



Independent assessments part of major effort by Arkansas to improve Medicaid outcomes, reduce costs

Optum completed more than 66,000 assessments in a nine-month period — with more to come — to help coordinate care for individuals with chronic, high-cost behavioral health, developmental and long-term care needs.



Jennifer Petersen is the Program Director for Optum® State Government Solutions, overseeing the Arkansas Independent Assessment Program. She was previously a regional director for the Veterans Health Administration, where she led the rural and telehealth programs, along with implementing other technology initiatives. A retired U.S. Army senior health care executive with a broad range of expertise, she brings valuable program solution, development and implementation leadership to the state government and federal health care arenas.

Q: Can you explain the impetus behind these independent assessments?

Jennifer Petersen: The Arkansas Department of Human Services (DHS) has ambitious goals to improve the state's Medicaid program, including achieving more than \$800 million in savings by 2021, through program efficiencies, improved utilization of services and better outcomes. To accomplish this, a more comprehensive and coordinated effort is needed to manage the care of those beneficiaries with complex medical and behavioral health conditions.

Q: Who makes up the bulk of this population?

Jennifer Petersen: Arkansas now spends about \$2 billion annually on an array of Medicaid services for 150,000 people who have at least one claim for behavioral health, substance abuse disorder, or developmental/intellectual disability (DD/ID) services. Within this group, the state is focusing aggressively

on about 40,000 individuals with higher levels of need that account for about \$1 billion in Medicaid spending. It is this group of people on which Optum has performed most of its functional assessments to determine who needs what services — which ones, how many and how often.

Q: How are these assessments used?

Jennifer Petersen: The scoring from the assessment questions produces an initial “tier determination” for beneficiaries, which is sent to the state for authorization of a specific level of services depending on need. Optum has provided these 66,000+ assessments across three DHS divisions: the Division of Aging and Adult Services (DAAS), the Division of Behavioral Health Services (DBHS) and Developmental Disability Services (DDS). Using a single tool enables more coordinated care for individuals with more than one issue — for example, clients with both mental health issues and developmental disabilities.

Q: What do the assessments entail?

Jennifer Petersen: Optum assessments are “functional” rather than “clinical.” This means they cover a range of categories, including an individual's ability to engage in “activities of daily living (ADLs)” such as eating, bathing, dressing and personal hygiene; whether they can prepare meals, or manage their own medications and finances; determinations of their memory and cognition; their ability to communicate; their ability to provide for their own safety and well-being; and issues related to depression, suicide, alcoholism, substance abuse, gambling and many more.

Q: Do providers have access to the results of the assessments?

Jennifer Petersen: Yes, provider involvement is critical to achieving the state's goal of improving outcomes and reducing costs. To coordinate care among this group, Arkansas DHS has established a unique model in which providers of specialty and medical services are

entering into new partnerships with experienced organizations that perform the administrative functions of managed care. Together, these groups of providers and their managed care partners are developing new business organizations called Provider-Led Arkansas Shared Savings Entity (PASSE). Each PASSE is responsible for integrating physical health services, behavioral health services, and specialized home- and community-based services for individuals who need intensive levels of treatment or care. The assessments offer them a more complete view of their patients.

Q: Does Optum determine care levels and care plans as part of these assessments?

Jennifer Petersen: No. The state makes the ultimate decision on the type and level of care a beneficiary will receive. Nor is Optum involved in any care-plan development decisions — those determinations are made by providers, the beneficiary’s care coordinator (who works for the PASSE) or the nurse who cares for the aged, all of whom receive the results of assessments.

Q: What does Optum deliver?

Jennifer Petersen: Optum provides the comprehensive assessment tool; qualified professionals to objectively and reliably administer the tool; the underlying technology platform required to support the tool and collect and report data across population groups and programs; and provider training, support and outreach.

Q: Optum conducted an extraordinary number of assessments in a short period of time — what was the key to this success?

Jennifer Petersen: Like any broad-based program, we had some glitches at the beginning, but collaboration with the state and providers helped turn things around quickly. One of the key steps was to embed assessors at provider sites so they could conduct assessments as part of a patient’s regular visit for an exam, a consultation, to obtain a prescription or conduct assessments at care facilities and institutions. This “embed” approach helped in numerous ways: It located assessors “where the beneficiaries were”; it mitigated — and virtually eliminated — the negative “telemarketer effect” that assessors would experience when they called beneficiaries at home; and it engaged providers in the process in a more active way.

Q: How did the “embed” approach improve results?

Jennifer Petersen: Almost immediately, the number of assessments conducted leapt exponentially, from a low of around 30 per day to more than 500 per day — and sometimes as many as 700 daily — in about three months. More than 160 assessors were embedded at provider locations across the state, and they “touched” 250 individual provider locations.

Q: What has been the reaction to the work?

Jennifer Petersen: Not only was DHS pleased with the approach and the results, but anecdotally, Gov. Asa Hutchinson has also expressed his confidence in Optum, both to DHS leaders, and when the governor had a chance encounter with one of the company’s assessors while she was having lunch in a small town. He complimented her on the company’s performance. We’ve also had positive response from providers, social workers, and beneficiaries and their families. They see the assessment approach paying dividends. They have confidence that the assessments will be conducted in a quality way.

Q: What’s next?

Jennifer Petersen: Thousands of additional assessments are on tap for the near future, including behavioral health renewal assessments; I/DD pediatric assessments for children with significant development disabilities who need a care plan; and aging and personal care assessments. Working closely with DHS and providers, Optum is continuing to improve the process, constantly updating to reflect what assessors have learned as they’ve questioned beneficiaries and dealt with doctors, clinics, nursing homes and other facilities. The Optum independent assessments are and will continue to be a critical component in the overall continuum of care for thousands of Arkansas Medicaid beneficiaries.

Contact us

For more information on Optum government solutions, please call 1-800-765-6092 or email innovate@optum.com.

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