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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 2 (April to June), 2023.

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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'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's key measures and outcomes for the IBHP.

Key performance measures have been identified and are tracked monthly. Each measure has a performance goal based on contractual, regulatory, or internal operational standards. For this reporting period, Optum met or exceeded performance goals for 31 out of 31 (100%) key measures.

In the second quarter of 2023, Optum continues to meet and/or exceed performance goals for Optum member satisfaction, accessibility and availability, geographic availability of providers, member protections and safety, provider monitoring and relations, utilization management and care coordination, and claims.

After falling below the goal threshold in Q1 2023, Optum's performance increased to meet the goal in the areas of notification of adverse benefit determinations, acknowledgement and determination compliance for member appeals, and provider dispute determination compliance.

Optum's overall member satisfaction scores have increased in Q1 2023, with the most significant increase represented in the areas of "Optum support for obtaining authorizations" and "accessibility, availability and acceptability of the clinician network."

The provider relations team is currently conducting their survey for provider satisfaction for 2023 and will be reported in the Q1 2024 report.

Optum 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	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85%	87%	97%	83%	94%	*See note*
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	83%	95%	84%	87%	*See note*
Experience with Counseling or Treatment	≥85%	94%	92%	92%	90%	*See note*
Overall Satisfaction	≥85%	91%	100%	86%	90%	*See note*

Based on Member Satisfaction Survey sampling methodology, Q1 2023, is the current data available.

Provider Satisfaction Survey Results		
Annual Overall Provider Satisfaction	≥85%	Survey completed annually; will be reported Q1 2024.

Measure	Goal	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
Accessibility & Availability – Idaho Behavioral Health Plan Membership						
Membership Numbers	NA	393, 741	406,058	420,707	429,510	352,086
Accessibility & Availability – Member Services Call Standards						
Total Number of Calls	NA	1,465	1,661	1,639	1,829	1,695
Percent Answered within 30 seconds	≥80%	87%	92%	89%	88%	92%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	1.4%	1.4%	1.13%	1.2%	0.7%
Daily Average Hold Time	≤120 Seconds	22	16	20	22	16
Accessibility & Availability – Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	3,704	3,466	3,463	3,636	3,586
Percent Answered within 30 seconds	≥80%	96%	95%	93%	90%	94%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.93%	0.83%	0.94%	1.70%	1.02%
Daily Average Hold Time	≤120 Seconds	6	12	22	24	11
Accessibility & Availability – Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	48 hrs	9	6	13	10	18
Non-Urgent Appointment Wait Time (days)	10 days	3	3	4	3	4
Critical Appointment Wait Time (hours)	Within 6 hrs	2	1	2	3	0.14

Measure	Goal	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
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%**	100%*	100%*	100%*	100%*	100%*
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%**	100%*	100%*	100%*	100%*	100%*

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

Measure	Goal	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023	Q2, 2023
Member Protections and Safety – Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	**NA**	58	94	106	92	111
Clinical ABDs	**NA**	20	76	71	49	74
Administrative ABDs	**NA**	38	18	35	43	37
Written Notification (within **14** calendar days)	**100%**	100%	98.9%	96.2%	96.7%	100%
Member Protections and Safety – Member Appeals						
Number of Appeals	**NA**	0	5	5	15	10
Non-Urgent Appeals	**NA**	0	5	5	15	10
Acknowledgment Compliance (within **5** calendar days)	**100%**	NA	60%	100%	80%	100%
Determination Compliance (within **30** calendar days)	**100%**	NA	80%	100%	87%	100%
Urgent Appeals	**NA**	0	0	0	0	0
Determination Compliance (within **72** hours)	**100%**	NA	NA	NA	NA	NA

**Idaho Behavioral Health Plan Quality Management
and Utilization Management Quarterly Report: Q2, 2023**

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Measure	Goal	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Complaints	NA	20	16	9	13	16
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	95%	100%	100%	100%	100%
Number of Quality Service Complaints	NA	10	10	2	10	7
Percent Quality of Service Resolved within Turnaround Time (business days)	100% within ≤10 days	90%	100%	100%	100%	100%
Number of Quality of Care Complaints	NA	10	6	7	3	9
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	100%	100%	100%	100%	100%
Member Protections and Safety – Critical Incidents						
Number of Critical Incidents Received	NA	10	19	11	14	12
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%	85%	100%	100%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	NA	77	58	148	129	39
Percent of Audits that Passed with a Score of ≥85%	NA	91%	72%	95%	95%	97%

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Measure	Goal	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
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%	99%	100%	97%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	**NA**	86%	75%	84%	74%	84%
Provider Monitoring and Relations – Provider Disputes						
Number of Provider Disputes	**NA**	51	43	45	195	111
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	**100% w/in 30 days**	100%	100%	100%	93%	100%
Average Number of Days to Resolve Provider Disputes	**≤30 days**	18.1	17.8	22.6	18.4	16.25
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**	119	161	159	157	251
Average Number of Business Days to Review	**≤5**	0.40	0.38	0.44	0.35	0.68
Utilization Management and Care Coordination – Field Care Coordination (FCC)						
Total Referrals to FCCs	**NA**	481	393	410	397	392
Average Number of Days Case Open to FCC	**NA**	43	36	46	38	43

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

Measure	Goal	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
Provider Monitoring and Relations – Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	**NA**	948	854	945	942	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	**NA**	27%	23%	29%	26%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	**NA**	13%	14%	17%	17%	*See Note
Data is reported one quarter in arrears.						
Provider Monitoring and Relations – Re-admissions						
Number of Inpatient Discharges	**NA**	948	854	945	942	*See Note
Percent of Members Re-admitted within 30 Days	**NA**	13%	12%	11%	11%	*See Note
Data is reported one quarter in arrears.						
Provider Monitoring and Relations – Inter-Rater Reliability						
Inter-Rater Reliability – **Care Advocate**	**≥90%**	Reported annually		95%	Reported annually	
Inter-Rater Reliability – **MD**	**≥90%**	Reported annually		100%	Reported annually	

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

Measure	Goal	Q2, 2022 Apr – Jun 2022	Q3, 2022 Jul – Sept 2022	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023
Claims						
Claims Paid within 30 Calendar Days	≥90%	99.6%	99.8%	99.99%	99.97%	100%
Claims Paid within 90 Calendar Days	≥99%	99.9%	99.9%	99.99%	100%	100%
Dollar Accuracy	≥99%	98.9%	99.8%	99.78%	99.19%	100%
Procedural Accuracy	≥97%	99.7%	98.7%	99.43%	99.27%	98.8%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q1, 2023

Four performance measures did not meet the contractual goal in Q1 2023. Written notification of adverse benefit determination, acknowledgement and determination for member appeals, and determination notification for provider disputes fell below the goal of 100% within the established timeframe. The internal tracking changes implemented by the quality team have proven to be successful as reflected in meeting the goals in Q2 2023.

Identification of Areas Not Meeting Performance During Q2, 2023

Optum monitors performance measures on a continual basis to ensure it meets the needs of the Medicaid members and providers. Optum'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 IDHW and federal government's requirements.

These contractual and regulatory requirements drive Optum's key measures and outcomes for the IBHP.

Optum 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 met or exceeded performance goals for 31 out of 31 (100%) key measures.

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Member Satisfaction Survey Results

Methodology: Optum 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 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, Q1 2023 data is included in the report. The data is from surveys conducted with members who received services during Q4, 2022 and surveyed during Q1, 2023. The total number of members who responded to the survey was 40, which represents a response rate of 5 percent. During Q1, overall satisfaction was 90 percent. Optum met the goal of ≥85%in the category of Counseling and Treatment at 90, Optum Support for Obtaining Referrals or Authorizations at 94% and Accessibility, Availability, and Acceptability at 87%.

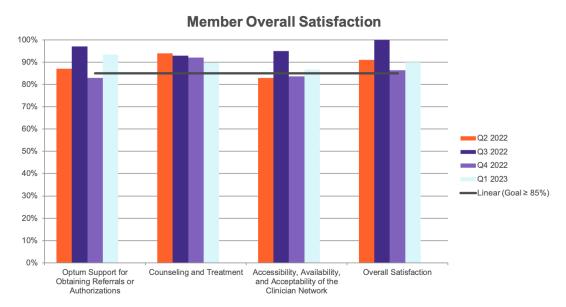| Measure	Q2, 2022 Apr – Jun **2022**	Q3, 2022 Jul – Sept **2022**	Q4, 2022 Oct – Dec **2022**	Q1, 2023 Jan – Mar **2023**	Q2, 2023 Apr – Jun **2023**
Member Satisfaction Survey Results					
Optum Support for Obtaining Referrals or Authorizations	87%	97%	83%	94%	*See Note*
Counseling and Treatment	94%	83%	91%	90%	*See Note*
Accessibility, Availability, and Acceptability of the Clinician Network	83%	95%	84%	87%	*See Note*
Overall Satisfaction	91%	100%	86%	90%	*See Note*
Data is reported one quarter in arrears.					

Figure 1 — Member Overall Satisfaction

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.
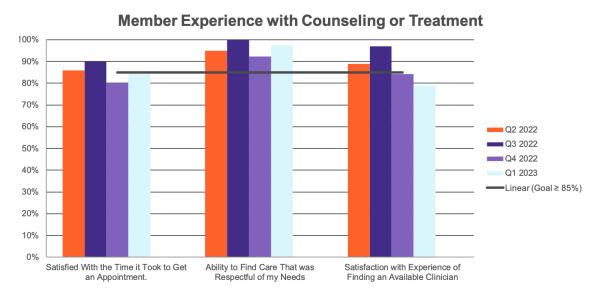
Figure 2 — Member Experience with Counseling or Treatment

Member Experience with Counseling or Treatment

Barriers: No identified barriers.

Opportunities and Interventions: Optum continues to identify root causes and countermeasures to improve member's experience.

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