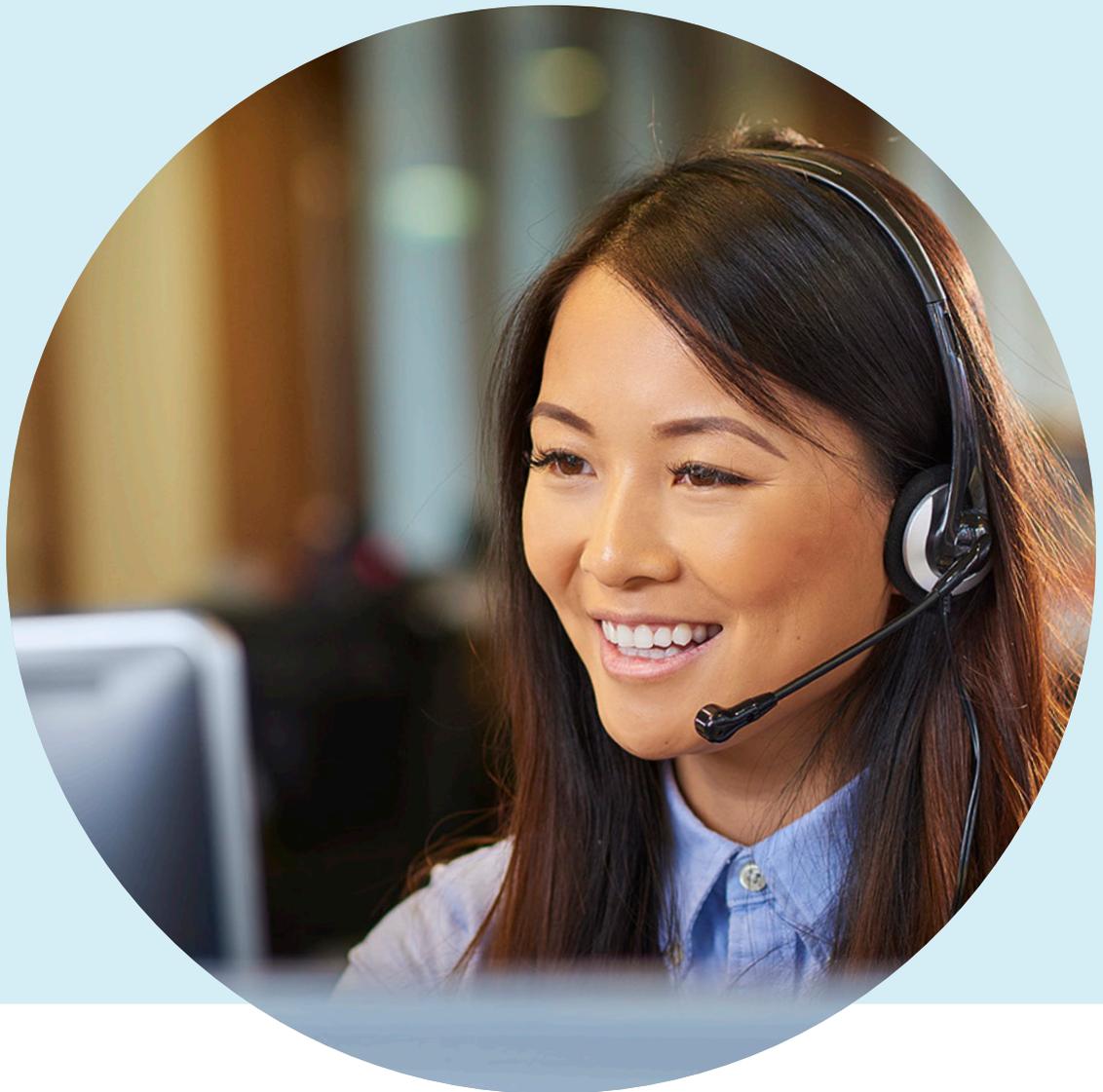




Q3, 2022: July to September

Idaho Behavioral Health Plan Quality Management and Utilization Management **Quarterly Report**



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 3 (July to September), 2022.

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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 34 (88.2%) key measures.

Optum Idaho continues to meet and/or exceed performance goals for Accessibility & Availability, Geographic Availability of Providers, Utilization Management and Care Coordination and Claims.

Optum Idaho did not meet the established goals for the 2021 Provider Overall Satisfaction survey. This report discusses several interventions to promote a higher level of provider satisfaction and any actions taken in the quarter to support performance metric success. The Q2 Member Satisfaction Survey results reflected a drop to 83% which, is below the 85% threshold, for Accessibility, Availability and Acceptability of the Clinician Network.

Optum Idaho fell below established goals for: Written Notification of Adverse Benefit Determination within 14 calendar days, Member Appeals Acknowledgement within five calendar days and Member Appeals Determination within 30 calendar days. This report details the interventions for unmet performance goals. The Optum Idaho Quality Team and the QAPI Committee will continue to monitor and collaborate with the vendor to improve performance measurements.

Optum Idaho remains 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.

		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85%	94%	89%	94%	87%	*See note
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	88%	91%	94%	83%	*See note
Experience with Counseling or Treatment	≥85%	86%	92%	96%	94%	*See note
Overall Satisfaction	≥85%	97%	92%	98%	91%	*See note
<i>*Based on Member Satisfaction Survey sampling methodology, Q2, 2022, is the most current data available.</i>						
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85%	2021 results are reported in the Q1 2022 report.		72%	2022 results will be reported in the Q1 2023 report.	

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		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
Accessibility & Availability - Idaho Behavioral Health Plan Membership						
Membership Numbers	NA	381,232	388,426	397,175	393,741	406,058
Accessibility & Availability - Member Services Call Standards						
Total Number of Calls	NA	1,272	1,403	1,444	1,465	1,661
Percent Answered within 30 seconds	≥80%	62%	43%	56%	87%	92%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	4.6%	8.5%	9.9%	1.4%	1.4%
Daily Average Hold Time	≤120 Seconds	44	85	83	22	16
Accessibility & Availability - Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	3,000	4,142	3,704	3,704	3,466
Percent Answered within 30 seconds	≥80%	97%	96%	96%	96%	95%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.47%	0.79%	0.93%	0.93%	0.83%
Daily Average Hold Time	≤120 Seconds	6	7	6	6	12
Accessibility & Availability - Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	48 hrs	10	10	11	9	6
Non-Urgent Appointment Wait Time (days)	10 days	3	3	3	3	3
Critical Appointment Wait Time (hours)	Within 6 hrs	1	3	2	2	1

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		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
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%*	99.7%*	99.8%*	99.7%*
<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	47	31	22	58	94
Clinical ABDs	NA	5	8	2	20	76
Administrative ABDs	NA	42	23	20	38	18
Written Notification (within 14 calendar days)	100%	100%	100%	100%	100%	98.94%
Member Protections and Safety - Member Appeals						
Number of Appeals	NA	1	2	1	0	5
Non-Urgent Appeals	NA	1	0	1	0	5
Acknowledgment Compliance (within 5 calendar days)	100%	100%	100%	100%	NA	60.00%
Determination Compliance (within 30 calendar days)	100%	100%	100%	100%	NA	80.00%
Urgent Appeals	NA	0	0	0	0	0
Determination Compliance (within 72 hours)	100%	NA	NA	NA	NA	NA

		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Complaints	NA	5	8	15	20	16
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	100%	100%	100%	95%	100%
Number of Quality Service Complaints	NA	5	4	5	10	10
Percent Quality of Service Resolved within Turnaround Time (business days)	100% within ≤10 days	100%	100%	100%	90%	100%
Number of Quality of Care Complaints	NA	0	4	10	10	6
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	NA	100%	100%	100%	100%
Member Protections and Safety – Critical Incidents						
Number of Critical Incidents Received	NA	10	7	19	10	19
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%	85%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	NA	140	162	74	108	58
Percent of Audits that Passed with a Score of ≥85%	NA	71%	89.5%	90.5%	93.5%	72.9%

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		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
Provider Monitoring and Relations - Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is Documented in Member Record	NA	100%	100%	100%	100%	100%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	NA	66%	85%	85%	86%	75%
Provider Monitoring and Relations - Provider Disputes						
Number of Provider Disputes	NA	116	63	65	51	43
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	16.3	12.7	13.0	18.1	17.84
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	176	156	124	119	161
Average Number of Business Days to Review	≤5	0.60	0.67	0.40	0.4	0.38
Utilization Management and Care Coordination - Field Care Coordination (FCC)						
Total Referrals to FCCs	NA	556	456	417	481	393
Average Number of Days Case Open to FCC	NA	42	38	42	43	36



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		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
Provider Monitoring and Relations - Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	NA	978	865	770	948	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	NA	36.2%	39.5%	43.0%	25.6%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	NA	55.7%	60.2%	64.3%	12.9%	*See Note
<i>*Data is reported one quarter in arrears.</i>						
Provider Monitoring and Relations - Re-admissions						
Number of Inpatient Discharges	NA	978	865	770	948	*See Note
Percent of Members Re-admitted within 30 Days	NA	12.5%	8.9%	7.1%	127	*See Note
<i>*Data is reported one quarter in arrears.</i>						
Provider Monitoring and Relations - Inter-Rater Reliability						
Inter-Rater Reliability - Care Advocate	≥90%	Reported annually	97%	Reported annually		
Inter-Rater Reliability - MD	≥90%	Reported annually	95%	Reported annually		
Provider Monitoring and Relations - Peer-Review Audits*						
PhD Peer Review Audit Results	≥88%	100%	100%	No data available	No data available	No data available
<i>*This measure will be removed in future reports as Quality re-evaluates this process.</i>						

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

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		Q3, 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022
Measure	Goal	Jul - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022
Claims						
Claims Paid within 30 Calendar Days	≥90%	99.3%	99.4%	99.6%	99.8%	99.99%
Claims Paid within 90 Calendar Days	≥99%	99.9%	99.7%	99.9%	99.9%	99.99%
Dollar Accuracy	≥99%	99.2%	99.0%	98.9%	99.8%	99.78%
Procedural Accuracy	≥97%	99.0%	98.3%	99.7%	98.7%	99.43%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q2, 2022

Three performance measures were not met during Q2, 2022; however, activities to address these areas are outlined in the following narrative.

During 2021, Optum Idaho scored 72% for Provider Overall Satisfaction, missing the established goal of ≥85%. Optum Idaho continues to seek provider input on initiatives, increase provider visits, meet with provider associations and create trainings and webinars on topics identified by providers in the 2021 Provider Satisfaction Survey.

- In Q3 2022, the Provider relations team held 93 provider visits and attended 30 association and board meetings with behavioral health providers and community resource advocates. A Provider Roundtable was held on Oct. 27, 2022 on IHCBC: Therapeutic Behavioral Services.

In Q2 2022 the performance metric result for Calls Answered within 30 seconds increased significantly from 56% to 87%, which exceeds the ≥80% goal. In Q3, 92% of member service calls were answered within 30 seconds. Additionally, in Q2 2022 and in Q3 2022, the Abandonment Rate performance metric improved from 9.9% to 1.4%, which exceeds the goal of ≤7%. The success of these two metrics is attributed to Optum Idaho and the vendor collaboration, increase in vendor staffing and leveraging Optum Idaho staff for member calls regarding eligibility and referrals to providers. Optum Idaho will continue to work closely with the vendor to ensure member needs are met and will continue to monitor these performance measures.

In Q2 2022 the response to written inquiries being acknowledged within 2 business days had dropped to 85%. Due to not meeting the threshold we updated the reporting process and provided education to Optum staff for timely reporting of incidents to the quality team. In Q3 2022 Optum Idaho has increased this metric back to 100%. Complaints being acknowledged within 5 business day had dropped to 95% and Quality of Service complaints being resolved within 10 business days dropped to 90% in Q2 2022. In Q3 2022 both of these metrics met the turnaround time at 100%.

Identification of Areas Not Meeting Performance During Q3, 2022

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

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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 30 out of 34 (88.2%) key measures.

Optum Idaho did not meet performance goals for three measures: Written Notification of Adverse Benefit Determination within Turnaround Time, Appeals Acknowledged within Turnaround Time Appeals Determinations within Turnaround Time.

Written Notification of Adverse Benefit Determination

The contractual goal for Response to Written Inquiries within ≤ 2 business days is 100%. During Q2, one written response failed to meet the goal due to a miscommunication of expected response time. The concern has been addressed by a change in process for escalating written inquiries to ensure contractual metrics are met. Optum Idaho will continue to monitor this metric.

Percent of Appeals Acknowledged within Turnaround Time

The contractual overall goal of 100% for Complaints Acknowledged within Turnaround Time was not met for Q2. This includes quality of care and quality of service complaints. One complaint was received but misrouted, creating a missed turnaround time for an Acknowledgement letter to be sent within five business days. Additional training and education regarding the Complaint process is ongoing and will continue to be monitored.

Percent of Appeal Determinations within Turnaround Time

The contractual overall goal of 100% for Appeals Determination within Turnaround Time was not met for Q3, with a score of 90%. The determination was misrouted in Linx, creating a missed turnaround time for resolution within 10 business days. Additional training and education regarding the communication process between the national team and Idaho team is ongoing and will continued to be monitored.

Provider Overall Satisfaction

During 2021, Optum Idaho scored 72% for Provider Overall Satisfaction, missing the established goal of $\geq 85\%$. This survey is conducted once a year and reported in detail in the Q1 2022 report. Optum Idaho continues to seek provider input on initiatives, increase provider visits, meet with provider associations, and create trainings and webinars on topics identified by providers in the 2021 Provider Satisfaction Survey.

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Member Satisfaction Survey Results

Methodology: Optum Idaho surveys IBHP adults ages 18 and older and parents of children ages 11 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.

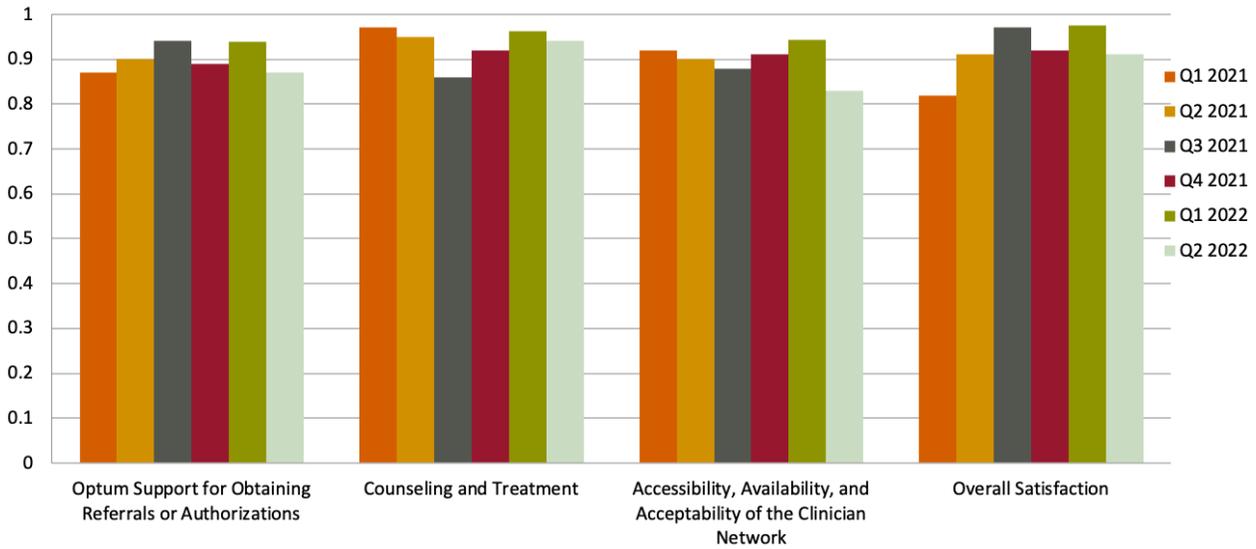
To be eligible for the survey, the member must have received services during the 90 days prior to the survey and have a valid telephone number on record. A random sample of individuals eligible for the survey was selected and called until meeting the desired quota, or the sample, was exhausted. Members 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 compiles data into the behavioral health digital dashboard. The data is available one month after the survey is completed, which creates a lag in reporting the data.

Analysis: Due to the lag in reporting, as described above, Q2, 2022 data is included in the report. The data is from surveys conducted with members who received services during Q1, 2021 and surveyed during Q2, 2022. The total number of members who responded to the survey was 38, which represents a response rate of 3%. During Q2, the overall satisfaction was 90.5%, Optum Idaho met the goal of $\geq 85\%$ in all categories except for Accessibility, Availability, and Acceptability at 83.3% and the Overall Satisfaction with Claims Process which fell to 75%. In regard to the claims section, there were four respondents to that question and one was not a favorable response so it dropped to 75%.

Performance Metric	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022
Optum Support for Obtaining Referrals or Authorizations	87%	90%	94%	89%	94%
Counseling and Treatment	97%	95%	86%	91%	96%
Accessibility, Availability, and Acceptability of the Clinician Network	92%	90%	88%	92%	94%
Overall Satisfaction	92%	82%	91%	97%	98%

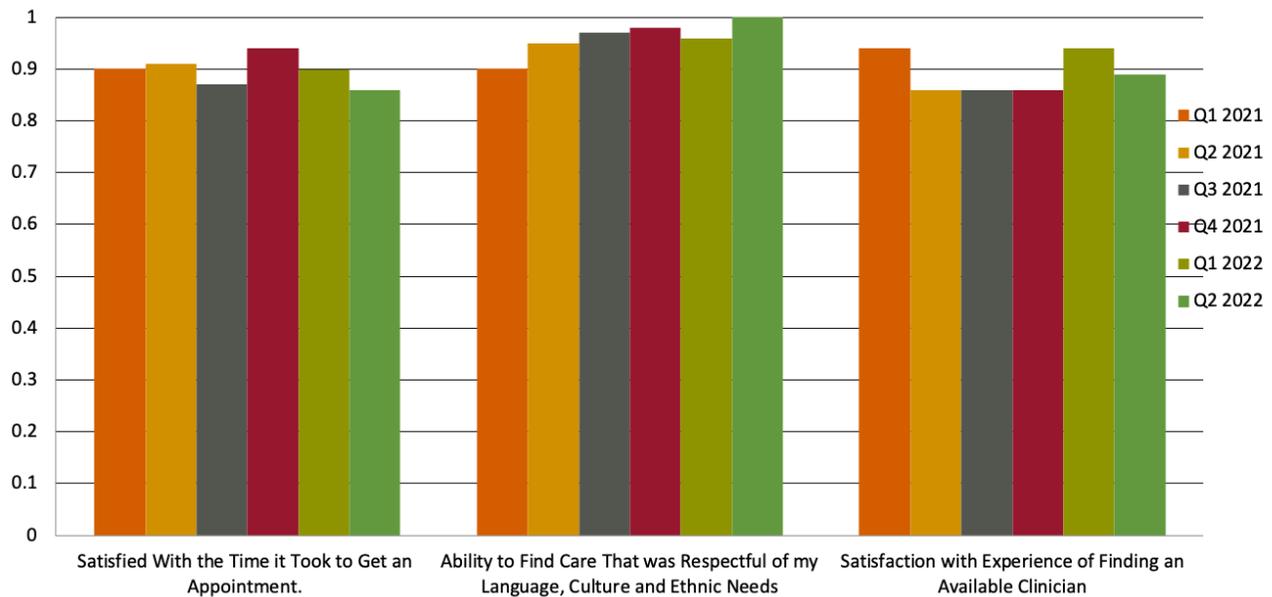
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Figure 1 – Member Overall Satisfaction



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 ≥85% again in all domains.

Figure 2 – Member Experience with Counseling or Treatment



Barriers: No identified barriers.

Opportunities and Interventions: No opportunities for improvement identified.

Optum Idaho continues to hold Member Advisory Committee meetings quarterly, allowing member and member representatives to advocate for improved member experience and better clinical outcomes.

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Provider Satisfaction Survey Results

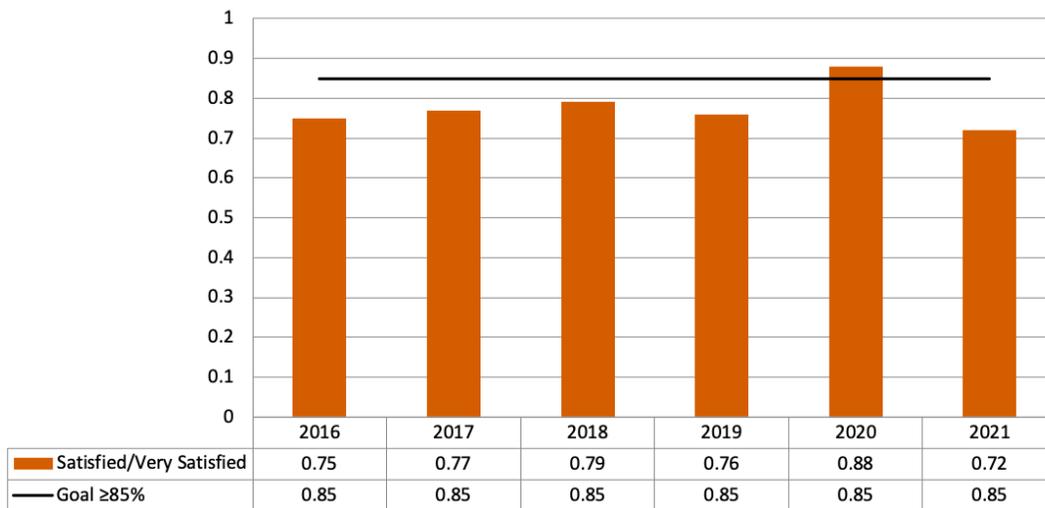
The goal of the research design of the Provider Satisfaction Survey is to provide representative and reliable measurement of providers’ experiences with attitudes toward, and suggestions for, Optum Idaho.

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 to participate in the survey annually.

Analysis: Providers completed the 2021 Provider Satisfaction Survey in November 2021, and the Quality Assurance Performance Improve Committee received the results April 2022. Overall provider satisfaction was not met at 72% (goal: ≥85%). In addition, the overall evaluation included Optum service improving, staying the same or getting worse: 82% of providers indicated that Optum service was improving or staying the same. This is a decrease from 93% in the 2020 survey. Sixty-two percent (62%) of providers indicated they received better, or the same experience compared to other behavioral healthcare companies (a decrease from 76% in 2020), and 89% of providers indicated that they were somewhat or very likely to remain in the Optum network (compared to 96% in the 2020).

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 2021 survey included 29% promoters (those who rated a nine or 10 on an 11-point scale), 35% passives (those who rated a seven or eight on an 11-point scale) and 37% detractors (those who rated a 0 to 6 on an 11-point scale). Optum Idaho’s NPS was -8 in 2021 (Promoters - Detractors), a decrease from two in 2020.

Figure 3 – Provider Overall Satisfaction with Optum



Barriers: Provider Overall Satisfaction was not met during 2021.

Opportunities and Interventions: Actions Plans to Address Overall Provider Satisfaction during 2022 will include:

- » Assist in the creation of trainings/webinars on specific issues identified by the providers in the 2021 Provider Satisfaction Survey.
- » Continue process for seeking provider input on initiatives and pilot, as appropriate.
- » Increase provider visits and meetings with providers and provider associations.
- » In Q3 2022, the Provider Relations Advocates attended 93 provider visits and 30 provider association/board meetings. A Provider Roundtable was held on Oct. 27, 2022 on IHCBC: Therapeutic Behavioral Services.

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- **Network Services Goals for 2022**

- › Host at least two Provider Round Tables annually to increase engagement with the provider community.
- › Publish Quarterly Provider Newsletter.
- › Every Regional PRA will complete a minimum of thirty provider engagements per quarter that will be logged in the Provider Relations SharePoint.
- › Document provider reasons for leaving network to identify process improvement opportunities.

- **Telemental Health (TMH)/Virtual Visits**

- › Keep providers informed of potential TMH changes occurring as a result of state and federal Public Health Emergencies ending.