Optum

Q1, 2022: January to March

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 1 (January to March), 2022.

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Table of Contents

Executive Summary of Overall Progress 3
Performance Metrics Summary 4
Progress in Areas Not Meeting Performance During the Previous Quarter: Q4, 2021 10
Identification of Areas Not Meeting Performance During Q1, 2022 10
Member Satisfaction Survey Results 11
Provider Satisfaction Survey Results 13

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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%) key measures.

Optum Idaho continues to meet and/or exceed performance goals for Customer Services (Provider Calls) Standard, Appointment Wait Times, Geographic Availability of Providers, Critical Incident reviews, Service Authorization Requests, and Provider Dispute Determination.

Optum Idaho did not meet the established goal for Provider Overall Satisfaction. This report discusses several action plans to promote a higher level of provider satisfaction.

Optum Idaho fell below established goals for: Member Calls Answered within 30 seconds, and Member Call Abandonment Rate. 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.

Claims Dollar Accuracy fell below the established goal. This report details the interventions for addressing this performance goal. Optum Idaho will continue to monitor and collaborate with internal departments to ensure the Claims Dollar Accuracy performance goal is met.

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

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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 more than 5%.

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

Measure	Goal	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021	Q3, 2021 Jul – Sept 2021	Q4, 2021 Oct – Dec 2021	Q1, 2022 Jan – Mar 2022
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	**≥85%**	87%	90%	94%	89%	*See note
Accessibility, Availability, and Acceptability of the Clinician Network	**≥85%**	92%	90%	88%	91%	*See note
Experience with Counseling or Treatment	**≥85%**	97%	95%	86%	92%	*See note
Overall Satisfaction	**≥85%**	82%	91%	97%	92%	*See note
**Based on Member Satisfaction Survey sampling methodology, Q4, 2021, is the most current data available.*						
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	**≥85%**	88%	2021 results will be reported in the Q1 report.			72%
Accessibility & Availability – Idaho Behavioral Health Plan Membership						
Membership Numbers	**NA**	366,843	377,135	381,232	388,426	397,175

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Measure	Goal	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021	Q3, 2021 Jul – Sept 2021	Q4, 2021 Oct – Dec 2021	Q1, 2022 Jan – Mar 2022
Accessibility & Availability – Member Services Call Standards						
Total Number of Calls	**NA**	1,524	1,345	1,272	1,403	1,444
Percent Answered within 30 seconds	**≥80%**	81%	84%	62%	43%	56%
Abandonment Rate	**≤3.5% internal, ≤7.0% contractual**	1.6%	1.5%	4.6%	8.5%	9.9%
Daily Average Hold Time	**≤120 Seconds**	24	21	44	85	83
Accessibility & Availability – Customer Service (Provider Calls) Standards						
Total Number of Calls	**NA**	2,585	2,867	2,798	3,000	4,142
Percent Answered within 30 seconds	**≥80%**	98%	98%	97%	97%	96%
Abandonment Rate	**≤3.5% internal, ≤7.0% contractual**	0.44%	0.24%	0.36%	0.47%	0.79%
Daily Average Hold Time	**≤120 Seconds**	4	4	6	6	7
Accessibility & Availability – Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	**48 hrs**	14	8	10	10	11
Non-Urgent Appointment Wait Time (days)	**10 days**	3	2	3	3	3
Critical Appointment Wait Time (hours)	**Within 6 hrs**	2	2	1	3	2

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

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Measure	Goal	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021	Q3, 2021 Jul – Sept 2021	Q4, 2021 Oct – Dec 2021	Q1, 2022 Jan – Mar 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%*	99.8%*	99.8%*	99.7%*
**Performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number).*						
Member Protections and Safety – Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	**NA**	27	31	47	31	22
Clinical ABDs	**NA**	4	5	5	8	2
Administrative ABDs	**NA**	23	26	42	23	20
Written Notification (within **14** calendar days)	**100%**	100%	100%	100%	100%	100%
Member Protections and Safety – Member Appeals						
Number of Appeals	**NA**	0	1	1	2	1
Non-Urgent Appeals	**NA**	0	0	1	0	1
Acknowledgment Compliance (within **5** calendar days)	**100%**	NA	NA	100%	100%	100%
Determination Compliance (within **30** calendar days)	**100%**	NA	NA	100%	100%	100%
Urgent Appeals	**NA**	0	1	0	0	0
Determination Compliance (within **72** hours)	**100%**	NA	100%	NA	NA	NA

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Measure	Goal	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021	Q3, 2021 Jul – Sept 2021	Q4, 2021 Oct – Dec 2021	Q1, 2022 Jan – Mar 2022
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Complaints	**NA**	11	5	5	8	15
Percent of Complaints Acknowledged within Turnaround Time (business days)	**5 days**	100%	100%	100%	100%	100%
Number of Quality Service Complaints	**NA**	10	4	5	4	5
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**	1	1	0	4	10
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	**≤30 days**	100%	100%	NA	100%	100%
Member Protections and Safety – Critical Incidents						
Number of Critical Incidents Received	**NA**	16	18	10	7	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%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	**NA**	164	127	140	162	74
Percent of Audits that Passed with a Score of ≥85%	**NA**	66%	73%	71%	89.5%	90.5%

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Measure	Goal	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021	Q3, 2021 Jul – Sept 2021	Q4, 2021 Oct – Dec 2021	Q1, 2022 Jan – Mar 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**	75%	92%	66%	85%	85%
Provider Monitoring and Relations – Provider Disputes						
Number of Provider Disputes	**NA**	106	90	116	63	65
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**	14.1	17.0	16.3	12.7	13.0
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**	132	165	176	156	124
Average Number of Business Days to Review	**≤5**	0.08	0.60	0.60	0.67	0.40
Utilization Management and Care Coordination – Field Care Coordination (FCC)						
Total Referrals to FCCs	**NA**	437	637	556	456	417
Average Number of Days Case Open to FCC	**NA**	29	39	42	38	42

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

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Measure	Goal	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021	Q3, 2021 Jul – Sept 2021	Q4, 2021 Oct – Dec 2021	Q1, 2022 Jan – Mar 2022
Provider Monitoring and Relations – Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	**NA**	1,829	1,665	978	865	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	**NA**	38.1%	37.4%	36.2%	39.5%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	**NA**	57.0%	60.0%	55.7%	60.2%	*See Note
**Data is reported one quarter in arrears.*						
Provider Monitoring and Relations – Re-admissions						
Number of Inpatient Discharges	**NA**	1,829	1,665	978	865	*See Note
Percent of Members Re-admitted within 30 Days	**NA**	14.0%	10.5%	12.5%	8.9%	*See Note
**Data is reported one quarter in arrears.*						
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%	100%	100%	No data available

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

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		Q1, 2021	Q2, 2021	Q3, 2021	Q4, 2021	Q1, 2022
Measure	Goal	Jan – Mar **2021**	Apr – Jun **2021**	Jul – Sept **2021**	Oct – Dec **2021**	Jan – Mar **2022**
Claims						
Claims Paid within 30 Calendar Days	**≥90%**	99.9%	99.9%	99.3%	99.4%	99.6%
Claims Paid within 90 Calendar Days	**≥99%**	100.0%	99.9%	99.9%	99.7%	99.9%
Dollar Accuracy	**≥99%**	99.0%	99.0%	99.2%	99.0%	98.9%
Procedural Accuracy	**≥97%**	99.8%	99.0%	99.0%	98.3%	99.7%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q4, 2021

These performance measures were not met during Q1, 2022; however, activities to address these areas are outlined in the following narrative.

Identification of Areas Not Meeting Performance During Q1, 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 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 four measures: Member Calls Answered within 30 seconds, Member Call Abandonment Rate, Provider Overall Satisfaction, and Claims Dollar Accuracy.

Member Calls Answered within 30 seconds and Member Call Abandonment Rate

The goal for Calls Answered within 30 seconds is ≥80%. During Q1 2022, the results were 56%, which is an increase from 43% during Q4 2021. The contractual goal for Member Call Abandonment rate is ≤7, however; during Q1 2022, the results were 9.9%. Optum Idaho's vendor is ProtoCall, they provide service by answering calls. During the Q1 2022, Protocall continued to grapple with meeting performance goals. Additionally, the call volume increased 5%. Optum Idaho has been working with ProtoCall to address the performance issues and implemented several changes to help address the issues. First, calls now route to any available agent at Protocall; whereas in the past, calls were routed to a specially designated skill queue. This increased the number of available call takers during business hours by nearly 100%. Second, any non-crisis calls requiring follow up are warm transferred to Optum Idaho staff to assist during business hours, thus easing the duration of ProtoCall staff time and allowing them to continue picking up new calls. Staffing challenges at ProtoCall continue to be reported, however the increased training schedule and recruitment efforts are increasing the number of staff taking calls. Though not reflected in this quarterly data summary, the numbers did begin to shift at the end of Q1 2022. This progress was largely due to the interventions described above.

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Optum Idaho will continue to work closely with ProtoCall to ensure member needs are met, and will continue to monitor this performance measure.

Provider Overall Satisfaction

During Q1 2022, 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.

Claims Dollar Accuracy

Optum Idaho did not meet the performance goal for Claims Dollar Accuracy, falling slightly below the goal of 99% at 98.9%. The March 2022 Claims Dollar Accuracy was below the due to two financial defects resulting in claims denied in error. Both defects have been adjusted and the issue remedied with additional documentation in the claims policy, as well as employee training. This metric will continue to be monitored to ensure providers are paid appropriately.

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, Q4, 2021 data is included in the report. The data is from surveys conducted with members who received services during Q3, 2021 and surveyed during Q4, 2021. The total number of members who responded to the survey was 50, which represents a response rate of 5%. During Q4, Optum Idaho met the goal of ≥85% in all performance measures, as indicated below:

Performance Metric	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Optum Support for Obtaining Referrals or Authorizations	91%	87%	90%	94%	89%
Counseling and Treatment	91%	97%	95%	86%	91%
Accessibility, Availability, and Acceptability of the Clinician Network	92%	92%	90%	88%	92%
Overall Satisfaction	92%	82%	91%	97%	92%

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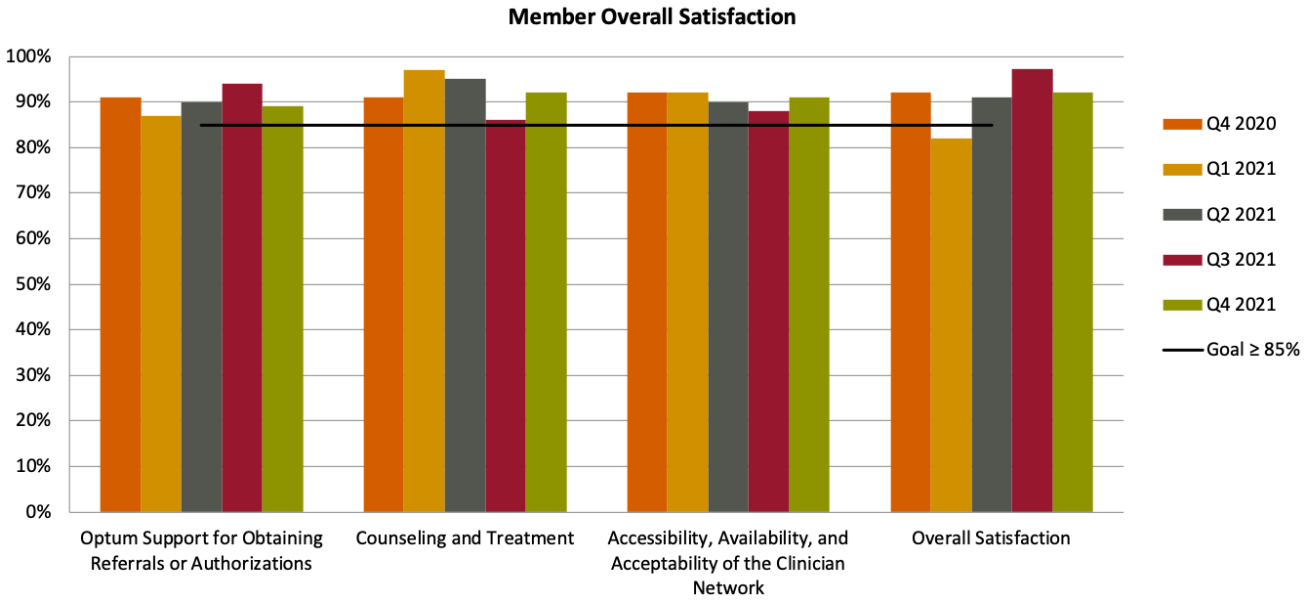
Figure 1



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 ≥85% again in all domains.

Figure 2

Barriers: No identified barriers.

Opportunities and Interventions: No opportunities for improvement identified.

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Provider Satisfaction Survey Results

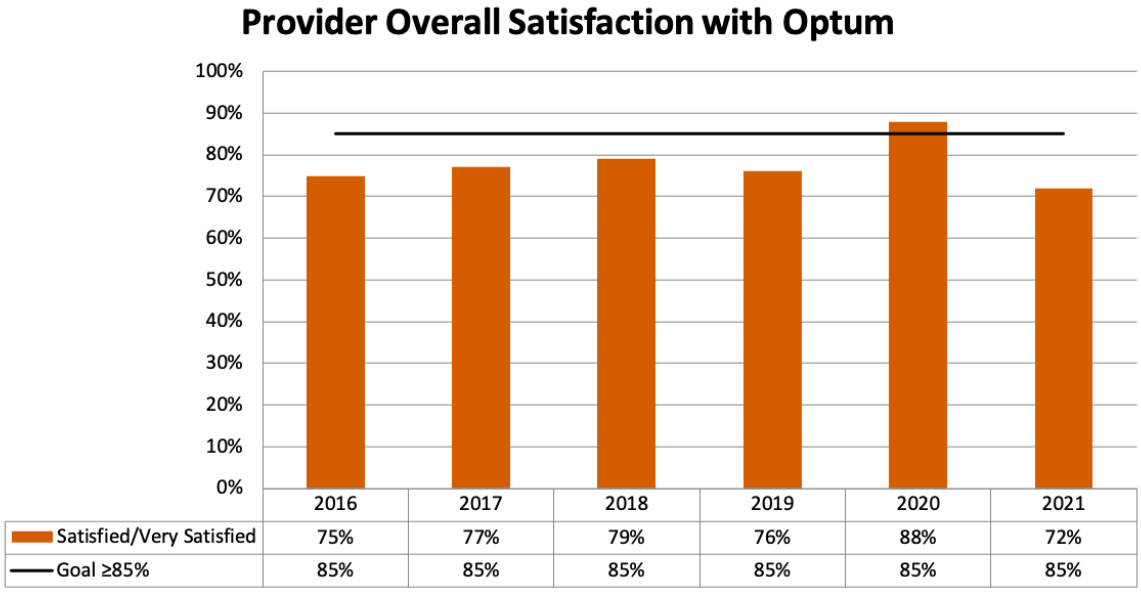
The goal of the research design of the Provider Satisfaction Survey is to provide representative and reliable measurement of providers' experiences with attitudes toward, and suggestions for, Optum Idaho.

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, and Market Probe conducts 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% promotors (those who rated a 9 or 10 on an 11-point scale), 35% passives (those who rated a 7 or 8 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 2 in 2020

Figure 3



	2016	2017	2018	2019	2020	2021
Satisfied/Very Satisfied	75%	77%	79%	76%	88%	72%
Goal ≥85%	85%	85%	85%	85%	85%	85%

Barriers: Provider Overall Satisfaction was not met during 2021.

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

- ***Overall Satisfaction with Optum Idaho***
  - » 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.

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- ***Network Services***
  - 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.

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