convenient way to enter or find information about all aspects of a member's care. A single member record is capable of displaying all of the following data:

- Complete demographic information, including dependent relationships
- Eligibility information and a list of external benefits, along with notes and contact information for coordinating services (if provided by the customer)
- Optum services of any type received by the member, such as referrals
- Full information about the member's diagnosis and treatment authorizations
- Contact information for all clinicians to whom the member has seen
- Detailed notes from intake and all subsequent reviews, covering the member's full treatment history
- Background information regarding precipitating factors, support systems, medical history, and/or any medications currently being taken
- Notes regarding all follow-up or other contacts, including any appeals

In addition, the software gives our clinical staff the ability to search for network clinicians without leaving the member record. For example, a clinical staff member can find a clinician by name or geographical proximity (with the capability to identify preferences for ethnicity, language, gender, expertise, licensure, and accessibility), then proceed immediately to certify outpatient treatment. The software's user-friendly design frees our clinical staff to spend their time helping members rather than looking up information, switching between multiple applications, or shuffling through papers.

COSMOS—Member Enrollment and Claims Processing System

Our proprietary COSMOS platform (Comprehensive Online Software for Management and Operational Support), for core transaction and claims processing, is a highly flexible and complete system. Because of the flexibility and design of COSMOS, Optum Idaho will be able to meet all of the MIS requirements described in the RFP. The fact that COSMOS is proprietary means that we are able to maintain and update the system to meet customer requirements in a timely manner, moving quickly when implementing new programs. For example, our MIS system received 5010 certification far in advance of most vendor supported systems.

NEMIS – National Encounter Management Information System

Encounter submission is managed through our NEMIS application. This proven application processes Medicaid encounters across more than ten states. It provides pre-validation, ETL, reporting and data correction functions.

Provider Claims Submission

Provider billing is completed via our provider web site claim submission function. EDI claims submission is supported via multiple EDI clearinghouses. Procedures will be provided to submit paper or printed claims as well.

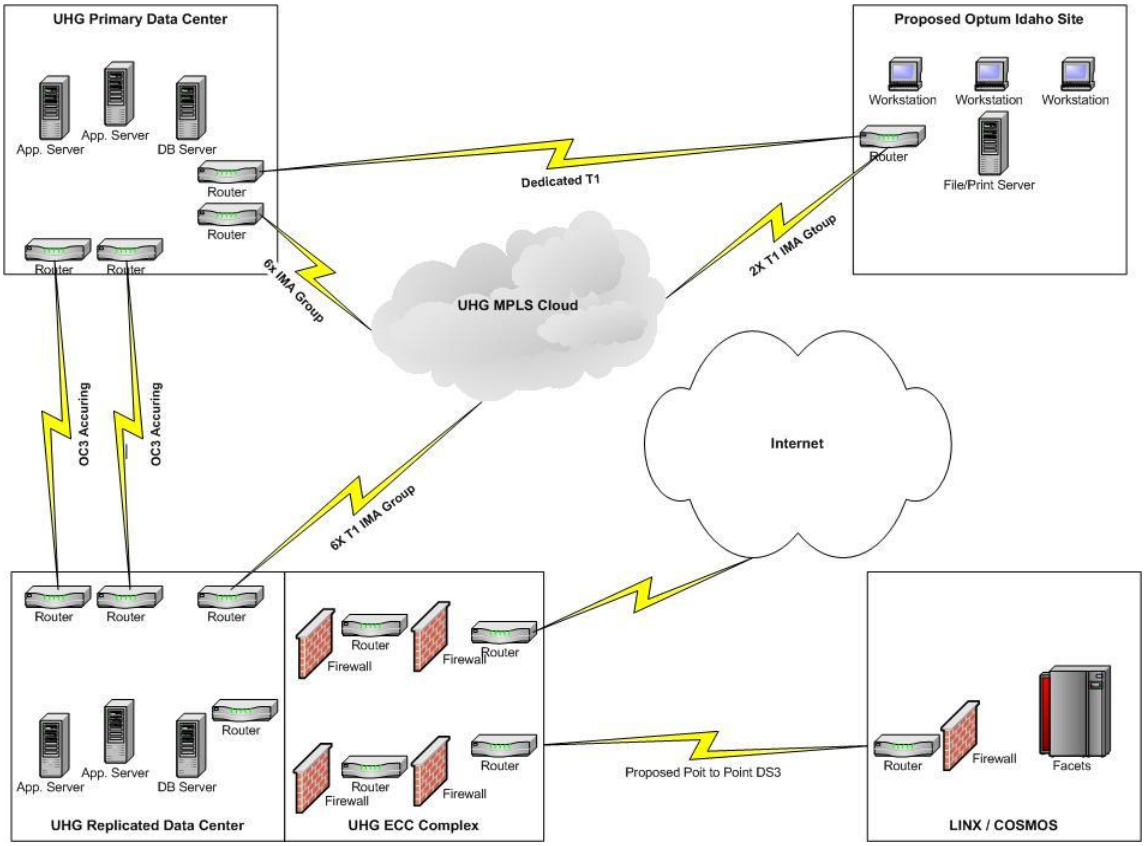
We anticipate the IDHW WITS installation will also submit claims data via industry standard 837 transactions.

Foundational Network Configuration: The Optum network infrastructure connects all computing resources into a common computing platform. Optum's network is part of the UnitedHealth Group enterprise network. The following descriptions and drawings are high-level and were produced to show some of the systems and services that would be available to Optum Idaho.

Network Overview: Optum maintains a secure, redundant and highly available private data network, using multiple technologies and methodologies to achieve and maintain this. Below is a brief list of some of the technologies used:

- AT&T Managed MPLS Cloud
- ATM and Frame Relay Clouds
- OC3 – OC48 Rings
- Point-to-Point Circuits
- Eigrp and BGP routing protocols
- Cisco HSPR
- Multiple Firewall implementations
- Intrusion Detection scanning
- Vulnerability scanning

The Optum network distributes resources to offices throughout the country. The Optum Idaho office would become part of this network, and be monitored and protected by the Enterprise Network Group. The following is a high-level network drawing showing this connection.



To meet our goal of getting **the right data, to the right people, at the right time**, Optum utilizes the tremendous capabilities of the network infrastructure, by being part of the UHC redundant data center architecture. This helps us create a stable and secure environment, allowing our employees and the Idaho providers to focus on the members care, and not on the systems availability.

To maintain data availability at all times, the production data transactions from our core business systems are replicated near real-time, from the primary data center to our redundant site for Business Continuity (BC). Our business continuity plan will be delivered during implementation. The data is also managed for disaster recovery purposes, through tape backup for off-site storage, and other operational functions. For example, the replicated data in our Enterprise Data Warehouse, data extracts, operational reporting, etc. is validated on a daily basis. In addition, every night a row count and compare is run against all source databases and their replicated counterparts; any variances are alarmed on and a review process is initiated.

The redundant data centers provide automated fail-over capabilities for core Optum applications. If a resource in one location fails, it is automatically routed to the secondary location. This occurs real-time. System users are connected to the fail-over site and systems, and are able to continue searching and updating data in the production environment.

Our capacity to export data is demonstrated by our experience in exchanging data with hundreds of accounts on a regular basis (including large health plans and public sector partners using a variety of software packages and programs), primarily through secure EDI transactions managed by our EDI Operations staff. We use a checklist process that provides an implementation

framework to manage the two-way data interchange between ourselves and new customers. This formal process is proven to minimize errors and data exchange issues.

Data Security Plan Overview

Optum is preoccupied with protecting the Confidentiality, Integrity, and Availability (CIA) of consumers' Protected Health Information (PHI) and we have taken precautions and implemented technologies that go far beyond the requirements of Attachment 6. We created a multi-layered approach to security, based on the International Information System Security Certification Consortium (ISC2), the international standard for IT security. This includes not only hardening of physical systems and facilities, but also includes detailed policies and procedures, employee training, role-based system access, auditing trails, and controls to ensure the integrity of the data. The following details Optum IT security measures:

Controls: All controls (e.g., Change Control, Security, Role Based Access Control, Versioning, and Separation of Duties) are Sarbanes-Oxley (SOX) compliant and have been developed in accordance with the UnitedHealth Group's General Computing Control standards, based on COSO standards that are endorsed by the Securities & Exchange Commission. These controls are reviewed annually by Information Technology leadership. To provide assurance to our customers that our controls are appropriate and in place, we retain an independent accounting firm to perform an annual SAS70 Type II audit of our controls, including those described here.

Recognizing the IDHW's desire to implement and maintain a secure system, Optum will use a multi-level access process to reinforce system security. Authorization by two levels of managers must be obtained for access to any Optum business application. No system access or data will be shared with anyone, until the IDHW have given authorization to do so.

System Access: System and network access is approved and implemented by the security and network group within Optum, and the process is independent of application level security. In addition, two security officers control access to the care advocacy and claims applications. Based on this process, the number of employees approving access can range from three to five, depending upon the application.

Security is implemented in the hardware operating system platform and the individual applications. Platform access is only granted to IT support and software development staff. Full file/directory rights are limited to only end user personal folders. Read access is only allowed in public files/directories that do not contain PHI. Only approved end-users and approved support staff have read access to PHI.

User login policies ensure resource access is secure and, in the event of an anomaly, users are locked out of the network until the issue is resolved by a security advisor. User login policies contain the following attributes for applications core business applications:

- Login attempts before lock-out: 3
- Enforce password history: Enabled, 10
- Maximum password age: Enabled, 45
- Minimum password length: 6
- Complex passwords: Enabled

File Access: Optum physical and technology access controls ensure that information and software are available only to authorized users. Access privileges are granted on an individual need-to-know basis. Users are not to be granted general access beyond information required in carrying out assigned job responsibilities. Group access controls are not permitted unless

supplementary controls to establish personal accountability are in force. Once properly authenticated, Optum directory security is centrally maintained via "most restrictive" users rights policies. In other words, those users with Read Only rights will not be allowed to modify directories, files, structures, security, attributes or other properties in any way. Elevation access rights are granted to users following an official request, review, and grant process which is documented. Unauthorized individuals, whether inside or outside the company, are not given casual or general access to company information or applications.

Batch Jobs: Batch jobs are scheduled and run under strict controls. Multiple approvals and parties are involved in setup and operations of batch jobs. Only production administrators are allowed to setup and configure production batch job user ids and production database user ids.

Applications: Application security is configured with multiple roles, with the most restrictive role limited to read-only rights within individual modules. Additions and changes to data are logged with user identity and date/time of the change. Menu items are enabled based on security role.

Databases: Direct database access is not permitted for online production databases, with the exception of database administrators who maintain the integrity of the data structures. Access is via software applications. Direct database to Data Warehouse data are supported via approved reporting tools only.

The Optum Information Management and Systems methodology is designed to provide data and analytic tools to the IDHW and, as directed, to consumers, family members, providers, State Agencies, stakeholders and others.

Data Integrity Controls: One of the guiding principles for the Optum security framework is information integrity. As such, Optum technology implementations exercise particular care, through tight controls, over the storage and transmission of sensitive data elements including: any security-related data, technical descriptive data about network or system infrastructure technical descriptive data, elements related to or describing individuals, and personally identifiable health related information or services. Safeguard reminders and assurances shall be provided to internal and external parties on a regular and ongoing basis.

The data elements described in this policy shall be given exceptional security protection. These data elements shall generally be encrypted during transmission and when stored or utilized by company computer applications. Printed reports and hard copy presentations will be tightly controlled. Access shall be restricted to management and authorized staff on a need to know basis. Protection shall extend to include accidental access with exposure of data to business partner and internal technical staff.

Audit Trails: We conduct auditing in a granular manner. First and foremost, each employee, contractor and consultant is provided with unique usernames and passwords which are enforced through strict login policies. These logins are enabled for auditing throughout the login and resource-access process. All Optum security processes are designed to capture information about who, what, and when a particular audited event occurred. These records are maintained in databases and logs that are available to systems administration personnel who may need to investigate a security issue. The audit process is designed to provide clear reporting capabilities so security audits can be conducted quickly in response to an intrusion or security issue. System security administrations are the only people whom have the ability to access this information. Unauthorized attempts to access data is controlled through security login and access policies;

unauthorized access attempts are logged, appropriate personnel are notified and action taken immediately.

Record Alteration: The Optum system is built with security controls to prevent the alteration of finalized records through a methodology of user-access controls and rights. These controls and rights are backed with detailed auditing and centralized management to ensure quick-action when needed. In addition to preventing inappropriate alteration to finalized records, Optum core business systems support either application or database transaction journaling which provides us with the ability to review change, add, and delete transactions. Information on the user, date, time, and previous field values can be reviewed.

Facility Access Control: All Optum facilities, including any that will be located in Idaho, are controlled through central access points, monitored and controlled either by security personnel and/or internal staff. Entry is tracked and monitored through badges issue for visitors, venders, contractors, and employees. All data centers have additional security levels requiring senior staff approval for access, with policies and procedures around the management of data.

All data centers meet strict compliance for Tier 1 through Tier 4 requirements under nationally accepted TIA-942: Data Center Standards. The simplest is a Tier 1 data center: which is a basic a computer room that follows basic guidelines for the installation of computer systems. The most stringent level is a Tier 4 data center which is designed to host mission critical computer systems with fully redundant subsystems and compartmentalized security zones controlled by stringent access controls methods. All data centers have 24/7 monitoring including fire, smoke, moisture, and electrical alarms; fire suppression systems, video surveillance, redundant cooling and power, and redundant multi-carrier communication lines. Under our Business Continuity Plan (BCP), all redundant sites are Tier 3 or Tier 4 (See Question E3 below for additional information on our BCP).

Internal Access Control: All Optum systems are protected through badge-access controls. Each time an authorized employee is granted access to a secure area, information including employee, locale, date, and time is logged into a central database which can be queried at any time by the security staff. Access is controlled through strict policies and procedures, with access to high security areas requiring a prior request to senior management, and the entire approval processes tracked and audited.

Network Access: All application and database servers are located within the UnitedHealth Group private network. Open and direct network access from outside the private network is not allowed.

HIPAA Training: All Optum employees, contractors and consultants receive ongoing security education and awareness reinforcement. The Information Security Awareness program is established to instruct employees, contractors and consultants in the following:

- Company Information Security Policy
- Security Operating Procedures
- Access Control Procedures
- Corporate Policies and Programs
- Optum Individual Accountability
- HIPAA Regulations

Risk Assessment: Optum conducts a comprehensive third-party annual security audit to ensure systems, applications and policies are meeting or exceeding HIPAA regulations and industry standards; furthermore, the assessment includes a loss/risk analysis and documentation on

mitigating said risks. Additionally, systems, applications and policies are regularly monitored and enhanced in between the annual audits to ensure the most secure environment possible. We certify that our annual security audits meet or exceed requirements set forth in the RFP, and have procedures for security incident identification, response, migration and documentation procedures.

Provider Training: Optum understands that a collaborative approach is the most effective method when working with providers. For this reason, Optum will start by launching a proactive, continuous, and extensive Administrative Training Program to educate service providers, and establish clear contractual expectations on when data is to be submitted and what constitutes complete data (e.g., a clean claim as well as sentinel events and disease-reporting requirements). We will provide the training and tools to ensure the providers can meet our contractual requirements. Our technology support staff will provide technical assistance to all regions of Idaho. We will implement a Quality Management approved Plan, Do, Check, Act (PDCA) approach to our on going training and technical assistance efforts.

3. Provide a written statement confirming you have reviewed and agree to the requirements in Attachment 6 - Technical Requirements: Electronic Systems, Data Security and Website Requirements and describe how you will comply with each of the requirements.

Optum has reviewed, and agrees to, the requirements in Attachment 6 – Technical Requirements: Electronic Systems, Data Security and Website Requirements.

ATTACHMENT 6 - TECHNICAL REQUIREMENTS: ELECTRONIC SYSTEMS, DATA SECURITY PLAN AND WEBSITE REQUIREMENTS

Optum Compliance Matrix

Requirement	Evidence/Statement of Compliance
Medicaid Management Information System (MMIS):	
A.	Optum systems planned for this proposal include all necessary hardware, software, phone lines, modems and connectivity equipment required to establish and maintain an internal system to manage the behavioral services planned and exchange data with current and future IDHW systems.
B.	Optum will accept and transmit data securely utilizing SFTP via our corporate Electronic Customer Gateway service at no additional cost to IDHW or the state's MMIS vendors.
C.	During pre-implementation, connectivity will be established and tested with IDHW systems at no additional cost to the State or MMIS vendor.
D.	Programming changes due to change in MMIS systems or MMIS contractor could be some of the most expensive adjustments the Contractor (Optum) would be required to meet, and would also be beyond the Contractor's ability to impact or control. Optum will work in partnership with IDHW and any new MMIS vendor to design a change process that minimizes significant or

Requirement	Evidence/Statement of Compliance
	material changes for Optum and thus the need for a contract amendment.
E.	Optum will provide access to Optum data via reports, data extracts and on site at the Optum location.
F.	Optum's eligibility system claims system and encounter system accommodate a ten digit Medicaid ID.
G.	Optum will make software system changes at no additional cost due to Federal, State, Legislative or policy changes. Programming changes could be some of the most expensive adjustments the Contractor (Optum) would be required to meet, and would also be beyond the Contractor's ability to impact or control. Optum will work in partnership with IDHW and the MMIS vendor to design a change process that minimizes significant or material changes for Optum and thus the need for a contract amendment.
H.	Optum will submit Encounter claims to IDHW MMIS contractor from our National Encounter Management Information System (NEMIS)
I.	Optum will accept 834 eligibility and respond with the appropriate response file as required by the MMIS contractor system.
J.	Optum will accept a 820 transaction file showing payments to Optum at a member level.
K.	Optum will maintain compliance with current CMS HIPPA truncation industry standards including the current version 5010.
L.	Optum systems are undergoing changes in 2013 to ensure compliance with ICD-10.
(E) Electronic System Requirements:	
M. Equipment:	Optum systems planned for this proposal include all necessary hardware, software, phone lines, modems and connectivity equipment required to establish and maintain an internal system to manage the behavioral services planned and exchange data with current and future IDHW systems. Optum will accept and transmit data securely utilizing SFTP via our corporate Electronic Customer Gateway (ECG) service. Our ECG service enables Optum to push data files to and pull data files from IDHW servers.
N. Reports:	Optum will accept and transmit report files securely utilizing SFTP via our corporate Electronic Customer Gateway (ECG) service. Reports will be available as required monthly, quarterly and annually by 10am Mountain time on the tenth (10th) calendar day of the month following the month or quarter services were reported.
O. Data Transfer System: Items 1 & 2.	Optum will accept and transmit data securely utilizing SFTP via our corporate Electronic Customer Gateway (ECG) service which meets or exceeds all requirements under Item 1.

Requirement	Evidence/Statement of Compliance
	Our Information Technology support processes follow industry standards and best practices. Change management, performance monitoring and quality improvement processes meet or exceed requirements under Item 2. Our internet applications are compliant with Section 508 of the Rehabilitation Act of 1973, as amended by 29 U.S.C. § 794d, and 36 CFR § 1194.21 and 36 CFR § 1194.22.
P. Website: Items 1-5	OptumIdaho.com will be based on our provider website and award winning member website; Live and Work Well (LAWW). Our websites are used by over three million visitors, who accessed one hundred million page views, and conducted seven million transactions, along with the 1,300 other customer-specific websites based on it, maintains availability at over 99.9%, with no regularly scheduled maintenance windows. Any planned system outage is posted on the portal well in advance, and is scheduled during low-utilization hours to minimize user impact. OptumIdaho.com will provide both English and Spanish as a language option. Instead of being a simple translation to the Spanish language, it will be written in a way that takes into consideration the cultural differences of the Hispanic population. Optum attempts to be culturally sensitive in all aspects, to further the Consumer's recovery. OptumIdaho.com will draw on the vast and tested resources of LAWW's 'My Benefits' and 'Programs Benefit' sections. This will include a convenient means for introducing members to benefit information, special programs, online member handbook, and links to resources.; OptumIdaho.com will have a 'Contact Us' page with a variety of contact methods, depending on the specific needs of those contacting us. This will include specific numbers for Members to contact a Care Manager, file a grievance, or request a referral. The same applies for providers that need to reach a Claims Specialist, Network Manager, or Peer Review Team. OptumIdaho.com will allow for email contact option for general inquiries. Secure inquiries by providers will be available with the secure provider portal. OptumIdaho.com will provide FAQ support, including FAQs within the specific content and transaction features of the site. Optum will submit drafts of any Medicaid specific website content that is to be added to OptumIdaho.com. Once the information has been approved by the IDHW, it will be uploaded onto the website. Optum will update the OptumIdaho.com website with the content approved by IDHW, within five (5) business days of receipt of the approval notice. ; Optum will have qualified and highly trained staff available to

Requirement	Evidence/Statement of Compliance
	support the OptumIdaho.com website. Optum will provide technical support, via phone, from 7 AM to 9 PM central time Monday – Friday excluding holidays. OptumIdaho.com will provide information on a timely basis, whether monthly, weekly, or in some cases daily if it is urgent. Optum will maintain website functionality at all times. Functional enhancement releases will be rolled out as they are tested and verified with the IDHW. Optum excels at user-friendly and intuitive website design.
Q. Web Applications: Items 1-13.	Optum excels at user-friendly and intuitive website design. This is demonstrated by industry awards, and most importantly…user satisfaction. In the most recent provider satisfaction survey of our LAWW website, we achieved a 94% positive rating for Ease of Use. In addition, our LAWW site won the Interactive Media Award's (IMA) Outstanding Achievement Award under the healthcare category. This award is based on a very high standard of planning, execution and overall professionalism in five criteria's: design, content, feature functionality, usability, standards compliance and cross-browser compatibility. While all this is tremendous, we continually strive to improve the user experience. Optum has an assigned Software Service Support team dedicated to researching and resolving any technical issues identified. Each issue is reported, prioritized and tracked to resolution. The priority assigned to the issue determines the turnaround time for resolution. OptumIdaho.com will be fully maintained within the UHG systems infrastructure environment. This includes all computer, network and communications hardware used to support OptumIdaho.com. Viral scanning is part of the maintenance and support that UHG performs, as mentioned in the above The OptumIdaho.com website will be able to handle over 250 concurrent users in both capacity performance testing and in production. Optum monitors usage limits and conducts regular capacity planning exercises with each website. The site architecture is designed to scale by adding additional hardware resources if needed…maintaining optimal performance for the end-user experience. The systems that OptumIdaho.com runs on will be fully maintained and upgraded within the UHG systems infrastructure environment. This includes service packs, patches and operating system updates Because OptumIdaho.com is part of the Optum group of websites that maintain availability at over 99.9%, we will exceed the 98% uptime requirement. Optum proactively monitors production website performance on a regular basis, in diverse ways, using a multitude of tools. These tools include scripted transactions running against the production system, and transaction time logging with details for diagnosis of any anomalies. We regularly engage in performance testing

Requirement	Evidence/Statement of Compliance
	activities, and, where necessary, performance tuning activities. Optum continually monitors and invests in website system capacity and performance. This has shown that simple transactions will be expected to complete in less than 3 seconds, although are usually much faster. Complex transactions such as secure login and wide-ranging provide searches can be expected to complete in less than 8 seconds, although usually much faster. Optum understands that response time is critical to the end-user satisfaction, and is dedicated to making this as enjoyable an experience as possible. OptumIdaho.com will have drop-down menus and application specific toolbars where applicable. Optum pre-populates information from other internal data sources, and persists that data throughout a transaction. Thus ensuring the end user isn't forced to reenter the same information when navigating to a different page of OptumIdaho.com. OptumIdaho.com will utilize the extensive help features, Quick Links to common reference materials and multiple navigation channels to extensive provider documentation materials from the LAWW website. Optum will provide multiple methods to navigate to the same information on the OptumIdaho.com website. This will include short-cut and function keys where applicable. Optum regularly performs end-user satisfaction surveys to ensure that the user experience is optimal. Through this process, we have found that the use of mouse-over captions, especially with the volume of links and navigation points utilized, does not create an optimal user experience. Optum will, of course, add these to the OptumIdaho.com website if necessary. OptumIdaho.com will use navigation menus, fields and page tabs where applicable. OptumIdaho.com will use an auto-tab feature to skip to the next field where appropriate. OptumIdaho.com will allow Forward and Back navigation using standard web browser navigation, and using buttons within the application where appropriate. OptumIdaho.com uses best practices for web design and user interfaces. This will entail the use of pop-up windows, or new browser windows, to present help information and persist the original transaction data throughout the subsystems or function, until completion, where applicable. OptumIdaho.com will use a sequential methodology to drill from summary level data, down to the appropriate detail level, within transactions where appropriate. OptumIdaho.com will provide general information on the help menu. OptumIdaho.com will provide User Manuals on the Training page. OptumIdaho.com will provide any applicable system documentation

Requirement	Evidence/Statement of Compliance
	the end user would need. OptumIdaho.com will provide an online data dictionary. OptumIdaho.com will make the Provider Handbook available through the Quick Links menu. OptumIdaho.com will provide links or access to IDHW defined resources. OptumIdaho.com will ensure fields are formatted for the expected data content, and optimized to the appropriate field length and type. OptumIdaho.com allows the user to change resolution through their computer Operating System, and font size through the Internet browser configuration. This allows the user to fine tune their online experience to fit their specific needs. Optum does not allow the user to change the font type and color on the Optum websites, as they are corporate colors and standards. OptumIdaho.com will support multiple open browser windows in the same session. The user maintains complete control over how those windows are presented. Due to Microsoft's decision to discontinue support for Internet Explorer 6.0, Optum recommends IE 7.0 or newer for proper website functionality. OptumIdaho.com will also support Firefox, Chrome and Safari web browsers. OptumIdaho.com is designed to function as a standard web based application. As such, if any third party products are required, such as java or shockwave, the user is prompted to download it from the original developer's website, and this will include their standard documentation.
R. Security Access and Maintenance	Optum systems are hosted at our corporate data centers in Minneapolis, MN. Industry standard security policies and processes are utilized to meet or exceed industry requirements including HIPAA and all requirements listed in Items 1-16. Our corporate Information Risk Management organization maintains and updates at least once annually, our security, data protection and recovery plans.24x7 support and maintenance is a standard for our business critical hardware and software solutions. System availability is 24x7 except for infrequent scheduled maintenance. For business critical systems, alternate or back-up systems are utilized during scheduled maintenance. Scheduled maintenance and upgrades are completed during off-hours, typically Saturday night to Sunday morning. Audit records are maintained by our clinical and claims systems. Audit records include date, time, user and action performed. The audit records can be exported by application support staff to an external file for "offline" viewing.

Requirement	Evidence/Statement of Compliance
	SSL encryption is utilized to secure communications over the Internet. Changes to systems, batch schedules and data are managed through controlled processes including approvals and audit trails. During peak-business cycle seasons, additional controls are implemented to minimize change and negative impact to business operations.
S. Electronic System and Data Security Plan	Optum's System and Data Security Plan is maintained through our corporate Information Risk Management function. An overview is provided in the RFP response under section Y. (E) ELECTRONIC SYSTEM AND DATA SECURITY. Extensive policies and procedures are maintained and updated at least once annually. The same policies are utilized across our parent company, UnitedHealth Group a Fortune 500 company securely more than 75 million people worldwide. Securely managing data for this volume of people requires significant and robust policies and procedures. An internal shared policy and resource knowledge base (SPARK) houses the latest version of the policies. Release of our policies and procedures is restricted. At the start of the contract during implementation, specific reviews of our policies and procedures will be arranged with the appropriate compliance and information risk management personnel. Our corporate policies and procedures meet or exceed requirements listed under items 1-16 including adherence to the IDHW's Use and Disclosure of IDHW Records rules promulgated in IDAP A 16.05.01

Z. WEBSITE:

The Contractor shall provide and maintain an internet website for Idaho's Medicaid Members and the network providers to access information pertaining to the Idaho Behavioral Health Plan. The Contractor shall submit any website content regarding the Idaho Behavioral Health Plan to the IDHW for review and approval prior to posting the information on the website. See Attachment 6 - Technical Requirements: Electronic Systems, Data Security and Website Requirements.

1. Submit an outline of your proposed website with your proposal and describe how you will:

a. Communicate policies, procedures and relevant information to providers through secure or public Web pages.

b. Provide, in accordance with national standards, claims inquiry information to qualified service providers and subcontracts via the Contractor's Website.

Outline of proposed website

Home Page

- General information
- Access to News Sources
- Navigation to three main areas of functionality to service the Provider, Member and Stakeholder communities

Consumer Page – access to consumer portal

- State Benefits Booklet for People Enrolled in Medicaid
- Approved Provider Directory
- Online Search Capability for Provider Directory
- Member Rights in Approved Member Handbook
- Approved Benefit Information
- Access to Approved Spanish Version of Website
- Approved Optum Community Resource Listing
- Multilingual Notices

Provider Page – access to provider portal

- Approved Policies and Procedures
- Approved Provider Manual
- Approved Level of Care Guidelines
- Link to Online Verification of Member Eligibility and Benefits
- Access to Standard Screening Tools for PCPs
- Link to Online Treatment Authorization Request and Verification
- Link to Online Behavioral Health Submission
- Link to Online EDI Support

- Link to Provider training such as Essential Learning

Stakeholder Page – access to Stakeholder portal

- General information targeting stakeholders of Idaho Medicaid services managed by Optum

FAQs Page

Contact Us Page

Privacy Policy Page

Terms of Use Page

The Optum Idaho member web portal will be available in both English and Spanish. In addition to Idaho specific information there will be FAQs, Contact Us information and Quick Links to enable short-cuts to other functions. The Contact us page will provide a variety of contact methods, depending on the specific needs of those contacting us. This will include specific numbers for Members to contact a care advocate, file a grievance, etc. The same applies for providers that need to reach a Claims Specialist, Network Manager, or Peer Review Team. The FAQs section will be an evolving information area constantly updated to insure that frequently asked questions can be answered.

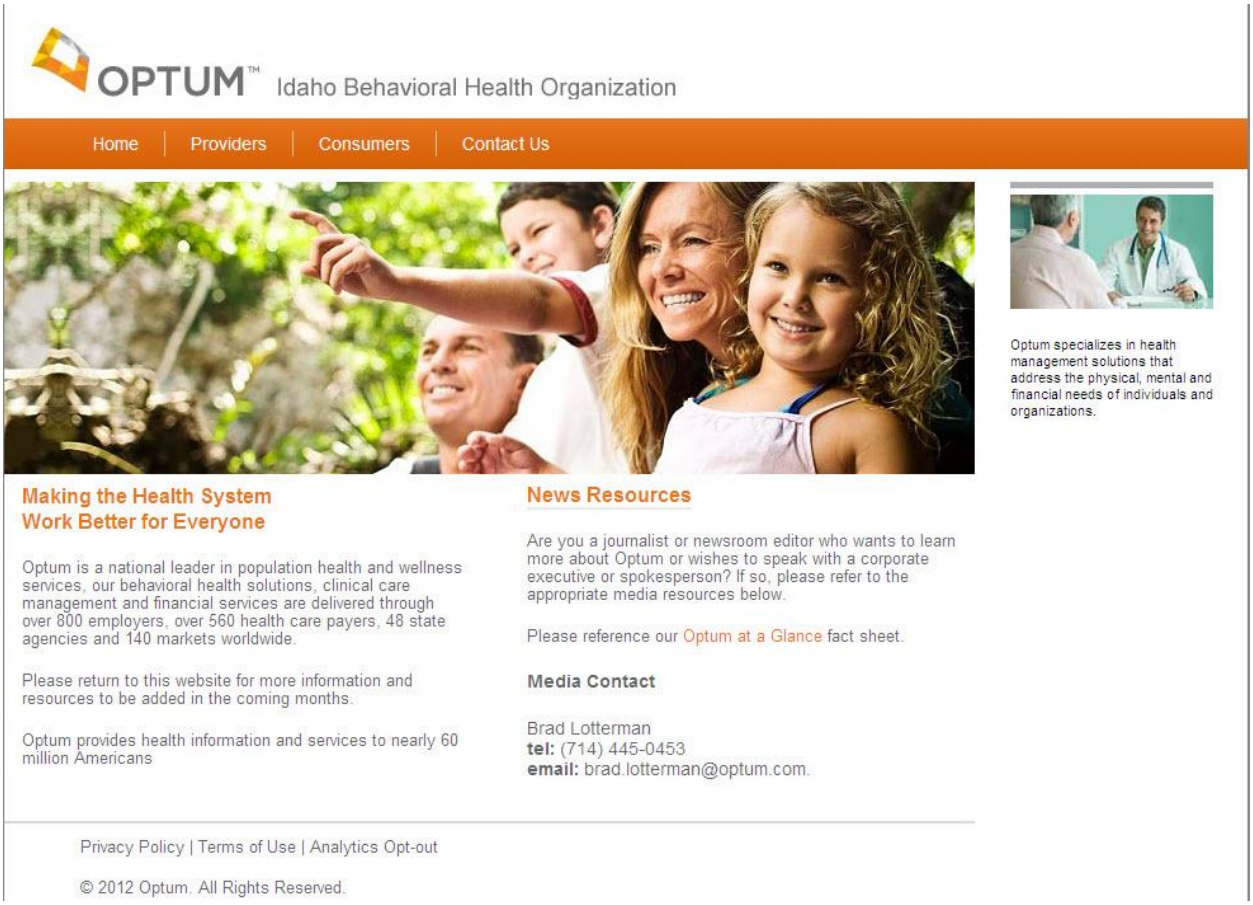
Our web portal, **www.optumidaho.com** will contain three main areas of functionality to service the Provider, Member and Stakeholder communities. Both Member and Provider portals will enable more than 250 concurrent users to engage at the same time.

Both the member and provider portals will facilitate complex record searches, retrievals and query functions in addition to facilitating claims inquiries, benefit queries and questions. There will be many direct links to help, reference information, manuals and documentation and extensive help features.

It should be noted that Optum's Liveandworkwell.com web portal was given a Gold Award by ehealthcare. Please see ***Appendix 5*** for a copy of our award certificate. Although Optum Idaho will have a separate web portal dedicated to the IBHP, there will be links on this portal to the Liveandworkwell.com content which helps support the overall health and recovery efforts of IBHP Members.

Content Delivery: Delivering information through the web is a key factor in supporting our members, both internal and external customers, providers and stakeholders. Below are screen shots of our web sites and portals. They provide detailed information for the users on how to receive help and services. Internally, we use secure web-based content delivery sites to send and receive information, manage policies and procedures, manage compliance for contracts, distribute training, coordination of documents and projects within teams.

Optum has extensive experience in developing and deploying web functionality in every business function and contract throughout the country. In fact, we were awarded the 'Health Care Best in Class Award' at the 2008 Interactive Media Awards, for our Spanish-language Consumers Portal: MenteSana-CuerpoSano.com. This is the highest honor bestowed by the non-profit organization, the Interactive Media Council. Listed and demonstrated below are some key functions that are directly related to the core needs in Idaho.



Provider Portal: Optum providers have access to a host of web-based information and resources through our Idaho website, **www.optumidaho.com**, which is designed to reduce their administrative burden and increase their effectiveness. The foundation of this is easily accessible information such as provider forms, provider manuals, Level of Care Guidelines, policies and procedures, relevant news articles, and on-line training, including Continuing Education Units (CEUs) to maintain licensure. Next we provide secure tools to reduce the administrative tasks, such as online verification of member eligibility and benefits, treatment authorization request and verification, submission of behavioral health claims online, EDI support so that providers can easily get their claims processed, status of submitted claims (in accordance with national standards), and the ability to register online to receive electronic payments directly into their bank account.

In addition to all the online tools made available, Optum Idaho will have a Network Manager to help providers. This Idaho-based network manager is able to offer a high-touch service and response to guide providers towards available tools to support their practice and simplify administrative requirements.

Consumer Portal: The Optum Idaho consumer portal will provide extensive resources for our consumers, including information about care that is available locally and state-wide, disseminated information about health issues, tools provided to help consumers in their recovery, and help directing their own treatment. While this portal will be a singular location for members, it will utilize two different approaches to reach consumers.

The first approach addresses the fact that Hispanics often rely on community support and an extended family network during times of need. Unlike other Spanish language wellness Web sites, Optum uses a community and family-focused approach that helps motivate more people in the Hispanic community to seek mental health and substance abuse treatment by removing the cultural stigma. The second approach was designed primarily to be an information source for consumers. It provides free, confidential, online access to a broad range of tools and resources that help the consumer in their search for ways to improve their health, work and life. Two approaches with one outcome…better informed consumers.

A big part of successful treatment is finding a provider that meets the individual needs of each consumer. To aid in this, Optum Provider Directories are available online, with almost real-time updates. The ability to keep the directory current and easy to use, via the electronic format, has proven to be a huge benefit to consumers seeking treatment. In addition, our toll free number can also be used to speak to an Optum clinician who can guide consumers to the contracted providers in their area who offer the specialties to handle their unique needs.

2. Provide a written statement confirming you have reviewed and agree to the requirements in Attachment 6 - Technical Requirements: Electronic Systems, Data Security Plan and Website Requirements and describe how you will comply with each of the requirements.

Optum has reviewed, and agrees to, the requirements in Attachment 6 – Technical Requirements: Electronic Systems, Data Security and Website Requirements. The following is a description of how Optum will comply with these requirements:

- OptumIdaho.com will be based on our award winning Live and Work Well (LAWW) website. This website, which is used by three million visitors, who accessed one hundred million page views, and conducted seven million transactions, along with the 1,300 other customer-specific websites based on it, maintains availability at over 99.9%, with no regularly scheduled maintenance windows. Any planned system outage is posted on the portal well in advance, and is scheduled during low-utilization hours to minimize user impact.
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- OptumIdaho.com will draw on the vast and tested resources of LAWW's 'My Benefits' and 'Programs Benefit' sections. This will include a convenient means for introducing members to benefit information, special programs, online member handbook, and links to resources.;
- OptumIdaho.com will have a 'Contact Us' page with a variety of contact methods, depending on the specific needs of those contacting us. This will include specific numbers for Members to contact a care advocate, file a grievance, The same applies for providers that need to reach a Claims Specialist, Network Manager, or Peer Review Team.
- OptumIdaho.com will allow for email contact option for general inquiries. Secure inquiries by providers will be available with the secure provider portal.
- OptumIdaho.com will provide FAQ support, including FAQs within the specific content and transaction features of the site.

- Optum will submit drafts of any Medicaid specific website content that is to be added to OptumIdaho.com. Once the information has been approved by the IDHW, it will be uploaded onto the website. Optum will update the OptumIdaho.com website with the content approved by IDHW, within five (5) business days of receipt of the approval notice. ;
- Optum will have qualified and highly trained staff available to support the OptumIdaho.com website. Optum will provide technical support, via phone, from 7 AM to 9 PM central time Monday – Friday excluding holidays.
- OptumIdaho.com will provide information on a timely basis, whether monthly, weekly, or in some cases daily if it is urgent.
- Optum will maintain website functionality at all times. Functional enhancement releases will be rolled out as they are tested and verified with the IDHW.
- Optum excels at user-friendly and intuitive website design. This is demonstrated by industry awards, and most importantly…user satisfaction. In the most recent provider satisfaction survey of our LAWW website, we achieved a 94% positive rating for Ease of Use. In addition, our LAWW site won the Interactive Media Award's (IMA) Outstanding Achievement Award under the healthcare category. This award is based on a very high standard of planning, execution and overall professionalism in five criteria's: design, content, feature functionality, usability, standards compliance and cross-browser compatibility. While all this is tremendous, we continually strive to improve the user experience.
- Optum has an assigned Software Service Support team dedicated to researching and resolving any technical issues identified. Each issue is reported, prioritized and tracked to resolution. The priority assigned to the issue determines the turnaround time for resolution.
- OptumIdaho.com will be fully maintained within the UHG systems infrastructure environment. This includes all computer, network and communications hardware used to support OptumIdaho.com.
- Viral scanning is part of the maintenance and support that UHG performs, as mentioned in the above
- The OptumIdaho.com website will be able to handle over 250 concurrent users in both capacity performance testing and in production. Optum monitors usage limits and conducts regular capacity planning exercises with each website. The site architecture is designed to scale by adding additional hardware resources if needed…maintaining optimal performance for the end-user experience.
- The systems that OptumIdaho.com runs on will be fully maintained and upgraded within the UHG systems infrastructure environment. This includes service packs, patches and operating system updates
- Because OptumIdaho.com is part of the Optum group of websites that maintain availability at over 99.9%, we will exceed the 98% uptime requirement.
- Optum proactively monitors production website performance on a regular basis, in diverse ways, using a multitude of tools. These tools include scripted transactions running against the production system, and transaction time logging with details for diagnosis of any anomalies. We regularly engage in performance testing activities, and, where necessary, performance tuning activities.
- Optum continually monitors and invests in website system capacity and performance. This has shown that simple transactions will be expected to complete in less than 3 seconds,

although are usually much faster. Complex transactions such as secure login and wide-ranging provide searches can be expected to complete in less than 8 seconds, although usually much faster. Optum understands that response time is critical to the end-user satisfaction, and is dedicated to making this as enjoyable an experience as possible.

- OptumIdaho.com will have drop-down menus and application specific toolbars where applicable.
- Optum pre-populates information from other internal data sources, and persists that data throughout a transaction. Thus ensuring the end user isn't forced to reenter the same information when navigating to a different page of OptumIdaho.com.
- OptumIdaho.com will utilize the extensive help features, Quick Links to common reference materials and multiple navigation channels to extensive provider documentation materials from the LAWW website.
- Optum will provide multiple methods to navigate to the same information on the OptumIdaho.com website. This will include short-cut and function keys where applicable.
- Optum regularly performs end-user satisfaction surveys to ensure that the user experience is optimal. Through this process, we have found that the use of mouse-over captions, especially with the volume of links and navigation points utilized, does not create an optimal user experience. Optum will, of course, add these to the OptumIdaho.com website if necessary.
- OptumIdaho.com will use navigation menus, fields and page tabs where applicable.
- OptumIdaho.com will use an auto-tab feature to skip to the next field where appropriate.
- OptumIdaho.com will allow Forward and Back navigation using standard web browser navigation, and using buttons within the application where appropriate.
- OptumIdaho.com uses best practices for web design and user interfaces. This will entail the use of pop-up windows, or new browser windows, to present help information and persist the original transaction data throughout the subsystems or function, until completion, where applicable.
- OptumIdaho.com will use a sequential methodology to drill from summary level data, down to the appropriate detail level, within transactions where appropriate.
- OptumIdaho.com will provide general information on the help menu.
- OptumIdaho.com will provide User Manuals on the Training page.
- OptumIdaho.com will provide any applicable system documentation the end user would need.
- OptumIdaho.com will provide an online data dictionary.
- OptumIdaho.com will make the Provider Handbook available through the Quick Links menu.
- OptumIdaho.com will provide links or access to IDHW defined resources.
- OptumIdaho.com will ensure fields are formatted for the expected data content, and optimized to the appropriate field length and type.
- OptumIdaho.com allows the user to change resolution through their computer Operating System, and font size through the Internet browser configuration. This allows the user to fine tune their online experience to fit their specific needs. Optum does not allow the user to change the font type and color on the Optum websites, as they are corporate colors and standards.

- OptumIdaho.com will support multiple open browser windows in the same session. The user maintains complete control over how those windows are presented.
- Due to Microsoft's decision to discontinue support for Internet Explorer 6.0, Optum recommends IE 7.0 or newer for proper website functionality. OptumIdaho.com will also support Firefox, Chrome and Safari web browsers.
- OptumIdaho.com is designed to function as a standard web based application. As such, if any third party products are required, such as java or shockwave, the user is prompted to download it from the original developer's website, and this will include their standard documentation.

AA (E) MEMBER INFORMATION AND MEMBER HANDBOOK:

The Contractor shall provide all Members, not just those who access services, with appropriate information about behavioral treatment services, available providers, and education related to recovery, resilience and best practices. The Contractor shall develop and maintain a Member Handbook for behavioral health coverage and benefits. Member Information and the Member Handbook shall be available in hard copy and through web site access at least twenty (20) calendar days prior to the start of services. The Member Handbook shall include, but not be limited to:

a. Behavioral Health program eligibility process and guidelines;

b. Benefit descriptions and limitations;

c. Resource information including, but not limited to:

i. Provider directory by city;

ii. Hospital information and resources;

iii. Behavioral health information and resources; and

iv. Crisis information and resources.

Because recovery and resiliency are the values that guide our programs, Optum puts great emphasis on providing Members and their families easy access to all the information they need about how to recognize the need for treatment services and how to access it. This will be even more important in Idaho, where we are proposing a program that will encourage Members to go directly to the network provider of their choice when they need mental health or substance abuse services.

In addition, we will include representative Members and family members in the review of written materials and presentations before we distribute them. We have found that this is one of the best ways to ensure that the material we make available includes the information that Members and families want to know.

Optum Idaho will relay this information through our Member website, Member Handbook, Member forums and other public meetings, periodic newsletters and on-line Member materials. All Member information will be available to all Members, not just those who access services.

We are proud of our efforts to provide interesting and up-to-date information to Members. For instance, Smartphone apps will be available on the Optum Idaho website to support Members in their recovery journey. We also support secure online journaling that can be shared with trusted peers, friends, family, and internal staff, and offer links to extensive consumer.

A screen shot of the wide array of consumer-centered materials that will be available through the Optum Idaho website is included in our response to Question D.3.a. For other examples of Member information available to individuals in Optum public sector programs, see the Optum New Mexico website at **https://www.optumhealthnewmexico.com/consumer/en/index.jsp** and the Optum Pierce RSN website at **https://www.optumhealthpiercersn.com/portal/server.pt?uuID={C2B4CCF7-16E0-1C50-930B-40313FCED000}&mode=2**.

Optum Idaho has reviewed Section AA and will comply with all requirements contained in the section.

d. Member's Rights, including the following:

i. Each Member is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.

ii. Each Member is guaranteed the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.

iii. Each Member is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment.

iv. Each Member is guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

v. Each Member is guaranteed the right to request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 CFR 164.

vi. Each Member is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the Contractor and its providers or the IDHW treats the Member. 42 CFR § 438.100(c).

vii. The Contractor shall comply with any other applicable federal and state laws (such as Title VI of the Civil Rights Act of 1964, etc.) and any other federal and state laws that pertain to Members' rights, i.e., "Members Bill of Rights", and other laws regarding privacy and confidentiality. 42 CFR § 438.100(a)(2) and (d); 42 CFR § 438.6(f)(1)

Member Rights

We will incorporate the Member Rights statements included in this question and ensure that all other Members' rights, such as those included in 45 CFR 164, and CFR 42 438.100(c), are covered as well. Because a Member Rights statement is an important part of every public sector program, we have a variety of examples on which to base the Members Rights statement for the Idaho Plan. For example, the following is the list of Member Rights contained in the Consumer and Family Handbook developed by staff and consumers from the Optum Idaho Pierce Regional Support Network in Pierce County, Washington:

- To be treated with respect and dignity
- To have your privacy protected
- To help develop a plan of care with services to meet your needs
- To participate in decisions regarding your mental health care
- Too receive services in a barrier-free location (accessible)
- To request information about names, location, phones and languages for local agencies
- To receive the amount and duration of services you need
- To request information about the structure and operation of the Regional Support Network
- To receive services within two hours for emergent care and 24 hours for urgent care

- To be free from use of seclusion or restraints
- To receive age- and culturally appropriate services
- To be provided a certified interpreter and translated material at no cost to you
- To understand available treatment options and alternatives
- To refuse any proposed treatment
- To receive care that does not discriminate against you (e.g., age, race, type of illness)
- To be free of any sexual exploitation or harassment
- To receive an explanation of all medications prescribed and possible side effects
- To make an advance directive that states your choices and preferences for mental health care
- To receive quality services that are medically necessary
- To have a second opinion from a mental health professional
- To file a grievance
- To file an appeal based on a written Notice of Action
- To choose a mental health care provider, or choose one for your child who is under 13 years of age
- To change mental health care providers during the first 30 days, and sometimes more often
- To file a request for an administrative (fair) hearing
- To request and receive a copy of your medical records and ask for changes (You will be told the cost for copying)
- Be free from retaliation
- Request and receive policies and procedures of the plan and Community Mental Health Agencies (CMHAs) as they pertain to your rights

If selected as the Contractor for the Idaho Behavioral Health Plan, Optum Idaho will comply with any other applicable federal and state laws that pertain to Members rights and other laws regarding privacy and confidentiality in accordance with 42 CFR 438.100(a)(2) and (d) and 42 CFR 438.6(f)(1).

1. Describe how you will, as you develop Member Information, obtain input from Members, secondary Member and/or family Members and other stakeholders who can inform both the content and presentation of the information so that the information is provided in a manner and format that may be easily understood per 42 CFR § 438.10(b)(1).

Members and their families will have a strong voice in the operations of Optum Idaho and an important role in the implementation of the Idaho Behavioral Health Plan. We also have designed our proposed program to actively seek and integrate input from other stakeholders, including providers, advocates, representatives of other agencies and social service delivery systems, and representatives of the medical community.

In developing the Member Handbook and other Member information, feedback from Members and their families will be the most important, but we also will seek feedback from other groups before presenting a draft to the IDHW Contract Manager for the Department's review, revision and approval.

Feedback from Members and their families will come through:

- The Peer Support Specialist and Family Support Specialist as well as our Member and Family Affairs Director who also will be a certified peer specialist. Among the many reasons we include consumers and family members as part of our staff in every public sector program is to ensure that their perspective is part of every decision. Our Member and Family Affairs team will provide the first input and feedback on the Member Rights statement, Member Handbook and other Member materials.
- Our Member and Family Affairs team will be working directly with Peer Specialists and advocates across the state to support their ongoing efforts to develop Peer Support, Family Support and consumer-run organizations. Our team will talk with some of those consumers to get their feedback on early drafts of the Member Handbook and other Member materials.

> Member materials are of value to Members only if they contain information that Members want to know and can understand. Therefore, we always ask Members and families to review and improve our draft materials before they are distributed.

- Our Quality Assurance and Performance Improvement Program (QAPI)**,** which will be the integrating point for all our efforts to identify opportunities to improve Optum Idaho and the Idaho behavioral health delivery system, to take action to make those improvements and to evaluate the impact of the program on the delivery system. The Program will include a number of committees, including one designed specifically to deal with issues of concern to consumers and family Members. The Member Advisory Committee will be asked to provide feedback on the Member Rights statement, the Member Handbook and other publications designed to share information with those being served through the Idaho Behavioral Health Plan.

Feedback from other stakeholders also will be valuable. We will review the draft documents with:

- Providers and representatives of other delivery systems (e.g., the school system and primary care providers) who serve on various QI committees
- Individuals in Idaho recommended by QI committee participants or IDHW staff because of their expertise or experience in creating written material for Medicaid participants
- Staff of the Division of Medical Services who prepare material for Idaho's Medicaid program

As noted in previous responses, with the approval of IDHW, Optum Idaho will create an Advisory Board comprised of representatives of key stakeholder groups including but not limited to: consumers, family members, behavioral health providers, advocates, Legislators, community leaders and representatives of primary care providers and other service providers such as the schools. If the Advisory Board has been formed prior to the time the initial Member information is written, the final draft will be shared with the Board before it is presented to IDHW. If the Board is not functioning early in the contract period, draft material will be presented to the IDHW Contract Manager after thorough review by stakeholder representatives as noted above.

Another resource available to Optum Idaho and IDHW is the national Optum Consumer and Provider Materials Committee (CPMC). The Committee's specific role is to oversee ensure the clinical accuracy and usability of written clinical information and interactive health tools

provided by Optum and to oversee and evaluate our public programs' compliance with applicable policies and procedures, practice guidelines and clinical criteria for consumer and provider clinical materials. Our national VP of Consumer Affairs, Sue Bergeson, is a standing member of this committee.

2. Submit a sample Member Handbook with your proposal.

Appendix 33 contains a sample Member Handbook.

3. Describe how you will:

a. Ensure that written material is in an easily understood language and format, and be provided in English and Spanish. Written material shall be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency. The Contractor shall also ensure Members are aware of this availability. 42 CFR § 438.10(d)(1)(i) and (ii) and (2);

All critical Member materials, including the Member Handbook, will be translated into Spanish also will be made available in alternative formats, such as Braille and large-print when requested by Members who have special needs. If other languages become primary for 5% of the Membership or more, the Member Handbook will be translated and made available in those languages as well.

Today Optum's public sector Member materials are available at or below the 6th grade reading level, as scored using the Fry readability or Flesch-Kincaid indices. We will adapt to a different standard at the request of IDHW.

All Optum Idaho's staff and network providers will be informed about the availability of materials for those with special needs and will assist Members in requesting material in special formats appropriate to their needs.

b. Ensure written policies regarding the Member rights specified in this section;

As we do for all of our public and private sector plans, Optum Idaho will publish written policies regarding the Member rights in the Member Handbook and also post them on the Optum Idaho website, which is consistent with the Member rights requirements outlined in Section AA of this RFP. At the request of IDHW, we also can provide links to relevant places on the IDHW website to provide additional information to Members and others who access the Optum Idaho site.

c. Comply with any applicable federal and state laws that pertain to Member rights and ensure that its staff and affiliated providers take those rights into account when furnishing services to Members;

Both Optum and Optum Idaho will comply with any applicable federal and state laws pertaining to Member rights. Through our staff and provider training programs, we will instruct our staff and providers about Member rights and will reinforce their importance in our continuing education programs. We routinely publish the list of Member Rights in our Provider Manual and provide staff with a written copy during initial and ongoing network training sessions.

d. Ensure limitations are not imposed on Members' freedom to change between mental health or Substance Use Disorder providers;

Optum Idaho will include a provision among the Member rights informing Members of their right to change between mental health or substance abuse disorder providers without limitation.

e. Ensure the requirements in Attachment 8 – Member Rights are incorporated in your business operations.

Optum Idaho has carefully reviewed the requirements in Attachment 8 – Member Rights and will ensure that these requirements are incorporated into our staff orientation and ongoing in-service training so they will become an integral part of Optum Idaho's business operations.

BB (E) MEMBER PROTECTIONS/LIABILITY FOR PAYMENT:

The Contractor shall implement policies to ensure no participating or non-participating provider bills a Member for all or any part of the cost of a covered, required, or optional service. The Contractor shall cover continuation of services to enrollees for the duration of the period for which payment has been made. (State Medicaid Manual 2086.6.B)

1. Describe how you will ensure Members are not held liable for:

a. Payments, including the Contractor's debts, in the event of the Contractor's insolvency per 42 CFR § 438.106(a) and 42 CFR § 438.116(a);

b. Payments in the event the state agency does not pay the Contractor, or the State or the Contractor does not pay the Member or health care provider, 42 CFR § 438.106(b);

c. The covered services provided to the Member for which the Contractor does not pay the agency or individual practitioner; 42 CFR § 438.106(b); and

d. Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount the Member would owe if the Contractor provided the service directly (i.e., no balance billing by providers). 42 CFR § 438.106(c)

Optum has reviewed Section BB above and will comply with all requirements contained in the section.

During contract implementation, Optum Idaho will fully customize our provider contracts with an Idaho Behavioral Health Plan appendix outlining all requirements in accordance with 42 CFR 438.106 and 42 CFR 438.116 regarding Member protections and liability for payment. ***Appendix 21*** includes both our standard Idaho contracts and a cover page which reflects the required RFP Attachment 5 provider contract elements as well as a draft list of changes Optum will make to detail IBHP program requirements.

All Optum network provider contracts contain provisions to safeguard Members from being billed by the provider for the cost of any covered service, whether required or optional. The following is an excerpt from a typical provider contract prohibiting providers from billing Members for covered services:

"Member Protection Provision. In no event, including, but not limited to, non-payment by Payor for MHSA Services rendered to Members by Provider, insolvency of Payor, or breach by UBH of any term or condition of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Member or persons acting on behalf of the Member for MHSA Services eligible for reimbursement under this Agreement; provided, however, that Provider may collect from the Member, any Member Expenses or charges for services that are not covered as benefits under the Member's Benefit Plan.

In no event, including, but not limited to, non-payment by Payor for MHSA Services rendered to Members by Provider, insolvency of Payor, or breach by UBH of any term or condition of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Member or persons acting on behalf of the Member for MHSA Services eligible for reimbursement under this Agreement; provided,

however, that Provider may collect from the Member, any Member Expenses or charges for services that are not covered as benefits under the Member's Benefit Plan.

The provisions of this Article shall apply to all Member protection provisions in this Agreement and shall: (a) apply to all MHSA Services rendered while this Agreement is in force; (b) survive the termination of this Agreement regardless of the cause of termination; (c) be construed to be for the benefit of the Members; and (d) except as otherwise stated in section 3.3, supersede any oral or written agreement, existing or subsequently entered into, between Provider and a Member or person acting on a Member's behalf, that requires the Member to pay for such MHSA Services."

CC. (E) PROVIDER MANUAL:

The Contractor shall develop and maintain a Provider Manual for use by the Contractor's network of providers. The Contractor shall ensure providers have access to the Provider Manual and any updates either through the Contractor's website, or by providing paper copies to providers who do not have Internet access. The manual shall be updated as information changes and shall include, but not be limited to:

Our comprehensive Idaho Behavioral Health Plan Provider Manual will serve as a reference guide to our policies and procedures; approach to treatment; and administrative protocols, such as those for requesting authorizations, submitting claims and filing grievances. The Manual will also inform providers about requirements related to providing services to Members of the Idaho Behavioral Health Plan as well as their obligations to comply with requirements established by IDHW, CMS, and other state and federal bodies as well as their contractual obligations to Optum Idaho and Optum. The Provider Manual will be posted on the Optum Idaho website at **http://www.optumidaho.com/**. Providers who do not have internet access or printing capabilities, will be able to request a paper copy by calling Optum Idaho's toll free Customer Service Line.

We will update the manual when policies or procedures are modified, or covered services change. Providers will be notified a minimum of 30 calendar days prior to any material change in Optum Idaho policies and procedures unless otherwise required by regulatory or accreditation bodies.

The Optum Idaho Provider Manual will include, at a minimum, all the information required in Question CC.1 through CC.4 and all the sub-sections of each question.

1. General Information:

a. Overview of Program

An overview of the Idaho Behavioral Health Plan will be included in the Provider Manual along with a description of how IDHW and Optum Idaho will work together on behalf of Providers and Members. Providers may also call our toll-free number where our provider relations staff will address any program questions.

b. Directory

The Provider Manual will include the URL for the Optum Idaho website, **http://www.optumidaho.com/** as well as a full explanation of the provider portal and its contents. The portal will include a comprehensive provider search feature that will enable a provider seeking to refer a Member to locate a new network provider that best matches each Member's personal preferences. Providers who do not have internet access may request a printed copy of the Provider Manual by calling the Optum Idaho Customer Service Line. The toll-free number will be included in the Provider Manual.

c. Remittance Advice Analysis

The Provider Manual will explain the layout of the remittance advice that will be provided as part of the claims reimbursement process. The Manual also will note that technical support on reconciling the remittance advice can be requested by calling the Optum Idaho Customer Service toll-free line during regular business hours. The Customer Service Staff will be trained in claims

resolution and will be available to work with providers to address any billing issues, as well as to offer training and technical assistance as required.

2. References

a. Glossary

Optum Idaho will provide a glossary of terms in our Provider Manual. Many of the terms in the Glossary included with this proposal will become part of the Manual's glossary.

b. Billing Instructions

We will present an overview of claim submission instructions in our Provider Manual and on the Optum Idaho website. In general, the instructions we will provide include an overview of claim processing and claim payment, along with instructions regarding how to submit electronic and paper claims.

Use of electronic filing through the Optum Idaho website or an EDI clearinghouse will be strongly recommended because electronic filing reduces errors and speeds reimbursement. We recognize that a small percentage of providers may prefer to submit paper claims, and we will also provide instructions regarding where to mail the paper claims. Our instructions will also inform Providers that all claims, including paper claims, will require their National Provider Identifier (NPI).

Website registration will be required to submit secure transactions, including claims, via our website. Once Providers register, they will also have access to detailed information regarding how to submit claims, check claims status, view Member eligibility, submit service registrations and receive electronic remittances.

Some of the secure online transactions we propose for the Idaho Behavioral Health Plan network will include:

- Eligibility and benefit inquiry – Will allow providers to search and view eligibility status and benefit structure for Optum Idaho consumers
- Online claim submission – Supports the direct submission of professional claims electronically using the provider portal
- Claim status inquiry – Provides access to the processing status of submitted claims
- Electronic Payments and Statements (EPS) – Provides access to claim payment details processed via electronic funds transfer and the associated electronic provider remittance advices.

Other online resources will help Providers:

- Access Member demographic, treatment and service authorizations records
- Generate reports based on authorizations, requests and claim transactions

c. Resources

A number of resources will be available in our Provider Manual and on the Optum Idaho website. Specific to claims, providers will have access to our toll-free Customer Service Line and Optum Idaho network staff in order to address questions regarding claims.

The Optum Health Provider Manual will include information on many other topics including:

- Program Introduction—A brief overview of the Idaho Behavioral Health Plan, Optum Idaho and the IDHW.
- Recovery and Resiliency—This overview of recovery and resiliency will outline the underlying principles and Optum Idaho's commitment to the as well as how the principles are reflected in the delivery of mental health and substance abuse services. A description of the responsibilities of the Optum Idaho Member and Family Affairs Team also will be included.
- Resource and Online Guide—A detailed overview of our provider portal
- Glossary—Definitions of key terminology that will be used in the Idaho Behavioral Health Plan along with topics discussed in the Manual
- Provider Roles and Responsibilities—An overview of the role of the Idaho Behavioral Health Plan Provider and the provider's responsibility to the Member, the family, IDHW and Optum Idaho
- Timely Access—Appointment timelines to which Providers must adhere
- Member Rights and Responsibilities—The rights and responsibilities of Members enrolled in the Idaho Behavioral Health Plan
- Network Development and Maintenance—Contact information and geographical assignments of the Optum Idaho network team and the responsibilities of each. The section also will outline provider responsibilities to inform Optum Idaho of status change in the provider's practice and to update the provider network file with information such as change of address, open/closed practice status, new telephone number or additional office location.
- Professional/Continuing Education—An outline of available training resources, including OptumHealth Education and Essential Learning
- Treatment Planning and Care Management—Guidelines that providers must follow in regard to utilization management and treatment planning including processes for authorization of services, timelines for service, documentation requirements, overview of available benefits and pre-authorization requirements
- Level of Care Guidelines—An explanation of Level of Care Guidelines and a link to our online Level of Care Guidelines for all covered services. Providers without Internet access may request a printed copy of the Guidelines.
- Documentation—Requirements for maintaining treatment records and the information required in person-centered treatment plans as well as clinical histories, progress notes, and evidence of collaboration with the Member's PCP and other service providers
- Compensation and Claims Processing—Instructions for claims submission and processing including paper and online claim submission instructions, use of the NPI, appropriate forms and paper claims mailing address. This section also includes a claims and customer service number
- Fraud, Waste and Abuse—Definitions and citations of relevant state and federal laws governing fraud, waste and abuse
- Complaints and Grievances– Provides an overview of the process for Members, their representatives or Providers to file complaints and grievances along with the timelines for each as well as the Medicaid process for appeals and fair hearings

- Provider Disputes and Retrospective Reviews- Sets for the process for disputing decisions made based on retrospective record reviews
- Handbook Updates and Governing Law—Provides an overview of how the Provider Manual will be updated

3. Claims Instructions

a. Provider Guidelines

The Provider Manual identifies requirements for submitting claims, including use of the National Provider Identification number and the anticipated schedule for payment. The Provider Manual will also include key elements of Fraud, Waste and Abuse (FWA) regulations and will be provided as a resource for Providers in Idaho.

b. Service Definitions

Service definitions for each covered benefit will be clearly included in our Provider Manual and on our Optum Idaho website.

c. Provider Qualifications

Provider qualifications will be clearly identified in our Provider Manual and on our Optum Idaho website.

d. Provider Responsibilities

Provider responsibilities regarding claims will be identified in our Provider Manual and on our Optum Idaho website.

e. Authorization Process

Optum will clearly describe all authorization requirements in the Provider Manual.

f. Payment

The Idaho Behavioral Health Plan Provider Manual will include information about payment to providers and our claim processing standards. In addition, providers can access our Optum Idaho website to check on the status of a payment.

4. Contractor shall give all qualified service providers and subcontractors access to the Medicaid Provider handbook and the Contractor's Provider Manual.

Optum will provide all qualified service providers access to our Provider Manual on the Optum Idaho website. We will either provide a link to the Medicaid Provider Handbook or upload the manual to our website with IDHW's permission. Providers who do not have Internet access or printing capabilities may request a paper copy by calling the toll-free customer service number, which will be included in all orientation materials as well as in the Provider Manual.

5. Submit a sample Provider Manual with your proposal.

The Optum New Mexico Provider Manual is included as ***Appendix 34***. It also is available on the Optum New Mexico website at:
www.optumhealthnewmexico.com/provider/OHNMProviderManual.html.

DD. (E) COMMUNITY PARTNERSHIPS:

Describe how you will:

1. Operate in cooperation with the IDHW functions of being the designated agency to serve as the state's Behavioral Health Authority and the designated "safety net" agency for the state.

Optum understands the importance of coordination between the Contractor for the Idaho Behavioral Health Plan and the Division of Behavioral Health (DBH), which serves as Idaho's designated Behavioral Health Authority and acts as the "safety net" agency for mental health and substance abuse services for the Department. Basically, the Idaho Plan Contractor will administer Medicaid-funded mental health and substance abuse services to Members while publicly funded behavioral health treatment provided to other Idahoans through other IDHW funding streams is the responsibility of DBH.

Although the funding streams and responsibilities are separate, IDHW and the Idaho Behavioral Health Plan must coordinate clinical policy development with DBH to ensure that the Medicaid and non-Medicaid programs are complementary with clearly defined responsibilities and points of contact to ensure ongoing communications. In addition, we must work together to minimize the actual or publicly-perceived opportunity for any cost-shifting between the funding streams. Another critical responsibility is to smooth the transfer of Idahoans who are moving between DBH and Medicaid-funded services, especially those who fall into a high/need high risk category in the Plan or are a member of DBH's priority populations.

We look forward to working with the employees of DBH —those who provide outpatient mental health services in clinics throughout each of Idaho's seven regions, those who provide inpatient services in Idaho's two state psychiatric hospitals, and those who administer the Division in Boise.

Ongoing Coordination

One of the major reasons that our design for the Idaho Behavioral Health Plan includes Regional Care Managers and Regional Network Managers is to ensure that Optum Idaho has representatives who live in communities across the state and who are familiar with the service delivery system in those areas. We designed the areas to which Regional staff will be assigned to coincide with the IDHW regions specifically so that we can coordinate our responsibilities and services with Regional DBH staff. From our perspective, that coordination is critical both for individuals who need services and also in the development of policies, procedures, initiatives and services that will be offered statewide and in each Region.

> Optum Idaho's Regional Care Managers, Discharge Coordinators and Intensive Care Managers will be our primary liaisons with Regional DBH staff

Therefore, we recommend that regular meetings be established, both within the Regions and in Boise to enable key staff from the Division and Optum Idaho to work together on an ongoing basis to coordinate publicly funded mental health and addiction services across the state. Although IDHW may already have other regular meetings scheduled between Medicaid and Behavioral Health staff, as a starting point, we suggest that:

- The IDHW Contract Manager, the Administrator of the Division of Behavioral Health, the Optum Idaho Contract Manager and their staff, as needed, meet at least monthly during to review and coordinate policies and development efforts
- Regional Optum Idaho staff, each DBH Hub Administrator and their Regional staff, as needed, meet at least quarterly to review current operations and new initiatives within the Hub (i.e. meetings with SE Hub- Regions 6, 7 and State Hospital South, SW Hub -Regions 3, 4 and 5, and N Hub - Regions 1, 2 and State Hospital North)
- Each Region name a liaison who will work with an Intensive Care Manager in coordinating the movement of individuals between DBH funding and the Idaho Behavioral Health Plan and vice versa
- Each State Hospital name a liaison who will coordinate with the Optum Idaho Discharge Planner and the IDHW Navigator to facilitate the transition of Members to community-based treatment services

Joint Coordination with Stakeholder Groups

The Division of Behavioral Health also works closely with these citizen groups with whom the Idaho Behavioral Health Plan must be coordinated:

- Regional Behavioral Health Advisory Boards
- State Behavioral Health Planning Council

(Please note: We understand that IDHW plans to introduce legislation in 2013 to combine the Regional Mental Health Boards and Substance Abuse Regional Advisory Committees into Regional Behavioral Health Advisory Boards. At the same time, the State Mental Health Planning Council will become the State Behavioral Health Planning Council. For purposes of reference, we will use the term "Regional Behavioral Health Advisory Boards" to refer to the regional behavioral health entities that are expected to result from the proposed legislation and also use the new name for the State Planning Council)

Much of our approach to incrementally expanding the benefit package for Idaho Plan Members includes working with the Regional Behavioral Health Advisory Boards to identify service gaps, prioritize the gaps, and endorse demonstration programs for their respective Regions. With the approval of IDHW, regionally-based Optum Idaho staff will meet regularly with the Regional Boards to present utilization data, discuss demonstration programs and their outcomes, and share other information about Idaho Plan services being provided in their Region. They also will invite questions and feedback about the Idaho Behavioral Health Plan and Optum Idaho's performance.

At the request of the State Behavioral Health Planning Council, and with the approval of IDHW, the Optum Idaho Contract Manager and/or other key staff, would meet regularly with the State Behavioral Health Planning Council to present information and solicit feedback similar to the proposed interaction with the Regional Behavioral Health Advisory Boards. This will provide an excellent opportunity to consider the various regional data and initiatives from a statewide perspective.

Coordination of Services

As the Contractor for the Idaho Plan for Behavioral Health, Optum Idaho also will make a special effort to coordinate—and not duplicate—services currently being provided by the Division of Behavioral Health.

Crisis Response

With the implementation of the Idaho Behavioral Health Plan, Optum Idaho will initiate a toll-free Member Access and Crisis Line that will be answered live by a behavioral health clinician 24 hours a day. The Access and Crisis Line clinicians will provide crisis triage and counseling to divert Members to other resources when they do not require hospital admission and will coordinate with provider agencies, emergency rooms, law enforcement and others to help ensure that Members have access to the right care. The clinicians also will function as a central access point for Members, providing referral information and responding to any other questions a Member may have about the Idaho Plan for Behavioral Health or community-based resources.

During implementation, as we work with IDHW to refine our policies and procedures, we will work with the Division of Behavioral Health to implement appropriate coordination with the Division's existing crisis response system.

State Hospital Discharge Planning

Optum Idaho will assign a Discharge Coordinator to work directly with State Hospital social workers to facilitate discharge planning for Members and smooth their transition into outpatient services. We also will assign an Intensive Care Manager to work with the Member's provider to ensure that the discharge plans have been implemented and the Member is participating in treatment. We will coordinate closely with DBH and the IDHW Navigators to ensure that our services augment those being provided by DBH.

2. Facilitate the delivery of medically necessary services in fulfillment of court ordered treatment for Members stemming from Idaho's problem-solving courts (mental health court, drug court, veterans' court).

Optum Idaho's Community Liaisons will develop a connection and working relationship with Idaho's problem solving courts on a statewide level and our Regional Care Managers will develop a working relationship with the courts in their assigned geographic areas.

The initial focus of our relationships will be to help court personnel understand those services for which Optum Idaho is responsible and those that fall outside our jurisdiction. Court-ordered outpatient treatment will fall under the Idaho Behavioral Health Plan while inpatient and residential services are outside the scope of the PAHP. We also will work with Court personnel to explain the application of clinical guidelines and medical necessity criteria when services are ordered for a Member by the Court.

> Optum Idaho's Community Liaisons and Regional Care Managers will work with Idaho's problem-solving courts to facilitate service delivery to Members

Our design will allow network providers to complete Comprehensive Diagnostic Assessments on a Member of the Idaho Behavioral Health Plan without authorization. If the Court has ordered treatment services, the provider will submit the required information to Optum Idaho, including the Idaho Standardized Assessment which is to be completed independently by the Member. Treatment

services will be authorized for reimbursement by the Idaho Behavioral Health Plan when they are covered by the plan and provided by a network provider to an enrolled Member. Concurrent review will be required if the provider wants to continue providing the service after the authorized number of sessions have been provided or the authorization time period has expired.

The Community Liaisons and Regional Care Managers will be the point of contact for court personnel who may request clinical consultation on the appropriate and medically necessary service for an Idaho Plan Member. Consultation from the Chief Medical Officer and other Optum Idaho clinicians will be available when requested by an officer of the court.

3. Collaborate with and support the efforts of local advocacy organizations and state agencies including, but not limited to, current efforts underway to establish a sustainable community-based twenty four (24) hour suicide response system.

Optum has been working closely with Idaho advocacy organizations for almost two years, supporting the efforts of the state and local NAMI chapters as well as working through IDHW's contracted Office of Consumer and Family Affairs. Some of the events and initiatives we have helped sponsor include:

- Working with NAMI Idaho to support grass-roots organizing and sustainability efforts; offering Mental Health First aid at various locations throughout the state; training teachers for "Family to Family" and presenters for "In Our Own Voice" as well as facilitators for Family Support and Consumer Connection Groups; Crisis Intervention Team training for law enforcement; and costs of administering the state chartered organization and local affiliates including improving corporate charter structure and documentation and securing liability insurance.
- Helping supporting the initial operations of the Peer Run Center for Hope in Boise
- Sponsoring Focus groups in Coeur d'Alene, Nampa, and Boise in October of 2011
- Supporting Boise Walks in the Fall of 2012
- Wood Pilot/Recovery Academy: A whole health/wellness event was held in September in Idaho Falls. More than 50 consumers participated as well as a number of volunteers. According to those in attendance: "The weather was awesome and our judge even showed up. One man brought his audio equipment and sang songs and played the guitar all day. We had some professional cooks show up and cook the food for us as well at no extra cost."
- Center for Hope: About 20 consumers participated in a Wellness Celebration at the downtown Boise YMCA on October 30. The agenda included lunch as well as several breakout sessions such as: Diet and Portion Control, Body Mass Index Measuring, Stress Reduction, and Inexpensive Exercise. Other activities included setting easy steps to accomplish goals and touring the YMCA facilities.
- Fresh Start: Plans are being finalized for a wellness event to be held at the end of November, 2012.

Optum has sponsored consumer-centered activities across Idaho in the effort to promote education about mental illness, substance abuse and wellness.

The support we have provided to these advocacy and consumer organizations is typical of the way in which Optum becomes acquainted with behavioral health communities.

We also meet with state officials and with providers and provider organizations, just as we have been doing in Idaho. For instance, in October 2011, we invited representatives of provider and

advocacy groups to participate in a panel discussion with the development team that is charged with preparing our response to this Request for Proposals. The panel also included a former IDHW employee because current state employees were precluded from participation and we needed the state agency perspective.

These individual and group meetings provide an excellent opportunity for us to become familiar with the strengths of a state's mental health and substance abuse delivery systems as well as ways in which local citizens think it could be improved. Their input provides the foundation for the design we propose because we know that no one understands a delivery system as well as those who are part of it.

Ongoing Plans to Collaborate with Advocacy Organizations

Our efforts to learn from the local mental health community will continue when we move into the implementation and operation phases of a program. In fact, community input and involvement is even more important when a new initiative is implemented. The most effective way to get community input and involvement is to become part of existing community efforts, and we have established our staffing and overall approach to enable Optum Idaho to do that. Among the major ways we plan to support local efforts and initiatives are:

- Optum Idaho will have six regionally-based staff who will live and work in regions that follow the IDHW regional boundaries. Our goal will be to hire individuals who are currently part of the behavioral health care delivery system in their assigned region to help Optum Idaho become quickly familiar with the uniqueness of each regional system.
- Our regional staff will participate in regional meetings and meet with regional representatives of IDHW, other social services agencies, courts, schools, primary care clinics, and local advocacy and consumer organizations to encourage referrals for mental health and substance abuse services and to facilitate service coordination for individual Members and at the system level. They also will provide information about the Idaho Behavioral Health Plan benefits, policies, utilization data and initiatives while requesting feedback on the Plan and Optum Idaho's services.

> The design for Optum Idaho was created to enable us to collaborate with advocacy organizations and other community-based groups that sponsor health and wellness activities

- We will request the assistance of the seven Regional Behavioral Health Advisory Boards in implementing a regional planning and evaluation process, that will augment their ongoing efforts to identify service gaps in their areas. We will share region-specific utilization data at their request and work through their committee structures to identify region-specific service gaps and priorities. A key component of our approach to expanding the Idaho Plan benefit package is to conduct competitive procurements for demonstration mental health and substance abuse programs. With agreement of the regional boards, we will require their endorsement of all proposals submitted from their region.
- Optum Idaho staff will continue to support local health fairs and other community activities that will help Members improve their overall health and well-being.

Working with the Governor's Council on Suicide Prevention

The Governor's Council on Suicide Prevention has been instrumental in bringing together a coalition of organizations to re-establish a suicide hotline in Idaho. Some of those organizations

include Wells Fargo Bank, Saint Alphonsus Health System, Citi Cards, United Way of Treasure Valley, United Way of Southeastern Idaho, United Way of Kootenai County, The Speedy Foundation and the Region IV Suicide Prevention Action Network Chapter. The Idaho Legislature provided an appropriation, and support also has come from Idaho State University, volunteers from the Council on Suicide Prevention, SPAN Idaho, the Veterans Administration and mental health professionals statewide. The Idaho National Guard has pledged to provide space for the hotline. Mountain States Group will provide infrastructure for startup.

The hotline became operational in November, and there are number of other prevention activities that the sponsors want to initiate. Optum Idaho could participate in almost all of them. A member of the Idaho Council on Suicide Prevention suggested that we first consider ways in which we could support the Council's work in relation to Goals 3 and 4 of the Idaho Suicide Prevention Plan: Gatekeeper Education and Behavioral Health Professional Readiness. Certainly Optum Idaho could assist the Council in their efforts in those areas:

> Optum Idaho will support the initiatives of the Governor's Council on Suicide Prevention and also will coordinate our Member Access and Crisis Line with the Council's Suicide Hotline

- We will include suicide awareness and prevention training in our training curricula, which will include training for our staff, provider staff, consumers, families and other stakeholders. We will develop our training in collaboration with the Council to ensure that our information is consistent with the strategies the Council is recommending.
- We will encourage our own staff to participate in training sponsored by the Council so they remain up-to-date on the most effective techniques for working with individuals who are at risk of suicide.
- We also will work with the Council to ensure that information about their programs is included on the Optum Idaho website, including information on upcoming training, educational resources, risk scales and warning signals and other critical information for prevention and identification.
- We will make our website available to the Council for sharing information on evidence-based practices so all network providers and other clinicians who access the site will have easy access to the most effective strategies for working with people at risk of suicide.

In addition, to support other Council goals, Optum Idaho will:

- Collaborate with the Council on the distribution of information—via the website and with our Member materials—to help educate the public that suicide is preventable and that individuals have a role in suicide prevention.
- Through our support of Peer Support Specialist training and training for Family Support Specialists, we ask that information be included to enable Specialists learn ways to help reduce the stigma of seeking mental health treatment for suicidal tendencies as well as other issues. We also will include training recommended by the Council to enable our Peers to help support survivors.
- We will support activities focused on suicide prevention by encouraging our staff to participate in events in their local communities.
- We will insure that our clinicians who answer the Optum Idaho 24-hour toll-free number receive ongoing training on responding to people who may be at risk of suicide.

- We will continue in conversation with Council Members to expand the ways in which Optum Idaho can support suicide prevention and the Council's achievement of their goals.

Optum also has experience as the provider of hotline services both in Pierce County, Washington and in San Diego County, California. In San Diego, our Access and Crisis Line answered over 20,000 calls between April and June of 2012 and maintained a customer satisfaction rate of 98.92 during this same timeframe.

Coordination with the Suicide Hotline Services

As part of Optum Idaho's role in coordinating crisis responders and helping to divert Members from unnecessary hospitalizations, Optum Idaho will provide a Member Access and Crisis Line. The Line will function as a central point of access for Members and will also coordinate among provider agencies, emergency rooms, law enforcement and others to help ensure that Members have access to the right care.

As part of our decision to include the Member Access and Crisis Line as part of the Idaho Behavioral Health Plan, we talked with a representative of the Idaho Council on Suicide Prevention about ways in which the service sponsored by Optum Idaho could complement—but not duplicate—the services that will be offered through the Mountain States Group, which will operate the Suicide Hotline. We discussed some potential interfaces and agreed that, should Optum be selected as the Contractor for the Idaho Behavioral Health Plan, we would work with the IDHW Contract Manager and Council members to fine-tune protocols for collaboration between the two services.

4. Offer processes and services in support of the challenges faced by foster parents of children with SED, refugee relocation agencies, and various IDHW home visiting programs.

Foster Parents of Children with SED

Children who have serious emotional disabilities (SED) and who are in foster care benefit from the stability of a long term foster placement with parents who are trained to provide appropriate support when the child faces emotional and behavioral challenges. Optum Idaho would like to team with IDHW to offer or enhance training for the foster parents of children with SED. This training could be included in the Parent Resources for Information, Development, and Education (PRIDE) training all foster parents receive through the Idaho Child Welfare Partnership or as an adjunct to this training directed only at foster parents who are interested in providing a home for children with SED. Through our regionally-based staff, these trainings could be offered at locations convenient to foster parents and/or offered as Web-Ex trainings on as online training modules. We would work with the Children's Mental Health program in the Division of Behavioral Health to determine specific training agendas, but training topics might include:

> Optum Idaho will with IDHW to explore ways in which we might leverage the Department's teleconferencing system to make behavioral health consultation and training more readily available to other IDHW programs

- How stability in a foster placement and a safe, nurturing home can improve the chances a child with SED will mature to a fully participating community Member as an adult
- Common behavioral symptoms of children with SED

- How to recognize behaviors which need to be addressed so that the child has a better chance for successful adjustment at school and at home
- How attachment issues affect family interactions and how to prepare for the common challenges related to bonding with a child who has attachment issues
- How to set limits on behavior
- Basic information about evidence based medicine guidelines specific to the most common childhood diagnoses such as ADHD, Oppositional Defiant Disorder and Attachment Disorders

We can also make this training available for Idaho's Maternal, Infant and Early Childhood Home Visiting (MIECHV) program pilot site, as staff in this program may be likely to encounter and potentially identify children with SED who may need additional support and treatment services in order to be maintained in their current foster placement.

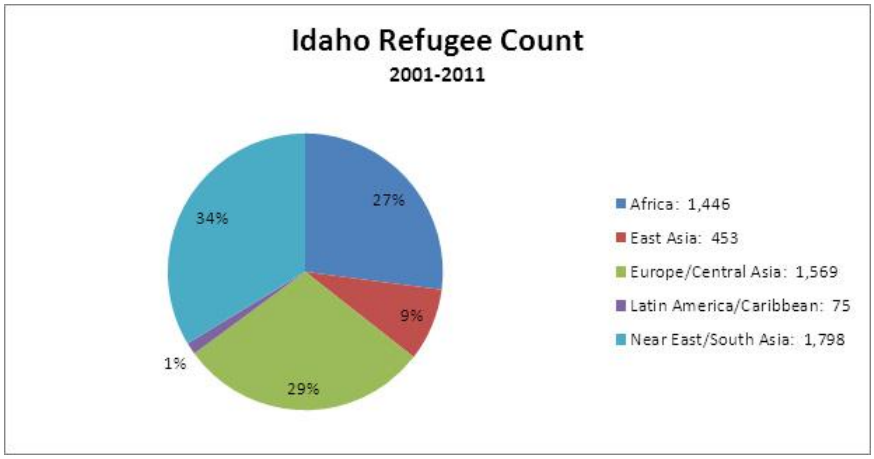
> Optum Idaho can provide clinical consultation, education and training, and our Family Support Specialist to augment IDHW's services to foster families

Children who are enrolled in the Idaho Behavioral Health Plan, and their families, will also benefit from the Intensive Care Management that will be available to children who are in the care and custody of the Department. Our Community Resources Database will provide additional information to help identify community-based services and supports that will help keep children in their foster homes in times of stress or crisis. Our Community Transitional Support service, a new benefit that will be added to the benefit package for Optum Idaho Members, could provide in-home services to foster children with SED who were hospitalized and are returning to their foster home.

Last, but certainly not least important, Optum Idaho will hire a Family Support Specialist who will work with the Idaho Federation of Families and other family-centered agencies to expand the availability of family support services to natural and foster families. Our goal is to increase the number of trained Family Support Specialists so the service can be provided to every family that requests it. To further support the expansion of the service, Optum Idaho will add Family Support Services as part of the Plan's covered benefits and will reimburse Family Support Services provided by Family Support Specialists who have been trained by the Idaho Federation of Families or other organizations that offer training that meets Optum standards.

Refugee Relocation Services

Refugee Resettlement Programs encounter individuals who have often been through sustained trauma and who, although happy to have a safe place to live, face many challenges. Learning a new language, adjusting to a new culture, and finding employment are just a few of the struggles which can



compound the effects of the trauma they have suffered.

Regular review of the refugee count by region of the world, as shown in a graphic from the Idaho Office for Refugees, will assist Optum Idaho in assessing the cultural competency training needs for both our staff and our network of providers. In addition, our clinical information system stores languages spoken by network providers so that we can direct individuals appropriately.

The Refugee Resettlement Programs will be included in our Community Resource Database and we will ensure that the services of the Idaho Behavioral Health Plan become part of the 2-1-1 Idaho CareLine that provides the state's most comprehensive listing of community resources and is available to all those seeking assistance without charge.

IDHW Home Visiting Programs

Just like primary care providers, FQHCs and RHCs, home visiting nurses are a key link to identifying Members who may be in need of mental health or substance abuse services. Maternal, Infant, and Early Childhood Home Visiting (MIECHV) staff who serve infants and children are among the best resources for identifying youngsters and/or parents in seriously stressful situations. Similarly, home visit staff who provide services to adults may identify the need for behavioral health evaluation for their clients and need ready access to protocols for referral for evaluation and treatment.

Optum Idaho will open our training to MIECHV staff and/or provide them with special training on recognizing signs and symptoms of mental illness or substance use. We will offer them our Behavioral Health Toolkit for the Healthcare Professional and provide them with Toolkits if they believe the screening tools included in the kit would be useful to them. Those screening tools for depression, ADHD and drug use also will be available in electronic versions on the Optum Idaho website. In addition, we will provide MIECHV staff with written information about how to make referrals or request clinical consultation through Optum Idaho's toll free number. The Toolkit is included as ***Appendix 27.***

Optum also understands from our experience in other states, that Members may be more open to psychiatric evaluation and treatment if the behavioral health provider is initially introduced by the home visit staff during a routine appointment. We will work our providers to foster relationships with key community medical providers such as home visit staff and to deliver evaluation and treatment services in Member's homes when this helps expand access and when the home provides a safe, confidential location for service delivery.

5. Lead an ongoing collaboration with the practitioners and agencies that the Contractor enrolls in the provider network to deliver services under the Idaho Behavioral Health Plan and demonstrate how input from this group shall be incorporated into the Contractor's policies and procedures.

Optum values our network providers and fully understands that our providers are our most direct link to improving health outcomes for consumers. Our partnership with providers requires input on an ongoing basis through:

- Individual discussions as part of the utilization management process regarding the

best plan of care for an individual consumer or family. These discussions during the initial or concurrent review process inform our utilization management decisions on a case-by-case basis and influence overall clinical program design.

- Additional discussions about the needs of individual Members, which will be an exchange of clinical information between the provider and an Intensive Case Manager who has been assigned to evaluate services to a Member identified as high need or high risk.
- Provider participation on the Provider Advisory Committee, a subcommittee of our Quality Improvement Committee. The Provider Advisory Committee will review the Optum Idaho Medical Necessity Criteria/UM Guidelines, UM and QI Program Descriptions, policies and procedures, complaint and grievance reporting, quality improvement projects and other key clinical changes, such as the implementation of new services or demonstration programs.

> A unique 38-foot integrated primary care and mental health care mobile clinic travels weekly to each community mental health agency in Optum's Pierce County, Washington network.

- Complaint processes, which we request providers to use when they encounter any issues related to decisions made by Optum. Individual analysis and aggregated reporting help us to identify any trends and implement the Quality Improvement Cycle when needed to improve our organizational performance.
- Requests by network providers for training, which will be an integral part of the design of the Optum Idaho training program each year. Provider training will be offered in a variety of ways ranging from on-line through Essential Learning and Optum Education to face-to-face sessions with experts from other delivery systems. Provider evaluations and requests for training in specific areas will shape future training offerings.
- Provider forums, which will be held regularly in the IDHW regions to address issues of interest to providers in those areas, ranging from administrative issues to clinical programs. Feedback, especially suggestions for improvement, will be tracked through the QI program.
- Providers will be represented in the Idaho Plan Advisory Council, which will provide general oversight and input into all operations of Optum Idaho.

6. Support the development of a consumers' organization that will serve in an advisory capacity to the Contractor that would represent the voice of Members and their families who use the services provided under the Idaho Behavioral Health Plan and demonstrate how input from this group shall be incorporated into the Contractor's policies and procedures.

Members who use services and their families will have a strong voice in the operations of Optum Idaho and also will play an important role in the planning and evaluation of the Idaho Behavioral Health Plan. In terms of an advisory role, there are two primary opportunities for participation for Members and families:

Idaho Behavioral Health Plan Advisory Board

With the approval of IDHW, Optum Idaho will create an Advisory Board that will provide recommendations and feedback directly to the Optum Idaho Contract Manager, the Contract Manager's direct reports and the Optum Corporate staff responsible for supervising the Idaho-based staff. The Advisory Board will be comprised of representatives of key stakeholder groups including but not limited to: Members who use services, their families, behavioral health

providers, advocates, Legislators, community leaders, representatives of primary care providers and other service providers such as the schools. We will request IDHW's assistance in selecting the initial Membership and will entertain nominations for future Board Members from the current Membership. The role of the Advisory Board will be:

- (1) to promote communication and understanding about the Idaho Plan throughout the State; and
- (2) to bring feedback about unmet needs and potential issues that could impact the Idaho Plan.
- (3) to review major initiatives of the Idaho Behavioral Health Plan including recommendations being made to IDHW.

Consumers and family members will have a strong influence on Optum Idaho through their participation on our Advisory Board and also on Quality Improvement Committees.

Feedback and direction from the Board will go directly to the Optum Idaho Contract Manager, but also will be recorded and tracked by the Quality Improvement staff.

Quality Improvement Program and Committees

Our Quality Improvement Program will be the integrating point for all our efforts to identify opportunities to improve Optum Idaho and the Idaho behavioral health delivery system, to take action to make those improvements, and to evaluate the impact of the program on the delivery system. The Quality Improvement Committee will include a number of sub-committees, including one designed specifically to deal with issues of concern to Members who use services and their families. However, Members and their families also will be an important part of many other quality improvement efforts and work groups including but not limited to:

- Identifying outreach and training needs and evaluating their impact
- Reviewing informational material about the Idaho Plan and providing feedback on ways to improve draft versions
- Interpreting findings from satisfaction surveys and recommending corrective actions as needed
- Identifying communities in which peer support groups could be initiated by Optum Idaho peers or other consumer efforts
- Providing feedback on the design of quality improvement projects, especially those that directly involve consumers or family members

In addition to the voice of Members who use services and their families, Optum Idaho will hire at a Peer Support Specialist and a Family Support Specialist as well as a Director of Member and Family Affairs. The Member and Family Affairs Unit, all of whom will have lived experience with mental health and/or substance abuse services, will report directly to the Optum Idaho Contract Manager to ensure that the perspective of consumers and families are an integral part of every part of the organization and every key organizational decision.

7. Collaborate with Idaho's Regional Mental Health Boards (ID Code § 39-3130, www.healthandwelfare.idaho.gov/Medical/MentalHealth/RegionalMentalHealthBoards/tabid/332/Default.aspx.

Optum understands that the state of Idaho has been engaged for more than ten years in discussions to transform Idaho's behavioral health delivery system. Optum Idaho can add

important information—including data from the Idaho Behavioral Health Plan and examples from other states—that will enrich the discussion and inform the decision-making.

Every local behavioral health care delivery system reflects the priorities of its consumers, providers and stakeholders within the framework created by the state's policies and procedures. The most effective way to improve clinical services and outcomes is to work directly with those who offer services, those who use them, and the families and communities who support them. Optum Idaho will request that one of our regionally based staff attend Regional Behavioral Health Board meetings and that we be allowed to provide updated data regarding mental health and substance abuse services on a quarterly basis. Access to this data should help the Regional Boards to:

- Identify over- and under- utilization of services by level of care
- Evaluate gaps in care in their local communities
- Identify providers with excellent treatment outcomes who can serve as mentors/educators to other providers
- Provide data showing the need for locally generated suggestions about new services or the implementation of new Evidence Based Practices
- Identify desired outcomes and measure progress toward them
- Examine Regional data in comparison with performance in the rest of the state

Our participation in these Regional Boards will also provide a regular, scheduled opportunity for our staff to hear and understand the challenges faced by consumers, providers, families and communities and work collaboratively to address these challenges. Based our discussions to date, many of the challenges, especially in rural areas, are related to:

- Scarcity of providers and/or lack of choice of providers
- Unavailability of psychiatrists, especially child psychiatrists
- Minimal crisis response services and a lack of alternatives to emergency room and state hospital services.
- Lack of coordination between mental health and substance abuse treatment providers

Because these problems plague almost every public sector behavioral health delivery system, Optum Idaho—through Optum—can provide examples of strategies that have helped elsewhere and how they might be adapted to work in specific regions of Idaho.

8. Collaborate with the Substance Use Disorders Regional Advisory Committees (ID Code §39-303A) www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/RegionalAdvisoryCommittees/RACRegion4/tabid/198/Default.aspx.The Boards and Councils are scheduled for reorganization through statutory changes in the 2013 legislative session which is expected

to combine the two (2) types in readiness for mental health services and substance use disorder services to become integrated into "behavioral health services."

Should the Substance Use Disorders Regional Advisory Committees combine with the Regional Mental Health Boards, Optum Idaho will present the data described in response to Question 7 above to the combined Membership on a quarterly basis and will attend meetings and gather input as described above at the meeting frequency set by each region.

Our goal will be to provide Regional Mental Health Boards and Substance Use Disorders Regional Advisory Committees with data and consultation that will assist them in their decision-making responsibilities

Should they remain separate, we will conduct a parallel but separate process with the Substance Use Disorders Regional Advisory Committees. In either case, the goal is to deliver, on a routine basis and in a timely way, data and information that helps inform decision-making for each of Idaho's seven regions.

9. Interact and support the efforts of behavioral health advocacy groups in Idaho including but not limited to the Idaho State Planning Council on Mental Health, the Idaho chapter of National Association of Mental Illness (NAMI Idaho), and the Office of Consumer and Family Affairs.

Optum has a made a corporate commitment to becoming a contributing member of every behavioral health community in which we are selected to manage mental health and/or substance abuse treatment services. In addition to providing corporate financial support, Optum encourages its employees to participate in community giving campaigns, and matches employee donations. The company also recognizes employees who are active participants in outreach, prevention and educational events such as health fairs, fund-raising efforts and work days. In many instances, the agendas of our corporate meetings include opportunities to participate in a service activity, such as working at a food bank or homeless shelter. In short, it is Optum's corporate culture to give back to our communities.

In our response to Question 3 above, we discussed some of the support we have already provided to Idaho advocacy groups and coordinated efforts with the Office of Consumer and Family Affairs.

That commitment to supporting advocacy organizations would certainly carry through to Optum Idaho. For example, if selected as the Contractor for the Idaho Behavioral Health Plan, we have agreed to work collaboratively with the Office of Consumer and Family Affairs and the Idaho Federation of Families to expand the employment opportunities for Peer Support Specialists and Family Support Specialists trained by those organizations.

As indicated earlier, we also are willing to provide whatever information and/or data that might be requested by the Idaho State Planning Council on Mental Health, and we look forward to supporting them in meeting their responsibilities to Idahoans.

10. Interact and collaborate with the various Idaho chapters of national associations for behavioral health professionals, including but not limited to the National Association of Social Workers, American Psychological Association, American Psychiatric Association, American Counseling Association, American Association for Marriage and Family Therapists, United States Psychosocial Rehabilitation Association, the Idaho Association of Infant Mental Health, as well as the regulatory agencies, e.g., Idaho Bureau of

Occupational Licensing, the Idaho Board of Nursing, the Idaho Board of Medicine, and the Idaho Board of Alcohol/Drug Counselor Certification.

National Associations

As part of our recruitment efforts in Idaho, Optum's network development staff have already reached out to many of the Idaho chapters of national organizations to request assistance in identifying professionals who might want to become part of the provider panel of the Idaho Behavioral Health Plan.

> As part of our recruitment efforts, Optum has already reached out to the Idaho chapters of many organizations for behavioral health professionals.

After the Plan is operational, Optum Idaho will invite providers, who are often members of these national associations, to participate on our Idaho Behavioral Health Plan Provider Advisory Council, a subcommittee of our Quality Improvement Committee. The Provider Advisory Committee reviews and helps shape policies and procedures related to our clinical program, UM guidelines, complaints and grievance processes, Provider Handbook. They also review a set of key operational quality indicators on a quarterly basis. We will include the organizations on the distribution lists we use when notifying our network providers of training opportunities and invite the participation of other members of Idaho chapters to join us.

State Associations and Boards

Optum would like to work with IDHW and state associations and licensing boards to review current licensing and practice laws and rules and add our perspective as a managed behavioral healthcare organization. We are particularly interested in those that apply to non-physician mental health providers. Our goal would to be to review the current licensing and certification standards and determine if there are ways to improve them.

EE. (E) COMMUNITY REINVESTMENT SERVICES:

Describe the following:

1. Experience you have participating in Community Reinvestment activities in other states.

Optum views Community Reinvestment as a necessary component of the implementation and ongoing management of a public/private behavioral healthcare partnership. It is particularly vital in funding new and innovative services. Some community reinvestment in Idaho will be accomplished with the initiation of new services and regional demonstration programs. Other reinvestment projects will be implemented following the close of each contract year when the balance in the services fund is identified by the year-end audit.

> Optum considers it good public policy include community reinvestment as part of a full-risk Medicaid managed care plan

By contractually-establishing a limit on overhead costs as well as a guarantee on reinvestment of savings in service dollars, IDHW will help support community innovation and regional investment into the development, successful implementation and ongoing evaluation of new services to support consumer functioning in their families and communities.

Optum has used community reinvestment to fund innovative programs in Pierce County Washington; San Diego County, California; the State of New Mexico; and Salt Lake County, Utah. As an example, Optum has participated in Community Reinvestment activities in the following programs in New Mexico through Community Reinvestment Funding in FY13 (7/1/12 to 6/30/13). The total amount awarded was $300,000. Funding areas were: prevention, youth/older adults (65 plus), crisis and veterans. Projects serving consumers and run by consumers in rural/frontier areas and/or benefitting Native Americans were given priority.

Grantee	Amount	Project	Location
Catron County Behavioral Health Group	$20,000	Advocacy for Youth for Substance Abuse and Suicide Prevention	Reserve
Exodus Drop-In Center	$25,000	Supported Education Services	Farmington
Healing Circle Drop-In Center	$35,000	Journey to Wellness and Healthy Lifestyle Guided by the Sun for Navajo consumers	Shiprock
Hozho Center for Personal Enhancement	$15,000	Bi-Lingual Warm Lines (English/Diné)	Gallup
INSIDE OUT	$20,000	Youth Substance Abuse Prevention through Peer Support and Harm Reduction Programs	Espanola
Masada House	$20,000	Transitional Living Program for Consumers in Recovery	Farmington

Grantee	Amount	Project	Location
Native Youth for Community Empowerment	$30,000	Prevention through Financial and Cultural Empowerment	Ramah Navajo Reservation
Ohkay Owingeh Pueblo	$30,000	Prevention through a Youth Pueblo Empowerment Program	Ohkay Owingeh Pueblo
UNITY Center Teens	$30,000	Teen-Directed Suicide Prevention Program	Roswell
Valencia County Juvenile Justice Board	$20,000	Transforming Lives—Substance Abuse Prevention Program	Valencia County and Isleta Pueblo
NonviolenceWorks, Inc	$30,000	Consumer-run Fatherhood and Nonviolence Programs	Taos County and Taos Pueblo

After our public sector partner (e.g., State Medicaid agency, county behavioral health department) approves our reinvestment plan, Optum generally uses an RFP process to select services to fund with Community Reinvestment dollars. Proposals are evaluated by our public sector partner, community stakeholders and Optum staff. A formal rating tool is used to evaluate each proposal so that feedback can be given both to funded projects and projects that are not funded. In other states, we have noted that organizations that are not funded the first year may improve their proposals, methods of measuring outcomes, or overall design and be funded in subsequent years.

2. Services you would develop through reinvestment and how you would incorporate stakeholder input into this process.

We are proposing a two-pronged reinvestment strategy for Idaho, one that provides some new services statewide immediately and also promotes a regional planning process to identify and prioritize service needs in each of the state's seven regions.

Because Optum strongly believes that consumers and providers must be involved in the selection of new and innovative services to be funded by Community Reinvestment dollars, stakeholder input is an integral part of our proposed process. In fact, suggestions from people across Idaho helped us prioritize inclusion of the following new services at the time the Idaho Behavioral Health Plan is implemented:

- Peer Support Services
- Family Support Services
- Community Transition Support

Demonstration programs will be one way to determine the cost-effectiveness of programs that might become covered benefits for the Idaho Behavioral Health Plan

We also are including these services as covered benefits because national studies—as well as our own Optum experience—support their importance in controlling expenditures and in improving clinical outcomes, especially for those who have serious mental illness or serious emotional disturbances.

In addition to the covered benefits that will be available statewide, Optum Idaho will fund a number of demonstration programs that will be awarded to providers on a competitive basis

across the first contract period. We will require that providers present their ideas to their Regional Behavioral Health Board for their endorsement before submitting their proposals. This will enable stakeholder input into the procurement process. After discussion with our IDHW Contract Manager, we also could invite representatives of consumer and advocacy groups to participate in the selection process.

Based on our initial analysis of utilization data, as well as our many discussions with regional mental health and substance abuse board members, state staff, providers, Members, advocates, Legislators and other Idaho stakeholders, Optum's priorities for the first round of demonstration programs include:

- Coordination and/or provision of crisis response, crisis stabilization and hospital diversion services
- Evidence-based services for children and adolescents and their families, especially those aimed at building resiliency within the family unit
- Peer support programs and family support programs
- Integrated mental health/substance abuse services for individuals with co-occurring disorders.

The demonstration programs proven the most effective may be recommended by the Idaho Behavioral Health Plan Advisory Board to IDHW for inclusion as Medicaid state plan services and thus would become covered benefits for the Idaho Behavioral Health Plan.

3. The threshold in terms of Medical Loss Ratio (or other trigger mechanisms) where you would begin reinvesting in community services. Include in your description the amount(s) to be reinvested. Indicate whether or not you will commit to reinvesting in community services in Idaho.

Community reinvestment is the decision to reimburse new services, supports or programs that are not part of a state's current Medicaid State Plan and, therefore, were not represented in the expenditures used as the foundation for setting the capitation rates developed to reimburse an at-risk Contractor. Some community reinvestment is done with actual savings—money remaining in the medical budget (the dollars designated for paying providers for services provided to Members) after all claims for a contract year are paid. Typically those savings are confirmed with a year-end audit and used to fund services in the subsequent contact year.

Another form of community reinvestment is done in real time when the Contractor expands the service array and makes a commitment to reimburse services, supports or programs that are not part of the current Medicaid State Plan during the contract year. In other words, "real time" community reinvestment happens when the Contractor determines that those new services will create sufficient improvements in the delivery system to be cost effective and pay for themselves.

Optum is committed to both kinds of community reinvestment. We will be adding new services to the benefit package on Day #1 of the program's operation, and we also will be implementing demonstration programs across Idaho during the first contract year. Each contract year, a minimum of 85% of the capitation payments made by the Idaho Department of Health and Welfare on behalf of Members of the Idaho Behavioral Health Plan will be designated as the medical budget. The medical budget will be used for reimbursing providers for mental health and substance abuse services provided to Members. Within six months following the end of

each contract year, Optum will submit to IDHW an accounting for all revenue received in capitation payments and all expenditures from the medical budget. Any funds remaining in the medical budget after all treatment services delivered during the contract year have been reimbursed will be designated for community reinvestment.

FF. (E) OUTCOMES, QUALITY ASSESSMENT, AND PERFORMANCE IMPROVEMENT PROGRAM:

For all covered services, the Contractor shall maintain a comprehensive outcomes, quality assessment, quality management, quality assurance, and performance improvement program and includes evaluation of the Contractor's operations. Describe how you will meet the requirements in each of the following sections. Include detailed methodologies for developing and implementing each task, as well as descriptions of how these requirements will be met throughout the life of the contract. Include drafts of supporting proposed documents for each section including, but not limited to, proposed plans, programs, guidelines, projects, processes, policies and procedures, systems, activities, and surveys.

Optum has reviewed Section FF and will comply with all requirements contained in the section. We comply with similar requirements in our partnerships with other State Medicaid agencies, and we will fully customize our policies and procedures to meet all requirements of the Idaho Behavioral Health Plan.

1. Quality Improvement Plan:

a. The Contractor shall have, in effect, a process for its own evaluation of the impact and effectiveness of its quality assessment and performance improvement program.

For Optum, QI is not a department, but a central tenet in the way we conduct all aspects of our operation. The core goal of our QI program is straightforward: improved quality of care and service for Members utilizing evidence-based best practices. To evaluate the impact and effectiveness of our Quality Improvement (QI) program, we will include clearly defined goals related to both clinical and administrative effectiveness. This will include measurable objectives, data feeds, responsible parties, frequencies of activities and target completion dates as part of our combined Outcomes Management and Quality Improvement Work Plan.

The combined Outcomes Management and Quality Improvement Work Plan outlines the key service and utilization metrics related to clinical and administrative effectiveness and will be monitored on a monthly, quarterly and annual basis. Monitoring of these metrics will helps both Optum Idaho and IDHW to gauge our performance on an ongoing basis and target our quality improvement efforts. For each metric, the following are specified:

- Contract/regulatory standards, if applicable
- Metric description
- Performance goal
- Data source
- Responsible party
- Reporting frequency
- Responsible committee

Optum uses the Plan, Do, Study Act QI model in all of the public sector program we serve.

Through continuous review of our current performance against Work Plan items, Optum Idaho will be able to make adjustments quickly if we are not meeting goals. This may include a small procedural adjustment or a more formal QI activity to improve our level of execution on a specific performance guarantee. The key is having data and reporting available on a frequent basis so that adjustments can be made in a timely manner.

This Work Plan will represent Optum Idaho's blueprint for utilizing the Plan, Do, Study, Act (PDSA) model for continuous quality improvement (CQI) throughout the entire organization, as well as the provider network and in all our interactions with the community. This document will be reviewed and revised on an annual basis by the Quality Improvement Director, in collaboration with the Quality Assurance and Performance Improvement (QAPI) Committee and the IDHW, as well as providers, Members, families and other stakeholders.

The comprehensive QI program will encompass outcomes, quality assessment, quality management, quality assurance and performance improvement. The QI program also will include all activities required to meet IDHW and federal requirements, as well as data driven, focused performance improvement activities. These activities will serve to direct and focus the Optum Idaho QI program actions taken to improve quality and will have, at their base, the motivation of improving the wellness, community participation and quality of life for Members and their families. We will apply QI technologies to analyze any barriers to progress and implement actions to improve performance over time.

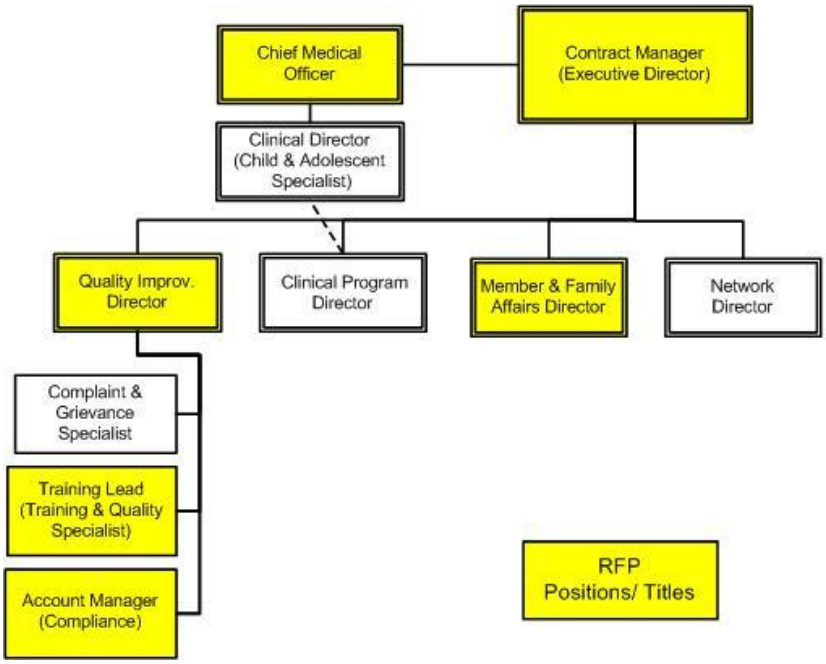
b. The Contractor's quality assurance plan shall be approved by the IDHW.

Optum will submit our combined Outcomes Management and Quality Improvement Work Plan for approval by the IDHW. We tailor our QI program to meet the needs of each state we serve, and we look forward to the opportunity to fully customize our program to Idaho Behavioral Health Plan requirements.

c. The Contractor shall maintain a sufficient number of qualified quality assurance personnel to comply with and implement all of the requirements of this contract in a timely manner, including:

All Optum Idaho staff are required to support quality assurance and improvement efforts. The chart below identifies the staff most involved in oversight and monitoring of quality assurance efforts:

Optum Idaho – Quality Assurance and Improvement



Quality Improvement Program Staff

As displayed on the organization chart above, the Contract Manager (Executive Director) Chief Medical Officer, Quality Improvement Director, Account Manager (Compliance), Network Director, Member and Family Affairs Director, Clinical Director (Child & Adolescent Specialist), Clinical Program Director, Complaint & Grievance Specialist, and Training Lead (Training & Quality Specialist) will all play key roles in facilitating and managing Quality Improvement (QI). However, all staff will be active participants in the QI program through:

- Establishing, reporting on and monitoring key quality metrics for his or her team on a routine basis
- Attending and actively participating in Quality Assurance and Performance Improvement (QAPI) Committee and subcommittees
- Promoting Recovery and Resiliency in the selection of QI activities and studies
- Adhering to policies, procedures, and workflows approved by the IDHW and any appropriate external review organizations
- Providing documentation/data for external reviews and accreditation site visits, as needed
- Always looking for ways to improve our performance in quality of care and service to Members and providers

Optum Idaho will continually monitor our own performance as well as the program's impact on Members, families and providers as we continuously look for ways to improve. All Optum Idaho staff will be encouraged to point out any areas of weaknesses in the performance of the organization and to suggest innovative ways to improve our service to Members and providers and to promote recovery and resiliency.

i. Reviewing performance standards;

Quality team members, under the direction of the Quality Assurance and Performance Improvement (QAPI) Committee, will monitor key metrics on a monthly/quarterly/ annual basis through the Outcomes Management and Quality Improvement Work Plan. In addition, Quality Improvement (QI) team members will conduct a formal written evaluation of Optum's QI program. This annual evaluation will include at least the following information:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service
- Trending of measures to assess performance in the quality and safety of clinical care and quality of service
- Analysis of the results of QI initiatives, including barrier analysis
- Evaluation of the overall effectiveness of the QI programs, including progress toward influencing network-wide safe clinical practices

ii. Measuring treatment outcomes;

One of the primary ways we will measure treatment outcomes is through the use of our proprietary Algorithms for Effective Reporting and Treatment (ALERT®) outpatient management program. We will use ALERT to regularly quantifiably measure the effectiveness of services provided to individual patients, to identify potential clinical risk and "alert" practitioners to that risk, and to evaluate the potential over- and under-utilization of outpatient

care and measure improvement of Member well-being. For Optum Idaho, we will also develop a specific ALERT algorithm for Psychosocial Rehabilitation (PSR) to help our Care Managers evaluate whether PSR is necessary and effective for a particular Member.

The Idaho Standardized Assessment will be a key component of the Idaho ALERT program and for that reason, all providers will be ***required*** to ask all Members to complete the Assessment at the initiation of treatment and to monitor treatment progress whenever the provider requests authorization to continue treatment. The Idaho Standardized Assessment supports the following:

- **Risk stratification of members** – Using a series of algorithms ALERT will identify initial Member risk based on the Member self-report. This will be used in combination with other data to refine the determination of that individual Member's level of risk.
- **Monitoring of progress in treatment** – Optum Idaho Care Managers will receive ALERT-generated flags whenever the system identifies potential issues with a Member's medical condition or progress in treatment. Through ALERT Online providers also will have access to the information generated by ALERT to self-monitor and manage the Member's outcomes and progress in treatment.
- **Monitoring of progress in treatment** - With data from the Standardized Assessment, Optum Idaho will be able to measure and report clinical outcomes for the membership of the Idaho Behavioral Health Plan.
- **Clinician Effectiveness** - The data from the Standardized Assessment will be key to measuring clinician effectiveness. ALERT measures providers severity adjusted effect size every quarter. The effect size is a standard measure in the social sciences for measuring the effectiveness of treatment. The data from the Standardized Assessment will show the amount of change a provider's patients have reported. Regression modeling is then applied to adjust the change reported given the Member's initial severity. Finally, the provider's overall effectiveness is measured using the severity-adjusted effect size. By using this methodology Optum Idaho will be able to compare providers and determine if a specific provider has demonstrated clinical effectiveness. This is the core metric used to tier the outpatient provider network on quality.

ALERT uses two distinct algorithm programs: Member-Centered Risk Algorithms and Provider-Centered Practice Management Algorithms.

- **Member-Centered Risk Algorithms** - This is a suite of algorithms that run nightly and identify outpatients at risk. These will rely on data from the Idaho Standardized Assessment, behavioral health claims and, if available, psychotropic pharmacy claims. Claims algorithms can be triggered for both in-network and out-of network providers. The algorithms and subsequent interventions target different risks:
  - Clinical Risk - Elevated clinical risk algorithms are largely based on member self-report from the Standardized Assessment. If a Member reports severe impairment or distress, we will notify the clinician so that they are aware of the risk. Most of these algorithms result in letters to the provider. However, if a Member triggers three or more of these risk factors, or triggers our Facility Predict algorithm indicating the likelihood of imminent facility-based care, a Care Manager will call the provider to review the clinical risks identified and ensure adequate treatment planning and coordination of care.
  - Utilization Risk - The utilization algorithms are based on claims and do not rely on the Standardized Assessment. These algorithms are identifying Members at risk for over-

utilization. These are all directed to Care Managers who will call the provider to discuss the treatment plan to ensure the provision of evidence based care. Based on the discussion, one of three outcomes is possible.

- Care provision is determined to be evidence-based and recovery based.
- Care provision is not evidence-based but the provider is willing to modify the treatment plan. Follow-up is scheduled to ensure that the modification takes place.
- Care provision is not evidence-based and provider unwilling to modify treatment plan. Peer review scheduled.

- Medication Non-Adherence - If Optum Idaho is given access to daily pharmacy claims, we can activate the algorithms that target medication non-adherence. These result in letters to the prescriber advising them that the member may not have refilled their psychotropic medication.

- Provider-Centered Practice Management Algorithms
  - The Provider-Centered Practice Management Algorithms are run quarterly and support the identification of high cost provider practices that are outliers based on utilization, billing patterns, and/or consistent provision of non-evidence-based care.
  - Practice patterns are analyzed via a proprietary tool: Practice Pattern Analysis (PPA). Based on the PPA results, the Optum ALERT practice specialists coordinate with network, Fraud & Abuse, and clinical operations to determine the most appropriate provider outreach strategy. When appropriate, telephonic outreach can occur with the provider/group to discuss noted patterns and educate them regarding the provision of evidence-based care and proper billing of actual services provided.

ALERT will identify any undetected clinical risks, lack of improvement, or changes in global distress and alert our Care Managers to contact the treating provider to discuss any needed adjustments in the treatment plan to improve Member outcomes. Through ALERT clinical algorithms, we will be able to positively impact Member treatment as care is being delivered, resulting in true clinical outcomes improvement.

Optum Idaho's QI team will review ALERT outcomes reports on a regular basis to analyze patterns and look for opportunities to further improve the care received by Members.

ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail. ALERT Online is updated nightly.

Additionally, during clinical record analysis, Optum Idaho staff will make an assessment of the improvement in the Member's level of functioning and symptom reduction and will assign a score on the evaluation tool. Significant emphasis will be placed on changes reflected in the Member's scores on assessment tools as well as documented achievement of treatment plan goals.

iii. Assuring timely access to care; and

To assure timely access to care, the Optum Idaho Quality Improvement team, as part of our QAPI Committee, will regularly review access to care performance data from all sources, including measurement of access turnaround times, complaints/grievances related to timeliness issues, Member satisfaction survey results related to access to care and the results of provider site audits.

Additionally, Regional Care Managers will conduct chart reviews to ensure the quality, appropriateness and clinical outcomes of all services provided through the Idaho Behavioral Health Plan. Optum Idaho will have three Regional Care Managers who are licensed clinicians. These Care Managers will conduct retrospective review of providers' medical records. Because of the predominance of PSR in the overall array of outpatient behavioral health services, at least during the early months of the contract period, we will implement a stratified random review process which will ensure that we review records from all records and all providers, but a greater percentage of all records reviewed will be those of Members receiving PSR and on Members identified as high need.

In addition, Optum Idaho may use other quality monitoring strategies such as 'Secret Shopper." Using this strategy, Optum Idaho staff would call a sample of providers to determine if an appointment would be available according to the timeliness of care guidelines.

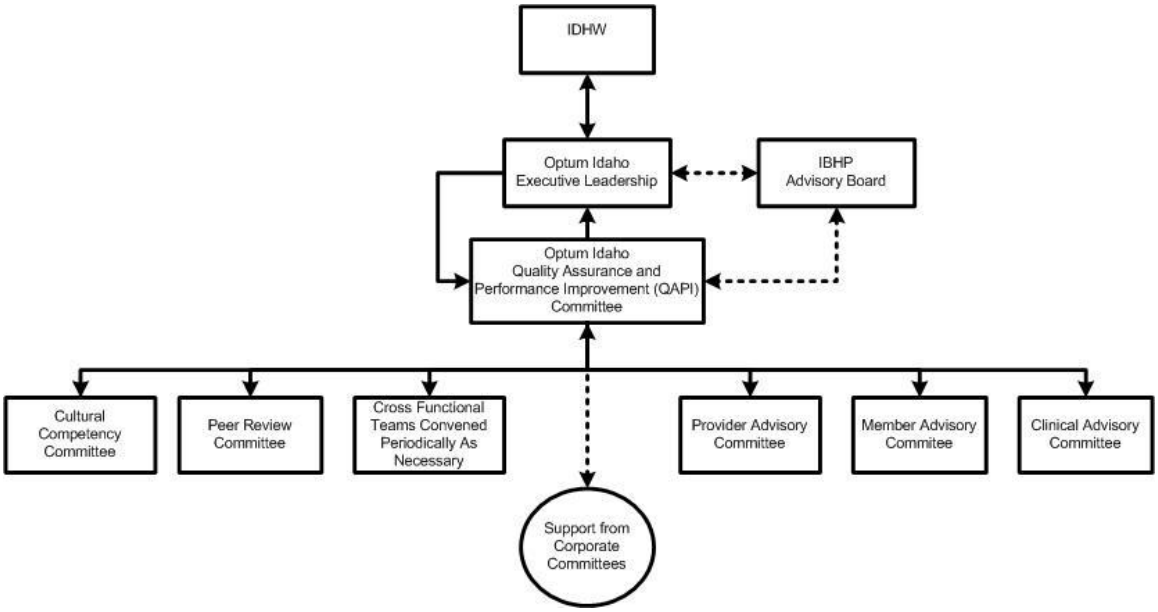
iv. Participating in an independent assessor's quality review activities.

Optum will participate in an independent assessor's quality review activities as required by the IDHW. We currently participate in independent assessments of our programs in each state where we serve Medicaid agencies. The Quality Improvement team, in coordination with the Contract Compliance Manager, will be responsible for coordinating efforts to prepare for these activities as needed and will provide any required information or documents to the IDHW in preparation for such external reviews.

d. The Contractor shall provide a mechanism for the input and participation of Members, families, caretakers, and other stakeholders in the monitoring of service quality and determining strategies to improve outcomes.

Optum Idaho will have several quality committees designed to solicit feedback and recommendations from key stakeholders, subcontractors, Members, families and caregivers. Our QI committees will review monthly, quarterly and annual data and make recommendations for any necessary in-depth or root-cause analyses and/or corrective actions to improve the quality of care and services provided.

Please see the Optum Idaho QI Committee structure below:



Mechanism for Input and Participation in Monitoring Service Quality and Improving Outcomes

Members, families and other stakeholders	Members, families, Member advocacy groups, and other stakeholders will be encouraged to call one of Optum Idaho's toll-free number at any time if they have a complaint, concern or feedback. They will be also encouraged to provide input and to participate in multiple committees, including the Member Advisory Committee and QAPI Committee. Members, families and caregivers, Member advocacy groups and other stakeholders will be asked to review medical necessity criteria, outcomes tools and clinical practice guidelines. Our staff will work together with Members, families and caregivers, Member advocacy groups and other stakeholders to define QI program goals and select measurement tools, gauge progress toward goals, and identify any issues in communities that need to be recognized and addressed. In addition, whenever our staff is providing Member orientation or training sessions, our when our Peer staff are meeting with Members or families, we will ask for comments, feedback, and suggestions on how to improve the program; all feedback will be provided to the QI team for inclusion in QI monitoring.
Providers	Provider representatives will be asked to participate in multiple committees, including the Provider Advisory Committee and QA/IP Committee, to review medical necessity criteria, outcome tools and clinical practice guidelines. In addition, providers will be asked to participate in Cross Functional Teams aimed at advancing system transformation in accordance with the IDHW's goals. Providers are will be encouraged to contact Optum Idaho at any time if they have a concern, complaint or input on the program.
IDHW	Representatives of the IDHW will be asked to actively participate throughout Optum Idaho's QI committee structure, including the monthly QAPI Committee meetings. In addition, the QI Plan and program

	documents will be submitted to the IDHW for review and approval.
Other Stakeholders	We will solicit the input of other stakeholders in the monitoring of service quality and determining strategies to improve outcomes by consulting with the Idaho Behavioral Health Plan Advisory Board. The Advisory Board will be comprised of a variety of stakeholders and community leaders in Idaho and will meet quarterly to provide additional input and feedback Other stakeholders also will be encouraged to call Optum Idaho's toll- free customer service number to provide input and to attend QI committees, including the QAPI Committee meetings.

e. The scope of the Contractor's outcomes, quality assessment and performance improvement program shall include all requirements in this section but is not limited to these requirements. These requirements include:

i. Processes to assess, measure, and improve the quality of care provided to Members in accordance with:

(1) All quality assurance requirements identified in this contract;

(2) The IDHW's Division of Medicaid;

(3) All IDHW and federal regulatory requirements; and

(4) All other applicable documents incorporated by reference.

Optum Idaho's QI Plan will reflect the elements listed above. Our QI Plan serves as the guiding document for our QI program and is designed to be customized to the needs and preferences of the IDHW.

f. Identify and resolve systems issues consistent with a continuous quality improvement approach. The Contractor shall include a Corrective Action Plan (CAP) that defines the corrective action response needed to arrive at a common solution to operations.

Quality Improvement (QI) will be infused throughout the all clinical and administrative departments at Optum Idaho. Optum embraces a philosophy of continuous quality improvement (CQI), consisting of ongoing analysis of clinical data and program results, identifying and prioritizing opportunities for improvement, implementing interventions and evaluating the effectiveness of those interventions on the quality of care and services. We will continually monitor our performance and the impact of our services on Members, families and providers. Each operational area in the company measures its own performance against industry standards or performance levels that set higher goals than current functioning. Elements vital to our use of the CQI process include:

Data Collection and Analysis

Opportunities for improvement are continuously identified and addressed through a systematic process. Recognized important aspects of care and service are routinely monitored, and Optum's performance evaluated against appropriate benchmarks, practice norms or performance goals. Data are collected through a number of sources, including the claims information system, the clinical management information system, Member and provider satisfaction surveys, Geo-

Access® analysis of provider availability, Member grievances and appeals, treatment records, credentialing information, and office site visits. Valid methodologies are established with guidance from internal data analysts and statisticians.

Barrier Analysis

When quality of care or services does not meet the expected standards, a barrier analysis is conducted to assess the reasons for the identified deficiencies. Techniques used to determine the barriers or root causes for the results may include the collection of additional data, stratification of the data, or analysis of subgroup data in order to drill down sufficiently to understand the reasons for the results. Common techniques of CQI such as brainstorming, cause-and-effect diagramming, identification of key factors, and others are used to identify barriers to improvement. Citations from literature that contain information about barriers to performance that have already been identified may also be used.

Interventions

In accordance with the barrier analysis, opportunities for improvement are identified and prioritized focusing on variables that can result in improved performance. Appropriate interventions are deliberated, selected, and implemented to overcome the barriers. Interventions are recommended by various subcommittees, work groups, and/or the QAPI Committee.

> Member, provider, and stakeholder participation in QI activities is vital to targeting improvement efforts.

Evaluation of Effectiveness

All interventions and corrective actions are followed by re-assessment or re-measurement to evaluate the effectiveness of the intervention. Trends are identified and analyzed to determine their significance. Causal links between the interventions and the results that are observed are examined. Interventions that influenced the outcome, with differentiation of those that were most influential, are identified including any intervening or confounding factors that may have contributed to any changes that occurred.

Communication of Results

Results of QI program activities will be communicated to the IDHW, Members, providers and other stakeholders as appropriate.

Corrective Action Plans

Corrective Action Plans will include the following elements:

- Specific description of the performance area and any relevant measures of performance which are not meeting required performance levels
- Identification of person or persons responsible for improving performance
- Actions that will be taken to improve performance
- Any technical assistance or training required to help improve performance
- Definition of monitoring activities and frequency of monitoring activities that will be used to measure effectiveness of actions in improving performance
- Goal or benchmarks used to determine if and when corrective action plan can be closed and all parties can return to routine monitoring activities

Member, Family and Provider Involvement

Member, family and provider involvement are vital to all Optum's QI programs. Optum Idaho will obtain and incorporate input and representation from these stakeholders in a number of ways at various levels of our QI structure. Specifically, this will include the Member Advisory Committees, but Members, family members, providers and other stakeholders also will be on other QI subcommittees and work groups. These committees and their members will support the QAPI Committee by providing input and expertise relative to clinical quality improvement projects, best practice guidelines, preventive health programs, and coordination and continuity of care across the healthcare continuum.

g. Disseminate relevant information to the IDHW, Members, providers, and key stakeholders, including families and caregivers.

To ensure we are disseminating relevant information to the IDHW, Members, providers, and key stakeholders, including families and caregivers related to the Quality Improvement Plan, Optum Idaho will have a designated website at **www.optumidaho.com**. Our Quality Improvement Plan, minutes of our QI committee meetings and other QI documents will be available on the Optum Idaho website and will be available in hard copy upon request.

Additionally, we will hold regular public forums, including those designed to include stakeholders in planning system change initiatives. We also will provide local and toll-free long-distance telephone lines that will be available to all key stakeholders and IDHW staff.

To further support dissemination of relevant information, Quality Committees will include Member, provider and key stakeholder (including families and caregiver) participation and these Committees will review monthly, quarterly and annual data and make recommendations for any necessary in-depth or root-cause analyses and/or corrective actions to improve the quality of care and services provided.

Additionally, a written Quality Improvement Evaluation will be conducted annually, and will be made available to Members, providers, and other stakeholders, including families and caregivers.

h. Solicit feedback and recommendations from key stakeholders, subcontractors, Members, families, and caregivers, and use the feedback and recommendations to improve the quality of care and system performance.

Optum Idaho will have several QI Committees designed to solicit feedback and recommendations from key stakeholders, subcontractors, Members, families and caregivers. These will include, at a minimum, the QAPI Committee, Clinical Advisory Committee, Cultural Competency Committee, Provider Advisory Committee and Member Advisory Committee. These committees will include stakeholder, provider, Member, family and caregiver participants and will review quarterly and annual data and make recommendations for any necessary in-depth or root-cause analyses and/or corrective actions to improve the quality of care and system performance. Key stakeholders, subcontractors, Members, families and caregivers also may be involved in task forces and work groups formed as part of quality improvement projects or initiatives.

All Committee members will be full participants, asked to review and provide input on all aspects of the QI program, including medical necessity criteria, outcome tools, and clinical practice guidelines and to vote on key issues. Our staff will work together with Members and

families to define QI program goals and select measurement tools, gauge progress toward goals, and identify issues in communities that need to be addressed. Information regarding the performance of Optum Idaho operations and progress towards meeting key metrics will be available to these respective Committees, and participants will be asked to submit recommendations for structuring QI activities.

Optum will work with the IDHW to identify and solicit Members and families to participate in committees. Any stakeholder will further be encouraged through our website, newsletters, and Member Handbook to call one of Optum Idaho's toll-free numbers to provide input at any time.

Additionally, we will solicit feedback and recommendations from other stakeholders to improve the quality of care and system performance by consulting with the Idaho Behavioral Health Plan Advisory Board. The Advisory Board will be comprised of a variety of stakeholders and community leaders in Idaho and will meet quarterly to provide additional input and community perspective.

i. Measure and enforce adherence with the goals and principles of the IDHW through the following strategies, at a minimum:

i. Methods and processes that include in-depth chart reviews and interviews with key persons in the Member's life.

Chart reviews will be completed using our treatment records review form, which addresses the following:

- Basic information. Complete documentation of Member and/or Member's family information, such as address, phone numbers, emergency contacts and inclusion of appropriate consent forms.
- Initial assessment. Presenting problem and conditions, safety assessment, mental status exam, psychiatric history, statement of Member's general health and medical history including the Member's PCP, DSM-IV diagnosis consistent with presenting problem and any effects of spiritual and cultural variables.
- Substance abuse screening. For patients 12 and older, a substance abuse screening occurs. We review whether the chart includes past and present use of alcohol and/or illicit drugs as well as prescription and over-the-counter medications. We also confirm that when substance abuse is identified, an appropriate intervention occurs.
- Person centered planning. That a specific plan has been put into place that is geared toward the individual Member's needs.
- Treatment plan. Plan and treatment goals consistent with the diagnosis and Member's understanding of treatment plan documented
- Treatment/progress notes. Member's strengths/limitations in achieving treatment goals, safety assessment, coordination with Member's primary physician and other clinicians/support networks and preventive services used (e.g., relapse prevention, stress management, wellness programs and referrals to community resources). We specifically review:
- Behavioral health-to-medical communication. Evidence the provider has documented whether Member has a primary physician and that communication with the primary physician has occurred

- Behavioral-medical screening. Evidence that provider has screened for a medical condition, and for those with a medical condition, that communication with the primary physician has occurred.
- Behavioral health-to-behavioral health communication. Evidence that when Member has a second behavioral health provider, communications are occurring and documented in the chart.
- Medication issues. Clear documentation of medications prescribed with dosages, dates of initial prescription and refills, informed consent for medication, allergies and adverse reactions (or lack thereof) and past medical history.
- Education efforts. Evidence the provider has offered the Member or the Member's family education about care options, participation in care, coping with behavioral health problems, prognosis and outcomes.
- Termination summary. Reason for termination clearly provided, progress on treatment goals reviewed and follow-up care indicated, if appropriate.

On an individual level during clinical record analysis, Optum Idaho reviewers will make an assessment of the improvement in the Member's level of functioning and symptom reduction. Significant emphasis will be placed on documented achievement of treatment plan goals.

Especially during the first contract months, we will also review charts for Members receiving PSR against evidence-based guidelines and our definition of Psychosocial Rehabilitation. While we will focus on high need Members and highly utilized providers, we will also conduct random stratified samples so we review all PSR providers over time. Depending on how the overall utilization profile changes across the contract period, our reviewers may shift their focus to other services that have become priority emphases in our efforts to ensure quality, appropriate and cost effective service delivery through the Idaho Behavioral Health Plan.

As an example of current review activities, in Pierce County, Washington, Optum Pierce RSN emphasizes a focus on indicators of mental health recovery and resiliency in clinical chart reviews. In addition to the standard review requirements established by the State of Washington, the Optum Pierce team adds on key questions about independent living, relationships in the community, employment, self-management, and other recovery-related topics. They expect to see improvements in the Member's level of functioning, Global Assessment of Functioning score, and achievement of treatment plan goals over time as they review Member records.

ii. Use of findings to improve practices at the subcontractor and Contractor levels.

Regular reviews by the QAPI Committee, using the data generated by our information system and by our chart reviews/audits, will identify providers who are in need of additional training and/or technical assistance. We will hold individual providers accountable for improvement, implementing corrective action plans when necessary. In addition, we will support the QAPI Committee's identification of additional root causes for performance issues (e.g., lack of awareness/skills in the workforce) and develop specific plans for continued improvement, which will be incorporated into our Quality Improvement Plan for IDHW approval.

iii. Timely reporting of findings and improvement actions taken and their effectiveness.

During our first year of operations, much of the data we collect will become baseline data. The QAPI Committee will use the data as the starting point for measuring overall progress in key clinical areas as well as evaluating our performance against national standards. The baseline data also will be used to help us identify priority areas in which we will want to track clinical outcomes in future years and/or implement Performance Improvement Projects or other studies.

Perhaps most importantly, the data we collect during the first year will be shared with all our QI Committees. As they help our staff understand and interpret the data in the context of serving the IDHW and our Members, together we will establish priorities for performance tracking and clinical outcome measurement. This will allow us to develop the QI program and its clinical outcomes so they reflect the priorities and opportunities for improvement that are unique to the Idaho behavioral health delivery system.

On an ongoing basis, we will continue to monitor and trend our selected indicators to ensure that services are timely, effective and appropriate and continuously improving. We will also monitor to ensure that Members are receiving appropriate services that are medically necessary and provided in the least restrictive environment appropriate for the Member's needs.

When trending reports show that performance in particular outcomes are not meeting goals or benchmarks, the QAPI Committee will use the continuous quality improvement cycle, as described in response to Question 1.f. above, to plan actions to improve performance and continuously monitor trended data until acceptable performance is achieved on a continuous basis.

iv. Dissemination of findings and improvement actions taken and their effectiveness to key stakeholders, committees, Members, families, and caregivers, and posting on the Contractor's Website.

We will disseminate findings and improvement actions taken to all relevant stakeholders, committees, Members, families, and caregivers, as well as post this information on the Optum Idaho website.

Our Quality Improvement Plan and other QI-generated documents, such as committee minutes, will be available on the Optum Idaho website and will be available in hard copy upon request.

Quality Committees will also review monthly, quarterly and annual data and make recommendations for any necessary in-depth or root-cause analyses and/or corrective actions to improve the quality of care and services provided.

Additionally, a written Quality Improvement Evaluation will be conducted annually and also will be made available to Members, providers, and other stakeholders.

2. Practice Guidelines:

a. The Contractor shall adopt and implement practice guidelines per 42 CFR §438.236(b) that, at a minimum meet the following requirements:

i. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field.

Optum's Level of Care Guidelines provide evidence-based admission and continuing stay criteria for mental health, substance abuse, and community support services.

Optum will develop a customized set of Level of Care Guidelines for Idaho, with consideration given to the Milliman Level of Care Guidelines in their creation in addition to several other factors, detailed below. We have also developed another 24 service/program areas for Alcohol and Drug, Mental Health and Community Support services. The Guidelines are based on the following components:

- The broad clinical experience of Optum's staff
- Multi-disciplinary input from Optum's Idaho provider network
- Input from Members, families, caregivers and other stakeholders
- Published references from the industry's most esteemed professional sources, including the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, American Society of Addiction Medicine, and from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
- Recognize and support services essential to Recovery and Rehabilitation and support case management for the comprehensive range of services and programs found in public sector systems

Optum Idaho Level of Care Guidelines will have input from Members, providers, other stakeholders and IDHW.

The Guidelines and are reviewed annually to ensure that they are updated based on new scientific evidence.

Best Practice Guidelines

Optum also has adopted Best Practice Guidelines that establish practice standards for the effective treatment of major DSM-IV diagnostic categories and include specific criteria to guide treatment of children and geriatric populations. Best Practice Guidelines are adopted from external, nationally recognized organizations such as the American Psychiatric Association and the Academy of Child and Adolescent Psychiatry. Optum also has adopted the evidence-based guidelines required by the IDHW and endorsed by SAMHSA, and also use SAMHSA's many toolkits and support materials to implement and monitor compliance with these guidelines.

ii. Consider the needs of the Members.

Optum's Level of Care Guidelines are recovery-focused for individuals with mental illness, ensure that care advocacy and level of care decisions are informed by the unique clinical aspects of the case, the availability of treatment resources, and are sufficiently flexible to address the individual Member's presenting problem(s).

iii. Are adopted in consultation with contracting health care professionals.

In developing and updating our Level of Care Guidelines, Optum solicits input by clinicians in specialties affected by the guidelines, community-based treatment centers, and providers in Optum's regions to assure the full range of opinions and the highest quality content are fully considered.

Optum clinical staff and credentialed providers develop these Guidelines based on their shared knowledge of sound clinical practice, as well as published research.

As stated above, input from Idaho providers will be solicited and incorporated into the Level of Care Guidelines implemented for the Idaho Behavioral Health Plan.

iv. Are reviewed and updated periodically as appropriate.

Optum Idaho will review and update our Level of Care Guidelines annually as follows:

1) **Draft Development:** Optum Idaho clinicians will draft changes to the criteria based on changes to the network, regulatory requirements, significant advances in service delivery, current research, and other opportunities to improve the quality of the Guidelines.
2) **Stakeholder Input:** Input will be solicited from IDHW, providers, Members, family members, caregivers and other stakeholders Specific to the criteria used in Idaho. Their input will be incorporated into the Guidelines as appropriate.
3) **Committee Approval:** The final draft is presented to the Idaho QAPI Committee for approval. The approval process includes across sectional group within Optum staff inclusive of clinical, quality, network and executive leadership. When the approval process is complete, the recommended Level of Care Guidelines will be presented to IDHW for approval and also to Optum's corporate clinical committees.

Best Practice Guidelines are reviewed at least annually through the Optum corporate clinical committees and updated as necessary to reflect information revealed through published scientific findings, clinical practice and solicited provider input. Evidence based practice guidelines posted by SAMHSA are updated on their site and Optum Idaho will monitor changes and make updates to local training and compliance monitoring accordingly.

v. Are approved by the IDHW.

We will partner with the IDHW on the development of Level of Care Guidelines and submit these Guidelines for the IDHW's approval prior to implementation and annually thereafter.

b. The Contractor shall meet the requirements of the federal managed care regulations, and the 42 CFR Part 2 confidentiality regulations when adopting practice guidelines.

Optum will meet the requirements of the federal managed care regulations, and the 42 CFR Part 2 confidentiality regulations when adopting practice guidelines.

c. Decisions for Member education, coverage of services, utilization management and other areas to which the practice guidelines apply shall be consistent with the practice guidelines per 42 CFR § 438.236(d).

Optum will meet the requirement that decisions for Member education, coverage of services, utilization management and other areas to which the practice guidelines apply shall be consistent with the practice guidelines per 42 CFR § 438.236(d).

d. The Contractor shall disseminate the practice guidelines to all affected providers, and upon request, to Members per 42 CFR § 438.236(c).

Guidelines will be posted and available via the Optum Idaho website, which can be accessed by providers and Members as well as any member of the public. Hard copies will be made available upon request.

3. Performance Improvement Projects:

a. The Contractor shall have in progress a minimum of one (1) performance improvement project (PIP) and one (1) focused study with intervention or two (2) PIPs annually.

Optum Idaho will have in progress a minimum of one performance improvement project (PIP) and one focused study with intervention or two PIPs annually.

All formal clinical PIPs will be developed and implemented with continuous and substantial involvement of practicing behavioral health providers, under the direction of the Chief Medical Officer and Quality Improvement Director.

Selection of PIPs or focused studies to be included in the Outcomes Management and Quality Improvement Work Plan will be determined based on consultation with Members, families, providers, the IDHW, and other stakeholders in addition to contract requirements and an assessment of the demographic characteristics and health risks of Optum Idaho's population. This includes an assessment of all major demographic groups served, such as infants, children, adolescents, adults, seniors and special population groups, including, but not limited to, specific racial and ethnic groups; Native Americans; pregnant women; children in State custody; persons discharged from jail, a detention center or prison; adults and youth with cognitive, developmental or physical disabilities; and persons with co-occurring disorders or other chronic diseases.

We will also describe in the Work Plan:

- Specific targeted goals, objectives and structure that cover both immediate objectives for the contract year and long-term objectives for the contract period
- Specific interventions to be utilized to improve quality targets and timeframes for each activity to be achieved/evaluated
- Persons responsible for each activity
- Planned monitoring of previously identified issues
- Planned evaluation of the QI program
- Below we have a described an example of a PIP we conducted for the state of Ohio and its Medicaid membership.

Example of a Performance Improvement Project

In 2010, Optum found that only 47.8 percent of our Ohio Medicaid Members were receiving the appropriate number of outpatient services within the allotted timeframe based on standards established by Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS standards are widely used as performance indicators in health and mental health care. The percent of Members seen at least three times for outpatient services during the 12 weeks following their diagnosis of Major Depressive Disorder has been established as an effectiveness-of-care standard for HEDIS. To help ensure the provision of high quality care from our network providers, Optum adopted this guideline for the treatment of our Members with Major Depressive Disorder.

Since depression treatment is delivered in both psychiatric and primary care settings, Optum and our health plan partner in the Ohio region realized that joint efforts were necessary to ensure the best care delivery for depressive diagnoses.

Upon review of this data, and after gathering input from our QI Committees, we determined that educating primary care providers, Optum staff, and behavioral health providers on the

antidepressant medication management treatment guidelines would likely encourage adherence. Since that time, a variety of educational opportunities have been offered to Members, internal staff and Optum network providers. These included the following:

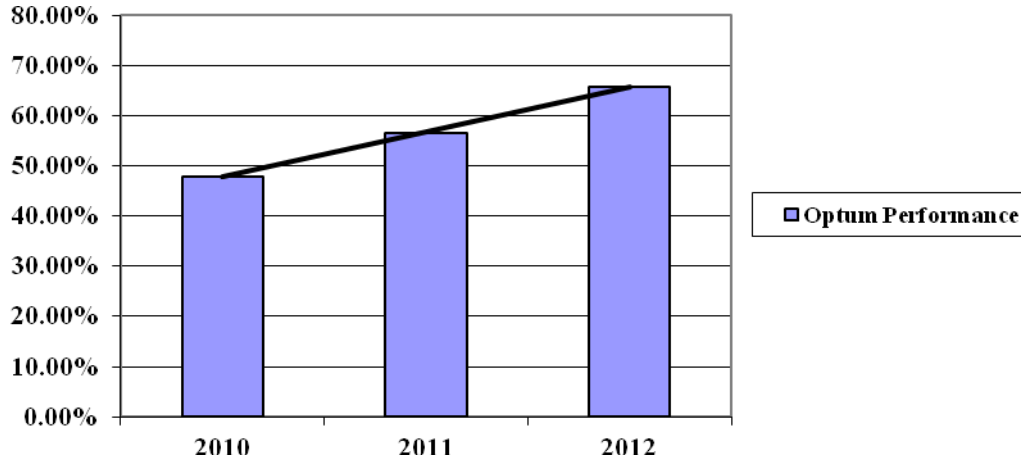
- Primary Care Physician education through health plan newsletters, including:
  - HEDIS guidelines for antidepressant medication management
  - Depression screening tools
  - How to refer Members to behavioral health providers
- Optum clinical staff education through distribution of talking points and individual coaching
- Availability of a Preventive Health website for Major Depressive Disorder
- Optum provider education through newsletters and fax blasts
- Clinical education including case discussions and WebEx presentations

The effectiveness of these interventions has made them an integral part of many of our programs across the nation, especially those in which sharing of claims and/or encounter data for both medical and mental health services can be arranged.

Results:

The results are displayed in the table below and show improvement from 47.8 percent at baseline in 2010 to 65.8 percent in 2012.

Percentage of Members with Three Follow-Up Visits Within 12 Weeks of Major Depressive Disorder Diagnosis



Optum implemented a variety of strong, targeted interventions to address the lack of knowledge of all parties (including Primary Care Physicians) regarding the importance of continuing depression medication treatment a minimum of 12 weeks after diagnosis.

The interventions were in place for a sufficient amount of time to effect meaningful improvement, as demonstrated by a positive and statistically significant and sustained change in compliance from HEDIS 2010 to HEDIS 2012. We feel that the largest impact on the improvement in care stemmed from increasing the knowledge base of providers, staff and Members regarding the recommended management of major depressive disorder in the acute

phase. These interventions worked in concert to improve behavioral health care provided by Optum as measured by the HEDIS Effective Acute Phase Treatment measure. Optum maintains our focus on HEDIS performance and looks forward to continued improvement for HEDIS 2013 with addition of targeted profiling mailings to Optum network psychiatrists.

b. At least one (1) PIP or the focused study shall be outcome-focused.

Optum will have in progress a minimum of one performance improvement project (PIP) or focused study that is outcome-focused.

All formal clinical PIPs will be developed and implemented with continuous and substantial involvement of practicing behavioral health providers, under the direction of the Optum Idaho Chief Medical Officer and Quality Improvement Director.

In addition to the data collected from a variety of outcome measures, one of the primary ways we will measure treatment outcomes for Optum Idaho is through the use of our proprietary Algorithms for Effective Reporting and Treatment (ALERT®) outpatient management program. As an integral part of ALERT, we will be asking Members to complete the Idaho Standardized Assessment, which is based on the Wellness Assessment, a psychometrically-tested instrument for identifying and monitoring change in psychological distress, identifying chemical dependency risk and medical comorbidity, and measuring daily functioning. We will use ALERT to regularly quantifiably measure the effectiveness of therapy for individual patients, identify potential clinical risk and "alert" providers to that risk, as well as to evaluate the potential over- and under-utilization of outpatient care and measure improvement of Member well-being.

Quarterly reports are used to trend quality data over time and help locate opportunities to improve clinical and administrative performance.

In addition to the individual Member outcomes data, the information provided by ALERT can also allow us to quantifiably measure and report the clinical and financial impact our services have had on our Members in aggregate. This aggregate data may also provide direction for a focused study or PIP for Optum Idaho.

c. The PIPs shall be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction.

Optum Idaho's PIPs shall be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction.

All interventions and corrective actions will be followed by re-assessment or re-measurement to evaluate the effectiveness of the intervention. Trends will be identified and analyzed to determine their significance. Causal links between the interventions and the results that are observed will be examined. Interventions that influenced the outcome, with differentiation of those that were most influential, will be identified including any intervening or confounding factors that may have contributed to any changes that occurred.

Data trends and corrective actions will be included in quarterly reports and/or in the annual QI Program Evaluation. If a continuous monitor does not meet a performance goal, Optum Idaho will conduct an analysis of barriers and opportunities for improvement and will implement actions to improve performance and meet the goal by an established date.

d. Each PIP shall be completed in a reasonable time period, so as to generally allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year.

Optum Idaho will complete each PIP within a reasonable time period, ensuring implementation of appropriate actions in a timely fashion, monitoring effectiveness of interventions implemented and developing additional targets and or activities when indicated.

A written evaluation of the QI program will be conducted annually and all interventions and corrective actions will be followed by re-assessment or re-measurement to evaluate the effectiveness of the intervention.

e. The PIPs shall involve the following:

i. Measurement of performance using objective quality indicators.

Optum Idaho will measure performance using objective quality indicators.

All formal clinical PIPs will be developed and implemented with continuous and substantial involvement of practicing behavioral health providers, under the direction of the Chief Medical Officer and Quality Improvement Director.

Selection of PIPs or focused studies to be included in the Work Plan will be determined based on consultation with Members, families, providers, the IDHW, and other stakeholders in addition to contract requirements and an assessment of the demographic characteristics and health risks of Optum Idaho's population.

ii. Implementation of system interventions to achieve improvement in quality.

Optum Idaho will implement system interventions to be utilized to improve quality targets and timeframes for each activity to be achieved/evaluated.

iii. Evaluation of the effectiveness of the interventions.

Optum Idaho will evaluate the effectiveness of the interventions through our QI Program Evaluation. This evaluation will include:

- An analysis of whether there have been demonstrated improvements in the quality and safety of clinical care and the quality of service to Members.
- An evaluation of the overall effectiveness of the QI program, including progress toward influencing safe clinical practices throughout the network

iv. Planning and initiation of activities for increasing or sustaining improvement.

Optum Idaho's goal is to improve performance and then sustain the improvement over time. Once a PIP has been completed and desired improvement achieved, key metrics related to the PIP will continue to be measured even after the PIP has ended to ensure stability in improvement over time.

f. The Contractor shall summarize the status and results of each PIP in the annual quality report and when requested by the IDHW.

Optum Idaho will summarize the status and results of each PIP in the annual quality report and when requested by the IDHW. We have provided a sample QI Annual Evaluation as ***Appendix 35.*** Please note that throughout our responses in Section FF, we have attached key documents related directly to the questions. Please also see ***Appendix 35*** for additional sample quality

management documents. All documents used for the IBHP will be customized to meet Idaho program requirements.

g. The status and results of each PIP shall be submitted on the agreed upon schedule in sufficient detail to allow the IDHW and/or its designee to validate the projects.

Optum Idaho will submit the status and results of each PIP on the agreed upon schedule in sufficient detail to allow the IDHW and/or its designee to validate the projects.

h. PIPs will be validated by the IDHW's independent assessor. The primary objective of the PIP validation is to determine compliance with the following requirements:

Optum understands that PIPs will be validated by the IDHW's independent assessor and we will comply with the following requirements.

i. Measurement of performance using objective valid and reliable quality indicators.

Optum Idaho will measure performance using objective valid and reliable quality indicators.

All formal clinical PIPs will be developed and implemented with continuous and substantial involvement of practicing behavioral health providers, under the direction of the Chief Medical Officer and Quality Improvement Director.

Selection of PIPs or focused studies to be included in the Work Plan will be determined based on consultation with Members, families, providers, the IDHW, and other stakeholders in addition to contract requirements and an assessment of the demographic characteristics and health risks of Optum Idaho's population.

ii. Implementation of system interventions to achieve improvement in quality.

Optum Idaho will implement system interventions to achieve improvements in quality targets as well as timeframes for each activity to be achieved/evaluated.

iii. Empirical evaluation of the effectiveness of the interventions.

Optum Idaho will evaluate the effectiveness of the interventions through the QI Program Evaluation. This evaluation will include:

- An analysis of whether there have been demonstrated improvements in the quality and safety of clinical care and the quality of service to Members.
- An evaluation of the overall effectiveness of the QI program, including progress toward influencing safe clinical practices throughout the network

iv. Planning and initiation of activities for increasing or sustaining improvement.

Optum Idaho's goal will be to improve performance and then sustain the improvement over time. Once a PIP has been completed and desired improvement achieved, key metrics related to the PIP will continue to be measured even after the PIP has ended to ensure stability in improvement over time.

i. During the life of the contract, the Contractor shall participate in the annual measurement and reporting of the performance measures required by the IDHW, with the expectation that this information will be placed in the public domain.

Optum Idaho will be pleased to participate in the annual measurement and reporting of the performance measures required by the IDHW. Results of performance measures will be

communicated to internal stakeholders, and externally to Members and families as appropriate. Quality Improvement program updates, including performance measures required by the IDHW will also posted to Optum Idaho website.

j. The Contractor shall calculate additional performance measures when they are developed and required by CMS or the IDHW.

Optum Idaho will calculate additional performance measures when they are developed and required by CMS or the IDHW. We look forward to partnering with the IDHW on determining performance measures for the Idaho Behavioral Health Plan.

k. The quality assurance program shall include a system of performance indicators and Member and family outcome measures that address different audiences and purposes.

The QI program will include a system of performance indicators and Member and family outcome measures that address different audiences and purposes. The QAPI Committee will annually prioritize activities and continually monitor for improvement. Performance indicators will be chosen with input from the IDHW, Members, families, caregivers, providers and other stakeholders. To ensure an adequate scope of quality improvement activities, Optum Idaho will assess the demographic characteristics, health risks of the covered population and entire range of behavioral health services provided to ensure that all major population groups, care settings and types of service are included in the scope of the review.

URAC and NCQA standards are used as guiding documents for our QA/PI Program.

Selection of PIPs or focused studies to be included in the Work Plan will include an assessment of all major demographic groups served, such as infants, children, adolescents, adults, seniors and special population groups, including, but not limited to, specific racial and ethnic groups; Native Americans; pregnant women; children in State custody; persons discharged from jail, a detention center or prison; adults and youth with cognitive, developmental or physical disabilities; and persons with co-occurring disorders or other chronic diseases.

4. Outcomes Assessment Process:

a. The Contractor shall implement and maintain a formal outcomes assessment process that is standardized, reliable, and valid in accordance with industry standards.

Optum Idaho will develop and implement a formal outcomes assessment process as part of our Outcomes Management and Quality Improvement Work Plan that is standardized, reliable, and valid. This Plan and the QI program description included with it will be designed to meet both NCQA and URAC requirements.

Additionally, one of the primary ways we will measure treatment outcomes is through the use of our proprietary Algorithms for Effective Reporting and Treatment (ALERT®) outpatient management program. As an integral part of ALERT®, providers will ask Members to complete the Idaho Standardized Assessment which is based on the Wellness Assessment, a psychometrically-tested instrument for identifying and monitoring change in psychological distress, identifying chemical dependency risk and medical comorbidity, and measuring daily functioning. We will use ALERT to regularly quantifiably measure the effectiveness of therapy for individual patients, identify potential clinical risk and “alert” practitioners to that risk, as well as to evaluate the potential over- and under-utilization of outpatient care and measure improvement of Member well-being.

Initially developed in 1999, the Wellness Assessment was patterned after other well-validated public domain instruments, including subscales from measures such as the Symptom Checklist-90 (SCL-90R; Brophy, Norvell, & Kiluk, 1988) and the Short Form Health Survey (SF-36; Ware, Gandek, & IQOLA Project Group, 1994). Its use in a managed behavioral health organization (MBHO) was tested in a NIMH-funded study (# 1 R43MH57614-01A1) on the effects of administering patient assessments and delivering feedback reports to providers. Results from the parent study have been reported elsewhere (Azocar, Cuffel, McCulloch, et al., 2007; Brodey, Cuffel, McCulloch et al., 2005). The Wellness Assessment has undergone a number of psychometric analyses both internally and by an external academically-affiliated third-party. These have been done to ensure its psychometric integrity as an outcome tool and to affirm its use as an objective assessment tool with external credibility.

Global Distress is the core scale of the Wellness Assessment that encompasses symptoms of anxiety and depression, perceptions of self-efficacy, and functional impairments. The current version of the Global Distress scale was developed following a detailed psychometric evaluation conducted in late 2006 by an external psychometrician (Doucette, 2006). Single parameter Item Response Theory (IRT/Rasch) analyses were used to determine whether the scale should undergo modification. As a result of multiple analyses, the scale was shortened and response options were simplified. Using a community sample, the clinical threshold that differentiated a clinical population from a non-clinical population was also defined. In 2008, IRT/Rasch analyses were repeated on a sample of 99,319 Wellness Assessment responses to confirm that the modifications had been effective in improving the scale's psychometric properties (Doucette, 2008). The analyses also confirmed that the Global Distress scale displayed good internal reliability.

Reliability Estimates for Global Distress Scale

Scale Reliability Total Sample	0.87
Measurement Model Reliability	0.90
Cronbach Alpha (Classical Test Theory)	0.90

Optum conducted a preliminary analysis in 2008 on a sample of 32,906 patients with baseline Wellness Assessments to better understand the relationship between Global Distress and psychiatric diagnoses from administrative claims data. Results demonstrated that greater levels of Global Distress severity were associated with higher diagnosis rates for Mood Disorders (Major Depressive Disorder especially), while the reverse was true for Adjustment Disorders, which were diagnosed more often among respondents with lower levels of Global Distress.

Algorithms and Outcomes

The Idaho Standardized Assessment will be a key component of the Idaho ALERT program and for that reason, all providers will be ***required*** to ask all Members to complete the Assessment at the initiation of treatment and to monitor treatment progress whenever the provider requests authorization to continue treatment. The Idaho Standardized Assessment supports the following:

- **Risk stratification of members** – Using a series of algorithms ALERT will identify initial Member risk based on the Member self-report. This will be used in combination with other data to refine the determination of that individual Member's level of risk.

- **Monitoring of progress in treatment** – Optum Idaho Care Managers will receive ALERT-generated flags whenever the system identifies potential issues with a Member's medical condition or progress in treatment. With ALERT Online providers also will have access to the information generated by ALERT to self-monitor and manage the Member's outcomes and progress in treatment.
- **Monitoring of progress in treatment** - With data from the Standardized Assessment, Optum Idaho will be able to measure and report clinical outcomes for the membership of the Idaho Behavioral Health Plan.
- **Clinician Effectiveness** - The data from the Standardized Assessment will be key to measuring clinician effectiveness. ALERT measures clinicians (and provider group) severity adjusted effect size every quarter. The effect size is a standard measure in the social sciences for measuring the effectiveness of treatment. The data from the Standardized Assessment will show the amount of change a provider's patients have reported. Regression modeling is then applied to adjust the change reported given the Member's initial severity. Finally, the provider's overall effectiveness is measured using the severity-adjusted effect size. By using this methodology Optum Idaho will be able to compare providers and determine if a specific provider has demonstrated clinical effectiveness. This is the core metric used to tier the outpatient provider network on quality.

ALERT uses two distinct algorithm programs: Member-Centered Risk Algorithms and Provider-Centered Practice Management Algorithms.

- **Member-Centered Risk Algorithms** - This is a suite of algorithms that run nightly and identify outpatients at risk. These will rely on data from the Idaho Standardized Assessment, behavioral health claims and, if available, psychotropic pharmacy claims. Claims algorithms can be triggered for both in-network and out-of network providers. The algorithms and subsequent interventions target different risks:
  - Clinical Risk - Elevated clinical risk algorithms are largely based on member self-report from the Standardized Assessment. If a Member reports severe impairment or distress, we will notify the clinician so that they are aware of the risk. Most of these algorithms result in letters to the provider. However, if a Member triggers three or more of these risk factors, or triggers our Facility Predict algorithm indicating the likelihood of imminent facility-based care, a Care Manager will call the provider to review the clinical risks identified and ensure adequate treatment planning and coordination of care.
  - Utilization Risk - The utilization algorithms are based on claims and do not rely on the Standardized Assessment. These algorithms are identifying Members at risk for over-utilization. These are all directed to Care Managers who will call the provider to discuss the treatment plan to ensure the provision of evidence based care. Based on the discussion, one of three outcomes is possible.
    - Care provision is determined to be evidence-based and recovery based.
    - Care provision is not evidence-based but the provider is willing to modify the treatment plan. Follow-up is scheduled to ensure that the modification takes place.
    - Care provision is not evidence-based and provider unwilling to modify treatment plan. Peer review scheduled.
  - Medication Non-Adherence - If Optum Idaho is given access to daily pharmacy claims, we can activate the algorithms that target medication non-adherence. These result in

letters to the prescriber advising them that the member may not have refilled their psychotropic medication.

- Provider-Centered Practice Management Algorithms
  - The Provider-Centered Practice Management Algorithms are run quarterly and support the identification of high cost provider practices that are outliers based on utilization, billing patterns, and/or consistent provision of non-evidence-based care.
  - Practice patterns are analyzed via a proprietary tool: Practice Pattern Analysis (PPA). Based on the PPA results, the Optum ALERT practice specialists coordinate with network, Fraud & Abuse, and clinical operations to determine the most appropriate provider outreach strategy. When appropriate, telephonic outreach can occur with the provider/group to discuss noted patterns and educate them regarding the provision of evidence-based care and proper billing of actual services provided.

Appendix 4 provides an overview of ALERT, the Idaho Standardized Assessment and ALERT Online.

b. The Contractor shall work with the IDHW to develop agreed-upon measurement criteria, reporting frequency and other components of this requirement.

Optum Idaho's Contract Manager and Quality Improvement Director will partner closely with the IDHW to develop an agreed-upon measurement criteria, reporting frequency and other components of this requirement.

c. The Contractor shall participate in developing, implementing, and reporting on performance measures and topics for PIPs required by the IDHW or other federal agencies, including performance improvement protocols or other measures, as directed by the IDHW and shall report the outcomes of such PIPs.

As described in response to Questions 3a-k above, Optum Idaho will participate in developing, implementing, and reporting on performance measures and topics for PIPs required by the IDHW or other federal agencies, including performance improvement protocols or other measures, as directed by the IDHW and will report the outcomes of such PIPs.

Optum Idaho will prioritize quality improvement initiatives based on the needs and demographics of the populations we serve, in concert with careful monitoring and analysis of data about services and outcomes.

d. Performance indicators shall be measured for the provider network, as a whole, and for each provider individually.

Our Quality Improvement team will establish a quality monitoring process that applies to our entire provider network as well as to individual providers. This will include site audits of network providers, clinical record reviews, resolving provider administrative complaints and trending both administrative and quality of care complaints for analysis and review.

e. The Contractor shall have policies and procedures in place that detail how the Contractor will assess the quality and appropriateness of care and services furnished to all Members enrolled under the contract.

Optum Idaho will document how we will address the quality and appropriateness of care in our Quality Improvement Plan and our Outcomes Management and Quality Improvement Work Plan. These documents will demonstrate how we have embedded a continuous quality improvement process (CQI) within the structure of our Quality Improvement program.

The CQI process provides the mechanism by which barriers to delivering high quality, appropriate behavioral health care and services can be identified, opportunities prioritized, and interventions implemented and evaluated for their effectiveness in improving performance.

When performance measures do not meet the expected standards, a barrier analysis will be conducted to assess the reasons for the identified deficiencies. Techniques that will be used to determine the barriers may include the collection of additional data, stratification of the data, or analysis of subgroup data to sufficiently understand the reasons for the results. Common techniques of CQI such as brainstorming, diagramming, and identification of key factors will be used to identify barriers to improvement. Appropriate interventions will be considered, selected, and implemented to overcome the barriers, and a timeframe for evaluation of results will be selected.

Once the interventions have been in place for the recommended timeframe, an evaluation of results will occur to see if the interventions had their intended effect and improved performance. If so, the selected interventions will continue until the goal is reached and performance is stable. If the interventions are not effective, alternative interventions will be selected and implemented until the goal is reached and performance is stabilized.

A full description of Optum's CQI process and how we further use quality management review findings to improve quality of care is included in our Quality Improvement Plan, provided in ***Appendix 36***.

f. The Contractor shall have policies and procedures in place that explain how the Contractor will ensure that providers are assessing Members outcomes in accordance with the requirements identified this contract.

Optum Idaho's QAPI Committee will monitor key clinical outcomes as part of our Quality Improvement program to assure that the care provided meets professional standards and complies with state and federal laws and regulations. Specific aspects of services and care will be listed as metrics in the Outcomes Management and Quality Improvement Work Plan. The Work Plan will be updated throughout the year to reflect current performance, progress, successes on performance improvement activities and input from the service delivery system. Specific indicators related to provider performance in assessing member outcomes will be defined in partnership with the IDHW and with input from Members, providers and other stakeholders.

5. Record System:

a. The Contractor shall establish, maintain, and use a Member record system that meets requirements at 42 CFR § 456.111 and 211 and IDAPA 16.03.09. The Member record system shall facilitate the documentation and retrieval of statistically-meaningful clinical information, as follows:

i. Clinical records shall be maintained in a manner that is current, detailed, and organized and that permits effective Member care and quality review;

ii. The Contractor shall require providers to maintain records in the same manner;

iii. Records may be written or electronic;

iv. The Contractor shall have written policies and procedures regarding clinical records that include, at a minimum:

(1) Content, confidentiality protections, retention, and access by Members to their individual records, which shall include the Member's right to see their individual medical records upon request during regular business hours and to copy those records for a reasonable fee, which will not exceed the actual cost of making the copies.

Optum will establish, maintain, and use a Member clinical management record system that meets requirements at 42 CFR § 456.111 and 211 and IDAPA 16.03.09 and complies with requirements 5.a.i. through 5.a.iv.(1) above.

(2) The processing and storage of records, disposal procedures, and retrieval and distribution.

Optum Idaho will be guided by UnitedHealth Group enterprise-wide written policies and procedures related to the processing of storage of records, disposal procedures and retrieval and distribution.

Our Enterprise Records Management Policy outlines the governance and accountability for incorporating records retention requirements into information and data management functions. The retention period applies to information regardless of the storage media used. However, there are differences in how the retention is applied and audited based on the media.

UnitedHealth Group uses the Retention Manager 3 application, which is a database of the federal, state and agency regulations specific to recordkeeping requirements. We receive quarterly updates that reflect any changes to the statutes for retention periods. Statutory-based changes are automatically adopted without review. Operational-based changes (no legal requirement for retaining) are incorporated into the schedule with input from the business.

Our Retention Manager 3 software helps automate record retention efforts and ensure compliance with federal and state requirements.

(3) A system to access and audit the content of clinical records to ensure that they are legible, organized, complete, and conform to its standards and that clinical records shall be made available to the IDHW immediately upon request by the IDHW.

Optum Idaho will provide IDHW with access to our clinical records and technical assistance in finding and extracting data as well as creating reports.

(4) A copy of the Contractor's policies and procedures shall be made available to the IDHW and to network providers upon request, and copies of the amendments or modifications to the policy will be promptly filed.

Optum Idaho will provide our policies and procedures to the IDHW and to network providers via the Optum Idaho website and in hard copy upon request. Optum will promptly file copies of the amendments or modifications to the policy with the IDHW and update the Optum Idaho website.

(5) The Contractor and its providers shall have the ability to record and report data at the level of clinical transactions.

Optum and providers in our network will have the ability to record and report data at the level of clinical transactions within our Member record system. Specific Member and Provider identification along with dates of service, procedure codes and diagnosis codes are the most frequently recorded and reported data elements. Much of this data is captured initially in our clinical system upon member registration, at subsequent requests for authorization and during provider billing processes through our claims system.

v The Contractor shall support Medicaid's efforts currently underway to implement the use of electronic health records as described in Attachment 13 - Electronic Health Records, including effectively interfacing with primary care practices in the Medicaid Health Home Project that are required to use electronic health records.

Optum and Optum Idaho strongly support Medicaid's efforts to implement the use of electronic health records. Based on our experience, electronic health records significantly improve the readability of patient records, the sharing of clinical information and also enable providers to be much more accurate, efficient and timely in the submission of claims.

However, implementing an electronic health record system is a significant investment for a practitioner or an agency, especially if the organization is not eligible for the federal meaningful use funds that were made available through the Affordable Care Act. Therefore, to help us select the best approach for encouraging the adoption of electronic health records in Idaho's behavioral health provider community, we talked with a number of mental health and substance abuse providers who are currently serving Idaho Medicaid beneficiaries. We found that only a very few providers have implemented an EHR to date. The providers told us:

- Many do not have any significant familiarity with any EHR vendor or system, and most do not have a preference to any specific system
- They do not want to be forced to adopt a single EHR. The providers believe their agencies' needs differ, and they want to be able to make their own choice.
- They were not enthusiastic about adopting WITS, even if it were to be made available free of charge
- They do want technical assistance in selecting the EHR most appropriate to their needs and also in training their staff and in interfacing with other systems
- Many do not have the capital readily available to invest in an EHR

Based on the providers' feedback as well as on the advice of our own internal IT experts, Optum Idaho will offer the following support for Medicaid's efforts currently underway to implement the use of electronic health records:

- Our Optum Idaho and Optum IT teams will talk with Idaho providers during the implementation period and the first three months of the contract period to get a more in-depth and technical understanding of the array of demands that Idaho mental health providers will make on their EHR systems. We will include substance abuse providers as well if they want to explore using an EHR other than WITS.

- Our IT staff will create a general needs statement outlining the various capabilities and capacities that Idaho behavioral health providers would like to see in an EHR as well as an outline of the number and size of Idaho agencies that will be in the market for an EHR
- Our IT staff will circulate the general needs statement to all vendors of behavioral health electronic health records and also will publicize the availability of the needs statement through IT industry news sources
- The Optum Idaho IT team will host at least three forums in various locations across Idaho that they will invite all interested EHR vendors to attend. Because most EHR vendors have an array of products—sized to work for very small to very large agencies—attendees will be able to see and touch a significant number of EHR products.

Neither Optum Idaho nor Optum corporate IT staff will make endorse any EHR vendor. However, our IT staff will help individual providers evaluate which EHR seems to fit most closely with their existing work flow and currently required capacity, as well as their projected growth.

> Optum will host technology forums across Idaho to help providers choose the EHR that best fits their individual practice.

If providers need assistance in financing their EHR, Optum Idaho can provide contact information for an officer of Optum Bank, which is a separate entity from United Behavioral Health, the entity submitting this proposal, and a sister organization within the UnitedHealth Group. Optum Bank is an FDIC insured bank with over $2B in assets that specializes in health care lending. They provide commercial financing directly to physicians, medical practices, specialty groups, hospitals and other health care providers for:

- Equipment and technology
- Facility improvements and expansions
- Working capital

The Optum Idaho and Optum corporate IT team will provide the designated Optum Bank officer with detailed information about the Idaho EHR initiative and the qualifications of the vendors that participate in the EHR forums, Although each provider will be required to qualify based on that organization's documented financial status and credit history, Optum Bank will be prepared to process applications quickly and competitively. The designated bank officer will have an in-depth understanding of the importance of EHRs to the Idaho Behavioral Health Plan.

Financing provided by Optum Bank to network providers for the implementation of EHRs or any other reason, will have no direct impact on the revenue or profit of Optum Idaho or United Behavioral Health. Financing by Optum Bank will be made available solely as a service to network providers.

Timing of Implementation

While some network providers are prepared to implement EHR systems in the immediate future, others are not. If selected as the Contractor for the Idaho Behavioral Health Plan, we will work with IDHW to clarify the schedule for the adoption of EHRs for other Medicaid-enrolled providers and will synchronize our timeline with the one being followed by Idaho Medicaid. In general, we would suggest that an implementation schedule be established that mandates earlier implementation for providers that receive the highest revenue from serving Medicaid

beneficiaries and allow providers that derive less Medicaid revenue a longer period of time to come into compliance with EHR requirements.

6. Health Information System (HIS) in Quality Assurance Activities:

a. The Contractor shall maintain a health information system that collects, analyzes, integrates and reports data. Requirements for the development of a Health Information System for the provider network users are described in detail in this RFP.

Optum will maintain a comprehensive health information system that collects, analyzes, integrates and reports data.

The Health Information System for the provider network users will begin with providers registering information on the Optum Idaho website.

b. The system shall provide information on areas including, but not limited to, grievances and appeals, third party liability, for other than loss of Medicaid eligibility.

Optum's clinical information system collects and reports data including, but not limited to: utilization of services by level of care, by provider, by region, grievances and appeals; third party liability; network composition with detailed provider profile information; clinical notes affecting authorization or denial or authorization; and call tracking.

Additionally, the Optum Idaho website for providers will provide information on grievances and appeals as well as third party liability.

c. The system shall also collect data on Member and provider characteristics as specified by the IDHW and on services furnished to Members through an encounter data system.

Optum's clinical information system collects a variety of member and provider data related to services furnished. This includes, but is not limited to: service registration and authorization data by provider, by Member, and by region, Member demographics, provider demographics, provider licensure level, and services as specified by the IDHW.

d. The Contractor shall make all collected data available to the IDHW and/or designee and upon request by CMS.

Optum understands that the data we collect on behalf of the IDHW in execution of this contract is the property of the IDHW and we will provide open access to this data to the IDHW and/or your designee and upon request by CMS.

e. The Contractor shall collect data and conduct data analysis with the goal of improving quality of care.

Optum's QAPI Committee will analyze a variety of data with the goal of improving quality of care. For example, the Committee will examine utilization by level of care, by provider, and by region. As described throughout our responses to section FF, Optum's Quality Improvement Plan and Outcomes Management and Quality Improvement Work Plan are designed to capture our strategy in improving quality continuously over time. Our Work Plan, specifically, lists details regarding the types of data we will collect and monitor over time. Based on this monitoring, we are able to select areas of our clinical or administrative performance which need focused continuous quality improvement efforts.

f. The Contractor's information system shall support the quality assurance and program improvement process by collecting, analyzing, integrating, and reporting necessary data.

Optum Idaho's QAPI Committee will review data generated from our information system on a monthly, quarterly and annual basis. In addition, ad-hoc reporting can be run to support the QAPI Committee's identification of additional root causes for performance issues (e.g., lack of awareness/skills in the workforce) and develop specific plans for continued improvement, incorporated into our Quality Improvement Plan for the IDHW's approval.

g. The system shall ensure that data received from providers is accurate and complete by:

We will ensure the data received from providers is accurate and complete in accordance with the specifications outlined below.

i. Verifying the accuracy and timeliness of reported data.

The Health Information System for the provider network users will begin with providers registering information on the Optum Idaho website. We will verify the accuracy and timeliness of reported data onto this system.

ii. Screening the data for completeness, logic, and consistency.

The Health Information System for the provider network users will begin with providers registering information on the Optum Idaho website. We will screen the data reported onto this system for completeness, logic and consistency.

Additionally, as part of our provider profiling, Optum Idaho generates provider-specific reports which include a variety of quality indicators such as utilization trends, claims submission, and demographic information about Members served. Reports are generated to assist in monitoring providers on administrative and clinical measures. The data are analyzed to identify trends and variance from expectations. When outliers are identified, Provider Services staff contact the provider to discuss the issue, provide additional training/education and when necessary, develop a corrective action plan to address any deficiencies.

iii. Collecting service information in standardized formats to the extent feasible and appropriate.

The Health Information System for the provider network users will begin with providers registering information on the Optum Idaho website. We will collect service information in standardized formats in this system to the extent feasible and appropriate.

7. Member Satisfaction:

a. The Contractor shall monitor Member perceptions of well-being and functional status, as well as accessibility and adequacy of services provided by the Contractor.

We will gather Member satisfaction data in the following ways:

- **Member Satisfaction Surveys:** We will conduct Member satisfaction surveys through a variety of methods as approved by the IDHW. Methods that have proven successful for us include a combination of mailing surveys and distributing surveys at provider sites with locked drop boxes to collect finalized surveys at each site. The Quality Improvement team will present survey results to the QAPI Committee on an annual basis, and we will ask for recommendations of any actions to take based on results.

- **Complaint and Grievance Data:** Tracking, analysis and trending of complaint and grievance data will help us to locate sources of dissatisfaction in the system.

Additionally, as part of our Quality Improvement program, the QAPI Committee will regularly review access to care performance data from all sources, including measurement of:

- Access turnaround times
- Complaints/grievances related to timeliness issues
- Member satisfaction survey results related to access to care
- Results of quality improvement activities related to improving access to care
- The results of provider site audits

All providers will be expected to provide Members with required treatment services within the prescribed timelines, unless the Member specifically requests an appointment date at another time. We will monitor and report performance on a quarterly basis, at a minimum.

b. The Contractor shall support the IDHW's efforts to collect Member satisfaction data.

Optum will support the IDHW's efforts to collect Member satisfaction data and we will conduct an annual Member satisfaction survey as directed and approved by the IDHW.

c. The Contractor shall conduct an annual Member satisfaction survey as directed and prior approved by the IDHW. The results of the survey shall be disclosed to Members upon request.

Optum will conduct an annual Member satisfaction survey as directed and approved by the IDHW.

After the first year, the survey results will be trended against the previous results. Results are analyzed at least annually by the QAPI Committee. The QAPI Committee will analyze survey results with the goal of continuous improvement of services. As opportunities to improve satisfaction are identified and prioritized, interventions are implemented and analyzed for their effectiveness and the need for further action.

We will disclose results of the survey to Members upon request, discuss results in our QAPI Committee and its subcommittees and include results and analysis in our annual Quality Improvement Program Evaluation.

d. The Contractor shall describe in the proposal how they intend to use the information from the Member satisfaction survey to improve services.

We will take the information received from the Member satisfaction survey results, complete an analysis including comparison to previous results and incorporate the information received into actions that will be added to the Quality Improvement Plan for ongoing tracking and trending. In addition, results and analysis will be reflected in our annual Quality Improvement Program Evaluation along with any follow-up actions that can be taken to improve Member satisfaction in the coming year.

Example of Integration of Member Satisfaction Data into Quality Improvement Plan and Actions Taken to Improve Performance

Within our Rhode Island Medicaid population, 82.3 percent (144/175) of Members reported that they were told about different kinds of treatment that was available to them in 2009. This was

Optum improved Member satisfaction by over 10 percent in regard to information about treatment options.

lower than expected and warranted additional analysis to identify interventions needed for improved satisfaction.

From 2009 to 2011, we implemented multiple interventions through our provider newsletters to address Members' perceptions of receiving information about treatment options available to them. We featured articles on the importance of communicating with Members and measures that can be taken to improve their satisfaction, such as:

- Tips for involving Members in treatment planning process
- Providing additional information to Members about their diagnosis and treatment options
- Providing additional information to Members about medication
- Assisting Members to understand the different types of treatment
- Considering ending sessions with an opportunity for Members to express questions or concerns about their treatment
- Encouraging providers to visit the Optum Member website for examples of educational materials that can be distributed to Members
- Creating provider performance reports accompanied with ongoing feedback
- Distributing educational mailings to high volume providers

Results:

Comparison of 2009 and 2011 Results

	% Satisfied 2009	% Satisfied 2010	% Satisfied 2011
I was told about different kinds of treatment that are available	82.3%	84.6%	92.8% ↑10.5*

**This indicates that the change in satisfaction is statistically significant (p=.002).*

8. Quality of Care Concerns:

a. The Contractor shall have a system for identifying and addressing all alleged quality of care concerns, including those involving physician providers.

Optum's system for identifying and addressing all alleged quality of care concerns, including those involving physician providers, begins with our Network Quality Reviewers, who will be supported by the rest of our Optum Idaho Peer Review Committee. Quality of Care Concerns may also be identified through the complaints and grievances processes or other input avenues.

When a potential quality of care concern is identified, a provider site audit may be requested for further review. The Network Quality Reviewer schedules the audit, and notifies the requestor and provider of the audit date. Quality of care audits are assigned a priority level according to the severity of the issue, which determines the completion date. The Network Quality Reviewer then conducts the audit and submits the results back to Peer Review Committee.

The Peer Review Committee reviews the findings of the audit and makes a final recommendation regarding the provider that could include: termination; continued monitoring through the corrective action plan and a re-audit; or the decision that further action is not warranted. Once

the final recommendations are made, the results of the audit will be sent to the provider, including any corrective action plan requirements. All final audit results are forwarded to the Credentialing team for inclusion in the provider's file.

In addition to the Network Quality Reviewers, the Peer Review Committee is comprised of our Chief Medical Officer or designee and staff from Clinical, Quality Improvement, and Network Services departments. The Peer Review Committee meets monthly and is charged with reviewing any quality of care concerns with specific providers. The Committee requests, reviews and follows up on improvement action plans as needed. All data is tracked and trended for use in the provider credentialing and re-credentialing process.

We have provided a flow chart further outlining this process as ***Appendix 37.***

b. The Contractor shall take action as necessary to address all confirmed quality of care concerns.

Our Quality Improvement (QI) team pursues resolution of quality of care issues that need to be addressed with providers. To address clinical issues that are brought to our attention, we conduct site audits, develop corrective action plans and monitor the provider's compliance with the action plan. Compliance with corrective action plans is monitored through the Peer Review Committee, and recommendations for additional actions are incorporated into the credentialing and recredentialing process.

The Peer Review Committee may recommend termination of a provider based on any administrative/breach of contract or quality of care reasons.

Additionally, a Medical Director may suspend, restrict or terminate a provider contract immediately, if he or she determines in his or EHR sole discretion, that the health or safety of any Member is in imminent danger because of the action or inaction of a participating provider. Should this occur, the provider is notified of this action immediately by certified letter.

c. The Contractor shall not be required to disclose to the public any information that is confidential by law.

Optum understands that we are not required to disclose to the public any information that is confidential by law.

9. Quality Assurance and Program Improvement Committee:

a. The Contractor shall form a quality assurance and program improvement Committee. The Contractor's Medical Director shall provide oversight of the Committee.

Optum Idaho will have a Quality Assurance and Performance Improvement (QAPI) Committee. The Chief Medical Officer will provide oversight and co-chair the QAPI Committee. Membership of this committee is comprised of the Chief Medical Officer, Clinical Director, Business Operations Director, Quality Improvement Director and Specialist, Network Director, and Network Services staff. The QAPI Committee is responsible for directing the activities of the Quality Improvement program for Optum Idaho and will be actively involved in reviewing, analyzing, evaluating and enhancing the Quality Improvement program, implementing needed actions, and ensuring follow-up to those actions.

Optum Idaho will also have several quality subcommittees designed to solicit feedback and recommendations from key stakeholders, subcontractors, Members, families and caregivers.

These include the QAPI Committee, Clinical Advisory Committee, Cultural Competency Committee, Provider Advisory Committee and Member Advisory Committee. Please note that our QA/PI Committee structure is included in response to question FF.d.

b. The Contractor shall include practitioners and agencies that are enrolled in the Contractor's provider network in designing the work of the quality assurance processes.

Provider involvement is an important aspect of Optum's Quality Improvement (QI) process. Optum obtains and incorporates input and representation from behavioral health providers in a number of ways at various levels of our QI structure.

Foremost in this process is Optum's Provider Advisory Committee, comprised of a range of behavioral health providers representing a variety of specialties and levels of care. The Provider Advisory Committee supports the QAPI Committee in providing input and expertise relative to clinical issues, including selection of clinical quality improvement projects, best practice guidelines, preventive health programs, and coordination and continuity of care across the healthcare continuum. Provider representatives will also participate in the overall Optum Idaho QAPI Committee.

Additionally, all network providers are expected to actively participate in the QI process by responding to surveys, attending practitioner forum meetings, cooperating with treatment record reviews and site visits, and participating in QI projects. We often involve providers in helping form interventions for PIPs. QI projects involving providers may include implementing activities such as those designed to improve Member access to services or enhancing the clinical care provided to Members.

10. Independent Assessment:

a. The Contractor shall participate in annual independent reviews performed by a IDHW approved independent assessor of quality outcomes, timeliness of, and access to, services in order to validate performance improvement projects and performance measures and to review compliance with the IDHW standards and contract requirements.

Optum will participate in annual independent reviews performed by a IDHW approved independent assessor of quality outcomes, timeliness of, and access to, services in order to validate performance improvement projects and performance measures and to review compliance with the IDHW standards and contract requirements. The QI team will be responsible for coordinating efforts to prepare for these activities as needed, including providing any necessary reporting or documentation. We participate in external reviews of the Medicaid programs we support in states such as New Mexico, Washington and California.

b. The Contractor shall provide any information required by the independent assessor to compete the review

Optum will provide any information required by the independent assessor to complete the review. As stated, the QI team will be responsible for coordinating efforts to provide this information as needed.

11. Performance Measures:

a. On an annual basis, the Contractor shall ensure and report to the IDHW its performance, using standard measures required by the IDHW. In addition, CMS, in consultation with the IDHW's and other stakeholders, may specify performance measures

and topics for performance improvement projects to be required by the IDHW in the contract with the Contractor.

We will provide an annual performance report using the standard measures required by the IDHW. We will also conduct performance improvement projects in consultation and accordance with the IDHW, CMS and/or other stakeholders. We will tailor our annual Quality Improvement Program Evaluation to meet the requirements of this annual reporting.

Example of Results Achieved: Colorado Medicare

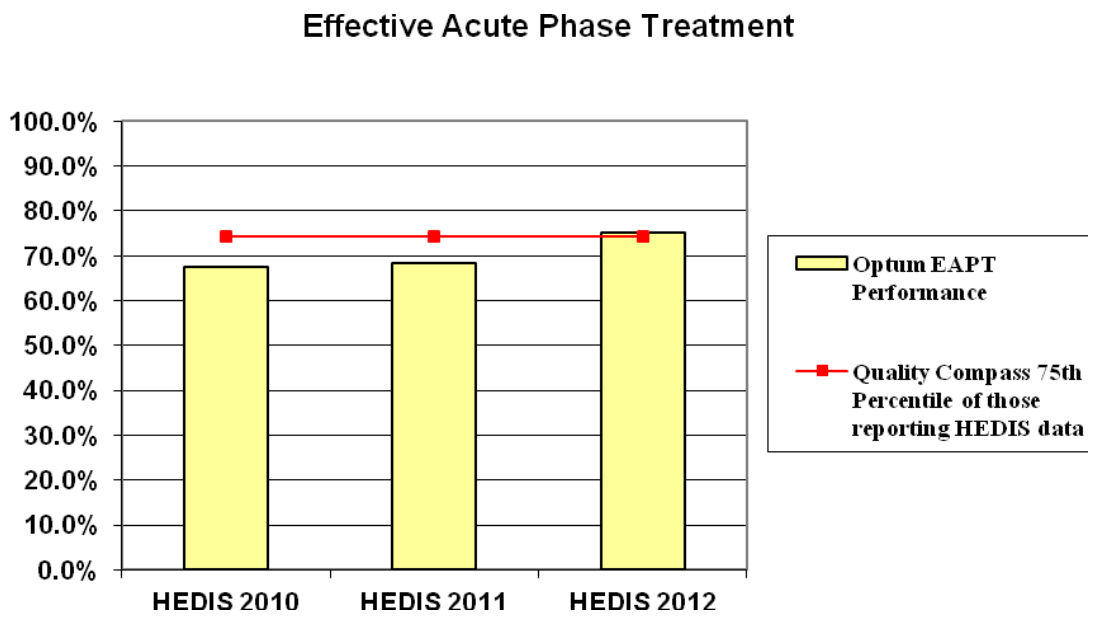
For one of our Colorado-based Medicare populations, the HEDIS 2010 Antidepressant Medication Management (AMM) rate for Effective Acute Phase of Treatment (EAPT) was 65.8 percent and showed an opportunity for improvement. Given the timeframe for affecting the rate, analysis was conducted in an ad hoc workgroup, and interventions were implemented immediately, with the intent of achieving improvement in the HEDIS 2011 results.

Interventions included the following:

Educating providers was key to improving Member adherence to Antidepressant Medication.

- Education of members, Primary Care Providers and behavioral health providers on EAPT guidelines
- Education of Optum clinical and non-clinical staff on EAPT measures and guidelines
- Targeted profiling mailings to psychiatrists treating a high volume of members for major depression
- Targeted mailings to Primary Care Providers on EAPT guidelines and referring members to behavioral health providers

The results are displayed in the table below and show statistically significant improvement in the EAPT measure. The HEDIS 2011 EAPT rate at 67.5 percent showed a 1.7 percentage point increase over the 2010 rate, but didn't meet the NCQA 2010 Quality Compass 75th percentile of 70.3 percent. The HEDIS 2012 rate showed further improvement at 73.5 percent, and exceeded the 75th percentile ranking.



Optum implemented a variety of strong, targeted interventions to address the lack of knowledge of all parties (including Primary Care Providers) regarding the importance of continuing depression medication treatment a minimum of 12 weeks after diagnosis.

The interventions were in place for a sufficient amount of time to effect meaningful improvement, as demonstrated by a positive and statistically significant and sustained change in compliance from HEDIS 2010 to HEDIS 2012. We feel that the largest impact on the improvement in care stemmed from increasing the knowledge base of providers, staff and Members regarding the recommended management of major depressive disorder in the acute phase. These interventions worked in concert to improve behavioral health care provided by Optum as measured by the HEDIS Effective Acute Phase Treatment measure. Optum maintains its focus on HEDIS performance and looks forward to continued improvement for HEDIS 2013.

12. Methods of Data Analysis:

a. The Contractor shall use an industry recognized methodology, such as SIX SIGMA or another method(s) for analyzing data.

Optum has embedded a continuous quality improvement process (CQI) within the structure of our Quality Improvement (QI) program and this process is used in analyzing data in our QI activities. CQI is a disciplined approach to quality and process improvement based on the Six Sigma approach.

The CQI process will provide the mechanism by which barriers to delivering optimal behavioral health care and services can be identified, opportunities prioritized, and interventions implemented and evaluated for their effectiveness in improving performance.

All of the Optum QI team will have access to Six Sigma tools, including Six Sigma templates, the DMAIC model, and Lean Six Sigma Project Management strategies.

Additionally, Optum Idaho's QI team will be provided with training opportunities for Six Sigma and will ultimately become certified through Optum's Six Sigma programs.

b. The Contractor shall demonstrate inter-rater reliability testing of evaluation and assessment decisions.

Our clinical operations department conducts an annual inter-rater reliability test of our Level of Care Guidelines involving Care Managers, Regional Medical Directors, Clinical Peer Reviewers, and Care Management Directors and Supervisors.

A three-stage process is used to test the Guidelines:

- Question Development: A series of draft multiple-choice questions, based on case vignettes, are drafted and grouped into three subgroups: General Items, Mental Health Items and Substance Abuse Items. The draft questions are sent to staff for input, and are then revised as necessary.
- Testing: The multiple-choice questions are put into a confidential Web-based environment. Respondents are given ten days to complete the instrument, and receive immediate feedback including overall score and the correct answers for incorrectly answered questions.
- Data Analysis: Responses are scored, an item analysis is conducted, and findings are reported to the Optum Idaho Clinical Advisory Committee and the IDHW.

We then review test results and develop a corrective action plan aimed at rectifying deficiencies. Optum's Clinical Learning team will assist with developing and delivering retraining as needed.

Chart Audits

Audits of utilization review, denial and appeal decisions are conducted as a means of assessing the degree to which the Guidelines are consistently applied. These audits encompass level of care decisions by Care Managers and Clinical Peer Reviewers.

Every quarter the Quality Director and/or Care Management teams audit at least five charts from a set of categories of cases.

A pattern of deficiency related to the reliable and consistent use of the Guidelines prompts a more thorough audit of a Care Manager's records. Deficiencies are addressed through the clinical supervision process.

Every quarter the Medical Director is responsible for auditing a random selection of Clinical Peer Reviewer records. Records involving the Medical Director are audited by a Medical Director from another Optum site. Deficiencies related to the reliable and consistent use of the Guidelines are addressed through the clinical supervision process.

c. The Contractor shall measure the effectiveness of service delivery through the use of standardized, outcome-based instruments.

Optum will measure the effectiveness of service delivery through the use of standardized, outcome-based instruments. The Outcomes Management and Quality Improvement Work Plan lists the key service and utilization metrics to be monitored on a monthly, quarterly, and annual basis. Monitoring of these metrics helps us to gauge our performance on an ongoing basis and target our quality improvement efforts.

Through continuous review of our current performance against Work Plan items, Optum is able to make adjustments quickly if we are not meeting goals. This may include a small procedural adjustment or a more formal Quality Improvement activity to improve our level of execution on

a specific performance guarantee. The key is having data and reporting available on a frequent basis so that adjustments can be made in a timely manner.

13. Outcomes Management and Quality Improvement Plan:

a. The Contractor shall develop and implement an Outcomes Management and Quality Improvement Plan. The Contractor shall participate in the review of the quality improvement findings and shall take action as directed by the IDHW.

Optum will develop and implement a Quality Improvement Plan and Outcomes Management and Quality Improvement Work Plan which will serve as the key guiding documents for our Optum Idaho Quality Improvement program. The QI Plan is designed to meet both NCQA and URAC requirements and includes the following elements:

- QI program purpose and mission
- Program authority and accountability
- Structure, resources, roles and responsibilities
- Annual Work Plan

Optum will participate in the review of the quality improvement findings and take action to address identified issues in consultation with and as directed by the IDHW.

Should a performance measure not meet the expected standards, a barrier analysis is conducted by the QAPI Committee to assess the reasons for the identified deficiencies.

Appropriate interventions are considered, selected, and implemented to overcome the barriers, and a timeframe for evaluation of results is selected. Once the interventions have been in place for the recommended timeframe, an evaluation of results will occur to see if the interventions had their intended effect and improved performance. If so, the selected interventions will continue until the goal is reached and performance is stable. If the interventions are not effective, alternative interventions will be selected and implemented until the goal is reached and performance is stabilized.

b. The plan shall delineate future quality assessment and performance improvement activities based on the results of those activities in the annual report.

The annual Quality Improvement Program Evaluation takes stock of performance during the year on each quality metric and determines future quality assessment and performance improvement activities based on the results achieved.

Should the report show that performance in particular outcomes are not meeting goals or benchmarks, the QAPI Committee will use the continuous quality improvement cycle to plan actions to improve performance and continuously monitor trended data until acceptable performance is achieved on a continuous basis.

During our first year of operations, much of the data we collect will become baseline data. The QAPI Committee will use the data as the starting point for measuring overall progress in key clinical areas as well as our performance against national standards. The baseline data also will be used to help us identify priority areas in which we will want to track clinical outcomes in future years and/or implement Performance Improvement Projects or other studies.

Perhaps most importantly, the data we collect during the first year will be shared with all our QAPI Committee. As they help our staff understand and interpret the data in the context of

Idaho, together we will establish priorities for performance tracking and clinical outcome measurement. This will allow us to develop the QI program and our clinical outcomes so they reflect the priorities and opportunities for improvement that are unique to the Idaho mental health delivery system.

On an ongoing basis, we will continue to monitor and trend our selected indicators to ensure that services are timely, effective and appropriate and continuously improving. We will also monitor to ensure that Members are receiving appropriate services that are medically necessary and provided in the least restrictive environment appropriate for the Member's needs.

c. The plan shall integrate findings and opportunities for improvement identified in studies, performance outcome measurements, Member satisfaction surveys, provider satisfaction surveys, and other monitoring and quality activities.

Optum's Quality Improvement Plan and Outcomes Management and Quality Improvement Work Plan will integrate findings and opportunities for improvement by collecting data from a variety of sources, including the claims information system, the clinical management information system, Member and provider satisfaction surveys, Geo-Access® analysis of provider availability, Member grievances and appeals, treatment records, credentialing information, and office site visits. Valid methodologies are established with guidance from internal data analysts and statisticians.

d. The plan is subject to the IDHW and/or designee's approval.

Optum understands that the plan will be approved by the IDHW or its designee.

e. The Plan shall include, but is not limited to, the following:

i. Call center performance in answering calls.

ii. Child, youth, young adult and families/caregivers satisfaction with providers.

iii. Reliability and timeliness of service.

iv. Decision-making processes.

v. Network adequacy.

vi. Attainment of positive outcomes by service line and system wide, including clinical and functional outcomes and system-wide outcomes.

The Optum Idaho Quality Improvement Plan and Outcomes Management and Quality Improvement Work Plan will reflect the requirements listed above in e.i through e.vi. As stated, we will fully customize these documents to the IDHW requirement and reflect local system priorities. .

14. Provider Quality Improvement Activities:

a. The Contractor shall monitor subcontracted provider quality improvement activities to ensure compliance with federal and state laws, regulations, IDHW requirements, this Contract, and all other Quality Management (QM) requirements.

Optum will monitor provider QI activities to ensure compliance with federal and state laws, regulations, IDHW requirements, this Contract, and all other Quality Management (QM) requirements as part of the annual Quality Improvement Plan.

Optum staff deliver both immediate verbal feedback and a follow-up written report after provider site visits.

Our QI team has established a quality monitoring process that applies to our entire provider network and includes site audits of network providers, resolving provider administrative complaints and trending both administrative and quality of care complaints for analysis and review.

b. The Contractor shall make records and other documentation available to the IDHW, and ensure subcontractors' participation in, and cooperation with, any QM reviews. This may include participation in staff interviews and facilitation of Member/family/caregiver and subcontractor interviews.

Optum will make records and other documentation available to the IDHW, and ensure subcontractors' participation in, and cooperation with, any QM reviews through contract requirements. We understand that this may include participation in staff interviews and facilitation of Member, family, and/or caregiver and subcontractor interviews. Member, family, caregiver and provider interviews are performed as a routine part of QI activities in our Pierce County, Washington program.

c. The Contractor shall use quality management review findings to improve quality of care.

Optum has embedded a continuous quality improvement process (CQI) within the structure of our QI program. The CQI process will provide the mechanism by which barriers to delivering optimal behavioral health care and services can be identified, opportunities prioritized, and interventions implemented and evaluated for their effectiveness in improving performance. The same process used for improving our own internal administrative or clinical performance is used to improve provider performance in relation to quality of care.

When performance measures do not meet the expected standards, a barrier analysis is conducted to assess the reasons for the identified deficiencies. Techniques that will be used to determine the barriers may include the collection of additional data, stratification of the data, or analysis of subgroup data to sufficiently understand the reasons for the results. Common techniques of CQI such as brainstorming, diagramming, and identification of key factors will be used to identify barriers to improvement. Appropriate interventions are considered, selected, and implemented to overcome the barriers, and a timeframe for evaluation of results is selected. Once the interventions have been in place for the recommended timeframe, an evaluation of results will occur to see if the interventions had their intended effect and improved performance. If so, the selected interventions will continue until the goal is reached and performance is stable. If the interventions are not effective, alternative interventions will be selected and implemented until the goal is reached and performance is stabilized. A full description of Optum's CQI process and how we further use quality management review findings to improve quality of care is included in our Quality Improvement Plan, provided in ***Appendix 36***.

d. The Contractor shall take action to address identified issues, as directed by the IDHW.

Optum will take action to address identified issues in consultation with and as directed by the IDHW.

The QI team, under the direction of the QAPI Committee, monitor key metrics on a monthly, quarterly, and annual basis through the Outcomes Management and Quality Improvement Work Plan. Optum embraces a philosophy of continuous quality improvement (CQI), consisting of ongoing analysis of clinical data and program results, identifying and prioritizing opportunities

for improvement, implementing interventions and evaluating the effectiveness of those interventions on the quality of care and services.

Should a provider performance measure not meet the expected standards, a barrier analysis is conducted to assess the reasons for the identified deficiencies. Appropriate interventions are considered, selected, and implemented to overcome the barriers, and a timeframe for evaluation of results is selected. Once the interventions have been in place for the recommended timeframe, an evaluation of results will occur to see if the interventions had their intended effect and improved performance. If so, the selected interventions will continue until the goal is reached and provider performance is stable. If the interventions are not effective, alternative interventions will be selected and implemented until the goal is reached and performance is stabilized.

Optum uses QI techniques such as brainstorming, diagramming, and identification of key factors to identify barriers to improvement.

Additionally, Regional Care Managers will conduct chart reviews to ensure the quality, appropriateness and clinical outcomes of all services provided through the Idaho Behavioral Health Plan. Optum Idaho will have three Regional Care Managers who are licensed clinicians. These Care Managers will conduct retrospective review of providers' medical records. Because of the predominance of Psychosocial Rehabilitation (PSR) in the overall array of outpatient behavioral health services, we will implement a stratified random review process which will ensure that we review records from all records and all providers, but a greater percentage of all records reviewed will be those of Members receiving PSR and on Members identified as high need.

Using a standard site audit tool devised with JCAHO and NCQA guidelines in mind, Care Managers also review each site for physical accessibility, physical appearance, adequacy of waiting and examining room space and availability of appointments.

Results are presented to the Peer Review Committee for approval and to make a final recommendation regarding the provider. Audit results and any applicable corrective action plan requirements are sent to the provider after the Peer Review Committee makes its final recommendations.

15. Provider Monitoring:

a. The Contractor shall monitor and evaluate qualified service providers in order to promote improvement in the quality of care provided to Members.

Optum will monitor and evaluate services qualified service providers in order to promote improvement in the quality of care provided to Members through auditing and oversight mechanisms.

Our Quality Improvement (QI) team has established a quality monitoring process that applies to our entire provider network and includes adherence to quality standards via site visits and ongoing review of quality of care concerns, complaints/grievances, significant events and sanctions/limitations on licensure. The main objectives of the program include:

- Determine the clinical proficiency of the Optum network by conducting site audits and implementing performance measurement
- Provide quality oversight of the Optum network to ensure that all providers meet or exceed the standards for clinical care set by Optum and state licensing authorities

- Ensure the highest quality of care by educating treating providers on clinical "best practices" and effective treatment planning
- In coordination with the Optum Idaho QI team, Optum Idaho staff conducts site visits for:
- High-volume providers, including Psychosocial Rehabilitation (PSR) Services
- Potential high-volume providers
- Home office settings
- Quality of Care (QOC) concerns and significant events, as needed

Site visits include a review of the environmental facility and a sample of medical records. The objectives of Treatment Record Review (TRR) activities are to:

- Evaluate compliance with medical record documentation requirements
- Verify fidelity to evidence-based practices as well as compliance with a number of other requirements related to documentation that supports information provided to Optum Idaho providers and claims submitted
- Documentation for the presence of information that conforms to accepted standards of medical practice, which includes evidence of medical necessity, continuity and coordination of care
- Evaluation of compliance with medical record confidentiality policies

Feedback on TRR results, including areas for improvement if applicable, is disseminated to each provider by Optum Idaho. Overall results and opportunities for improvement are reported to the Provider Advisory Committee. If the provider treatment record review fails to meet an established goal, corrective action is required. Follow-up reviews measure progress on corrective actions until the goal is met.

All the information generated through our treatment record reviews, site visits, feedback from our training, concerns raised by Intensive Care Managers and other providers, Member grievances and concerns from affiliated providers will be routed through our QI committee structure and tracked so if trends are identified, appropriate corrective action can be initiated, either with a specific network provider(s) or through training for both providers and Members.

b. The Contractor shall monitor all provider agencies and individual practitioners' performance on an ongoing basis and subject it to formal review according to a periodic schedule established by the IDHW, consistent with industry standards, federal and state laws and regulations.

Optum's QI Plan will include monitoring provider agencies and individual practitioners' performance for over- and under-utilization, complaints and grievances, coordination with medical providers, access to care, availability of care and other key quality indicators.

Performance of the network against these metrics will be monitored by the QAPI Committee on a monthly, quarterly and annual basis (or as according to a periodic schedule established by the IDHW) to detect any emerging negative trends or lack of compliance with timeliness of access standards. Provider specific metrics are also reviewed by the Provider Advisory Committee and members are asked for input on how to improve overall provider performance on these metrics.

c. The Contractor shall update a provider monitoring plan in the required annual Quality Management Plan.

Optum will include a provider monitoring plan as part of the annual Quality Improvement Plan. Our Quality Improvement team has established a quality monitoring process that applies to our entire provider network and includes site audits of network providers, resolving provider administrative complaints and trending both administrative and quality of care complaints for analysis and review.

The Idaho Standardized Assessment will be a key component of the Idaho ALERT program, which will provide the foundation for Optum Idaho's provider monitoring. For that reason, all providers will be ***required*** to ask all Members to complete the Assessment at the initiation of treatment and to monitor treatment progress whenever the provider requests authorization to continue treatment. The Idaho Standardized Assessment supports the following:

- Risk stratification of members.
- Monitoring of individual Members' progress in treatment
- Monitoring of the impact of the Plan on treatment - With data from the Standardized Assessment, Optum Idaho will be able to measure and report clinical outcomes for the membership of the Idaho Behavioral Health Plan.
- Clinician Effectiveness - The data from the Standardized Assessment will be key to measuring clinician effectiveness. ALERT measures clinicians (and provider group) severity adjusted effect size every quarter. The effect size is a standard measure in the social sciences for measuring the effectiveness of treatment. The data from the Standardized Assessment will show the amount of change a provider's patients have reported. Regression modeling is then applied to adjust the change reported given the Member's initial severity. Finally, the provider's overall effectiveness is measured using the severity-adjusted effect size. By using this methodology Optum Idaho will be able to compare providers and determine if a specific provider has demonstrated clinical effectiveness. This is the core metric used to tier the outpatient provider network on quality.

ALERT uses two distinct algorithm programs: Member-Centered Risk Algorithms and Provider-Centered Practice Management Algorithms.

- **Member-Centered Risk Algorithms** - This is a suite of algorithms that run nightly and identify outpatients at risk. These will rely on data from the Idaho Standardized Assessment, behavioral health claims and, if available, psychotropic pharmacy claims.
- **Provider-Centered Practice Management Algorithms**
  - The Provider-Centered Practice Management Algorithms are run quarterly and support the identification of high cost provider practices that are outliers based on utilization, billing patterns, and/or consistent provision of non-evidence-based care.
  - Practice patterns are analyzed via a proprietary tool: Practice Pattern Analysis (PPA). Based on the PPA results, the Optum ALERT practice specialists coordinate with network, Fraud & Abuse, and clinical operations to determine the most appropriate provider outreach strategy. When appropriate, telephonic outreach can occur with the provider/group to discuss noted patterns and educate them regarding the provision of evidence-based care and proper billing of actual services provided.

Optum Idaho's QI team members also will review ALERT outcomes reports on a regular basis to analyze patterns and look for opportunities to further improve the care delivered by our network providers.

Providers will have continuous access to the information in their profile through a link on **www.optumidaho.com** to ALERT Online. ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at **www.optumidaho.com**. Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail. ALERT Online is updated nightly.

d. In accordance with federal requirements 42 CFR § 438.206, the provider monitoring plan shall address, at a minimum, the following requirements:

i. Maintaining and monitoring a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract.

Optum's provider monitoring plan will address all the requirements below in accordance with 42 CFR § 438.206. Optum will maintain and monitor a network of appropriate providers that is supported by written agreements. We contractually require our network to comply with certain standards and procedures.

Our QI team has established a quality monitoring process that applies to our entire provider network and includes site audits of network providers, resolving provider administrative complaints and trending both administrative and quality of care complaints for analysis and review.

Sufficient to Provide Adequate Access to All Services Covered

Our Idaho network has been developed to allow for optimal access to care for our statewide Membership. In that regard we are continuing to build the network throughout the State to enhance accessibility to qualified providers for the Idaho Medicaid population, focusing in particular on the rural areas to ensure optimal access to care for the entire Idaho Medicaid Membership.

Recent GeoAccess reports indicate our existing network meets or exceeds urban and suburban accessibility standards of providing urban Members with access to at least one provider within 10 miles and providing suburban Members at least one provider within 20 miles.

We are prepared to serve the Idaho Medicaid population with providers located within 30 miles or within 30 minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties. Our continued attention on network development in the underserved areas will allow for accessibility in rural areas to be achievable within 45 miles or within 45 minutes in all other counties.

ii. Identifying deficiencies or areas for improvement and ensuring and the provider agencies and individual practitioners shall take corrective action in the following areas:

Should there be a deficiency or area for improvement, Optum will take corrective action around network turnover and/or requests for change in provider.

(1) Monitoring and reporting network turnover.

We will monitor and report on network turnover in Idaho. However, we do not anticipate this being an issue as our national network turnover in 2011 was only 2.4 percent.

(2) Monitoring and reporting requests for a change in provider.

We will monitor and report on requests for a change in provider. Should a Member ask for a different provider, we explore the reason for the requested change. For example, to maintain our quality standards, we would check to make sure that our process for matching Members with appropriate providers is working to meet key Member requirements. In addition, we would inquire whether the Member is dissatisfied with the services provided by the provider. We also explore any possible clinical issues that may be causing the desire for a switch. If present, these issues would need to be addressed in the treatment, no matter who provides it.

(3) Continually monitoring access to network services and provider capacity to maintain a sufficient number of qualified service providers, to deliver covered behavioral health services for Members, including provision of culturally informed services to persons with limited proficiency in English and those with cross-cultural treatment requirements and adapted service delivery for blind or deaf Members.

We will continually monitor access to network services and provider capacity to maintain a sufficient number of qualified service providers, to deliver covered behavioral health services for Members by providing regular GeoAccess reports.

Recent GeoAccess reports indicate our existing network meets or exceeds urban and suburban accessibility standards of providing urban Members with access to at least one provider within 10 miles and providing suburban Members at least one provider within 20 miles.

We are prepared to serve the Idaho Medicaid population with providers located within 30 miles or within 30 minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties. Our continued attention on network development in the underserved areas will allow for accessibility in rural areas to be achievable within 45 miles or within 45 minutes in all other counties.

Optum will offer ongoing educational opportunities, including cultural competency training, to providers across all disciplines.

Additionally, to support the provision of culturally informed services to persons with limited proficiency in English and those with cross-cultural treatment requirements and adapted service delivery for blind or deaf Members we continue to recruit for providers to serve the diverse populations throughout the State.

We will also offer providers and their staff at all levels and across all disciplines ongoing education and training in culturally and linguistically appropriate customer service, service delivery and grievance processes.

To support this, our Cultural Competency Committee will review and make recommendations for incorporating standards of practice and outcomes related to cultural competence in all aspects of our program, including training. The committee will also review access to service data, monitoring data, and complaint and grievance data to identify trends and make recommendations for quality improvement initiatives related to culturally competent services, including training.

(4) Complying with service provider monitoring and reporting requirements in accordance with this Contract, including but not limited to a Member Access Rates Report.

Optum will comply with service provider monitoring and reporting requirements in accordance with this Contract, including but not limited to a Member Access Rates Report. Our QI team has established a quality monitoring process that applies to our entire provider network and includes site audits of network providers, resolving provider administrative complaints and trending both administrative and quality of care complaints for analysis and review.

iii Demonstrating that its providers are credentialed as required by 42 CFR § 438.206(b)(6) and 42 CFR § 438.214.

Optum can demonstrate that our providers are credentialed as required by 42 CFR § 438.206(b)(6) and 42 CFR § 438.214.

As part of our credentialing process, we obtain primary source verification of the following:

- The provider's license (to ensure it is valid, in good standing and has no disciplinary actions against it)
- Board certification (for physicians) and American Nurses Credentialing Center (ANCC) certification for advanced nurse providers (where applicable)

In accordance with our NCQA-approved credentialing process, we also confirm the following:

- Verification of hospital admitting privileges, if required
- The highest level of education/training completed (if not board certified)
- Current valid Drug Enforcement Agency (DEA) and/or state-controlled substance permits, if applicable
- Information regarding medical malpractice payments, any adverse actions taken against a provider's licenses and clinical privileges, any Medicare/Medicaid sanction activity and any criminal activity related to medical practice through a query of the National Practitioner Data Bank/Healthcare Integrity Protection Data Bank (NPDB/HIPDB)
- Any other verification required by state regulations or customer requirements

We also review the application to be sure all areas have been completed, check the provider's work history and verify that he/she is covered by adequate professional liability insurance.

The credentialing department investigates any previous malpractice claims, disciplinary actions or other pertinent information. Upon completion of all primary source verification and applicable investigations, the provider's file is presented to the Credentialing Committee, which includes both staff and network providers. The Committee evaluates the complete file and approves or denies the providers application to join the network.

Credentialing Agencies

The process for credentialing an agency begins with the agency completing an application. Upon receipt of a completed application, the Optum Network Manager will review the application to ensure compatibility with our clinical model and concurrent review procedures. A conference call with the agency may be included in this review, fostering a collegial relationship early in the process.

As part of the credentialing process, Optum staff interviews the agency's Program Director and administrative staff by phone. We also gather a range of information on the following:

- The agency's goals and structure
- Methods of treatment planning and documentation
- Credentials of the agency and management staff
- Sample treatment plans
- Agency approvals and accreditations
- Liability insurance and malpractice history, if any

With mutual agreement by the Optum Clinical team to continue with contracting, the agency application is sent to the Credentialing Committee for approval. (Unaccredited facilities must undergo a site audit prior to Credentialing Committee review.) Once approved by the Credentialing Committee, the agency is contacted by a Contracting Manager to initiate contract negotiations. When all contract terms have been finalized, including per diem rates for all levels of care provided by the agency, a final contract is generated and sent to the agency for signature. Once we receive the signed contract, we will countersign the agreement and return a copy to the agency with a Welcome Letter that indicates the contract's effective date.

iv. Ensure timely access to services:

(1) Meeting and requiring its providers to meet IDHW standards for timely access to care and services, taking into account the urgency of the need for services per 42 CFR § 438.206(c)(1)(i);

Optum will meet and require network providers to meet the IDHW's standards for timely access to care and services, taking into account the urgency of the need for services per 42 CFR § 438.206(c)(1)(i). Optum will clearly communicate performance expectations to all providers. We will include appointment standards in provider contracts as a contract performance measure and will publish the standards in the Optum Provider Manual and Member Handbook, as well as post the standards on the Optum Idaho website.

All providers will be expected to provide Members with required treatment services within the prescribed timelines, unless the Member specifically requests an appointment date at another time.

(2) Ensuring that the network providers offer hours of operation that are no less than the hours of operation offered to non-Medicaid clients or comparable to Medicaid fee-for-service, if the provider serves only Medicaid Members. 42 CFR § 438.206(c)(1)(ii);

Optum will ensure that network providers offer hours of operation that are no less than the hours of operation offered to non-Medicaid clients or comparable to Medicaid fee-for-service, if the provider serves only Medicaid Members. 42 CFR § 438.206(c)(1)(ii);

Approximately 65 percent of our national network offers extended and weekend office hours and the provider search function on the Optum Idaho website will indicate providers who have evening and weekend hours available.

We will also routinely review access performance as part of our annual on-site clinical audits of a sample of high volume providers. As part of our Treatment Record Review (TRR) activities

we will verify compliance with requirements and documentation for the presence of information that conforms to accepted standards.

As part of our QI program, the QAPI Committee will regularly review access to care performance data from all sources, including measurement of:

- Access turnaround times
- Complaints/grievances related to timeliness issues
- Member satisfaction survey results related to access to care
- Results of quality improvement activities related to improving access to care
- The results of provider site audits in each region

(3) Making services included in the Contract available twenty-four (24) hours a day, seven (7) days a week, when medically necessary. 42 CFR § 438.206(c)(1)(iii);

Optum network providers are required by contract to have availability 24 hours a day, 7 days a week when medically necessary. In addition, Optum's Member Access and Crisis line will be available 24 hours a day, 365 days a year to all IBHP Members.

(4) Establishing mechanisms to ensure compliance by providers. 42 CFR §438.206(c)(1)(iv);

Optum's strong regional presence will make it possible for us to work closely with providers to identify and resolve access to care issues. We will implement a strategy that includes 1) monitoring and reporting providers' performance against IDHW standards and 2) requiring providers to identify and implement opportunities for improvement.

We will analyze provider capacity, productivity, and other operational issues that can diminish service availability and accessibility. We will also consider the judicious use of provider sanctions and incentives to ensure that all Members can promptly access the right services at the right time.

(5) Monitoring providers regularly to determine compliance. 42 CFR § 438.206(c)(1)(v); and

Optum's Outcomes Management and Quality Improvement Work Plan includes monitoring providers regularly to determine compliance with timely access to care. For example, we monitor non-urgent, non-emergent appointment access; urgent, face to face appointment access; and crisis, face to face appointment access.

We will also routinely review access performance as part of our annual on-site clinical audits of a sample of high volume providers. As part of our Treatment Record Review (TRR) activities we will verify compliance with requirements and documentation for the presence of information that conforms to accepted standards.

As part of our QI program, the QAPI Committee will regularly review access to care performance data from all sources, including measurement of:

- Access turnaround times
- Complaints/grievances related to timeliness issues
- Member satisfaction survey results related to access to care

- Results of quality improvement activities related to improving access to care
- The results of provider site audits in each region

(6) Taking corrective action if there is a failure to comply. 42 CFR § 438.206(c)(1)(vi.)

Should there be a failure to comply with 42 CFR § 438.206(c)(1)(vi.), Optum's QAPI Committee will identify trends, conduct a barrier analysis, identify opportunities for improvement, and develop corrective action plans.

If analyzing data suggests that a provider's performance is substandard, the QAPI Committee will first ascertain the validity of the provider's performance data, including the sample size of the data reviewed and other factors beyond the provider's control that may have skewed the findings. We will require corrective action plans when a provider's performance falls below a pre-set percentile or if there is a continued pattern of not meeting the standard. In addition, we will conduct timely re-audits. If provider performance continues to fall below the standard, additional sanctions may be applied.

Optum's provider corrective action process is based on standard performance levels and a desire to support providers in delivery excellent clinical care to Members.

The Provider Advisory Committee supports the QAPI Committee in providing input and expertise relative to clinical issues, including helping to set required provider performance levels, selection of clinical quality improvement projects, best practice guidelines, preventive health programs, and coordination and continuity of care across the healthcare continuum.

16. Policies and Procedures for Managing Network:

a. The Contractor shall uniquely identify each practitioner, allowing for the association of multiple standardized and user defined identifiers and qualifiers, including Master Provider Index (MPI), Drug Enforcement Administration (DEA), and National Association of Boards of Pharmacy (NABP) identifiers.

b. The Contractor shall provide online access to the IDHW for all historical provider related information to include:

i. Claims;

ii. Prior authorizations and referrals; and

iii. Correspondence.

c. The Contractor shall perform data exchanges to obtain provider data from licensing boards, CMS, DEA, the NPI enumeration contractor, and other IDHW specified sources.

d. The Contractor shall maintain provider Clinical Laboratory Improvement Amendments (CLIA) data with full audit capabilities for those providers who have CLIA certification.

e. The Contractor shall provide online inquiry or lookup for the IDHW for a minimum of sixty (60) months of historical provider information, searchable by entering complete or partial identifying information:

i. Medicaid provider identification;

ii. Provider name;

iii. NPI;

iv. Medicare number;

v. Social security number;

vi. Phone number;

vii. EIN/TIN;

viii. DEA;

ix. Type/specialty/taxonomy;

x. Previous identifier(s); and

xi. Other identifiers used by the IDHW.

Optum will comply with the 16.a through 16.e xi. above. We comply with similar requirements in our existing contracts with state Medicaid agencies.

f. The Contractor shall display claims summary information, by provider, to include: month-to-date, quarter-to-date, and year to date levels that will indicate the total number of claims submitted, pended, denied, paid and the total dollar amounts of each category.

Optum will provide claims summary information by provider as described above through the Optum Idaho website. The IDHW will have secure log-in access to the Optum Idaho website. We will also provide the IDHW with office space at our Optum Idaho offices with additional access to online information.

g. The Contractor shall display prior authorization by provider to include: month-to-date, quarter-to-date, and year-to-date levels that will indicate the total number of prior authorization's requested, approved, pended, denied, and the total dollar amount of each category.

Optum will display prior authorization by provider as described above through the Optum Idaho website. The IDHW will have secure log-in access to the Optum Idaho website. We will also provide the IDHW with office space at our Optum Idaho offices with additional access to online information.

h. The Contractor shall include provider data repository definition of provider entities to include:

i. Pay-to or tax entities;

ii. Service entities including:

iii. Licensed or certified entities providing services including physicians and all behavioral health practitioners;

iv. Medical groups and FQHCs; and

v. Non-traditional providers including transportation Providers.

i. The Contractor shall define provider's periods of eligibility using, at a minimum, eligibility begin and end dates and status indicator(s).

j. The Contractor shall display provider eligibility information in reverse chronological order (i.e., most current information is displayed first).

k. The Contractor shall affiliate one or more service provider(s) to one or more 'pay to' entities.

l. The Contractor shall have the ability to capture, at a minimum, provider:

i. Address information;

ii. Office contact person;

iii. Phone number;

iv. Fax number;

v. Personal contact numbers (home phone, cell phone); and

vi. Office or facility profile (content will vary based on entity type).

m. The Contractor shall accommodate Idaho Bureau of Occupational Licensing (IBOL) certification information which includes:

i. Type, specialty, and sub specialty;

ii. Taxonomy;

iii. Certification begin and end dates;

iv. Certification type code;

v. Certifying agency;

vi. Certifying state;

vii. Verification date; and

viii. Verification due date.

n. The Contractor shall accommodate licensing, credentialing, sanction and certification information that includes:

i. License identification;

ii. Certification type;

iii. Certifying agency;

iv. Certifying state;

v. Certification begin and end dates;

vi. Verification date;

vii. Verification due date;

viii. Verification type;

ix. Sanctioning agency;

x. Sanctioning state; and

xi. Sanction beginning and end dates.

Optum will comply with the requirements detailed in 16.h through 16.n. xi. above.

As part of our credentialing and recredentialing process, Optum obtains primary source verification of the following:

- The provider's license (to ensure it is valid, in good standing and has no disciplinary actions against it)
- Board certification (for physicians) and American Nurses Credentialing Center (ANCC) certification for advanced nurse providers (where applicable)

Optum confirms sanction information as part of our primary source verification process. We confirm any adverse actions taken against a provider's licenses and clinical privileges any Medicare/Medicaid sanction activity and any criminal activity related to medical practice through a query of the National Practitioner Data Bank/Healthcare Integrity Protection Data Bank (NPDB/HIPDB).

o. The Contractor shall identify and create alerts and reports of providers due for re-certification or license verification, sixty (60) days prior to the end date of the current license, certification, or provider agreement.

Our computer tracking system allows us to determine which providers need to be re-credentialed by a specific date, and the identified providers are sent recredentialing packets six months prior to their due date for recredentialing. This is compliant with NCQA and industry standards and beginning six months in advance allows providers the time needed to complete the process.

We send out the recredentialing applications according to our cycle, and applications are returned for primary source verification. Applications are pre-populated with basic demographic information, to reduce the amount of time providers must spend completing them.

Along with primary source verification of provider credentials, we also perform a query of the National Practitioner Data Bank (NPDB), the industry-standard method of reviewing for any history of malpractice settlements or disciplinary actions by state licensing boards.

During recredentialing, we will re-verify much of the same information requested during the credentialing process to ensure the provider continues to meet our administrative and professional standards.

p. The Contractor shall define the relationship between a provider and an Electronic Data Interchange (EDI) submitter.

q. The Contractor shall define surveillance status and pend or deny for CMS-1500 claims by date parameters and other qualifiers which may include:

> **i. Media type;**
>
> **ii. Healthcare Common Procedure Coding System (HCPCS) code begin and end range;**
>
> **iii. International Classification of Diseases (ICD) diagnosis code begin and end range; and**
>
> **iv. ICD procedure code beginning and end range.**

r. The Contractor shall identify the affiliation a physician in the provider network may have with a hospital or multiple hospitals and indicate what types of privileges they have.

s. The Contractor shall identify the provider panel information including:

i. Accepting new patient indicator;

ii. Age range;

iii. Gender;

v. Current enrollment.

t. The Contractor shall associate multiple service locations to the same provider base identifier.

u. The Contractor shall identify provider 'on call' information to capture 'covering for' and 'covered by' providers.

v. The Contractor shall indicate a Provider's financial information, at a minimum, EIN, SSN, W9, EFT bank account, 1099 information, hold payment indicators, and federal match rate.

Optum will comply with the requirements listed in 16.p through 16.v above. We comply with similar requirements in our current contracts with state Medicaid agencies.

w. The Contractor shall identify the individual practitioner's insurance coverage information which includes carrier, effective and end dates, dollar limits, verification date, and verification due date for the following types of coverage:

i. Malpractice;

ii. Workers compensation; and

iii. General liability.

Optum verifies that each provider is covered by adequate professional liability insurance. We require that all network providers possess liability coverage in the minimum amounts of $1 million per occurrence and $1 million in aggregate. In addition, psychiatrists must possess professional liability insurance with minimum coverage limits of $1 million per occurrence and $3 million in aggregate. Please note that worker's compensation is only applicable for those agencies who operate under a staff model.

x. The Contractor shall produce reports showing which practitioners or provider agencies a Member is using and each individual agency's caseload.

Optum will produce reports showing which practitioners or provider agencies a Member is using and each individual agency's caseload. We can include data in our utilization management reports that information on service utilization by type and/or level of care, provider utilized, diagnosis data, statistics, and critical incident data.

Optum's combination of Enterprise Data Warehouse technology, reporting tools, and highly skilled staff will provide the framework for producing all the reporting requirements.

y. The Contractor shall provide an unlimited free-form text narrative at the base Provider level that:

i. Identifies the user, date, and time entered; and

ii. Provides the capability to display free form narrative in chronological or reverse chronological sequence.

Free form text entry can be viewed and tracks entry entity information.

GG. (E) COMPLIANCE AND MONITORING (UTILIZATION MANAGEMENT):

Utilization management (UM) is the key process to support appropriate compliance and monitoring requirement. UM efforts are designed to ensure the appropriate utilization of covered services. The Contractor shall have a system for conducting utilization management, program integrity and compliance reporting activities. All aspects of the system shall be focused on providing high quality, medically necessary services in accordance with contract requirements. Describe how you will meet the requirements in each of the following sections. Include detailed methodologies for developing and implementing each task, as well as descriptions of how these requirements will be met throughout the life of the contract. Include drafts of supporting proposed documents for each section including, but not limited to, proposed plans, programs, guidelines, projects, processes, policies and procedures, agreements, systems, activities, documentation, surveillance reports.

Utilization management is one of the most basic ways in which Optum Idaho will ensure the quality, appropriateness and effectiveness of treatment services provided to Members of the Idaho Behavioral Health Plan. It also will be an integral part of our network management, quality improvement, and system change efforts. Perhaps most important, utilization management will become one of Optum Idaho's most frequent opportunities to build strong working relationships with our network providers.

Utilization management is the process in which our clinicians will interact regularly with providers from mental health and substance abuse agencies about the needs of the Members for whom we share responsibility. It will enable our Care Managers and Chief Medical Officer to reinforce Optum's focus on clinical criteria, evidence-based and best practices, and recovery and resiliency.

It will be Optum Idaho's goal to implement policies and procedures that provide for the open exchange of information between professionals and an efficient authorization process.

Optum has reviewed Section GG and will comply with all requirements contained in the section.

1. Program:

a. The Contractor shall develop, implement and maintain a utilization management program to monitor the appropriate utilization of covered services.

Optum will develop, implement and maintain a utilization management program for the Idaho Behavioral Health Plan to monitor the appropriate utilization of covered services and to:

- Simplify the administrative processes for providers, enabling them to devote more staff time to treating Members
- Encourage Members to access services at the time they first recognize symptoms in themselves or in a family member
- Ensure that all services provided are medically necessary, are focused on measurable outcomes, and are supporting the Member's recovery and/or the family's resiliency

The entire utilization management program will be described in detail in the Provider Manual and explained in the Member Handbook and other relevant Member materials to ensure that all

those who are part of the utilization management program understand the requirements. Optum Idaho's toll-free Member Access and Crisis Line, Customer Service Line and website (**www.optumidaho.com**) also will be available for those who need additional clarification.

> Our goal is to implement a utilization management system that provides for the open exchange of information between professionals as well as an efficient authorization process

Optum's ALERT Outpatient Management System

The purpose of all mental health and substance abuse services is to help a Member move toward recovery, independence, and taking personal responsibility for his or her health and well-being. In a managed behavioral health care program, it is important to balance the time required to request and provide authorizations for outpatient services with the responsibility to ensure that services are moving a Member toward his or her treatment goals and also are both clinically appropriate and medically necessary.

An approval process that requires a discussion between clinicians for every outpatient service request is extremely costly for the provider as well as for the managed care organization. Investing clinical resources in labor-intensive authorization processes also diminishes the time those providers can spend in providing or overseeing treatment for Members.

Therefore, to evaluate each Member's need for services and to monitor each member's progress in treatment, Optum developed an outcomes-informed outpatient clinical care model, called ALERT® (**Al**gorithms for **E**ffective **R**eporting and **T**reatment). The ALERT Outpatient Management program helps control direct and indirect outpatient costs while ensuring optimal clinical outcomes.

Because of the significant role PSR services play today in Idaho, Optum is designing an additional set of algorithms that will augment ALERT's ability to identify clinical concerns about Members for whom providers request authorization to initiate or continue the provision of any of the PSR CPT codes.

A Data-Driven Care Management Approach

In other public sector programs, we have learned that the most effective way to improve a delivery system—as well as the treatment provided to individual Members—is to focus on those Members who have the greatest clinical needs and on those providers with less satisfactory performance. This enables us to use our Care Managers efficiently and it also reduces the additional workload often imposed on providers by managed care.

> ALERT® helps control direct and indirect outpatient costs while ensuring optimal clinical outcomes

ALERT® is an outcomes and outlier management system that utilizes member self-reports of symptom severity and impairment as measured by a wellness assessment in combination with claims to identify members who may be at-risk or who may be over- or under- utilizing outpatient services. It provides decision support for the authorization of outpatient services and also generates provider profiles that enable quality improvement and clinical staff to take action when trends are identified. In addition, ALERT's clinical algorithms complement claims-based fraud, waste and abuse detection.

The ALERT system is comprised of three integrated components:

- The Idaho Standardized Assessment

- Clinical- and claims-based algorithms
- ALERT Online

The Idaho Standardized Assessment

The Idaho Standardized Assessment will provide information that is critical to ALERT's algorithmic analysis of a Member's clinical and medical condition, need for treatment, and progress in treatment. Members will be asked to complete the Idaho Standardized Assessment each time their provider requests authorization to provide services or every four months, whichever is the shorter time period. The provider will fax the completed Idaho Standardized Assessment to Optum Idaho where the information will become part of the clinical information in the Member's record.

> The Idaho Standardized Assessment will be available in an adult version and also in a youth version for adolescents under the age of 12

The Idaho Standardized Assessment is based on a psychometrically-tested instrument that uses the Global Distress Scale for identifying and monitoring change in psychological distress and identifying chemical dependency risk and medical issues. Optum Idaho will be using two versions of the Assessment: one for adults and the other for adolescents over the age of 12. The adult scale includes 24 items that assess symptoms of depression and anxiety, functional impairment, well-being, daily functioning, health and medical co-morbidity, and substance risk and use. The youth scale has 25 items that assess global impairment in the child (including interpersonal, emotional, academic and behavioral), caregiver strain, parental workplace absenteeism and presenteeism and health. See ***Appendix 26*** for a copy of both the adult and youth questionnaires.

Analyses demonstrate that the scales, comprised of items from well-validated public domain scales, are both valid and reliable. Both have has been independently validated to ensure psychometric integrity as an outcome tool and to affirm the tool's use as an objective assessment tool with external credibility. See ***Appendix 10*** for a more detailed discussion of the Global Distress Scale, its reliability and validity.

ALERT's Clinical- and Claims-based Algorithms

The Idaho Standardized Assessment will be a key component of the Idaho ALERT program and for that reason, all providers will be ***required*** to ask all Members to complete the Assessment at the initiation of treatment and to monitor treatment progress whenever the provider requests authorization to continue treatment. The Idaho Standardized Assessment supports the following:

- **Risk stratification of members** – Using a series of algorithms ALERT will identify initial Member risk based on the Member self-report. This will be used in combination with other data to refine the determination of that individual Member's level of risk.
- **Monitoring of progress in treatment** – Optum Idaho Care Managers will receive ALERT-generated flags whenever the system identifies potential issues with a Member's medical condition or progress in treatment. Through ALERT Online providers also will have access to the information generated by ALERT to self-monitor and manage the Member's outcomes and progress in treatment.
- **Monitoring of progress in treatment** - With data from the Standardized Assessment, Optum Idaho QI staff will be able to measure and report clinical outcomes for the membership of the Idaho Behavioral Health Plan.

- **Clinician Effectiveness** - The data from the Standardized Assessment will be key to measuring clinician effectiveness. ALERT measures provider and provider group severity adjusted effect size every quarter. The effect size is a standard measure in the social sciences for measuring the effectiveness of treatment. The data from the Standardized Assessment will show the amount of change a provider's patients have reported. Regression modeling is then applied to adjust the change reported given the Member's initial severity. Finally, the provider's overall effectiveness is measured using the severity-adjusted effect size. By using this methodology Optum Idaho will be able to compare providers and determine if a specific provider has demonstrated clinical effectiveness. This is the core metric used to tier the outpatient provider network on quality.

ALERT uses two distinct algorithm programs: Member-Centered Risk Algorithms and Provider-Centered Practice Management Algorithms.

- **Member-Centered Risk Algorithms** - This is a suite of algorithms that run nightly and will identify Members at risk. These will rely on data from the Idaho Standardized Assessment, behavioral health claims and, if available, psychotropic pharmacy claims. Claims algorithms can be triggered for both in-network and out-of network providers. The algorithms and subsequent interventions target different risks:
  - Clinical Risk - Elevated clinical risk algorithms are largely based on member self-report from the Standardized Assessment. If a Member reports severe impairment or distress, we will notify the provider so that they are aware of the risk. Most of these algorithms result in letters to the provider. However, if a Member triggers three or more of these risk factors, or triggers our Facility Predict algorithm indicating the likelihood of imminent facility-based care, a Care Manager will call the provider to review the clinical risks identified and ensure adequate treatment planning and coordination of care.

    ALERT will generate flags if a member is at risk for any one of 15 conditions, will support the creation of provider profiles, and also will augment claims data in detecting fraud, waste and abuse
  - Utilization Risk - The utilization algorithms are based on claims and do not rely on the Standardized Assessment. These algorithms are identifying Members at risk for over-utilization. These are all directed to Care Managers who will call the provider to discuss the treatment plan to ensure the provision of evidence based care. Based on the discussion, one of three outcomes is possible.
    - Care provision is determined to be evidence-based and recovery based.
    - Care provision is not evidence-based but the provider is willing to modify the treatment plan. Follow-up is scheduled to ensure that the modification takes place.
    - Care provision is not evidence-based and provider unwilling to modify treatment plan. Peer review scheduled.
  - Medication Non-Adherence - If Optum Idaho is given access to daily pharmacy claims, we can activate the algorithms that target medication non-adherence. These result in letters to the prescriber advising them that the member may not have refilled their psychotropic medication.
- **Provider-Centered Practice Management Algorithms**

- The Provider-Centered Practice Management Algorithms are run quarterly and support the identification of high cost provider practices that are outliers based on utilization, billing patterns, and/or consistent provision of non-evidence-based care.
- Practice patterns are analyzed via a proprietary tool: Practice Pattern Analysis (PPA). Based on the PPA results, the Optum ALERT practice specialists coordinate with network, Fraud & Abuse, and clinical operations to determine the most appropriate provider outreach strategy. When appropriate, telephonic outreach can occur with the provider/group to discuss noted patterns and educate them regarding the provision of evidence-based care and proper billing of actual services provided.

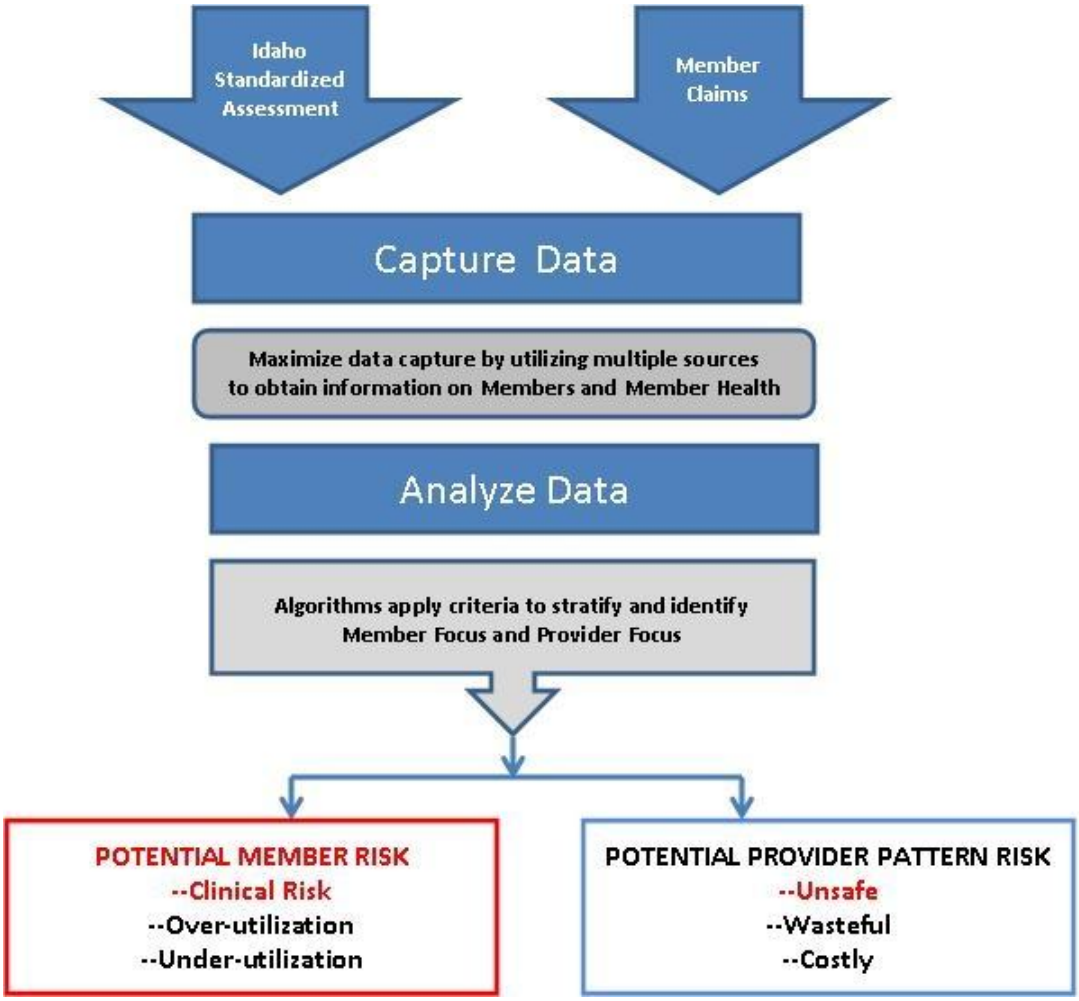
Integration with Fraud, Waste and Abuse Detection

Both ALERT algorithms can result in a referral to our Fraud, Waste and Abuse team, although the practice management algorithms do so more often:

- Member-centered ALERT activities are integrated with and complementary to fraud and abuse interventions. Even when member-focused, the ALERT team has been responsible for uncovering multiple concerns, such as finding members who are being reimbursed directly for services not received, the misuse of Health & Behavior CPT codes to obtain coverage for Applied Behavioral Analysis services that are excluded in the member's benefit plan, and the inappropriate provision of services to nursing home members with diagnoses of Severe Dementia. In all circumstances where improper and/or potentially fraudulent activity is found, the ALERT Team works closely with the Fraud and Abuse Team to ensure issues are referred promptly and necessary information is communicated.
- Provider-centered ALERT activities also are integrated with and complementary to our Fraud and Abuse interventions. Examples of this integration include when instances of inappropriate billing behavior are identified and caused by errors or lack of knowledge on the part of the providers. In these cases, education is provided by the practice management team and the case is then referred to the Fraud & Abuse team for recoupment of fees inappropriately paid. If it is appears that the inappropriate billing is deliberate, then the case is immediately referred to the Fraud & Abuse for prepayment flagging, as well as potential recoupment.

ALERT Online

ALERT Online is an interactive dashboard that will be available to network providers through a link on the Optum Idaho website at www.optumidaho.com.
Information from the Idaho Standardized Assessments completed by the provider's patients will be available in ALERT Online both as a provider group summary and also individual Member detail. ALERT Online is updated nightly.



The Review Process

The provider will fax the Member's response to the Idaho Standardized Assessment to Optum Idaho at the time the provider requests authorization to initiate or continue providing services. Depending on the Member and the services being requested, scores on other instruments may be required, such as the CAFAS/PECFAS and GAIN. As part of the authorization process, the ALERT system will analyze the Member information against the authorization request.

ALERT will generates flags if information in the system does not support the authorization request. ALERT also will generate flags if a Member is at risk for any one of 15 medical and behavioral complications ranging from anorexia nervosa to caregiver strain, chemical dependency, depression, and medical/behavioral co-morbidity.

If potential issues are identified, a Care Manager will contact the requesting provider for additional information before issuing a service authorization. If, after discussion with the requesting provider the Utilization Manager is unable to confirm the medical necessity of the requested service, the Utilization Manager will request a review by the Chief Medical Officer or a Peer Reviewer.

The Chief Medical Officer or Peer Reviewer will review the information already available and will grant the authorization if he or she can confirm the medical necessity or may contact the

provider for an additional discussion. The Chief Medical Officer or Peer Reviewer will make the decision to authorize or not to authorize the requested service. Required notifications in the appropriate format will be sent to the requesting provider and to the Member. Ongoing retrospective chart reviews will be conducted to verify that documentation supports the clinical information provided and claims submitted

Utilization Management Begins at Intake

Optum believes that a "no wrong door" approach is the best way to ensure that Members or their families can access services at the time they first recognize symptoms. Therefore, Optum Idaho will implement intake policies that facilitate immediate access to treatment:

- The Member Access and Crisis Line will be available 24 hours a day, 365 days a year, and put a Member or family member in immediate contact with a licensed behavioral health clinician who will evaluate the Member's need for services. The clinician will help the Member identify the network provider most appropriate to the Member's needs and preferences and, if requested will contact the provider on the Member's behalf and finalize arrangements to help the Member get to the provider's office or emergency services site….OR…
- A Member will be able to walk into a network provider's office or call a network provider and request an appointment. OR…
- A family Member can contact a network provider's office and request an appointment for a Member.

At the time of the first appointment (unless the initial contact is for crisis service), the network provider will complete a Comprehensive Diagnostic Assessment. Before or after the Member talks with a counselor, the Member will be asked to complete the Idaho Standardized Assessment without assistance or coaching by the staff. In addition to the diagnostic assessment, the provider will be required to complete the CAFAS/PECFAS if the Member is a child or adolescent and the GAIN if the Member is seeking treatment for substance use.

The authorization process for services covered by the Idaho Behavioral Health Plan will vary depending on whether the requested service falls in the category of a basic, routine or special outpatient service

Initial Authorization

The network provider will not require authorization to complete the Comprehensive Diagnostic Assessment and the standardized assessments. However the provider will be required to submit the Idaho Standardized Assessment and scores from the CAFAS/PECFAS or GAIN as appropriate to receive authorization to continue to treat the Member. [If the Member refuses or is unable to complete the Idaho Standardized Assessment at the time of the initial session, the network provider will be allowed to complete an Outpatient Treatment Request (OTR), but the Idaho Standardized Assessment will be expected to be completed before additional services are authorized.

For purposes of authorization, Optum Idaho will divide the covered benefits into three categories:

- Basic services, which will require no authorization

- Routine services, for which a standard four-month authorization period will be granted so long as level of care criteria and medical necessity criteria are met for the outpatient level of care; and
- Special outpatient services, which will be authorized based on criteria focused directly on each separate service in that category.

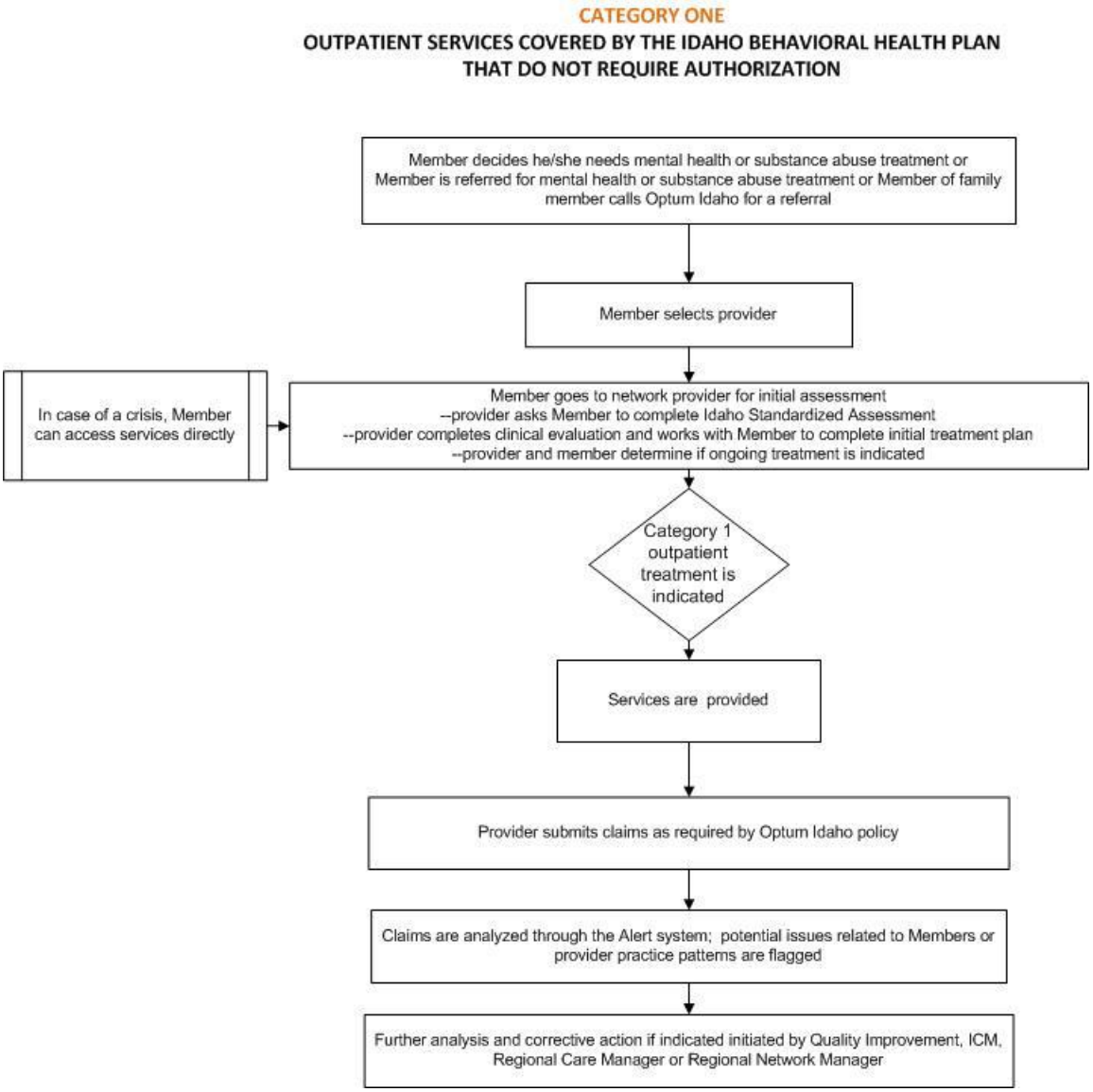
Authorization Categories

Basic outpatient services (Category One), for which no authorization will be required, will include:

- Pharmacologic Management
- Comprehensive Diagnostic Assessment
- Individual Assessment for Substance Use
- Drug/alcohol testing

An Optum Idaho network provider will be able to immediately initiate services to a Member of the Idaho Behavioral Health Plan without contacting Optum Idaho. After the network provider provides any basic (Category One) outpatient service to a Member of the Idaho Behavioral Health Plan, the provider will submit the claim to Optum Idaho and the claim will be paid after verification through the claims system of the Member's Plan enrollment on the date of enrollment and the provider's network status.

The following flow chart illustrates the process by which network providers can initiate basic outpatient services to Members of the Idaho Behavioral Health Plan.



Routine outpatient services (Category Two) will require an authorization number, which the provider will request by submitting the Member's Idaho Standardized Assessment and scores from the CAFAS/PECFAS or GAIN as appropriate. (If the Member refuses or is unable to complete the Idaho Standardized Assessment at the time of the initial session, the network provider will be allowed to complete an Outpatient Treatment Request, but the Idaho Standardized Assessment will be required before ongoing services are authorized).

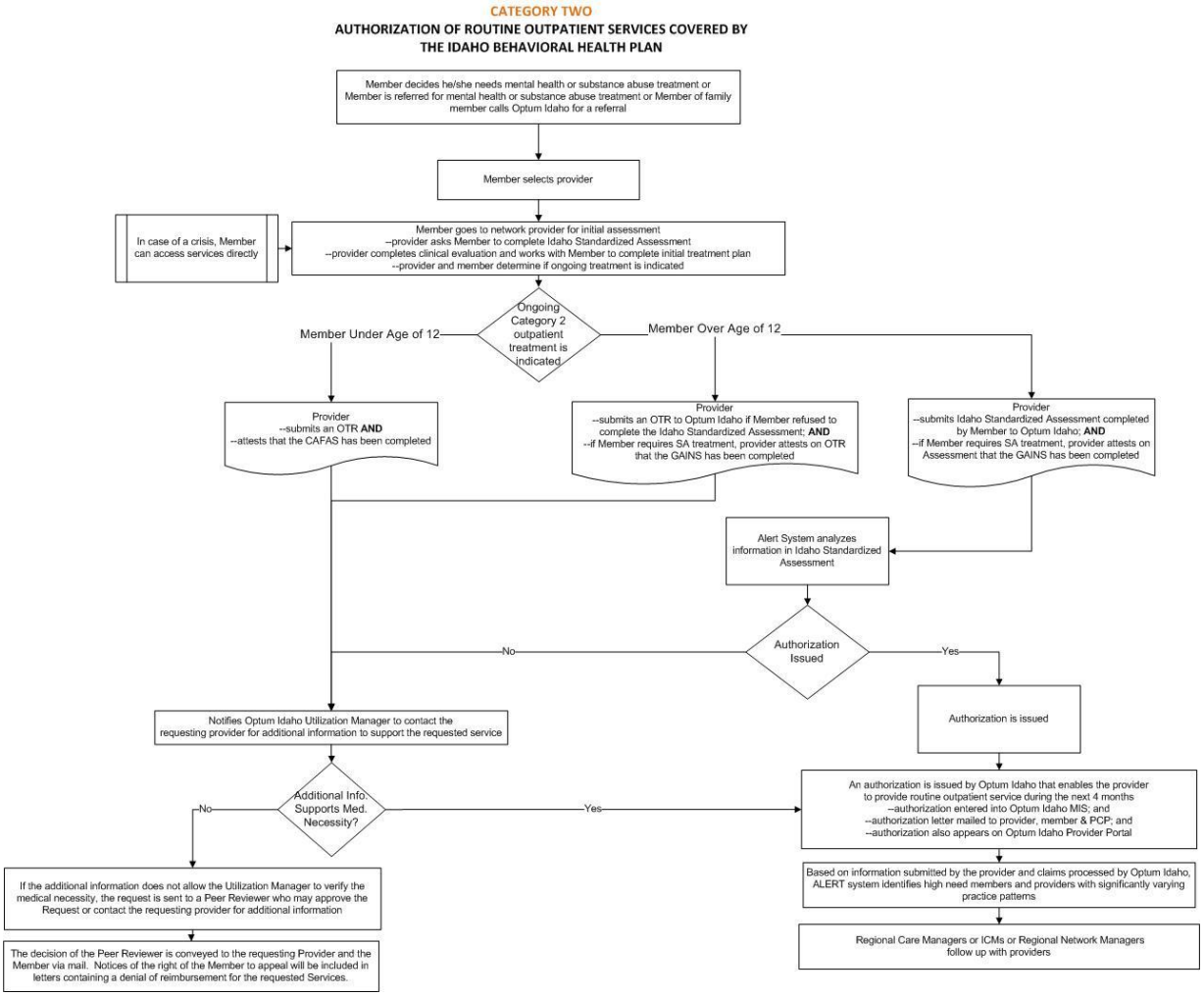
Unless the algorithms in Optum Idaho's ALERT system trigger a flag to an Optum Idaho Utilization Manager, the provider will receive an authorization to provide routine outpatient services to the Member for a period of four months, so long as the Member remains enrolled in the Idaho Behavioral Health Plan for that period of time.

If the ALERT system identifies a concern, an Optum Idaho Care Manager will contact the requesting provider to discuss the Member's need for treatment and to gather additional clinical information.

Routine outpatient services include:

- Individual Medical Psychotherapy (most durations)
- Family Psychotherapy (most durations)
- Group Medical Psychotherapy
- Individual drug/alcohol counseling
- Group drug/alcohol counseling
- Service coordination for substance abuse
- Peer Support
- Family Support
- Community Transition Support

The flow chart that follows illustrates the authorization process for routine outpatient services:

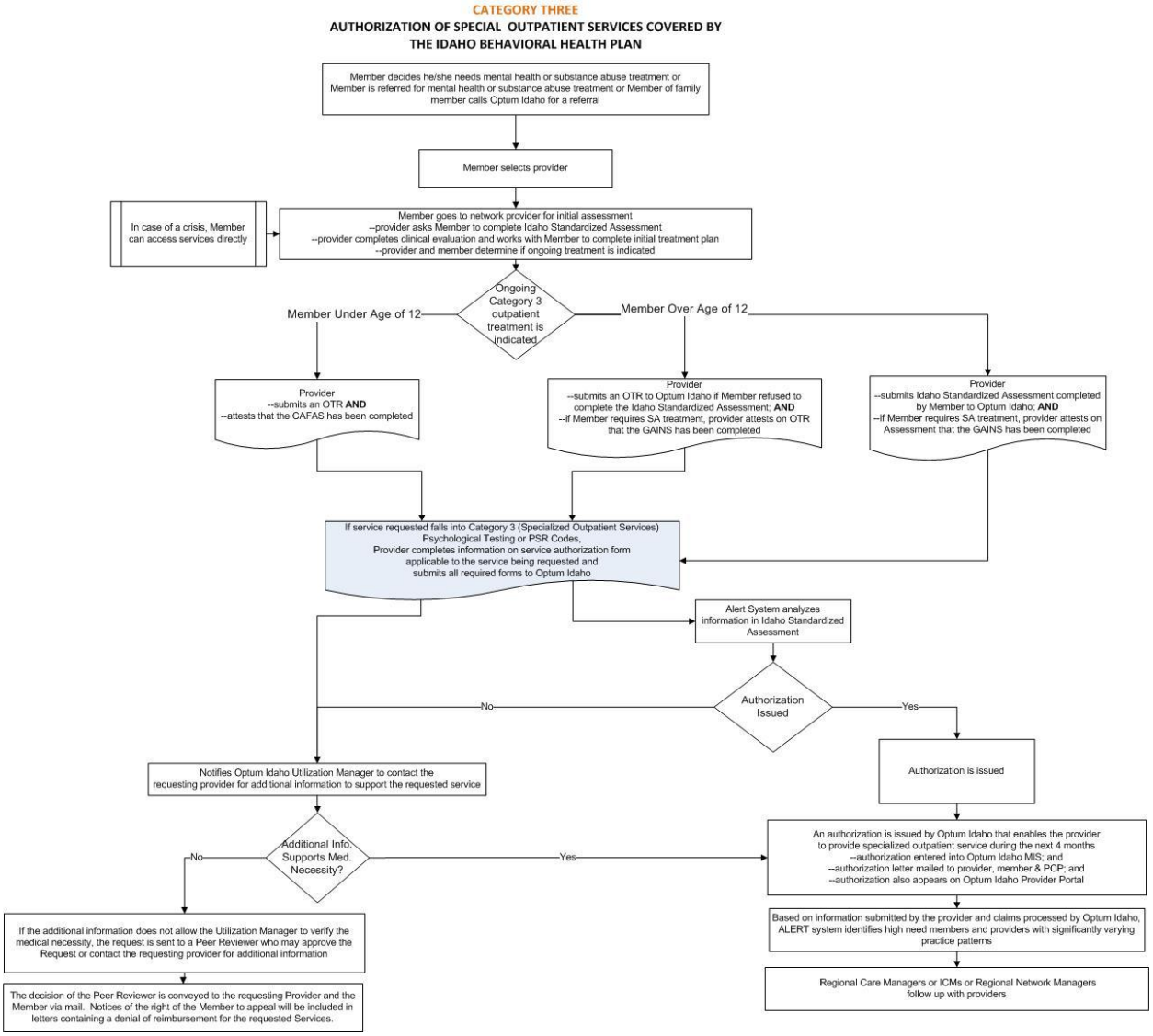


Special Outpatient Services (Category Three) will require submission of the Idaho Standard Assessment as completed by the Member and an Outpatient Treatment Request as well as scores from the CAFAS/PECFAS or GAIN as appropriate. For some Category Three services,

including all CPT codes classified as Psychosocial Rehabilitative Services and those for psychological evaluations, specialized OTR forms have been created. Requests for special outpatient services will be authorized for service-specific time periods unless the information submitted generates a flag in the ALERT system. If a clinical concern is raised during the review of the information submitted, a Utilization Manager will contact the requesting provider for additional information.

Special outpatient services include:

- All CPT codes related to psychosocial rehabilitation
- All CPT codes related to psychological testing
- All CPT codes related to neuropsychological testing
- All CPT codes related to individual medical psychotherapy 75 to 80 minutes
- All CPT codes related to medical record reports
- Partial Care Services



Concurrent Review

Both routine and special outpatient services will require concurrent review if the provider and the Member determine that treatment should be continued after the initial authorization period has expired. Authorization to continue services will be requested following the same process that was required to request authorization to initiate those services.

A list of all the services included in Categories One, Two and Three is included as ***Appendix 3.***

Focusing Utilization Management Resources on High Need Members

The efficiency and reliability created by the ALERT outpatient management system will enable Optum Idaho to focus its clinical team on those members who have the greatest clinical need—those determined to be at clinical risk because of clinical issues such as repeated hospitalizations, poly-pharmacy, service transitions, court involvement or other concerns. Many will be identified by flags issued through the ALERT system. Others will be identified through regular utilization and quality management reports and referrals by Optum Idaho staff, network providers and affiliated agencies, such as the courts or schools.

Each high need Member will be assigned to an Intensive Care Manager (ICM) who will work with the Member's provider to help the Member address the identified clinical risk.

> Optum Idaho's Care Managers will focus on those Members who are high need or identified as being at risk because they will benefit most from additional clinical oversight

Coordination of services between providers will always be an important emphasis of the ICM's interaction with the provider. The ICM also will be responsible to ensure that services being provided are medically necessary, in compliance with best practices, and are helping the Member move toward recovery or the family of a child regain its natural resiliency.

Our Regional Care Managers will be another component of our utilization management program. In addition to other duties, Regional Care Managers will meet with providers serving high need Members when an ICM determines that the Member is not progressing well in treatment. The Regional Care Manager also may meet with treatment team to help identify new treatment strategies or barriers to treatment progress.

Chart Reviews to Manage Utilization

Chart reviews will be another component of our utilization management efforts to ensure the quality, appropriateness and clinical outcomes of all services provided through the Idaho Behavioral Health Plan. Regional Care Managers will conduct chart reviews to ensure the quality, appropriateness and clinical outcomes of all services provided through the Idaho Behavioral Health Plan.

Optum Idaho will have three Regional Care Managers who are licensed clinicians. These Care Managers will conduct retrospective review of providers' medical records. Because of the predominance of PSR in the overall array of outpatient behavioral health services, we will implement a stratified random review process that will ensure that we review records from all services and all providers, but a greater percentage of all records reviewed will be those of Members receiving PSR and on Members identified as high need.

Utilization Management Criteria

Copies of Optum's Level of Care Criteria are included as ***Appendix 38.*** We also have included excerpts of criteria for Behavioral Health Rehabilitative Services developed by a coalition of providers and managed care organizations in Pennsylvania as ***Appendix 39***. Those criteria are serving as a guide as Optum expands its current psychosocial rehabilitation criteria to include children and adolescents. Please note that throughout our responses in Section GG, we have attached key documents related directly to the questions. Please also see ***Appendix 38*** for a Sample UM Program Description as well as additional sample utilization management documents. All documents used for the IBHP will be customized to meet Idaho program requirements.

b. The program shall comply with CMS requirements described in 42 CFR §456.

42 CFR §456 enumerates states' responsibilities for utilization management, including utilization management of Medicaid services. While most of 42 CFR §456 relates to managing utilization of inpatient and other 24-hour treatment facilities, Subpart B prescribes utilization control requirements applicable to all Medicaid State Plan services. We consider the utilization management plan we are proposing for the Idaho Behavioral Health Plan to be in full compliance with the requirements in 42 CFR §456.22 for the ongoing evaluation, on a sample basis, of the need for and the quality and timeliness of Medicaid services. Should the IDHW or CMS direct that we add additional utilization controls, Optum Idaho will work with the IDHW to expand our utilization management program.

c. The program shall be under the direction of an appropriately qualified clinician; appropriateness of the qualifications of the assigned clinician shall be determined by matching the clinician's scope of expertise with the material under review.

Based on our experience, the most effective utilization and care management happens when qualified and experienced clinicians become an integral part of a delivery system and establish strong working relationships with the providers and other stakeholders who comprise that local delivery system. All our Care Managers, our Clinical Program Director, Clinical Director and Chief Medical Officer will be assigned to our Boise office or to a region of the state. This will allow them to work directly work with and through our network providers to coordinate care and ensure the quality, appropriateness and effectiveness of their services.

Qualified Clinicians

The Optum Idaho Chief Medical Officer will have overall accountability for the clinical program of the Idaho Behavioral Health Program. This will include a broad array of responsibilities including:

- Providing overall medical oversight of the care management and Quality Improvement programs
- Providing clinical guidance through the Executive Management Team with oversight of all Optum Idaho policies and operations
- Providing consultation to the Quality Improvement team and the Quality Improvement Director including chairing the Provider Advisory Committee

- Providing guidance related to the review and adoption of utilization management criteria, Clinical Practice Guidelines and best practices as well as other strategies for improving the quality and appropriateness of services
- Staffing complex cases
- Making denial and appeal determinations
- Participating in the training program, leading in-service training sessions for Optum Idaho staff as well as network staff and other stakeholders; conducting grand rounds and difficult case reviews

The physician selected as Chief Medical Officer will be required to have the following qualifications:

- An unrestricted license to practice medicine
- Completion of an accredited psychiatric residency program
- Certification by the American Board of Psychiatry and Neurology
- A minimum of five years of post-licensure experience, including experience in an organized healthcare setting and supervisory responsibility

As we recruit for the Chief Medical Officer of the Idaho Behavioral Health Plan, we will put a priority on hiring a child psychiatrist or a psychiatrist who has significant experience in working with children and adolescents.

Appropriateness of the Assigned Clinician

Cases will be reviewed by licensed clinicians with at least three years of post-licensure clinical experience. In addition, we require the following:

- A master's-level clinical degree with independent licensure (e.g., Licensed Professional Counselors, Licensed Social Workers, Psychologists, and Registered Nurses)
- In-depth experience in the full range of treatment settings
- Complete knowledge of the available treatment modalities and their relative effectiveness

When hiring clinicians—as well as other staff—for Optum Idaho, we will give preference to candidates who have experience in the Idaho behavioral health care delivery system because their local knowledge will help us became an effective participant more quickly.

> Our Idaho-based clinicians will have direct access to clinical specialists who will be available to provide consultation on challenging areas such as child and adolescent disorders, domestic violence and PTSD.

To enable us to provide the best utilization management decisions and care coordination support, Optum Idaho will hire clinicians who have a variety of backgrounds, including those who are familiar with children's mental health services, those who have worked with individuals who have SMI and SPMI, and those who have worked in the delivery of substance abuse services.

At the corporate level, Optum has recruited a variety of clinical specialists who will be available to consult with our Optum Idaho team in a number of particularly challenging areas: child and adolescent disorders, AIDS, eating disorders, domestic violence, post-traumatic reactions, and critical incident response services.

d. Utilization determinations shall be based on written criteria and guidelines developed or adopted with involvement from practicing providers and nationally recognized standards.

Our core clinical criteria and guidelines were developed by nationally recognized experts and organizations and have been adopted to provide objective and evidence-based admission and continuing stay criteria. The criteria and guidelines are based on the following components and are reviewed annually to ensure that they are updated based on new scientific evidence as well as:

- The broad clinical experience of Optum's staff
- Multi-disciplinary input from Optum's nationwide provider network
- Input from Members
- Published references from the industry's most esteemed professional sources, including the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, American Society of Addiction Medicine, and from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision

Optum's public sector clinical criteria also recognize and support services essential to recovery and resiliency and support case management for the comprehensive range of services and programs found in public sector systems. Our national Consumer Affairs Department reviews the criteria regularly to ensure that they remain recovery-focused and consistent with the principles of resiliency and well-being.

In developing and updating our clinical criteria and guidelines, Optum also solicits input by practitioners in specialties affected by the guidelines, community-based treatment centers, and practitioners in Optum's regions to assure the full range of opinions, and the highest quality content are fully considered.

Idaho-Specific Criteria and Guidelines

It is critical that the clinical criteria and guidelines developed and implemented for the Idaho Behavioral Health Plan be appropriate—both for the services included in the benefit plan and for the people who will be using those services. This is true in every public sector program, so a local review of our guidelines and criteria is a standard part of every implementation.

During implementation, our Implementation Team will convene a task force of stakeholders comprised of IDHW staff, Members, family members, and providers representing every behavioral health service that has been utilized widely over the last year. With support from Optum providers, the task force will review and recommend adaptations to the core criteria and guidelines. Recommendations of the task force will be presented to the Optum Clinical Policy and Operations Committee and the IDHW for final approval final to the go-live date.

Sharing Criteria and Guidelines

The Idaho Plan Criteria and Guidelines will be posted on the Optum Idaho website so they are readily available to all providers as well as others interested in reviewing them. They will be reviewed annually through the QAPI Committee structure.

e. The utilization management process shall in no way impede timely access to services.

As described earlier in this section, Optum Idaho's utilization management process has been designed specifically to ensure that individuals have timely access to services. In particular:

- Optum Idaho will recommend that IDHW take the steps necessary to eliminate the Medicaid requirement that a PCP refer the Member for behavioral health services; we will require the behavioral health provider to encourage the Member to visit a primary care provider regularly and to authorize the sharing of behavioral health information with the primary care provider
- We will require no prior authorization for initial behavioral health services, such as treatment evaluations, which is the first step in seeking treatment
- We will enable the provider to offer an array of routine outpatient services based on an authorization that will be valid for up to four months. This will enable the provider and the Member to use the treatment modalities most appropriate for the Member as the Member progresses in treatment without requiring additional authorization.

The utilization management process proposed for the Idaho Behavioral Health Plan was designed especially to encourage Members' direct access to outpatient mental health and substance abuse treatment

2. Policies and Procedures (P&P) – Utilization Management:

a. The Contractor shall have P&Ps regarding the management of service utilization. UM P&Ps shall include, but are not limited to, the following:

Optum Idaho will adapt our standard public sector utilization management Policies and Procedures (P & P) to meet the unique needs of the Idaho Behavioral Health Plan and its Members. Our core policies and procedures will be reviewed as part of the implementation process, as noted earlier, to enable Idaho Plan stakeholders an opportunity to participate in revising our core policies and procedures to work in the Idaho behavioral health delivery system. Our policies and procedures also will be presented to the IDHW for approval prior to implementation.

i. Annual Review and Evaluation of UM Program: P&P stating how the Contractor will evaluate the effectiveness of the UM program and subsequently revise the program as necessary. This information shall be made available to the IDHW.

Optum Idaho will review effectiveness of the Utilization Management Program, including the criteria and guidelines as well as other policies and procedures, annually through the Quality Improvement (QI) process. Optum will have a procedure stating how we will evaluate the effectiveness of the utilization management program and how we will revise the program as needed. Optum will provide this information to the IDHW.

Approval of the Utilization Management Plan will occur annually through the QAPI Committee, and by the IDHW. The Utilization Management Annual Evaluation will take place as part of the overall annual evaluation of the QI program. The evaluation will include a review of the QI Plan, the Utilization Management Plan, the Quality Improvement/Utilization Management Work Plan, trended monitors and quality improvement activities.

Annual Member and provider satisfaction survey results also will be analyzed. Trends will be noted at the regional level, and proposed changes will be made to improve quality and performance. Relevant input from Committee members, the IDHW, Members and providers will be used to make evaluations and recommendations for the following year. The program

evaluation will be submitted for approval to the QAPI Committee and the IDHW. Please see ***Appendix 35*** for a sample annual QAPI program evaluation.

ii. Criteria:

(1)P&P regarding the development, review and modification of utilization review criteria to include the practitioners involved and documentation of the involvement.

Utilization review criteria, which will be customized for Idaho as part of the implementation process, will be reviewed annually through the QAPI Committee structure. We will include provider involvement in this development, review and modification through their participation in the Provider Advisory Committee.

(2) Criteria shall be developed for all routinely provided care and services.

Optum Idaho will have criteria for all services included in the benefit package of the Idaho Behavioral Health Plan.

(3) P&P shall reflect that available criteria shall be applied to all utilization review (UR) decisions and that criteria are clearly written, are objective and evidence based whenever possible, appropriate and available to providers and Members upon request.

Optum Idaho's policies will reflect that the Idaho Plan criteria and guidelines shall be applied to all utilization review decisions. The policies will further stipulate that the criteria be clearly written, objective and evidence-based whenever possible and appropriate.

Requirements established by the IDHW, including that criteria and guidelines be clearly written, objective and evidence-based whenever possible, will be the basic standards on which the criteria and guidelines will be evaluated.

The policies will further require that the criteria and guidelines be posted on the Optum Idaho website and updated when revised. Criteria and guidelines will be available on the web to any interested party and will be provided in writing to providers and members at their request. The Member Handbook will provide a simplified version of all Guidelines used by Optum Idaho and the provider network.

(4) There shall be a statement regarding the congruence between adopted clinical guidelines and UR criteria.

Optum's P & P will reflect that our Optum Idaho Care Managers, who will be licensed behavioral health professionals, will use utilization review (Level of Care) criteria to evaluate the medical necessity of service requests and clinical guidelines to help evaluate and guide the way in which treatment is being provided.

(5) P&P for applying the criteria based on individual needs and taking into account the local delivery system.

Optum Idaho's policies will note that our Level of Care criteria and clinical guidelines are only standards—they are not requirements. Every Care Manager will be trained to use his or her clinical judgment in applying the criteria and guidelines in the evaluation of services requested or being provided for Members of the Idaho Behavioral Health Plan. .

(6) P&P for processing requests for initial and continuing authorizations of services per 42 CFR § 438.210(b)(1.)

The workflows included earlier in this section will be the foundation for the more detailed policies and procedures that Optum Idaho will implement to guide the processing of requests for initial and concurrent service authorizations (continuing stay reviews of services per 42 CFR § 438.210(b)(1.).

iii. The Contractor shall have in effect mechanisms to ensure consistent application of review criteria for authorization decisions; and consult with the requesting provider when appropriate per 42 CFR § 438.210.

Optum Idaho will, at a minimum, comply with all Optum's existing requirements that evaluate inter-rater reliability among clinical staff. On a regular basis, corporate clinical staff administer testing of all clinicians who review and/or approve treatment services requests. A new case is developed each time inter-rater reliability is tested using a three-step process:

- Question Development: A series of draft multiple-choice questions, based on case vignettes, are drafted and grouped into three subgroups: General Items, Mental Health Items and Substance Abuse Items. The draft questions are sent to Clinical Operations and Care Advocacy Center staff for input, and are then revised as necessary.
- Testing: The multiple-choice questions are put into a confidential Web-based environment. Respondents are given ten days to complete the instrument, and receive immediate feedback including overall score and the correct answers for incorrectly answered questions.
- Data Analysis: Responses are scored, an item analysis is conducted, and findings are reported to the Clinical Policy and Operations Committee as well as to each office location.
- We then review test results and develop a corrective action plan aimed at rectifying deficiencies. Optum's Clinical Learning department will assist with developing and delivering retraining as needed.

Clinical Audits

At Optum Idaho, audits of utilization review, denial and appeal decisions will be conducted as a means of assessing the degree to which clinical Level of Care criteria are consistently applied. These audits will be conducted by the Optum Idaho Clinical Director and Medical Director and will cover decisions by Optum Idaho Care Managers and Peer Reviewers.

Every quarter an Optum Idaho clinical review team will audit at least five charts from each of the following categories of cases:

- Warm transfers of calls from Call Center staff to Care Managers of Members who are at potential risk
- Members who have been identified as high risk
- Members under the age of 18 receiving services
- Members ages 18 and over receiving services

A pattern of deficiency related to the reliable and consistent use of the criteria or guidelines would prompt a more thorough audit of a Care Manager's records. Any deficiencies identified would be addressed through the clinical supervision process.

Every quarter the Quality Director, and the Medical Director or a designee will audit at least two adverse determinations and two appeal charts per Peer Reviewer. The Chief Medical Officer will be responsible for auditing a random selection of Peer Reviewer records. Any deficiencies identified would be addressed through the clinical supervision process.

iv. The Contractor shall ensure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by a health care professional who has appropriate clinical expertise in treating the Member's condition or disease per 42 CFR § 438.210(b)(3).

Optum will ensure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, is made by a licensed physician who has appropriate clinical expertise in treating the Member's condition or disease per 42 CFR § 438.210(b)(3).

v. Monitoring Over- and Under-Utilization:

The Optum Idaho Quality Improvement Director, Clinical Director and Chief Medical Officer will work together to monitor utilization in the aggregate through the reports generated through the ALERT system and also by analyzing claims data to identify trends. QI Specialists will gather and trend the data and then analyze it as follows:

- Quantitative analysis with comparison to established thresholds
- Qualitative analysis of causes and consequences
- Agency-level analysis whenever the data falls outside of the thresholds
- Identification and implementation of potential interventions

Because of the significant role psychosocial rehabilitation services play today in the array of Medicaid-funded mental health and substance abuse services in Idaho, Optum is designing an additional set of algorithms that will augment ALERT's ability to identify clinical issues in Members for whom providers are requesting authorization to initiate or continue the provision of any of the PSR CPT codes.

If trends are identified, Optum Idaho will develop training and/or implement a corrective action plan with provider(s) with whom issues are identified.

(1) P&P stating that prior authorization shall be conducted for identified levels of care.

Optum Idaho's policies and procedures will reflect the authorization requirements explained in detail in response to Question GG.1.a.

(2) P&P outlining the activities undertaken to specifically identify and address under-utilization as well as over-utilization.

Reports generated by ALERT as well as reports directly generated from claims data will be regularly reviewed to detect under-utilization and over-utilization. Optum Idaho's policies and procedures will identify the quality improvement activities that will be implemented if either situation is identified in an individual provider or across multiple providers.

(3) At a minimum, the P&P shall include routine trending and analysis of data on levels of care (including care not prior authorized) and by provider.

Optum Idaho's policies will include the requirement to routinely trend and analyze services provided, including services that do not require prior authorization, by provider as well as by region and statewide. .

(4) P&P providing for peer review of quality of care concerns.

Optum Idaho's policies will specify that a Peer Review Committee will be established and will report to the QAPI Committee. The Peer Review Committee will review quality of care concerns with specific providers and adverse incidents.

The Chief Medical Officer will chair the Committee and it will be charged with:

- Reviewing quality of care concerns and/or complaints/grievances about a specific provider
- Requesting and reviewing provider treatment records in response to quality of care concerns according to policy
- Determining appropriate action plan(s) that involve(s) Network Services staff and the provider in question
- Requesting audits of provider offices when indicated
- Following up with provider and agency-specific improvement action plans and incorporating quality of care concerns into the credentialing decision-making process
- Reviewing Critical Incidents/Adverse Events necessitating committee input

vi. Utilization Review (UR) Decisions:

Optum Idaho will adopt our corporate policies that outline policies related to utilization review. Policies will include the enumerated requirements.

(1) Evidence, available to the IDHW upon request, of formal staff training designed to improve the quality of UR decisions.

Optum Idaho will have a Training Lead as part of the Quality Improvement (QI) team who will be responsible for organizing a comprehensive training program for Optum Idaho staff as well as network providers, Members and their families and other stakeholders. Part of the Training Lead's job will be to maintain documentation of all training provided as well as the names of those in attendance. When pre-posttests or other evaluations were conducted, records shall include the findings. Some of the Optum Idaho training program will improve the quality of UR decisions, such as in-service on new evidence-based practices, difficult case reviews, or grand rounds.

The QI team may also identify opportunities to improve the quality of UR decisions through monitoring of utilization data or other quality improvement initiatives. Training conducted as part of a quality improvement plan will be documented by the QI staff.

In some instances, the inter-rater reliability findings or the results of one-on-one supervision may indicate the need for additional training of an individual clinician. The corrective action plan, including training provided, would be part of the clinician's employment record.

Records of all formal staff training will be available to the IDHW upon request.

(2) P&P to evaluate and improve the consistency with which UR staff apply criteria (inter-rater reliability) across multiple levels of care.

Optum Idaho will have a formal policy relating to inter-rater reliability testing to ensure consistency in the way in which Optum Idaho staff developed to evaluate and improve the consistency in which our staff apply Level of Care Guidelines. The basic content of the policy was provided in response to Question GG.2.a.iii above.

(3) P&Ps and job descriptions to specify the qualifications of personnel responsible for each level of UR decision making (e.g., review, potential denial).

Optum Idaho will develop a policy to specify the qualifications of personnel responsible for each level of UR decision making (e.g., review, potential denial), which will allow a master's level independently licensed mental health or substance abuse clinician to authorize a service request but only a licensed physician with training in mental health or substance abuse services to deny a service request.

(4) P&P to ensure that a practitioner with appropriate clinical experience in treating the Member's condition reviews any potential denial based on medical necessity.

To the greatest extent possible, Optum Idaho Clinical Care Managers will be assigned to review requests for services in their own area of expertise: mental health services for adults, mental health services for children, and substance abuse services. Because we hire only experienced clinicians to be Care Managers, we anticipate that many will have experience in the full array of services covered by the Idaho Plan.

In compliance with IDHW's requirement, Optum Idaho will have a P & P to ensure that a clinician with appropriate clinical experience in treating the Member's condition reviews any potential denial based on medical necessity.

vii. Timeframes:

Our policies for utilization management will establish timeframes for management of service utilization.

(1) P&Ps to address the timeliness of UR decisions made on the basis of medical necessity.

Optum Idaho will develop a policy to address the timeliness of UR decisions made on the basis of medical necessity. Current Optum policy requires that a provider be notified immediately by telephone if a service request is not approved. Written notification follows and is sent to the provider within one working day of the initial notification by phone. Depending on the requirements of the state Medicaid agency, notification also may be sent to the Member.

(2) P&Ps to address the timeframes for which prior authorization, concurrent and retrospective reviews decisions are made.

As part of the policy relating to the timeliness of utilization decision, standards will be established to address the timeframes for which prior authorization, concurrent and retrospective review decisions are made.

(3) P&Ps to address the timeliness of expedited reviews.

Optum will have a P & P to address the timeliness of expedited reviews. However, as expedited reviews typically relate to requests for inpatient services, which are not included in the scope of these services, we anticipate few, if any, requests for expedited reviews.

(4) P&Ps to assess the adherence to the timeframes in items i-iii.

Adherence to the timeframes in items i-iii will be assessed as part of the quarterly chart audits described in response to previous questions. Optum Idaho will formalize the chart audit process in a policy.

viii. Data and Communication:

As part of Optum Idaho's utilization management policies, requirements related to data and communication will be established.

(1) P&P that specifies how Members and practitioners can access UM staff to discuss UM issues and decisions. This information shall be made available to Members and providers.

Optum Idaho's policies will describe how Members and providers can contact Utilization managers to discuss UM issues and decisions. The information also will be included in Member and provider materials.

(2) P&P that describes how the organization will notify the providers and Members of UM decisions.

As part of the policies relating to authorization decisions, Optum Idaho will specify how providers and Members are to be notified. In general, the requirement will be that an Optum Idaho Care Manager, Chief Medical Officer or Peer Reviewer will provide immediate notification telephonically to the requesting provider if a request for a service will not be authorized. Written notification will be sent within one working day to the provider or agency and to the Member if IDHW so specifies. When a service is authorized, written notification will be mailed to the provider, the Member's PCP and the Member if IDHW so specifies within the following business day.

ix. Obtaining Clinical Information:

As part of the policies relating to Utilization Management, Optum Idaho will include policies related to obtaining clinical information related to requested service authorizations.

(1) P&P to obtain relevant clinical information and the circumstances under which the Contractor will consult with the treating providers when making a determination of medical necessity.

Optum Idaho will have a policy that describes Optum Idaho's responsibility to obtain relevant clinical information and to consult with the treating providers when making a determination of medical necessity. The policy will generally specify the following:

When a Care Manager is unable to authorize a service request based on the information provided, the Care Manager will request additional information from the treating provider. Generally the request for additional information is made telephonically.

If the additional clinical information is still insufficient to allow the Care Manager to authorize the requested service, the Care Manager will talk with the requesting provider to see if the provider is willing or able to offer the medically necessary level of care. If a compromise can be reach, the agreed upon service is authorized.

All clinicians who make utilization management decisions will be trained to use Optum Idaho's criteria as guidelines, but always to follow their professional judgment in authorizing services

If a compromise cannot be reached, the Care Manager will refer the request to the Optum Idaho Chief Medical Officer or a Peer Reviewer. The Chief Medical Officer may contact the requesting provider or may authorize the requested service. If the Chief Medical Officer or Peer Reviewer cannot authorize the requested service, the Chief Medical Officer or Peer Reviewer may offer to review the case with the requesting provider.

The purpose of this peer-to-peer review is to offer the requesting provider the opportunity to share additional or new information about the case to assist the Chief Medical Officer or Peer Reviewer in making a determination about the medical necessity and clinical appropriateness of the request. The Chief Medical Officer or Peer Reviewer will make the decision using clinical judgment and a review of the case against Optum Idaho's clinical criteria and guidelines, the availability of community resources and the Member's individual needs.

(2) P&P describing the decision-making process that identifies information needed to support UR decision making.

Optum Idaho will have a policy that identifies information needed to support a decision to authorize a requested service. To facilitate the decision-making process, Optum Idaho will develop a standard outline of clinical information that a provider should be prepared to provide when requested to provide additional information or talk with a Care Manager. The outline of information will be similar for all services, and will be an integral part of all information distributed to providers about the utilization review process.

The outline of required information will be reviewed annually as part of the overall review of the utilization management process to ensure that all required information is listed and no information is required that is not pertinent to the authorization decision.

(3) P&P describing the process for obtaining any missing clinical information.

Optum will have a policy that describes the process for obtaining any missing clinical information. Should a Care Manager require additional clinical information, the Care Manager will contact the requesting provider to explain the additional information needed. In the same way, if the Chief Medical Officer or Peer Reviewer becomes involved in the review process, that psychiatrist may offer the requesting provider the opportunity to share additional or new information about the case to assist the peer reviewer in making a determination about the appropriateness of the treatment setting.

x. Other:

Optum Idaho also will have policies in place regarding other issues related to management of service utilization as described below.

(1) P&P to evaluate new technology and new applications of existing technology, to include behavioral health procedures.

Optum Idaho will follow the Optum policy related to the process for evaluating new technology and new applications of existing technology to include behavioral health procedures.

Our national Clinical Technology Assessment Committee reviews new behavioral health technologies and new applications of existing behavioral health technologies. This process includes review of medical and behavioral procedures, pharmaceuticals and devices. The following categories of information are included in each review:

- Review of Scientific Evidence: All technology assessment reviews consist of a comprehensive yet succinct review of the current scientific evidence about the proposed new technology. The final report includes a complete and accurate citations for all scientific evidence reviewed.
- Regulatory Review: Statements and information generated by regulatory agencies (e.g., the Food and Drug Administration) are reviewed. Every attempt is made to determine if there are laws that have been passed by the federal or a state government that regulate the use of a new technology. A review of State regulations on specific procedures is undertaken when appropriate. The APA and AMA Web sites are systematically reviewed for position papers describing these technologies.
- Appropriate Professionals: The Clinical Assessment Technology Committee consists of at least eight professionals, including the chairs, who represent the different business segments within Optum, and an external MD representing the academic setting. These professionals include physicians, psychologists, nurses, pharmacists and other appropriate professionals who can represent business segments in the evaluation of new technology. Based on the nature of a particular technology, the committee may seek input from other relevant specialists and professionals who have expertise in the technology.

(2) P&P to ensure any Contractor centralized triage and referral functions for behavioral health services are appropriately implemented, monitored, and professionally managed.

Optum Idaho will have a policy describing how our triage and referral for behavioral health services are evaluated. Because a significant proportion of the triage for crisis care will be performed by behavioral health clinicians who work for ProtoCall, much of the oversight for ProtoCall specified in response to Question 3.9.3 will be incorporated into the policy.

(3) P&P describing how practitioners are given information on the process to obtain the UR criteria.

As part of our Utilization Management policies, Optum Idaho will describe how providers will be given information on the process to obtain the utilization review criteria for the Idaho Behavioral Health Plan. In general, the policy will state that:

- Comprehensive information, including the level of care (utilization management) criteria will be available for providers on the Optum Idaho website at **www.optumidaho.com**
- The authorization process and criteria will be part of provider orientation which will be held at various locations across Idaho and also will be offered via teleconference, WebEx and/or video conference

- Consultation will be available via the toll-free Optum Idaho Customer Service Line
- The Provider Manual, which will be posted at the Optum Idaho website and also can be provided in hard copy upon request, will include links to the criteria

3. Documentation:

a. The Contractor shall maintain documentation that supports the activities described in the UM program and UM policies and procedures. The Contractor shall report service utilization by type of service to the IDHW on a monthly basis.

Optum will maintain documentation that supports the activities described in the utilization management program and policies and procedures as part of the Quality Improvement program. Our management information system also will provide a longitudinal view of each Member's case history and access to a host of Member-specific information, such as claims history, available benefits, and other pertinent information.

Optum will provide service utilization reports by type of service to the IDHW on a monthly basis.

b. Supporting documentation shall include, but is not limited to, committee meeting minutes, job descriptions, signatures on related materials and utilization review notes.

Optum Idaho will maintain supporting documentation, including committee meeting minutes, job descriptions, signatures on related materials and utilization review notes. Committee minutes—in particular those from Quality Improvement committees—that do not include Member-specific or provider-specific information may be posted on the Optum Idaho website if stakeholders indicate an interest in reviewing them.

c. The UM program description shall be written so that staff Members and others can understand the program. The program description shall include, but not be limited to:

Optum Idaho's Utilization Management (UM) program description will be written so that staff Members and others can understand the program and will include the specifications detailed below in i-ix. Please see a sample UM Program Description, included as one of our sample UM documents in ***Appendix 38***.

i. Program goals;

The UM program description will include the program's goals.

ii. Program structure, scope, processes and information sources, including the identification of all intensive levels of care;

The UM program description will include the program structure, scope, processes and information sources. Because all covered services fall within the outpatient level of care, the program description will enumerate the benefits covered under the Idaho Behavioral Health Plan.

iii. Roles and responsibilities;

The UM program description will include team Member roles and responsibilities.

iv. Evidence of Medical Director leadership in key aspects of the UM program to include denial decisions and criteria development;

The program description will describe the ways in which the Chief Medical Officer's leadership will be documented. In general, in addition to his or her decisions to authorize or deny service

authorization requests referred by Optum Idaho Care Managers, evidence of the Chief Medical Officer's leadership will include:

- His or her signature on each clinical policy and procedure, including Optum Idaho's clinical criteria, guidelines and revisions
- His or her signature on each QI policy and procedure
- Minutes of committee meetings will include documentation of the Chief Medical Officer's participation and contributions

v. A description of how oversight of any delegated UM function will occur;

Optum Idaho will not delegate any of the UM functions, so we will not include a description of how we are providing oversight.

vi. A description of how staff making Utilization Review (UR) decisions will be supervised;

The UM program description will include a description of how staff making Utilization Review (UR) decisions will be supervised. In general, the description will include the following information:

Optum Idaho Care Managers will receive multi-dimensional evaluations, supervision, and staff development opportunities, including the following:

- Structured and spontaneous feedback about their work from their supervisor, the Clinical Director, the Clinical Program Director, Chief Medical Officer and/or Peer Reviewers
- Complaints or criticism filed by Members or network providers and registered in our complaint management system
- Weekly face-to-face supervision with the Clinical Program Director
- Annual formal performance evaluation
- Participation in clinical rounds conducted by the Optum Idaho Chief Medical Officer for the review of complex cases
- Regular case audits of each Care Manager's work by the Clinical Program Director to ensure complete documentation, timeliness of service, and proper treatment plan development with additional supervision as necessary

vii. A statement regarding staff availability at least eight (8) hours a day during normal business hours for inbound calls regarding UM issues;

The UM program description will include a statement regarding staff availability at least eight hours a day during normal business hours for inbound calls regarding UM issues. In general, Optum Idaho's offices will be open from 8 am to 6 pm Mountain time on regular business days. The Customer Service Line also will include the capacity to accept voice mail messages. The Idaho Behavioral Health Plan Member Access and Crisis Line will be available 24 hours a day, 365 days a year.

viii. The mechanisms that will be used to ensure that Members receive equitable access to care and service across the provider network; and

The UM program description will include and/or reference the monitoring by the Network Department that will be used to ensure that Members receive equitable access to care and service across the provider network.

ix. The mechanisms that will be used to ensure that the services authorized are sufficient in amount, duration, or scope and can reasonably be expected to achieve the purposes for which the services are furnished.

The UM program description will include the mechanisms that will be used to ensure that the services authorized are sufficient in amount, duration, or scope and can reasonably be expected to achieve the purposes for which the services are furnished. In general, the Quality Improvement program will provide the monitoring to ensure the sufficiency and appropriateness of services provided.

4. Accountability:

a. The Contractor shall remain accountable for and have appropriate structures and mechanisms in place to oversee activities that are delegated to a subcontractor per 42 CFR § 438.230(a) and (b)(1), (2), (3), including a way to verify services were actually provided as required by 42 CFR§ 455.1(a)(2). This will include a written delegation agreement. The following items apply to sub-contracted activities and do not reflect the total requirements for any delegated subcontract or agreement. The Contractor shall have the following in place:

i. A written Delegation Agreement that includes:

(1) A description of the responsibilities of the Contractor and the delegated entity as it relates to delegated activities;

(2) A description of the delegated activities;

(3) A description of reporting responsibilities;

(4) A statement that the subcontractor will comply with the standards specified in the contract between the Contractor and the IDHW for any responsibilities delegated to the subcontractor;

(5) A description of the processes for ongoing monitoring (i.e., continuous quarterly reporting) and at least an annual formal review; and

(6) A description of the remedies available to the Contractor if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement and corrective action.

ii. Oversight P&Ps:

(1) A P&P describing the oversight (ongoing monitoring) activities that will be done (e.g., required reporting and report frequency, activities conducted by the Contractor in reviewing the required reports, actions that will be taken depending on the review).

(a) The procedure shall include who reviews the reports, whether or not a committee approval is required, etc.

(b) The scope of oversight activities shall include all delegated UR/UM functions.

(c) P&P describing the formal review, which shall occur no less than annually, and at a minimum include a visit to the organization, and a document or record review.

iii. P&P describing how the quality (application of criteria, denial decisions, inter-rater reliability, etc.) of contracted services will be monitored and assessed.

Optum will remain accountable for and have appropriate structures and mechanisms in place to oversee activities that are delegated to a subcontractor per 42 CFR § 438.230(a) and (b)(1), (2), (3), including a way to verify services were actually provided as required by 42 CFR§ 455.1(a)(2). The scope of our relationship with ProtoCall, which will provide the Member Access and Crisis Line, is set forth in response to Question 3.9.3. The contract executed between Optum and ProtoCall will include the relevant points from the above requirements, and also will include by reference the IDHW RFP, Response to Questions and Optum's contract with IDHW. Because ProtoCall will not be making any decisions related to utilization management, monitoring will be limited to the contractual services that ProtoCall will be responsible for providing.

5. Guidelines:

a. The Contractor shall develop or adopt Utilization Management Guidelines to interpret the medical necessity of behavioral health services provided to Members. Medical necessity is defined in IDAPA 16.03.09. The IDHW shall be the final authority regarding all disputed medical necessity decisions.

b. The guidelines for interpreting medical necessity shall:

i. Be based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field;

ii. Consider the needs of the Members;

iii. Be adopted in consultation with contracting health care professionals, and

iv. Be reviewed and updated periodically as appropriate.

c. The Contractor shall disseminate the guidelines to all providers and, upon request, to Members.

Optum Idaho will adopt utilization management criteria and utilization management guidelines to interpret the medical necessity of behavioral health services provided to Members and to help improve the clinical outcomes of treatment provided. As part of the process, we will ensure that we are in compliance with all IDHW's requirements as set forth in the above sections.

Our core public sector clinical criteria and guidelines were developed by nationally recognized experts and organizations and have been adopted to provide objective and evidence-based admission and continuing stay criteria. The criteria and guidelines are based on the following components and are reviewed annually to ensure that they are updated based on new scientific evidence as well as:

- The broad clinical experience of Optum's staff
- Multi-disciplinary input from Optum's nationwide provider network
- Input from Members

- Published references from the industry's most esteemed professional sources, including the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, American Society of Addiction Medicine, and from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
- Recognizing and supporting services essential to recovery and resiliency as well as the use of case management services for the comprehensive range of services and programs found in public sector systems. Our national Consumer Affairs Department review the criteria regularly to ensure that they remain recovery-focused and consistent with the principles of resiliency and well-being.

In developing and updating our clinical criteria and guidelines, Optum also solicits input by practitioners in specialties affected by the guidelines, community-based treatment centers, and practitioners in Optum's programs to assure the full range of opinions, and the highest quality content are fully considered.

Idaho-Specific Criteria and Guidelines

It is critical that the clinical criteria and guidelines developed and implemented for the Idaho Behavioral Health Plan be appropriate—both for the services included in the benefit plan and for the people who will be using those services. This is true in every public sector program, so a local review of our guidelines and criteria is a standard part of every implementation.

During implementation, our Implementation Team will convene a task force of stakeholders comprised of IDHW staff, consumers, family members, and providers representing every behavioral health service that has been utilized widely over the last year. With support from Optum clinicians, the task force will review and recommend changes to the core criteria and guidelines. Recommendations of the task force will be presented to the Optum Behavioral Policy and Analytics Committee and the IDHW for final approval final to the go-live date.

Sharing Criteria and Guidelines

The Idaho Plan Criteria and Guidelines will be posted on the Optum Idaho website so they are readily available to all providers as well as others interested in reviewing them. They will be reviewed annually through the QAPI Committee structure. The Member Handbook will provide a simplified version of all Guidelines used by Optum Idaho and the provider network.

IDHW as the Final Authority

Optum recognizes that the IDHW will be the final authority for all disputed decisions reviewed through the Medicaid appeals process.

d. In the development and implementation of Utilization Management Guidelines, the Contractor shall include policies and procedures which recognize the need for long-term services for some Members and the need for some Members to access several services concurrently. These needs shall be recognized for both children and adults.

While the benefit package proposed for the Idaho Behavioral Health Plan contains some requirements for authorization of the continuation of services, Optum recognizes the need for some Members to receive services for an extended period of time and for some Members to access several services concurrently. Nothing in the Optum Idaho benefit package or policies and procedures will limit the Member's access to covered services available so long as the services are medically necessary.

We will include a statement in the introduction to our utilization management criteria and guidelines noting that Optum Idaho recognizes the need for some Members to receive services for an extended period of time and for some Members to access several services concurrently. Our introduction will further state that these needs are recognized for both children and adults.

e. All guidelines developed by the Contractor and any modifications made to the guidelines shall be approved by the IDHW and shared with providers at least thirty (30) calendar days prior to implementation of the guidelines.

After our task force reviews and approves recommended clinical criteria and guidelines for Optum Idaho, we will submit them to IDHW for approval. We will negotiate the timeline with IDHW when we finalize the Implementation Plan so we have adequate time to share them with providers at least 30 days prior to the program's implementation.

We will follow the same basic process when requesting approval for any revision of the criteria or guidelines so we can provide at least 30 days' notice before implementing changes.

f. The Contractor shall ensure that contracted providers use the required criteria for determination of level of service, even when authorization from Contractor is not required.

Optum Idaho will ensure that contracted providers use the clinical criteria and guidelines established for the Idaho Behavioral health Plan even when authorization is not required. This will be accomplished in two ways: by the Intensive Care Managers who will work with providers serving Members who are high need and/or high risk and by Regional Care Managers who will conduct chart reviews and provide other consultation and oversight of providers in their assigned Regions.

g. The Contractor shall ensure that decisions for utilization management, Member education, coverage of services, and other areas to which the guidelines apply shall be consistent with the guidelines.

The processes that Optum Idaho will implement to ensure inter-rater reliability and consistency with utilization management guidelines are described in response to Question GG.2.a.iii above.

h. The Contractor may limit payment to only those services that the Contractor has authorized under the guidelines which the Contractor has developed and the IDHW has approved. Any denial of payment for services funded through the Medicaid capitation payment is subject to appeal to the IDHW pursuant to standards in both state administrative rules and the State Plan or waiver.

Optum will limit payment to only those services that Optum Idaho has authorized or otherwise approved for reimbursement (for example, Category One Basic Outpatient Services that require no authorization) under the guidelines which Optum has developed and the IDHW has approved. We understand that any denial of payment for services funded through the Medicaid capitation payment is subject to appeal to the IDHW pursuant to standards in both state administrative rules and the State Plan or waiver.

i. The Contractor shall provide a forum to receive practitioner suggestions for UM Guideline revisions at least annually, and shall document all changes made subsequent to practitioner input.

The Provider Advisory Committee of the QI program will be one of the groups responsible to review and submit recommendations for revisions to the UM criteria and guidelines each

contract year. Practitioners and agencies will have other venues to recommend revisions as well, including but not limited to:

- Regional staff will meet regularly with Regional Behavioral Health Advisory Boards and will include a time for questions and recommendations from providers and others in attendance
- Regional staff will meet with providers in their area and will accept recommendations related to UM criteria and guidelines as well as improvements to other parts of Optum Idaho's operations
- All staff members will accept complaints, grievances and compliments, which will be logged into our CARTA tracking system
- Optum Idaho will provide ongoing training for providers, and will include a time during each training session for questions and recommendations from providers
- Optum Idaho will meet regularly with the IDHW Contract Manager and will record suggestions made to the IDHW about the criteria and guidelines or other parts of Optum Idaho's operations

Optum Idaho will also have a Peer Review Committee which reports to the QAPI Committee. The Peer Review Committee will review quality of care concerns with specific providers and adverse incidents.

The Chief Medical Officer will chair the Committee and it will be charged with:

- Reviewing quality of care concerns and/or complaints/grievances about a specific provider
- Requesting and reviewing provider treatment records in response to quality of care concerns according to policy
- Determining appropriate action plan(s) that involve(s) Network Services staff and the provider in question
- Requesting audits of provider offices when indicated
- Following up with provider and agency-specific improvement action plans and incorporating quality of care concerns into the credentialing decision-making process
- Reviewing Critical Incidents/Adverse Events necessitating committee input

6. Health Information System (HIS) in Utilization Management:

a. Currently the IDHW's Division of Medicaid does not require mental health providers to operate any uniform HIS. The IDHW's Division of Behavioral Health operates the WITS system which is described in greater detail in Attachment 16 - Web Infrastructures for Treatment Services (WITS). The network of substance use disorder providers currently uses this system. The Contractor shall maintain a health information system that:

i. Supports WITS or at the very least, uses a system that shall interface with WITS.

ii. Supports the utilization management process by collecting, analyzing, integrating, and reporting necessary data.

iv. Collects data on Member and provider characteristics as specified by the IDHW and on services furnished to Members through an encounter data system.

v. Makes all collected data available to the IDHW and/or designee and upon request by CMS.

vi. Ensures that data received from providers is accurate and complete by:

(1) Verifying the accuracy and timeliness of reported data.

(2) Screening the data for completeness, logic, and consistency.

(3) Collecting service information in standardized formats to the extent feasible and appropriate.

vii. The Contractor shall use a system, such as Health and Effectiveness Data and Information Set (HEDIS), to conduct comparative analysis.

The management information system that will be implemented for Optum Idaho will interface with WITS and also will fully support the utilization management process described in this proposal, including the ALERT outpatient management system. It will allow Optum Idaho to collect and verify all the information as specified above and also to conduct comparative analyses using HEDIS or other performance measures.

7. Compliance and Management:

a. The Contractor shall have a mandatory compliance plan and administrative and management arrangements or procedures designed to prevent and detect fraud, abuse and misuse of Medicaid funds and resources.

Optum Idaho will follow corporate Optum policies which provide for a compliance plan designed to prevent and detect fraud, abuse and misuse of Medicaid funds and resources. The Optum Compliance Program incorporates the seven required elements under the U.S. Sentencing Guidelines:

- Oversight of the Integrity and Compliance Program
- Development and implementation of ethical standards and business conduct policies
- Creating awareness of the standards and policies by education of employees
- Assessing compliance by monitoring and auditing
- Responding to allegations or information regarding violations
- Enforcement of policies and discipline for confirmed misconduct or serious neglect of duty
- Reporting mechanisms for employees, managers and others to alert management and/or the integrity and Compliance Program staff to violations of law, regulations, policies and procedures or contractual obligations

It is our policy to address health care insurance fraud and abuse aggressively, which includes the operation of a Special Investigations Unit (SIU). Our Fraud Operations offer fraud and abuse detection products and services that are ideally suited to maximize anti-fraud and abuse program capabilities. The SIU focuses most of its fraud and abuse detection efforts at the provider level; that is, identifying the suspected providers through various data detection techniques and reviewing their claims prospectively (prior to payment) and as potential recovery cases (post-payment).

In addition, for Optum Idaho, information generated through the ALERT system will be available to augment the SIU processes to detect fraud, waste and abuse.

If fraud, waste and/or abuse is suspected, Optum Idaho will work with IDHW to determine the process for further investigation and/or prosecution.

b. The Contractor shall diligently safeguard against the potential for, and promptly investigate reports of, suspected fraud and abuse by employees, subcontractors, providers, and others with whom the Contractor does business by having controls in place to detect fraud and abuse, including technology to identify aberrant billing patterns, claims edits, post processing review of claims and records reviews.

Optum Idaho will be part of the corporate Fraud Detection and Prevention Plan operated through the corporate Special Investigations Unit (SIU). Our program includes a full range of prevention and detection tools—from the latest anti-fraud software to focused audits—and specific protocols to investigate and report potential and actual program violations. All of our public sector programs include processes for ensuring fraud and abuse compliance and reporting any identified issues of non-compliance or fraud and abuse.

The SIU focuses most of its fraud and abuse detection efforts at the provider level; that is, identifying the suspected providers through various data detection techniques and reviewing their claims prospectively (prior to payment) and as potential recovery cases (post-payment).

Optum's Special Investigations Unit provides a comprehensive and aggressive program to prevent and detect fraud, waste and abuse

One of the key ways we detect fraud and abuse is through the use of data review and analysis. For example, the SIU investigates providers through the use of its Provider Verification process/database. This process is used to verify key licensing and demographic information of providers who have submitted claims. When non-contracted providers submit first-time claims or status changes (i.e., change of address information), their names and tax identification numbers are processed through the Provider Verification system. This verification process may reveal information indicating the need to investigate providers further. The recommendation for further investigation is made when the provider is suspected or alleged to be involved in health care fraud or abusive billing practices or when the verification system is unable to verify the provider's existence.

The SIU also continually monitors network providers through the use of software tools that examine paid claims data to identify irregular or suspicious practice patterns. For example, providers' billing practices are compared, by specialty and region, to identify provider aberrancies, inappropriate billing patterns, and potential fraudulent or abusive practices. The reports from these analyses are used to identify providers and scenarios worthy of additional prospective investigation by flagging providers or suspicious billing schemes so that claims are stopped and reviewed before payment and/or investigated retrospectively.

In addition, the SIU has successfully integrated its fraud and abuse detection methodologies into "live" and "real-time" claims stream data, which allows it to detect more fraud up front. This has proven to be an effective addition to our well-established and effective back-end claims review. One key success in this area is the Prospective 2.0 program, which includes existing provider-centric and claims-centric methods of identifying aberrant billing patterns and new and unique predictive modeling, which scores claims based on proprietary algorithms and logic. This proactive intervention enables us to assess the overall risk that a given claim is fraudulent or abusive.

Optum has an aggressive and successful program to recover improper payments

Optum is widely acknowledged as an innovator in the area of data analytics and trending analysis and is continuously developing new tools and processes and adapting existing tools and processes to prevent future losses arising from fraudulent or abusive practices. Optum also has an aggressive and successful program to recover improper payments and devotes considerable time and resources in training claims and SIU staff on fraud detection and prevention, including education on trends and ever-changing fraud schemes. We make industry vigilance and cooperation with anti-fraud associations and other insurers a high priority. For all of these reasons, the SIU is highly successful in detecting, preventing, and investigating suspected fraud and abuse and in recovering improper payments.

c. The Contractor shall have documentation to support that safeguards at least equal to federal safeguards at 41 USC 423, section 22101-21077 are in place.

Optum will meet the requirement to have documentation that supports safeguards that are equal to the federal safeguards.

d. The Contractor shall provide the IDHW with the Contractor's policies and procedures on handling fraud and abuse including responding to IDHW requests for records and documentation of any sort such as provider agreements and all written and telephonic communications with a provider per the terms of the contract.

Optum will provide the IDHW with our policies and procedures on handling fraud and abuse.

e. The Contractor shall report possible instances of Medicaid fraud to the IDHW within contractual timeframes. This information shall be reported in the quarterly Surveillance Activities Report.

Optum will provide quarterly reports and other reporting of any Medicaid fraud to the IDHW as requested and per the contractual timeframes.

f. The Contractor shall describe how frequently, and by what method, it shall assure that providers' CPT billing accurately reflects the level of services provided to Members so that there is no intentional or unintentional up-coding or miscoding of services.

Our claims system automatically verifies a number of claim aspects and any discrepancies trigger investigation for potential subscriber fraud and abuse, overcharges and other problem areas.

As part of our process to assure proper coding on provider claims, we check to ensure that our claims examiners use the codes provided by our providers and our system is configured to match the services billed to the provider's licensure level. For example, our system will automatically deny an LCSW's billing for 90862 because medication management is covered by M.D.s and nurses with prescriptive authority.

These algorithms are built into our system so that these types of issues are automatically triggered on a daily basis.

g. The Contractor shall have in place a method to verify whether services reimbursed by the Contractor were actually furnished to eligible Members as billed by providers.

To verify whether services were actually furnished to eligible Members, we regularly audit claims and as part of this process, we audit a random sample of claims that were processed the previous day. A quality assurance reviewer ensures that the claim was processed correctly

according to the criteria listed on the Claims Quality Assurance Audit Sheet. A short list of items audited includes the following:

- Member eligibility
- Application of proper benefit levels
- Accuracy of data input
- Application of correct allowable amount
- Determination and accuracy of coordination of benefits
- Determination that the claim is not a duplicate submission
- Determination that services were clinically appropriate in accordance with the terms of the Member's benefits

In addition, we conduct a weekly pre-disbursement audit of large-dollar claims to ensure that all payment information is correct.

Chart Audits

In addition to the Claims Quality Assurance Audit Sheet, Optum Idaho staff will be conducting chart audits as part of our utilization management program. As part of those audits, we will verify the documented services for comparison with billed services. Any discrepancy noted will trigger additional reviews of the clinical records and claims submitted by that provider.

h. The Contractor shall provide the IDHW with a quarterly update of surveillance activity, including corrective actions taken. This information should be reported in the Surveillance Report.

Optum will provide quarterly reports, including corrective actions taken to the IDHW. Both trends and common errors are reported to claim management, along with recommendations for corrective action.

i. The Contractor shall have administrative and management arrangements or procedures, and a mandatory compliance plan that are designed to guard against fraud and abuse and include the following:

As noted in response to previous questions, Optum will implement a compliance plan that not only will meet all the above requirements, but also has been recognized nationally as an innovative and effective approach to detecting and preventing fraud and abuse. Optum's policies, procedures and practices are fully compliant with all the requirements in this section.

i. Written policies, procedures, and standards of conduct consistent with all applicable federal and state laws pertaining to fraud and abuse;

Optum will have written policies, procedures and standards of conduct consistent with applicable federal and Idaho laws pertaining to fraud and abuse.

ii. The designation of a compliance officer and a compliance committee that are accountable to senior management;

Optum has a designated Chief Compliance Officer who manages the Optum Compliance Department and has direct responsibility for overseeing all activities under the Optum Compliance Program. The Optum Compliance Committee advises and assists the Chief Compliance Officer in the implementation of the Compliance Program to ensure that it

effectively prevents, detects and corrects misconduct and promotes ethical behavior and integrity.

iii. Effective training and education for the compliance officer and the staff;

Optum employees participate in the computer-based compliance training programs that are required of all UnitedHealth Group employees, and the Chief Compliance Officer supports these training programs through communications and other activities. The Optum Compliance Department also develops, coordinates, and/or presents additional training programs for Optum employees.

Our employees complete training courses on a variety of topics, including conflicts of interest, business courtesies, privacy and information security and anticorruption. Contractors are also required to complete training courses on various topics.

In addition to training required by law or regulation, compliance staff may provide or coordinate training regarding company policies, compliance program elements or other compliance topics. Compliance training may take a variety of forms and may include live presentations, webcasts, computer-based training, and other methods.

iv. Effective lines of communication between the compliance officer and staff;

In addition to periodic communications to UnitedHealth Group employees by UnitedHealth Group's Chief Compliance Officer and staff, members of the Optum Compliance staff regularly communicate with employees, formally and informally, about compliance requirements and issues related to Optum.

The Optum Chief Compliance Officer works with the company's internal communications function to develop an annual compliance communications plan and coordinate a variety of compliance-related communications and awareness activities. These include messages directly from the Chief Compliance Officer, as well as messages embedded in other communications (such as employee newsletters).

Additionally, compliance staff routinely participate in business meetings and on project teams where they are able to increase awareness of compliance requirements and provide proactive guidance.

v. Enforcement of standards through well-publicized disciplinary guidelines;

Standards are enforced through the UnitedHealth Group Code of Conduct. Our Principles of Ethics and Integrity are a core element in our Compliance and Ethics Program. The Code of Conduct provides guidelines to help our employees, directors and contractors sustain high standards of ethical behavior. All employees are trained on the content of the Code and are required to certify that they are familiar with it and will act in accordance with its requirement to abide by all applicable laws, regulations, policies and standards of conduct. The most current version of the Code of Conduct is always available through Frontier, the UnitedHealth Group intranet site.

The UnitedHealth Group Code of Ethics applies to all employees, and all are required to certify annually that they will act in accordance with its requirements

In order to foster a culture of accountability, we require employees to report suspected illegal or unethical conduct, including violations of law, contractual obligations and company policies or concerns about accounting, internal controls, auditing matters or

suspected fraud and abuse. We maintain a confidential reporting hotline that is available 24 hours a day, seven days a week where employees and contractors may report matters anonymously if they choose and without fear of retaliation.

In addition, UnitedHealth Group has developed enterprise compliance policies that apply to all employees and, in some cases, contractors. These compliance policies are referenced in the Code of Conduct, and current versions of these policies are located on the company intranet and may be accessed through the internal Shared Policy and Resource Knowledgebase Policy Center.

These written standards communicate organizational values and expectations regarding employee behavior, establish internal standards for compliance with laws and regulations, and help employees understand the consequences of noncompliance to both the organization and the individual.

The Chief Compliance Officer coordinates as needed with Optum management and the Human Capital function to initiate appropriate discipline to address instances of employee misconduct, including violations of the Code of Conduct, Optum privacy policies, or applicable laws. The Code of Conduct and related policies specify that violations will be taken seriously and may lead to disciplinary action, up to and including termination of employment.

vi. Provision for internal monitoring and auditing, including inspection and audit of financial records per 42 CFR § 438.6(g);

Optum will meet the provisions for internal monitoring and auditing, including inspection of financial records pursuant to 42 CFR § 438.6(g).

The Optum Compliance Department manages an annual assessment plan, which includes formal assessments to validate the effectiveness of internal controls and check compliance with applicable laws, regulations, contractual requirements and company policies and procedures. The scope of each assessment varies, depending on strength of controls, inherent risk and likelihood of process defects.

vii. Provisions for prompt response to detected offenses, and for development of corrective action initiatives relating to the contract services;

Optum will meet the provisions for prompt response to detected offenses and for development of corrective action initiatives relating to contract services.

Should any compliance investigation reveals ethical failure, systemic deficiencies, or noncompliance with laws or policies, Compliance staff will work with appropriate management to ensure that appropriate corrective action is implemented and documented.

Compliance staff will oversee the implementation of corrective action plans to avoid recurrence of such deficiencies. The Chief Compliance Officer, in consultation with legal counsel, also determines whether reporting of the incident to state or federal regulatory or enforcement authorities or others is required or appropriate.

viii. Written procedures in place to suspend payment in accordance with Affordable Care Act provisions, Section 6402(h)(2), as well as IDAPA 16.05.07, The Investigation and Enforcement of Fraud, Abuse, and Misconduct;

Optum maintains written procedures related to the suspension of network provider status and payment as well as other actions when fraud, abuse and/or mis-conduct suspicions are founded.

We also have an aggressive and successful program to recover improper payments. We devote considerable time and resources in training claims and Special Investigations Unit (SIU) staff on fraud detection and prevention, including education on trends and ever-changing fraud schemes. We also make industry vigilance and cooperation with anti-fraud associations and other insurers a high priority.

ix. Responsibility to check the Medicaid Program Integrity Unit's Termination and Outstanding Debt List and not enter into agreements with providers who have been terminated or have outstanding debts. The list can be found at: http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/ProviderExclusionList.pdf;

Optum will check the Medicaid Program Integrity Unit's Termination and Outstanding Debt List and not enter into agreements with providers who have been terminated or have outstanding debts. We will set-up our screening protocols to regularly check this list.

x. Provision of a comprehensive written Work Plan which shall include timelines for formal communications and trainings to the provider network, no less than annually, on topics of fraud and abuse, including the Medicaid Program Integrity Unit's contact information. The trainings need to be reported in the annual Provider Training Report; and

Optum will provide a comprehensive annual Work Plan with timelines of training and communications for the provider network.

xi. Reporting receipt of any complaints of fraud or abuse from any sources to the Medicaid Program Integrity Unit. Additionally, any information obtained regarding the abuse or exploitation of adults shall be reported to the Medicaid Program Integrity Unit.

Optum will provide quarterly reports of complaints of fraud or abuse to the Medicaid Program Integrity Unit.

Optum Idaho's Regional Care Managers may meet face-to-face with Members and Intensive Care Managers may talk directly with Members. If, in the process of those conversations, a Care Manager obtains information about abuse or exploitation of adults, or suspects abuse or exploitation of adults, the information will be reported to the Medicaid Program Integrity Unit.

8. Report of Fraud, Waste, Abuse:

a. The Contractor shall submit, quarterly, a Surveillance Report to the IDHW detailing all incidents of fraud, waste and abuse detected, reported to, reviewed or investigated by the Contractor. The report shall, at a minimum, provide:

i. The current status and resolution of all fraud, waste, and abuse incidents detected or referred to the Contractor including the name and identification number, sources of complaint, type of provider, nature of complaint, approximate dollars involved and legal and administrative disposition of the case;

ii. The number of provider reviews opened, pending, and completed for the current quarter, year to date, and averages per quarter;

iii. Fraud and/or abuse issues identified;

iv. Overpayment amounts identified in the quarter, contract to date, and average amount per quarter;

v. Means by which overpayments were identified;

vi. Actions taken;

vii. Recoupment amount collected in the previous quarter, contract to date, and average amount per quarter;

viii. Any provider education that the Contractor delivered;

ix. Number of cases before the IDHW awaiting approval;

x. Number of cases recommended for referral to Bureau of Audits and Investigations and the Medicaid Fraud Control Unit (MFCU);

xi. Number of provider appeals filed;

xii. Case status of appeals; and

xiii. Discussion that may include, but is not limited to, problems encountered, provider specific or statewide trends noted, and regulation revisions needed.

Optum will provide quarterly reports and other reporting of any Medicaid fraud to the IDHW as requested and per the contractual timeframes. We regularly provide similar reports in other Medicaid contracts and will adapt those reports to meet IDHW's requirements. If they are detected, Optum Idaho will note trends in our quarterly reports and suggest regulation revisions as needed

Optum is widely acknowledged as an innovator in the area of data analytics and trending analysis and is continuously developing new tools and processes and adapting existing tools and processes to prevent future losses arising from fraudulent or abusive practices.

xiv. In partnering with the Medicaid Program Integrity Unit the Contractor shall make available to the IDHW within five (5) business days upon request:

(1) Copies of individual provider contracts

(2) Copies of prior authorizations

(3) All written communication between the Contractor and a specified provider.

Optum Idaho will make all required materials available to IDHW upon request.

b. The Contractor shall furnish the IDHW, the Secretary of the U.S. Department of Health and Human Services (DHHS), or the IDHW's Idaho Medicaid Fraud Control Unit (MFCU) with such information as it may request regarding payments claimed for services provided.

Optum and Optum Idaho will comply with this requirement. In most public sector contracts, we report potential waste, fraud and abuse to the State Medicaid agency and work together to determine the best way to conduct further investigations.

c. The Contractor shall grant the IDHW, DHHS and/or MFCU access during the C Contractor's or subcontractors' regular business hours to examine health service and financial records related to a health service billed to a program. The IDHW will:

i. Notify the Contractor or subcontractor before obtaining access to a health service or financial record, unless the Contractor or subcontractor waives notice.

iii. Send a monthly Excel file to the Contractor of any providers that have had payment suspended or have been terminated by CMS.

Optum Idaho will ensure that IDHW and other related state and federal entities can have access to health service and financial records during regular business hours. We will incorporate information provided by IDHW into our management information system.

9. Compliance Program Plan:

a. The Contractor shall submit, annually for approval, its Compliance Program Plan.

Optum will have a Compliance Program Plan and will submit this plan annually for approval to the IDHW. We regularly provide this for our other Medicaid customers and we look forward to tailoring our Plan to meet the IDHW's needs.

The Optum Compliance Program incorporates the seven required elements under the U.S. Sentencing Guidelines:

- Oversight of the Integrity and Compliance Program
- Development and implementation of ethical standards and business conduct policies
- Creating awareness of the standards and policies by education of employees
- Assessing compliance by monitoring and auditing
- Responding to allegations or information regarding violations
- Enforcement of policies and discipline for confirmed misconduct or serious neglect of duty
- Reporting mechanisms for employees, managers and others to alert management and/or the integrity and Compliance Program staff to violations of law, regulations, policies and procedures or contractual obligations

b. The Contractor shall submit, within forty five (45) calendar days of the effective date of this contract, a copy of the written policies identified in the Program Integrity section of the base contract detailing compliance with:

Optum will submit a copy of our written policies identified in the Program Integrity section of the base contract detailing compliance within forty five (45) calendar days of the effective date of this contract.

i. The False Claims Act, 31 USC §§ 3729, et seq.;

Optum will submit a copy of the UnitedHealth Group Integrity of Claims, Reports, and Representations to the Government (False Claims Law) policy within 45 calendar days of the effective date of this contract. This enterprise policy details our organizations commitment to compliance with the Federal False Claims Act, State False Claims Acts and the Whistleblower protections thereunder.

ii. Administrative remedies for false claims and statements;

Optum will submit a copy of the UnitedHealth Group Integrity of Claims, Reports, and Representations to the Government (False Claims Law) within 45 calendar days of the effective date of this contract. This enterprise policy sets forth the civil penalties can be imposed on any person or entity that violates the federal False Claims Act.

iii. State laws relating to civil or criminal penalties and statements;

Optum will submit a copy of the UnitedHealth Group Integrity of Claims, Reports, and Representations to the Government (False Claims Law) within 45 calendar days of the effective date of this contract. This enterprise policy requires compliance with the requirements of state laws that prohibit the submission of false claims in connection with federal health care programs.

iv. State laws relating to civil or criminal penalties for false claims and statements; and

Optum will submit a copy of the UnitedHealth Group Integrity of Claims, Reports, and Representations to the Government (False Claims Law) within 45 calendar days of the effective date of this contract. This enterprise policy sets forth the civil penalties can be imposed on any person or entity that violates any state False Claims Acts, and it is being updated to address laws of the State of Idaho

v. Whistleblower protections under such laws.

Optum expressly prohibits retaliation against employees who, in good faith, report or participate in the investigation of compliance concerns, or who, in good faith, investigate, file, or participate in a whistleblower action. Optum will submit a copy of the UnitedHealth Group Integrity of Claims, Reports, and Representations to the Government (False Claims Law) policy and the UnitedHealth Group Non-Retaliation policy which detail our compliance with whistleblower protections under such laws within 45 calendar days of the effective date of this contract.

c. The Contractor shall submit, annually, within thirty (30) business days of the IDHW's notification letter, written assurance of compliance with the False Claims Act to the IDHW's Program Integrity Unit.

Optum will annually submit written assurance of compliance with the False Claims Act to the IDHW's Program Integrity Unit within 30 business days of the IDHW's notification letter. The Optum Idaho Account Manager for Compliance will prepare the report, which will be signed and submitted by the Optum Idaho Contract Manager.

d. The Contractor may not knowingly have a relationship with the following per 42 CFR § 438.610(a) and (b):

i. An individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under presidential Executive Order No.12549 or under guidelines implementing presidential Executive Order No. 12549; or

UnitedHealth Group conducts sanction and debarment checks on employees and contingent workers as part of the hiring process and on an annual basis. If an individual is sanctioned by the GSA or OIG, or if an individual is debarred from participating in any federal or state program, it

may result in review of responsibilities and consequences up to and including termination of employment or contingent worker engagement.

We monitor each vendor or partner on a monthly basis.

ii. An individual who is an affiliate, as defined in the Federal Acquisition Regulation, of a person described in paragraph (a)(1) of the regulation.

Optum will comply with this requirement as described above.

e. For the purposes of this section, "Relationship" is defined as follows:

i. A director, officer, or partner of the Contractor;

Optum will comply with this requirement.

ii. A person with beneficial ownership of five percent or more of the Contractor's equity; or

Optum will comply with this requirement.

iii. A person with an employment, consulting or other arrangement with the Contractor under its contract with the IDHW.

Optum will comply with this requirement. Additionally, our pre-employment screening includes both a background investigation and a drug test. In some situations, depending on the position there may also be tuberculosis testing and/or license verification. Employment may not begin until the background and drug screening has been completed according to our parent company, UnitedHealth Group's, policy.

We conduct some or all of the following searches as part of the screening process on each candidate or prospective contingent worker:

- Social Security number verification
- Criminal records check (federal, state and local)
- National Criminal Record Locator check
- Exclusions from government health care programs
- Education verification
- Employment verification
- Verification of professional license
- Verification of certification
- Department of Motor Vehicles check
- Search of federal database of known terrorists

Additionally, we conduct annual background checks on all employees. This background check includes the following:

- National Criminal Record Locator check
- County criminal search

f. The Contractor shall notify the IDHW of any person or corporation that has 5% or more ownership or controlling interest in the Contractor.

Optum Behavioral Solutions is a brand name of United Behavioral Health (UBH). UBH is a wholly owned subsidiary of Optum Holdings, LLC, whose ultimate parent company is UnitedHealth Group Incorporated.

g. The Contractor shall not expend Medicaid funds for providers excluded by Medicare, Medicaid, or SCHIP.

We will not expend Medicaid funds for providers excluded from participation in Medicare, Medicaid or other government healthcare programs, including SCHIP. As part of our credentialing processes, we exclude providers that have been debarred from participation in any of these programs in order to qualify for credentialing in our network.

10. Unique Identifier:

a. The Contractor shall require each individually contracted provider to have a unique identifier.

We require both a National Provider Identifier (NPI) as well as a Tax ID number from every network provider.

11. Encounter Data:

a. The Contractor shall submit encounter data to the IDHW and/or its designee on all State Plan services. The Contractor shall submit data certifications for all data utilized for the purposes of rate setting (42 C.F.R. 438.604 and 438.606).

Optum will submit encounter data to the IDHW and/or its designee on all State Plan services. We shall submit data certifications for all data utilized for the purposes of rate setting in accordance with 42 C.F.R. 438.604 and 438.606.

Through our experience with Medicaid health plans, states, counties, and employers, Optum has acquired the expertise and systems to gather, edit, and transmit all state, IDHW-required encounter reports according to specific reporting criteria to authorized stakeholders and funding agencies. Optum will submit encounter/claims data that meets all data collection, processing, quality, and submission standards.

We have an integrated platform that will provide accurate claims/encounters. Our systems are engineered to work synergistically, by ensuring that each step reduces administrative burden and provides accurate information to be collected, enabling every step of the process from registration to claims adjudication to be integrated with auto validation for completeness, quality, auditing, and payment. Our Claims Management technology will evaluate encounter/claims submissions to the same quality and consistency standards regardless of the payment methodology (pre vs. post payment). The enforcement of these standards will facilitate our ability to accurately administer each funding source, produce consistent reporting, and provide timely and accurate encounter data to our funding agencies.

All encounters and necessary supporting data will be evaluated through our National Encounter Management Information System (NEMIS) prior to submission to the IDHW.

b. Data certification shall include certification that data submitted is accurate, complete and truthful, and that all "paid" encounters are for covered services provided to or for enrolled Members.

All data certification shall include certification that data submitted is accurate, complete and truthful, and that all "paid" encounters are for covered services provided to or for enrolled Members.

Our claims processing system includes a wide variety of up-front edits to ensure accurate payment is made, and there are no post-review denials. These edits include same day/same service checks; duplicate checking; eligibility verification; matching claim to authorized services; checking appropriate service codes, procedure codes, and diagnosis codes; and provider edits such as accurate taxpayer identification numbers (TINs) and provider status. Any of these edits will stop a claim from being submitted, that would otherwise be denied post-review.

c. Data submission shall comply with the federal confidentiality requirements of 42 CFR Part 2, and may require the development of Qualified Service Organization Agreements (QSOA).

Optum will comply with the federal confidentiality requirements related to substance abuse services and 42 CFR Part 2. If necessary, Optum will participate in the development of Qualified Service Organization Agreements.

d. The Contractor shall submit encounter claims data to the IDHW for submittal to the Medicaid Management Information System (MMIS) on a monthly basis, no later than thirty (30) calendar days following the data collection month.

Optum will submit encounter claims data to the IDHW for submittal to the Medicaid Management Information System (MMIS) on a monthly basis. We understand this data is to be submitted no later than thirty (30) calendar days following the data collection month.

e. In addition, the Contractor shall submit encounter data to the IDHW on a quarterly basis in a flat data file format. These files are due no later than sixty (60) calendar days following the data collection quarter. The IDHW reserves the right to change format requirements at any time, following consultation with the Contractor and retains the right to make the final decision regarding format submission requirements.

Optum will submit encounter data to the IDHW on a quarterly basis in a flat data file format. We understand these files are due no later than sixty (60) calendar days following the data collection quarter.

12. Record-Keeping:

a. The Contractor shall maintain records in accordance with requirements at 45 CFR § 4.53(a) and (b):

> **i. Books, records, documents, and other evidence (hereinafter referred to as records) documenting the costs and expenses of the contract to the extent and in such detail as will properly reflect all net costs (direct and indirect) of labor, materials, equipment, supplies, services, etc., for which payment is made under the contract.**

ii. All medical records pertaining to treatment services and supports provided under the contract.

iii. All records for the duration of the contract period and for six (6) years after the date the final payment is made to the Contractor or for the duration of contested case proceedings, whichever is longer.

Optum will maintain records in accordance with requirements 45 CFR § 4.53(a) and (b).

Optum is guided by UnitedHealth Group enterprise-wide written policies and procedures related to the storage of records. Our Enterprise Records Management (ERM) Policy outlines the governance and accountability for incorporating records retention requirements into information and data management functions.

Additionally, UnitedHealth Group uses the Retention Manager 3 application, which is a database of the federal, state and agency regulations specific to recordkeeping requirements. We receive quarterly updates that reflect any changes to the statutes for retention periods. Statutory-based changes are automatically adopted without review.

b. At the contract conclusion, the Contractor shall turn over a copy or the originals of all records to the IDHW or a party designated by the IDHW.

At the contract conclusion Optum will turn over a copy or the originals of all records to the IDHW or a party designated by the IDHW.

c. Medical records shall be transferred to a new Contractor upon request of the IDHW.

Optum will transfer medical records to a new Contractor upon request of the IDHW and as detailed in the provisions of an executed service agreement between Optum and the IDHW.

13. Access:

a. The Contractor shall permit any authorized representative of the State of Idaho or the Comptroller General of the United States, or any other authorized representative of the United States Government, to access and examine, audit, excerpt, and transcribe any directly pertinent books, documents, papers, electronic, or optically stored and created records, or other records of the contractor relating to the contract, wherever such records may be located in accordance with 42 CFR § 438.6(g) The Contractor shall permit any authorized representative of the State of Idaho or the Comptroller General of the United States, or any other authorized representative of the United States Government to evaluate through inspection or other means, the quality, appropriateness and timeliness of services performed under the contract per 42 CFR § 434.6(a)(5) . The Contractor shall not impose a charge for audit or examination of the Contractor's records.

Optum will permit any authorized representative of the State of Idaho or the Comptroller General of the United States, or any other authorized representative of the United States Government, to access and examine, audit, excerpt, and transcribe any relevant materials, as well as the quality, appropriateness and timeliness of services performed. We will not charge for audit or examination.

External audits will be performed as required and/or defined by contractual requirements with Optum and the IDHW.

b. The Contractor shall provide to the IDHW upon request, all written program records including, but not limited to, statistical information, board and other administrative records, and financial records, including budget, accounting activities, financial statements, and the annual audit.

Optum will provide the IDHW upon request all written program records including, but not limited to, statistical information, board and other administrative records, and financial records, including budget, accounting activities, financial statements, and the annual audit.

c. Subcontractors shall comply with all of the requirements of this section for all records related to the performance of the contract.

Optum and Optum Idaho will hold ProtoCall and our provider network responsible to comply with all requirements of this section for all records related to the performance of the contract. . We also regularly require any subcontractors, including our network providers, to certify that they are compliant with all governing laws and regulations.

HH. ANNUAL NETWORK DEVELOPMENT AND MANAGEMENT PLAN:

The Contractor shall submit to the IDHW an annual Network Development and Management Plan, which contains specific action steps and measurable outcomes that are aligned with the IDHW provider network requirements. The Network Development and Management Plan shall take into account regional needs and incorporate region-wide, network-specific goals and objectives developed in collaboration with the IDHW. At a minimum, the analysis shall be derived from:

1. Quantitative data, including performance on appointment standards/appointment availability, eligibility/enrollment data, utilization data including a report of outliers, the network inventory, demographic (age/gender/race /ethnicity) and data.

2. Qualitative data (including outcomes data), when available; grievance information; concerns reported by Members; grievance, appeals, and request for hearings data; behavioral health Member satisfaction survey results, and prevalent diagnoses.

3. Status of provider network issues within the prior year that were significant or required corrective action by the IDHW including findings from the Contractor's annual administrative review work.

4. A summary of network development and management activities conducted during the prior year which includes efforts for developing providers outside the agency/clinic model.

5. Plans to correct any current material network gaps and barriers to network development.

6. Priority areas for network development and management activities for the following year, goals, action steps, timelines, performance targets, and measurement methodologies for addressing the priorities.

7. The participation of stakeholders in the annual network planning process.

a. The Contractor's Work Plan shall be approved by the IDHW.

b. The Contractor shall submit progress reports as requested by the IDHW.

Optum has reviewed Section HH and will comply with all requirements outlined in the section. The Optum Idaho Network Director or his/her designee will complete an annual Network Development and Management Plan each year and submit it to the IDHW Contract Manager. The Plan will reflect input from Members and Providers as well as other stakeholder groups as appropriate.

II. (E) DATA TRACKING AND UTILIZATION INFORMATION SYSTEM:

The Contractor shall provide a Data Tracking and Utilization Information System to collect and compile data, analyze the data, generate both electronic and hard copy reports in an Excel format, and store, maintain and manage data as required in this RFP, and outlined in Attachment 6 - Technical Requirements. The Contractor shall be responsible for all programming functions and costs associated with the use and maintenance of the system. The Contractor shall adhere to the timelines established in Attachment 9 - Initial Deliverables, and Attachment 10 - Readiness Review. The Data Tracking and Utilization Information System shall be fully operational within one-hundred twenty (120) calendar days of the effective date of the contract.

1. Submit, with your proposal, a detailed description of your proposed Data Tracking and Utilization Information System.

Overview: Optum is committed to continuous investment in information systems—people, process and technology—to improve the quality and cost of care for our customers. We continuously make investments in our technology capabilities to adapt to changing and improving business practices, policies, and state regulatory and business requirements. Following are standards, policies, architectures and plans that ensure we provide the IDHW with a robust Data Tracking and Utilization Information System that provides secure, consistent access and backup of critical data.

LINX—Enterprise-wide Clinical Management System

LINX is the Optum enterprise-wide, integrated Clinical Management System that consolidates member health information. Our integrated health services software has been carefully designed to match the workflow of our clinical staff, providing an easy and convenient way to enter or find information about all aspects of a member's care. A single member record is capable of displaying all of the following data:

- Complete demographic information, including dependent relationships
- Eligibility information and a list of external benefits, along with notes and contact information for coordinating services (if provided by the customer)
- Optum services of any type received by the member, such as referrals
- Full information about the member's diagnosis and treatment authorizations
- Contact information for all providers to whom the member has seen
- Detailed notes from intake and all subsequent reviews, covering the member's full treatment history
- Background information regarding precipitating factors, support systems, medical history, and/or any medications currently being taken
- Notes regarding all follow-up or other contacts, including any appeals

In addition, the software gives our clinical staff the ability to search for network providers without leaving the member record. For example, a clinical staff member can find a provider by name or geographical proximity (with the capability to identify preferences for ethnicity, language, gender, expertise, licensure, and accessibility), then proceed immediately to certify outpatient treatment. The software's user-friendly design frees our clinical staff to spend their

time helping members rather than looking up information, switching between multiple applications, or shuffling through papers.

COSMOS—Member Enrollment and Claims Processing System

Our proprietary COSMOS platform (Comprehensive Online Software for Management and Operational Support), for core transaction and claims processing, is a highly flexible and complete system. Because of the flexibility and design of COSMOS, Optum Idaho will be able to meet all of the MIS requirements described in the RFP. The fact that COSMOS is proprietary means that we are able to maintain and update the system to meet customer requirements in a timely manner, moving quickly when implementing new programs. For example, our MIS system received 5010 certification far in advance of most vendor supported systems.

The Optum Technology Platform has the transaction capacity and capability to meet all IDHW reporting requirements, in conjunction with the Enterprise Data Warehouse. The platform's open interface architecture is flexible in accepting many electronic data formats, including HIPAA standard formats such as the 270/271, 276 /277, 278, 820, 834, 835 and 837 as well as proprietary/local formats and data transmissions from state agencies and their contractors. Platform applications also have the capability to produce data outputs for the IDHW and Idaho providers. Platform applications can produce outputs in user-friendly reporting formats. Prior to data transmission, Optum confirms secure transmission methods for all data exchanges by validating end to end delivery with test files that do not contain PHI. Optum will ensure completeness and accuracy of all data exchanges via intensive unit, systems and end-to-end testing as we do with all implementations. We will engage IDHW at specific checkpoints during our configuration and testing to ensure batch interfaces are performing as intended. For example, test enrollment data will be requested from IDHW. Data will be loaded into COSMOS where we conduct use case testing of our system on behalf of IDHW to verify that various enrollment scenarios have been executed to specification.

The COSMOS system will support the IDHWs goal of moving to a managed care model. The system's flexibility provides the capability to process capitated claims on the same database as fee-for-service claims. It also has the ability to pay different payment-benefit levels depending on which of the three Benchmark Plans the consumer is covered under, and whether services were authorized. Thus making a transition to managed care as painless as possible.

Architected for Scalability

The growth of system capacity, without interruption in service, is a core value for Optum; therefore, we follow a formal path for scalability. The Optum technology approach consists of architecting our systems for scalability, monitoring and modeling existing and anticipated processing loads, budgeting for upgrades, and deployment of additional capacity. This means that the addition of 100,000-160,000 members in 2014, due to the Affordable Care Act, will not negatively impact system performance.

Scalability: When designing the architecture that our core transaction systems will operate on, the goal was to achieve high-availability while allowing for horizontal and vertical growth of processing capabilities. We accomplished this through load-balancing software and hardware that employs data replication to multiple database servers for our core business systems. This maintains peak performance, and allows us to increase capacity vertically through additional CPUs, RAM, and storage to existing servers, and horizontally through the addition of servers to

the load-balancing or database clusters. VMWare is utilized to create and manage virtual servers across physical servers and SANs, thus providing the flexibility to add systems capacity in multiple ways, allows us to quickly introduce routine upgrades while giving us the latitude to plan for significant increases in computing needs without risk of downtime.

2. Describe how you will:

a. Ensure system is functional and accessible to allow the IDHW to retrieve reports via Secure File Transfer Protocol (SFTP) from the Contractor.

b. Ensure all of the required data elements identified in the Scope of Work and Reports section are included into the Data Tracking and Utilization Information System.

Ensuring System Functionality and Accessibility

Optum will ensure that our systems are functional and accessible for the IDHW to retrieve reports via SFTP in a multi-layered approach. This approach involves modeling and monitoring the systems, planned capacity increases, and our extensive Business Continuity efforts described in detail in the next section of this proposal.

Optum uses Hewlett Packard's OpenView® software, and Silk Segue to measure the end-to-end performance of our systems, diagnose any bottlenecks, and tune for better performance. We add system capacity as utilization approaches predefined thresholds, and is identified by Openview Alarms. We regularly stress test using Mercury LoadRunner across our applications and network, particularly in anticipation of upcoming business growth, and model the impact of such growth on the systems. This helps us to determine how much additional systems capacity is needed.

Budgeting: We plan our system upgrades during our annual budget cycle. We evaluate the need for new capacity, hardware upgrades, and version upgrades during this time, and will share our plans each year for any systems utilized in Idaho. If Optum is awarded the Idaho contract, we anticipate additional membership of approximately 225,000 consumers managed by our systems, with the number growing to 325,000 to 400,000 in 2014 due to the Affordable Care Act. **Capacity for this increase is well within the boundary of our existing system installation and upgrade plans.**

Deploying Additional Capacity: If additional capacity is required in our core business systems, we will follow strict internal processes on upgrading systems so there is little or no downtime for the user. This change management process includes separate phases for planning, testing and rolling out significant hardware upgrades and/or new software versions. Optum utilizes this process, and the vast depth of knowledge our 7,000 IT staff possess to support our standard business goal of over 99% uptime on our core business systems, which we plan to meet or exceed for this contract.

Required Data Elements Identified and Included

Optum has reviewed all of the required data elements identified in the Scope of Work and Reports section, and will ensure they are included in our Data Tracking and Utilization Information System. **Optum already has the system's infrastructure in place to support the IDHW requirements**, and many customizations necessary for the Idaho contract can be made without software modifications. The claims and care advocacy systems functions are based on a

large number of configuration tables. Thus, when custom logic is required, only small modules are added or changed without impacting the core system.

Optum possesses the capacity to enhance all core mission critical software. Optum fully owns the source code for internally developed applications, maintains source code in escrow, or has negotiated and purchased the rights to internally customize enhancements to purchased software. To protect our substantial development investments in deployed third party software, Optum maintains agreements with each vendor to place their source code in escrow. In the event that the vendor can either no longer maintain service levels as defined by contract or is no longer a going concern, Optum can execute the right to obtain full ownership of third party software source code. Optum also maintains a highly trained team of internal staff and external consultants that are fully capable of enhancing all core mission critical software. While Optum has the scale and resources to internally develop any required software, as new requirements are identified, Optum gives careful consideration to what course will yield the best solution for our customers and employees. Factors analyzed include the unique nature of the requirements, availability of supporting skilled development resources, the ability to access a broad base of user experience, and access to a skilled labor force with application experience.

For larger core system changes, Optum owned software is released quarterly. (Those involving a small number of minor changes may be released monthly, however, all system changes go through the Change Advisory Board (CAB).) Optum either fully owns the source code for internally developed applications, or has negotiated and purchased the rights to internally customize enhancements to purchased software for the systems proposed here, which eliminates dependencies on external vendor release schedules and priorities. This allows rapid changes to be made to our core systems when necessary.

Project enhancement and support/maintenance requests are submitted by Optum business units via a formal process, which will be overseen by the Information Technology Governance Committee. This committee comprises Optum Senior Level Executive Management. Non-emergency production changes are incorporated into regularly scheduled platform release cycles, using an established change management process that includes analysis and requirements development, design, coding, unit testing, quality assurance testing, and pre-production rollout planning. The progress of these activities is monitored against a project plan. Platform release content is developed based on criteria such as overall priority, cost benefit, strategic benefit, and available resources.

Projects approved for a given release cycle are completed by teams consisting of IT Business Analysts, Programmers, QA analysts, and designated staff members from the user community. Programming and documentation standards for significant application enhancements include business and systems specifications, use cases (as appropriate), design specifications, and test plans. Project designs are documented to include such detail as system logic, screen layouts, and the impact of a particular change on the entire system. Project designs are reviewed by IT management and other application development teams to determine any potential impact they may have on other systems or applications.

During development, Optum Programming Personnel monitor source code modifications, engage in segregated testing, maintain production and emergency libraries, provide version control, and control source and object code synchronicity. At defined intervals, Programming Staff include completed work in a product build that is delivered to Quality Assurance Staff, who execute

carefully developed test plans (see process flow chart below) and report the results to the Developers and Project Manager for corrections. User-acceptance testing is then performed according to detailed plans, using comprehensive test and non-production data. Final analysis and end-user testing occurs in a segregated environment with specific full production processing regions.

Optum will continually work to minimize any additional burden placed on the providers or consumers with system changes by utilizing a simple approach: we view each change from the perspective of the provider or consumer that will use it. This helps us to understand what type of training and documentation they will need, what communications we will need to create and send out, and potential support requirements they may have. We will continue to solicit feedback from providers and consumers. Our goal is to optimize the provider and consumer experience with each update to our systems, while capturing all required information for the IDHW.

3. Provide samples, with your proposal, of your proposed utilization data reports.

Samples of all proposed quarterly utilization data reports are located in ***Appendix 40***. Please note that our utilization reporting will be customized to IBHP program requirements and will include and analyze only the levels of care covered in the IBHP.

JJ. FAITH-BASED ORGANIZATION:

If Offeror is a faith-based organization describe how it will:

1. Segregate contract funds in a separate account;

2. Serve all Members without regard to religion, religious belief, refusal to hold a religious belief, or refusal to actively participate in a religious practice;

3. Ensure that IDHW referred Members' participation in religious activities, including worship, scripture study, prayer or proselytization, is only on a voluntary basis;

4. Notify Members of the religious nature of the organization, their right to be served without religious discrimination, their right not to take part in inherently religious activities, their right to request an alternative provider and the process for doing so;

5. Ensure that contract funds are not expended on inherently religious activities; and

6. Comply with applicable terms of 42 CFR §§ 54 and 54a, and 45 CFR §§ 260 and 1050.

Not applicable as neither United Behavioral Health, our bidding entity for this proposal, nor Optum is a faith-based organization.

KK. (E) DISASTER RECOVERY PLAN:

The Contractor shall provide and maintain a comprehensive Disaster Recovery Plan that identifies how the Contractor will manage services in the event of a catastrophe (disaster, emergency, flooding, power failure, weather conditions, loss of phone systems, etc.). The Disaster Recovery Plan shall include, but is not limited to, how the Contractor will notify the IDHW when the Contractor's site requires the implementation of the Disaster Recovery Plan, how the Contractor will work with IDHW and Behavioral Health network providers and Members if a catastrophe occurs in Idaho, how services will continue with minimal disruption, how data will be safeguarded and accessible, and how Members will continue to receive behavioral health services.

1. Submit your Disaster Recovery Plan with your proposal. In addition to submitting the Disaster Recovery Plan with the proposal, the Contractor may be required to submit a revised Disaster Recovery Plan for review as outlined in Attachment 10 - Readiness Review.

Optum knows that even the best systems are ineffectual if they are not available. For this reason, we and our parent UHG devote extraordinary attention and resources to Disaster Recovery and Business Continuity (DR-BC). A dual data center design was implemented that utilizes continuous replication of data. This DR center is used frequently, to ensure that transfers of operations works as planned. In addition, critical data is backed up on a regular basis, and stored securely offsite. All of this, along with critical servers, telecommunication system, and network infrastructure is monitored 24 hours a day by the corporate Network Operations Center (NOC). Thus ensuring that the occasional system malfunction has a minimum impact on operations and our systems are available when our consumers need us.

Optum's Disaster Recovery Plans include the following actions: 1) notification of appropriate organizations; 2) establishment of a temporary site; 3) establishment of claim handling procedures; 4) obtaining field office hardware; 5) Re-establishment of communications network; 6) review of personnel requirements; and 7) pre-establishment of recovery timelines. All of our data security controls, including our business continuity and disaster recovery safeguards and plans, are reviewed as part of annual Sarbanes Oxley (SOX) audits and regular SAS/70 Type II audits.

The detailed Idaho-specific Disaster Recovery Plan will be provided during implementation. An overview of our Disaster Recovery program is attached in ***Appendix 41*** titled "Enterprise Resiliency & Response Program Customer Overview".

2. Submit, with your proposal, a detailed description of your back-up plan and system to ensure that, in the event of a power failure or outage, the following are in place and functioning:

a. A back-up system capable of operating the telephone system for the entire time the main system is inoperative, at full capacity, with no interruption of data collection;

b. A notification plan that ensures the IDHW is notified when the Contractor's phone system is inoperative or a back-up system is being utilized; and

c. Manual back-up procedure for processing requests if the system is down.

High system availability is a critical component to the over-all health and success of Optum's business, and our consumers. The core Optum transaction systems, including internet and telecommunication functions, are designed to provide 99% or higher availability, which Optum has maintained over the last ten years, for all telecommunications, web and behavioral health processing systems, with no serious unplanned outages.

Optum's core transaction systems are deployed in a distributed multi-tier architecture, including several front-end processors and database servers designed to maximize availability and responsiveness. Our front-end Citrix servers perform online processing, the front-end Microsoft Windows servers perform batch processing (with exception to Java-based applications), and the database servers perform all database requests whether from batch jobs or on-line activity. All processing is managed by a combination of load balancing software and hardware that employs data replication technologies. This technology maintains peak performance and maximum availability by allowing multiple paths for systems to retrieve and store data. This architecture also enables a level of fault tolerance through use of multiple servers and shared storage configured with RAID and SANs with multipathing, allowing instant recovery from failures in these components.

In the event of a hardware failure (i.e., hard drive failure), our staff is able to continue working until the drives can be replaced with little to no disruption in operations, ensuring real time continuity. Furthermore, Optum's critical systems are implemented with an R+1 (Redundant Plus 1) approach - meaning hardware is replicated and in standby for seamless cut over with failover to secondary devices based on Service Level Agreement requirements for availability. We also perform periodic load-testing of our systems to ensure maximum availability and responsiveness; using the Mercury LoadRunner tool set.

All OPTUM systems are archived in accordance with strict standards developed and enforced by UnitedHealth Group Technology. The specific explanation in this system refers to backup processes for the systems that will be used with IDHW.

These applications include the key systems in Idaho for transaction processing, including our core transaction processing systems claims management powered by Cosmos®, Utilization Management powered by Linx®,, Provider Web Portal, Financial Management powered by PeopleSoft®, Electronic Customer Gateway and industry provider clearinghouses. In the even our Optum Idaho offices are inaccessible or disabled, depending on specific circumstances, our affected staff would work from home or anywhere Internet connectivity is available. The staff will securely connect to our internal network with full access to all systems via our internal Virtual Private Network (VPN). Annual review of each DR plan takes place via a desktop walk through with each entire DR team assigned to the application plan. Each plan addresses a particular set of scenarios; others may be added if Idaho prefers that other scenarios be included.

a.) Internet and Telecommunications Availability: Optum provides multiple paths from different carriers to connect our internal operations and connect to the internet. This allows for a high degree of communications redundancy, and virtually instantaneous recovery from a failure in the affected communication path. For voice communications, we employ an Voice Over IP (VOIP) Cisco and Avaya telephone management system, which is configured with hardware and software fault tolerance that is rated at over 99% reliability and redundancy. If there is a failure in the toll free 1-800 Customer Service line that routes into any of our locations, inbound calls are automatically routed to back-up locations. For example, if the line into our Optum Idaho

office were to fail, calls would be automatically routed to representatives located in one of our out-of-state call centers. We also produce a monthly Systems Availability Report indicating total percentage of system availability, which continues to exceed Optum standards. Copies of System Availability Reports are available upon request. Some of the telecommunication features:

- VoIP service routes calls to any phone with a registered IP address, increasing system flexibility and ensuring a crisis call is always answered—even in the event of a complete worksite outage. All call center routing and user information is duplicated on an Enterprise Survivable Server. Local Survivable Servers maintain service in the event of a WAN failure.
- Avaya CMS provides call routing, advanced vectoring, messaging and information tracking for seamless and efficient call answering service. All offices are fully integrated using Automatic Call Distribution (ACD) functionality allowing employees to login to their queue from any office nationwide. The system features reporting tools used to analyze trends and manage incoming calls to optimize staffing and service levels. OHBS NM conducts real-time monitoring to capture call activity by time, date, call queue and staff member.

b.) Notification Plan: To ensure consistent and swift support in the event of outages, Optum has a documented process for communicating and resolving significant system problems, including staff and management personnel on-call 24 hours a day to respond immediately to any disruptions. These personnel include a director-level incident manager in our Information Services Department and an on-call executive (Assistant Vice President level or higher) to coordinate high-level decisions, with both positions designated on a rotating basis.

To help guide recovery from any threats to IDHW or Optum operations, our Business Continuity Plan outlines procedures, administered by a structured internal management organization. Specific event-management protocols identify the team members responsible for managing the situation and business-critical decision-making, outline their key roles and responsibilities, and specify central coordination of communications, resources, personnel, issues, and other information.

Elements of the plan include processes for internal and external communication in emergency situations (including contact with consumers and key stakeholders) guidelines for ongoing communication to senior staff and customers; backup staffing plans; engineering plans for phone and data systems; the order in which operational and critical systems are restored; and verification of data integrity

c.) Manual Backup System: Optum goes to extraordinary lengths to ensure that a manual system will never be required. The extensive measures described above, along with redundant data centers capable of performing the work of Optum Idaho, and cold/warm sites ready to house staff in the event of prolonged service center outage. In the incredibly unlikely event that a nation-wide catastrophe occurs that renders these measures moot, there will be a manual process in place to capture data for the Optum Idaho Core Business systems. Our responsibility to take care of the members will not be hampered.

3. Describe how you will:

a. Maintain business continuity in the occurrence of unforeseeable events impacting business operations.

b. Maintain and update the Disaster Recovery Plan.

c. Implement the Disaster Recovery Plan in the event of a catastrophe impacting the Contractor's site.

d. Implement the Disaster Recovery Plan in the event of a catastrophe in Idaho.

e. Ensure Members continue to receive behavioral health services with minimal interruption.

f. Ensure data is safeguarded and accessible.

g. Train staff and network providers to the requirements of the Disaster Recovery Plan to ensure all systems remain intact and all files and data are restored within twenty four (24) hours in the event of a disaster.

a. Business Continuity: We ensure ongoing business continuity from a core systems perspective through our wholly owned network of datacenters, significantly mitigating the risks from datacenter site disabling events. These installations are tier three data centers with fully redundant infrastructure. Backup mirrors to the production systems are located in a separate data center from production, so critical system redundancy is available should a disaster strike one of the data centers. This redundant capability is checked on an annual basis by executing a complete BC\DR desktop walk through with the entire disaster recovery (DR) team. Regular testing of our BC\DR infrastructure ensures that we can recover our systems within seventy two hours of practically any disaster scenario.

To help prevent and mitigate the impact of potentially disruptive events, such as natural disaster or other catastrophes, UnitedHealth Group's enterprise-wide Business Continuity Plan ensures operation of our critical business functions including, but not limited to, clinical and administrative call services, and claims processing, are covered by UnitedHealth Group's enterprise-wide Business Continuity Plan to help prevent and/or mitigate the impact of potentially disruptive events, such as a natural disaster or other catastrophic occurrence. These plans are tested, remediated, and certified annually by management.

Optum's BC-DR plan will specify projected recovery times, and potential data loss for mission-critical Systems in the event of a declared disaster. The Optum BC-DR plan is highly confidential, therefore we will make it available to the IDHW on-site for review if needed.

Call Centers are distributed over each time zone, in multiple locations. The latest call center technology (Virtual Queuing) mitigates impacts on regional natural disasters such as Hurricane IK, where calls were distributed to other locations without impact to service levels.

Optum's business continuity strategy also includes daily incremental backups of data files, application programs and the operating system at our datacenter in Minneapolis. Full system backups are performed on a weekly basis. Backup tapes are sent daily to an off-site storage facility located at least ten miles away from our data center. A bar-coding system is used to track tapes that are sent off-site, and the tape management system indicates the location of tapes at any point in time. The storage facility provides physical security and maintains a list of individuals authorized to access our tapes.

Simulated disasters are tested and the results are score-carded based on identification of the issue, communication and workflow, impact analysis, time to recovery. Furthermore, the plan is tested with non-BC team members to ensure gaps are properly addressed. Results and actions plans as result of the simulations will be provided to the IDHW on an annual basis.

Monitoring of information systems is conducted via proactive approach in our IT Production Services Department. Monitoring tools and processes have been put into place to ensure business continuity. These monitoring tools provide alerts and paging to appropriate IT personnel when thresholds have been exceeded. Trend analysis is accomplished to ensure peak performance of our network, hardware, and software.

We prioritize our systems by business impact to our customers and our plans emphasize recovery of these systems first. The Optum core business systems, call centers and email servers are all included in the highest level of criticality. Restoration processes for data are fully addressed, including how to recover from full or incremental backup. Critical consumer and provider, web-based and telephonic functions will be available 24/7, including self service functions. All other system and information are available from 7:00 AM to 7:00 PM Mountain Time each business day.

For Idaho data exchanges, Optum will ensure that systems are available according to times specified by the IDHW. **In our years of operation with our current Public Sector business, we have never had a system outage which interfered with our data exchange capabilities.** We have Recovery Time Objectives (RTO) in place for telecommunication technologies supporting our Confirmation of MCO Enrollment (CME) and Electronic Claims Management (ECM) systems for service restoration within 60 minutes. If we identify an issue that affects Idaho's ability to work, we notify Idaho within 15 minutes. We provide status updates on unavailability events on an hourly basis.

If we do not meet our RTO, any material shortcoming is immediately communicated to users and documented in our Failure Management System. We document actions and obtain business recommendations and approvals from prescribed corporate management levels. Within two business days of resolution, final resolutions and preventative measures are documented in the IT failure management history. Notification is then sent to the person(s) who reported the incident. Within five business days the documentation generated will be shared with Idaho.

b. DR Plan Maintenance: Recovery procedures for critical applications, hardware, systems, networks, telecommunications, and data are also defined and documented. Although designed for Optum or UnitedHealth Group staff, the details of the plan are sufficient to allow for execution by other trained staff if necessary.

Formally structured, documented, and tested business continuity and disaster recovery plans help ensure that we can recover our business operations. Our business users assist in this process by participating in a formal exercise to identify and prioritize their business applications so they can be recovered in a timely fashion. Our backups are physically protected and stored at secure locations sufficiently distant from their production processing systems. Optum's parent company, UnitedHealth Group (UHG), has purposely staffed distinct corporate level departments that have as their sole responsibility the continued enhancement of our business continuity and disaster recovery plans and processes. Our Business Continuity / Disaster Recovery (BC/DR) plans are in place and available for onsite review. Disaster Recovery (DR) plans are filed with UHG in Minneapolis for our critical applications. Optum will provide the IDHW the BCP-DR framework prior to the start date of operations and communicate proposed modifications to the IDHW annually.

c. DR Plan Implementation for Optum Site: In the unlikely event of major system failure or disaster, and provided the event has occurred within Optum's span of control, the Optum

Business Continuity Team will engage in the process of restoring service and availability within one hour following the disaster declaration. Depending on the scope of the disaster, restoration of systems may not be restored until 72 hours after the declaration; however**, all business functions will be transferred to our backup facilities so operations will not be effected.** During the first steps of disaster declaration, the IDHW staff will be notified via telephone within 15 minutes of the declaration, no matter the severity. Upon notification, the IDHW staff will be informed of:

- Details concerning the declaration/failure
- Systems/process affected
- Alternative actions
- Current course of action
- Timelines for restoration
- Flash meetings every sixty minutes until resolution

Following disaster resolution, the Optum Business Continuity Team will provide a Problem Resolution debrief document which includes a report of the items detailed above; furthermore, the report will include:

- Root cause analysis
- Corrective measures
- Steps and process taken to avoid duplication of disaster

Upon learning of a problem, the Optum Incident / Problem Management Team immediately notifies the designated incident manager with a description of the issue, the location and number of users affected, and problem history, if any. The manager is then responsible for communications into and out of the Optum Incident / Problem Management Team , as well as allocation of staff resources to resolve the incident.

The designated manager and response team are responsible for making an initial assessment within 15 minutes of receiving notification of the incident. The manager then reports this assessment to the Optum Incident / Problem Management Team, which immediately notifies relevant senior management, support staff, and affected users.

Optum has written policies and procedures for identifying types of service failures and determining how problems should be resolved, based on their severity level:

Severity Level	Description	Timeframe for Response
One	Full loss of computer or telecommunications system with major business impact, and no interim restoration of service available	Root cause assessed within 15 minutes; resolution as soon as technically possible
Two	Impaired system performance with significant business impact and no acceptable interim solution	Root cause assessed within 2 hours; resolution within 24 hours
Three	Single component or user down or malfunctioning, no critical business impact	Root cause assessed within 4 hours; resolution within 4 business days
Four	System operating but experiencing difficulty, with a interim solution available	Root cause assessed within 1 business day; resolution within 6 business days

The Severity One process includes conducting an audit after the incident has been resolved to assess and, if possible, improve the process. An important part of this audit is also to examine if a trend exists and ensure proper follow-up to remedy the root cause of the problem.

d. DR Plan Implementation for Idaho: The process of implementing the Disaster Recovery Plan for a State of Idaho emergency will be carried out in the same manner as described in the previous answer, c. There would be addition tasks that would be performed, such as transferring all calls and processing of tasks to an operation out of state, having staff work out of their homes, and/or transporting the Optum Idaho staff to a warm site. Regardless of the size and scope of the disaster, our DR plan is designed so work may continue until it is feasible to return to normal operations.

e. Minimize Service Disruption: OPTUM Data Centers take disaster recovery planning to a new level of rapid recovery. It moves OPTUM from the "cold site" solution to a "warm site" Dual Data Center solution. This involves real-time data replication from the primary data center to the secondary data center. UHG tape backup system is located at a third independent data center.

Database backup to tape happens in two ways. Transaction logs are backed up throughout the day, and a full database backup occurs every evening from Monday through Friday. The initial backup is to a disk storage area. Then the data is moved from the disk backup to tape backup for movement off site. Tapes are moved off site at 1:00 p.m. every day following the backups.

The replication of all data is done on a transaction-by-transaction basis. This means that immediately following the updating of a record, the new data will also update the replicated copy databases in a secondary data center. This effectively lowers the amount of time our business data resides at one location to less than a few seconds. Both sites have backup generators in the event of a power failure, and systems are on UPS for an interim solution.

f. Data Integrity and Availability: **Optum utilizes a dual data center design where data is replicated from the primary data center to the alternate data center continuously**. Replication technology makes data available within seconds to alternate read-only and reporting environments. These environments are used every week, and sometimes daily, thus verifying the process is functioning as designed.

Additionally, all data collected from Optum workstations and servers is backed up using a formal daily, weekly, monthly, and yearly schedule. Complete backup processes are run every night for all production databases and functional servers; other systems (such as application environments/servers) have daily incremental backups, with full backups performed weekly

We test our backup system annually, as well as through monthly ad hoc restoration of data. All backup media, including backups of non-production systems, are kept on site for a month, then moved to secure off-site storage locations through Iron Mountain. There is a security check for requests to retrieve company data from off-site storage.

Continuous, uninterrupted access to IDHW business critical functions and data are ensured through a documented Disaster Recovery Plan for technology and systems infrastructure components. Optum maintains our plan in conjunction with our parent company, UnitedHealth Group, This plan is designed to achieve (1) continuity of clinical and administrative services following a natural disaster, or any other event that might lead to systems failure, and (2) preservation of all data required to provide services.

- *Daily backups*: Servers are to be backed up daily Monday through Thursday, with the data to be stored locally. These backups are to be maintained for two weeks. The tapes are to be

stored in a restricted access, secured location on site, typically the MDF. Only authorized individuals are allowed access to the storage area.

- *Weekly backups:* Servers are to be backed up weekly on Fridays and the data to be stored locally. These backups are to be maintained for six weeks. The tapes are to be stored in a restricted access and secured location on site. Only authorized individuals are allowed access to the storage area.
- *Monthly backups:* Servers are to be backed up monthly (after the last business day of the month). These backups are to be stored off-site in a climate controlled archive, at a third party vendor (Arcus). Access and retrieval of these backups is strictly controlled. When backup tapes are requested from the off-site storage facility the requestor is verified for authorization. When backups are delivered, the recipient's identification is verified and checked for authorization.
- *Yearly backups:* Month-End and Year End tapes for all remote locations are sent to Golden Valley and picked up on Tuesdays at 9:00 a.m. by Iron Mountain tape pickup and delivery service. Our tapes are shipped slotted, with year-end tapes stored indefinitely off-site and month-end tapes requested to be delivered back after 3 years off-site storage. (There is a current legal administrative request to have month-end tapes stored off site until further notice.)

g. Training: The best Information Systems in the world are only as good as the people running them. For this reason, we recruit and retain the most skilled and experienced public sector IT staff available, and continuously train them on the most up-to-date technologies.

LL. (E) REPORTS/RECORDS/DOCUMENTATION:

The Contractor shall provide reports as outlined in Appendix C - Reports. Reports shall include data current through the respective reporting timeframe and shall be submitted within the required timeframes.

1. Describe how you will:

a. Comply with the reporting requirements in the RFP. Submit samples of each required report with your proposal.

b. Ensure reports are accurate and available within the required timelines.

c. Ensure copies of complete and valid provider insurance certificates are maintained for each qualified network provider. The Contractor shall make these copies available to the IDHW upon request.

Reporting Overview

A guiding principle of Optum is that accurate, timely, and meaningful information is the cornerstone to making informed decisions, and continually improving member outcomes. This principle drives our commitment to provide comprehensive and consequential reports for stakeholders and providers. Optum Idaho will deliver the accurate, flexible reporting capabilities necessary to meet all the requirements listed throughout the RFP, and specifically in Appendix C. These reports will be available to those who need them—when they need them, to ensure accountability, enable effective management and planning, and deliver the data necessary for the ongoing, systematic, improvement of services, access, and quality. All reports will be placed on an SFTP server by 10:00 a.m. Mountain Time, on the 10th business day of the month, following the month or quarter when services were provided, per Appendix C. Report examples will be reviewed and approved preceding implementation of each report. See ***Appendix 42*** for sample reports.

Key Reports: Our combination of Enterprise Data Warehousing (EDW) technology, reporting tools, and highly skilled staff will provide the framework for producing the reporting requirements listed in Appendix C. We will provide key reports to support management, policy making, and decisions impacting all levels of the care delivery and management system. These reports will account for overall system impacts on services, funding, and provider capacity. They will also reduce the strains on provider agencies and individual practitioners trying to navigate the various systems and requirements; and provide the data necessary to meet the IDHW's behavioral healthcare needs in a coherent, organized and coordinated manor.

Standard reports will be produced on a regular schedule and submitted to IDHW via SFTP. The following table lists the primary categories of standard reports:

Report Category	Description
Service Expenditures	Provides reporting to monitor expenditure categorization by type and level of care, as well as total numbers of consumers served by various time frames.
Claims Processing Statistics	Provides timeliness, quality indicators, denial rates by reason, adjustment trending and service registration statistics.
Customer Service Reports	Provides reporting by inquiry type and total numbers received, average time to close an inquiry, telephone answering statistics, total grievance and

Report Category	Description
	appeals by type, total numbers received and average time to close, and satisfaction survey results..
Demographic Reports	Provides information on consumers who access care at an aggregate level. Some examples of these reports are Ethnicity, Race, Tribal Affiliations, Referral sources and Types, Disabilities and Impairments, Employment Status, Housing situation, Legal Status, Primary Income Source, and various target population identification. Protocols have been established to ensure that no individual consumer's data will be identifiable in the aggregate level reports.
Utilization and Clinical Management Statistics	Provides data such as service utilization by type and/or level of care, average length of stay, hospital days per 1,000 members, total admissions by various time frames, diagnosis data, telehealth statistics, and critical incident data.
Quality Management	Provides reports on quality improvement projects and their measured outcomes.
Financial Management	Provides financial breakdowns of service dollars utilized, and administrative costs.
Provider/Network Reports	Provides information regarding access to providers, network capacity, telehealth capacity, and other network sufficiency indicators.
Cultural Competency Reports	Provides data to ensure that the systems are functioning in a culturally sensitive and appropriate manner.

Reports on Request

Reporting Dictionary/Grid: We will provide and maintain an updated dictionary of reports that at a minimum contain the: Report Name, Report Specifications, Frequency, Priority, Level of Analysis, Submission Dates, Optum Office of Responsibility, Type of Report, Level of Access, PHI or Confidentiality Conditions, Last Review and Modified Dates, and Approvers Name.

Timely Development: Optum Idaho will have two full-time reporting staff dedicated 100% of the time to ensure the timely development and maintenance of reporting. During implementation we will work with the IDHW to create and design critical management reporting to not exceed in most instances, a thirty to ninety-day development cycle following a change request process to include approval of the a guidance memo from the IDHW. In addition, we will work to ensure reporting can be developed with the ability to drill down to the lowest level possible, to produce effective reporting for the IDHW and contracted providers. When “Ad-hoc” reporting is requested, we will process the request based on priority from the IDHW through a change request process.

Accuracy, Completeness, and Timely Submission: Optum will use standardized testing to ensure the accuracy and completeness of all reports prior to approval and release, engaging the IDHW where necessary to ensure all requirements are met.

Through the use of reporting and analysis applications we will continually look for early patterns of change, trends, and under/over utilization of services. Within our systems and data stores we will provide predictive risk factor identification and analysis, and our highly skilled staff will assist with interpretation of findings.

Contract compliance policies and procedures within our QM and Contracting Departments will ensure all timely submission requirements, along with managing a “Self Compliance” report that identifies our compliance of report delivery and completeness. Status updates will be provided

daily, weekly, and monthly as required during implementation, "Go-Live", and on-going contract periods.

Secure Delivery of Data: Beyond general releasable aggregate reporting, we have two specifically designed portals for providers and stakeholders:

- The Stakeholder Web Portal is designed for access by the IDHW, State Government Agencies, and other key organizations determined to have interest in the overall management of the care system and oversight authority.
- The Provider Web Portal is designed for contracted providers to access on-line transactions required within the contract.
- As requested, reports will be delivered via Secure File Transfer Protocol (SFTP).

Report Request Process: The process Optum utilizes to respond to requests for information starts with a written request being received (NM guidance document), the request is prioritized, assigned to the appropriate team to produce, developed, and finally produced in the presentation format requested. The amount of time this process takes varies greatly based on the complexity of the request; however, Optum will meet the IDHW's required timelines.

- Provider Insurance Verification
- Optum will provide to IDHW copies of the proof of insurance certificates for any Idaho Medicaid provider that has completed the Optum credentialing process.

MM. CONTRACT TRANSITION PLAN:

The Contractor shall provide and maintain a Contract Transition Plan that complies with the requirements of this RFP. The objectives of the Contract Transition Plan are to minimize disruption of services provided to the IDHW and to provide for an orderly and controlled transition of the Contractor's responsibilities to a successor at the conclusion of the contract period or for any other reason the Contractor cannot complete the responsibilities of the contract. The Contractor shall submit their Contract Transition Plan as outlined in Attachment 10 - Readiness Review. In addition, the Contractor shall submit an updated Contract Transition Plan to the IDHW within one-hundred-eighty (180) calendar days prior to the conclusion of the contract.

1. The Contract Transition Plan shall include, but not be limited to:

a. A realistic schedule and timeline to hand-off responsibilities to the replacement contractor or the IDHW.

b. The staff that shall be utilized during the hand-off of duties and their responsibilities such that there shall be clear lines of responsibility between the Contractor, the replacement contractor and the IDHW.

c. The actions that shall be taken by the Contractor to cooperate with the replacement Contractor and the IDHW to ensure a smooth and timely transition.

d. A plan on how to best inform and keep the Contractor's employees informed during the transition process.

e. A matrix listing each transition task, the functional unit and the person, agency or Contractor responsible for the task, the start and deadline dates to complete the planned tasks, and a place to record completion of the tasks.

f. All information necessary for reimbursement of outstanding claims.

2. The Contractor shall:

a. Cooperate with the IDHW during the planning and transition of contract responsibilities from the Contractor to a replacement contractor or the IDHW including, but not limited to, sharing and transferring behavioral health Member information and records, as required by the IDHW;

b. Ensure that Member services are not interrupted or delayed during the remainder of the contract and the contract transition planning by all parties shall be cognizant of this obligation. The Contractor shall:

> **i. Make provisions for continuing all management and administrative services and the provision of services to Members until the transition of all Members is completed and all other requirements of this contract are satisfied.**

ii. Designate a transition coordinator who shall interact closely with the IDHW and the staff from the new contractor to ensure a safe and orderly transition, and shall participate in all transition meetings.

iii. Provide all reports set forth in this contract and necessary for the transition process in Excel or another format accepted by the IDHW.

iv. Notify providers, subcontractors and Members of the contract termination, as directed by the IDHW, including transfer of provider network participation to the IDHW or its designee. The IDHW shall have final approval of all communications regarding the transition/termination of the contract.

v. Complete payment of all outstanding obligations for covered services rendered to Members. The Contractor shall cover continuation of services to Members for the duration of the period for which payment has been made as well as for inpatient admissions up until discharge.

c. Participate on a contract transition planning team as established by the IDHW. The Contractor's contract transition planning team shall include program evaluation staff and program monitoring staff, as well as staff that supports all automated and computerized systems and databases.

d. Complete all work in progress and all tasks called for by the plan for transition prior to final payment to the Contractor. If it is not possible to resolve all issues during the end-of-contract transition period, the Contractor shall list all unidentified or held items that could not be resolved, including reasons why they could not be resolved, prior to termination of the contract and provide an inventory of open items along with all supporting documentation. To the extent there are unresolved items, the cost to complete these items will be deducted from the final payment. The Contractor shall specify a process to brief the IDHW or replacement contractor on issues before the hand-off of responsibilities.

e. Notify the IDHW Contract Manager within forty eight (48) hours when issues that could impact the transition process are identified. The notice shall be submitted in writing and include detailed information regarding issues/problems identified and corrective actions taken regarding the plan for transition.

f. Stop all work as of the contract expiration date or effective date contained in the Notice of Termination. The Contractor shall immediately notify all management subcontractors, in writing, to stop all work as of the contract expiration date or the effective date of the Notice of Termination. Upon receipt of the Notice of Termination, and until the effective date of the Notice of Termination, the Contractor shall perform work consistent with the requirements of this contract and in accordance with the written Contract Transition Plan approved by the IDHW for the orderly transition of Members to another contractor or the IDHW.

g. Unless otherwise directed by the IDHW, the Contractor shall direct subcontracted providers to continue to provide services consistent with the Member's treatment plan or plan of care.

h. Transfer all required telephone numbers associated with the toll-free call center line telephone number(s) to the IDHW or the successor contractor, as directed by the IDHW to allow for the continuous use of the number of Member services and providers.

i. Supply all information necessary for reimbursement of outstanding claims.

Optum has reviewed Section MM and will comply with all requirements contained in the section to provide for an orderly and controlled transition of Optum's responsibilities to a successor at the conclusion of the contract period or for any other reason Optum cannot complete the responsibilities of the contract.

NN. (E) IDENTIFICATION OF RISKS AND CONSTRAINTS:

Based on the Scope of Work detailed in this RFP, identify any risks or constraints that you will need to address prior to or during the performance of the Work; as well as a description of how you will address each one. For example an incomplete Scope of Work can be both a risk and a constraint. How would you mitigate, or overcome, this. Provide your response to this Section 4.2 on no more than two type-written pages.

Risk or Constraint	Mitigation Plan
Well over half of current outpatient expenditures (based on Attachment 19) are for services billed under PSR codes. To enable an expanded array of services, we must implement strategies that will provide more appropriate and cost effective alternatives to some Members.	Optum Idaho will add new services to the benefit package upon program implementation and will conduct an open procurement for demonstration programs that address gaps in the service delivery system. Some of the new services will provide alternatives to PSR. New reimbursement strategies that will be implemented later in the contract period will provide further cost containment. We also will implement a number of strategies to ensure that all PSR that is being provided: ▪ Is being provided only to those Members who are benefitting from it ▪ Is being provided only by providers who are qualified and are producing good clinical outcomes ▪ Includes a strong recovery focus and includes self-management training to prepare Members for taking more responsibility for their own health and well-being The combined impact of all our utilization management and reimbursement strategies will provide an incremental, phased approach to expanding services available to Members without creating undue chaos among Members, families or providers.
Procurement decisions and contracting sometimes take more time than expected	If there should be delays in the procurement process or in contracting, the state's preferred implementation date of July 1, 2013 could be difficult to meet. As part of our joint monitoring of the implementation process, Optum will designate "lock down" dates by which particular approvals must be received or requirements must be finalized in order for Optum to meet the agreed upon implementation date.
Implementing an electronic medical record system can be expensive, especially for a small provider. In addition adoption and monitoring adherence to using an EMR is complex.	Optum Idaho will support the expansion of electronic medical records (EMRs) for large and small providers by: 1. Hosting a number regionally located events so all interested EMR vendors can present EMR options, with varied functionality and price points 2. Offering consultation to behavioral health providers in selecting the EMR most applicable to their business model and needs 3. Working with IDHW to establish a phased implementation schedule in which providers who bill the greatest amount to Medicaid will be the first required to implement an EMR and those who bill the least will have the longest time to implement an EMR. EMR requirements for behavioral health providers' implementation of EMRs would be consistent with requirements for medical providers serving Members.

Risk or Constraint	Mitigation Plan
Although Idaho has supported a recovery and resiliency philosophy in behavioral health services, there is not a large number of trained Peer Support Specialists or Family Support Specialists today.	Optum Idaho will invest significant resources in expanding the number of trained Peer Specialists and job opportunities for them: 1. We will hire two peer specialists as part of our own staff. A significant part of their responsibilities will be to help providers and Members understand and accept peer services 2. We will add Peer Support and Family Support to the array of covered services as well as Community Transition Support, all of which will require trained/certified Peer Support Specialists or Family Support Specialists. 3. We will work with the Office of Consumer and Family Affairs and the Idaho Federation of Families to expand their current training and also to find employment opportunities for Idahoans they have already trained
Idaho is a state that covers a large geographic area and there are significant variances between the various parts of the state	Optum Idaho will: ▪ Have Regional Care Managers and Regional Network Managers to meet with providers, Regional Advisory Boards, affiliated human services agencies and courts to provide coordination, consultation and information ▪ Issue contracts for demonstration programs that will differ from region to region based on the needs and priorities of the different parts of Idaho
To be most effective in focusing on high need members, Optum Idaho will require downloads of prescriptions	With approval from IDHW, we will work with the Medicaid fiscal agent to down load claims for medications and use our pharmacy analytic software to identify Members in the high need category as well as prescribers who are not prescribing within recommended parameters for some or all psychotropic medications
Behavioral health specialists are not equally available across the state	Optum Idaho will increase access through: ▪ Telepsychiatry partnerships with providers to make behavioral health services more accessible in underserved areas (after approval from IDHW) ▪ Expanding existing telemedicine sites and providers ▪ Training and consultation for primary care clinics
RFP Attachment 6, Potential cost of IT changes	Attachment 6, on page 125 of the RFP, requires the Contractor to cover "accommodate this change (in MMIS vendors) and establish all required interfaces, file transfers, and data exchanges with the new MMIS vendor at no additional cost to the State or to the MMIS vendor. Programming changes could be some of the most expensive adjustments the Contractor would be required to meet, and would also be beyond the Contractor's ability to impact or control. Optum will work in partnership with IDHW and any new MMIS vendor to design a change process that minimizes significant or material changes for Optum and thus the need for a contract amendment.