# IDAHO BEHAVIORAL HEALTH PLAN QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT QUARTERLY REPORT

***April - June 2017***

OPTUM®

**The Idaho Behavioral Health Plan (IBHP) Quality Management and Improvement (QMI) report summarizes Optum Idaho's Quality Management and Utilization Management (QMUM) for Calendar Year 2017. It provides an overview of outcomes data, through Quarter 2, 2017, for Medicaid outpatient mental health and substance use disorder services managed by IBHP in the state of Idaho.**

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# ***Executive Summary***

The quarterly report of Optum Idaho's Quality Management and Utilization Management (QMUM) Program's performance reflects Medicaid members whose benefit coverage is provided through the Idaho Behavioral Health Plan (IBHP) and administered by Optum Idaho.

The purpose of this document is to share with internal and external stakeholders Optum Idaho's performance, outcomes and improvement activities related to services we provide to IBHP members and contracted providers. Information outlined in this report highlights quarterly performance from Quarter 2, 2017, (April through June 2017), unless otherwise noted, and provides comparative performance from each quarter.

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 Administration for the 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.

As noted in the outcomes analysis portion of this report, the trend continued to decrease for hospital re-admissions within 30 days. A positive indicator that members are seeking outpatient services when appropriate. Additionally, Optum's Field Care Coordinators continue to work with our highest need population and their providers upon discharge should they receive hospital care to help ensure outpatient services are received when necessary within the reported seven-day requirement.

Additional community system improvements continued in the second quarter of 2017. In partnership with Altarum Institute, a Readiness Assessment was conducted to identify Providers for the first phase of the Intensive Outpatient Program (IOP) implementation. It is our goal by providing this intermediate level of care members have an additional option for receiving more intensive therapy to support their individual needs. IOP is being implemented iteratively, and information about the second implementation phase will be forthcoming.

In addition we continued to focus on collaboration with our partners across the state. During Mental Health Awareness Month, the In Touch Community Conversation series included the screening of the documentary, *Resilience – The Biology of Stress and the Science of Hope* in six locations statewide. The film and panel discussions brought together educators, leaders, counselors, IDHW representatives, providers and students to continue the conversation for maximizing outreach and bringing to light the science behind the effects of toxic stress from a traumatic childhood and the effect it has in adulthood. Additional statewide community outreach activities included face to face discussions, provider trainings, informational media coverage and organized events.

Together with community partners, we continue our focus on an outcomes driven, recovery-centered system of care for Idaho members. With the right support, people can and do recover to live full lives.

## Overall Effectiveness and Highlights

Optum Idaho monitors performance measures as part of our Outcomes Management and Quality Improvement Work Plan. In this report, thirty (30) key performance measures were highlighted based on performance targets that are based on contractual, regulatory or operational standards. For this reporting period, Optum Idaho met or exceeded performance for 30 (100.0%) of the key measures. Optum Idaho's continues its commitment to IBHP members and families in transforming the behavioral health care system in the State of Idaho.

## ***Quality Performance Measures and Outcomes***

Below is a grid used to track the Quality Performance Measures and Outcomes. It identifies the performance goal for each measure along with quarterly. Those highlighted in green met or exceeded overall performance. Those highlighted in yellow fell within 5% of the performance goal. Those highlighted in red fell below the performance goal.

| Measure | Goal | July - September 2016 | October - December 2016 | January - March 2017 | April - June 2017 |
|---|---|---|---|---|---|
| ***Member Satisfaction Survey Results*** | | | | | |
| Experience with Optum Idaho Staff and Referral Process | ≥85.0% | **98.7%** | **87.6%** | Based on the Member Satisfaction survey sampling methodology, Q4, 2016 , is the current data available. | |
| Experience with the Behavioral Health Provider Network | ≥85.0% | **95.8%** | **92.6%** | | |
| Experience with Counseling or Treatment | ≥85.0% | **96.9%** | **93.9%** | | |
| Overall Experience | ≥85.0% | **96.3%** | **91.7%** | | |
| ***Provider Satisfaction Survey Results*** | | | | | |
| Overall Provider Satisfaction | ≥85.0% | Moved to Annual Survey. (Results will be presented in Q1, 2017, Report) | | **2016 Annual Survey Results 75.0%** | Next Annual Survey Nov., 2017 |
| ***Accessibility & Availability*** | | | | | |
| **Idaho Behavioral Healthplan Membership** | | | | | |
| Membership Numbers | NA | **299,233** | **304,125** | **299,388** | Due to claims lag, data is reported one quarter in arrears |
| **Member Services Call Standards** | | | | | |
| Total Number of Calls | NA | **1,175** | **1,412** | **1,290** | **1,345** |
| Percent Answered within 30 seconds | ≥80.0% | **82.0%** | **82.0%** | **80.0%** | **85.4%** |
| Average Speed of Answer (seconds) | ≤30 Seconds | **18.0** | **18.5** | **21.5** | **12.3** |
| Abandonment Rate | ≤3.5% internal ≤7.0 % contractual | **3.4%** | **3.5%** | **4.1%** | **2.1%** |

| Measure | Goal | July - September 2016 | October - December 2016 | January - March 2017 | April - June 2017 |
|---|---|---|---|---|---|
| **Customer Service (Provider Calls) Standards** | | | | | |
| Total Number of Calls | NA | 2,818 | 3,086 | 2,917 | 2,861 |
| Percent Answered within 30 seconds | ≥80.0% | 98.9% | 98.6% | 98.4% | 98.4% |
| Average Speed of Answer (seconds) | ≤30 Seconds | 1.7 | 1.1 | 2.8 | 1.8 |
| Abandonment Rate | ≤3.5% internal ≤7.0% contractual | 0.16% | 0.41% | 0.56% | 0.44% |
| **Urgent and Non-Urgent Access Standards** | | | | | |
| Urgent Appointment Wait Time (hours) | 48 hours | 22.0 | 32.0 | 24.0 | 27.0 |
| Non-Urgent Appointment Wait Time (days) | 10 days | 5.5 | 7.2 | 7.3 | 6.0 |
| ***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% | 99.8%* | 99.8%* | 99.8%* | 99.8%* |
| 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%* | 99.9%* | 99.8%* | 99.9%* |
| ***Member Protections and Safety*** | | | | | |
| **Notification of Adverse Benefit Determinations** | | | | | |
| Number of Adverse Benefit Determinations | NA | 540 | 470 | 416 | 500 |
| Initial Verbal Notification on Same Day | 100.0% | 99.6%* | 98.9%* | 99.8%* | 99.6%* |
| Written Notification Sent within 1 Business Day | 100.0% | 96.3% | 92.9% | 98.3% | 99.8%* |
| **Grievances (appeal of adverse determination)** | | | | | |
| Number of Grievances | NA | 26 | 17 | 15 | 17 |
| Member Grievance Turnaround time | ≤30 days | 16.2 | 13.8 | 14.3 | 12.4 |
| **Complaint Resolution and Tracking** | | | | | |
| Total Number of Complaints | NA | 18 | 11 | 13 | 23 |
| Percent of Complaints Acknowleged within Turnaround time | 5 days | 100.0% | 100.0% | 100.0% | 100.0% |
| Number of Quality of Service Complaints | NA | 17 | 10 | 12 | 20 |
| Percent Quality of Service Resolved within Turnaround time | 100% within ≤10 days | 100.0% | 100.0% | 83.3% | 100.0% |
| Number of Quality of Care Complaints | NA | 1 | 1 | 1 | 3 |
| Percent Quality of Care Resolved within Turnaround time | ≤30 days | 100.0% | 100.0% | 100.0% | 100.0% |

| Measure | Goal | July - September 2016 | October - December 2016 | January - March 2017 | April - June 2017 |
|---|---|---|---|---|---|
| **Critical Incidents** | | | | | |
| Number of Critical Incidents Received | NA | **16** | **17** | **19** | **19** |
| Percent Ad Hoc Reviews Completed within 5 business days from notification of incident | 100.0% | **100.0%** | **100.0%** | **100.0%** | **100.0%** |
| **Response to Written Inquiries** | | | | | |
| Percent Acknowledged ≤2 business days | 100.0% | **100.0%** | **100.0%** | **100.0%** | **100.0%** |
| ***Provider Monitoring and*** | | | | | |
| **Provider Quality Monitoring** | | | | | |
| Number of Audits | NA | **82** | **39** | **128** | **164** |
| Initial Audit (Percent overall score) | ≥ 85.0% | **98.3%** | **95.9%** | **92.1%** | **93.6%** |
| Recredentialing Audit (Percent overall score) | ≥ 85.0% | **92.2%** | **93.4%** | **91.2%** | **94.3%** |
| Monitoring (Percent overall score) | ≥ 85.0% | **NA*** ** | **85.0%** | **94.9%** | **95.2%** |
| Quality (Percent overall score) | ≥ 85.0% | **96.5%** | **NA*** ** | **82.5%** | **NA*** ** |
| Percent of Audits that Required a Corrective Action Plan | NA | **7.3%** | **7.6%** | **16.4%** | **6.1%** |
| **Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)** | | | | | |
| Percent PCP is documented in member record | NA | **97.1%** | **92.1%** | **94.5%** | **96.0%** |
| Percent documentation in member record that communication/ collaboration occurred betweem behavioral health provider and primary care provider | NA | **86.5%** | **87.2%** | **73.0%** | **87.0%** |
| **Provider Disputes** | | | | | |
| Number of Provider Disputes | NA | **14** | **15** | **13** | **6** |
| Average Number of Days to Resolve Provider Disputes | ≤30 days | **9.9** | **12.9** | **12.0** | **2.5** |
| ***Utilization Management and Care Coordination*** | | | | | |
| **Service Authorization Requests** | | | | | |
| Percentage Determination Completed within 14 days | 100% | **99.5%*** | **99.1%** | **99.1%** | **See Below** |
| **Field Care Coordination** | | | | | |
| Total Referrals to FCCs | NA | **175** | **149** | **123** | **204** |
| Average Number of Days Case Open to FCC | NA | **97** | **46** | **65** | **53.6** |
| **Discharge Coordination: Post Discharge Follow-Up** | | | | | |
| Number of Inpatient Discharges | NA | **850** | **842** | **823** | No data due to reporting lag |
| Percent of Members with Follow-Up Appointment within 7 Days | NA | **50.1%** | **46.1%** | **57.0%** | |
| Percent of Members with Follow-Up Apptointment within 30 Days | NA | **68.1%** | **65.8%** | **68.0%** | |

| Measure | Goal | July - September 2016 | October - December 2016 | January - March 2017 | April - June 2017 |
|---|---|---|---|---|---|
| **Readmissions** | | | | | |
| Number of Members Disharged | NA | **850** | **842** | **823** | No data due to reporting lag |
| Percent of Members Readmitted within 30 days | NA | **10.4%** | **9.7%** | **8.0%** | |
| **Inter-Rater Reliability** | | | | | |
| Inter-Rater Reliabililty testing has been deferred until Q1 2016 due to role out of Clinical Model 2.1 in August, 2015. | NA | | | | **62.0%** |
| **Peer-Review Audits** | | | | | |
| PhD Peer Review Audit Results | ≥ 88.0% | **100.0%** | ****NA** | ****NA** | No data due to reporting lag |
| MD Peer Review Audit Results | ≥ 88.0% | **98.1%** | **99.0%** | **99.4%** | |
| ***Claims*** | | | | | |
| Claims Paid within 30 Calendar Days | 90.0% | **99.9%** | **99.9%** | **99.9%** | **99.9%** |
| Claims Paid within 90 Calendar Days | 99.0% | **100.0%** | **100.0%** | **100.0%** | **100.0%** |
| Dollar Accuracy | 99.0% | **100.0%** | **99.7%** | **99.4%** | **99.9%** |
| Procedural Accuracy | 97.0% | **100.0%** | **100.0%** | **99.8%** | **99.8%** |

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

*** there was only 1 monitoring audit during Q2*

**within 5% of goal** **did not meet goal**

****there were 0 audits during Q3, Q4, 2016 and Q1, 2017*

*****there were 0 peer review audits during Q3,Q4, 2016 and Q1, 2017.*

*Percentage Determination Completed within 14 days: The Service Authorization Request data was not available for the publication of this report due to an electronic data warehouse configuration. Data will be available for the next reporting cycle.*

## ***Outcomes Analysis***

There are multiple outcomes that Optum follows to assess the extent to which the IBHP benefits its members. These include measures of clinical symptoms and functional impairments, appropriateness of service delivery and fidelity to evidence-based practices, impact on hospital admissions/discharges and hospital readmissions, use of emergency room visits to address behavioral health needs, and timeliness to outpatient behavioral health care following hospital discharges.

### ALERT Outcomes

***Methodology:*** Optum's proprietary Algorithms for Effective Reporting and Treatment (ALERT®) outpatient management program quantifiably measures the effectiveness of services

provided to individual patients, to identify potential clinical risk and "alert" practitioners to that risk, track utilization patterns for psychotherapeutic services, and measure improvement of Member well-being. ALERT Online is an interactive dashboard that is available to network providers.

Information from the Idaho Standardized Assessments completed by the provider's patients is available in ALERT Online both as a provider group summary and also individual Member detail. The Idaho Standardized Assessment is a key component of the Idaho ALERT program and for that reason providers are required to ask Members to complete the Assessment at the initiation of treatment and to monitor treatment progress whenever the provider requests authorization to continue treatment.

## Wellness Assessments

***Methodology:*** An important part assessment when engaging in population health is to monitor the severity of symptoms and functional problems among those being treated. One concept for understanding population health as an outcome is to monitor whether utilizers as a group are getting healthier or sicker.

Use of the Wellness Assessment can provide useful information about the IBHP's member composition over time. Although all providers are required to ask members and families to complete a Wellness Assessment as Optum Idaho's primary clinical outcomes measure, not all members submit the completed instrument.

The following analysis looks at the averaged baseline Wellness Assessment scores for all Wellness Assessments completed during the first and/or second visits during a quarter. It then follows up by looking at the averaged Wellness Assessment scores for all instruments submitted for subsequent visits during that quarter. The "follow-up assessments" may or may not include scores from the same members who completed the initial assessments in a quarter. Therefore, the following data should not be interpreted as showing before-and-after comparisons for individual members.

**ADULT** global distress scores are described as follows:

| Total Score | Severity Level | Description |
|---|---|---|
| 0-11 | Low | Low level of distress (*below clinical cut-off score of 12*). |
| 12-24 | Moderate | The most common range of scores for clients initiating standard outpatient psychotherapy. |
| 25-38 | Severe | Approximately one in four clients has scores in this elevated range of distress. |
| 39+ | Very Severe | This level represents extremely high distress. Only 2% of clients typically present with scores in this range. |

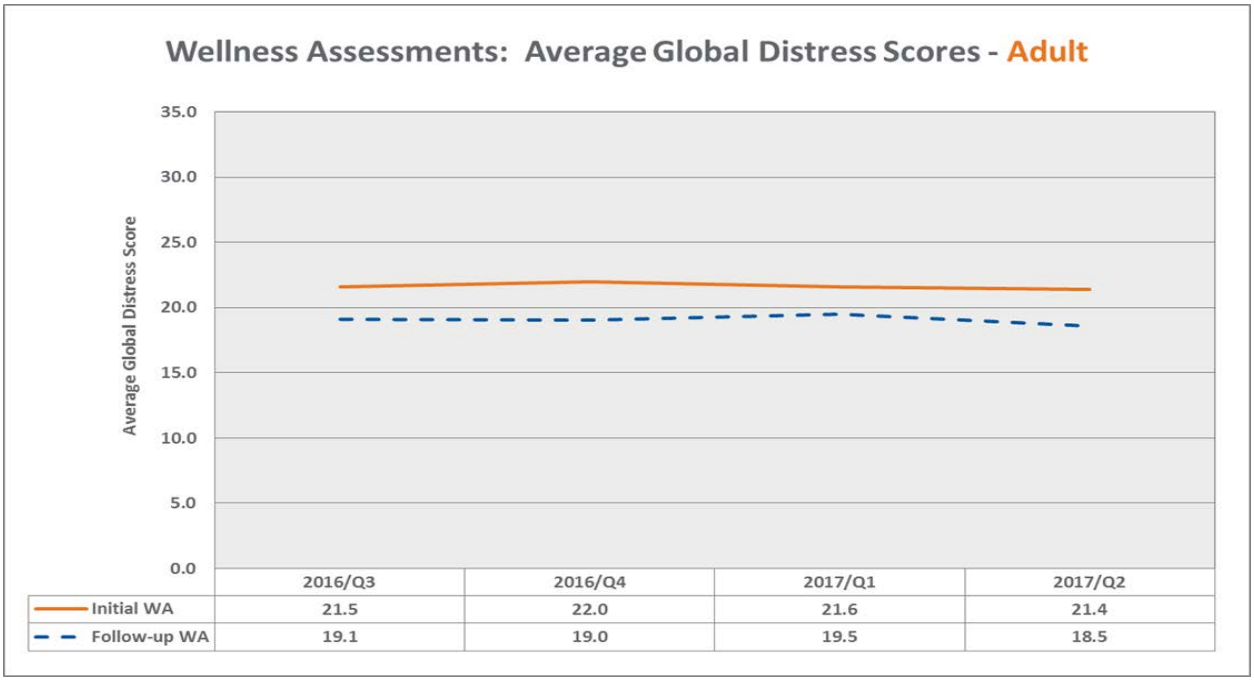



***Figure 1:*** For adults, initial assessments remained consistent over the 4 quarters from Q3 2016 through Q2 2017. There was a reduction in follow-up adult Global Distress scores compared to initial scores for the population in treatment for Q2.

**YOUTH** global distress scores are described as follows:

| Total Score | Severity Level | Description |
|---|---|---|
| 0-6 | Low | Low level of distress *(below clinical cut-off score of 7)* |
| 7-12 | Moderate | The most common range of scores for clients initiating standard outpatient psychotherapy. |
| 13-20 | Severe | Approximately one in four clients has an initial score in this elevated range of distress. |
| 21+ | Very Severe | This level represents extremely high distress. Only 2% of clients typically present with scores in this range. |

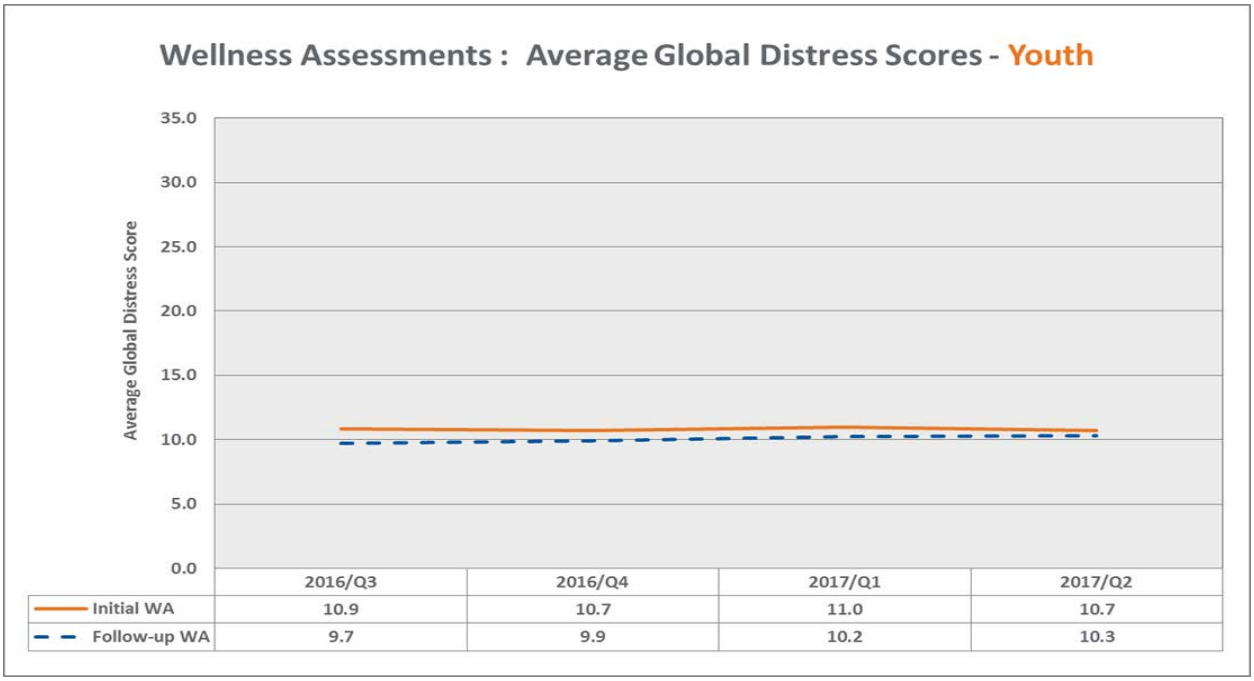



***Figure 2:*** For children and youth, between Q3 2016 through Q2 2017, Global Distress scores have remained consistent across time.

Caregiver Strain Level Descriptions:

| Score | Severity Level | Description |
|---|---|---|
| 0-4 | Low | No or mild strain *(below clinical cut-off score of 4.7)* |
| 5-14 | Moderate | The most common range of scores for caregivers with a child initiating outpatient psychotherapy. |
| 15+ | Severe | This level represents serious caregiver strain. Fewer than 10% of caregivers of children initiating outpatient psychotherapy report this level of strain. |

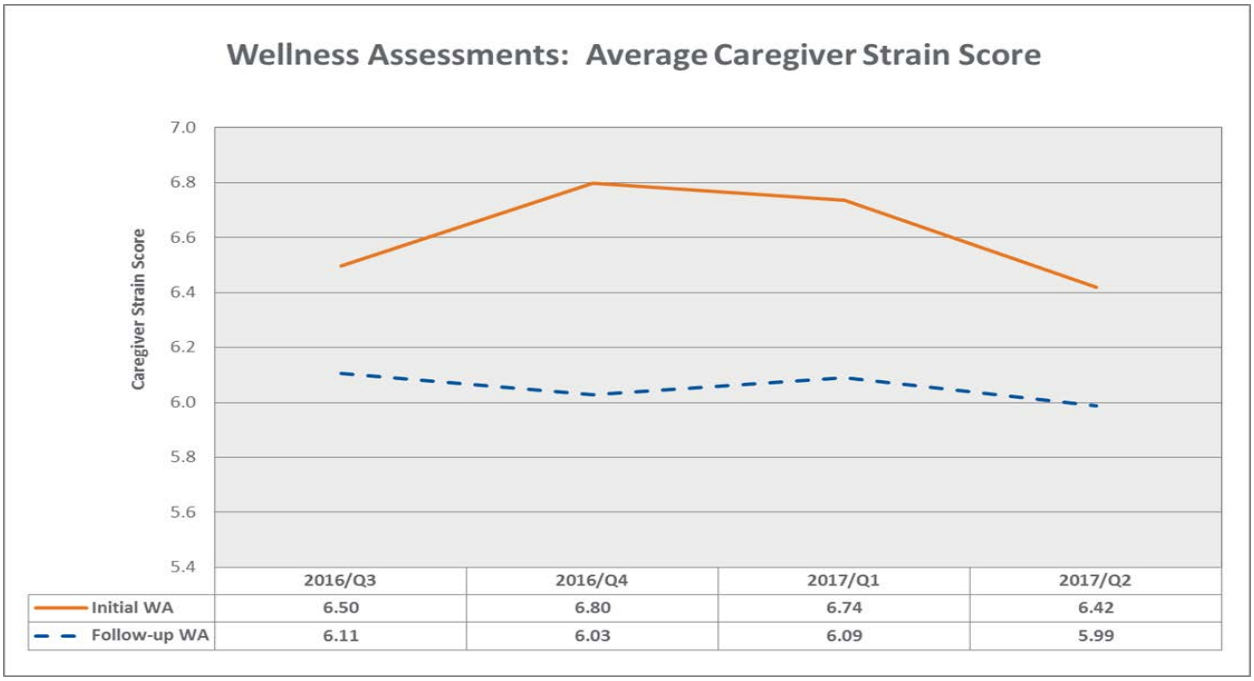



***Figure 3:*** For children and youth, average initial Caregiver Strain scores have returned to Q3 2016 levels with a mild decrease of 1.2% over time. When follow-up scores in the population are reviewed, these have remained generally consistent over time. Overall severity levels remained in the moderate range through the study period.

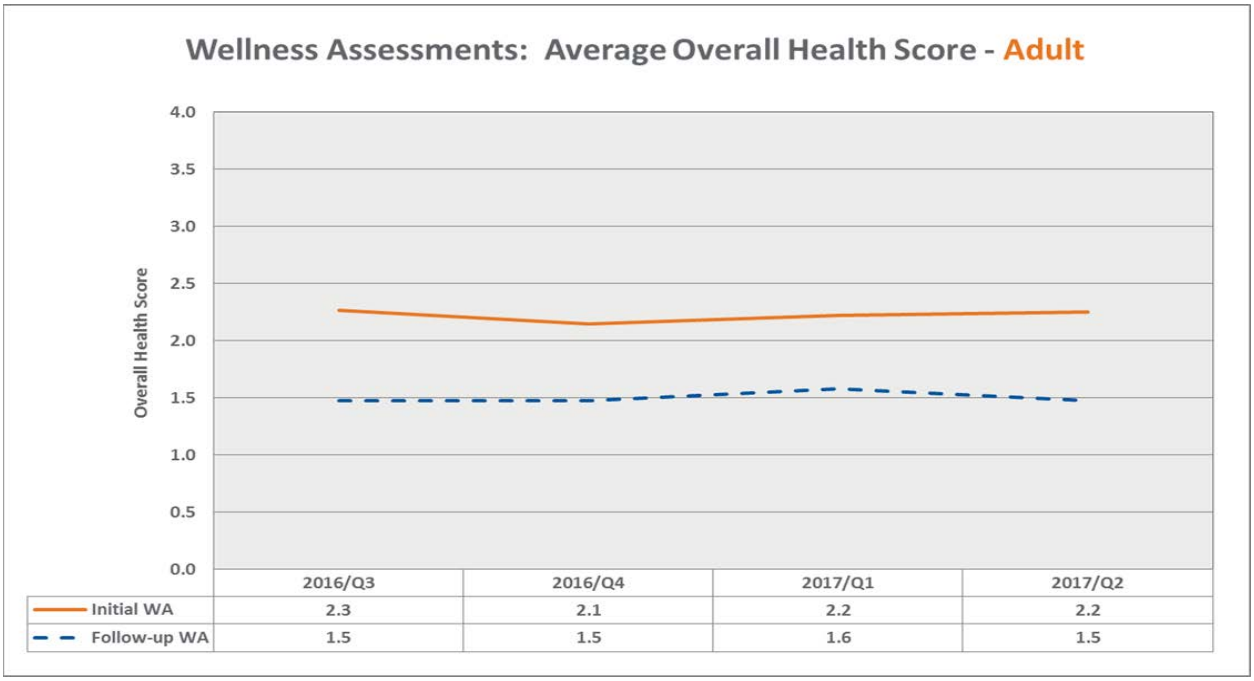



***Figure 4:*** Adult Physical Health score values are as follows:
0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor

Overall physical health status is an important predictor of risk. Persons with coexisting physical health issues and behavioral health problems tend to do worse. Between Q3 2016 through Q2 2017, adults at baseline on initial assessment showed an unchanged occurrence of physical health issues that varied between "fair" and "good." On follow-up assessment for the same period, adults showed better scores in the range between "good" and "very good." These scores for the population remained in the same approximate range throughout the study period.

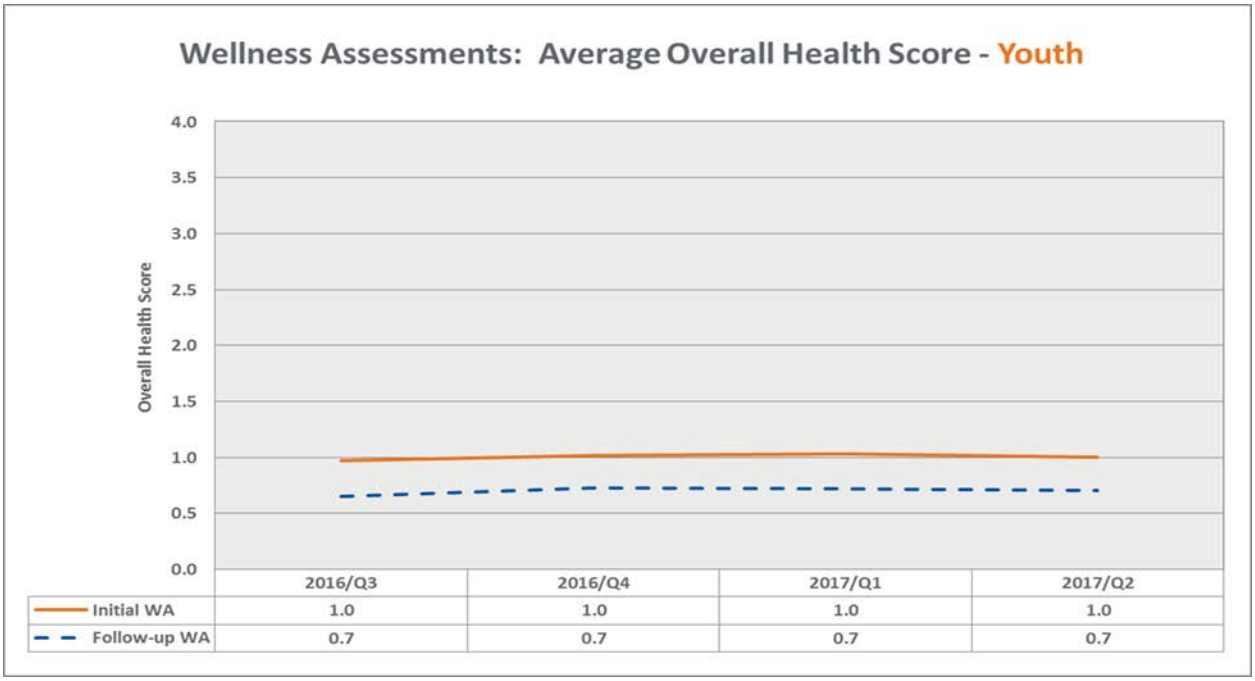



***Figure 5:*** Child and Youth Physical Health score values are as follows:

0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor

Between Q3 2016 through Q2 2017, children and youth at baseline on initial assessment showed a consistent occurrence of physical health issues that averaged "very good." On follow-up assessment for the same period, children and youth showed lower scores in the range between "very good" and "excellent." These lower scores for the population remained in the same approximate range throughout the study period.

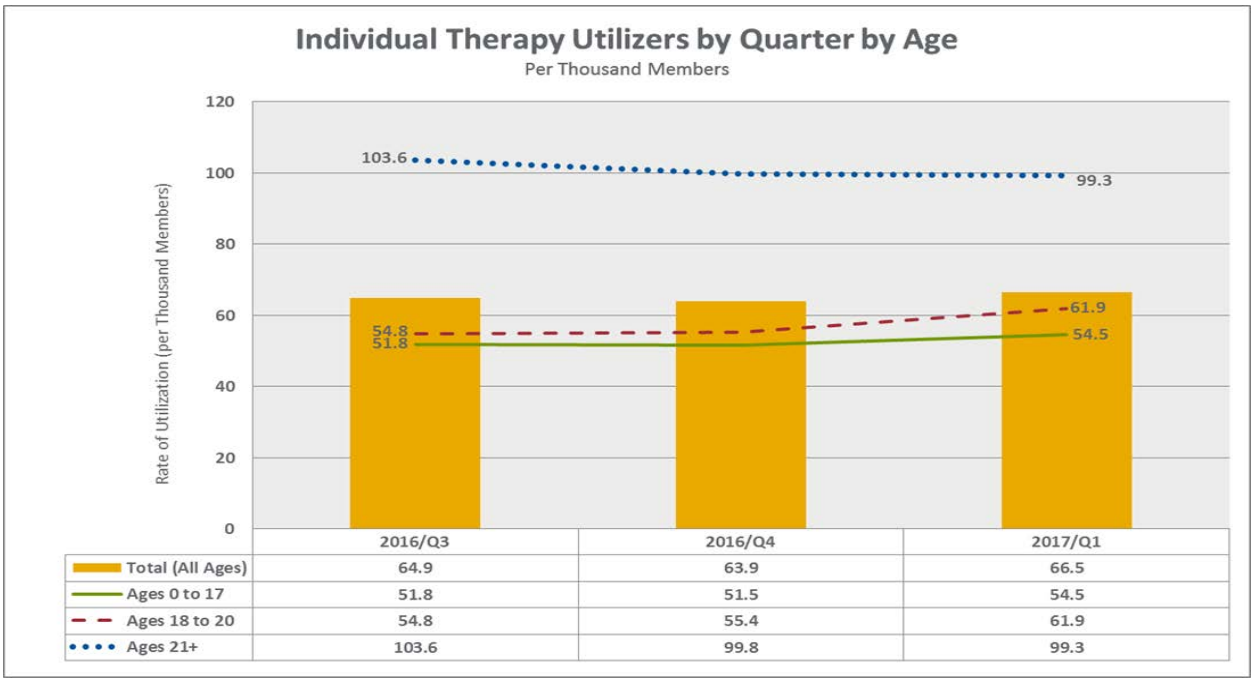
## Individual Therapy Utilization Rates

***Methodology:*** Utilization rates are based on claims data. Reliable data requires waiting for the 90-day claims lag allowed providers to file claims.

The rate of utilization is calculated as follows:
Numerator is the number of unique utilizers of Individual and Extended Therapy visits for a specific quarter.
Denominator is the total number of IBHP members for the same quarter, in thousands.

***Analysis:*** Individual Therapy is important for many behavioral health disorders. In general, according to the Treatment Guidelines of the American Psychiatric Association, Individual Therapy is an expected, evidence-based practice for adult mental disorders except for dementia. According to the Practice Parameters of the American Academy of Child and Adolescent Psychiatry, Individual Therapy is a central part of treatment in some disorders, such as Post-Traumatic Stress Disorder, and in limited respects for others. For some disorders, for instance, Individual Therapy is limited to Problem-Solving Skills Training only for children of school age. In contrast to adults, family-based interventions are the most important and the most commonly expected for children and youth. It is expected, therefore, that there should be more adult utilizers of Individual Therapy than what would be seen with children.

Examination of the data for the age groups 0-17 years, 18-20 years, and 21+ years, shows a clear predominance of utilizers of Individual Therapy in the adult group and many fewer for children and transitioning youth. Overall utilization of Individual Therapies increased 2.7% between Q3 2016 and Q1 2017. Year over year Q1 decreased 3.2%.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Total (All Ages) | 64.9 | 63.9 | 66.5 |
| Ages 0 to 17 | 51.8 | 51.5 | 54.5 |
| Ages 18 to 20 | 54.8 | 55.4 | 61.9 |
| Ages 21+ | 103.6 | 99.8 | 99.3 |

***Figure 6***

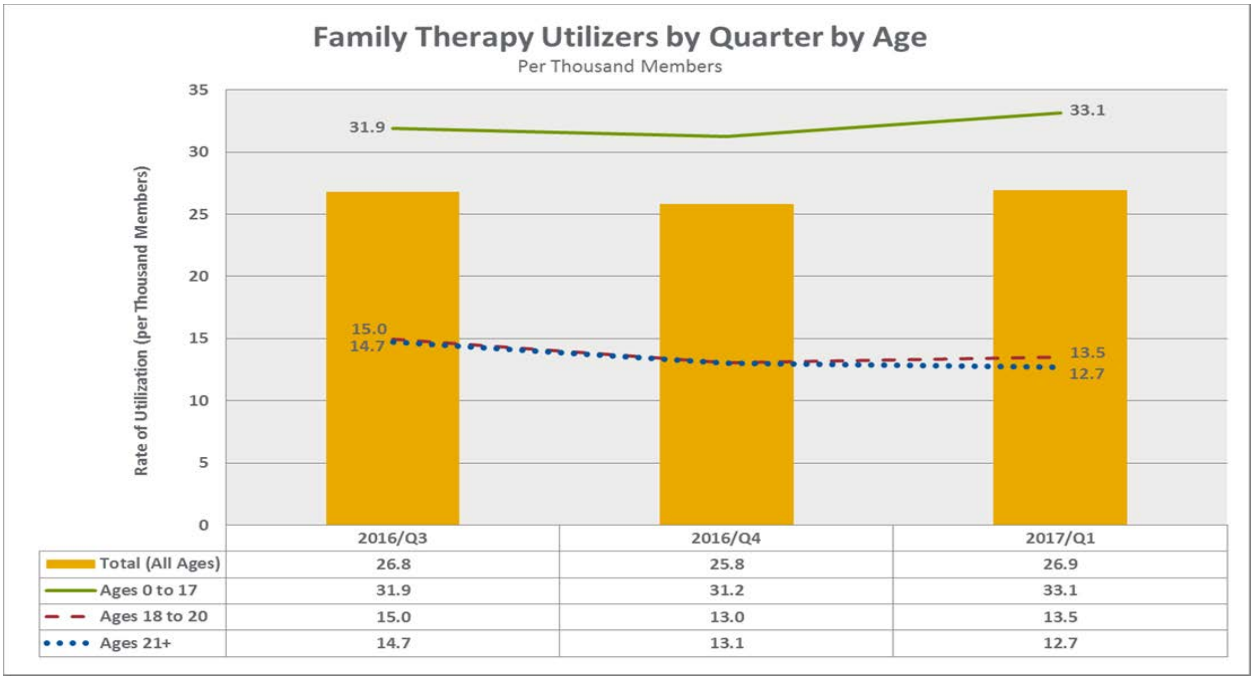
***Barriers:*** No identified barriers.

***Opportunities and Interventions:*** Continued recommendation for evidence based Individual Psychotherapy for appropriate diagnostic categories.

## Family Therapy Utilization Rates

***Methodology:*** Utilization rates are based on claims data. Reliable data requires waiting for the 90-day claims lag allowed providers to file claims.
The rate of utilization is calculated as follows:
Numerator is the number of unique utilizers of Family Therapy visits for a specific quarter.
Denominator is the total number of IBHP members for the same quarter, in thousands.

***Analysis:*** Over the past 3 quarters of claims data, beginning Q3 2016, the trend is consistent in the utilizer rates for Family Therapy for all age groups combined. The 0-17 year group increased 3.8%, the 18-20 year group decreased 10%, and the adult 21+ year group decreased 13.6%. Year over year Q1 decreased 6.6%. Seasonal data indicates that the first quarter of each year typically has the highest utilization rates for Family Therapy.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Total (All Ages) | 26.8 | 25.8 | 26.9 |
| Ages 0 to 17 | 31.9 | 31.2 | 33.1 |
| Ages 18 to 20 | 15.0 | 13.0 | 13.5 |
| Ages 21+ | 14.7 | 13.1 | 12.7 |

***Figure 7***

***Barriers:*** No identified barriers.

***Opportunities and Interventions:*** Continued recommendation for evidence based Family Psychotherapy for appropriate diagnostic categories.

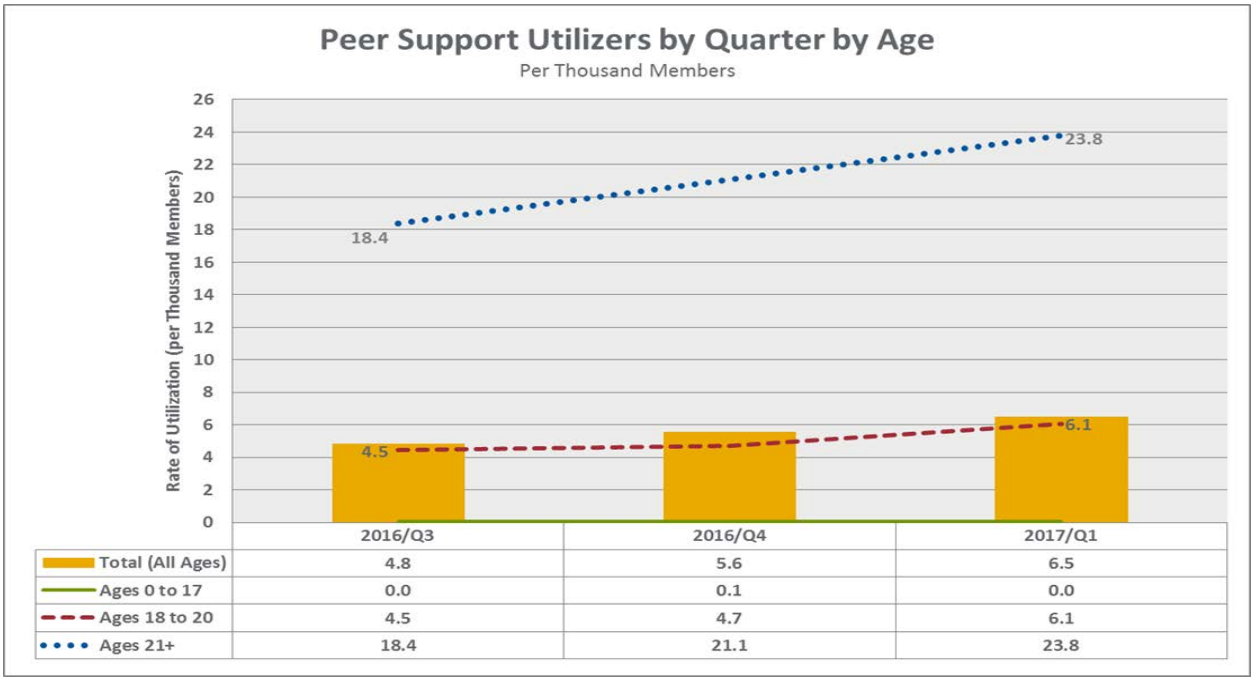
## Peer Support Utilization Rates

***Methodology:*** Utilization rates are based on claims data, thereby limiting the number of quarters that can be displayed, since reliable data requires waiting for the 90-day period allowed for providers to file claims.

The rate of utilization is calculated as follows:
The numerator is the number of unique utilizers of Peer Support visits for a specific quarter.

The denominator is the total number of members 18 and over for the same quarter, in thousands.

***Analysis:*** Per Optum Idaho's Level of Care Guidelines, only members 18 years and over meet criteria for Peer Support Services. When all members 18 and over are examined, the utilization rate for Peer Support has increased by 35.4% between Q3 2016 and Q1 2017.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Total (All Ages) | 4.8 | 5.6 | 6.5 |
| Ages 0 to 17 | 0.0 | 0.1 | 0.0 |
| Ages 18 to 20 | 4.5 | 4.7 | 6.1 |
| Ages 21+ | 18.4 | 21.1 | 23.8 |

***Figure 8***

***Barriers:*** The chief barrier to utilization of Peer Support Services has been the limited number of certified specialists. A separate barrier has been variation of provider agencies across the state offering this service. The lack of extensive historical experience with Peer Support for providers in the State of Idaho is also a likely factor, as the benefits of using Peer Support are unfamiliar to some providers.

***Opportunities and Interventions:*** Peer support is an evidence-based intervention that has demonstrated benefit for reducing hospital readmissions for persons with Serious Mental Illness and for reducing depressive symptoms. Optum Idaho favors increased utilization of this service, particularly in those groups for which the medical literature describes medical necessity, specifically members with Serious Mental Illness who have been hospitalized and those with depression who underutilize outpatient services.

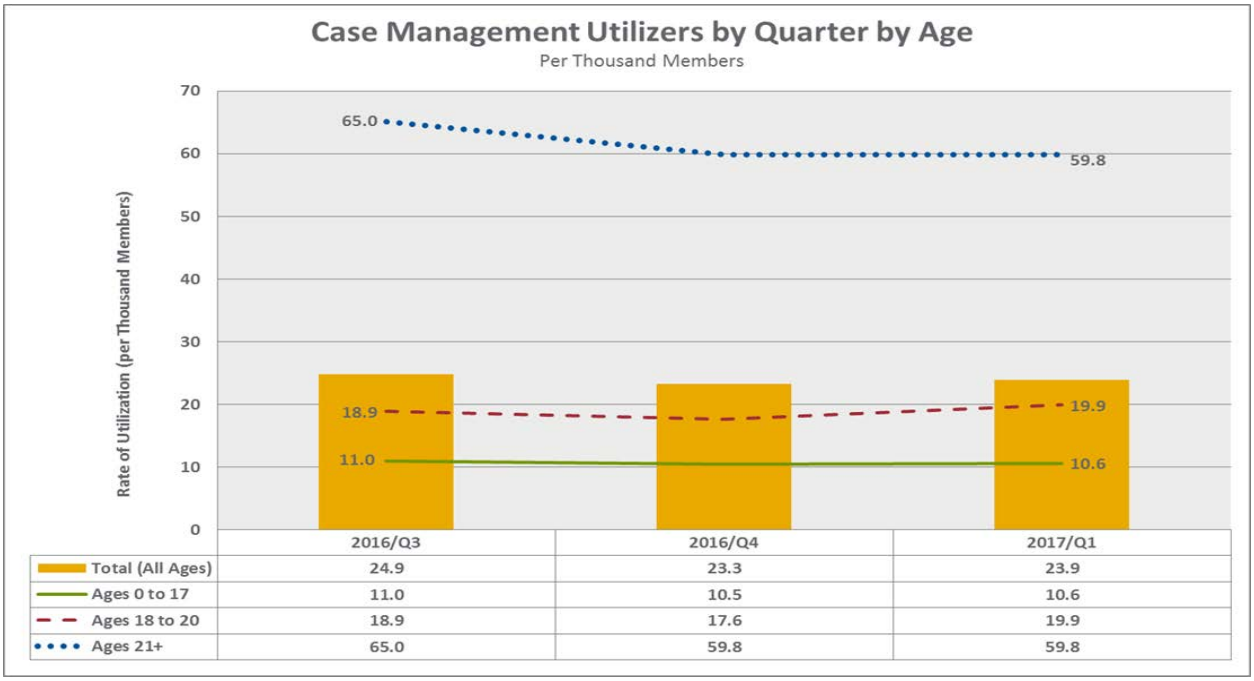
Optum Idaho has made changes in the utilization management program to make authorization of Peer Support Services easier for providers. Providers have received training about Peer Support Services and Recovery and Resiliency benefits through use of Peer Support.

## Case Management Utilization Rates

***Methodology:*** Utilization rates are based on claims data. Reliable data requires waiting for the 90-day claims lag allowed for providers to file claims.

The rate of utilization is calculated as follows:
Numerator is the number of unique utilizers of case management services for a specific quarter.
Denominator is the total number of IBHP members for the same quarter, in thousands.

***Analysis:*** Between Q3 2016 and Q1 2017, the last quarter for which reliable claims data is available, utilization rate of Case Management Services decreased 4%.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Total (All Ages) | 24.9 | 23.3 | 23.9 |
| Ages 0 to 17 | 11.0 | 10.5 | 10.6 |
| Ages 18 to 20 | 18.9 | 17.6 | 19.9 |
| Ages 21+ | 65.0 | 59.8 | 59.8 |

***Figure 9***

***Barriers:*** No barriers were identified.

***Opportunities and Interventions:*** Case Management Services were changed in mid-August 2015 to a status that allows a predetermined number of case management hours before requiring clinical review. Further monitoring is needed to see whether Case Management services should be returned to a Category 3 status that would require prior review before authorization of service requests. We will continue to work with educating our Provider network concerning appropriate use of Case Management services.

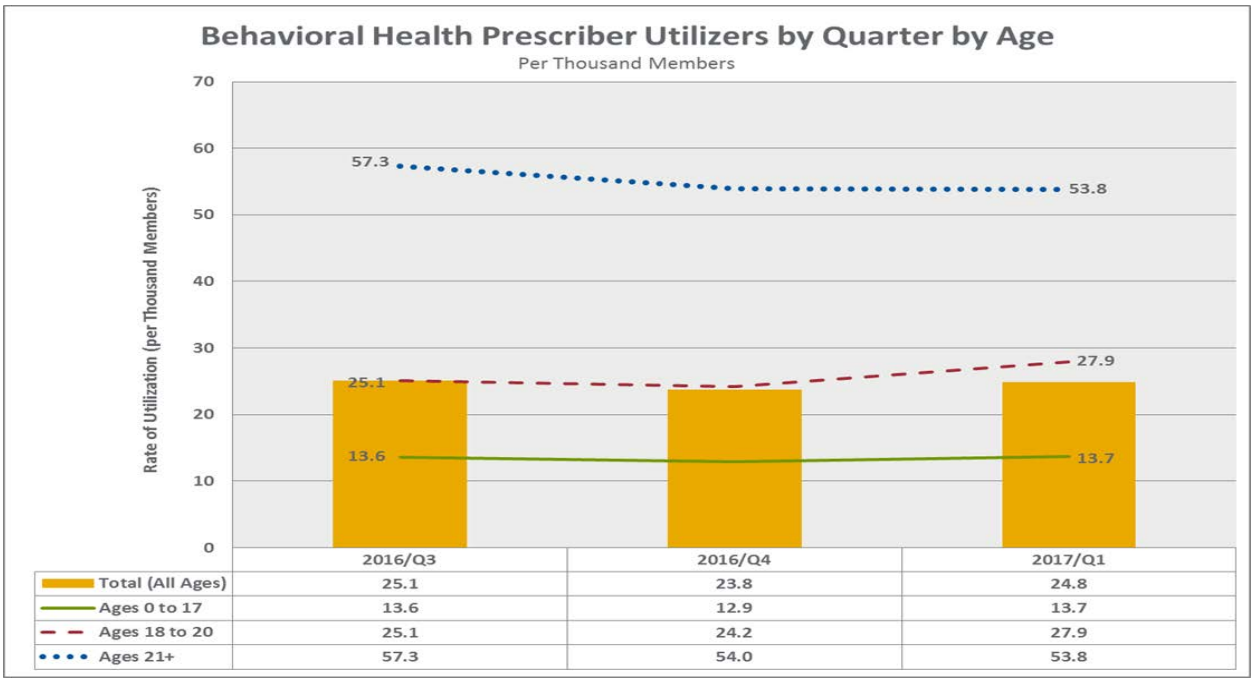
## Prescriber Visit Utilization Rates

***Methodology:*** Utilization rates are based on claims data, thereby limiting the number of quarters that can be displayed, since reliable data requires waiting for the 90-day claims lag allowed for providers to file claims. Rate of utilization is calculated as follows:

Numerator is the number of unique utilizers of prescriber visits, i.e. medication management, to a behavioral health prescriber for a specific quarter. Denominator is the total number of IBHP members for the same quarter, in thousands.

***Analysis:*** Overall, the utilization rate for behavioral health prescription visits decreased 1.2% between Q3 2016 and Q1 2017. Year over year Q1 decreased 9.2%.

Utilization of prescriber visits is much greater for adults than for children. The severity of adult behavioral health conditions often requires medication management. Child and youth disorders are often heavily shaped by family issues, often making medication management less necessary.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Total (All Ages) | 25.1 | 23.8 | 24.8 |
| Ages 0 to 17 | 13.6 | 12.9 | 13.7 |
| Ages 18 to 20 | 25.1 | 24.2 | 27.9 |
| Ages 21+ | 57.3 | 54.0 | 53.8 |

***Figure 10***

***Barriers:*** Members have a right to choose which prescriber to use among a wide choice of psychiatrists, psychiatric nurse practitioners, physician assistants, primary care providers, pediatricians, family nurse practitioners, and family physician assistants. At present, only data for prescribers enrolled as network providers with the Idaho Behavioral Health Plan is available for analysis. The actual number of members receiving prescriptions from non-network providers is unknown.

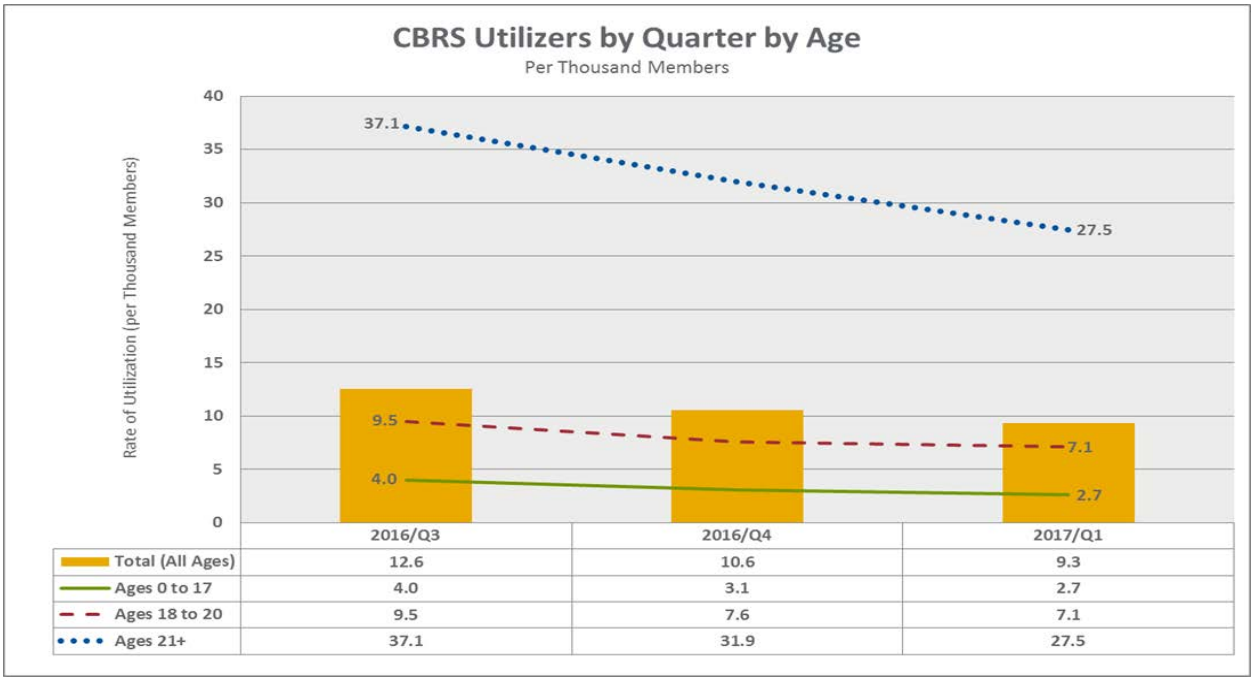
***Opportunities and Interventions:*** Further analysis is needed to clarify the penetration of prescription services for the utilizer population, including non-network prescribers with data from non-Optum sources. Planning further system interventions will require more information.

## CBRS Utilization Rates

***Methodology:*** Utilization rates are based on claims data, thereby limiting the number of quarters that can be displayed. Reliable data requires waiting for the 90-day claims lag allowed providers to file claims.
The rate of utilization is calculated as follows:
Numerator is the number of unique utilizers of CBRS visits for a specific quarter.
Denominator is the total number of IBHP members for the same quarter, in thousands.

***Analysis:*** Community-Based Rehabilitative Services, CBRS, is a set of rehabilitation services originally developed to support adults diagnosed with Schizophrenia and severe and persistent Bipolar Disorder. Those two diagnoses are the only two diagnostic groupings for which the Treatment Guidelines of the American Psychiatric Association recognize psychosocial rehabilitation as appropriate.

Between Q3 2016 and Q1 2017, the reduction in CBRS for all age groups combined was 26.2%. All three age groups demonstrated a reduction in utilizer rates, with the 0-17 year group, the 18-20 year group, and the 21+ year group showing reductions of 32.5%, 25.2%, and 25.9% respectively within the study period of Q3 2016 to Q1 2017. These changes have sustained a more clinically appropriate use of CBRS for different age groups.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Total (All Ages) | 12.6 | 10.6 | 9.3 |
| Ages 0 to 17 | 4.0 | 3.1 | 2.7 |
| Ages 18 to 20 | 9.5 | 7.6 | 7.1 |
| Ages 21+ | 37.1 | 31.9 | 27.5 |

***Figure 11***

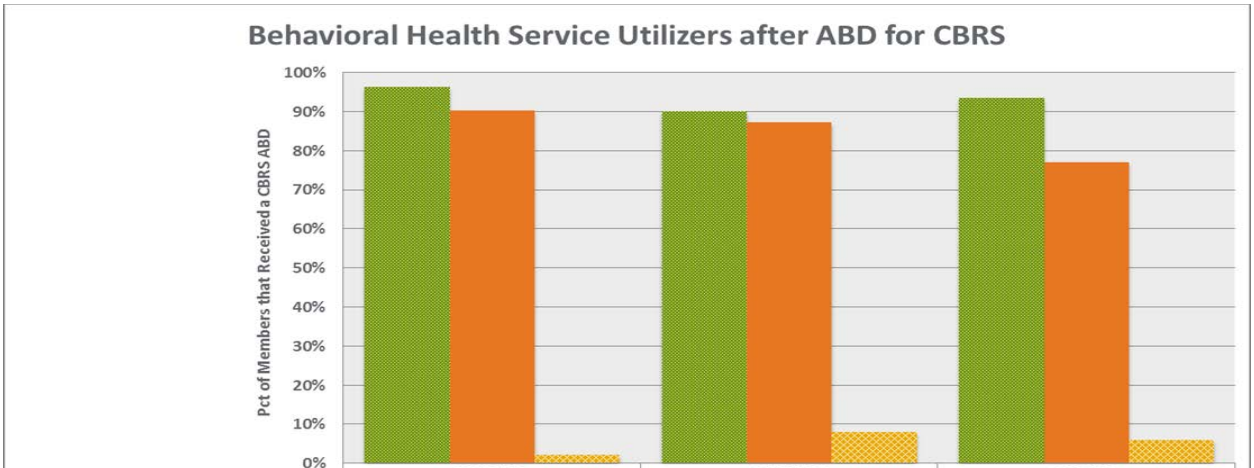
***Barriers:*** No identified barriers***.*** CBRS is authorized according to medical necessity; utilizing evidence based nationally recognized treatment(s) for the member's documented condition.

***Opportunities and Interventions:*** Continued utilization management of CBRS services and recommendation for increased use of evidence based treatment(s).

## Services Received Post CBRS Adverse Benefit Determination

***Methodology:*** Based on Adverse Benefit Determination and Claims data, the graph below identifies members that received evidence based service(s) after receiving an Adverse Benefit Determination (ABD) letter.

***Analysis:*** Between Q3 2016 and Q1 2017, the use of medically necessary services has increased following denials of authorization for CBRS. Over the three quarters of this study, in the first 90 days following the ABD, approximately 90-96% of members have received therapeutic services. The overall pattern has been one of sustained openness to acceptance of alternative services to CBRS over the study period. An unknown percentage of these members receiving "no services" may in fact be receiving medication services from non-network prescribers that would not be reportable from Optum's claims database.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Pct Receiving Services in 90 Days | 96.3% | 90.1% | 93.5% |
| Pct Receiving Services after 90+ Days | 90.3% | 87.3% | 77.2% |
| Pct Not Receiving Services | 2.3% | 8.0% | 6.0% |
| Rec'd Other Services w/in 90 Days | 208 | 192 | 172 |
| Rec'd Other Services in 91+ Days | 195 | 186 | 142 |
| Recieved No Services | 5 | 17 | 11 |
| Members Receiving ABD for CBRS | 216 | 213 | 184 |

***Figure 12***

***Barriers:*** Although progressively changing, some limited provider familiarity with evidence-based therapies as well has historically underdeveloped Family Therapy workforce have constrained patterns of clinical practice consistent with national guidelines.

***Opportunities and Interventions:*** The key to provider adoption of clinical practices consistent with national guidelines has been education and encouragement of the use of evidence based treatments. Provider trainings on medical necessity, promotion of use of national guidelines from the American Psychiatric Association and American Academy of Child and Adolescent Psychiatry, care management contacts by Care Advocates, Field Care Coordinators, Medical Directors, and the Utilization Management have all shown a positive effect. Optum's use of its ACE program (Achievement in Clinical Excellence) also rewards providers who adopt use of treatments recommended in national clinical guidelines and use of the Wellness Assessment

through the ALERT program. Providers recognized as high excellence in the ACE program receive a bonus for excellent performance and stars on the Provider Locator Tool to direct members and families to their agencies.

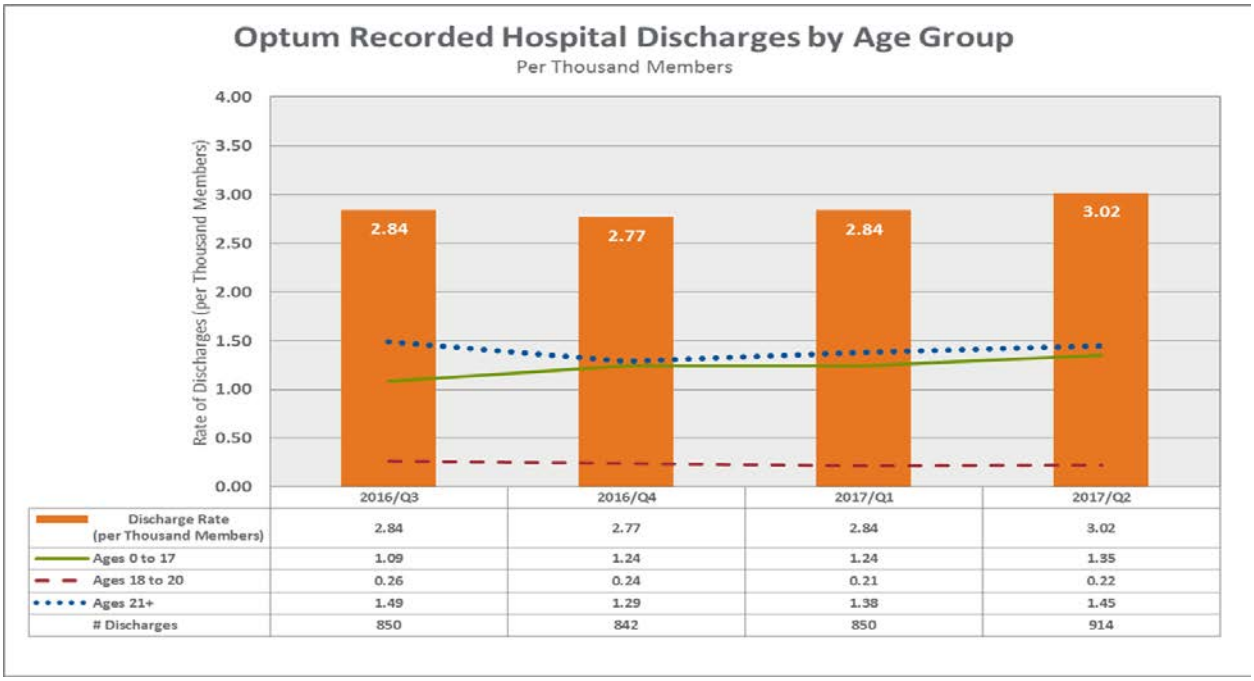
Optum promotes the continued increase in Peer Support Services in adults and transitioning youth. With Family Support Services, we anticipate the increased use of these value-added Recovery and Resiliency services for the benefit of children and their families.

Optum promotes member and family education to increase awareness of medically necessary treatments.

## Psychiatric Inpatient Utilization

***Methodology:*** Information is obtained from IDHW and other community resources using hospital discharge data. A hospital stay is considered a readmission if the admission date occurred within 30-days of discharge. The data displayed indicates the rate of hospital discharges per quarter. To control for an increase in IBHP members over this time frame, the data has been standardized by displaying the numbers per 1,000 members.

***Analysis:*** In general, a well performing outpatient behavioral health system is expected to provide members with appropriate services in the least restrictive settings. The following data tracks the actual rates of psychiatric hospitalization, as a type of outcome measure for the plan's operation as a whole.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 | 2017/Q2 |
|---|---|---|---|---|
| Discharge Rate (per Thousand Members) | 2.84 | 2.77 | 2.84 | 3.02 |
| Ages 0 to 17 | 1.09 | 1.24 | 1.24 | 1.35 |
| Ages 18 to 20 | 0.26 | 0.24 | 0.21 | 0.22 |
| Ages 21+ | 1.49 | 1.29 | 1.38 | 1.45 |
| # Discharges | 850 | 842 | 850 | 914 |

***Figure 13:*** The overall rate of discharges, increased from 2.84 to 3.02 per 1,000 members. This change represents a 6.3% increase in hospitalizations. Q2 2016 was 3.02 per 1,000 members. This suggests that admissions are stable over time.

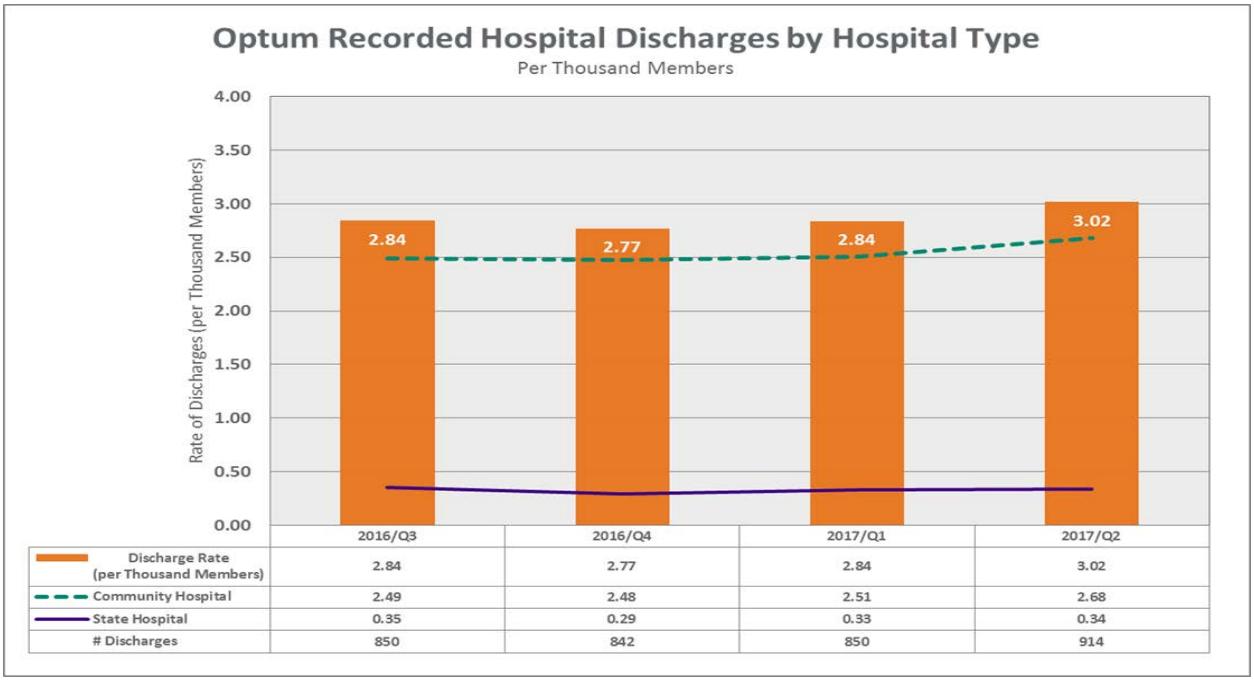



***Figure 14:*** During the study period from Q3 2016 through Q2 2017, discharges were consistent over time from the State Hospitals and 7.6% increase from community hospitals.

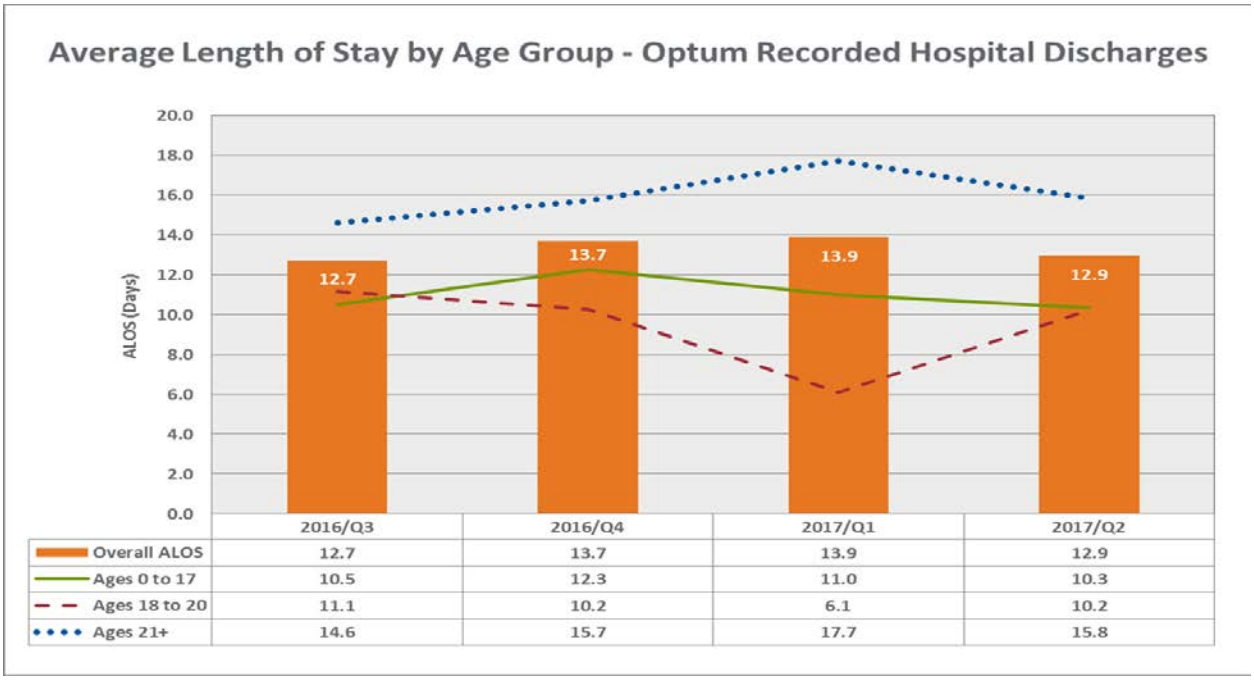



***Figure 15:*** From Q3 2016 through Q2 2017, based on information reported to Optum Idaho from hospitals, the overall average length of stay increased 1.6%.

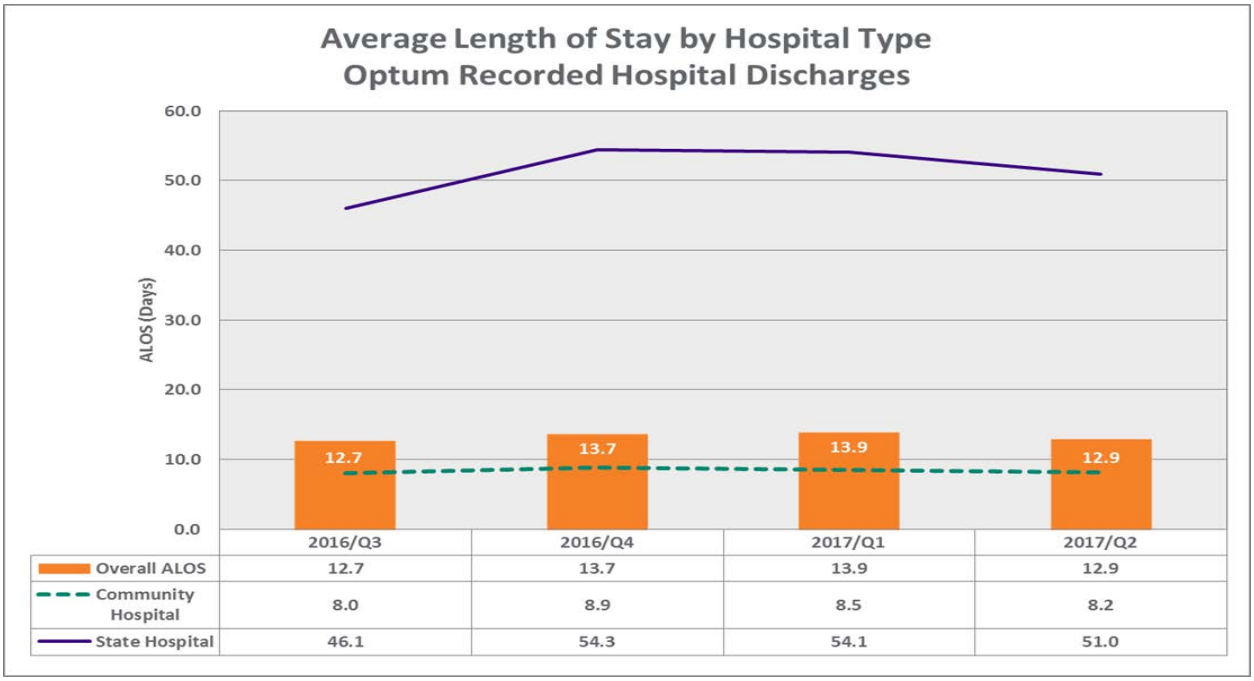



***Figure 16:*** Average length of stay was examined by hospital type. The state hospital rate continues to be elevated vs. Q3.

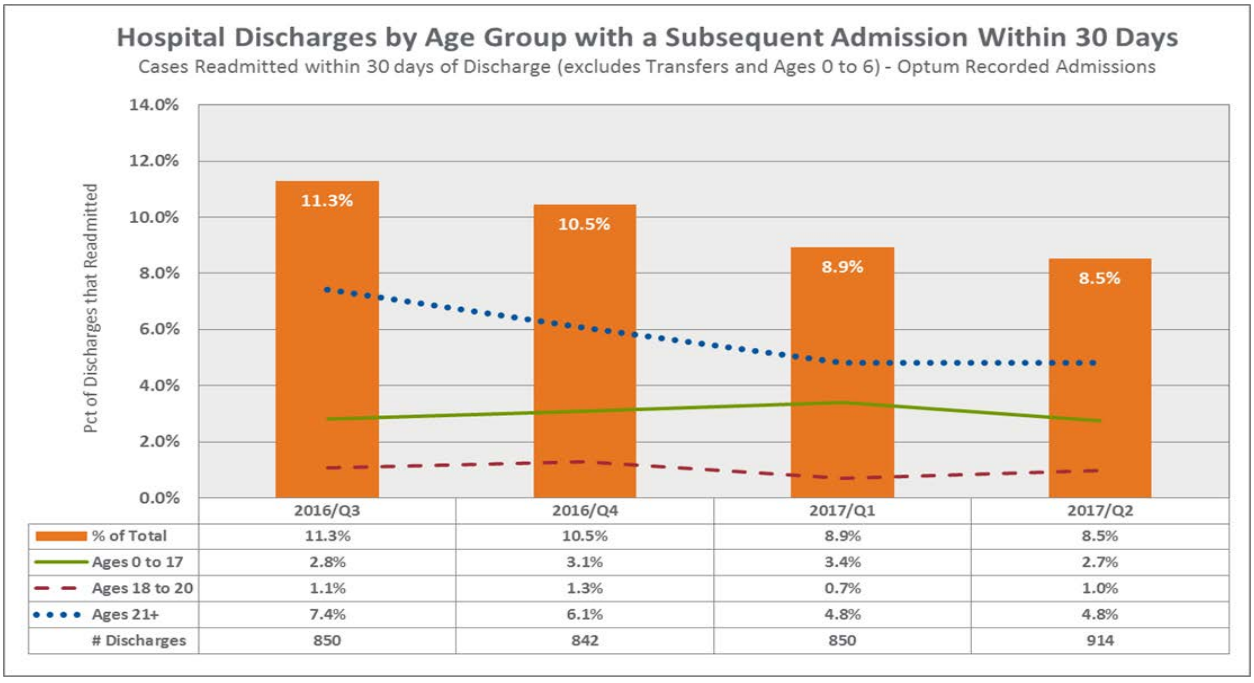
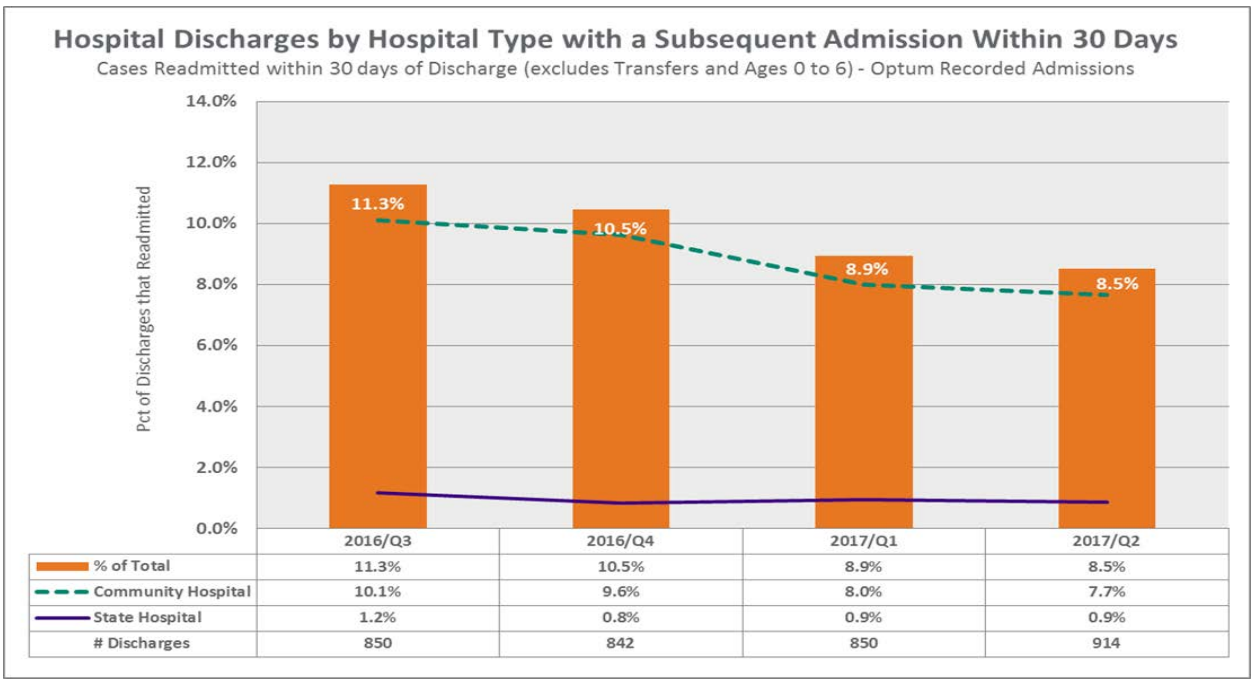
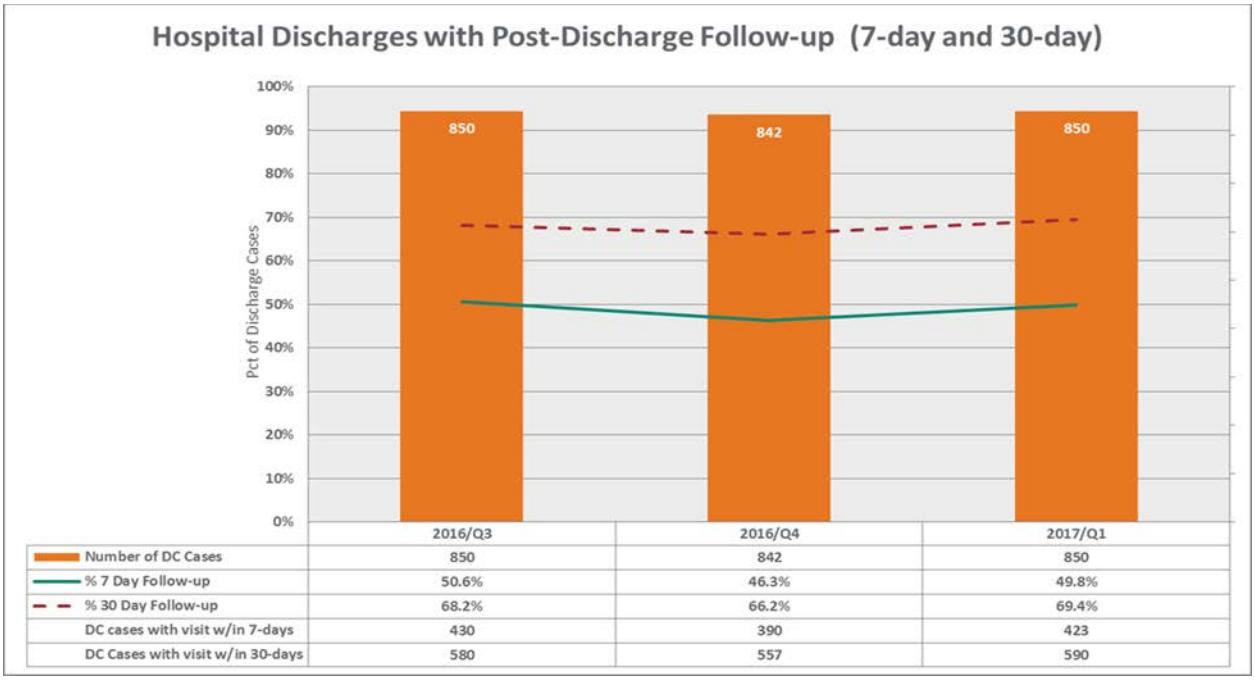


***Figure 17:*** According to HEDIS definition, a readmission to a hospital is counted for all persons aged 6 years and over and excludes transfers between hospitals. During the study period from Q3, 2016, through Q2, 2017, readmissions decreased 24.8%.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 | 2017/Q2 |
|---|---|---|---|---|
| % of Total | 11.3% | 10.5% | 8.9% | 8.5% |
| Community Hospital | 10.1% | 9.6% | 8.0% | 7.7% |
| State Hospital | 1.2% | 0.8% | 0.9% | 0.9% |
| # Discharges | 850 | 842 | 850 | 914 |

***Figure 18:*** Readmissions broken out by hospital type. During the study period from Q3, 2016, through Q2, 2017, readmissions decreased 23.8% for community hospitals and 25% for state hospital.




| | 2016/Q3 | 2016/Q4 | 2017/Q1 |
|---|---|---|---|
| Number of DC Cases | 850 | 842 | 850 |
| % 7 Day Follow-up | 50.6% | 46.3% | 49.8% |
| % 30 Day Follow-up | 68.2% | 66.2% | 69.4% |
| DC cases with visit w/in 7-days | 430 | 390 | 423 |
| DC Cases with visit w/in 30-days | 580 | 557 | 590 |

***Figure 19:*** One of the goals for care coordination is improvement in the transition of members from inpatient to outpatient care, to support improved continuity of care. One of the measures for this is a HEDIS measure that examines the percentage of discharged members who are seen for an outpatient behavioral health visit within 7 days. Examination of 30 day outpatient visit attendance rates is also common.
Note: DC is an abbreviation for discharge.

***Barriers:*** The historical responsibility for arranging post-discharge outpatient appointments for behavioral health services has rested with hospital discharge planners. Optum has an outpatient-only contract that results in our not managing hospitals or their staff or discharge planning.

Within the Optum Idaho care coordination system, discharge coordinators check to see whether a member has kept scheduled appointments but do not ensure, and often are unable to ensure, that there are scheduled appointments to keep due to hospitals not releasing discharge information in a timely way.

***Opportunities and Interventions:*** Optum Idaho will continue to monitor.

## Psychiatric Emergency Room Utilization Rates

***Methodology:*** Psychiatric Emergency Room utilization data was provided by IDHW for dates September 2016 to December 2016. Utilization is given as visits per 1,000 members in the IBHP for each month.

***Analysis:*** This graph displays the utilization of Idaho Emergency Room visits for psychiatric care. Over the 4 month period, for the period for which data is available, emergency room utilization remains consistent.

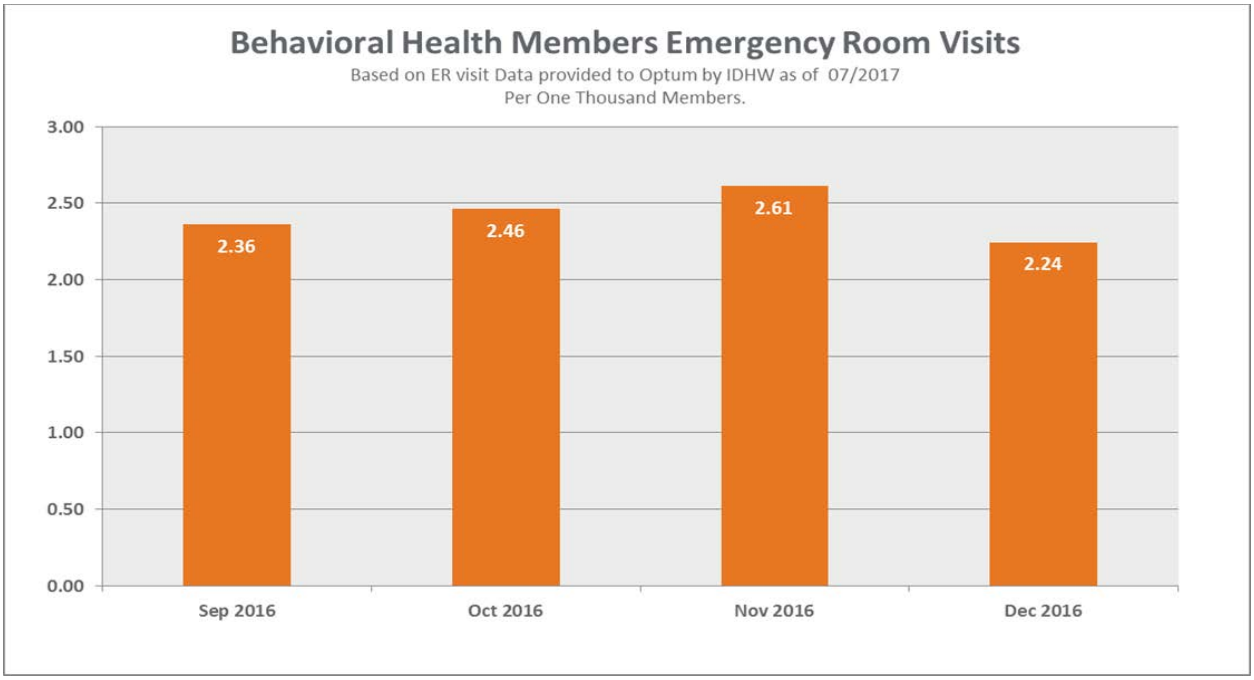



***Figure 20***

## Member Satisfaction Survey Results

***Methodology:*** Optum monitors Idaho Medicaid enrollees' satisfaction with behavioral health services using the online and mailed versions of the Optum Idaho Member Satisfaction Survey. The surveys were designed in collaboration with IDHW. The mailed version is fielded quarterly, while the online version is accessible to members 24 hours a day on the Optum Idaho and Optum Idaho Live and Work Well websites.

The member survey is outsourced to the Center for the Study of Services (CSS), which is a NCQA-certified vendor. Mailed surveys are administered quarterly in English with Spanish translation available. The mailed survey is administered via two mailings, with second mailing being sent as a reminder to non-respondents.

Members who have received outpatient or medication services within the Optum network in the last 90 days are eligible to participate. As of the survey mail date, members 18 years of age and older and members 15 years of age and younger are eligible to be surveyed (please note that for members 15 years of age and younger, the survey packet is addressed to the parent of the member not to the youth directly). Members must be eligible for services at the time of the survey and have granted permission to mail to their address on record. Members who have accessed services in multiple quarters are eligible for the survey only once every 12 months.

A random sample of individuals eligible for the survey is then selected. Only mailed survey responses are used in our annual data analysis due to the limitations in validating the members who respond to our online survey methods. However, all responses submitted from our online portal are reviewed.

The member survey tool includes 26 items. Survey questions represent the following experience domains.

- *Experience with Optum Idaho staff and referral process* (composite score of qsts 2-7)
- *Experience with provider network* (composite score of qsts 10-14)
- *Experience with counseling and treatment* (composite score of qsts 15-23)
- *Overall experience* (qst 25, % respondents selected 'Excellent', 'Very Good', or 'Good')

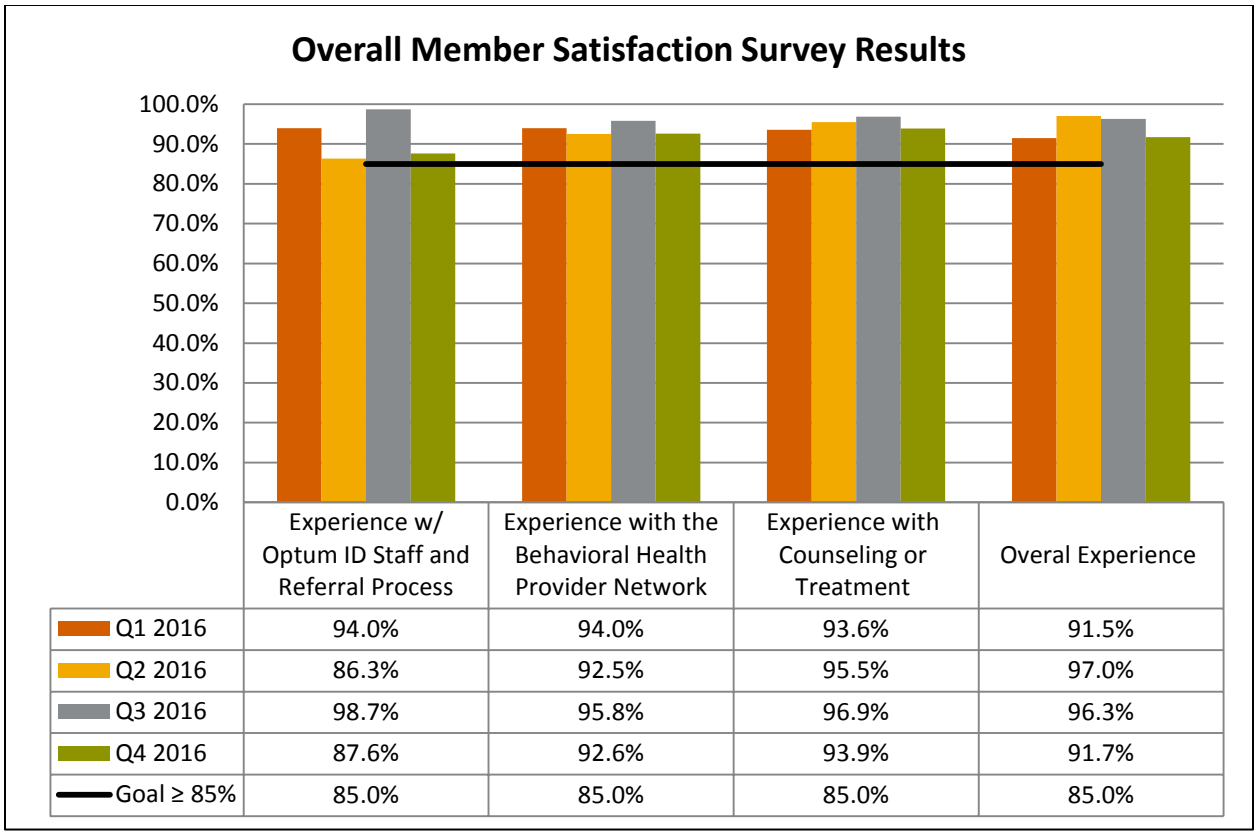
Quarterly Performance Results

| Member Overall Satisfaction Survey | Performance Goal | Q1 2016 (n=121) | Q2 2016 (n=99) | Q3 2016 (n=83) | Q4 2016* (n=114) |
|---|---|---|---|---|---|
| Experience w/Optum ID Staff and Referral Process | ≥85.0% | 94.0% | 86.3% | 98.7% | 87.6% |
| Experience with the Behavioral Health Provider Network | ≥85.0% | 94.0% | 92.5% | 95.8% | 92.6% |
| Experience with Counseling or Treatment | ≥85.0% | 93.6% | 95.5% | 96.9% | 93.9% |
| Overall Experience | ≥85.0% | 91.5% | 97.0% | 96.3% | 91.7% |

*Based on the Member Satisfaction Survey sampling methodology, Q4, 2016 data is the most recent set of results available.

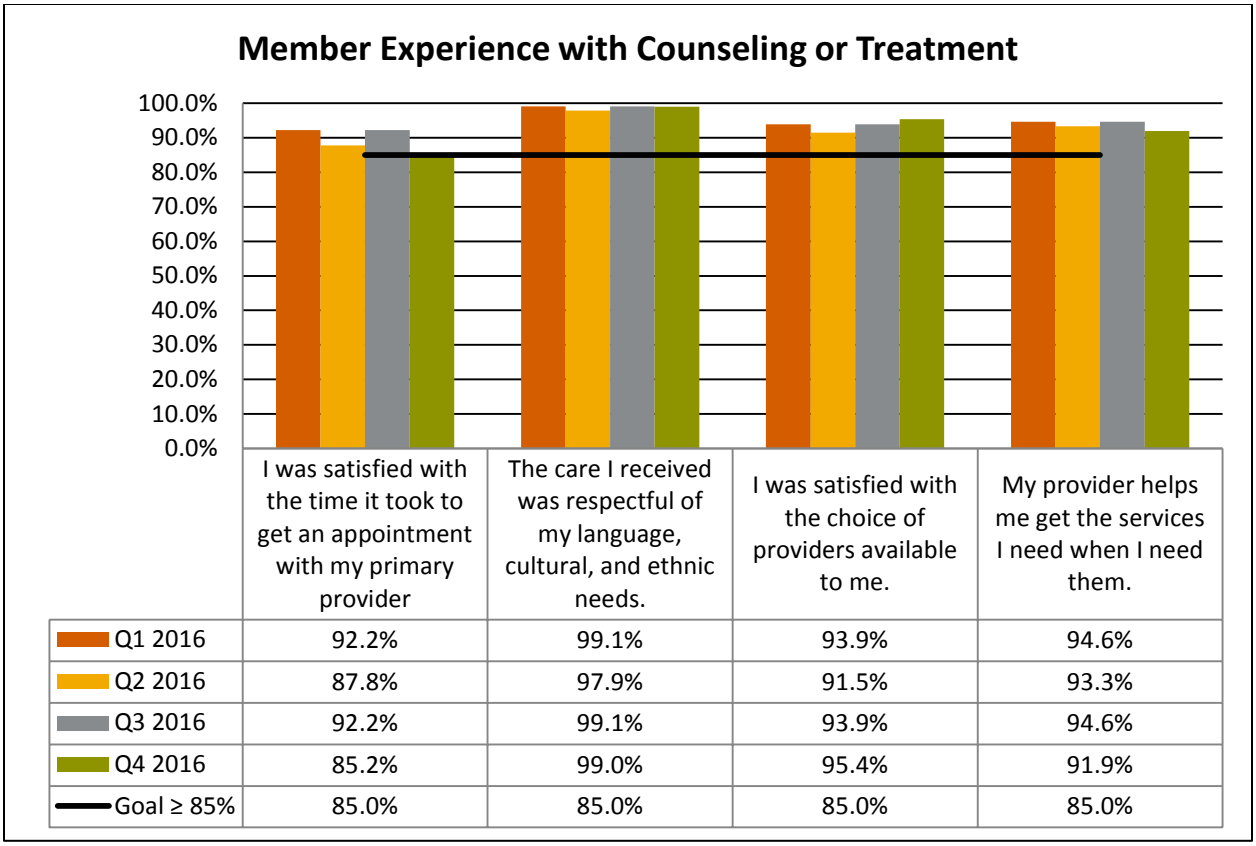
***Analysis:*** The survey was offered in English and Spanish. The survey was initially mailed on March 16, 2017 to 994 members. Non-respondents were sent a second request and survey on April 13, 2017. All mailings included a cover letter, survey, and postage-paid business reply envelope. Of the surveys mailed, 88 (8.9%) surveys were returned to Optum Idaho as undeliverable; and 6 (<1.0%) surveys were returned as refused. Of the surveys mailed, 114 responses were received resulting in a 12.7% response rate.

All areas remained above the performance goal of ≥85.0%.




| | Experience w/ Optum ID Staff and Referral Process | Experience with the Behavioral Health Provider Network | Experience with Counseling or Treatment | Overal Experience |
|---|---|---|---|---|
| Q1 2016 | 94.0% | 94.0% | 93.6% | 91.5% |
| Q2 2016 | 86.3% | 92.5% | 95.5% | 97.0% |
| Q3 2016 | 98.7% | 95.8% | 96.9% | 96.3% |
| Q4 2016 | 87.6% | 92.6% | 93.9% | 91.7% |
| Goal ≥ 85% | 85.0% | 85.0% | 85.0% | 85.0% |

In addition, the Member Satisfaction Survey includes specific questions related to the member's experiences with counseling and treatment. The results are in the graph, "Member Experience with Counseling or Treatment", below.




| | I was satisfied with the time it took to get an appointment with my primary provider | The care I received was respectful of my language, cultural, and ethnic needs. | I was satisfied with the choice of providers available to me. | My provider helps me get the services I need when I need them. |
|---|---|---|---|---|
| Q1 2016 | 92.2% | 99.1% | 93.9% | 94.6% |
| Q2 2016 | 87.8% | 97.9% | 91.5% | 93.3% |
| Q3 2016 | 92.2% | 99.1% | 93.9% | 94.6% |
| Q4 2016 | 85.2% | 99.0% | 95.4% | 91.9% |
| Goal ≥ 85% | 85.0% | 85.0% | 85.0% | 85.0% |

***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## Provider Satisfaction Survey Results

In 2016, Optum Idaho made the decision to change from a quarterly provider satisfaction survey to an annual survey to better align with national standards. The new survey was executed during the 4th Quarter of 2016.

***Methodology:*** Optum Idaho forwarded to Fact Finders a database comprising all providers currently in the Optum Idaho provider network. The survey was designed to contact every provider to give them an opportunity to participate in the research.

All of the data collection was conducted by Fact Finders. Fact Finders reached out to every provider. To accommodate the schedules of busy providers and include in the research as many of the providers as possible, a multi-stage, multi-mode coordinated data collection effort was employed. As soon as providers participated in the survey, they were removed from the active sample so there would be no further outreach to the practice.

There are 3 modes for providers to complete the survey:

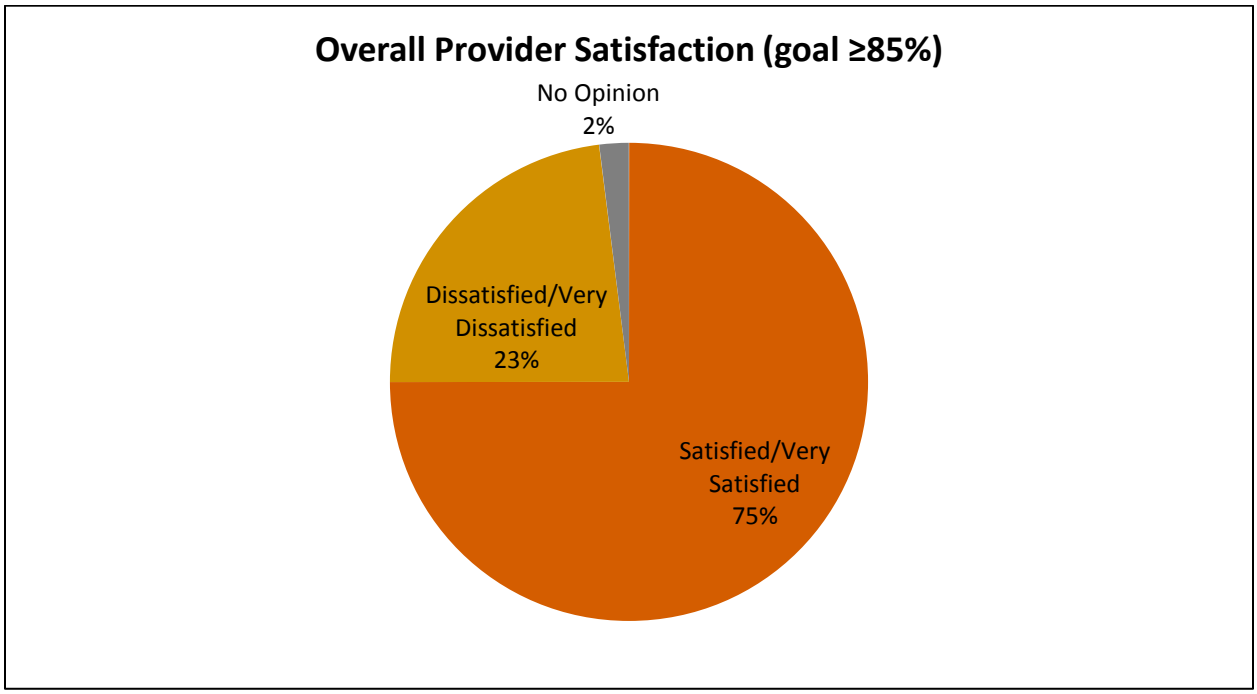
1. Outbound Telephone Call from Fact Finders
2. Inbound Telephone from Provider to Fact Finders

3. Online Survey

**Analysis:** As this is an annual satisfaction survey, the results presented here are the same as those presented in the Q1, 2017, report. They are presented for reference only with no additional information.

There was a 50% response rate to the first annual survey. **Overall Satisfaction with Optum:**

- Very Satisfied/Satisfied: 75%
- Dissatisfied/Very Dissatisfied: 23%
- No Opinion: 2%




***Barriers:*** The Optum Idaho performance goal for Overall Satisfaction is ≥85.0%. While the annual survey results fell below ≥85.0%, it was the first annual survey so results from future surveys will be monitored to identify trends. Optum Idaho will look at the areas within the survey that need improvement and identify interventions.

***Opportunities and Interventions:*** The 2017 Annual Survey will be sent in November.

## ***Performance Improvement***

A continuous quality improvement (CQI) process is embedded within the structure of Optum Idaho's QI program to review contractual requirements. The CQI process provides the mechanism by which improvement projects and initiatives are developed so that barriers to delivering optimal behavioral health care and services can be identified, opportunities prioritized,

and interventions implemented and evaluated for their effectiveness in improving performance. The Optum Idaho quality committee structure routinely oversees and monitors projects to include Community Health Initiatives (CHI) as well as improvement projects related to contract and operational initiatives. All improvement initiatives and projects are reviewed by Optum ID QAPI committee on a monthly basis.

| Performance Improvement Project (PIP) | Date Initiated | Quality Committee Oversight | Status | Key Accomplishments |
|---|---|---|---|---|
| No Current PIP's | NA | NA | NA | NA |

In Quarter 2, a new project dashboard was created to track all current projects. There were 4 projects in progress.

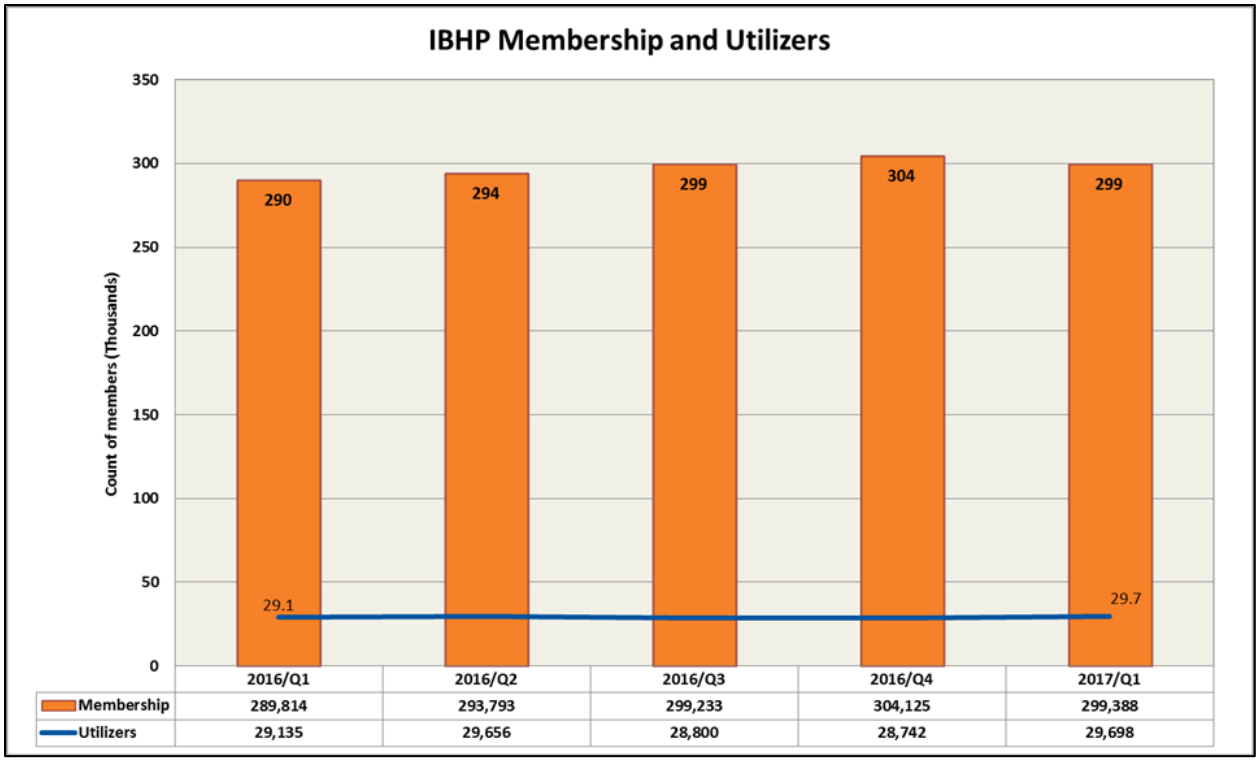
| Project | Description | Department Oversight | Status | Key Accomplishments |
|---|---|---|---|---|
| IOP-Phase 1 (Intensive Outpatient Program) | Develop and implement Intensive Outpatient Program (IOP), a new intermediate level of care treatment program for adult and child/adolescent members. The purpose of services is to monitor and maintain stability, decreasing moderate signs and symptoms, increase functioning, and assist members with integrating into community life. | Clinical-UM | Green | •Internal Training Complete.<br>•IOP audits began.<br>•Conference call with providers to outline contracting and service request process. |
| A & G Mega Rule | Ensure Optum Idaho's A&G policies, procedures, Provider Manual, Member Handbook, Optum Idaho website, contract, and letter templates align with applicable CMS Mega Rule changes, effective July 1, 2017. | Quality | Green | • Provider Alert sent to Network<br>• Provider Manual and Member Handbook approved.<br>• Optum Idaho staff educated and trained to changes. |
| LEAN (UM Service Request Process Improvement) | Due to a new Center for Medicare Services (CMS) regulation, the Optum Idaho Utilization Management and Quality teams have a need to reduce turn-around time (TAT) on the Adverse Benefit Determination (ABD) process from the current =/>16 calendar days TAT to =/<14 calendar days by 7/1/2017, in order to meet the new regulatory | Clinical Ops, Med Dir, A & G | Green | •Providers trained on change to Peer-to-Peer and notification process.<br>•Obtained IT approval for LINX upgrade.<br>•Business case approved. |

| Project | Description | Department Oversight | Status | Key Accomplishments |
|---|---|---|---|---|
| | requirements. | | | |
| Respite | Implement Respite for YES Class Members. Respite is a service that seeks to provide short-term, temporary care and supervision for a Class Member to relieve a stressful situation. The goal of the service is to prevent disruption of a Class Member's placement by providing relief to caregivers and Class Members. | Operation | Green | •Project Charter completed. |

## ***Accessibility & Availability***

### Idaho Behavioral Health Plan Membership

***Methodology:*** The Idaho Department of Health and Welfare (IDHW) sends IBHP Membership data to Optum Idaho on a monthly basis. "Membership" refers to IBHP members with the Medicaid benefit. "Utilizers" refers to the number of Medicaid members who use Idaho Behavioral Health Plan services. Due to claims lag, data is reported one quarter in arrears.




***Analysis:*** Membership numbers decreased slightly and utilizers increased slightly.

***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified

## Member Services Call Standards

***Methodology:*** Optum Idaho provides access to care 24 hours a day, seven days a week, 365 days per year through our toll-free Member Access and Crisis Line. This line is answered by a team of Masters-level behavioral health clinicians who are trained to assess the member's needs, provide counseling as appropriate, and refer the member to the most appropriate resources based on the member's needs.

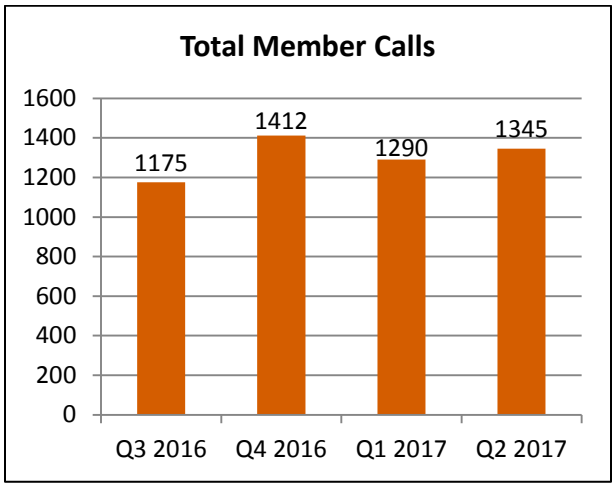
To ensure we meet our member's needs in a timely and efficient manner, Optum Idaho established performance targets that exceeded IBHP contractual targets for average speed to answer (120 seconds) and call abandoned rate (≤7%). Data source is Avaya's Communication system (ProtoCall).

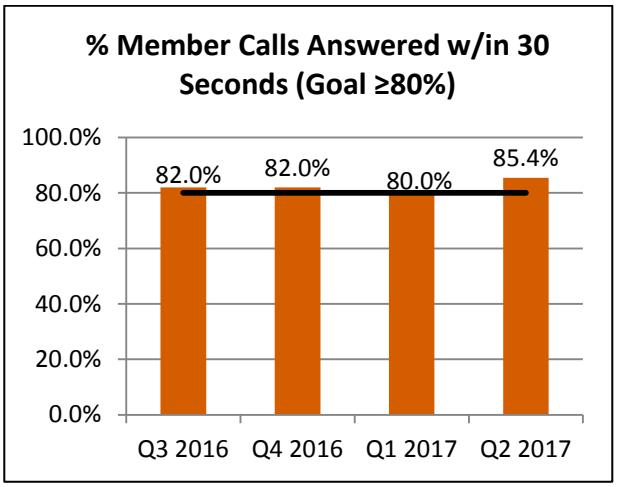
Quarterly Performance Results

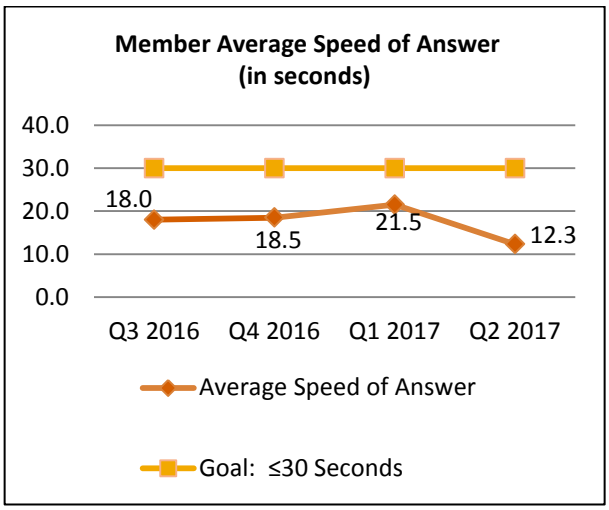
| Member Service Line | Optum Idaho Standards | IBHP Contract Standards | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|---|

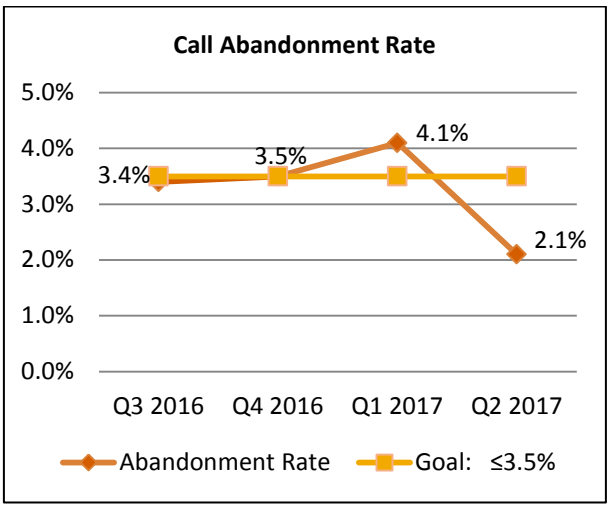
| | | | | | | |
|---|---|---|---|---|---|---|
| Total Number of Calls | NA | NA | 1,175 | 1,412 | 1,290 | 1,345 |
| Percent of Calls Answered Within 30 Sec | ≥80.0% | None | 82.0% | 82.0% | 80.0% | 85.4% |
| Average Speed of Answer | ≤30 Seconds | 120 seconds (2 minutes) | 18.0 sec | 18.5 sec | 21.5 sec | 12.3 sec |
| Abandonment Rate | ≤3.5% | ≤7% | 3.4% | 3.5% | 4.1% | 2.1% |

***Analysis:*** During Q2, the Member Services and Crisis Line received a total of 1,345 calls. During Q2, 85.4% of calls were answered within 30 seconds (goal ≥80%). The average speed to answer was met at 12.3 seconds. The call abandoned rate was 2.1% which met the Optum Idaho Standards goal of ≤3.5% and the IBHP Contractual Standards goal of ≤7.0%. Optum Idaho will continue to monitor and identify trends.




***Barriers:*** Based on the above analysis, no barriers were identified.

***Opportunities and Interventions:*** No opportunities for improvement were identified.

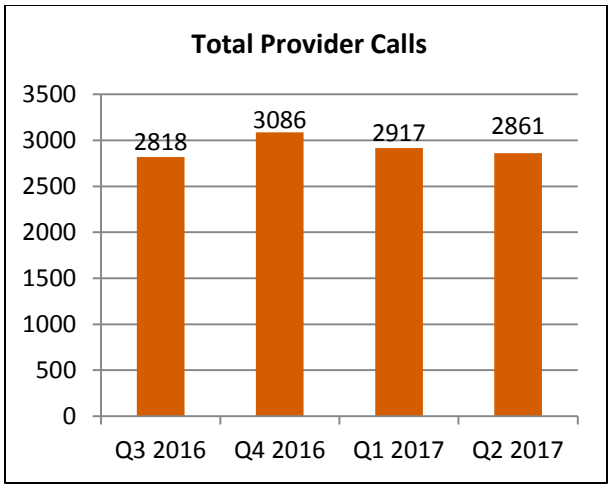
## Customer Service (Provider Calls) Standards

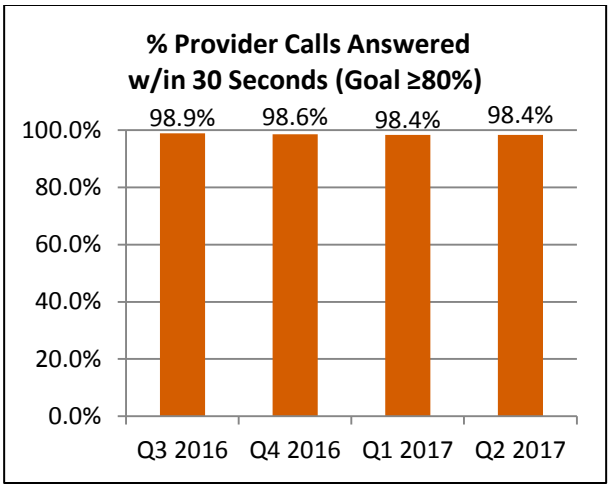
***Methodology:*** The Customer Service Line is primarily used by providers, IDHW personnel and any other stakeholders to contact Optum Idaho. To ensure the needs of our providers and stakeholders are met in a timely and efficient manner, Optum Idaho established performance targets that exceeded IBHP contractual targets for average speed to answer (120 seconds) and call abandoned rate (≤7%) as shown in the grid below.

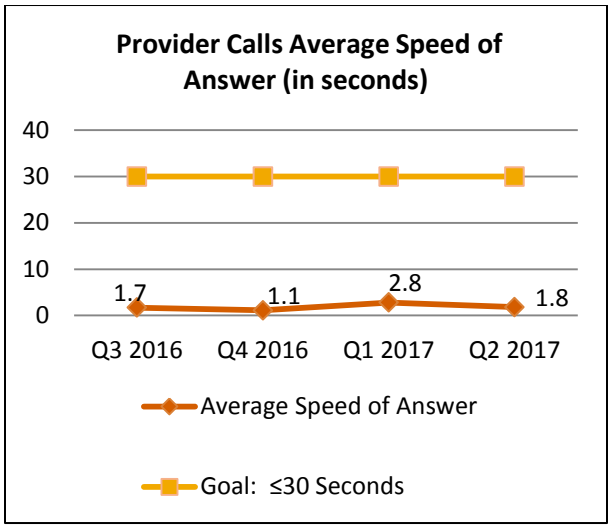
Quarterly Performance Results

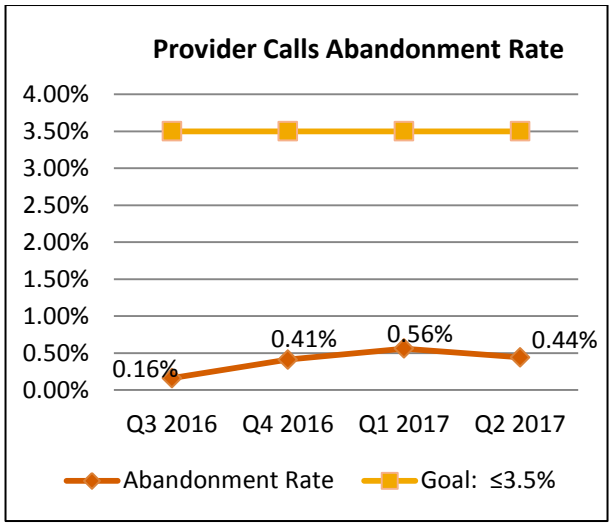
| Customer Service Line (Provider Calls) | Optum Idaho Standards | IBHP Contract Standards | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|---|
| Total Number of Calls | NA | NA | 2,818 | 3,086 | 2,917 | 2,861 |
| Percent of Calls Answered Within 30 Seconds | ≥80.0% | None | 98.9% | 98.6% | 98.4% | 98.4% |
| Average Speed of Answer | ≤30 Seconds | 120 seconds (2 minutes) | 1.7 sec | 1.1 sec | 2.8 sec | 1.8 sec |
| Abandonment Rate | ≤3.5% | ≤7% | 0.16% | 0.41% | 0.56% | 0.44% |

**Analysis:** The total number of Customer Service provider calls during Q2 was 2,861. Customer service call standards met performance goals for all three customer service line measures again during Q2. The percent of calls answered within 30 seconds was at 98.4%, remaining above the goal of ≥80%. The average speed of answer was at 1.8 seconds during Q2, again meeting the goal of ≤30 seconds. The call abandonment rate was 0.44% continuing to meet both the Optum Idaho internal goal of ≤3.5% and the IBHP Contract Standard of ≤ 7%.




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified

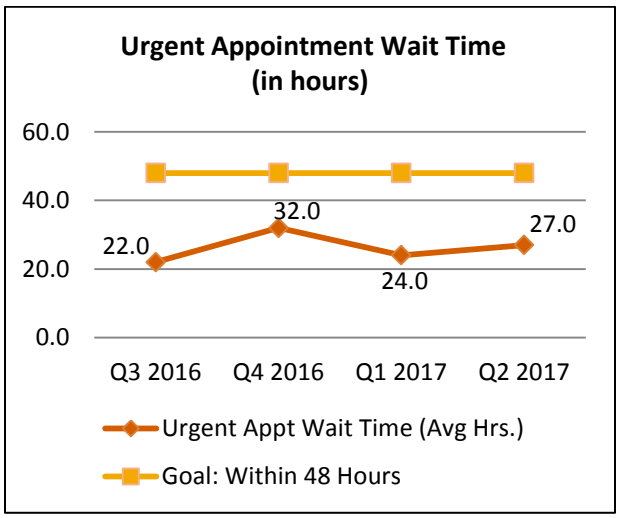
## Urgent and Non-Urgent Access Standards

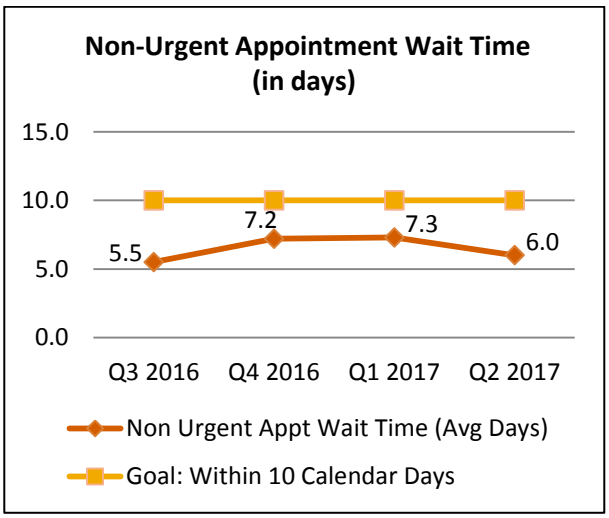
***Methodology:*** As part of our Quality Improvement Program, and to ensure that all members have access to appropriate treatment as needed, we develop, maintain, and monitor a network with adequate numbers and types of clinicians and outpatient programs. We require that the network providers adhere to specific access standards for *Urgent Appointments* being offered within 48 hours and *Non-urgent Appointments* being offered within 10 business days of request. Urgent and non-urgent access to care is monitored via monthly provider telephone polling by the Network team.

Quarterly Performance Results

| Urgent/Non-Urgent Appointment Wait Time | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Urgent Appointment Wait Time | Within 48 hours from request | 22.0 hours | 32.0 hours | 24.0 hours | 27.0 hours |
| Non-Urgent Appointment Wait Time | Within 10 days from request | 5.5 days | 7.2 days | 7.3 days | 6 days |

***Analysis:*** The performance goal for Urgent Appointment wait time is 48 hours. During Q2, the Urgent Appointment Wait time was 27.0 hours. The performance goal for non-urgent appointment wait time is an appointment within 10 days. This goal was again met during Q2 at 6 days.




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified

## Geographic Availability of Providers

***Methodology:*** GeoAccess reporting enables the accessibility of health care networks to be accurately measured based on the geographic locations of health care providers relative to those of the members being served. On a quarterly basis, Optum Idaho runs a report using GeoAccess™ software to calculate estimated drive distance, based on zip codes of unique members and providers/facilities. Performance against standards will be determined by calculating the percentage of unique members who have availability of each level of /service provider and type of provider/service within the established standards.

Optum Idaho's contract availability standards for "Area 1" requires one (1) provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties. For

the remaining 41 counties (37 remaining within the state of Idaho and 4 neighboring state counties) in “Area 2” Optum Idaho’s standard is one (1) provider in 45 miles.

Quarterly Performance Results

| Geographic Availability of Providers | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Area 1 (within 30 miles) | 100.0% | 99.8% | 99.8% | 99.8% | 99.8% |
| Area 2 (within 45 miles) | 100.0% | 99.8% | 99.9% | 99.8% | 99.9% |

***Analysis:*** Optum Idaho continued to meet contract availability standards. During Q2, Area 1 availability standards were met at 99.8% and Area 2 availability standards were met at 99.9%. Our performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number).

***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## ***Member Protections and Safety***

Optum’s policies, procedures and guidelines, along with the quality monitoring programs, are designed to help ensure the health, safety and appropriate treatment of Optum Idaho members. These guiding documents are informed by national standards such as NCQA (National Committee for Quality Assurance) and URAC (Utilization Review Accreditation Commission).

Case reviews are conducted in response to requests for coverage for treatment services. They may occur prior to a member receiving services (pre-service), or subsequent to a member receiving services (post-service or retrospective). Case reviews are conducted in a focused and time-limited manner to ensure that the immediate treatment needs of members are met, to identify alternative services in the service system to meet those needs, and to ensure the development of a person-centered plan, including advance directives.

As part of Optum’s ongoing assessment of the overall network, Optum Idaho evaluates, audits, and reviews the performance of existing contracted providers, programs, and facilities.

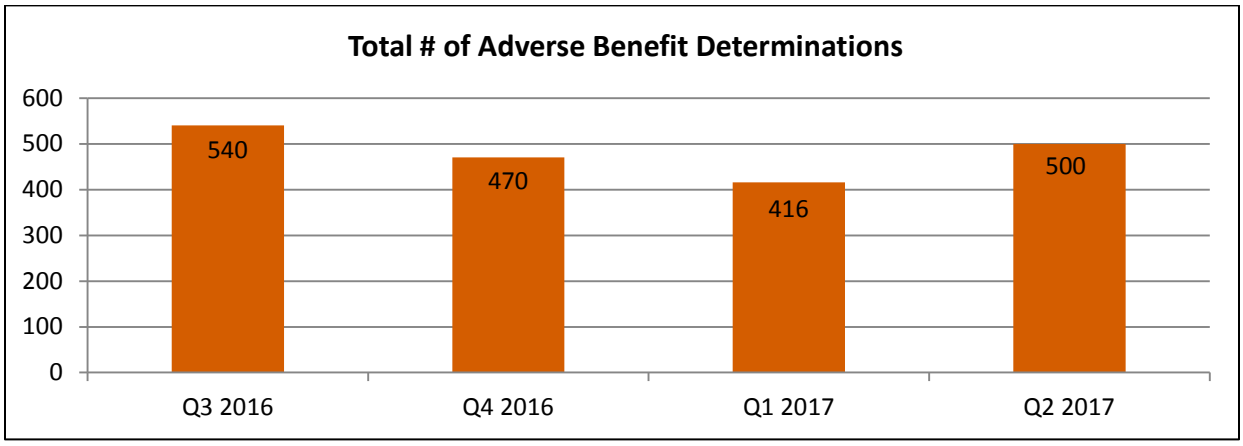
### Notification of Adverse Benefit Determination

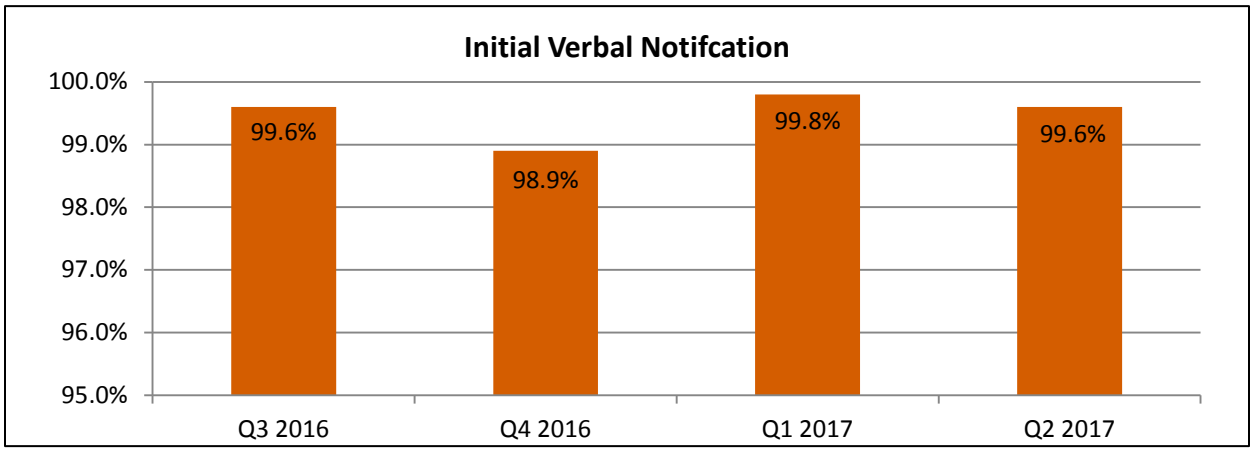
***Methodology:*** Adverse Benefit Determinations (ABD’s) are maintained in the Linx database. When a request for services is received, Optum has 14 days to review the case and make a determination to authorize services or deny services in total or in part. Once a determination is made to deny or reduce services, Optum has one (1) day following the verbal notification of the decision to mail a written notice informing the member and provider of the denial.

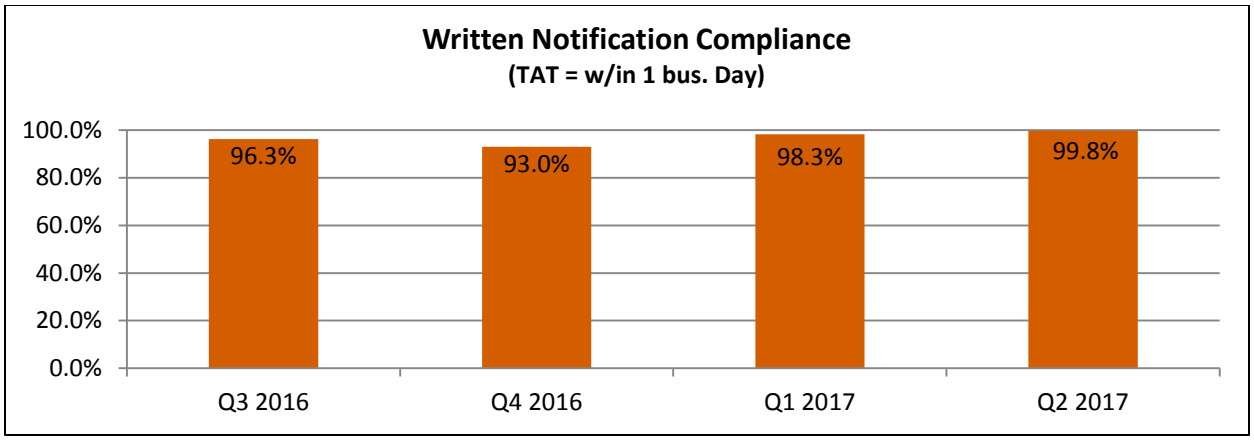
Quarterly Performance Results

| Notification of ABD | Performance Goal | Target | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|---|
| Total # ABD's | NA | NA | 540 | 470 | 416 | 500 |
| Initial Verbal Notification to Provider | 1 business day from determination date | 100.0% | 99.6% | 98.9% | 99.8% | 99.6% |
| Written Notification | 1 business day from verbal notification | 100.0% | 96.3% (520/540) | 92.9% (437/470) | 98.3% (409/416) | 99.8% (499/500) |

***Analysis:*** During Q2, there were 500 ABDs. Verbal notification compliance was 99.6%, with only 2 verbal notifications out of compliance. Written notification compliance was at 99.8%, with 1 written notification out of compliance.






***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** Optum Idaho has recently reviewed internal ABD processes and implemented process improvements, effective Q3. We anticipate compliance rates will further improve.

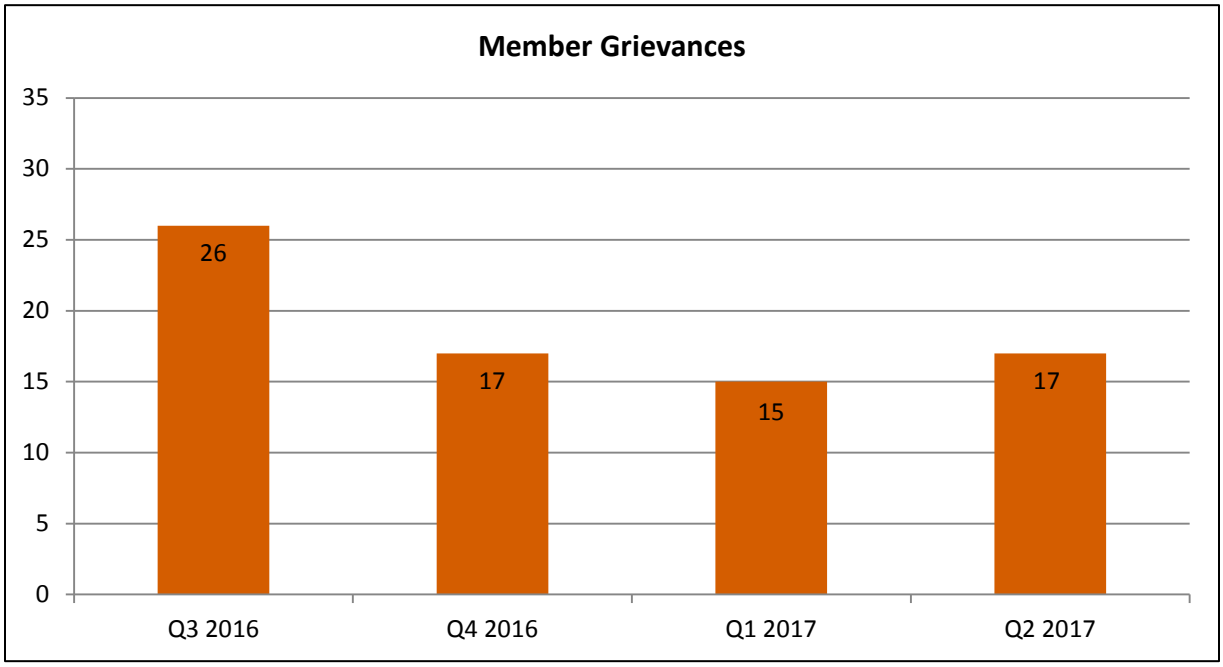
## Grievances

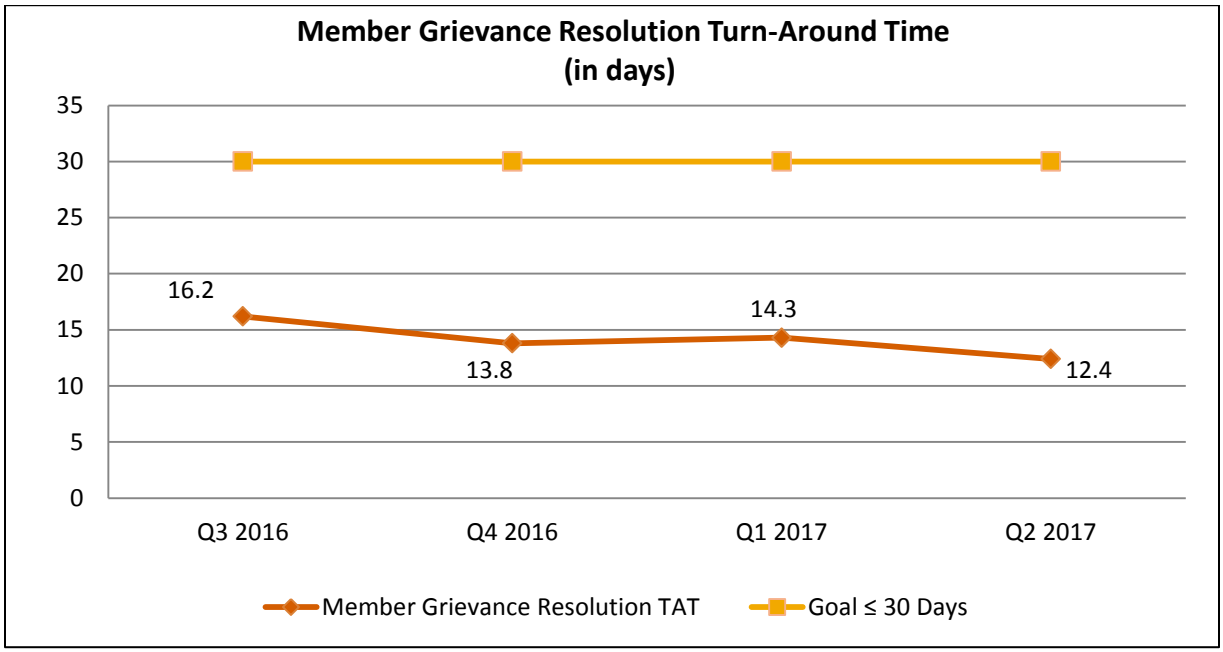
***Methodology:*** Optum Idaho recognizes the right of a member or authorized representative to appeal an adverse action that resulted in member financial liability or denied service, which is referred to within Optum as filing a grievance. All grievances are required to be reviewed and resolved within 30 days. Grievances are upheld, overturned, or partially overturned.

Quarterly Performance Results

| Grievances | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Number of Member Grievances | NA | 26 | 17 | 15 | 17 |
| Average Number of Days to Resolution | 30 Days | 16.2 | 13.8 | 14.3 | 12.4 |
| Number of Overturned Grievances | NA | 4 | 1 | 1 | 1 |
| Number of Partially Overturned Grievances | NA | 0 | 2 | 2 | 0 |
| % of Grievances Overturned or Partially Overturned | NA | 15.4% | 17.6% | 20.0% | 6.0% |

***Analysis:*** During Q2 there were 17 Grievances. One (1) grievance was completely overturned. Optum continued to exceed the 30 day turnaround time for resolutions with a 12.4 day average.




## Complaint Resolution and Tracking

***Methodology:*** A complaint is an expression of dissatisfaction logged by a member, a member's authorized representative or a provider concerning the administration of the plan and services received. This is also known as a Quality of Service (QOS) complaint. A concern that relates to

the quality of clinical treatment services provided by an individual provider or agency in the Optum Idaho network is a Quality of Care (QOC) concern.

Complaints are collected and grouped into the following broad categories: Benefit, Service (and Attitude), Access (and Availability), Billing & Financial, Quality of Care, Privacy Incident, and Quality of Practitioner Office Site.

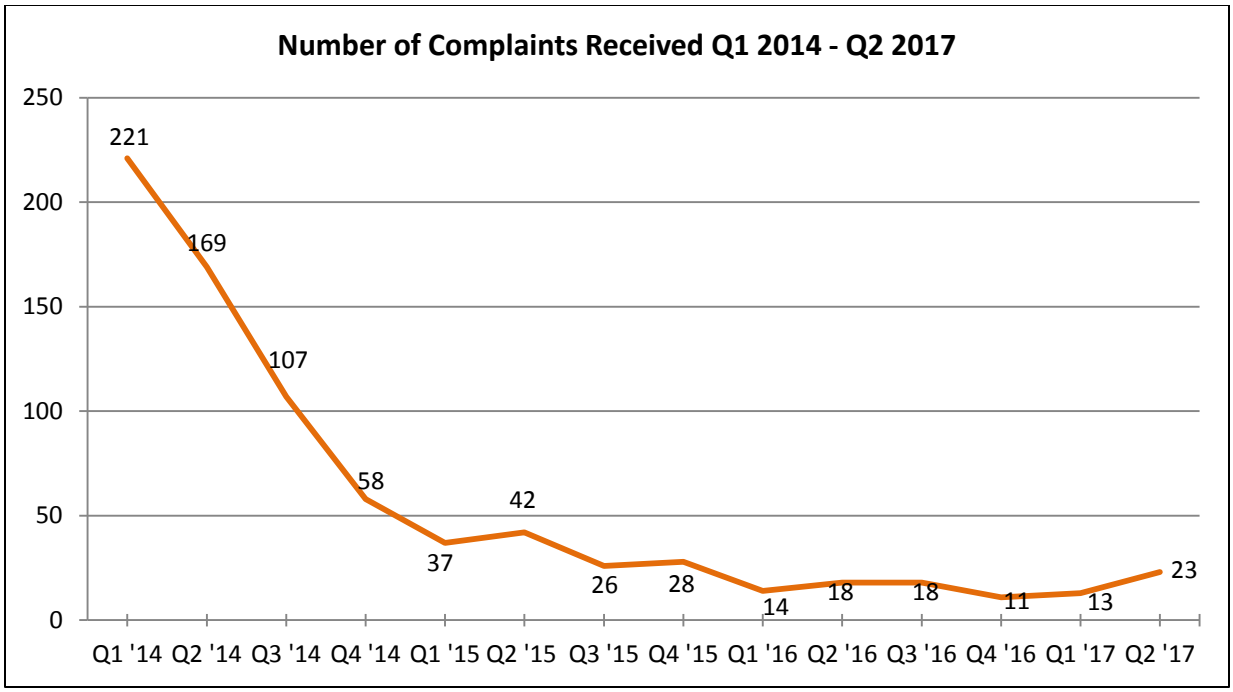
Optum Idaho maintains a process for recording and triaging Quality of Care (QOC) Concerns and Quality of Service (QOS) complaints, to ensure timely response and resolution in a manner that is consistent with contractual and operational standards. The timeframes for acknowledgement and resolution for complaints are as follows:

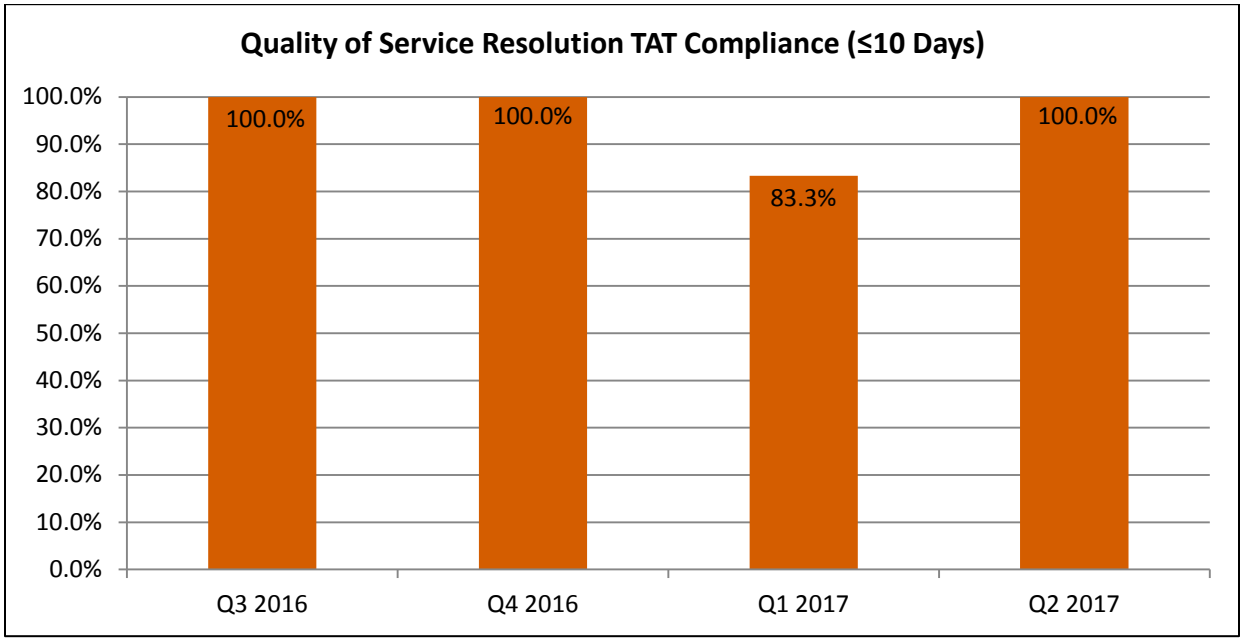
| Complaint Resolution and Tracking Timeframes | Acknowledged | Resolved |
|---|---|---|
| Quality of Service (QOS) Complaints | 5 Business Days | 10 Business Days |
| Quality of Care (QOC) Concerns | 5 Business Days | 30 Calendar Days |

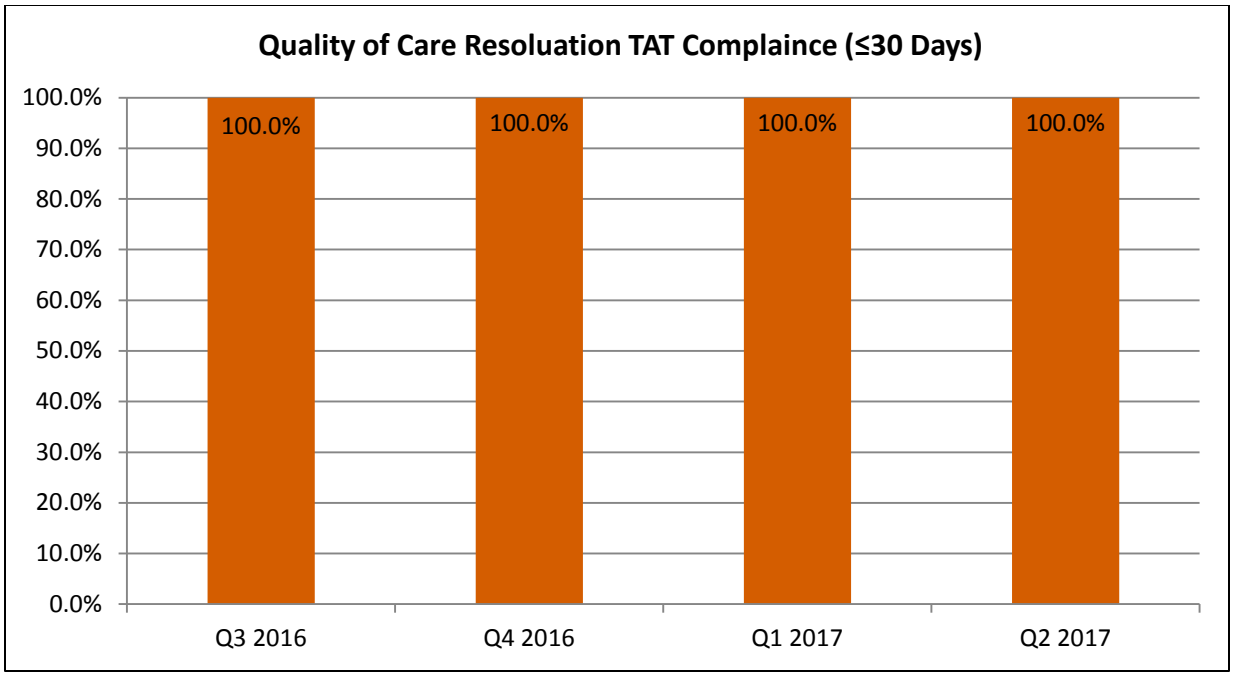
Quarterly Performance Results

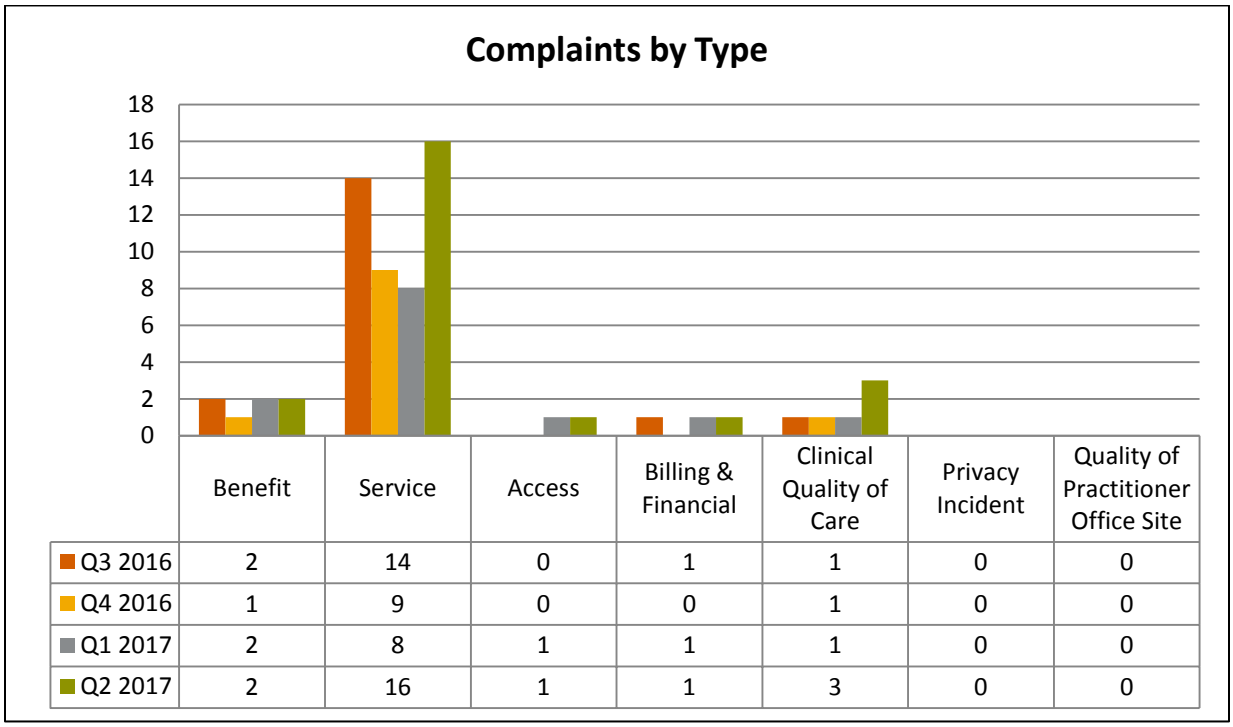
| Complaints | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Number of Quality of Service (QOS) Complaints Received | NA | 17 | 10 | 12 | 20 |
| Percent QOS Complaints Resolved w/in TAT | 10 Days | 100.0% | 100.0% | 83.3% | 100.0% |
| Number of Quality of Care Complaints (QOC) Received | NA | 1 | 1 | 1 | 3 |
| Percent QOC Complaints Resolved w/in TAT | 30 Days | 100.0% | 100.0% | 100.0% | 100.0% |

***Analysis:*** During Q2, there were 23 total complaints processed. Twenty (20) were Quality of Service complaints, and 3 were Quality of Care concerns. Optum Idaho was at 100% compliance for all acknowledgement and resolution turnaround times.


Number of Complaints Received Q1 2014 - Q2 2017
250
200
150
100
50
0
221
169
107
58
37
42
26
28
14
18
18
11
13
23
Q1 '14
Q2 '14
Q3 '14
Q4 '14
Q1 '15
Q2 '15
Q3 '15
Q4 '15
Q1 '16
Q2 '16
Q3 '16
Q4 '16
Q1 '17
Q2 '17


Quality of Service Resolution TAT Compliance (≤10 Days)
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
100.0%
100.0%
83.3%
100.0%
Q3 2016
Q4 2016
Q1 2017
Q2 2017




| | Benefit | Service | Access | Billing & Financial | Clinical Quality of Care | Privacy Incident | Quality of Practitioner Office Site |
|---|---|---|---|---|---|---|---|
| Q3 2016 | 2 | 14 | 0 | 1 | 1 | 0 | 0 |
| Q4 2016 | 1 | 9 | 0 | 0 | 1 | 0 | 0 |
| Q1 2017 | 2 | 8 | 1 | 1 | 1 | 0 | 0 |
| Q2 2017 | 2 | 16 | 1 | 1 | 3 | 0 | 0 |

***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## Critical Incidents

***Methodology:*** To improve the overall quality of care provided to our members, Optum Idaho employs peer reviews for occurrences related to members that have been identified as potential Critical Incidents (CI). Providers are required to report potential Critical Incidents to Optum Idaho within 24 hours of being made aware of the occurrence. A Critical Incident is a serious, unexpected occurrence involving a member that is believed to represent a possible Quality of Care Concern on the part of the provider or agency providing services, which has, or may have, detrimental effects on the member, including death or serious disability, that occurs during the course of a member receiving behavioral health treatment. Optum Idaho classifies a Critical Incident as being any of the following events:

- A completed suicide by a member who was engaged in treatment at any level of care at the time of the death, or within the previous 60 calendar days (also defined as a sentinel event).
- A serious suicide attempt by a member, requiring an overnight admission to a hospital medical unit that occurred while the member was receiving treatment services.
- An unexpected death of a member that occurred while the member was receiving agency based treatment or within 12 months of a member having received MH/SA treatment.
- A serious injury requiring an overnight admission to a hospital medical unit of a member occurring on an agency's premises while the member was receiving agency-based treatment.
- A report of a serious physical assault **of a member** occurring on an agency's premises while in agency-based treatment.
- A report of a sexual assault **of a member** occurring on an agency's premises while in agency-based treatment.
- A report of a serious physical assault **by a member** occurring on an agency's premises while the member was receiving agency-based treatment.
- A report of sexual assault **by a member** occurring on an agency's premises while the member was receiving agency-based treatment.
- A homicide that is attributed to a member who was engaged in treatment at any level of care at the time of the homicide, or within the previous 60 calendar days (also defined as a sentinel event).
- A report of an abduction of a member occurring on an agency's premises while the member was receiving agency-based treatment.
- An instance of care ordered or provided for a member by someone impersonating a physician, nurse or other health care professional (also defined as a sentinel event).
- High profile incidents identified by the IDHW as warranting investigation.

Optum has a Sentinel Events Committee (SEC) to review Critical Incidents that meet Optum's definition of sentinel events. Optum Idaho has a Peer Review Committee (PRC) to review Critical Incidents that do not meet Optum's definition of sentinel event. The SEC and PRC make recommendations for improving patient care and safety, including recommendations that the Provider Quality Specialists conduct site audits and/or record reviews of providers in the Optum Idaho network as well as providers working under an accommodation agreement with Optum Idaho to provide services to members. The SEC and PRC may provide providers with written

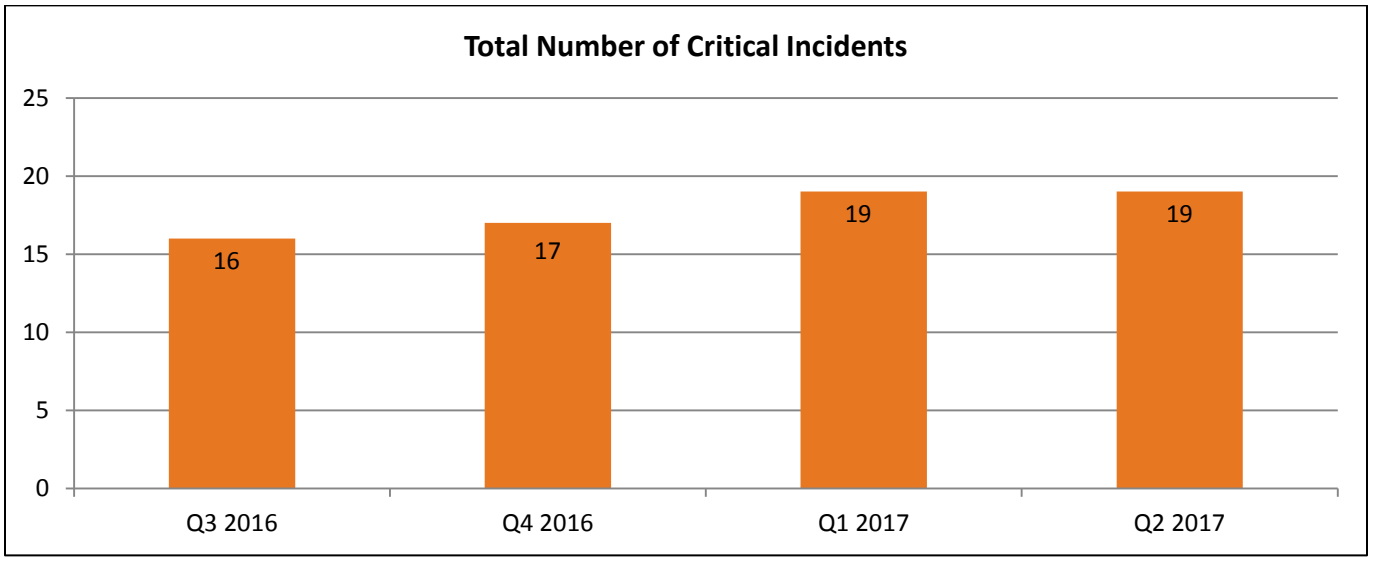
feedback related to observations made as a result of the review of the Critical Incident. Critical Incident Ad-hoc review is completed within 5 days from notification of incident.

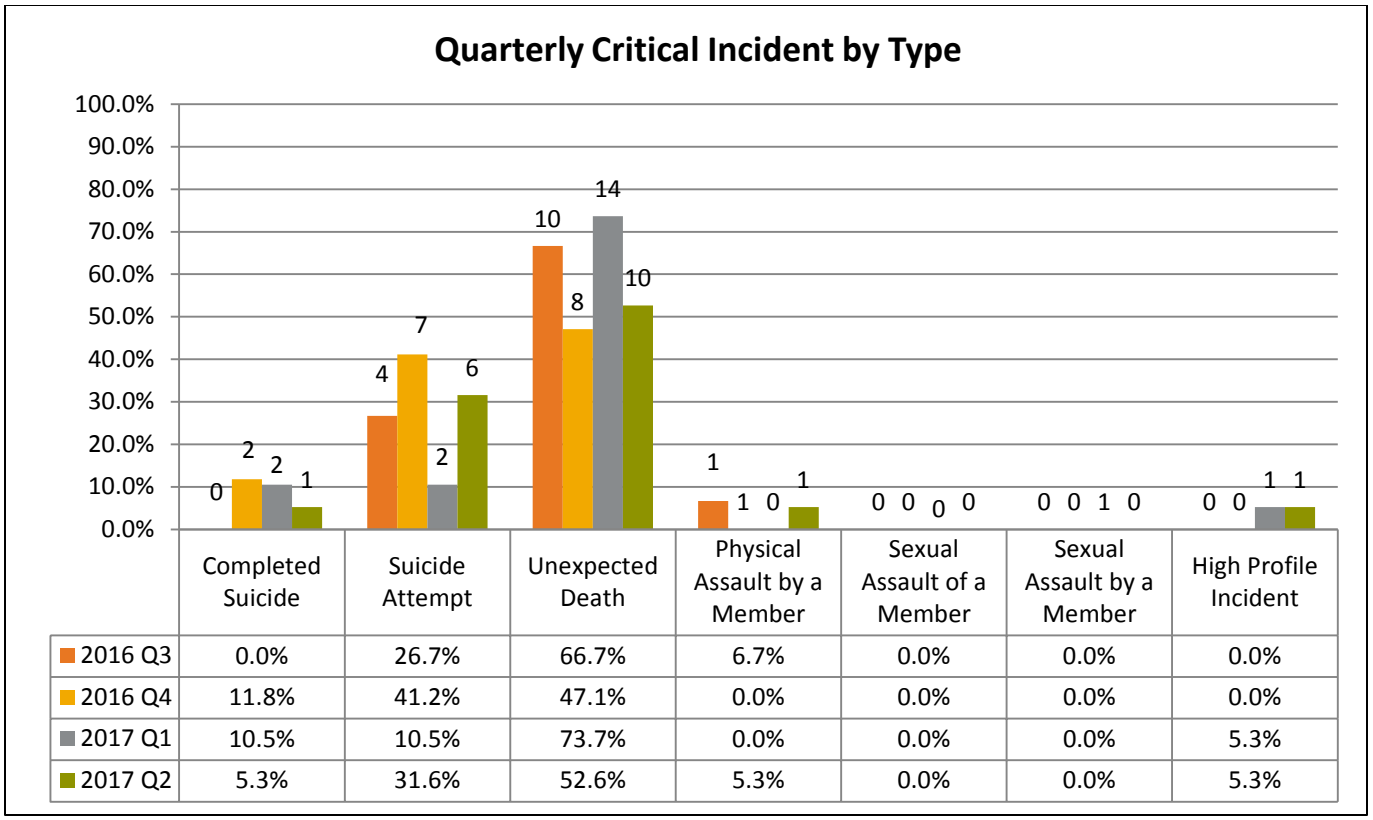
Quarterly Performance Results

| Critical Incidents | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Number of CI's Received | NA | 16 | 17 | 19 | 19 |
| CI Ad-hoc Review: % completed within 5 business days from notification of incident | 100% | 100.0% | 100% | 100% | 100% |

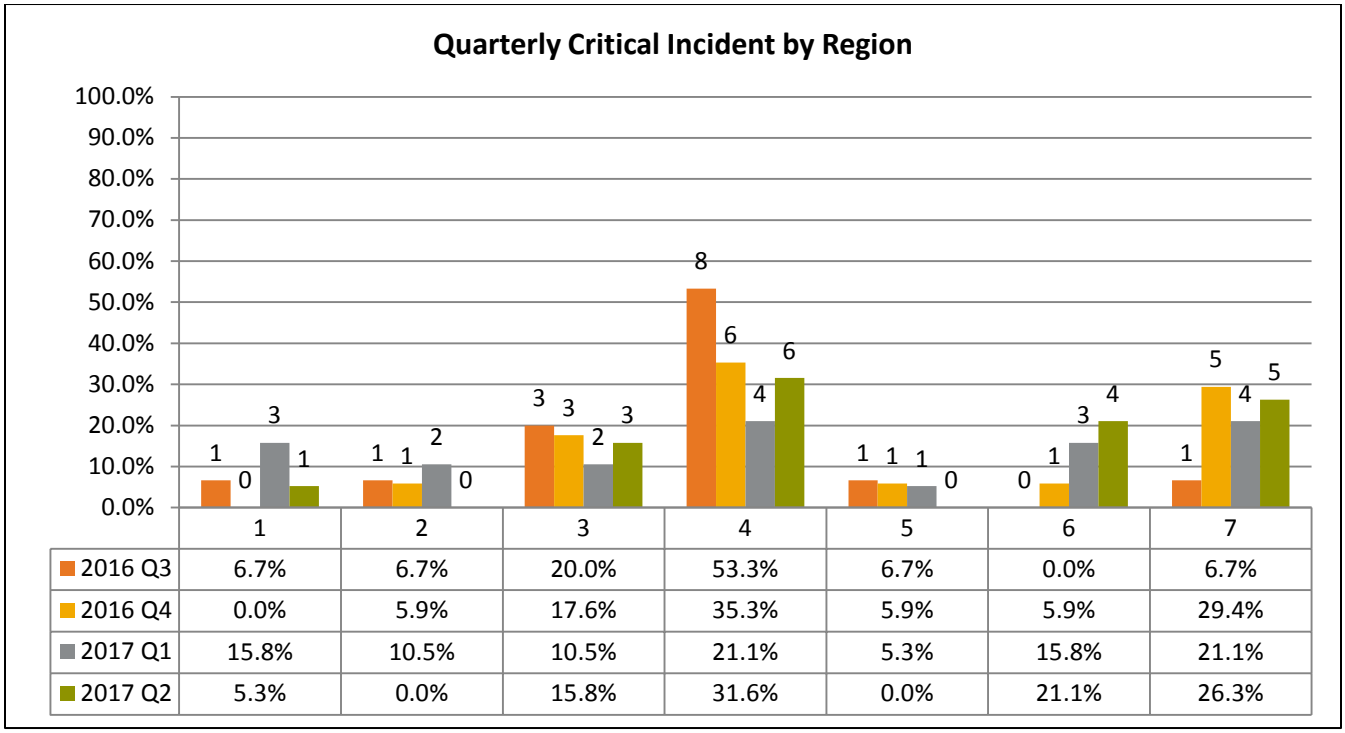
***Analysis:*** There were 19 Critical Incidents reported during Q2. The turnaround time for Ad-Hoc Committee review within 5 business days from notification of incident was met. Again during Q2, the highest number of Critical Incidents fell in the category of unexpected deaths. Of the 19 Critical Incidents reported, 10 (52.6%) were from unexpected deaths. In addition, 6 (31.6%) were from suicide attempts, 1 (5.3%) was from a completed suicide, 1 (5.3%) was from a physical assault by a member and 1 (5.3%) was from a high profile incident.

Further analysis showed that during Q2, Region 4 reported the highest number (6) of critical incidents at 31.6%, followed by Region 7 with 5 reported at 26.3%. Coordination of Care between the behavioral health provider and the Primary Care Provider (PCP) occurred in 15 (78.9%) of the total cases. Of the 19 reported Critical Incidents, 3 (15.8%) males and 10 (52.6%) females showed that member had a co-morbid health condition. Of the cases reported, 17 (89.5%) were adults (18+) and 2 (10.5%) were children. The average age for males was 34 and females 42. Of cases reported, 7 (36.8%) were males and 12 (63.2%) were females. No providers were put on unavailable status due to a Critical Incident.

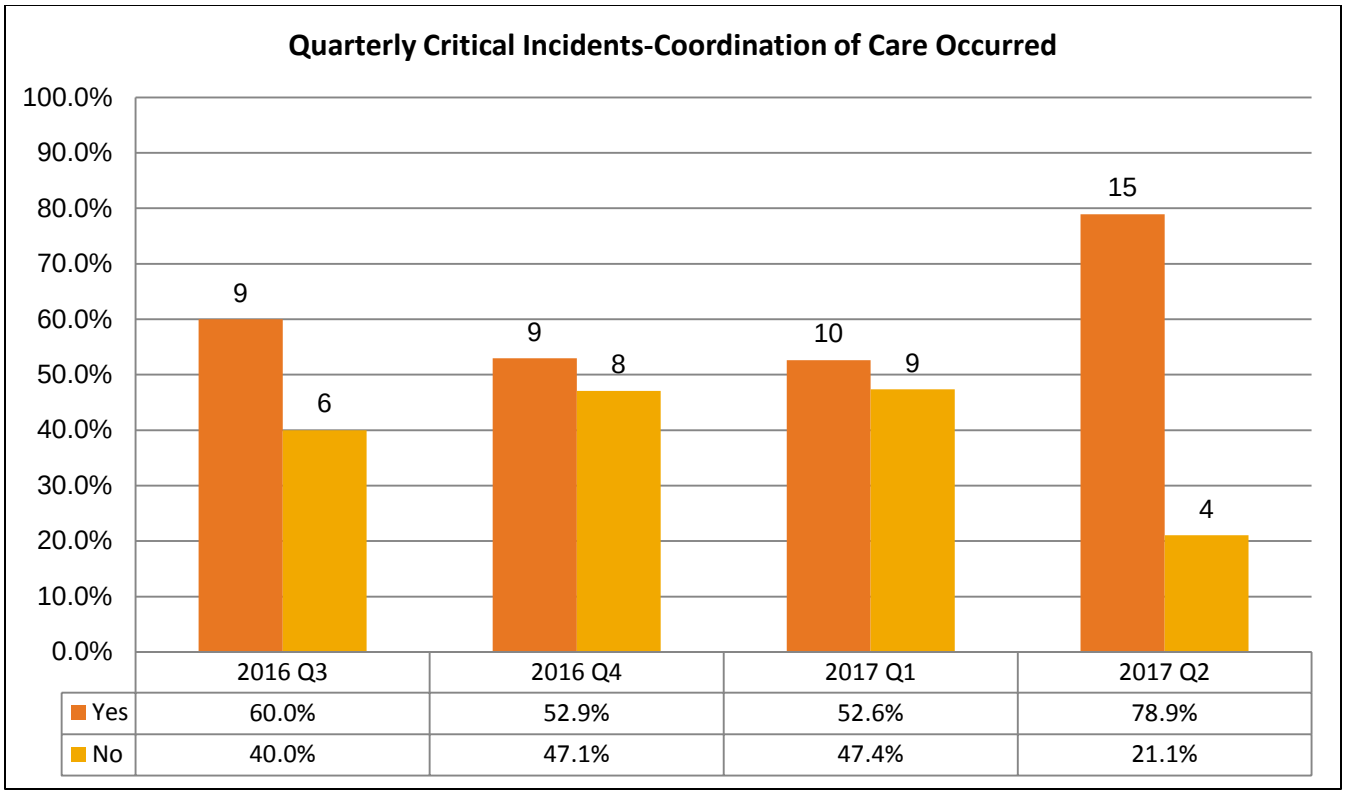


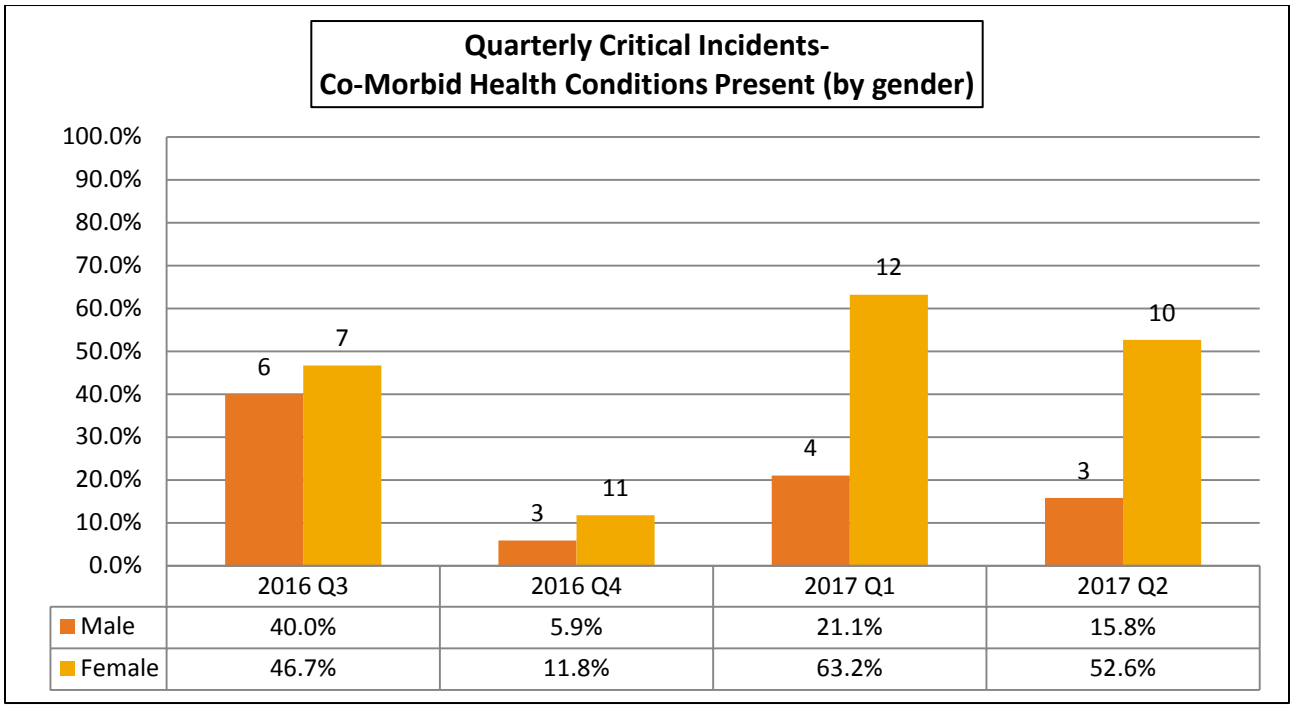


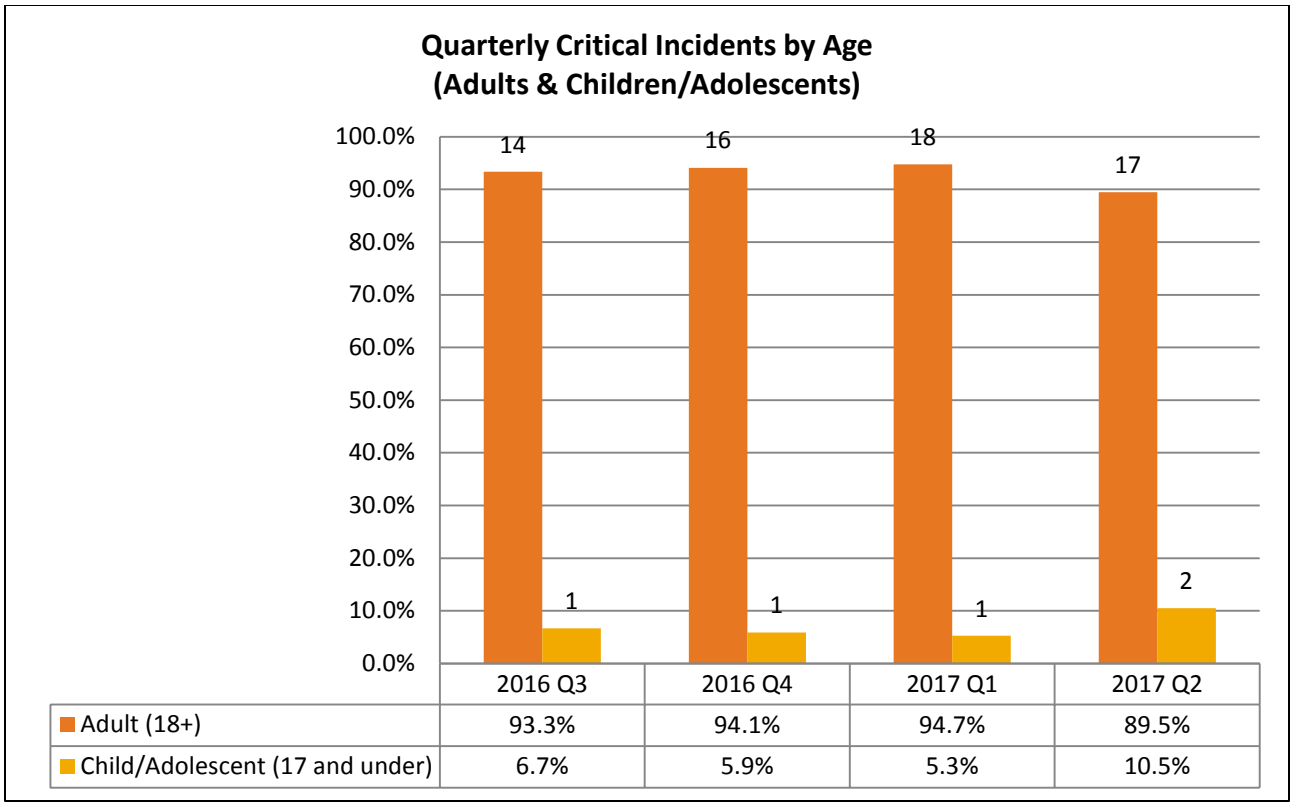

| | Completed Suicide | Suicide Attempt | Unexpected Death | Physical Assault by a Member | Sexual Assault of a Member | Sexual Assault by a Member | High Profile Incident |
|---|---|---|---|---|---|---|---|
| 2016 Q3 | 0.0% | 26.7% | 66.7% | 6.7% | 0.0% | 0.0% | 0.0% |
| 2016 Q4 | 11.8% | 41.2% | 47.1% | 0.0% | 0.0% | 0.0% | 0.0% |
| 2017 Q1 | 10.5% | 10.5% | 73.7% | 0.0% | 0.0% | 0.0% | 5.3% |
| 2017 Q2 | 5.3% | 31.6% | 52.6% | 5.3% | 0.0% | 0.0% | 5.3% |



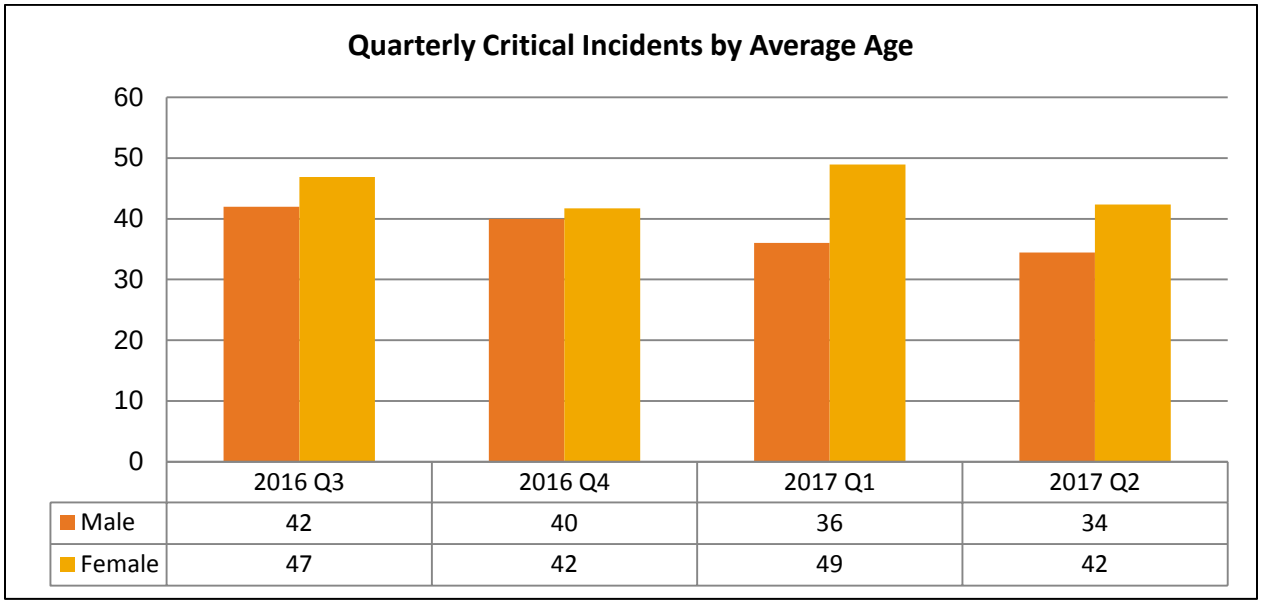

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 2016 Q3 | 6.7% | 6.7% | 20.0% | 53.3% | 6.7% | 0.0% | 6.7% |
| 2016 Q4 | 0.0% | 5.9% | 17.6% | 35.3% | 5.9% | 5.9% | 29.4% |
| 2017 Q1 | 15.8% | 10.5% | 10.5% | 21.1% | 5.3% | 15.8% | 21.1% |
| 2017 Q2 | 5.3% | 0.0% | 15.8% | 31.6% | 0.0% | 21.1% | 26.3% |


Quarterly Critical Incidents-Coordination of Care Occurred
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
9
6
9
8
10
9
15
4
2016 Q3
2016 Q4
2017 Q1
2017 Q2
Yes
60.0%
52.9%
52.6%
78.9%
No
40.0%
47.1%
47.4%
21.1%

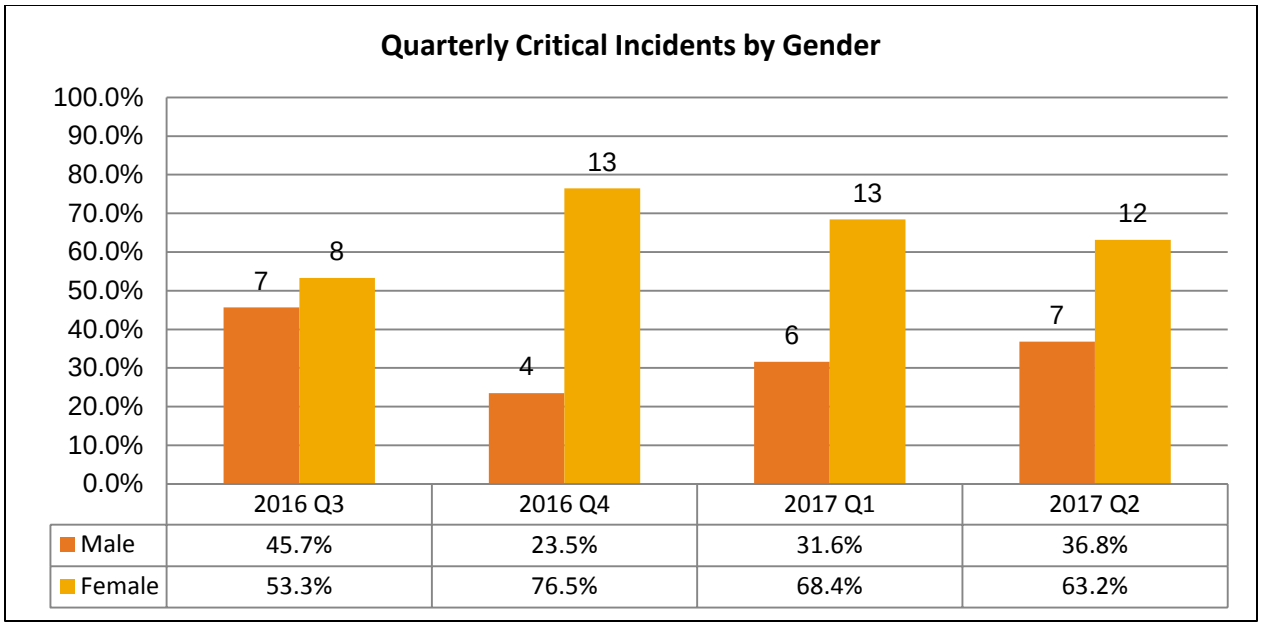

Quarterly Critical Incidents-
Co-Morbid Health Conditions Present (by gender)
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
6
7
3
11
4
12
3
10
2016 Q3
2016 Q4
2017 Q1
2017 Q2
Male
40.0%
5.9%
21.1%
15.8%
Female
46.7%
11.8%
63.2%
52.6%




| | 2016 Q3 | 2016 Q4 | 2017 Q1 | 2017 Q2 |
|---|---|---|---|---|
| Adult (18+) | 93.3% | 94.1% | 94.7% | 89.5% |
| Child/Adolescent (17 and under) | 6.7% | 5.9% | 5.3% | 10.5% |




| | 2016 Q3 | 2016 Q4 | 2017 Q1 | 2017 Q2 |
|---|---|---|---|---|
| Male | 42 | 40 | 36 | 34 |
| Female | 47 | 42 | 49 | 42 |




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

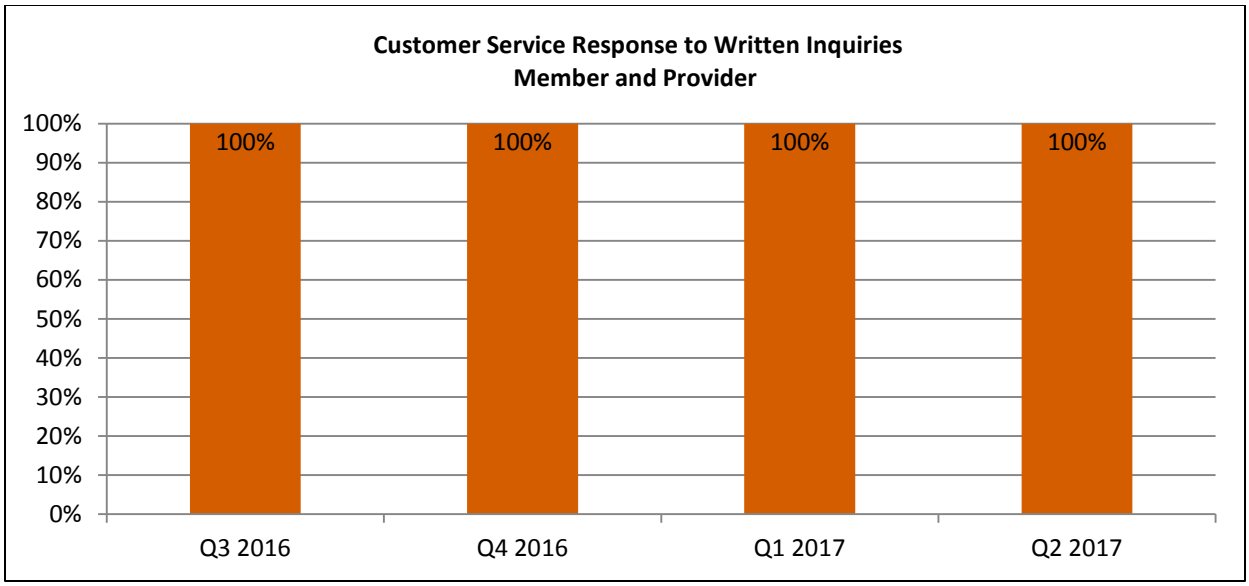
## Response to Written Inquiries

***Methodology:*** Optum Idaho's policy is to respond to all phone calls, voice mail and email/written inquiries within two (2) business days. This data is maintained and tracked in an internal database by Optum Idaho's Customer Service Department.

Quarterly Performance Results

| Customer Service Response to Written Inquiries | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Percent Acknowledged ≤ 2 business days | 100% | 100% | 100% | 100% | 100% |

***Analysis:*** The data summarizes Optum Idaho Customer Service responsiveness to written inquiries to both members and providers. The data indicated that the standard of 100% acknowledged within 2 business days was again met during Q2.




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## ***Provider Monitoring and Relations***

### Provider Quality Monitoring

Optum Idaho monitors provider adherence to quality standards via site visits and ongoing review of quality of care concerns, complaints/grievances, significant events and sanctions/limitations on licensure. In coordination with the Optum Idaho QI Department, Optum Idaho staff conducts site visits for:

- Facilities not accredited by an acceptable accrediting agency
- All providers are subject to network monitoring site visits
- Quality of Care (QOC) concerns and significant events, as needed

***Methodology:*** The Optum Idaho Provider Quality Specialists completes treatment record reviews and site audits to facilitate communication, coordination and continuity of care and to promote efficient, confidential and effective treatment, and to provide a standardized review of practitioners and facilities on access, clinical record keeping, quality, and administrative efficiency in their delivery of behavioral health services.

Monitoring audits occur through site visits and treatment record reviews. The main objectives are: determine the clinical proficiency of the Optum Idaho network by conducting site audits and implementing performance measurement; provide quality oversight of the Optum Idaho network; and educate providers on the clinical “best practice” and effective treatment planning.

The provider will receive verbal feedback at the conclusion of the site visit and written feedback within 30 days of the site visit. Scores above 85% are considered passing. A score between 80-84% requires submission of a corrective action plan. A score of 79% or below requires submission of a corrective action plan and participation in a re-audit within 4 – 6 months. Audit types and scores are tracked in an internal Excel tracking spreadsheet.

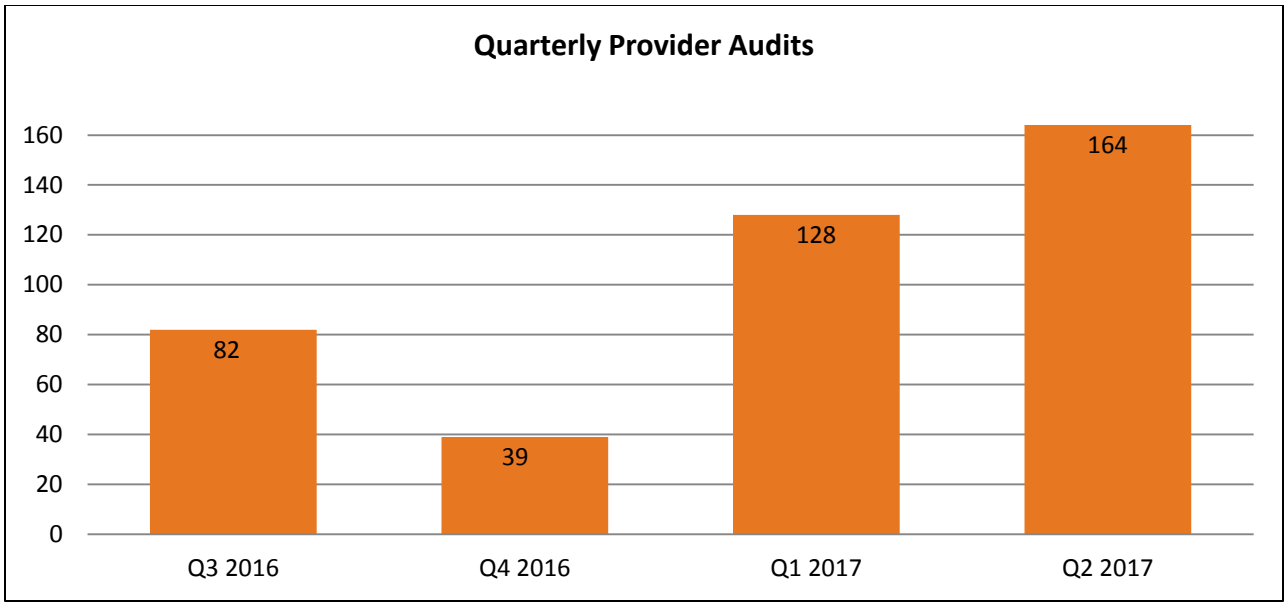
Quarterly Performance Results

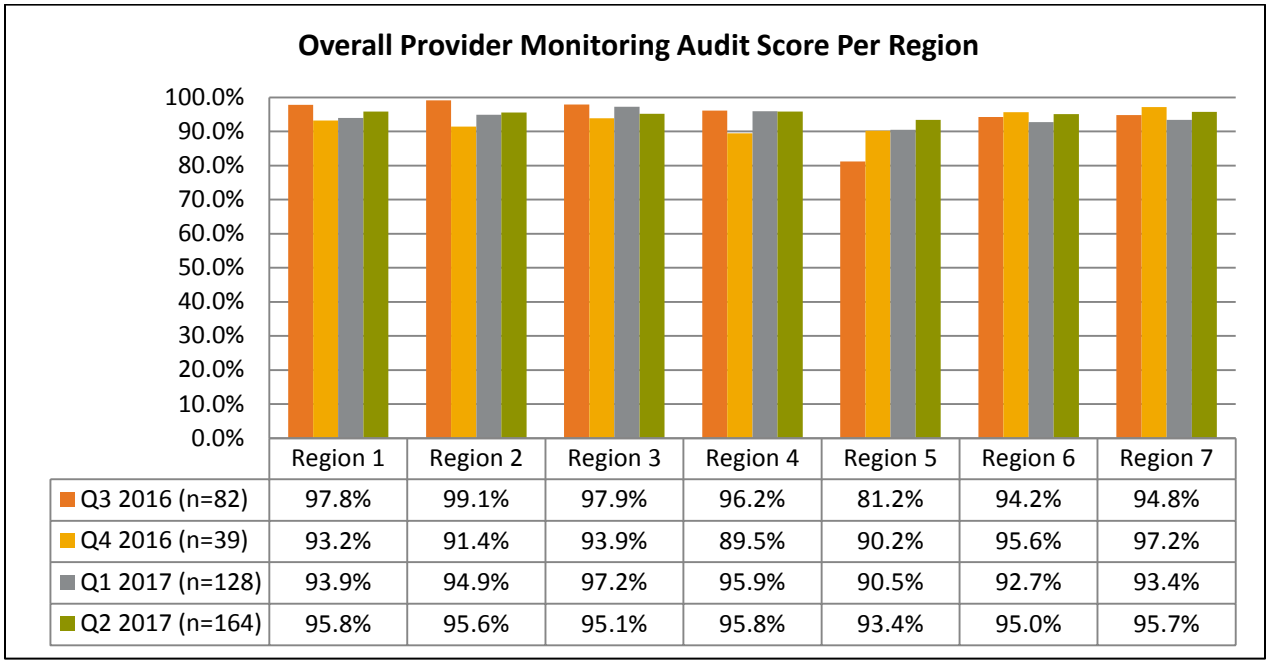
| Treatment Record Audit | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Number of Audits Conducted | NA | 82 | 39 | 128 | 164 |
| Initial Audit (Average overall score) | 85.0% | 98.3% | 95.9% | 92.1% | 93.6% |
| Recredentialing Audit (Average overall score) | 85.0% | 92.2% | 93.4% | 91.2% | 94.3% |
| Monitoring (Average overall score) | 85.0% | NA* | 85.0% | 94.9% | 95.2% |
| Quality (Average overall score) | 85.0% | 96.5% | NA** | 82.5%*** | NA** |
| Percent of Audits Requiring a Corrective Action Plan | NA | 7.3% | 7.6% | 16.4% | 6.1% |

*There were no monitoring audits during Q3, 2016. **There were no quality audits during Q4, 2016 and Q2 2017.
***There was only 1 Quality audit during Q1, 2017.

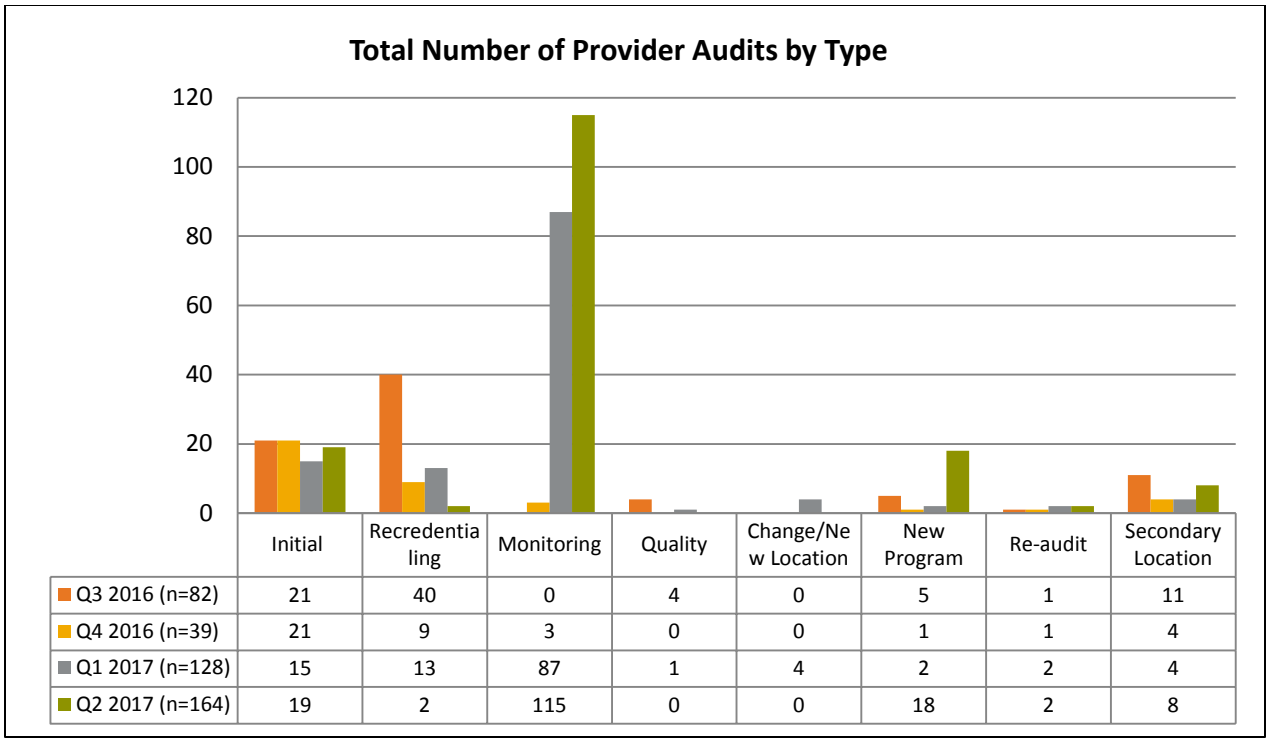
***Analysis:*** During Q2, one-hundred and sixty-four (164) Provider Audits were completed on Optum Idaho network providers. Of the 164 audits completed, 93.9% received a passing score. Corrective action plans were implemented for 6.1% of the audits. Overall audit scores per region and per audit type are reflected in graphs below.

Also, network providers are given the opportunity to rate the Provider Quality Monitoring Audit process in a Satisfaction Survey. Beginning in Q1, 2016, Optum Idaho began using a new Satisfaction Survey for providers to complete once a monitoring audit is completed. The survey used to gather this information is through the Qualtrics Survey Application which was approved by United Health Group. The survey is sent to providers by email. If an email address is not on file, the provider will not receive the survey. Surveys are emailed every other week to providers who were audited within the previous 2 weeks. Providers have 4 weeks to complete and return the survey. The results at the end of Q2 showed that 23 responses were received. Of those responses, 56.5% of providers stated that the overall value of the audit process was excellent, followed by 26.1% who stated it was very good and 8.7% who stated it was good. Seventy-four percent (74.0%) indicated that the auditor was excellent. Fifty-two percent (52.1%) of respondents indicated that their overall experience with the audit was excellent.

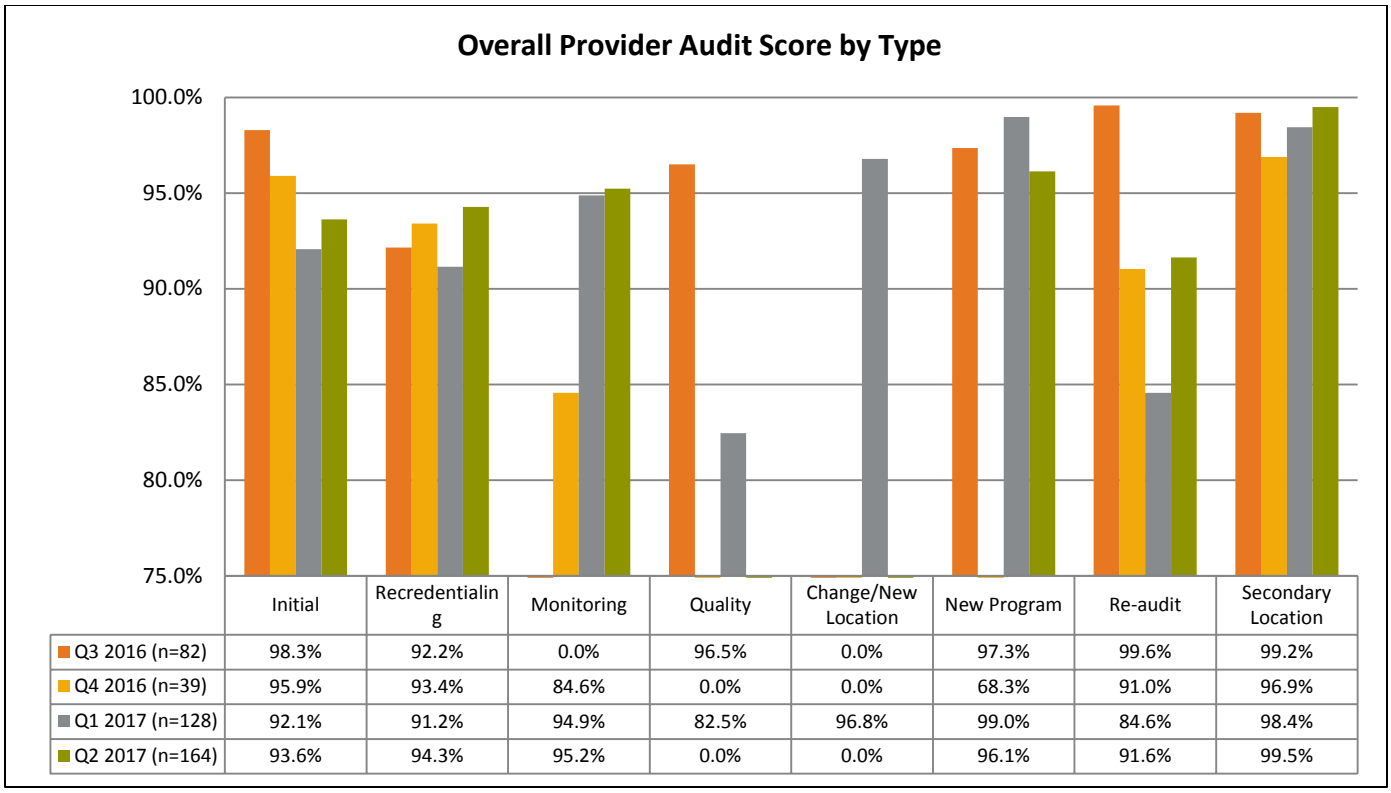


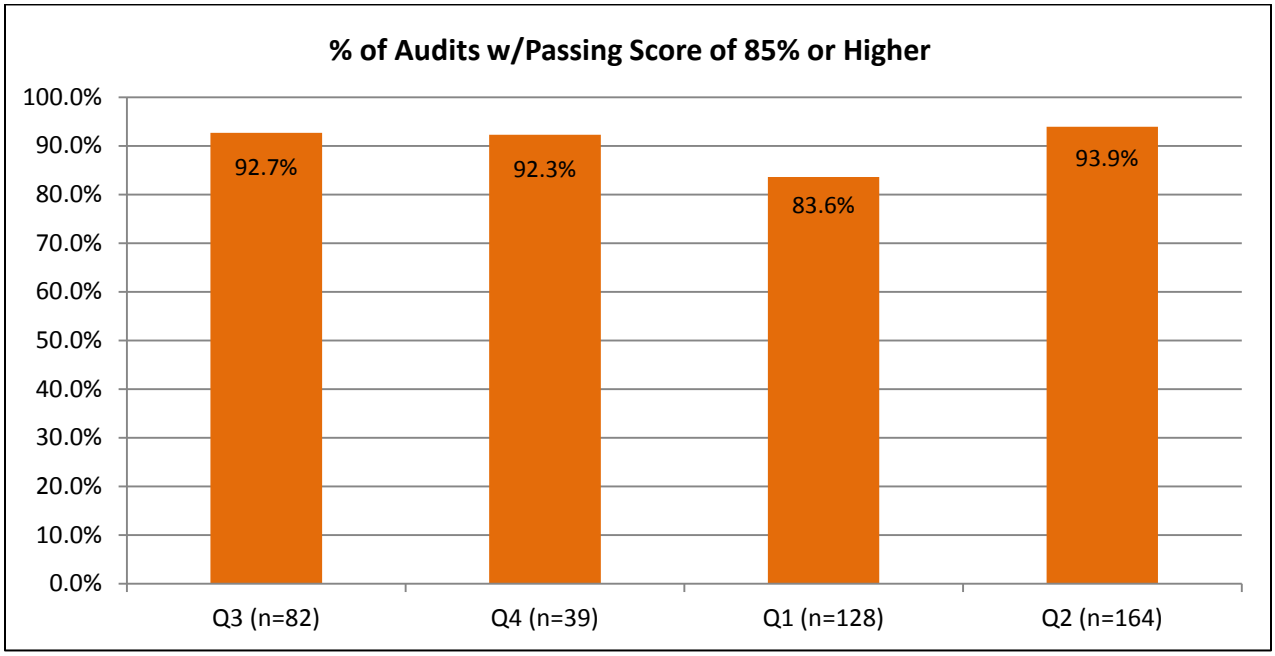

| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Region 7 |
|---|---|---|---|---|---|---|---|
| Q3 2016 (n=82) | 97.8% | 99.1% | 97.9% | 96.2% | 81.2% | 94.2% | 94.8% |
| Q4 2016 (n=39) | 93.2% | 91.4% | 93.9% | 89.5% | 90.2% | 95.6% | 97.2% |
| Q1 2017 (n=128) | 93.9% | 94.9% | 97.2% | 95.9% | 90.5% | 92.7% | 93.4% |
| Q2 2017 (n=164) | 95.8% | 95.6% | 95.1% | 95.8% | 93.4% | 95.0% | 95.7% |

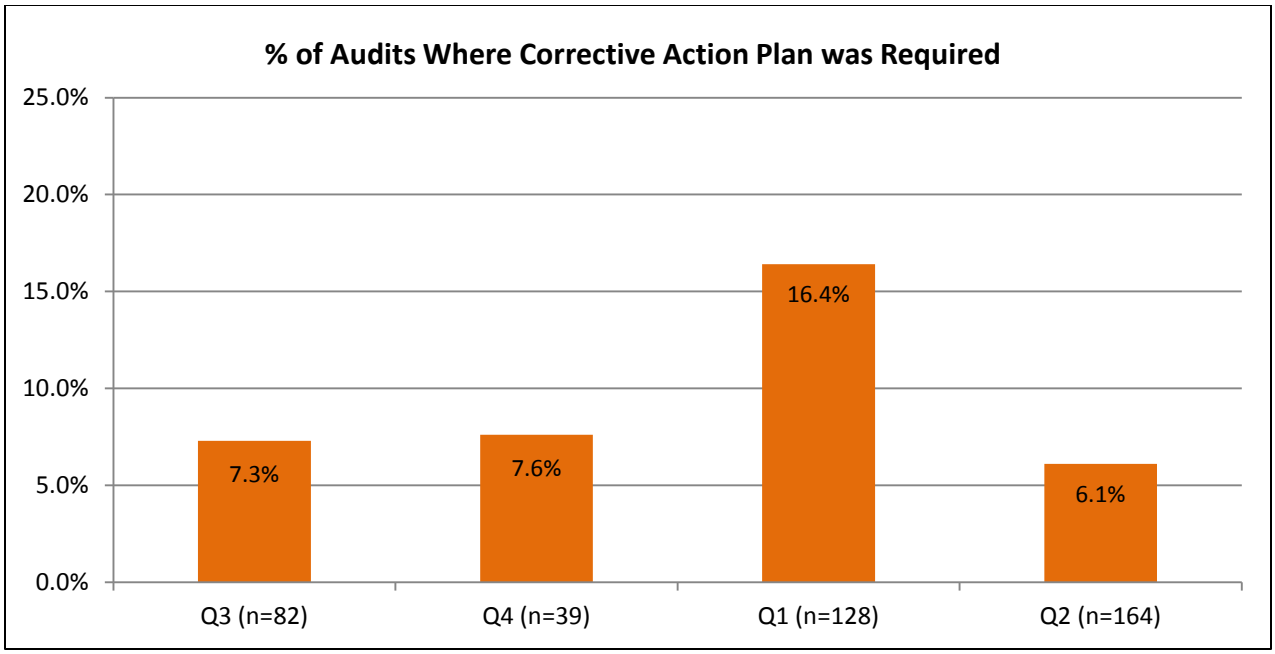



| | Initial | Recredentialing | Monitoring | Quality | Change/New Location | New Program | Re-audit | Secondary Location |
|---|---|---|---|---|---|---|---|---|
| Q3 2016 (n=82) | 21 | 40 | 0 | 4 | 0 | 5 | 1 | 11 |
| Q4 2016 (n=39) | 21 | 9 | 3 | 0 | 0 | 1 | 1 | 4 |
| Q1 2017 (n=128) | 15 | 13 | 87 | 1 | 4 | 2 | 2 | 4 |
| Q2 2017 (n=164) | 19 | 2 | 115 | 0 | 0 | 18 | 2 | 8 |

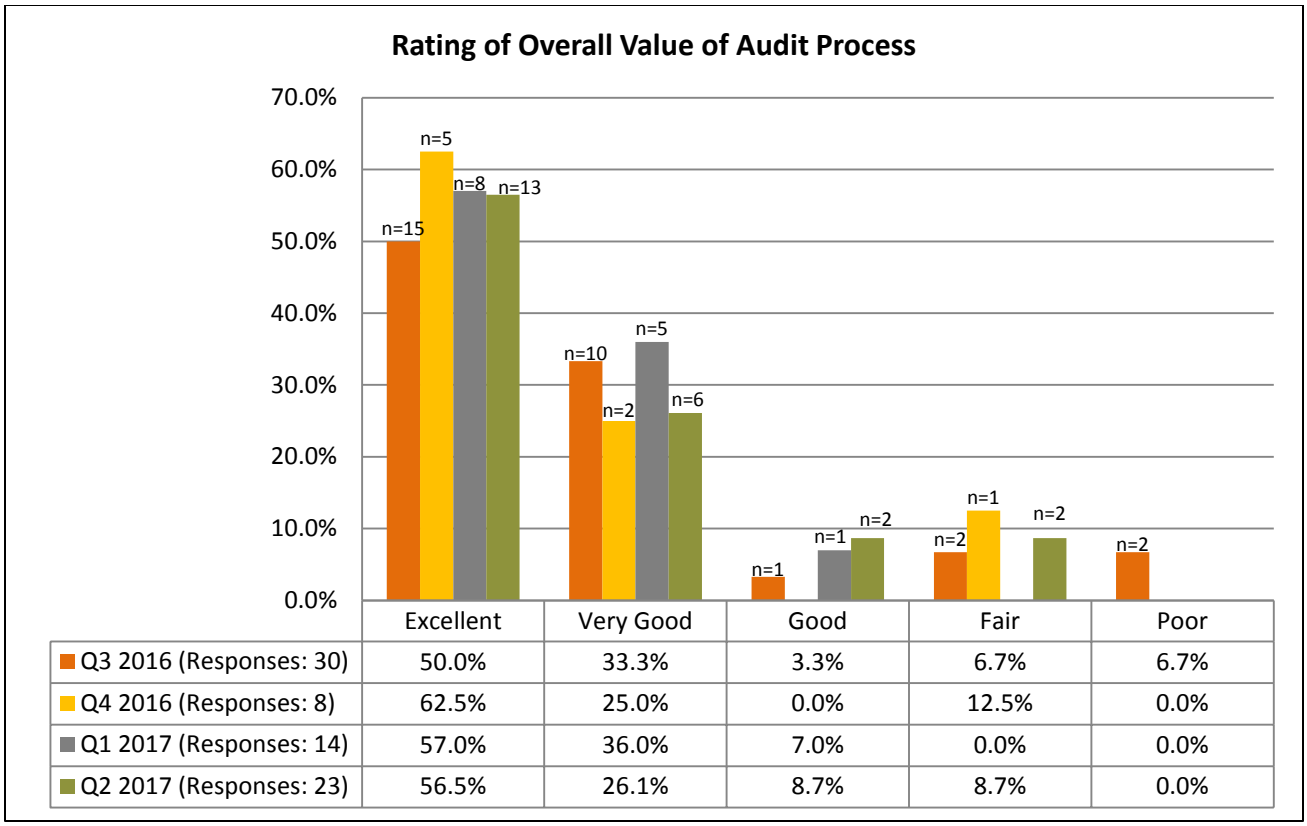



| | Initial | Recredentialing | Monitoring | Quality | Change/New Location | New Program | Re-audit | Secondary Location |
|---|---|---|---|---|---|---|---|---|
| Q3 2016 (n=82) | 98.3% | 92.2% | 0.0% | 96.5% | 0.0% | 97.3% | 99.6% | 99.2% |
| Q4 2016 (n=39) | 95.9% | 93.4% | 84.6% | 0.0% | 0.0% | 68.3% | 91.0% | 96.9% |
| Q1 2017 (n=128) | 92.1% | 91.2% | 94.9% | 82.5% | 96.8% | 99.0% | 84.6% | 98.4% |
| Q2 2017 (n=164) | 93.6% | 94.3% | 95.2% | 0.0% | 0.0% | 96.1% | 91.6% | 99.5% |

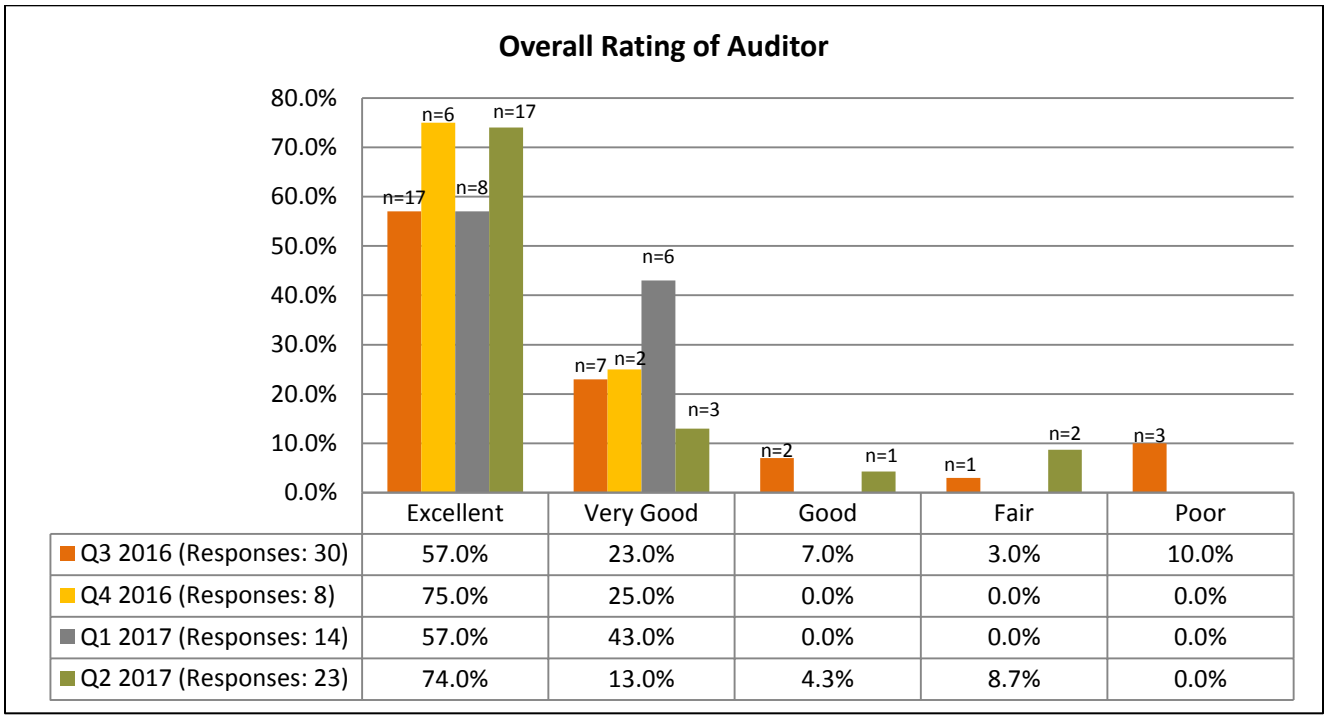




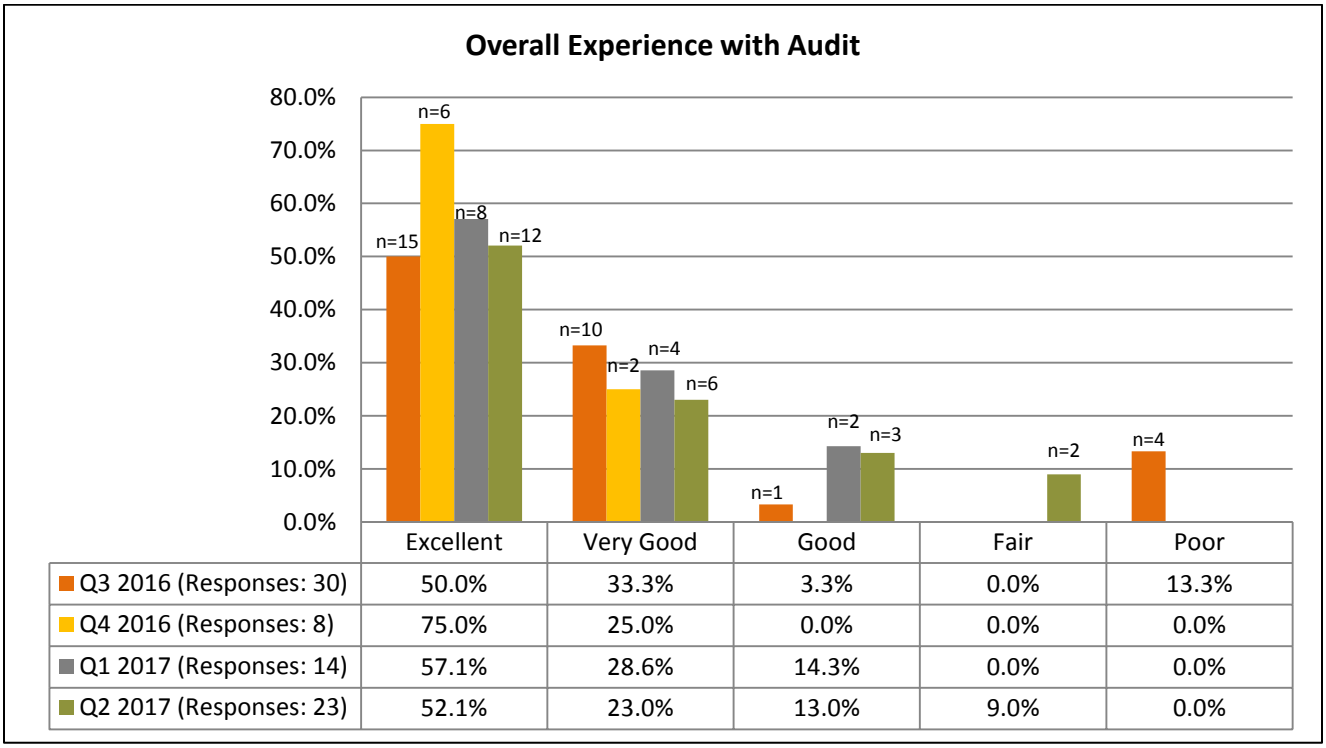

Below are the results of the surveys received back by the end of Q2 that were sent to providers regarding their rating of the Monitoring Audit Process.




| | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Q3 2016 (Responses: 30) | 50.0% | 33.3% | 3.3% | 6.7% | 6.7% |
| Q4 2016 (Responses: 8) | 62.5% | 25.0% | 0.0% | 12.5% | 0.0% |
| Q1 2017 (Responses: 14) | 57.0% | 36.0% | 7.0% | 0.0% | 0.0% |
| Q2 2017 (Responses: 23) | 56.5% | 26.1% | 8.7% | 8.7% | 0.0% |




| | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Q3 2016 (Responses: 30) | 57.0% | 23.0% | 7.0% | 3.0% | 10.0% |
| Q4 2016 (Responses: 8) | 75.0% | 25.0% | 0.0% | 0.0% | 0.0% |
| Q1 2017 (Responses: 14) | 57.0% | 43.0% | 0.0% | 0.0% | 0.0% |
| Q2 2017 (Responses: 23) | 74.0% | 13.0% | 4.3% | 8.7% | 0.0% |




| | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Q3 2016 (Responses: 30) | 50.0% | 33.3% | 3.3% | 0.0% | 13.3% |
| Q4 2016 (Responses: 8) | 75.0% | 25.0% | 0.0% | 0.0% | 0.0% |
| Q1 2017 (Responses: 14) | 57.1% | 28.6% | 14.3% | 0.0% | 0.0% |
| Q2 2017 (Responses: 23) | 52.1% | 23.0% | 13.0% | 9.0% | 0.0% |

***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## Coordination of Care

***Methodology:*** To coordinate and manage care between behavioral health and medical professionals, Optum requires providers to obtain the member's consent to exchange appropriate treatment information with medical care professionals (e.g. primary care physicians, medical specialists). Optum requires that coordination and communication take place at the time of intake, during treatment, the time of discharge or termination of care, between levels of care and at any other point in treatment that may be appropriate. Coordination of services improves the quality of care to members in several ways:

- It allows behavioral health and medical providers to create a comprehensive care plan
- It allows a primary care physician to know that his or her patient followed through on a behavioral health referral
- It minimizes potential adverse medication interactions for members who are being treated with psychotropic and non-psychotropic medication
- It allows for better management of treatment and follow-up for members with coexisting behavioral and medical disorders
- It promotes a safe and effective transition from one level of care to another
- It can reduce the risk of relapse

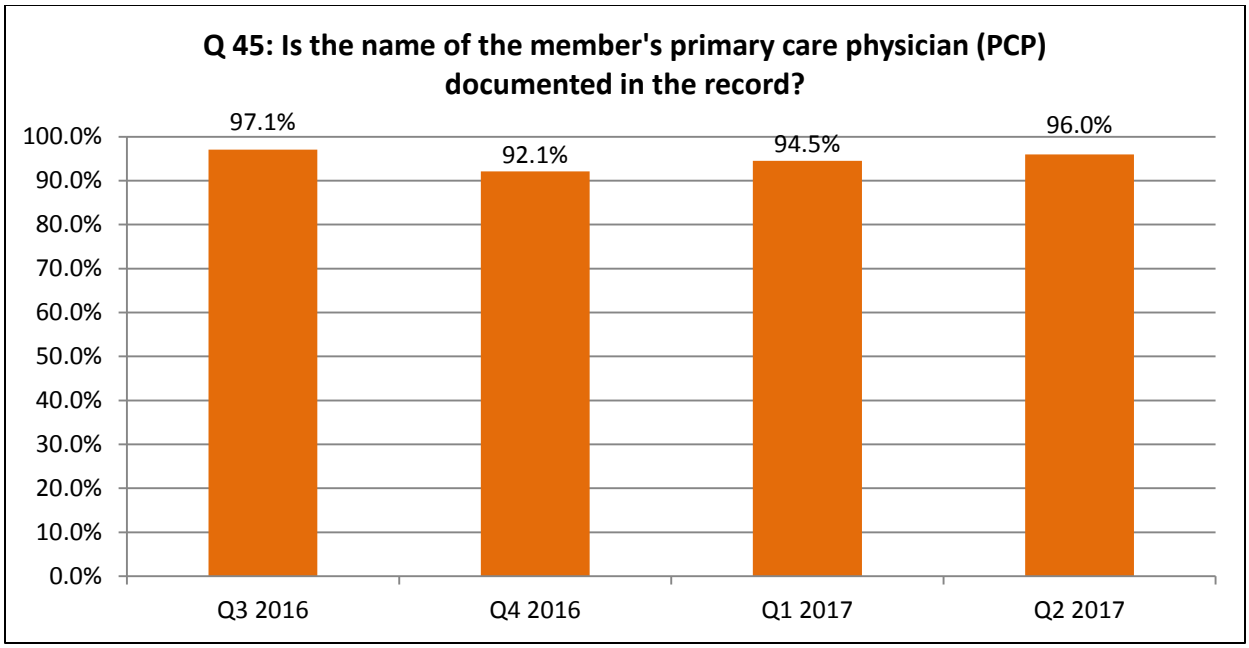
Some members may refuse to allow for release of this information. This decision must be noted in the clinical record after reviewing the potential risks and benefits of this decision. Optum, as well as accrediting organizations, expect providers to make a "good faith" effort at communicating with other behavioral health clinicians or facilities and any medical care professionals who are treating the member as part of an overall approach to coordinating care.

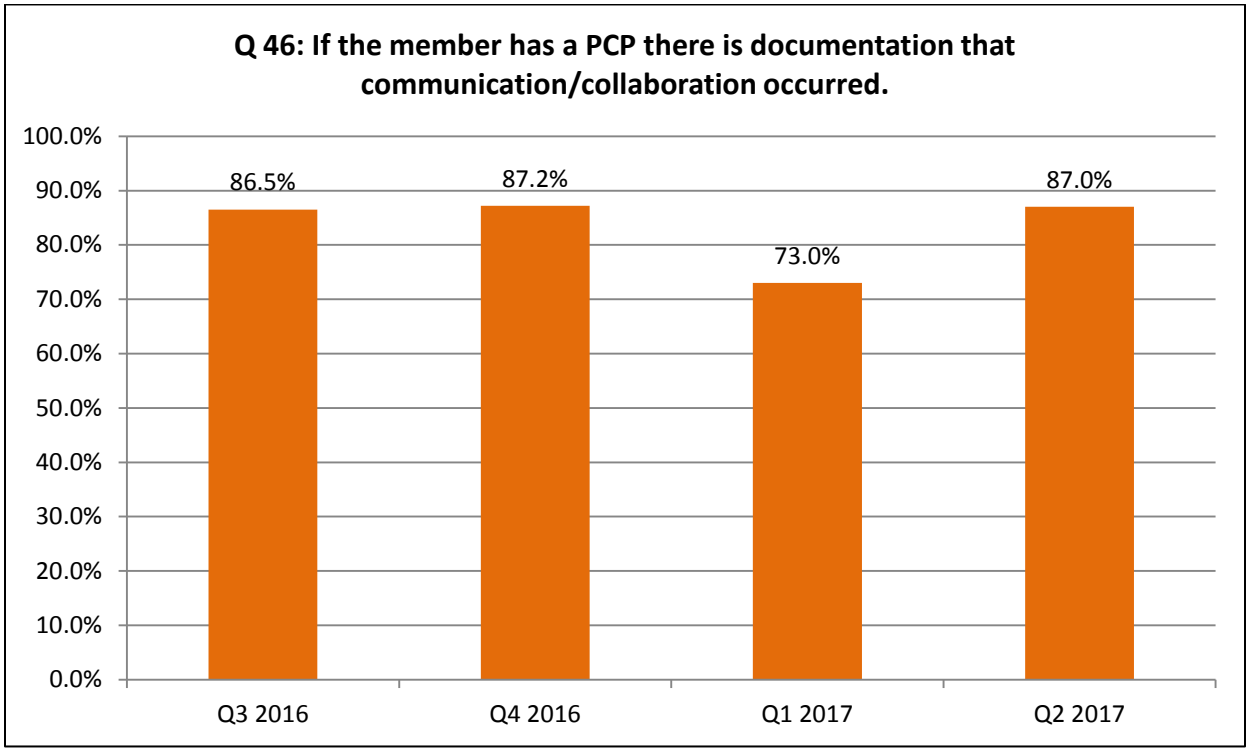
The Treatment Record Review Audit Tool includes questions related to Coordination of Care. These questions are completed during an audit by Optum Idaho Provider Quality Specialist (audit) staff. The results are tabulated in an internal Excel spreadsheet.

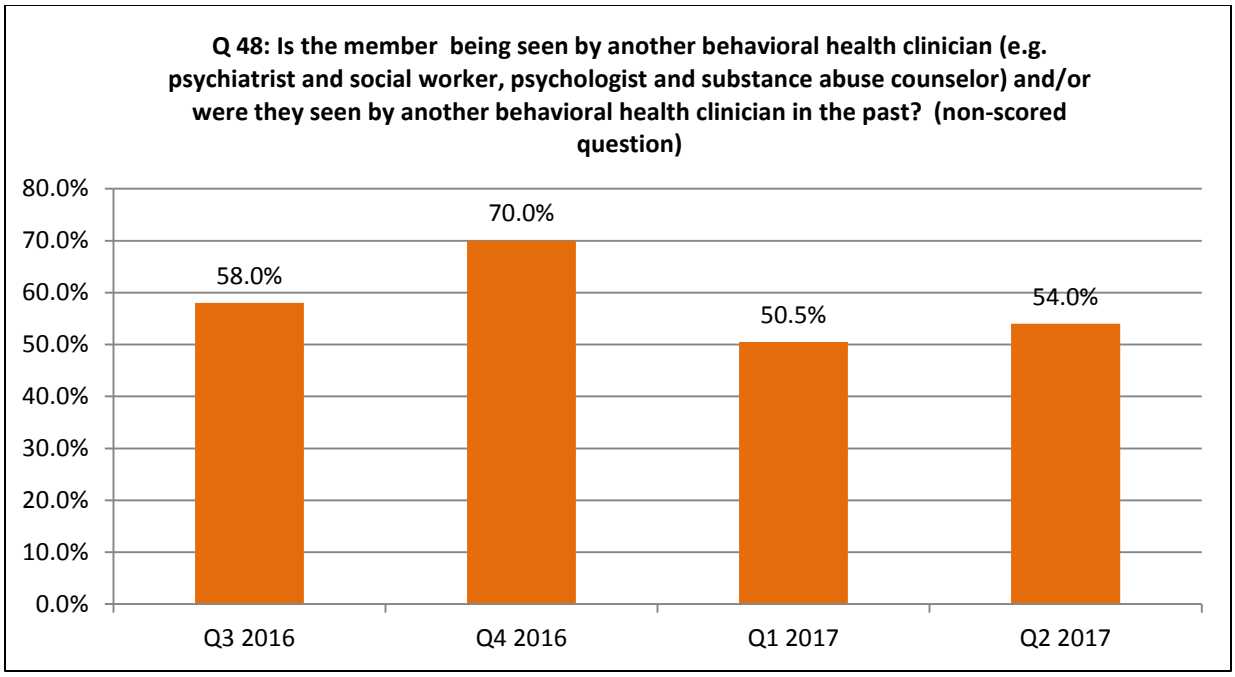
Quarterly Performance Results

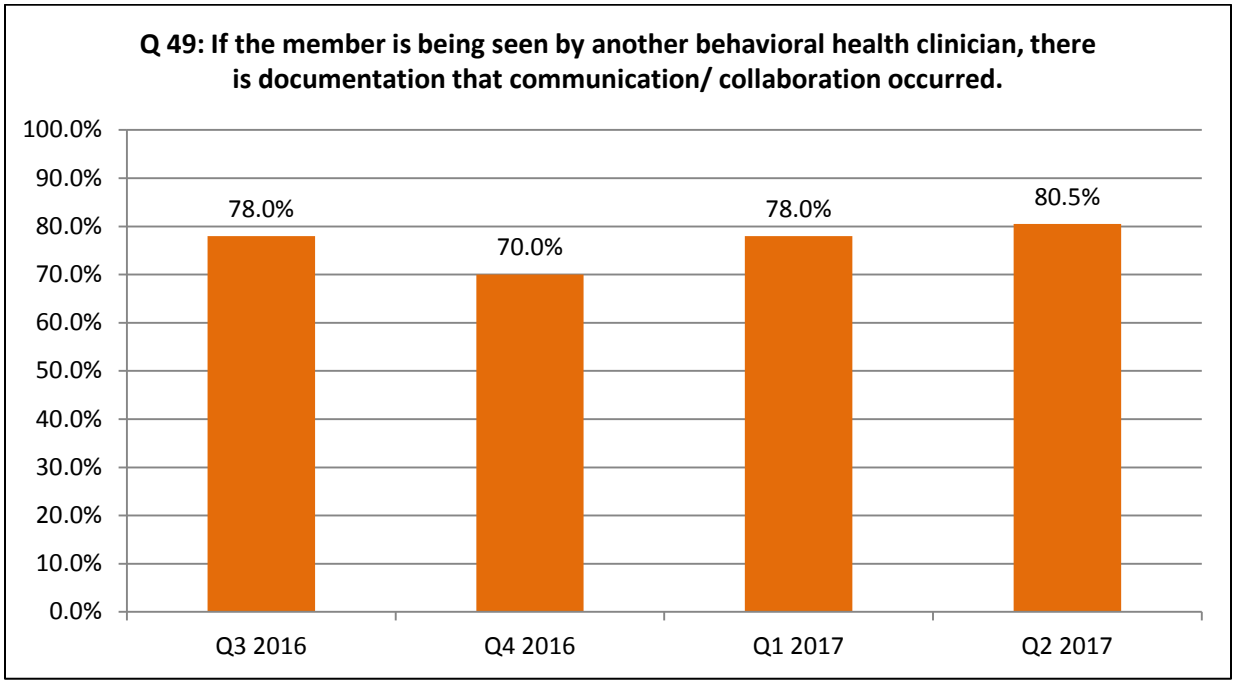
| Coordination of Care (% answered in the affirmative) | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Q45: Is the name of the member's primary care physician (PCP) documented in the record? | NA | 97.1% | 92.1% | 94.5% | 96.0% |
| Q 46: If the Member has a PCP there is documentation that communication/collaboration occurred | NA | 86.5% | 87.2% | 73.0% | 87.0% |
| Q48 Is the member being seen by another behavioral health clinician (e.g. psychiatrist and social worker, psychologist and substance abuse counselor) and/or were they seen by another behavioral health clinician in the past? This is a non-scored question. | NA | 58.0% | 70.0% | 50.5% | 54.0% |
| Q49 If the member is being seen by another behavioral health clinician, there is documentation that communication/ collaboration occurred. | NA | 78.0% | 70.0% | 78.0% | 80.5% |

***Analysis:*** Coordination of Care audits completed during Q2 revealed that 96.0% of member records reviewed had documentation of the name of the member's PCP. Of those, 87.0% indicated that Communication/Collaboration had occurred between the behavioral health provider and the member's PCP. Audit results also showed that 54.0% of the records indicated the member was being seen (or had been seen in the past) by another behavioral health clinician (psychiatrist, social worker, psychologist, substance abuse counseling). Of those, 80.5% indicated that communication/collaboration had occurred.


Q 45: Is the name of the member's primary care physician (PCP) documented in the record?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
97.1%
92.1%
94.5%
96.0%
Q3 2016
Q4 2016
Q1 2017
Q2 2017


Q 46: If the member has a PCP there is documentation that communication/collaboration occurred.
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
86.5%
87.2%
73.0%
87.0%
Q3 2016
Q4 2016
Q1 2017
Q2 2017




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

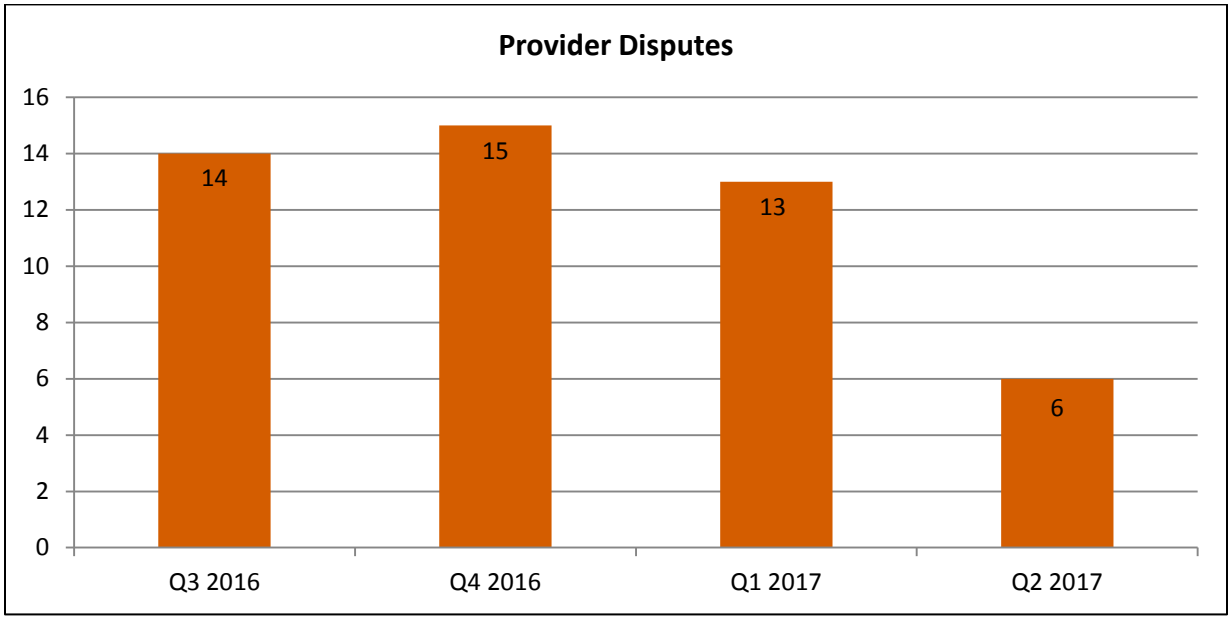
## Provider Disputes

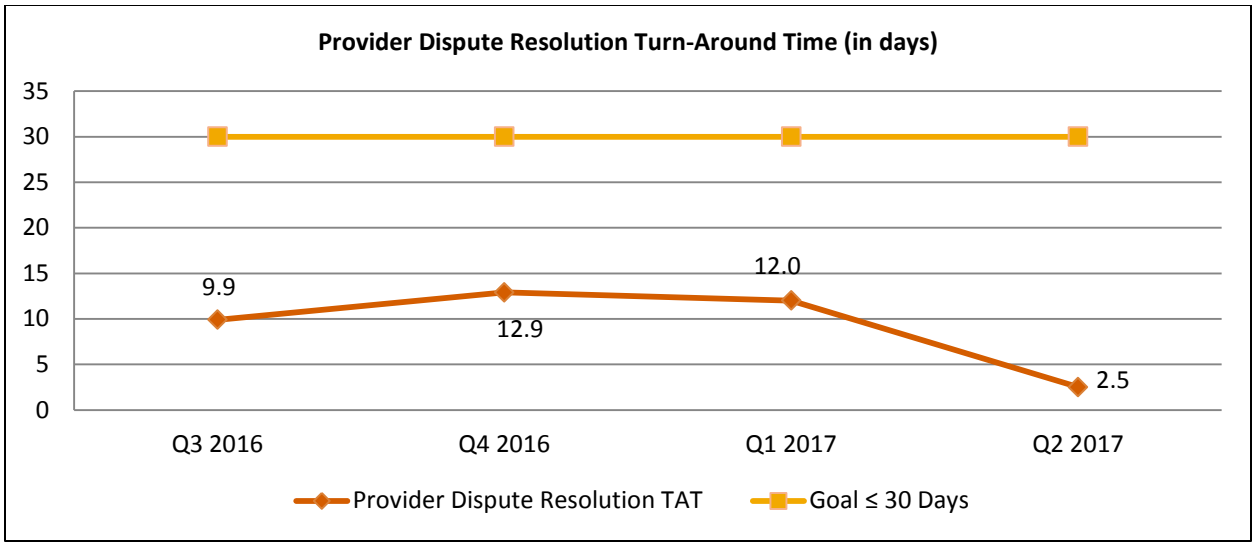
***Methodology:*** Provider Disputes are requests by a practitioner for review of a non-coverage determination (claims-based denials) when a service has already been provided to the member, and includes a clearly expressed desire for reconsideration and indication as to why the non-coverage determination is believed to have been incorrectly issued. Provider disputes require that a written resolution notice be sent within 30 days following the request for consideration.

Quarterly Performance Results

| Provider Disputes | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Number of Provider Disputes | NA | 14 | 15 | 13 | 6 |
| Average # of Days Provider Disputes Resolved | ≤30 Days | 9.9 | 12.9 | 12.0 | 2.5 |
| Number of Disputes Overturned | NA | 6 | 3 | 3 | 1 |
| % of Disputes Overturned | NA | 42.9% | 20.0% | 23.0% | 1.6% |

***Analysis:*** During Q2, there were 6 Provider Disputes. One (1) dispute was fully overturned. All disputes were resolved within the turnaround time. The overall average turnaround time was 2.5 days.






***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## ***Utilization Management and Care Coordination***

### Service Authorization Requests

***Methodology:*** Optum Idaho has formal systems and workflows designed to process pre-service, concurrent and post service requests for benefit coverage of services, for both in-network and out-of- network (OON) providers and agencies. Optum Idaho adheres to a 14-day turnaround time for processing requests for non-urgent pre-service requests.

| Service Authorization Requests | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|---|
| Number of Service Authorization Requests | NA | 4,992 | 4,879 | 4,249 | See below* |
| Percent Determinations Completed within 14 days | 100.0% | 99.5% | 99.1% | 99.1% | See below* |

***The Service Authorization Request data was not available for the publication of this report due to an electronic data warehouse configuration. Data will be available for the next reporting cycle.**

## Field Care Coordination

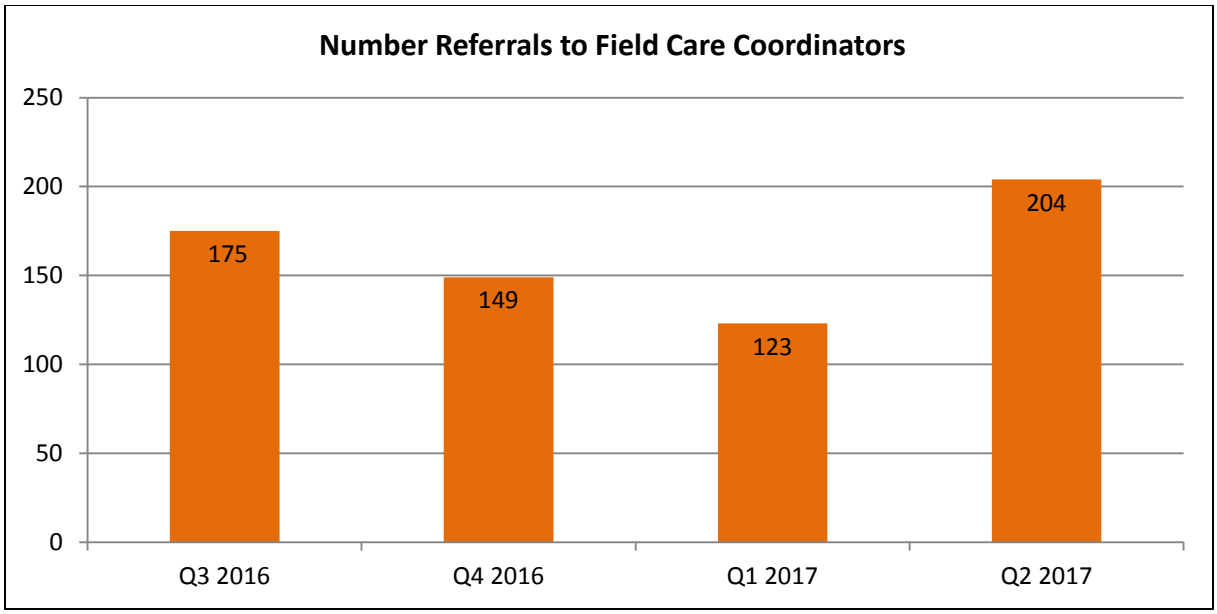
***Methodology:*** The Field Care Coordination (FCC) program includes regionally based clinicians across the state of Idaho. They provide locally based care coordination and discharge planning support. Field Care Coordinators work with the provider to help members. The FCC team focuses on member wellness, recovery, resiliency, and an increase in overall functioning. They do this through:

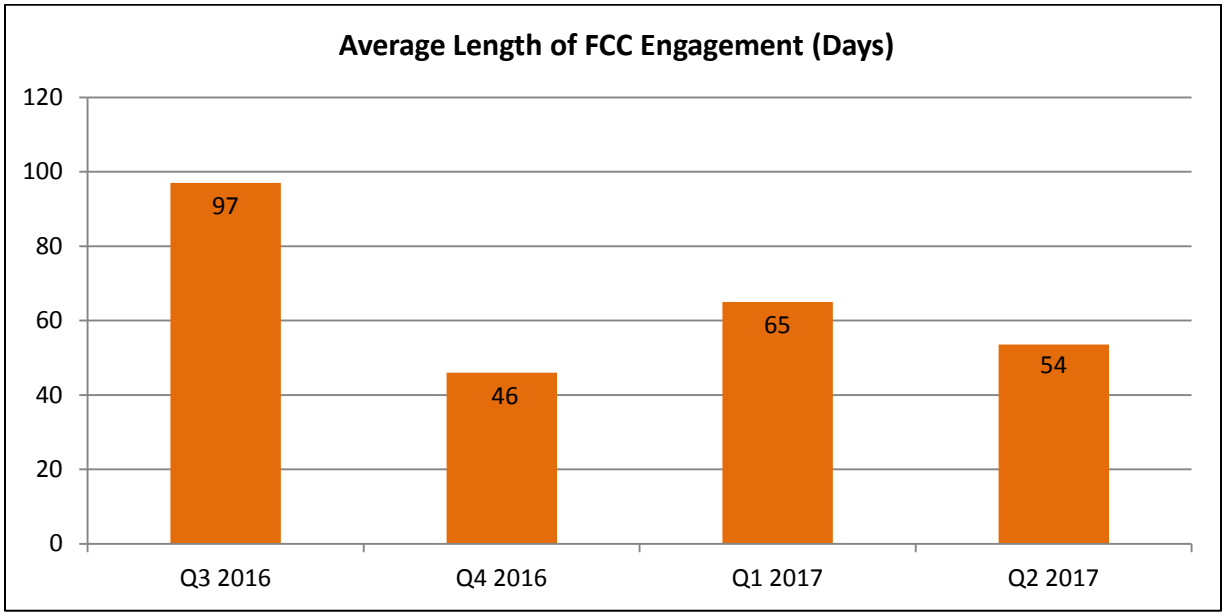
- Focusing on members and member families who are at greatest clinical risk
- Focusing on member's wellness and the member's responsibility for his/her own health and well-being.
- Improved care coordination for members moving between services, especially those being discharged from 24-hour care settings.

The Field Care Coordinators receive referrals from different sources. The below table identifies the referral sources and the number of referrals made to FCC staff during Q2, 2016 through Q1, 2017.

| Referral Sources | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 |
|---|---|---|---|---|
| Discharge Coordinator | 151 | 112 | 83 | 161 |
| Utilization Reviewers | 12 | 8 | 13 | 14 |
| Providers | 6 | 5 | 4 | 6 |
| Dept of Behavioral Health | 2 | 6 | 6 | 6 |
| Juvenile Justice | 0 | 0 | 0 | 0 |
| Provider Quality Specialist | 2 | 3 | 2 | 0 |
| Peer Review Committee | 1 | 2 | 0 | 0 |
| Hospitals | 0 | 0 | 0 | 0 |
| EPSDT | 0 | 0 | 0 | 0 |
| Family | 0 | 0 | 0 | 0 |
| Member Services/Crisis Line | 1 | 0 | 0 | 0 |
| Education | NA | 6 | 10 | 4 |
| FCC Manager Referral | NA | 4 | 1 | 3 |
| Outpatient Disposition | NA | 3 | 4 | 10 |
| Total | 175 | 149 | 123 | 204 |

***Analysis:*** During Q2, Field Care Coordinators received 204 referrals. Of these referrals, 161 referrals were made by the Discharge Coordinator staff. The average length of FCC engagement during Q2 was 54 days.




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** To ensure Optum Idaho's continued commitment to reliable data, changes were made to the way the data for this measure was pulled as well as the way the data was tracked. Because of this, the data for Q2 is an accurate reflection of the work the team is doing. The data will continue to be monitored to identify trends.

## Peer Reviewer Audits

***Methodology:*** Optum Idaho promotes a process for review and evaluation of the clinical documentation of non-coverage determinations and appeal reviews by Optum physicians and doctoral-level psychologists in their role as Peer Reviewers, for completeness, quality and consistency in the use of medical necessity criteria, coverage determination guidelines and adherence to standard Care Advocacy policies. Any pattern of deficiency incurred by an individual Peer Reviewer may result in clinical supervision, as needed. Optum Idaho's established target score for Peer Reviewer audits is ≥ 88%.

***Analysis:*** Due to a lag in reporting, data for Q2 will be reported in the Q3 report.

## Inter-Rater Reliability

Optum evaluates and promotes the consistent application of the Level of Care Guidelines and the Coverage Determination Guidelines by clinical personnel by providing orientation and training, routinely reviewing documentation of clinical transactions in member records, providing ongoing supervision and consultation and administering an annual assessment of inter-rater reliability (IRR). Inter-rater Reliability testing is completed annually. The analysis of the data evaluates the current assessment, a review of the results, an overview of how the process can be modified to improve the reporting of reliable measures of consistency, and a discussion of suggested next steps.

***Methodology***: The Assessment contained 15 questions based on 5 case studies (children and adult cases) and it was answered by 12 Care Advocate (CA) respondents and 8 Field Care Coordinators (FCC). The Assessment had multiple-choice questions with potential answers and various combinations of those answers. Each respondent completed an instrument based on the *Level of Care Guidelines* Respondents were given 1 business day to complete the instrument. Optum has established an internal performance metric of 85% for IRR.

***Analysis***: Using the results of the analysis described above, average score obtained for care advocate inter-rater reliability was 62% or "moderately" consistent using Kappa Scoring.

| Table 1 Inter-rater Reliability Study<br>Spring 2017 Assessment<br>*(Experienced Personnel have >= 18 months with Optum Idaho)* | | | | | | |
|---|---|---|---|---|---|---|
| | All CA's | Experienced CA's | Less Experienced CA's | All FCC's | Experienced FCC's | Less Experienced FCC's |
| **Total Agreement to Standard** | **62.2%** | **72.2%** | **53.3%** | **65.0%** | **69.3%** | **57.8%** |
| **Rater 1** | 60% | | 60% | 67% | 67% | |
| **Rater 2** | 73% | 73% | | 93% | 93% | |
| **Rater 3** | 73% | | 73% | 33% | | 33% |
| **Rater 4** | 33% | | 33% | 73% | 73% | |
| **Rater 5** | 53% | | 53% | 47% | | 47% |
| **Rater 6** | 73% | 73% | | 53% | 53% | |
| **Rater 7** | 53% | 53% | | 93% | | 93% |
| **Rater 8** | 73% | 73% | | 60% | 60% | |
| **Rater 9** | 73% | 73% | | | | |
| **Rater 10** | 47% | | 47% | | | |
| **Rater 11** | 60% | | 60% | | | |
| **Rater 12** | 73% | 73% | | | | |
| **Average** | **62%** | **70%** | **54%** | **65%** | **69%** | **58%** |
| **Standard Deviation** | **13%** | **8%** | **14%** | **21%** | **15%** | **32%** |

***Barriers:*** Streamline questions – simply designed questionnaires, requiring clear-cut responses (for example, yes-or-no answers or reference to a specific LOCG guideline), yield more valid results. Questions should be constructed to garner responses that will enable the plan to identify and target specific problem areas for further testing or more intensive training. Limit number of possible responses to only A, B, C, or D, and not any combination. The large number of possible answer combinations on this test is a contributor to the score that was achieved. Having only 2-4 possible answers, increases the validity of the responses and decreases variance in potential outcomes.

Review Questions Individually - Questions having low variance but poor agreement may indicate that a question was generally misunderstood and should be reviewed for clarity and possible rewording. Approximately a third of the questions had very low agreement to standard. We recommend that we should conduct calculation of agreement to standard and variance across raters by question to identify possible questions for improvement due to poorly designed questions, vs. lack of LOCG knowledge and understanding.
Establish the Standard via Review – review test with Clinical Director and CMO and/or appropriate staff to agree on both the standard and the clarity of the questions to the LOCG's. Out of 12 Care Advocates participating in the IRR testing, 4 were new employees who had only been employed for 6 months or less.

**Opportunities and Interventions:** The following improvements have been initiated and have been presented to CSAC.

1. Weekly team clinical huddles (rather than monthly) were implemented in March 2017 to improve team communication and discuss operational issues
2. Bi-monthly Case Staffing (rather than monthly) with the Medical Director were implemented in March 2017.
3. End to End review of the Operational UM business processes are underway including process updates, and re-training to all work flows and UM procedures including UM Criteria-LOCGs. This is expected to be completed and implemented July 1, 2017.
4. Because scores fell below the goal, re-testing for IRR will be completed again in August, 2017 to document improvements.

# ***Population Analysis***

## Language and Culture

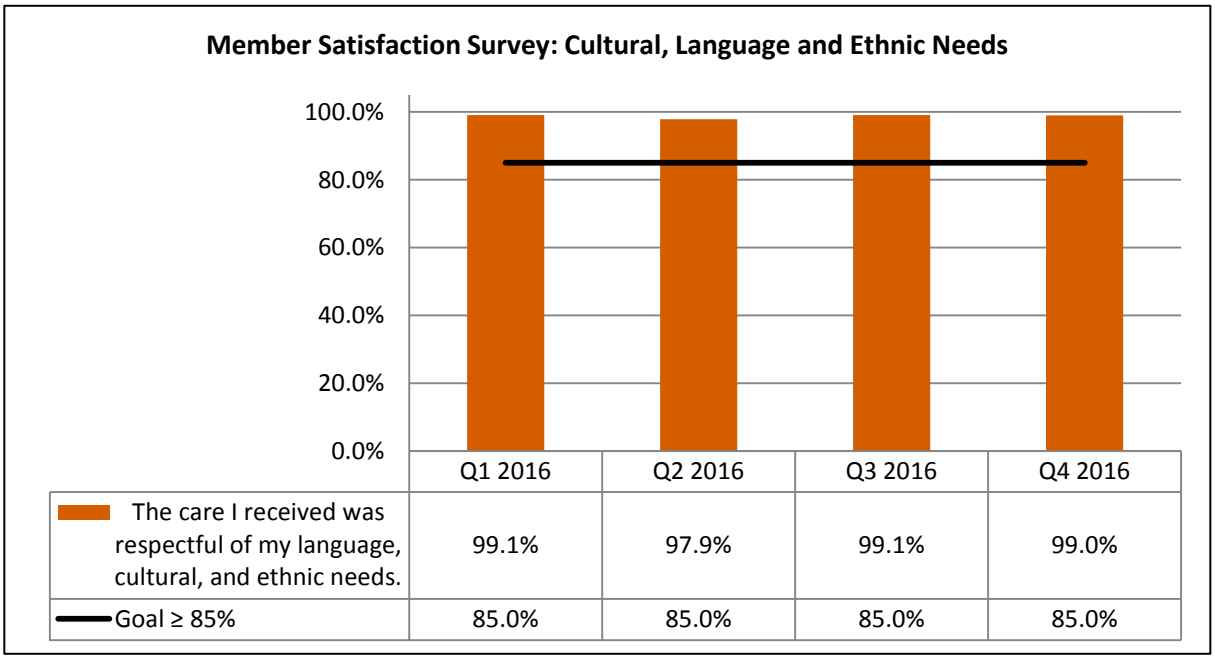
***Methodology***: Optum strives to provide culturally competent behavioral health services to its Members. Optum uses U. S. Census results to estimate the ethnic, racial, and cultural distribution of our membership. Below is a table listing the 2015 census results for ethnic, racial and cultural distribution of the Idaho Population. Optum Idaho uses the Member Satisfaction Survey to gage whether the care that the member receives is respectful to their cultural and linguistic needs.

| **2015* Idaho Census Results for Ethnic, Racial and Cultural Distribution of Population** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Total Population (Estimate)** | Hispanic or Latino | White | Black | American Indian & Alaska Native | Asian | Native Hawaiian & Other Pacific Islander | Two or more races |
| **1,634,464** | **12.2%** | **93.4%** | **0.8%** | **1.7%** | **1.5%** | **0.2%** | **2.3%** |

*most current data available

***Analysis***: Hispanic or Latino counted for 12.2 % of the Idaho population an increase from 11.2% from the 2010 Census results. This is the second highest population total, with White consisting of 93.4% (an increase from 89.1% from the 2010 Census results). Ethnic and racial backgrounds can overlap which explains for the percentage total > 100%. The Member

Satisfaction Survey results show that 99.0% of members believe the care they received was respectful of their language, cultural, and ethnic needs. Based on the Member Satisfaction Survey sampling methodology, Q4 2016 data is the most current data available.




| | Q1 2016 | Q2 2016 | Q3 2016 | Q4 2016 |
|---|---|---|---|---|
| The care I received was respectful of my language, cultural, and ethnic needs. | 99.1% | 97.9% | 99.1% | 99.0% |
| Goal ≥ 85% | 85.0% | 85.0% | 85.0% | 85.0% |

***Barriers:*** Based on the above analysis, no barriers were identified.
**Opportunities and Interventions:** No opportunities for improvement were identified.

## Results for Language and Culture

***Methodology***: Optum provides language assistance that is relevant to the needs of our members who (a) speak a language other than English, (b) are deaf or having hearing impairments, (c) are blind or have visual impairments, and/or (d) have limited reading ability. These services are available 24 hours a day, 365 days per year.

Quarterly Performance Results

| Language Assistance Requests by Type | # of Requests |
|---|---|
| Member Written Communication | 16 |
| Member Written Communication Formatted to Large Print | 10 |
| Language Service Associates | 20 |
| Languages Represented | 3 |

***Analysis***: During Q2, Optum Idaho responded to 46 requests for language assistance. Predominant request was for Spanish followed by Farsi, and then Arabic.

***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.

## ***Claims***

***Methodology:*** The data source for claims is Cosmos via Webtrax. Data extraction is the number of "clean" claims paid within 30 and 90 calendar days. A clean claim excludes adjustments (Adjustments are any transaction that modifies (increase/decrease) the original claims payment; the original payment must have dollars applied to the deductible/ copay/ payment to provider or member) and/or resubmissions (A resubmission is correction to an original claim that was denied by Optum). A claim will be considered processed when the claim has been completely reviewed and a payment determination has been made; this is measured from the received date to the paid date (check), plus two days for mail time. Company holidays are included.

Dollar Accuracy Rate (DAR) is measured by collecting a statistically significant random sample of claims processed. The sample is reviewed to determine the percentage of claim dollars paid correctly out of the total claim dollars paid. It is the percent of paid dollars processed correctly (total paid dollars minus overpayments and underpayments divided by the total paid dollars).

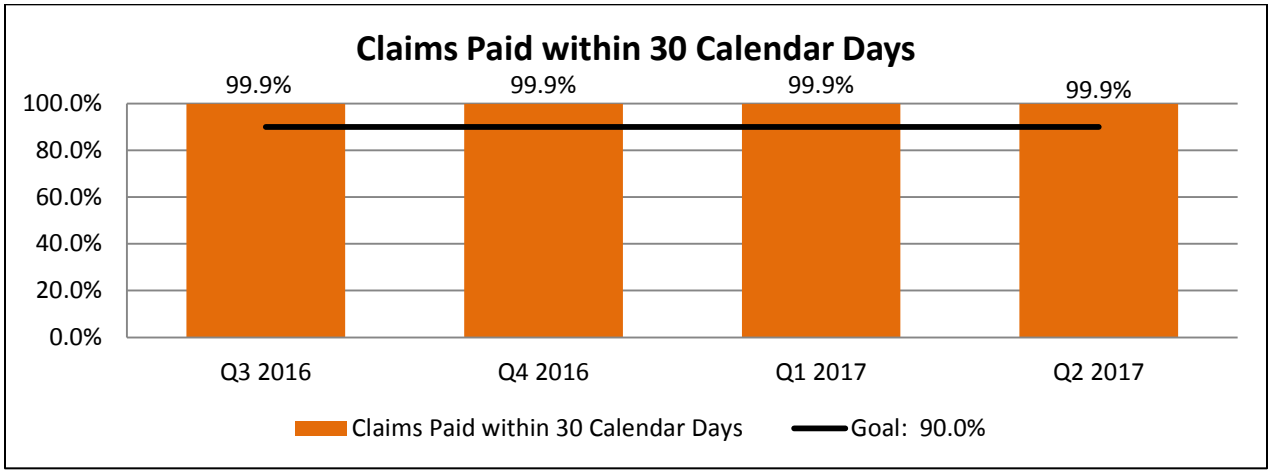
Procedural Accuracy Rate (PAR) is measured by collection a statistically significant random sample of claims processed. The sample is reviewed to determine the percentage of claims processed without procedural (i.e. non-financial) errors. It is the percentage of claims

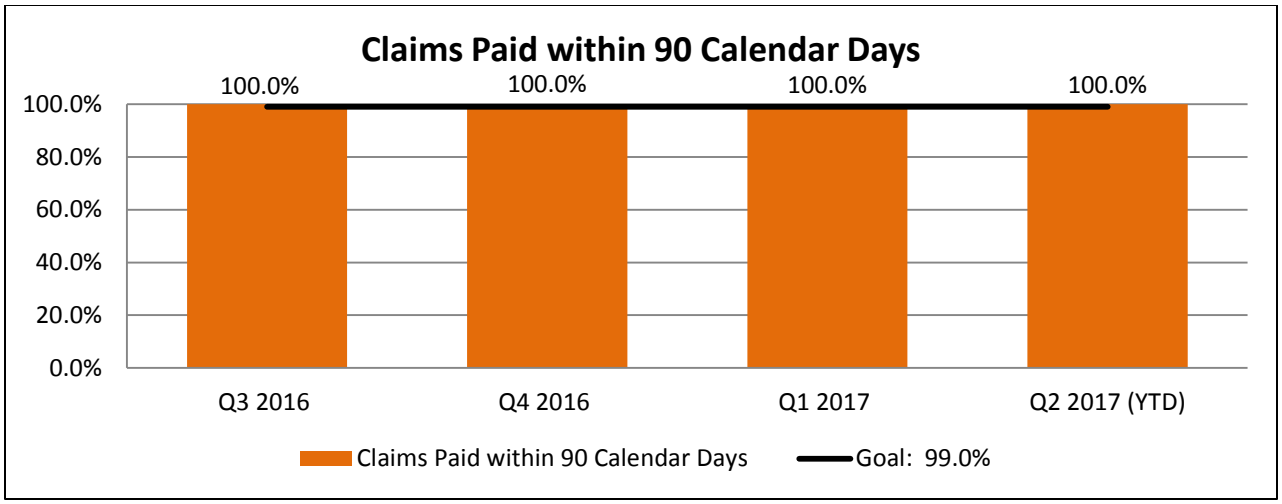
processed without non-financial errors (total number of claims audited minus the number of claims with non-financial errors divided by the total claims audited).

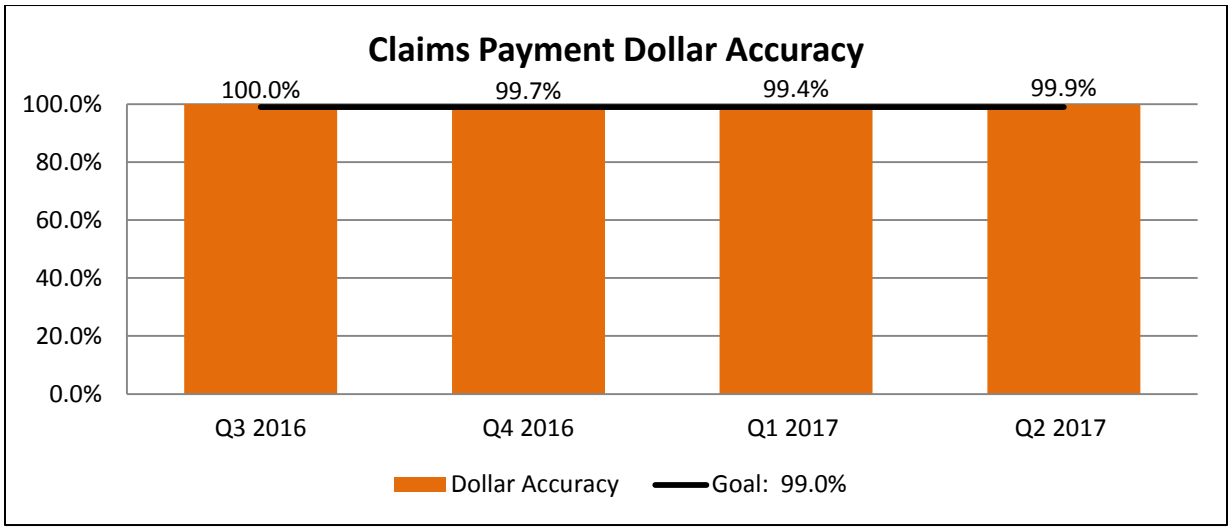
Quarterly Performance Results:

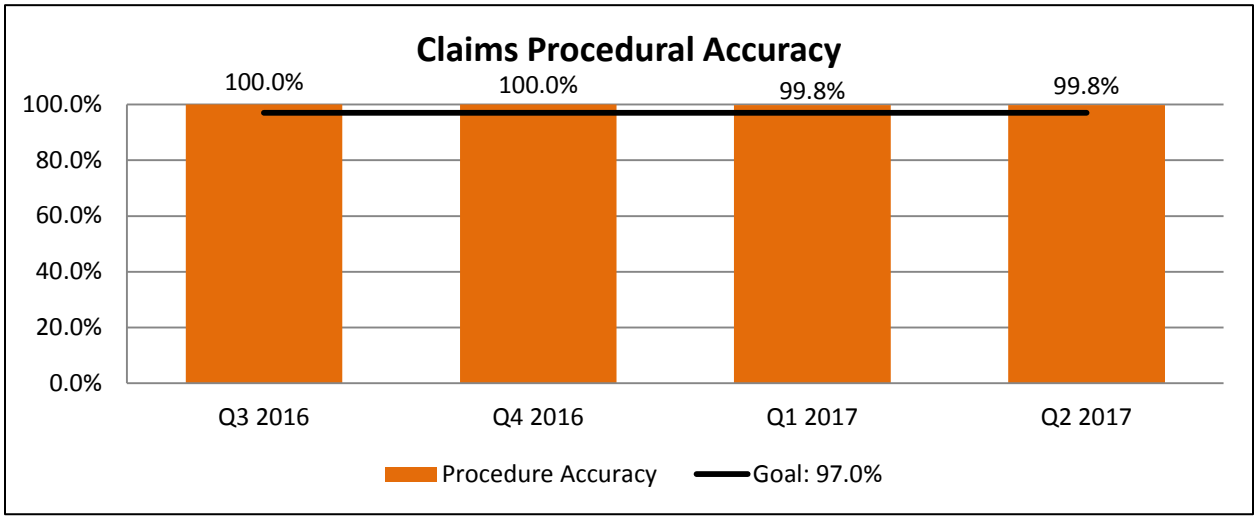
| Claims | Performance Goal | Q3 2016 | Q4 2016 | Q1 2017 | Q2 2017 (based on the June. OR57 report) |
|---|---|---|---|---|---|
| Paid within 30 days | 90% | 99.9% | 99.9% | 99.9% | 99.9% |
| Paid within 90 days | 99% | 100.0% | 100.0% | 100.0% | 100.0% |
| Dollar Accuracy | 99% | 100.0% | 99.7% | 99.4% | 99.9% |
| Procedural Accuracy | 97% | 100.0% | 100.0% | 99.8% | 99.8% |

***Analysis:*** The data shows that all performance goals have been met calendar year to date.




Claims Paid within 90 Calendar Days
100.0%
100.0%
100.0%
100.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Q3 2016
Q4 2016
Q1 2017
Q2 2017 (YTD)
Claims Paid within 90 Calendar Days
Goal: 99.0%


Claims Payment Dollar Accuracy
100.0%
99.7%
99.4%
99.9%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Q3 2016
Q4 2016
Q1 2017
Q2 2017
Dollar Accuracy
Goal: 99.0%




***Barriers:*** Based on the above analysis, no barriers were identified.
***Opportunities and Interventions:*** No opportunities for improvement were identified.