OPTUM®

Optum Idaho

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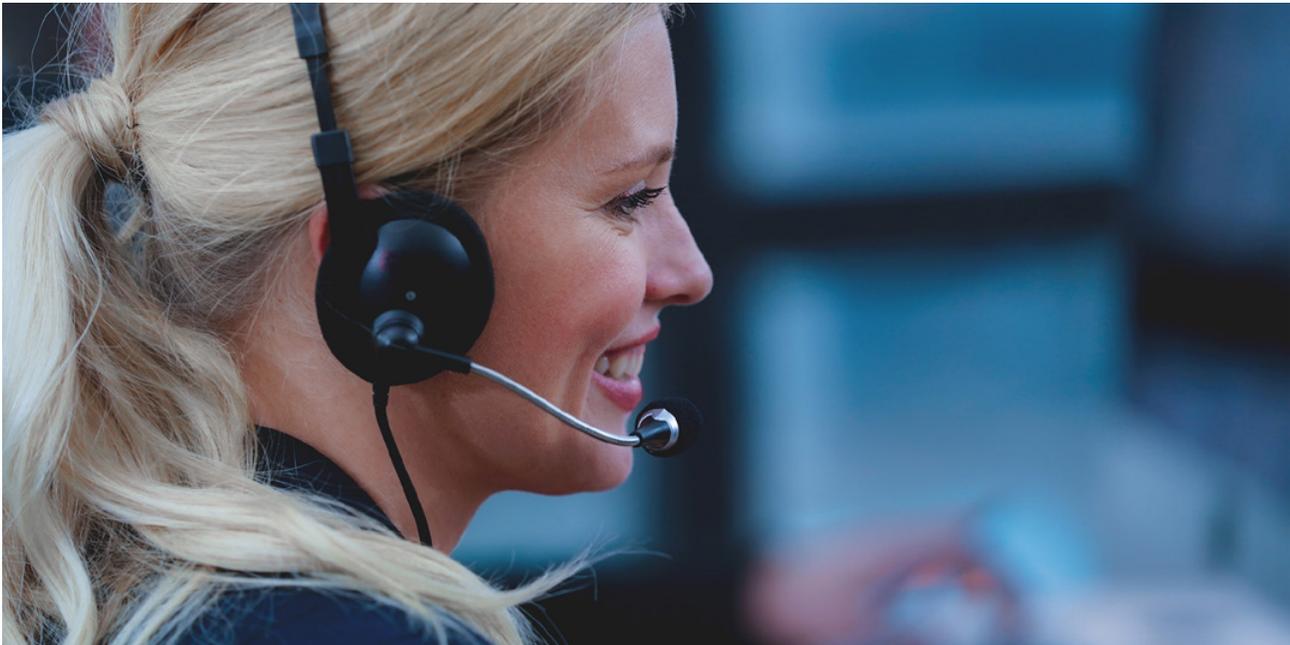# Quarterly Report

Q2, 2021: April to June

The Quality Management and Utilization Management (QMUM) Quarterly Report summarizes Optum Idaho's progress in accordance with the contract between the Idaho Department of Health and Welfare (IDHW), Division of Medicaid and Optum. This report highlights progress and efforts made, including: Executive summary of overall progress; performance metrics summary; updates on progress; and member and provider satisfaction results. This QMUM report provides a quarterly view of performance through Quarter 2 (April to June), 2021.

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Executive Summary of Overall Progress

Optum Idaho monitors performance measures on a continual basis to ensure it meets the needs of Idaho Behavioral Health Plan (IBHP) members and providers. 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 Idaho Department of Health and Welfare's (IDHW) and federal government's requirements. These contractual and regulatory requirements drive Optum Idaho's key measures and outcomes for the IBHP.

Optum Idaho 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 Idaho met or exceeded performance goals for 29 out of 30 (97%) key measures.

Optum Idaho did not meet performance for one measure: Member Overall Satisfaction. The goal for this measure is ≥85%. During Q1 (data reported one quarter in arrears), the results were 82%. The Optum Idaho Quality Team and QAPI Committee will continue to monitor this measure and identify any trends.

Optum Idaho remained 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. |

		Q2, 2020	Q3, 2020	Q4, 2020	Q1, 2021	Q2, 2021
Measure	Goal	Apr – Jun 2020	Jul – Sept 2020	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85%	91%	92%	91%	87%	*See note
Accessiblity, Availability, and Acceptability of the Clinician Network	≥85%	93%	93%	92%	92%	*See note
Experience with Counseling or Treatment	≥85%	98%	95%	91%	97%	*See note
Overall Satisfaction	≥85%	95%	90%	92%	82%	*See note

Based on Member Satisfaction Survey sampling methodology, Q1, 2021 is the most current data available.

Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85%	Survey completed annually will be reported in Q1, 2021.			88%	NA
Accessibility & Availability – Idaho Behavioral Health Plan Membership						
Membership Numbers	**NA**	324,989	339,704	353,402	366,843	377,135

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

Measure	Goal	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021
Accessibility & Availability – Member Services Call Standards						
Total Number of Calls	NA	1,578	1,471	1,560	1,524	1,345
Percent Answered within 30 seconds	≥80%	90%	77%	78%	81%	84%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.9%	2.0%	2.1%	1.6%	1.5%
Daily Average Hold Time	≤120 Seconds	15	27	28	24	21
Accessibility & Availability – Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	3,440	3,051	2,585	2,867	2,798
Percent Answered within 30 seconds	≥80%	98%	98%	97%	98%	98%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.29%	0.13%	0.47%	0.44%	0.24%
Daily Average Hold Time	≤120 Seconds	3	3	5	4	4
Accessibility & Availability – Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	48 hrs	15	19	9	14	8
Non-Urgent Appointment Wait Time (days)	10 days	4	4	3	3	2
Critical Appointment Wait Time (hours)	Within 6 hrs	3	3	3	2	2

Measure	Goal	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021
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%*	99.7%*	99.8%*	99.8%*	99.8%*

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

Member Protections and Safety – Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	**NA**	17	21	16	27	31
Clinical ABDs	**NA**	7	6	0	4	5
Administrative ABDs	**NA**	10	15	16	23	26
Written Notification (within **14** calendar days)	**100%**	94.1%**	100%	100%	100%	100%

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

Member Protections and Safety – Member Appeals						
Number of Appeals	**NA**	0	0	0	0	1
Non-Urgent Appeals	**NA**	0	0	0	0	0
Acknowledgement Compliance (within **5** calendar days)	**100%**	NA	NA	NA	NA	NA
Determination Compliance (within **30** calendar days)	**100%**	NA	NA	NA	NA	NA
Urgent Appeals	**NA**	0	0	0	0	1
Determination Compliance (within **72** hours)	**100%**	NA	NA	NA	NA	100%

Measure	Goal	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Compaints	NA	10	18	7	11	5
Percent of Complaints Acknowledged within Turnaround Time (business days)	**5 days**	100%	100%	100%	100%	100%
Number of Quality Service Complaints	NA	7	14	4	10	4
Percent Quality of Service Resolved within Turnaround Time (business days)	**100% within ≤10 days**	100%	100%	100%	100%	100%
Number of Quality of Care Complaints	NA	3	4	3	1	1
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	13	19	13	16	18
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%	100%	100%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	NA	57	98	121	164	127
Percent of Audits that Passed with a Score of ≥85%	NA	84.2%	86.7%	79.3%	66%	73%

Measure	Goal	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021
Provider Monitoring and Relations – Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is Documented in Member Record	NA	98%	97%	99%	100%	100%
Percent Documentation in Member Record that Communication/Collaboration Ocurred Between Behavioral Health Provider and Primary Care Provider	NA	72%	85%	72%	75%	92%
Provider Monitoring and Relations – Provider Disputes						
Number of Provide Disputes	NA	162	210	113	106	90
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	100% w/in 30 days	100%	100%	100%	100%	100%
Average Number of Days to Resolve Provider Disputes	≤30 days	7.1	11.6	12.5	14.1	17.0
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	198	297	263	132	165
Average Number of Business Days to Review	≤5	0.10	0.08	0.10	0.08	0.64
Utilization Management and Care Coordination – Field Care Coordination (FCC)						
Total Referrals to FCCs	NA	330	519	512	437	637
Average Number of Days Case Open to FCC	NA	42	48	47	29	39

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

Measure	Goal	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021
Provider Monitoring and Relations – Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	**NA**	1,496	1,772	1,755	1,829	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	**NA**	41.3%	37.2%	38.7%	38.1%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	**NA**	61.0%	57.4%	58.5%	57.0%	*See Note
*Data is reported one quarter in arrears.						
Provider Monitoring and Relations – Re-admissions						
Number of Inpatient Discharges	**NA**	1,496	1,772	1,755	1,829	*See Note
Percent of Members Re-admitted within 30 Days	**NA**	14.5%	14.9%	14.2%	14.0%	*See Note
*Data is reported on quarter in arrears.						
Provider Monitoring and Relations – Inter-Rater Reliability						
Inter-Rater Reliability – **Care Advocate**	≥88%	Reported Annually			100%	Reported annually
Inter-Rater Reliability – **MD**	≥88%	Reported Annually			*See Note	Reported annually
*MD IRR not available for this report.						
Provider Monitoring and Relations – Peer-Review Audits						
MD Peer Review Audit Results	≥88%	100%	*See Note	*See Note	*See Note	**See Note
*No data to report as there were no audits for this quarter. **Data is reported one quarter in arrears.						

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

Measure	Goal	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021	Q2, 2021 Apr – Jun 2021
Claims						
Claims Paid within 30 Calendar Days	≥90%	99.7%	99.7%	99.7%	99.9%	99.9%
Claims Paid within 90 Calendar Days	≥99%	99.8%	99.8%	99.9%	100.0%	99.9%
Dollar Accuracy	≥99%	99.0%	99.1%	99.0%	99.0%	99.0%
Procedural Accuracy	≥97%	99.0%	99.5%	99.4%	99.8%	99.0%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q1, 2021

During Q1, 2021, Optum Idaho met performance in all measures.

Identification of Areas Not Meeting Performance During the Current Quarter: Q2, 2021

During Q2, 2021, Optum Idaho did not meet performance for Member Overall Satisfaction. Performance results were 82% (goal ≥ 85%). Optum met performance in all other Member Satisfaction survey results, as indicated below. Optum will continue to monitor to identify any trends.

External Quality Review (EQR) Results

The Idaho Department of Health and Welfare requires an external review organization, Telligen, to complete an audit to ensure Medicaid Managed Care plans in Idaho deliver an acceptable standard of care. This requirement originates with the Centers for Medicare & Medicaid Services (CMS). In December 2020, Optum Idaho began preparing for the EQR audit. In January 2021, Optum Idaho received notification of audit date and timeframe to submit pre-visit materials to Telligen. Optum Idaho submitted pre-visit materials in February with the audit taking place on March 4, 2021, and received the results April 2021.

2021 (SFY 2020)	**2020 (SFY 2019)**
Information Systems Capabilities Assessment (ISCA) Not Evaluated During this Survey: N/A	**ISCA**: Fully compliant
Performance Measures: Fully compliant	**Performance Measures**: Fully compliant
Compliance with Federal Medicaid Managed Care Regulations: Proficient in all areas	**Compliance with Federal Medicaid Managed Care Regulations**: Proficient in all areas
Performance Improvement Projects: Developing rating (improvement from last year noted)	**Performance Improvement Projects**: Developing rating
Network Adequacy: No rating	

Opportunities: Optum Idaho will continue to develop the Performance Improvement Project (PIP) process. Optum Idaho will also explore identifying additional performance measures with IDHW.

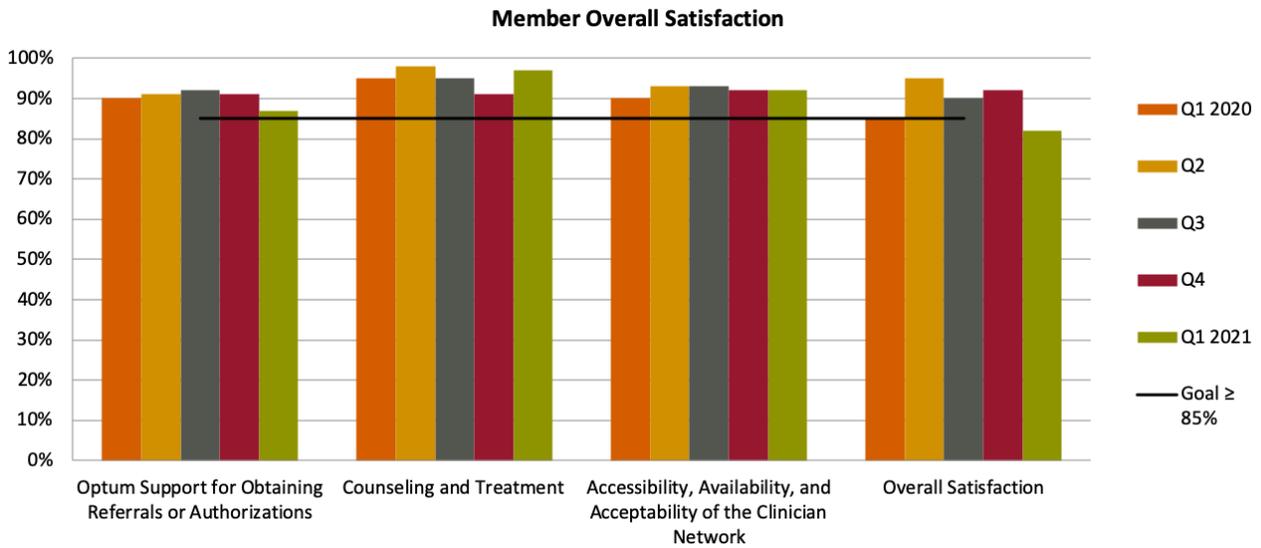# Member Satisfaction Survey Results

Methodology: Optum Idaho surveys IBHP adults 18 years of age and older and parents of children ages 11 years 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 Idaho 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, Burke, Inc., compiles data into the behavioral health digital dashboard. 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, Q1, 2021 data is included in the report. The data is from surveys conducted on members who received services during Q4, 2020 and surveyed during Q1, 2021. The total number of members who responded to the survey was 50, which represents a response rate of 6%. No members requested translation services. During Q1, Optum Idaho fell below the goal of 85% for overall satisfaction at 82%. This was the first time Optum Idaho did not meet this goal since Q2, 2018. Optum Idaho met the goal of ≥85% in all other measures, as indicated below:

| Performance Metric	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
Optum Support for Obtaining Referrals or Authorizations	90%	91%	92%	91%	87%
Counseling and Treatment	95%	98%	95%	91%	97%
Accessibility, Availability, and Acceptability of the Clinician Network	90%	93%	93%	92%	92%
Overall Satisfaction	85%	95%	90%	92%	82%

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. Optum Idaho met the goal of ≥85% again in all domains.

Figure 2

Member Experience with Counseling or Treatment
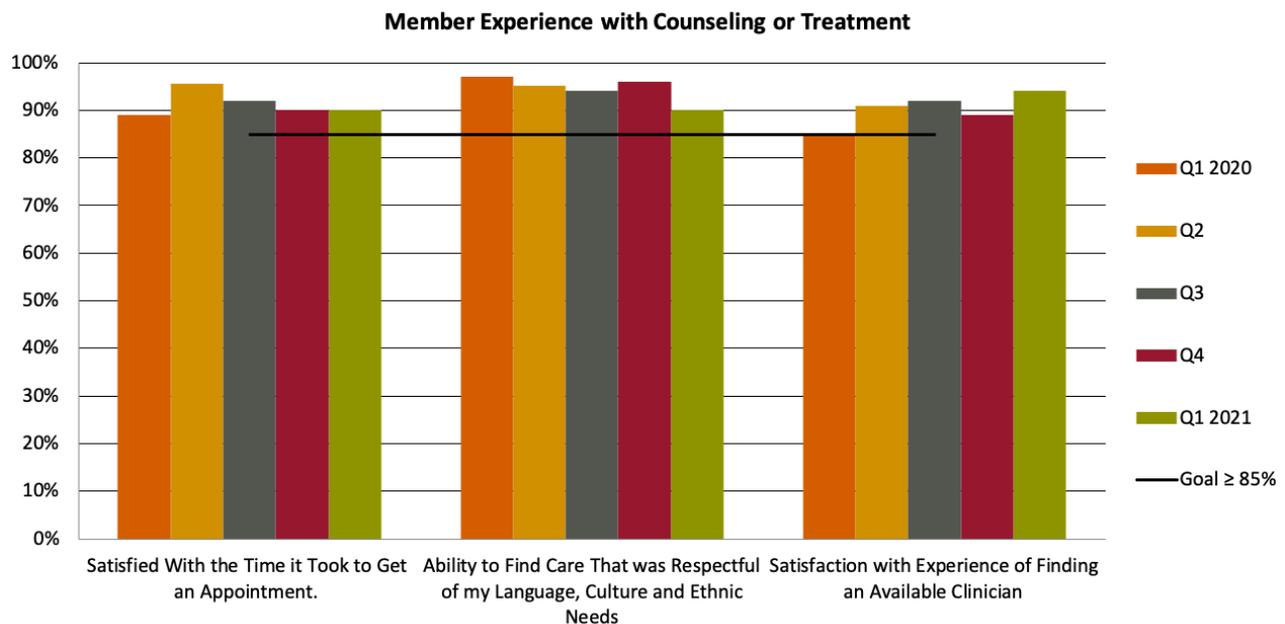
Barriers: Optum Idaho did not meet the performance goal of ≥85% for Overall Member Satisfaction during Q1.

Opportunities and Interventions: Optum Idaho will monitor this performance measure to identify trends.

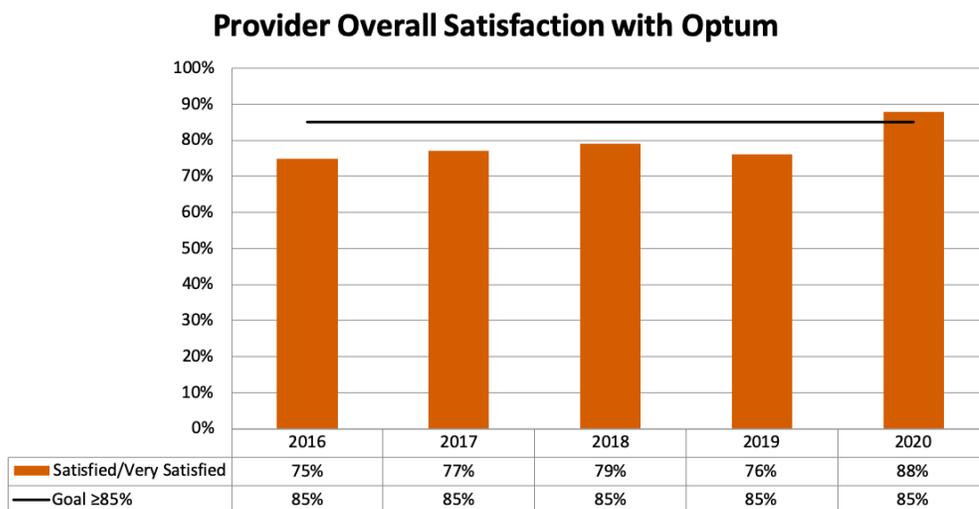# Provider Satisfaction Survey Results

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 receive a link to the survey via email, and Market Probe conducts the survey annually.

Analysis: Providers completed the 2020 Provider Satisfaction Survey November 2020, and the Quality Assurance Performance Improve Committee received the results March 2020. Overall provider satisfaction was met at 88% (goal: ≥85%). In addition, the overall evaluation of Optum included Optum service improving, staying the same or getting worse: 93% indicated that Optum service was improving or staying the same. This is an increase from 84% in the 2019 survey. Seventy-six percent (76%) of providers indicated they received better or the same experience compared to other behavioral healthcare companies (an increase from 63% in 2019) and 96% of providers indicated that they were somewhat or very likely to remain in the Optum network (compared to 88% in the 2019).

The Net Promotor Score (NPS) is based on the question, "How likely would you be to recommend Optum to a colleague?" Response to this question in the 2020 survey included 35% promotors (those who rated a 9 or 10 on an 11-point scale), 32% passives (those who rated a 7 or 8 on an 11-point scale) and 33% detractors (those who rated a 0 to 6 on an 11-point scale). Optum Idaho's NPS was 2 in 2020 (Promoters - Detractors), an increase from -27 in 2019.

Figure 3

Provider Overall Satisfaction with Optum

	2016	2017	2018	2019	2020
Satisfied/Very Satisfied	75%	77%	79%	76%	88%
Goal ≥85%	85%	85%	85%	85%	85%

Barriers: No identified barriers.

Opportunities and Interventions: Updates on action plans during Q2 include:

- *Overall Satisfaction with Optum Idaho*
    » Create trainings/webinars on specific issues identified with survey
        › Education department conducted routine trainings and webinars for network providers

    » Continue process for seeking provider input on initiatives pilot, as appropriate
        › Optum Idaho collected provider input on initiatives and other topics at monthly Provider Advisory Committee meetings

    » Increase provider visits and meetings with providers and provider associations
        › Provider Relations Advocates continued to engage in 10 provider related contacts each month

- *Net Promoter Responses*
  - » Educate providers on the use of the Net Promotor Score (NPS)
    - › Customer Service provided education on NPS during the NPS survey campaign times

  - » Collaborate with Optum Customer Service on surveys conducted during provider calls
    - › If there are provider questions involving other departments besides Customer Service, then coordination would occur with these other departments to get providers their answers

- *Network Services*
  - » Trend provider requests and inquiries to identify process improvement opportunities
    - › Optum Idaho hired a Customer Service and Claims Business Liaison to aid with identifying trends in this area. Provider Relations Advocates track common questions and requests from providers when conducting monthly provider outreach

  - » Host Quarterly Meet and Greets
    - › Meet and Greet held on Jan. 28, 2021, and May 20, 2021

  - » Publish Quarterly Provider Newsletter
    - › Provider Press released for Spring 2021 and currently in final edits for Summer 2021 (estimated distribution: Aug. 16, 2021)

  - » Provider Relations Advocates to complete a minimum of four provider visits per quarter using the Provider Engagement Checklist to ensure consistency with provider visits throughout the state
    - › Provider Relations Advocates continue to engage in 10 provider-related contacts each month

  - » Include training on the Complaint process in Meet and Greets and via Provider Press
    - › Information to feature in Summer 2021 Provider Press and Meet and Greet

- *Authorization Process*
  - » Increase the time of notification for updates to Level Of Care Guidelines (LOCG)
    - › LOCG changes brought to the July 2021 PAC for announcement

  - » Continue to reach out to providers when there are any questions, concerns or confusions about the Service Referral Forms (SRF) they have submitted
    - › Care Advocates call out to providers on all SRFs they are not able to authorize, in an attempt to obtain additional and required information

  - » Continue to offer provider support to the SRF and Utilization Management (UM) process by meeting with and talking with providers
    - › CAs and Senior Wellness Coordinators (SWC) staff the phone and support providers in completing SRFs

  - » Reach out to new Partial Hospitalization Programs (PHPs) and offer a review of the SRF submission process, the requirements and how it works
    - › CAs offer SRF/UM support and training to any new PHPs. Two CAs review the process, tools, forms and expectations

- *Claims Process*
  - » Customer Service Team to host twice-a-year, two- weeklong NPS Survey option to callers to get feedback on claims calls
    - › First of two NPS survey campaigns completed May 2021 with NPS of 94%. Another scheduled for October 2021

  - » Trend customer service calls to identify quality improvement opportunities
    - › Continuing to use theme/trend if there are two-or three calls for the same issue and then escalated further to national Claims Team or other appropriate person
    - › Done by team sharing provider issues/calls in Microsoft Teams group chat (real time)

» Continue to monitor trends using twice weekly Claims Report to proactively notify providers of any issues or changes before seeing them on their remittances

› Team lead and manager continue to review Claims Report to identify if any denials reflect a trend and then being proactive to inform providers of these issues

» Ongoing collaboration with the national Claims Teams through monthly meetings to identify any claims issues, if any

› Continued monthly national claims meetings on incorrectly processed claims that Customer Service Team finds

- *Telemental Health/Virtual Visits*

» Develop post-pandemic policies to allow continued utilization of telehealth, where clinically appropriate

› No update due to statewide health emergency order still in place; Medicaid to update Optum and Provider Advisory Committee during meeting on August 3, 2021