



Optum Idaho

Idaho Behavioral Health Plan Quality Management and Utilization Management Quarterly Report

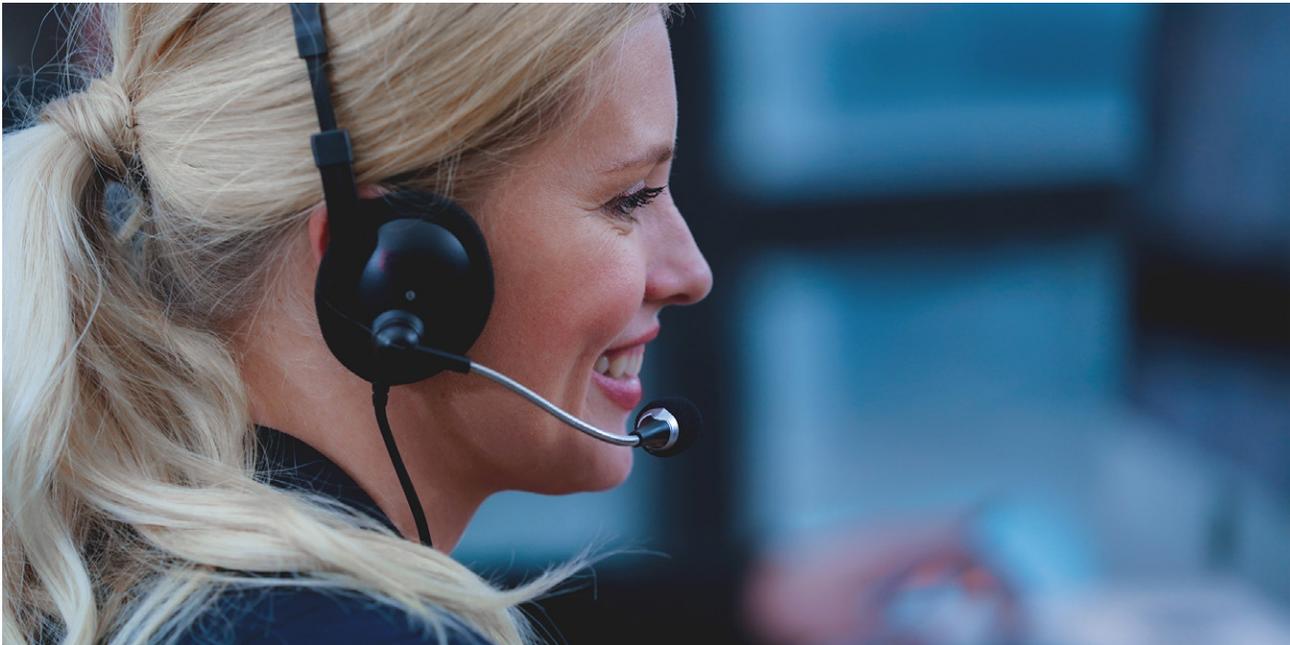
Q4, 2021: October to December



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 through Quarter 4 (October to December), 2021.

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Executive Summary of Overall Progress

Optum Idaho monitors performance measures on a continual basis to ensure it meets the needs of the Idaho Behavioral Health Plan (IBHP) members and providers. 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 Idaho Department of Health and Welfare's (IDHW) and federal government's requirements. These contractual and regulatory requirements drive Optum Idaho's key measures and outcomes for the IBHP.

Optum Idaho identifies and tracks key performance measures monthly. 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 32 out of 34 (94%) key measures.

Optum Idaho did not meet performance goals for two measures: Member Calls Answered within 30 seconds and Member Call Abandonment Rate. The goal for Calls Answered within 30 seconds is $\geq 80\%$. During Q4, the results were 43%. The contractual goal for Member Call Abandonment rate is $\leq 7\%$. During Q4, the results were 8.5%. Optum Idaho's vendor is ProtoCall: they provide service by answering calls from members. ProtoCall reported to Optum Idaho that they have continued to be challenged by staff retention and increased demand on their services from other clients. They are working on increasing recruitment efforts. ProtoCall has continued to cite the impact that COVID-19 has had on the behavioral health industry and the ensuing strain across multiple sectors they support. Optum Idaho Clinical and Customer Service Teams will meet with ProtoCall to identify ways that Optum Idaho can support ProtoCall in this area. This may include identifying calls that can be transferred to Optum Idaho staff. Optum Idaho will continue to monitor this performance measure and work with ProtoCall to ensure members are receiving excellent customer service.

Optum Idaho remained dedicated to achieving the right care, at the right time for members.

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 more than 5%.

Met the goal.
 Within 5 percentage points of the goal.
 Did not meet the goal.

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85%	91%	87%	90%	94%	*See note
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	92%	92%	90%	88%	*See note
Experience with Counseling or Treatment	≥85%	91%	97%	95%	86%	*See note
Overall Satisfaction	≥85%	92%	82%	91%	97%	*See note
<i>*Based on Member Satisfaction Survey sampling methodology, Q3, 2021, is the most current data available.</i>						
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85%	Survey completed annually will be reported in Q1 report.	88%	2021 results will be reported in the Q1 report.		
Accessibility & Availability – Idaho Behavioral Health Plan Membership						
Membership Numbers	NA	353,402	366,843	377,135	381,232	388,426

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
Accessibility & Availability – Member Services Call Standards						
Total Number of Calls	NA	1,560	1,524	1,345	1,272	1,403
Percent Answered within 30 seconds	≥80%	78%	81%	84%	62%	43%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	2.1%	1.6%	1.5%	4.6%	8.5%
Daily Average Hold Time	≤120 Seconds	28	24	21	44	85
Accessibility & Availability – Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	2,585	2,867	2,798	3,000	3,113
Percent Answered within 30 seconds	≥80%	97%	98%	98%	97%	97%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.47%	0.44%	0.24%	0.36%	0.47%
Daily Average Hold Time	≤120 Seconds	5	4	4	6	6
Accessibility & Availability – Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	48 hrs	9	14	8	10	10
Non-Urgent Appointment Wait Time (days)	10 days	3	3	2	3	3
Critical Appointment Wait Time (hours)	Within 6 hrs	3	2	2	1	3

Met the goal.
 Within 5 percentage points of the goal.
 Did not meet the goal.

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
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%	99.9%*	99.9%*	99.9%*	99.9%*	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%*	99.8%*	99.8%*	99.8%*
<i>*Performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number).</i>						
Member Protections and Safety – Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	NA	16	27	31	47	31
Clinical ABDs	NA	0	4	5	5	8
Administrative ABDs	NA	16	23	26	42	23
Written Notification (within 14 calendar days)	100%	100%	100%	100%	100%	100%
Member Protections and Safety – Member Appeals						
Number of Appeals	NA	0	0	1	1	2
Non-Urgent Appeals	NA	0	0	0	1	0
Acknowledgment Compliance (within 5 calendar days)	100%	NA	NA	NA	100%	100%
Determination Compliance (within 30 calendar days)	100%	NA	NA	NA	100%	100%
Urgent Appeals	NA	0	0	1	0	0
Determination Compliance (within 72 hours)	100%	NA	NA	100%	NA	NA

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Complaints	NA	7	11	5	5	8
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	100%	100%	100%	100%	100%
Number of Quality Service Complaints	NA	4	10	4	5	4
Percent Quality of Service Resolved within Turnaround Time (business days)	100% within ≤10 days	100%	100%	100%	100%	100%
Number of Quality of Care Complaints	NA	3	1	1	0	4
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	100%	100%	100%	NA	100%
Member Protections and Safety – Critical Incidents						
Number of Critical Incidents Received	NA	13	16	18	10	7
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	100%	100%	100%	100%	100%	100%
Member Protections and Safety – Response to Written Inquiries						
Percent Acknowledged ≤2 Business Days	100%	100%	100%	100%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	NA	121	164	127	140	162
Percent of Audits that Passed with a Score of ≥85%	NA	79%	66%	73%	71%	89.5%

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
Provider Monitoring and Relations – Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is Documented in Member Record	NA	99%	100%	100%	100%	100%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	NA	72%	75%	92%	66%	85%
Provider Monitoring and Relations – Provider Disputes						
Number of Provider Disputes	NA	113	106	90	116	63
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	100% w/in 30 days	100%	100%	100%	100%	100%
Average Number of Days to Resolve Provider Disputes	≤30 days	12.5	14.1	17.0	16.3	12.7
Utilization Management and Care Coordination – Service Authorization Requests						
Percentage Determination Completed within 14 Days	100%	100%	100%	100%	100%	100%
Utilization Management and Care Coordination – Person-Centered Service Plan (PCSP)						
Number of PCSP Received	NA	263	132	165	176	156
Average Number of Business Days to Review	≤5	0.10	0.08	0.60	0.60	0.67
Utilization Management and Care Coordination – Field Care Coordination (FCC)						
Total Referrals to FCCs	NA	512	437	637	556	456
Average Number of Days Case Open to FCC	NA	47	29	39	42	38

Met the goal.
 Within 5 percentage points of the goal.
 Did not meet the goal.

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
Provider Monitoring and Relations – Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	NA	1,755	1,829	1,665	978	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	NA	38.7%	38.1%	37.4%	36.2%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	NA	58.5%	57.0%	60.0%	55.7%	*See Note
<i>*Data is reported one quarter in arrears.</i>						
Provider Monitoring and Relations – Re-admissions						
Number of Inpatient Discharges	NA	1,755	1,829	1,665	978	*See Note
Percent of Members Re-admitted within 30 Days	NA	14.2%	14.0%	10.5%	8.9%	*See Note
<i>*Data is reported one quarter in arrears.</i>						
Provider Monitoring and Relations – Inter-Rater Reliability						
Inter-Rater Reliability – Care Advocate	≥90%	100%	Reported annually			97%
Inter-Rater Reliability – MD	≥90%	Data unavailable	Reported annually			95%
Provider Monitoring and Relations – Peer-Review Audits						
PhD Peer Review Audit Results	≥88%	100%	100%	100%	100%	100%

Met the goal.
 Within 5 percentage points of the goal.
 Did not meet the goal.

		Q4, 2020	Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021
Measure	Goal	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021
Claims						
Claims Paid within 30 Calendar Days	≥90%	99.7%	99.9%	99.9%	99.3%	99.4%
Claims Paid within 90 Calendar Days	≥99%	99.9%	100.0%	99.9%	99.9%	99.7%
Dollar Accuracy	≥99%	99.0%	99.0%	99.0%	99.2%	99.0%
Procedural Accuracy	≥97%	99.4%	99.8%	99.0%	99.0%	98.3%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q3, 2021

In the Quarter 3 report, it was reported that Optum Idaho did not meet performance for Member Calls Answered within 30 seconds. The performance measure was not met again during Q4.

Identification of Areas Not Meeting Performance During the Current Quarter: Q4, 2021

During Q4, 2021, Optum Idaho did not meet performance in two areas: Member Calls Answered within 30 seconds and Member Call Abandonment Rate. ProtoCall provides service by answering calls from members. ProtoCall reported to Optum Idaho that they have continued to be challenged by staff retention and increased demand on their services from other clients. They are working on increasing recruitment efforts. ProtoCall has continued to cite the impact that COVID-19 has had on the behavioral health industry and the ensuing strain across multiple sectors they support. Optum Idaho Clinical and Customer Service Teams will meet with ProtoCall to identify ways that Optum Idaho can support ProtoCall in this area. This may include identifying calls that can be transferred to Optum Idaho staff. Optum Idaho will continue to monitor this performance measure and work with ProtoCall to ensure members are receiving excellent customer service.

Member Satisfaction Survey Results

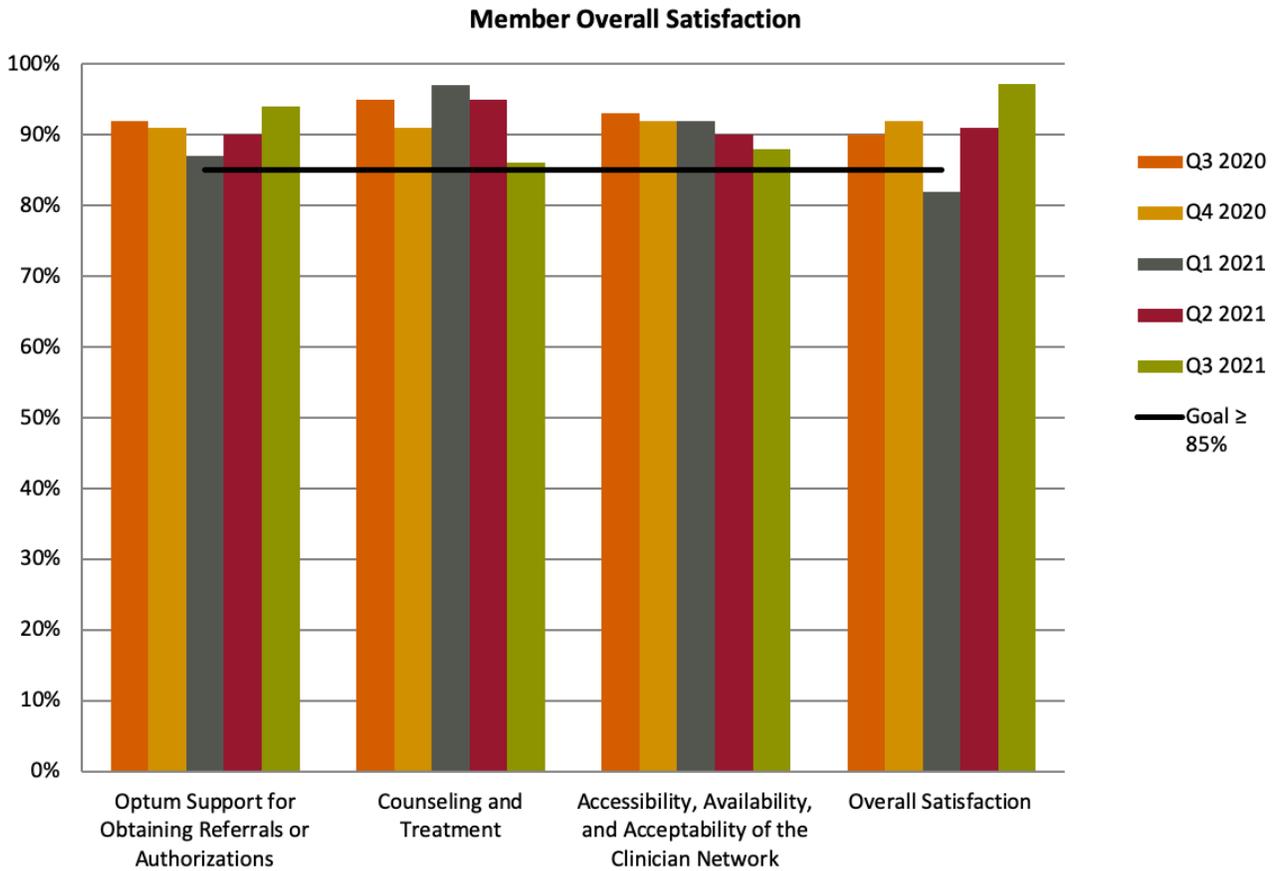
Methodology: Optum Idaho surveys IBHP adults 18 years of age and older and parents of children ages 11 years and younger. The survey is administered through a live telephone interview, with translation services available to members upon request. Due to various privacy regulations, Optum Idaho does not survey members between the ages of 12 and 17.

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 was selected and called until meeting the desired quota, 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 three-month period following the quarter when services were rendered. For example, members who received services during Q1, and are eligible for the survey, complete the survey during Q2. The vendor, Burke, Inc., compiles data into the behavioral health digital dashboard. The data is available one month after the survey is complete, which creates a lag in reporting the data.

Analysis: Due to the lag in reporting, as described above, Q3, 2021 data is included in the report. The data is from surveys conducted on members who received services during Q2, 2021 and surveyed during Q3, 2021. The total number of members who responded to the survey was 21, which represents a response rate of 4%. During Q3, Optum Idaho met the goal of $\geq 85\%$ in all performance measures, as indicated below:

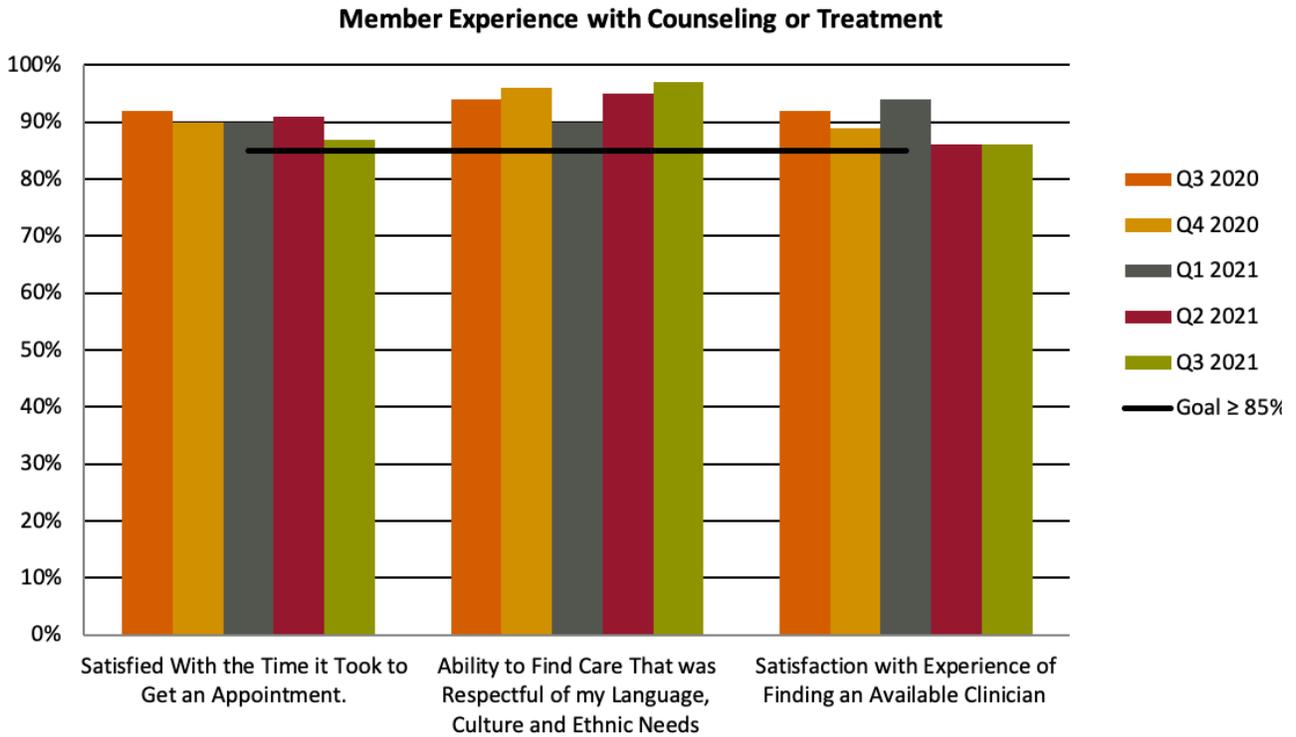
Performance Metric	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Optum Support for Obtaining Referrals or Authorizations	92%	91%	87%	90%	94%
Counseling and Treatment	95%	91%	97%	95%	86%
Accessibility, Availability, and Acceptability of the Clinician Network	93%	92%	92%	90%	88%
Overall Satisfaction	90%	92%	82%	91%	97%

Figure 1



In addition, the Member Satisfaction Survey includes specific questions related to members' experiences with counseling and treatment. The results are in the graph, "Member Experience with Counseling or Treatment," below. Optum Idaho met the goal of $\geq 85\%$ again in all domains.

Figure 2



Barriers: No identified barriers.

Opportunities and Interventions: No opportunities for improvement identified.

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.

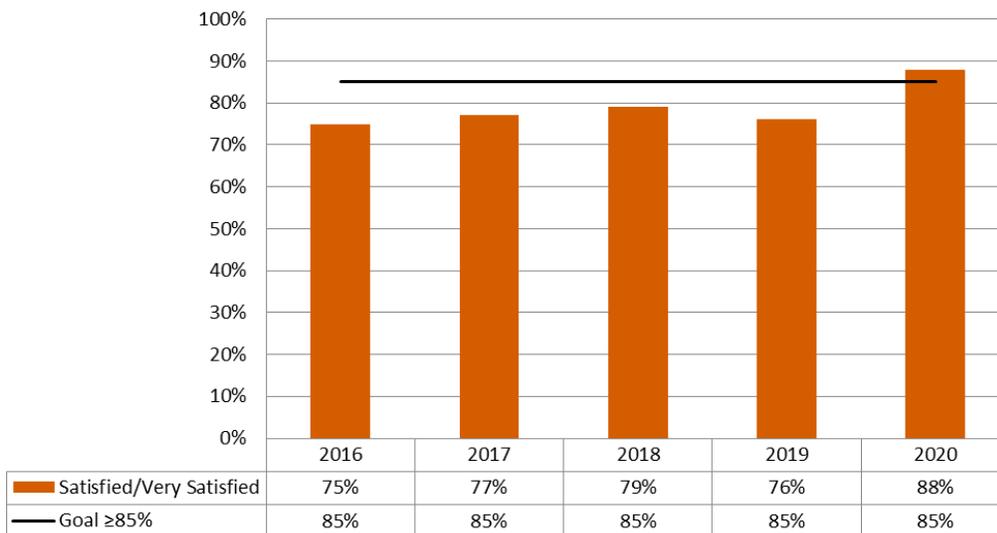
Methodology: Optum Idaho's Provider Satisfaction Survey is designed to connect with all Optum Idaho network providers to give them an opportunity to participate in the research. Providers receive a link to the survey via email, and Market Probe conducts the survey annually.

Analysis: Providers completed the 2020 Provider Satisfaction Survey November 2020, and the Quality Assurance Performance Improve Committee received the results March 2020. Overall provider satisfaction was met at 88% (goal: ≥85%). In addition, the overall evaluation of Optum included Optum service improving, staying the same or getting worse: 93% indicated that Optum service was improving or staying the same. This is an increase from 84% in the 2019 survey. Seventy-six percent (76%) of providers indicated they received better or the same experience compared to other behavioral healthcare companies (an increase from 63% in 2019) and 96% of providers indicated that they were somewhat or very likely to remain in the Optum network (compared to 88% in the 2019).

The Net Promotor Score (NPS) is based on the question, "How likely would you be to recommend Optum to a colleague?" Response to this question in the 2020 survey included 35% promoters (those who rated a 9 or 10 on an 11-point scale), 32% passives (those who rated a 7 or 8 on an 11-point scale) and 33% detractors (those who rated a 0 to 6 on an 11-point scale). Optum Idaho's NPS was 2 in 2020 (Promoters - Detractors), an increase from -27 in 2019.

Figure 3

Provider Overall Satisfaction with Optum



Barriers: No identified barriers.

Opportunities and Interventions: Updates on action plans during Q4 include:

- **Overall Satisfaction with Optum Idaho**
 - » Create trainings/webinars on specific issues identified with survey
 - › The Education Department conducted routine trainings and webinars for network providers.
 - » Continue process for seeking provider input on initiatives pilot, as appropriate
 - › During the Annual Provider Survey that was distributed in November, providers were asked for their direct input on educational / training opportunities provided by Optum. The results of the survey will be presented to the Provider Advisory Committee as well as Optum Leadership Team during Q1, 2022.

- » Increase provider visits and meetings with providers and provider associations
 - › Provider Relations Advocates (PRAs) continued to maintain a frequency of 10 provider-related contacts each month.
- **Net Promoter Responses**
 - » Educate providers on the use of the Net Promoter Score (NPS)
 - › Customer Service provided education on NPS during the NPS survey campaign times.
 - » Collaborate with Optum Customer Service regarding surveys conducted during provider calls
 - › If provider questions involved other departments besides Customer Service, coordination occurred with the other departments to obtain answers for the providers.
- **Network Services**
 - » Trend provider requests and inquiries to identify process improvement opportunities
 - › Optum Idaho hired a Customer Service and Claims Business Liaison to aid with identifying trends in this area. Common questions and requests of providers were tracked by PRAs as part of monthly provider outreach.
 - » Host Quarterly Meet and Greets
 - › Meet and Greets were held on Jan. 28, May 20 and Nov. 18, 2021.
 - » Publish Quarterly Provider Newsletter
 - › Provider Press published in winter 2021, spring 2021, summer 2021 and the next scheduled release in early 2022.
 - » PRAs to complete a minimum of four provider visits per quarter using the Provider Engagement Checklist to ensure consistency with provider visits throughout the state
 - › Removed Provider Engagement Checklist; however, PRAs continued to engage in 10 provider-related contacts each month.
 - » Include training on the Complaint process in Meet and Greets and via Provider Press
 - › This information was included in Provider Press newsletter and was presented at the Meet and Greet in November.
- **Authorization Process**
 - » Increase the time of notification for updates to Level Of Care Guidelines (LOGCs)
 - › LOGC changes were brought to the July Provider Advisory Committee (PAC) for announcement.
 - » Continue to reach out to providers when there are any questions, concerns or confusions about the Service Referral Form (SRF) they have submitted
 - › Care Advocates (CAs) called out to providers on all SRFs they were not able to authorize, in an attempt to obtain additional and required information.
 - » Continue to offer provider support to the SRF and Utilization Management (UM) process by meeting with and talking with providers
 - › CAs and Senior Wellness Coordinators (SWC) staffed the phone and supported providers in completing SRFs.
 - » Reach out to new Partial Hospitalization Programs (PHPs) and offer a review of the SRF submission process, what is required and how it works
 - › CAs offered SRF/UM support and training to any new PHPs.
- **Claims Process**
 - » Customer Service Team to host a twice-a-year, two weeklong NPS Survey option to callers to get feedback on claims calls
 - › NPS survey campaigns were completed.

- » Trend customer service calls to identify quality improvement opportunities
 - › Continued to use theme/trend if there were two to three calls for the same issue, and then escalated further to national Claims Team.
 - › Accomplished by team sharing provider issues/calls in Microsoft Teams group chat (real time).
- » Continue to monitor trends using twice weekly Claims Report to proactively notify providers of any issues or changes prior to when they appear on the remittance
 - › Team lead and manager continued to review Claims Report to identify if any denials reflect a trend and then proactively informed providers of these issues.
- » Ongoing collaboration with the national Claims Processing Teams through monthly meetings to identify any claims issues
 - › Continued monthly national claims meetings on incorrectly processed claims that Customer Service Team identified.
- **Telemental Health (TMH)/Virtual Visits**
 - » Develop post-pandemic policies to allow continued utilization of TMH, where clinically appropriate
 - › No update due to state-wide health emergency order remaining in place.