Optum

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), 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 30 out of 31 (97%) key measures.

In the third 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, utilization management and care coordination and claims.

Optum met and/or exceeded two of three performance goals for provider monitoring and relations yet fell below the established goal in the area of provider dispute determination compliance; refer to page 10 for additional details.

Member satisfaction has increased overall, with 100% of surveyed members reporting satisfaction with Optum's support in obtaining referrals or authorizations. Member and provider services calls increased in the percentage of calls answered within 30 seconds, while decreasing the abandonment rate and daily average hold time.

Optum 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. |

Measure	Goal	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023	Q3, 2023 Jul – Sept 2023
Member Satisfaction Survey Results					
Optum Support for Obtaining Referrals or Authorizations	≥85%	83%	94%	100%	*See note*
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	84%	87%	92%	*See note*
Experience with Counseling or Treatment	≥85%	92%	90%	98%	*See note*
Overall Satisfaction	≥85%	86%	90%	96%	*See note*

Based on Member Satisfaction Survey sampling methodology, Q2 2023, is the current data available.

Provider Satisfaction Survey Results					
Annual Overall Provider Satisfaction	≥85%	*Survey completed annually, will be reported Q1 2024.*			
Accessibility & Availability – Idaho Behavioral Health Plan Membership					
Membership Numbers	NA	420,707	429,510	352,086	284,205

Measure	Goal	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023	Q3, 2023 Jul – Sept 2023
Accessibility & Availability – Member Services Call Standards					
Total Number of Calls	NA	1,639	1,829	1,695	1,756
Percent Answered within 30 seconds	≥80%	89%	88%	92%	96%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	1.13%	1.2%	0.7%	0.5%
Daily Average Hold Time	≤120 Seconds	20	22	16	11
Accessibility & Availability – Customer Service (Provider Calls) Standards					
Total Number of Calls	NA	3,463	3,636	3,586	3,856
Percent Answered within 30 seconds	≥80%	93%	90%	94%	95%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.94%	1.70%	1.02%	0.8%
Daily Average Hold Time	≤120 Seconds	22	24	11	9
Accessibility & Availability – Response to Written Inquiries					
Percent Acknowledged ≤2 Business Days	100%	100%	100%	100%	100%
Accessibility & Availability – Appointment Wait Time, Access Standards					
Urgent Appointment Wait Time (hours)	48 hrs	13	10	18	20
Non-Urgent Appointment Wait Time (days)	10 days	4	3	4	3
Critical Appointment Wait Time (hours)	Within 6 hrs	2	3	0.14	3.51

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

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

Measure	Goal	Q4, 2022	Q1, 2023	Q2, 2023	Q3, 2023
Member Protections and Safety – Member Appeals					
Number of Appeals	**NA**	5	15	10	5
Non-Urgent Appeals	**NA**	5	15	10	5
Acknowledgment Compliance (within **5** calendar days)	**100%**	100%	80%	100%	100%
Determination Compliance (within **30** calendar days)	**100%**	100%	87%	100%	100%
Urgent Appeals	**NA**	0	0	0	0
Determination Compliance (within **72** hours)	**100%**	NA	NA	NA	NA

Measure	Goal	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023	Q3, 2023 Jul – Sept 2023
Member Protections and Safety – Complaint Resolution and Tracking					
Total Number of Complaints	NA	9	13	16	15
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	100%	100%	100%	100%
Number of Quality Service Complaints	NA	2	10	7	8
Percent Quality of Service Resolved within Turnaround Time (business days)	100% within ≤10 days	100%	100%	100%	100%
Number of Quality of Care Complaints	NA	7	3	9	7
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	100%	100%	100%	100%
Member Protections and Safety – Critical Incidents					
Number of Critical Incidents Received	NA	11	14	12	14
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	100%	100%	100%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring					
Number of Audits	NA	148	129	39	40
Percent of Audits that Passed with a Score of ≥85%	NA	95%	95%	97%	85%

Measure	Goal	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023	Q3, 2023 Jul – Sept 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	99%	100%	97%	100%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	NA	84%	74%	84%	76%
Provider Monitoring and Relations – Provider Disputes					
Number of Provider Disputes	NA	45	195	111	91
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	**100% w/in 30 days**	100%	93%	100%	93%
Average Number of Days to Resolve Provider Disputes	**≤30 days**	23	18	16	19
Utilization Management and Care Coordination – Service Authorization Requests					
Percentage Determination Completed within 14 Days	100%	100%	100%	100%	100%
Utilization Management and Care Coordination – Notification of Adverse Benefit Determinations					
Number of Adverse Benefit Determinations (ABDs)	NA	106	92	111	165
Clinical ABDs	NA	71	49	74	128
Administrative ABDs	NA	35	43	37	37
Written Notification (within **14** calendar days)	100%	96.2%	96.7%	100%	100%

Measure	Goal	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023	Q3, 2023 Jul – Sept 2023
Utilization Management and Care Coordination – Person-Centered Service Plan (PCSP)					
Number of PCSP Received	NA	159	157	251	233
Average Number of Business Days to Review	≤5	0.44	0.35	0.68	0.72
Utilization Management and Care Coordination – Field Care Coordination (FCC)					
Total Referrals to FCCs	NA	410	397	392	366
Average Number of Days Case Open to FCC	NA	46	38	43	42
Utilization Management and Care Coordination – Discharge Coordination: Post-Discharge Follow-Up					
Number of Inpatient Discharges	NA	945	942	1,030	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	NA	29%	26%	27%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	NA	17%	17%	13%	*See Note
*Data is reported one quarter in arrears.					
Utilization Management and Care Coordination – Re-admissions					
Number of Inpatient Discharges	NA	945	942	1,030	*See Note
Percent of Members Re-admitted within 30 Days	NA	11%	11%	13%	*See Note
*Data is reported one quarter in arrears.					

Measure	Goal	Q4, 2022 Oct – Dec 2022	Q1, 2023 Jan – Mar 2023	Q2, 2023 Apr – Jun 2023	Q3, 2023 Jul – Sept 2023
Utilization Management and Care Coordination – Inter-Rater Reliability					
Inter-Rater Reliability – **Care Advocate**	≥90%	95%	Reported annually		
Inter-Rater Reliability – **MD**	≥90%	100%	Reported annually		
Claims					
Claims Paid within 30 Calendar Days	≥90%	99.99%	99.97%	100%	100%
Claims Paid within 90 Calendar Days	≥99%	99.99%	100%	100%	100%
Dollar Accuracy	≥99%	99.78%	99.19%	100%	100%
Procedural Accuracy	≥97%	99.43%	99.27%	98.8%	99.8%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q2, 2023

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

Identification of Areas Not Meeting Performance During Q3, 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 30 out of 31 (100%) key measures.

Optum did not meet the established goal of 100% of provider dispute determinations made within 30 calendar days of the date of the request. Due to a Medicaid credentialling error, one provider submitted disputes for six members. Optum worked with the provider to furnish supporting documentation, which was not received until 29 days from the date of the request. All six disputes were determined on day 38, five of them were overturned and paid to the provider, one needed billing to the member's primary insurance prior to billing Optum.

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, Q2 2023 data is included in the report. The data is from surveys conducted with members who received services during Q1, 2023 and surveyed during Q2, 2023. The total number of members who responded to the survey was 28, which represents a response rate of 5 percent. During Q2, overall satisfaction was 96%. Optum met the goal of ≥85%in the category of Counseling and Treatment at 98%, Optum Support for Obtaining Referrals or Authorizations at 100% and Accessibility, Availability, and Acceptability at 92%.

	Q4, 2022	Q1, 2023	Q2, 2023	Q3, 2023
Measure	Oct – Dec **2022**	Jan – Mar **2023**	Apr – Jun **2023**	Jul – Sept **2023**
Member Satisfaction Survey Results				
Optum Support for Obtaining Referrals or Authorizations	83%	94%	100%	*See Note*
Counseling and Treatment	91%	90%	92%	*See Note*
Accessibility, Availability, and Acceptability of the Clinician Network	84%	87%	98%	*See Note*
Overall Satisfaction	86%	90%	96%	*See Note*
Data is reported one quarter in arrears.				

Figure 1 — Member Overall Satisfaction
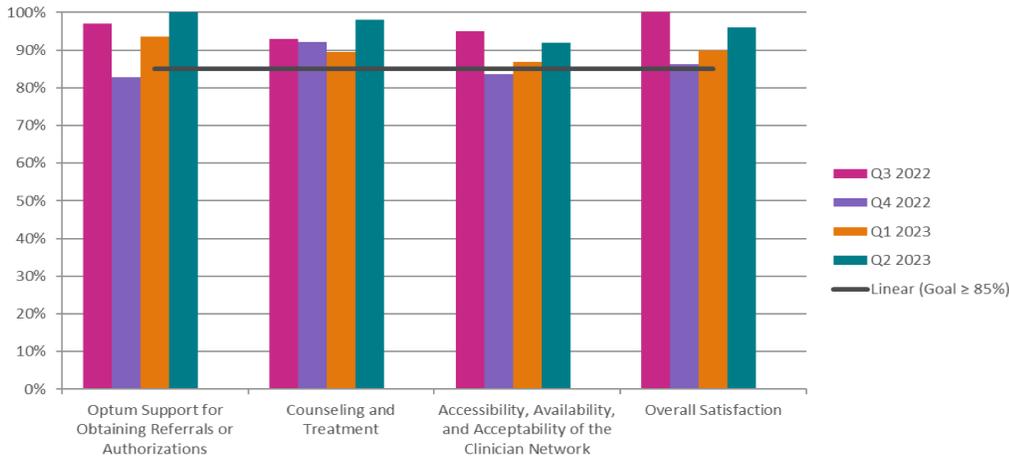
In addition, the Member Satisfaction survey includes specific questions related to members' experiences with counseling and treatment. The results are in the graph, "Member Experience with Counseling or Treatment," below.

Figure 2 — Member Experience with Counseling or Treatment
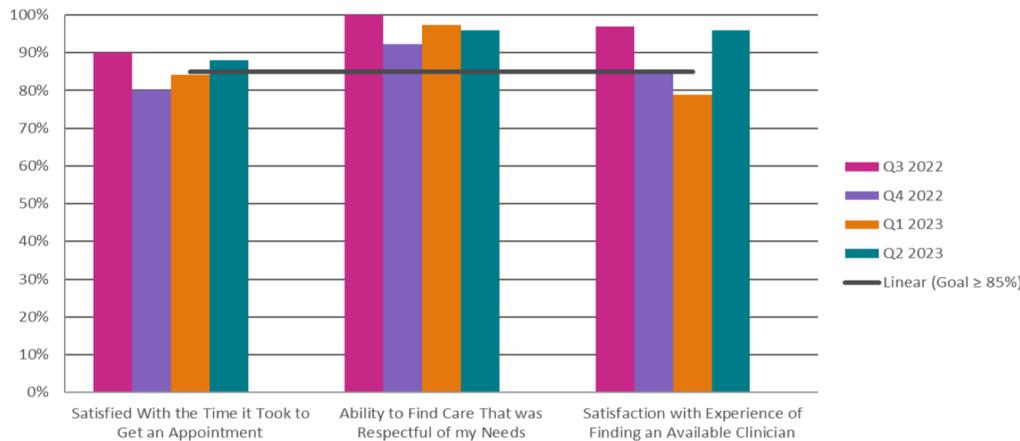
Barriers: No identified barriers.

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.