



Q1, 2023: January to March

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



The Quality Management and Utilization Management (QMUM) Quarterly Report summarizes Optum Idaho's progress in accordance with the contract between the Idaho Department of Health and Welfare (IDHW), Division of Medicaid and Optum. This report highlights progress and efforts made, including: executive summary of overall progress; performance metrics summary; updates on progress; and member and provider satisfaction results. This QMUM report provides a quarterly view of performance through Quarter 1 (January to March), 2023.

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Table of Contents

Executive Summary of Overall Progress 3

Performance Metrics Summary 3

Progress in Areas Not Meeting Performance During the Previous Quarter: Q4, 2022 10

Identification of Areas Not Meeting Performance During Q1, 2023 10

Member Satisfaction Survey Results 12



Executive Summary of Overall Progress

Optum Idaho monitors performance measures on a continual basis to ensure the needs of Idaho Behavioral Health Plan (IBHP) members and providers are being met. Optum's comprehensive Quality Assurance and Performance Improvement (QAPI) program encompasses outcomes, quality assessment, quality management, quality assurance and performance improvement. The QAPI program is governed by the QAPI committee and includes data driven, focused performance improvement activities designed to meet the State of Idaho Department of Health and Welfare (IDHW) and federal requirements. These contractual and regulatory requirements drive Optum's key measures and outcomes for the IBHP.

Key performance measures have been identified and are tracked monthly. Each measure has a performance goal based on contractual, regulatory, or internal operational standards. For this reporting period, Optum met or exceeded performance goals for 30 out of 34 (88 percent) key measures.

Optum continues to meet and/or exceed performance goals for Optum accessibility and availability, geographic availability of providers, utilization management and care coordination and claims.

After not meeting Provider Satisfaction goals in 2021, the Provider Relations team took a different approach in 2022 by regularly engaging in recruiting and information gathering efforts with providers. In Q4 2022 the Member Satisfaction survey reflected overall satisfaction to be 86 percent. Experience with counseling or treatment continued at 92 percent from Q3 to Q4 2022. Optum support for obtaining referrals or authorizations dropped from 97 percent in Q3 to 83 percent in Q4 2022, as well as accessibility, availability, and acceptability of the clinician from 95 percent in Q3 to 84 percent in Q4 2022.

In the first quarter of 2023, Optum fell below established goals for: written notification of adverse benefit determination within 14 calendar days, acknowledgement and determination compliance of member appeals, and provider dispute determinations made within 30 calendar days. This report details the interventions for unmet performance goals. The Optum Quality Team and the QAPI Committee will continue to monitor and collaborate with partners on the national team to improve performance measurements.

After conducting an internal data audit, updates were made in the 2022 performance metrics in the sections of: Provider Quality Monitoring, Discharge Coordination and Readmissions.

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

Performance Metrics Summary

Below is a grid used to track the Quality Performance Measures and Outcomes. It identifies the performance goal for each measure along with quarterly results. Those highlighted in green met or exceeded overall performance goals. Those highlighted in yellow failed to meet the performance goal but were within 5%. Those highlighted in red failed to meet the performance goal by more than 5%.

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

		Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Goal	Jan – Mar 2022	Apr – Jun 2022	Jul – Sept 2022	Oct – Dec 2022	Jan – Mar 2023
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85%	94%	87%	97%	83%	*See note
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	94%	83%	95%	84%	*See note
Experience with Counseling or Treatment	≥85%	96%	94%	92%	92%	*See note
Overall Satisfaction	≥85%	98%	91%	100%	86%	*See note
<i>*Based on Member Satisfaction Survey sampling methodology, Q4 2022, is the current data available.</i>						
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85%	72%	See discussion of qualitative results in report.			

[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)

		Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Goal	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022	Oct - Dec 2022	Jan - Mar 2023
Accessibility & Availability - Idaho Behavioral Health Plan Membership						
Membership Numbers	NA	397,175	393, 741	406,058	420,707	429,510
Accessibility & Availability - Member Services Call Standards						
Total Number of Calls	NA	1,444	1,465	1,661	1,639	1,829
Percent Answered within 30 seconds	≥80%	56%	87%	92%	89%	88%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	9.9%	1.4%	1.4%	1.13%	1.2%
Daily Average Hold Time	≤120 Seconds	83	22	16	20	22
Accessibility & Availability - Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	4,142	3,704	3,466	3,463	3,636
Percent Answered within 30 seconds	≥80%	96%	96%	95%	93%	90%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.79%	0.93%	0.83%	0.94%	1.70%
Daily Average Hold Time	≤120 Seconds	7	6	12	22	24
Accessibility & Availability - Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	48 hrs	11	9	6	13	10
Non-Urgent Appointment Wait Time (days)	10 days	3	3	3	4	3
Critical Appointment Wait Time (hours)	Within 6 hrs	2	2	1	2	3

[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)

		Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Goal	Jan – Mar 2022	Apr – Jun 2022	Jul – Sept 2022	Oct – Dec 2022	Jan – Mar 2023
Geographic Availability of Providers						
Area 1 – Requires one provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties	100.0%	99.9%*	99.9%*	99.9%*	99.9%*	99.9%*
Area 2 – Requires one provider within 45 miles for the remaining 41 counties not included in Area 1 (37 remaining within the state of Idaho and 4 neighboring state counties)	100.0%	99.7%*	99.8%*	99.7%*	99.8%*	99.8%*
<i>*Performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number).</i>						
Member Protections and Safety – Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	NA	22	58	94	106	92
Clinical ABDs	NA	2	20	76	71	49
Administrative ABDs	NA	20	38	18	35	43
Written Notification (within 14 calendar days)	100%	100%	100%	98.9%	96.2%	96.7%
Member Protections and Safety – Member Appeals						
Number of Appeals	NA	1	0	5	5	15
Non-Urgent Appeals	NA	1	0	5	5	15
Acknowledgment Compliance (within 5 calendar days)	100%	100%	NA	60%	100%	80%
Determination Compliance (within 30 calendar days)	100%	100%	NA	80%	100%	87%
Urgent Appeals	NA	0	0	0	0	0
Determination Compliance (within 72 hours)	100%	NA	NA	NA	NA	NA

		Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Goal	Jan – Mar 2022	Apr – Jun 2022	Jul – Sept 2022	Oct – Dec 2022	Jan – Mar 2023
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Complaints	NA	15	20	16	9	13
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	100%	95%	100%	100%	100%
Number of Quality Service Complaints	NA	5	10	10	2	10
Percent Quality of Service Resolved within Turnaround Time (business days)	100% within ≤10 days	100%	90%	100%	100%	100%
Number of Quality of Care Complaints	NA	10	10	6	7	3
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	100%	100%	100%	100%	100%
Member Protections and Safety – Critical Incidents						
Number of Critical Incidents Received	NA	19	10	19	11	14
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	100%	100%	100%	100%	100%	100%
Member Protections and Safety – Response to Written Inquiries						
Percent Acknowledged ≤2 Business Days	100%	100%	85%	100%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	NA	56	77	58	148	129
Percent of Audits that Passed with a Score of ≥85%	NA	91%	91%	72%	95%	95%

[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)

		Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Goal	Jan – Mar 2022	Apr – Jun 2022	Jul – Sept 2022	Oct – Dec 2022	Jan – Mar 2023
Provider Monitoring and Relations – Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is Documented in Member Record	NA	100%	100%	100%	84%	74%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	NA	85%	86%	75%	88%	75%
Provider Monitoring and Relations – Provider Disputes						
Number of Provider Disputes	NA	65	51	43	45	195
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	100% w/in 30 days	100%	100%	100%	100%	93%
Average Number of Days to Resolve Provider Disputes	≤30 days	13.0	18.1	17.8	22.6	18.4
Utilization Management and Care Coordination – Service Authorization Requests						
Percentage Determination Completed within 14 Days	100%	100%	100%	100%	100%	100%
Utilization Management and Care Coordination – Person-Centered Service Plan (PCSP)						
Number of PCSP Received	NA	124	119	161	159	157
Average Number of Business Days to Review	≤5	0.40	0.40	0.38	0.44	0.35
Utilization Management and Care Coordination – Field Care Coordination (FCC)						
Total Referrals to FCCs	NA	417	481	393	410	397
Average Number of Days Case Open to FCC	NA	42	43	36	46	38

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

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		Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Goal	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022	Oct - Dec 2022	Jan - Mar 2023
Provider Monitoring and Relations - Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	NA	777	948	854	945	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	NA	29%	27%	23%	29%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	NA	16%	13%	14%	17%	*See Note
<i>*Data is reported one quarter in arrears.</i>						
Provider Monitoring and Relations - Re-admissions						
Number of Inpatient Discharges	NA	777	948	854	945	*See Note
Percent of Members Re-admitted within 30 Days	NA	11%	13%	12%	11%	*See Note
<i>*Data is reported one quarter in arrears.</i>						
Provider Monitoring and Relations - Inter-Rater Reliability						
Inter-Rater Reliability - Care Advocate	≥90%	Reported annually			95%	Reported annually
Inter-Rater Reliability - MD	≥90%	Reported annually			100%	Reported annually

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

[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)

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

Progress in Areas Not Meeting Performance During the Previous Quarter: Q4, 2022

One performance measure was not met during Q4, 2022 with a contractual goal for written notification of adverse benefit determination being 100 percent within 14 days. During Q3 this dropped to 98.94 percent and then in Q4 to 96.23 percent. In Q3 this was due to a technological glitch when a determination was not in the correct portal. In Q4 a total of four letters were not issued within the contractual goal due to clinical reviewer timeliness which resulted in falling short on this measure. To address this, the process for communicating between teams has now been updated and streamlined. Education was also provided regarding when and how to utilize extension letters if coming to a decision is taking longer than our typical process allows. In Q1, 2023 there was an improvement of 96.7 percent but still not to the 100 percent threshold. The process will be monitored to ensure the contractual goal is met going forward.

Identification of Areas Not Meeting Performance During Q1, 2023

Optum monitors performance measures on a continual basis to ensure it meets the needs of the Medicaid members and providers. Optum’s comprehensive Quality Assurance and Performance Improvement (QAPI) program encompasses outcomes, quality assessment, quality management, quality assurance and performance improvement. The QAPI program is governed by the QAPI committee and includes data-driven, focused performance improvement activities designed to meet the IDHW and federal government’s requirements.

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

Optum identifies and tracks key performance measures monthly. Each measure has a performance goal based on contractual, regulatory, or operational standards. For this reporting period, Optum met or exceeded performance goals for 30 out of 34 (88 percent) key measures.

Optum did not meet performance goals for one measure: written notification of adverse benefit determination within 14 calendar days, acknowledgement and determination compliance of member appeals, and provider dispute determinations made within 30 calendar days.

Written Notification of Adverse Benefit Determination

The first quarter of 2023 saw a slight increase in adverse benefit determination written notifications to 96.7 percent within the 14-business day turnaround time. Three of 92 written notifications missed turnaround time due to clinical reviewer timeliness. Optum’s Quality and Clinical teams collaborated efforts to provide awareness and monitoring of determinations nearing turnaround time through a daily dashboard.

Member Appeals Acknowledgement and Determination Compliance

An internal audit determined the tracking mechanism for member appeals and provider disputes was not sufficient to manage the volume of these requests nor did it provide status visibility to quality team members. Due to tracking obstacles and personnel interruptions, three member appeals were not acknowledged, and two did not have completed determinations on time. The Quality team has advanced their Tableau dashboard project and is meeting daily to review open cases.

Provider Dispute Determination Compliance

As the internal audit, referenced above in member appeals, revealed barriers and inefficiencies in completing provider disputes, fourteen of one hundred ninety-five determinations missed turnaround time. The quality team has implemented the same remedies in member appeals and provider disputes to ensure compliance.

Provider Overall Satisfaction

Provider Relations Advocates (PRA's) are regularly engaged in recruiting and information gathering efforts with providers. These include one on one conversations with providers focused on getting to root causes around some barriers in provider capacity and administrative burdens at Optum and the State have been asked to address. For 2022, the Provider Relations team and members of Optum Idaho's Executive Leadership Team consolidated this feedback and worked closely with IDHW on answers and remedies. The summary of findings and potential solutions will be presented to ELT and QAPI at a date to be determined.

[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)

Member Satisfaction Survey Results

Methodology: Optum surveys IBHP adults ages 18 and older and parents of children ages 11 and younger. The survey is administered through a live telephone interview with translation services available to members upon request. Due to various privacy regulations, Optum does not survey members between the ages of 12 and 17.

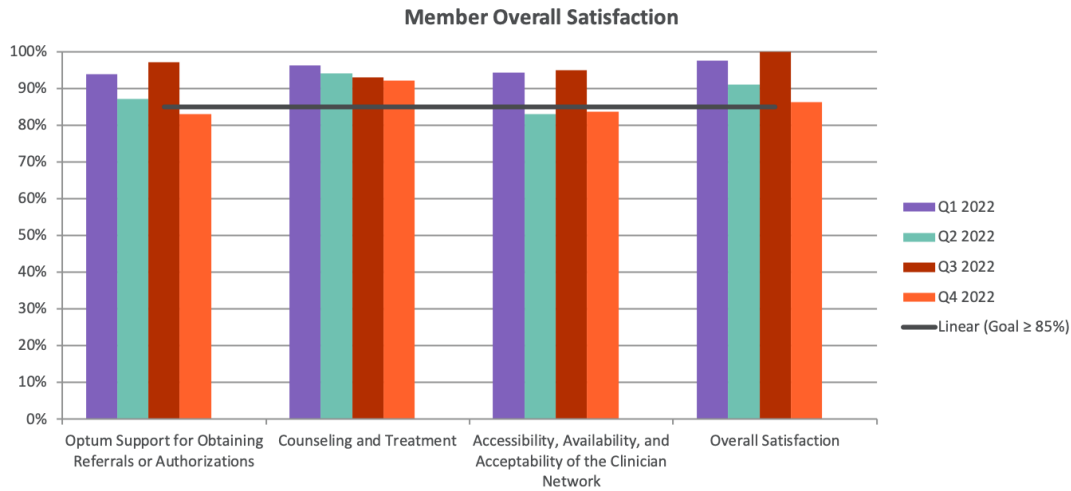
To be eligible for the survey, the member must have received services during the 90 days prior to the survey and have a valid telephone number on record. A random sample of individuals eligible for the survey was selected and called until meeting the desired quota, or the sample, was exhausted. Members who have accessed services in multiple quarters are eligible for the survey only once every six months. The surveys are conducted over a three-month period following the quarter when services were rendered. For example, members who received services during Q1, and are eligible for the survey, complete the survey during Q2. The vendor compiles data into the behavioral health digital dashboard. The data is available one month after the survey is completed, which creates a lag in reporting the data.

Analysis: Due to the lag in reporting, as described above, Q4, 2022 data is included in the report. The data is from surveys conducted with members who received services during Q3, 2022 and surveyed during Q4, 2022. The total number of members who responded to the survey was 51, which represents a response rate of 5 percent. During Q4, overall satisfaction was 86 percent. Optum met the goal of ≥ 85 percent in the category of Counseling and Treatment at 92 percent but fell short in the areas of Optum Support for Obtaining Referrals or Authorizations at 83% and Accessibility, Availability, and Acceptability at 84 percent.

	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Q1, 2023
Measure	Jan - Mar 2022	Apr - Jun 2022	Jul - Sept 2022	Oct - Dec 2022	Jan - Mar 2023
Member Satisfaction Survey Results					
Optum Support for Obtaining Referrals or Authorizations	94%	87%	97%	83%	*See Note
Counseling and Treatment	96%	94%	83%	91%	*See Note
Accessibility, Availability, and Acceptability of the Clinician Network	94%	83%	95%	84%	*See Note
Overall Satisfaction	98%	91%	100%	86%	*See Note
<i>*Data is reported one quarter in arrears.</i>					

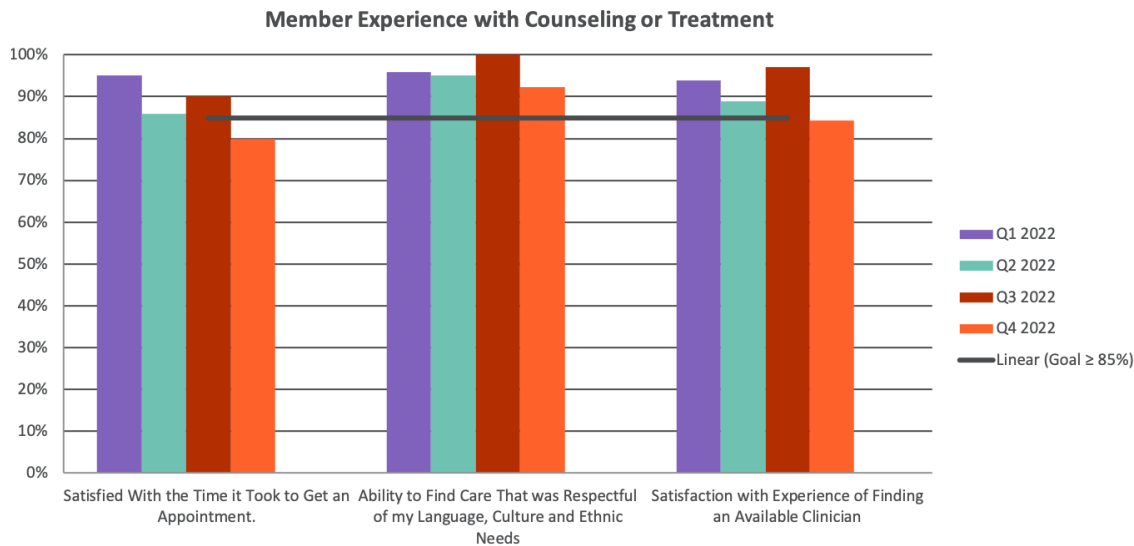
[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)

Figure 1 – Member Overall Satisfaction



In addition, the Member Satisfaction survey includes specific questions related to members’ experiences with counseling and treatment. The results are in the graph, “Member Experience with Counseling or Treatment,” below.

Figure 2 – Member Experience with Counseling or Treatment



Barriers: No identified barriers.

Opportunities and Interventions: Optum has developed a task force to identify root causes and countermeasures to improve member’s experience.

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

[CLICK HERE TO RETURN TO TABLE OF CONTENTS](#)