IDAHO BEHAVIORAL HEALTH PLAN

QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT QUARTERLY REPORT

OPTUM®

October – December 2020

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 4, 2020.

Executive Summary of Overall Progress

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

Key performance measures have been identified and are tracked on a monthly basis. Each measure has a performance goal based on contractual, regulatory or operational standards. For this reporting period, Optum Idaho met or exceeded performance goals for 28 out of 29 (96.5%) key measures.

Some areas in which Optum Idaho continued to meet and/or exceed performance goals were *member satisfaction survey results; customer services call standards; urgent, emergent and non-urgent appointment wait times; geographic availability of providers; critical incident reviews; service authorization requests and claims.*

Optum Idaho did not meet the established target for *Percent of Member Calls Answered within 30 seconds (goal ≥80.0%):* During Q4, this measure was 78%. ProtoCall is the vendor Optum partners with for our Member access and crisis services line available 24/7/365. During Q4, ProtoCall indicated significant clinician resource constraints being exacerbated by the ongoing nature of COVID. During this time, Optum remained in close contact with ProtoCall to ensure their Idaho information and processes remained up to date for their phone clinicians, implemented performance guarantees within the contract, and remained apprised of onboarding and training of new staff. It is worth noting that the performance did improve over time with the diligent and dedicated efforts of the ProtoCall team but failed to meet the 80% for the quarter. It is fully expected that compliance with this metric will return in the next quarter. Trends will continue to be monitored.

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Performance Metrics Summary

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

Measure	Goal	October - December 2019	January - March 2020	April - June 2020	July - September 2020	October - December 2020
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85.0%	99%	90%	91%	92%	Based on Member Satisfaction Survey sampling methodology, Q3, 2020, is the most current data available.
Accessibility, Availability, and Acceptability of the Clinician Network	≥85.0%	90%	90%	93%	93%	
Experience with Counseling or Treatment	≥85.0%	97%	95%	98%	95%	
Overall Satisfaction	≥85.0%	96%	85%	95%	90%	
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85.0%	Survey Completed Annually	2019 Results 76%	Survey Completed Annually and will be reported in Q1, 2021		
Accessibility & Availability						
Idaho Behavioral Health Plan Membership						
Membership Numbers	NA	257,507	308,891	324,989	339,704	Due to claims lag, data is reported 1 quarter in arrears
Member Services Call Standards						
Total Number of Calls	NA	1,293	2,390	1,578	1,471	1,560
Percent Answered within 30 seconds	≥80.0%	77%	92%	90%	77%	78%
Abandonment Rate	≤3.5% internal ≤7.0 % contractual	2.8%	0.8%	0.9%	2.0%	2.1%
Daily Average Hold Time	≤120 Seconds	26	11	15	27	28
Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	2,984	4,521	3,440	3,051	2,585
Percent Answered within 30 seconds	≥80.0%	98%	98%	98%	98%	97%
Abandonment Rate	≤3.5% internal ≤7.0% contractual	0.48%	0.55%	0.29%	0.13%	0.47%
Daily Average Hold Time	≤120 Seconds	4	3	3	3	5

Measure	Goal	October - December 2019	January - March 2020	April - June 2020	July - September 2020	October - December 2020
Appointment Wait Time - Access Standards						
Urgent Appointment Wait Time (hours)	48 hours	18	18	15	19	9
Non-Urgent Appointment Wait Time (days)	10 days	3	3	4	4	3
Critical Appointment Wait Time (hours)	Within 6 hours	4	3	3	3	3
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%*	99.9%*	99.9%*	99.9%*	99.9%*
Area 2 - requires one provider within 45 miles for the remaining 41 counties not included in Area 1 (37 remaining within the state of Idaho and 4 neighboring state counties)	100.0%	99.8%*	99.7%*	99.7%*	99.7%*	99.8%*
Member Protections and Safety						
Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	NA	18	23	17	21	16
Clinical ABDs	NA	15	8	7	6	0
Administrative ABDs	NA	3	15	10	15	16
Written Notification	100% within 14 calendar days	100%	100%	94.1%**	100%	100%
Member Appeals						
Number of Appeals	NA	2	3	0	0	0
Non-Urgent Appeals	NA	2	2	0	0	0
Acknowledgement Compliance	100% within 5 Calendar Days	100.0%	100.0%	NA	NA	NA
Determination Compliance	100% within 30 Calendar Days	100.0%	100.0%	NA	NA	NA
Urgent Appeals	NA	0	1	0	0	0
Determination Compliance	100% within 72 Hours	NA	100.0%	NA	NA	NA
Complaint Resolution and Tracking						
Total Number of Complaints	NA	19	10	10	18	7
Percent of Complaints Acknowledged within Turnaround time	5 business days	100%	100%	100%	100%	100%
Number of Quality of Service Complaints	NA	12	9	7	14	4
Percent Quality of Service Resolved within Turnaround time	100% within ≤10 business days	83%	100%	100%	100%	100%
Number of Quality of Care Complaints	NA	7	1	3	4	3
Percent Quality of Care Resolved within Turnaround time	≤30 calendar days	100.0%	100.0%	100%	100%	100%

Measure	Goal	October - December 2019	January - March 2020	April - June 2020	July - September 2020	October - December 2020
Critical Incidents						
Number of Critical Incidents Received	NA	**9**	**15**	**13**	**19**	**13**
Percent Ad Hoc Reviews Completed within 5 business days from notification of incident	100%	**100%**	**100%**	**100%**	**100%**	**100%**
Response to Written Inquiries						
Percent Acknowledged ≤2 business days	100%	**100%**	**100%**	**100%**	**100%**	**100%**
Provider Monitoring and Relations						
Provider Quality Monitoring						
Number of Audits	NA	94	182	57	98	121
Percent of Audits that passed with score of ≥85%	NA	83.0%	80.2%	84.2%	86.7%	79.3%
Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is documented in member record	NA	95%	99%	98%	97%	99%
Percent documentation in member record that communication/ collaboration occurred between behavioral health provider and primary care provider	NA	74%	73%	72%	85%	72%
Provider Disputes						
Number of Provider Disputes	NA	63	94	162	210	113
Percent Provider Dispute Determinations made within 30 calendar days from request	100% within 30 Calendar Days	**100%**	**100%**	**100%**	**100%**	**100%**
Average Number of Days to Resolve Provider Disputes	≤30 days	**9.0**	**6.5**	**7.1**	**11.6**	**12.5**
Utilization Management and Care Coordination						
Service Authorization Requests						
Percentage Determination Completed within 14 days	100%	**100%**	**100%**	**100%**	**100%**	**100%**
Person-Centered Service Plan						
Number of PCSP Received	NA	**104**	**102**	**198**	**297**	**263**
Average Number of Days to Review	≤5 business days	**0.07**	**0.17**	**0.10**	**0.08**	**0.10**
Field Care Coordination						
Total Referrals to FCCs	NA	213	243	330	519	512
Average Number of Days Case Open to FCC	NA	50	37	42	48	47
Discharge Coordination: Post Discharge Follow-Up						
Number of Inpatient Discharges	NA	758	1,245	1,496	1,772	**Data is reported 1 quarter in arrears**
Percent of Members with Follow-Up Appointment or Authorization within 7 Days after discharge	NA	41.2%	43.0%	41.3%	37.2%	
Percent of Members with Follow-Up Appointment or Authorization within 30 Days after discharge	NA	63.10%	64.2%	61.0%	57.4%	
Readmissions						
Number of Inpatient Discharges	NA	758	1,245	1,496	1,772	**Data is reported 1 quarter in arrears**
Percent of Members Readmitted within 30 days	NA	7.6%	11.2%	10.6%	10.7%	

Measure	Goal	October - December 2019	January - March 2020	April - June 2020	July - September 2020	October - December 2020
Inter-Rater Reliability						
Inter-Rater Reliability - **Care Advocate**	≥88%	Reported Annually				100%
Inter-Rater Reliability - **MD**	≥88%	Reported Annually				**MD IRR not available for this report**
Peer-Review Audits						
MD Peer Review Audit Results	≥ 88.0%	97%	100%	100%	**Data unavailable for this report**	**Data is reported 1 quarter in arrears**
Claims						
Claims Paid within 30 Calendar Days	≥90%	100.0%	99.9%	99.7%	99.7%	99.7%
Claims Paid within 90 Calendar Days	≥99%	100.0%	99.9%	99.8%	99.8%	99.9%
Dollar Accuracy	≥99%	100.0%	98.4%	99.0%	99.1%	99.0%
Procedural Accuracy	≥97%	100.0%	99.3%	99.0%	99.5%	99.4%

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

**ABD was routed to incorrect LINX worklist which contributed to 1 ABD written notification falling out of compliance.*

met goal	within 5% of goal	did not meet goal

Progress in Areas Not Meeting Performance During the Previous Quarter – Q3, 2020

During Q3, 2020, there was 1 performance measure that fell below the performance goal:

- *Percent of Member Calls Answered within 30 Seconds (goal ≥80.0%)*: During Q3, this measure was 77%. Member calls are answered by the vendor, ProtoCall. They have indicated that they have received higher than expected call volume and higher acuity and distress levels of calls related to response from COVID-19. The measure, while increasing by one percentage point, did not meet performance again in Q4, which is explained below.

Identification of Areas Not Meeting Performance During the Current Quarter – Q4, 2020

During Q4, 2020, there was 1 performance measure that fell below the performance goal:

- *Percent of Member Calls Answered within 30 Seconds (goal ≥80.0%)*: During Q4, this measure was 78%. ProtoCall is the vendor Optum partners with for our Member access and crisis services line available 24/7/365. During Q4, ProtoCall indicated significant clinician resource constraints being exacerbated by the ongoing nature of COVID-19. During this time, Optum remained in close contact with ProtoCall to ensure their Idaho information and processes remained up to date for their phone clinicians, implemented performance guarantees within the contract, and remained apprised of onboarding and training of new staff. It is worth noting that the performance did improve over time with the diligent and dedicated efforts of the ProtoCall team but failed to meet the 80% for the quarter. It is fully expected that compliance with this metric will return in the next quarter.

Member Satisfaction Survey Results

Methodology: Optum Idaho surveys IBHP adults 18 years of age and older and parents of children aged 11 years and younger. The survey is administered through a live telephone interview. Translation services are available to members upon request. Due to various Privacy Regulations, members between the ages of 12 and 17 are not surveyed.

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 is selected and called until the desired quota was met, 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 3-month period after the quarter the services were rendered. For example, members who received services during Q1 and are eligible for the survey, are surveyed during Q2. Data is compiled into the behavioral health digital dashboard by the vendor, Burke, Inc. The data is available one month after the survey is complete which creates a lag in reporting the data.

Analysis: Due to the lag in reporting as described above, Q3 data is included in the report. The data is from surveys that were conducted on members who received services during Q2, 2020 and surveyed during Q3, 2020. The total number of members who responded to the survey was 52 with a response rate of 4%. Translation services were not requested. During Q3, Optum Idaho met the goal of ≥85% in all measures as indicated below:

Performance Metric	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Optum Support for Obtaining Referrals or Authorizations	72%	83%	100%	93%	92%	N/A	91%	99%	90%	91%	92%
Counseling and Treatment	96%	91%	100%	93%	97%	N/A	93%	97%	95%	98%	95%
Accessibility, Availability, and Acceptability of the Clinician Network	89%	89%	99%	90%	92%	N/A	94%	90%	90%	93%	93%
Overall Satisfaction	78%	78%	100%	91%	98%	N/A	90%	96%	85%	95%	90%
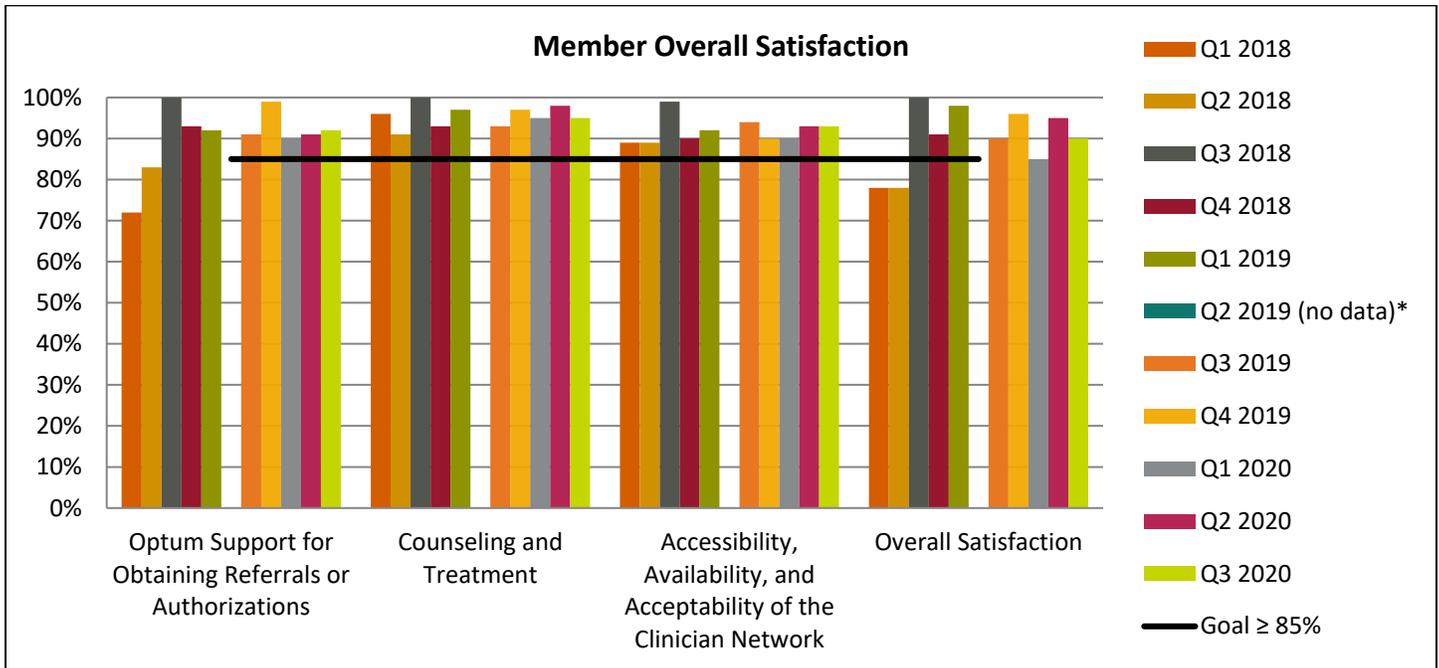
*During Q2, 2019, a technical issue caused an insufficient amount of completed surveys, therefore no results to report for Q2, 2019. The desired quota for Q3, 2019, was increased to account for a lack of Q2 results.

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. The goal of ≥85% was met again in all domains.
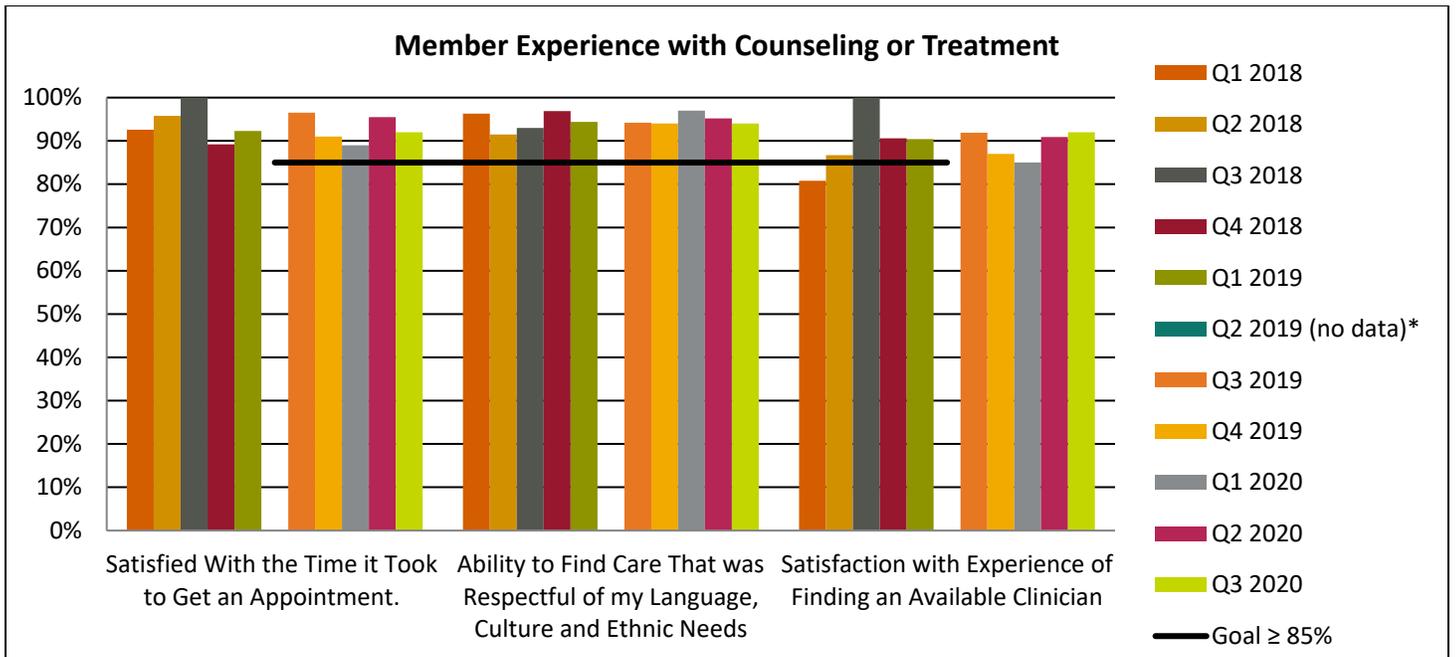
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Member Experience with Counseling or Treatment

Legend: Q1 2018, Q2 2018, Q3 2018, Q4 2018, Q1 2019, Q2 2019 (no data)*, Q3 2019, Q4 2019, Q1 2020, Q2 2020, Q3 2020, Goal ≥ 85%

Categories: Satisfied With the Time it Took to Get an Appointment. / Ability to Find Care That was Respectful of my Language, Culture and Ethnic Needs / Satisfaction with Experience of Finding an Available Clinician

*During Q2, 2019, a technical issue caused an insufficient amount of completed surveys, therefore no results to report for Q2, 2019. The desired quota for Q3, 2019, was increased to account for a lack of Q2 results.

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

Provider Satisfaction Survey Results

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

Methodology: Optum Idaho's Provider Satisfaction Survey is designed to connect with all Optum Idaho network providers to give them an opportunity to participate in the research. Providers are sent a link to the survey via email. The survey is conducted by Market Probe.

Analysis: Overall provider satisfaction for 2019 was 76%. Other domains included in the survey were: overall satisfaction with Optum staff (79% responded as satisfied or very satisfied), overall satisfaction with the Optum process for authorizing care (64% responded as satisfied or very satisfied), and overall satisfaction with claims processing and customer services (83% reported as satisfied or very satisfied, up from 78% in 2018). The 2020 survey results will be presented in the Q1, 2021 report.

Provider Overall Satisfaction with Optum

	2016	2017	2018	2019
■ Satisfied/Very Satisfied	75%	77%	79%	76%
— Goal ≥85%	85%	85%	85%	85%
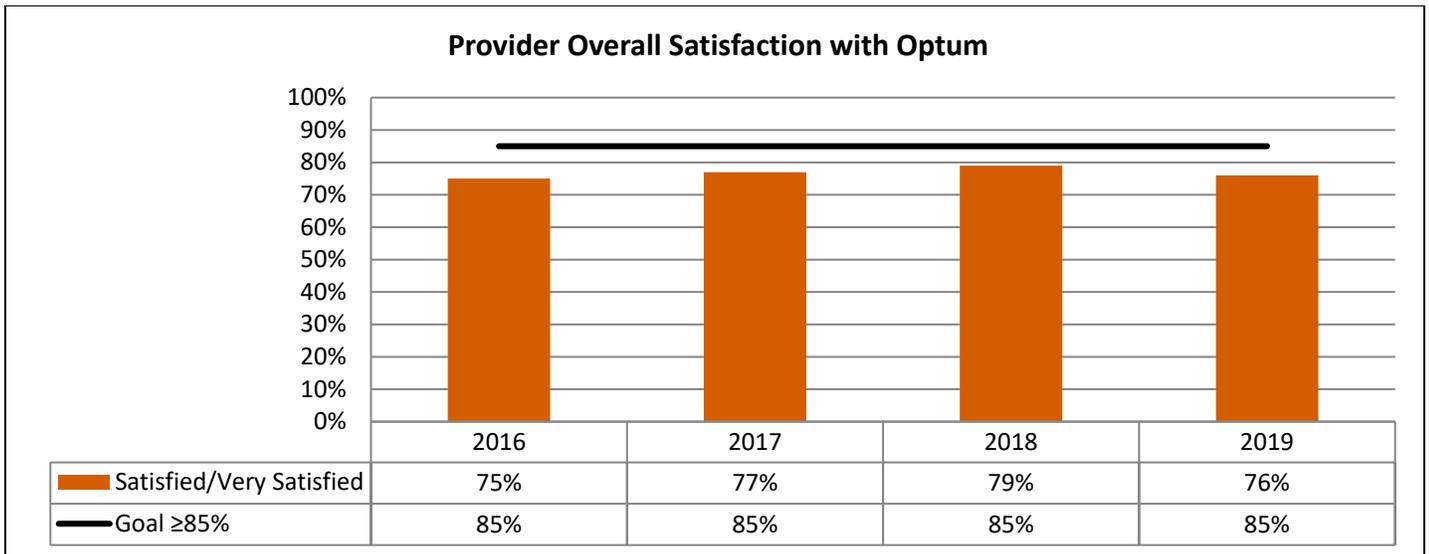
Barriers: While the annual survey results fell below ≥85.0%, Optum Idaho continues to monitor and identify trends and implemented interventions.

Opportunities and Interventions: Updates on action plans during Q4 include:

- Create trainings/webinars on specific issues identified with survey. In Q4, the Education Team provided resources and education via the Relias Spotlight, Person-centered Thinking Training and PNI Training for providers.
- Continue process for seeking provider input on initiatives—pilot as appropriate.
    - → *Progress:* COVID-19 responses:
        - PAC Committee meetings-first agenda item is round robin discussing impact of COVID on practices
        - Crisis Center Monthly Conference Call-first agenda item is round robin discussing impact of COVID
    - → October PAC committee meeting discussion seeking input from the PAC members on the following topics:
        - Utilization Review
        - Telehealth discussion and experience of providers
        - Workforce Development challenges
    - → November PAC committee meeting discussion seeking input from PAC members on the following topics:
        - Drug Testing
        - TASSP Summary
        - MH in the Schools
- Increase provider visits and meetings with providers and provider associations.
    - → *Progress:* During Q4 due to COVID, in-person visits were limited but PRAs continued to be engaged via telephone and zoom.
    - → *Progress:* The Provider Relations Advocates attend the monthly Regional Behavioral Health Board meetings to collaborate
- Collaborate with Optum Customer Service on surveys conducted during provider calls.

→ *Progress:* Scheduled monthly meeting with the Customer Service Manager and Deputy Director. Ongoing topics discussed include:
- Results of the NPS surveys completed the previous month
- Results of the Customer Service tracking sheets from the previous month
- NPS Campaign
- Trend provider requests and inquiries to identify process improvement opportunities.
  - → *Progress:* Scheduled monthly meeting with the Customer Service Manager and Deputy Director. Customer Service and Provider Relations analyzes the customer service tracking sheet data to determine if any trends, process improvement opportunities. If yes next steps are identified.
    - Weekly meetings with the Provider Data Management Team scheduled in response to the increase the month of August and September in issues with 'Provider Not Showing as Being in Network in Linx and iSET'
- Quarterly Provider Newsletter.
  - → *Progress:* Fall Provider press was sent to the Network in October.
- Ongoing collaboration with the national claims processing team.
  - → *Progress:* Monthly meetings with the claims department to address claims issues. There was a collaborative meeting to define new service implementations to ensure no claims issues post implementation; new projects will have a claims section to address any questions and ensure all claims areas are addressed prior to implementation.
- Project plan for Phase II of Telemental Health Program which includes identifying resources to provide hands on assistance for providers interested in providing telemental health services (technical and clinical
  - → *Progress:* The Provider Relations Advocates are working to collect Telehealth attestations from the providers wanting to continue provider telehealth services post the pandemic. We are working with IDHW to define possible expansion of providers allowed to perform telehealth and allowed services post COVID-19.
- Develop resources for members and communities to access telemental health in the community when internet and/or technology isn't available for the member.
  - → *Progress:* No activity in Q4 on this goal.