IDAHO BEHAVIORAL HEALTH PLAN

QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT QUARTERLY REPORT

January – March 2020

The Quality Management and Utilization Management (QMUM) Quarterly Report summarizes Optum Idaho's progress in accordance with the contract between the Idaho Department of Health and Welfare (IDHW), Division of Medicaid and Optum. This report highlights progress and efforts made, including: Executive summary of overall progress, performance metrics summary, updates on progress, and member and provider satisfaction results. This QMUM report provides a quarterly view of performance and outcomes data, through Quarter 1, 2020.

Executive Summary of Overall Progress

Optum Idaho monitors performance measures on a continual basis to ensure the needs of Idaho Behavioral Health Plan (IBHP) members and providers are being met. Optum Idaho's comprehensive Quality Assurance and Performance Improvement (QAPI) program encompasses outcomes, quality assessment, quality management, quality assurance, and performance improvement. The QAPI program is governed by the QAPI committee and includes data driven, focused performance improvement activities designed to meet the State of Idaho Department of Health and Welfare (IDHW) and federal requirements. These contractual and regulatory requirements drive Optum Idaho's key measures and outcomes for the IBHP.

Key performance measures have been identified and are tracked on a monthly basis. Each measure has a performance goal based on contractual, regulatory or operational standards. For this reporting period, Optum Idaho met or exceeded performance goals for 30 out of 32 (94%) key measures.

Some areas in which Optum Idaho continued to meet and/or exceed performance goals were member satisfaction survey results; customer services call standards; urgent, emergent and non-urgent appointment wait times; geographic availability of providers; member appeal turn-around-times; critical incident reviews; service authorization requests and claims.

Optum Idaho did not meet the established target for Overall Provider Satisfaction. This report discusses several action plans implemented to promote a higher level of provider satisfaction. Optum Idaho also fell below performance in one other area: Claims Dollar Accuracy but was within 1% of the goal.

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Performance Metrics Summary

Below is a grid used to track the Quality Performance Measures and Outcomes. It identifies the performance goal for each measure along with quarterly results. Those highlighted in green met or exceeded overall performance goals. Those highlighted in yellow failed to meet the performance goal but were within 5%. Those highlighted in red failed to meet the performance goal by greater than 5%.

Measure	Goal	January - March 2019	April - June 2019	July - September 2019	October - December 2019	January - March 2020
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85.0%	92%	Due to a technical issue, a limited number of member satisfaction surveys were issued for Q2. As a result, the number of responses was not statistically significant and therefore no results are reported for Q2.	91%	99%	Based on Member Satisfaction Survey sampling methodology, Q4, 2019, is the most current data available.
Accessibility, Availability, and Acceptability of the Clinician Network	≥85.0%	92%		93%	90%	
Experience with Counseling or Treatment	≥85.0%	97%		94%	97%	
Overall Satisfaction	≥85.0%	98%		90%	96%	
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85.0%	2018 Results 79%	Survey Completed Annually.			2019 Results 76%
Accessibility & Availability						
Membership						
Membership Numbers	NA	273,117	273,725	265,210	257,507	Due to claims lag, data is reported 1 quarter in arrears
Member Services Call Standards						
Total Number of Calls	NA	1,083	1,052	1,213	1,293	2,390
Percent Answered within 30 seconds	≥80.0%	79%	75%	75%	77%	92%
Abandonment Rate	≤3.5% internal ≤7.0 % contractual	2.3%	3.5%	3.0%	2.8%	0.8%
Daily Average Hold Time	≤120 Seconds	24	24	27	26	11
Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	3,056	2,943	3,349	2,984	4,521
Percent Answered within 30 seconds	≥80.0%	99%	97%	98%	98%	98%
Abandonment Rate	≤3.5% internal ≤7.0% contractual	0.31%	0.52%	0.32%	0.48%	0.55%
Daily Average Hold Time	≤120 Seconds	2	4	3	4	3

Measure	Goal	January - March 2019	April - June 2019	July - September 2019	October - December 2019	January - March 2020
Urgent and Non-Urgent Access Standards						
Urgent Appointment Wait Time (hours)	48 hours	16	20	21	18	18
Non-Urgent Appointment Wait Time (days)	10 days	4	4	4	3	3
Critical Appointment Wait Time (hours)	Within 6 hours	2	2	4	4	3
Geographic Availability of Providers						
Area 1 - requires one provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties.	100.0%	99.8%*	99.8%*	99.8%*	99.8%*	99.9%*
Area 2 - requires one provider within 45 miles for the remaining 41 counties not included in Area 1 (37 remaining within the state of Idaho and 4 neighboring state counties)	100.0%	99.8%*	99.8%*	99.7%*	99.8%*	Data Unavailable
Member Protections and Safety						
Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	NA	209	225	23	18	23
Clinical ABDs	NA	45	23	11	15	8
Administrative ABDs	NA	164	202	12	3	15
Written Notification	100% within 14 calendar days	100%	99.0%	96.0%	100%	100%
Member Appeals						
Number of Appeals	NA	11	1	0	2	3
Non-Urgent Appeals	NA	8	1	0	2	2
Acknowledgement Compliance	100% within 5 Calendar Days	100.0%	100.0%	NA	100.0%	100.0%
Determination Compliance	100% within 30 Calendar Days	100.0%	100.0%	NA	100.0%	100.0%
Urgent Appeals	NA	3	0	0	0	1
Determination Compliance	100% within 72 Hours	66.7%	NA	NA	NA	100.0%
Complaint Resolution and Tracking						
Total Number of Complaints	NA	14	18	16	19	10
Percent of Complaints Acknowledged within Turnaround time	5 business days	100%	100%	100%	100%	100%
Number of Quality of Service Complaints	NA	14	15	14	12	9
Percent Quality of Service Resolved within Turnaround time	100% within ≤10 business days	100%	100%	100%	83%	100%
Number of Quality of Care Complaints	NA	0	3	2	7	1
Percent Quality of Care Resolved within Turnaround time	≤30 calendar days	N/A	100.0%	100.0%	100.0%	100.0%

Measure	Goal	January - March 2019	April - June 2019	July - September 2019	October - December 2019	January - March 2020
Critical Incidents						
Number of Critical Incidents Received	NA	**14**	**9**	**10**	**9**	**15**
Percent Ad Hoc Reviews Completed within 5 business days from notification of incident	100.0%	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Response to Written Inquiries						
Percent Acknowledged ≤2 business days	100.0%	**100.0%**	**100.0%**	**95.0%**	**100.0%**	**100.0%**
Provider Monitoring and Relations						
Provider Quality Monitoring						
Number of Audits	NA	**147**	**123**	**72**	**94**	**182**
Percent of Audits that passed with score of ≥85%	NA	**73.0%**	**80.0%**	**81.9%**	**83.0%**	**80.2%**
Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is documented in member record	NA	**96.4%**	**98.0%**	**98.0%**	**95.0%**	**99.0%**
Percent documentation in member record that communication/ collaboration occurred between behavioral health provider and primary care provider	NA	**86.8%**	**76.0%**	**73.0%**	**74.0%**	**73.0%**
Provider Disputes						
Number of Provider Disputes	NA	**33**	**19**	**23**	**63**	**94**
Percent Provider Dispute Determinations made within 30 calendar days from request	100% within 30 Calendar Days	**100%**	**100%**	**100%**	**100%**	**100%**
Average Number of Days to Resolve Provider Disputes	≤30 days	**6.5**	**5.0**	**10.0**	**9.0**	**6.5**
Utilization Management and Care Coordination						
Service Authorization Requests						
Percentage Determination Completed within 14 days	100%	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Person-Centered Service Plan						
Number of PCSP Received	NA	**282**	**316**	**223**	**104**	**Data Unavailable**
Average Number of Days to Review	≤5 business days	**0.09**	**0.17**	**0.28**	**0.07**	
Field Care Coordination						
Total Referrals to FCCs	NA	**238**	**283**	**226**	**213**	**243**
Average Number of Days Case Open to FCC	NA	**39**	**54**	**47**	**50**	**37**
Discharge Coordination: Post Discharge Follow-Up						
Number of Inpatient Discharges	NA	**701**	**749**	**677**	**758**	**Data is reported 1 quarter in arrears**
Percent of Members with Follow-Up Appointment or Authorization within 7 Days after discharge	NA	**50.1%**	**49.7%**	**46.7%**	**41.2%**	
Percent of Members with Follow-Up Appointment or Authorization within 30 Days after discharge	NA	**67.2%**	**66.7%**	**66.2%**	**63.10%**	
Readmissions						
Number of Inpatient Discharges	NA	**701**	**749**	**677**	**758**	**Data is reported 1 quarter in arrears**
Percent of Members Readmitted within 30 days	NA	**6.9%**	**11.4%**	**8.3%**	**4.9%**	

Measure	Goal	January - March 2019	April - June 2019	July - September 2019	October - December 2019	January - March 2020
Inter-Rater Reliability						
Inter-Rater Reliability	NA	**Reported Annually**	**99%**	**Reported Annually**		
Peer-Review Audits						
MD Peer Review Audit Results	≥ 88.0%	**95%**	**95%**	**98%**	**97%**	**Data is reported 1 quarter in arrears**
Claims						
Claims Paid within 30 Calendar Days	≥90%	**99.8%**	**99.9%**	**99.9%**	**100.0%**	**99.9%**
Claims Paid within 90 Calendar Days	≥99%	**99.9%**	**100.0%**	**100.0%**	**100.0%**	**99.9%**
Dollar Accuracy	≥99%	**99.8%**	**99.8%**	**100.0%**	**100.0%**	**98.4%**
Procedural Accuracy	≥97%	**99.2%**	**99.3%**	**99.0%**	**100.0%**	**99.3%**

**performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number)*

met goal	**within 5% of goal**	**did not meet goal**

Progress in Areas Not Meeting Performance During the Previous Quarter - Q4, 2019

During Q4, 2019, there were two performance measures that fell below the performance goal:

- *Percent of Quality of Services Complaints resolved within Turnaround Time*.
  - → *Progress:* This measure met the performance goal for this quarter. A new complaint investigation process was implemented to better track and monitor complaint investigations.

- *Percent Member Calls Answered within 30 seconds*.
  - → *Progress*: Additional staff were hired to manage the phone queues. During Q1, performance exceeded expectations at 92% of calls being answered within 30 seconds, an increase from 77% during Q4, 2019.

Identification of Areas Not Meeting Performance During the Current Quarter - Q1, 2020

During Q1, 2020, there were two performance measures that did not meet their performance goals:

- The performance goal for Overall Provider Satisfaction was not met. See "Provider Satisfaction Survey Results" later in this report for information on performance improvement action items.

- Dollar Accuracy Claims failed to meet the established target by 0.6%. This is the first time that this measure has failed to meet its goal. Due to the sampling methodology, one noncompliant claim caused this measure to fall outside the target. Optum will continue to monitor on a monthly basis and implement improvement strategies if a pattern of non-compliance emerges.

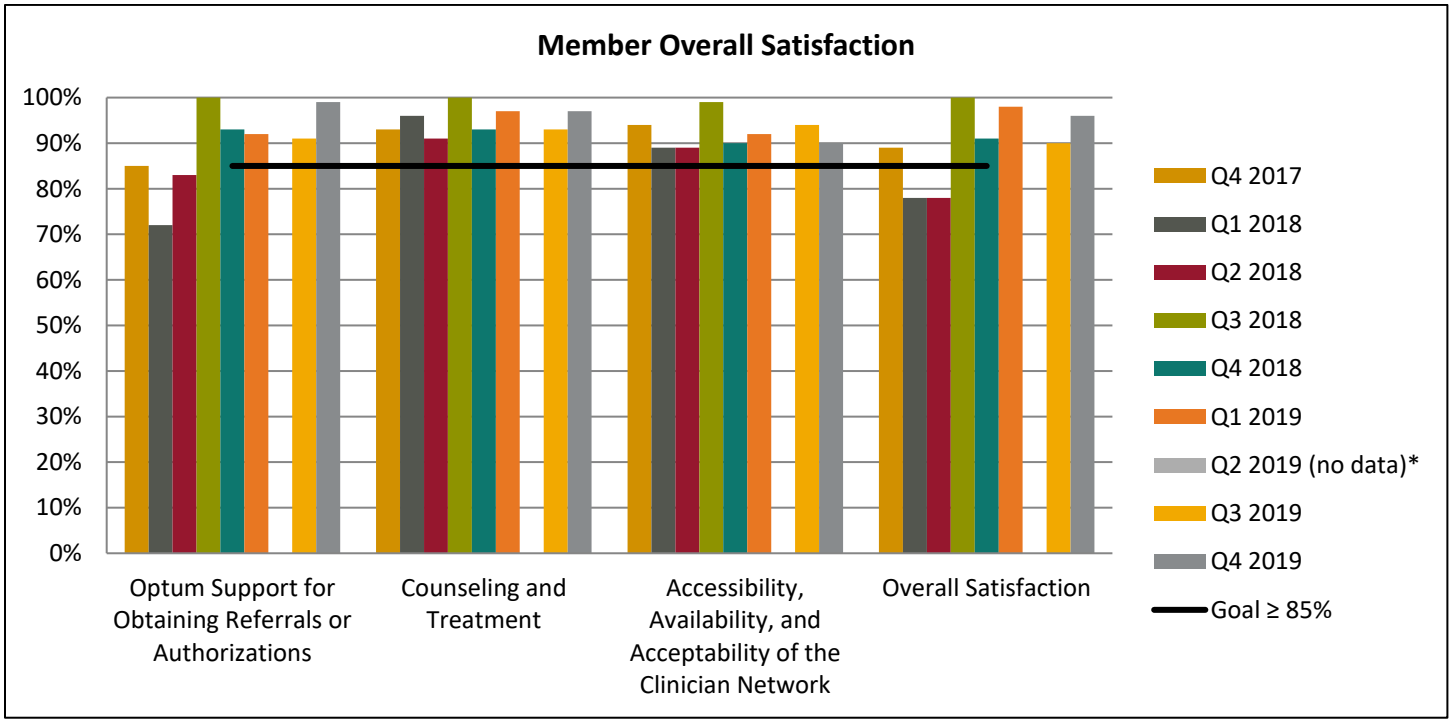
Member Satisfaction Survey Results

Methodology: Optum Idaho surveys IBHP adults 18 years of age and older and parents of children aged 11 years and younger. The survey is administered through a live telephone interview. Translation services are available to members upon request. Due to various Privacy Regulations, members between the ages of 12 and 17 are not surveyed.

To be eligible for the survey, the member must have received services during the 90 days prior to the survey and have a valid telephone number on record. A random sample of individuals eligible for the survey is selected and called until the desired quota was met, or the sample was exhausted. Members who have accessed services in multiple quarters are eligible for the survey only once every six months. The surveys are conducted over a 3-month period after the quarter the services were rendered.

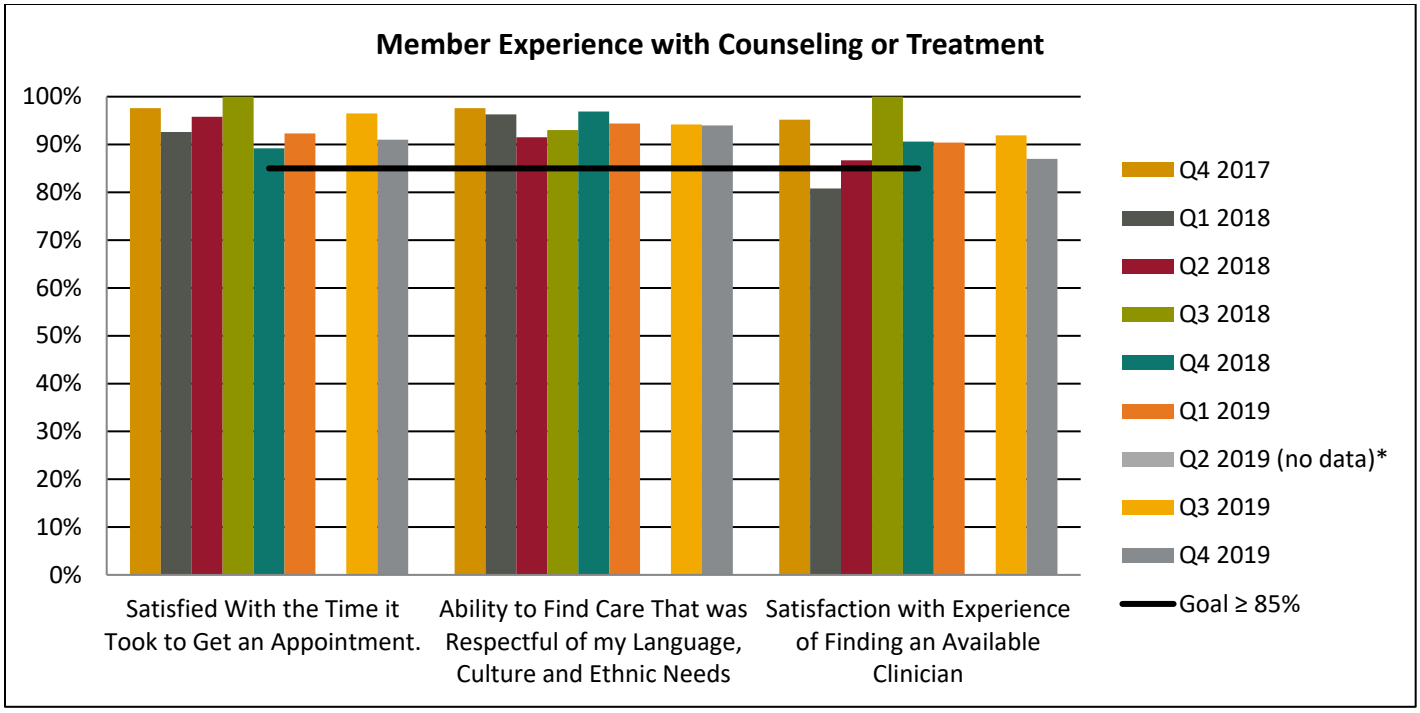
Analysis: Surveys were conducted on members who received services during Q3, 2019 and surveyed during Q4. The total number of members who responded to the survey was 46 with a response rate of 6%. During Q4, Optum Idaho met the goal of ≥85% in all Measures. As seen in the table below, Overall Satisfaction was at 96%, an increase from 90% during Q3.

Performance Metric	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Optum Support for Obtaining Referrals or Authorizations	85%	72%	83%	100%	93%	92%	N/A	91%	99%
Counseling and Treatment	93%	96%	91%	100%	93%	97%	N/A	93%	97%
Accessibility, Availability, and Acceptability of the Clinician Network	94%	89%	89%	99%	90%	92%	N/A	94%	90%
Overall Satisfaction	89%	78%	78%	100%	91%	98%	N/A	90%	96%



*During Q2, 2019, a technical issue caused an insufficient amount of completed surveys, therefore no results to report for Q2, 2019. The desired quota for Q3, 2019, was increased to account for a lack of Q2 results.

In addition, the Member Satisfaction Survey includes specific questions related to the member's experiences with counseling and treatment. The results are in the graph, "Member Experience with Counseling or Treatment," below. The goal of ≥85% was met again in all domains.



*During Q2, 2019, a technical issue caused an insufficient amount of completed surveys, therefore no results to report for Q2, 2019. The desired quota for Q3, 2019, was increased to account for a lack of Q2 results.

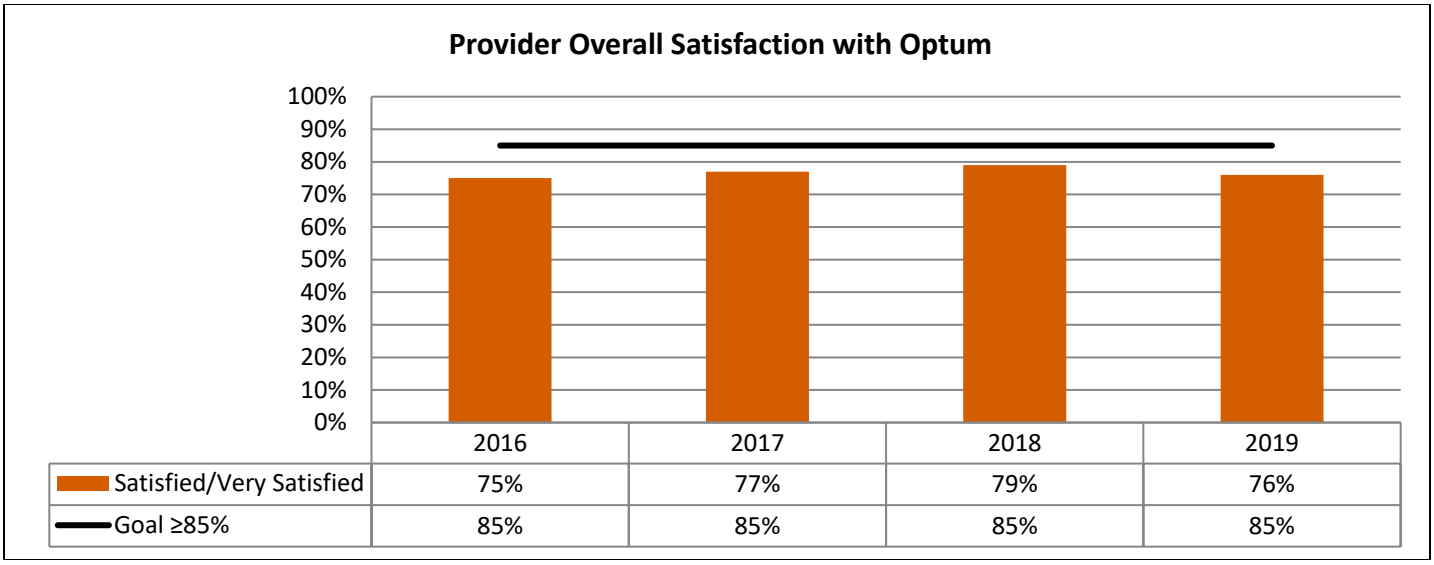
Barriers: Scores have fluctuated with no identified trends at this time.
Opportunities and Interventions: Optum Idaho will continue to monitor to identify trends.

Provider Satisfaction Survey Results

The goal of the research design of the Provider Satisfaction Survey is to provide representative and reliable measurement of providers' experiences with, attitudes toward, and suggestions for Optum Idaho.

Methodology: Optum Idaho's Provider Satisfaction Survey is designed to connect with all Optum Idaho network providers to give them an opportunity to participate in the research. There are 3 modes for providers to complete the survey: Outbound Telephone Call from Fact Finders, Inbound Telephone from Provider to Fact Finders, Online Survey.

Analysis: Overall provider satisfaction for 2019 was 76%. Other domains included in the survey were: overall satisfaction with Optum staff (79% responded as satisfied or very satisfied), overall satisfaction with the Optum process for authorizing care (64% responded as satisfied or very satisfied), and overall satisfaction with claims processing and customer services (83% reported as satisfied or very satisfied, up from 78% in 2018).



Barriers: While the annual survey results fell below ≥85.0%, Optum Idaho continues to monitor and identify trends.

Opportunities and Interventions: Action plans and updates for 2020 include:

- Create trainings/webinars on specific issues identified with survey.
  - → *Progress:* Optum conducted numerous trainings and webinars during Q1 (see attachment).
- Continue process for seeking provider input on initiatives—pilot as appropriate.
  - → *Progress:* During the March 2020 PAC meeting there was discussion on drug testing, medically tested treatment/opioid treatment program and assertive community treatment which are all in the discovery phase to seek input from the providers.
- Increase provider visits and meetings with providers and provider associations.
  - → *Progress:* Visits are being made with network and non-network providers. During Q1, 105 visits were made to network providers and 11 to non-network providers.
- Educate providers on the use of the Net Promotor Score.
  - → *Progress:* The plan in place is to have an article in the Summer Provider Press on the Net Promotor Score.
- Collaborate with Optum Customer Service on surveys conducted during provider calls.
  - → *Progress:* There is a meeting scheduled to define actions.
- Trend Customer Service calls to identify quality improvement opportunities.
  - → *Progress:* There is a meeting scheduled to define actions.
- Trend provider requests and inquiries to identify process improvement opportunities.
  - → *Progress:* There is a meeting scheduled to define actions.
- Quarterly Meet and Greets.
  - → *Progress:* On hold due to COVID
- Quarterly Provider Newsletter.
  - → *Progress:* Winter Provider press was sent; Spring Provider Press is ready to send once beyond COVID; working on Summer Provider Press to be distributed this summer.
- Regional Network Managers complete a minimum of 4 provider visits per quarter using the Provider Engagement Checklist to ensure consistency with provider visits throughout the state

- → *Progress:* During Q1, 105 visits were made to network providers and 11 to non-network providers using the Provider Engagement Checklist.

- Ongoing collaboration with the national claims processing team.
  - → *Progress:* Regular meetings have been implemented with the claims department to address claims issues. There was a collaborative meeting to define new service implementations to ensure no claims issues post implementation; new projects will have a claims section to address any questions and ensure all claims areas are addressed prior to implementation.
- Project plan for Phase II of Telemental Health Program which includes identifying resources to provide hands on assistance for providers interested in providing telemental health services (technical and clinical).
  - → *Progress:* Phase II Telemental Health Project being implemented, and project plan being developed.
- Develop resources for members and communities to access telemental health in the community when internet and/or technology isn't available for the member.
  - → *Progress:* Spring Provider Press is all about telemental health. The Optum Idaho Communications team developed a Member resource. Telemental FAQ's are on the website. Provider Express has many resources available. A Provider Alert was distributed on 4/13 detailing training resources.