



Q4, 2022: October to December

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 4 (October to December), 2022.

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Executive Summary of Overall Progress

Optum Idaho monitors performance measures on a continual basis to ensure the needs of Idaho Behavioral Health Plan (IBHP) members and providers are being met. Optum 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 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 32 out of 34 (94%) key measures.

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

Optum did not meet the established goals for the 2021 Provider Overall Satisfaction survey. This report discusses several interventions to promote a higher level of provider satisfaction and any actions taken in the quarter to support performance metric success. In Q3 the Member Satisfaction survey reflected overall satisfaction to be 100%. In Q2 Member Satisfaction Survey results reflected a drop to 83% for accessibility, availability and acceptability of the clinician network but in Q3 it increased to 94.8%.

In the fourth quarter, Optum fell below established goals for: written notification of adverse benefit determination within 14 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.

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.

| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|---|------|--|----------------|--|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| Member Satisfaction Survey Results | | | | | | |
| Optum Support for Obtaining Referrals or Authorizations | ≥85% | 89% | 94% | 87% | 97% | *See note |
| Accessibility, Availability, and Acceptability of the Clinician Network | ≥85% | 91% | 94% | 83% | 95% | *See note |
| Experience with Counseling or Treatment | ≥85% | 92% | 96% | 94% | 92% | *See note |
| Overall Satisfaction | ≥85% | 92% | 98% | 91% | 100% | *See note |
| <i>*Based on Member Satisfaction Survey sampling methodology, Q3, 2022, is the most current data available.</i> | | | | | | |
| Provider Satisfaction Survey Results | | | | | | |
| Annual Overall Provider Satisfaction | ≥85% | 2021 results are reported in the Q1 2022 report. | 72% | 2022 results will be reported in the Q1 2023 report. | | |

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| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|---|-----------------------------------|----------------|----------------|----------------|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| Accessibility & Availability - Idaho Behavioral Health Plan Membership | | | | | | |
| Membership Numbers | NA | 388,426 | 397,175 | 393,741 | 406,058 | 420,707 |
| Accessibility & Availability - Member Services Call Standards | | | | | | |
| Total Number of Calls | NA | 1,403 | 1,444 | 1,465 | 1,661 | 1,639 |
| Percent Answered within 30 seconds | ≥80% | 43% | 56% | 87% | 92% | 89% |
| Abandonment Rate | ≤3.5% internal, ≤7.0% contractual | 8.5% | 9.9% | 1.4% | 1.4% | 1.13% |
| Daily Average Hold Time | ≤120 Seconds | 85 | 83 | 22 | 16 | 20 |
| Accessibility & Availability - Customer Service (Provider Calls) Standards | | | | | | |
| Total Number of Calls | NA | 3,113 | 4,142 | 3,704 | 3,466 | 3,463 |
| Percent Answered within 30 seconds | ≥80% | 96% | 96% | 96% | 95% | 93% |
| Abandonment Rate | ≤3.5% internal, ≤7.0% contractual | 0.79% | 0.93% | 0.93% | 0.83% | 0.94% |
| Daily Average Hold Time | ≤120 Seconds | 7 | 6 | 6 | 12 | 22 |
| Accessibility & Availability - Appointment Wait Time, Access Standards | | | | | | |
| Urgent Appointment Wait Time (hours) | 48 hrs | 10 | 11 | 9 | 6 | 13 |
| Non-Urgent Appointment Wait Time (days) | 10 days | 3 | 3 | 3 | 3 | 4 |
| Critical Appointment Wait Time (hours) | Within 6 hrs | 3 | 2 | 2 | 1 | 2 |

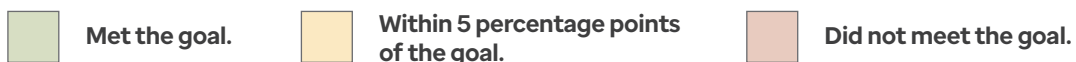
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| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|--|--------|----------------|----------------|----------------|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| 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% | 99.8%* | 99.7%* | 99.8%* | 99.7%* | 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 | 31 | 22 | 58 | 94 | 106 |
| Clinical ABDs | NA | 8 | 2 | 20 | 76 | 71 |
| Administrative ABDs | NA | 23 | 20 | 38 | 18 | 35 |
| Written Notification (within 14 calendar days) | 100% | 100% | 100% | 100% | 98.94% | 96.23% |
| Member Protections and Safety - Member Appeals | | | | | | |
| Number of Appeals | NA | 2 | 1 | 0 | 5 | 5 |
| Non-Urgent Appeals | NA | 0 | 1 | 0 | 5 | 5 |
| Acknowledgment Compliance (within 5 calendar days) | 100% | 100% | 100% | NA | 60.00% | 100% |
| Determination Compliance (within 30 calendar days) | 100% | 100% | 100% | NA | 80.00% | 100% |
| Urgent Appeals | NA | 0 | 0 | 0 | 0 | 0 |
| Determination Compliance (within 72 hours) | 100% | NA | NA | NA | NA | NA |

| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|---|----------------------|----------------|----------------|----------------|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| Member Protections and Safety - Complaint Resolution and Tracking | | | | | | |
| Total Number of Complaints | NA | 8 | 15 | 20 | 16 | 9 |
| Percent of Complaints Acknowledged within Turnaround Time (business days) | 5 days | 100% | 100% | 95% | 100% | 100% |
| Number of Quality Service Complaints | NA | 4 | 5 | 10 | 10 | 2 |
| Percent Quality of Service Resolved within Turnaround Time (business days) | 100% within ≤10 days | 100% | 100% | 90% | 100% | 100% |
| Number of Quality of Care Complaints | NA | 4 | 10 | 10 | 6 | 7 |
| 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 | 7 | 19 | 10 | 19 | 11 |
| 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% | 85% | 100% | 100% |
| Provider Monitoring and Relations - Provider Quality Monitoring | | | | | | |
| Number of Audits | NA | 162 | 74 | 108 | 58 | 148 |
| Percent of Audits that Passed with a Score of ≥85% | NA | 89.5% | 90.5% | 93.5% | 72.9% | 96.0% |

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| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|---|-------------------|----------------|----------------|----------------|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| 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% | 100% | 84% |
| Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider | NA | 85% | 85% | 86% | 75% | 88% |
| Provider Monitoring and Relations - Provider Disputes | | | | | | |
| Number of Provider Disputes | NA | 63 | 65 | 51 | 43 | 45 |
| 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 | 12.7 | 13.0 | 18.1 | 17.84 | 22.56 |
| 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 | 156 | 124 | 119 | 161 | 159 |
| Average Number of Business Days to Review | ≤5 | 0.67 | 0.40 | 0.4 | 0.38 | 0.44 |
| Utilization Management and Care Coordination - Field Care Coordination (FCC) | | | | | | |
| Total Referrals to FCCs | NA | 456 | 417 | 481 | 393 | 410 |
| Average Number of Days Case Open to FCC | NA | 38 | 42 | 43 | 36 | 46 |



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| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|---|------|----------------|-------------------|----------------|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| Provider Monitoring and Relations - Discharge Coordination: Post-Discharge Follow-Up | | | | | | |
| Number of Inpatient Discharges | NA | 865 | 770 | 948 | 853 | *See Note |
| Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge | NA | 39.5% | 43.0% | 25.6% | 22.6% | *See Note |
| Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge | NA | 60.2% | 64.3% | 12.9% | 13.5% | *See Note |
| <i>*Data is reported one quarter in arrears.</i> | | | | | | |
| Provider Monitoring and Relations - Re-admissions | | | | | | |
| Number of Inpatient Discharges | NA | 865 | 770 | 948 | 806 | *See Note |
| Percent of Members Re-admitted within 30 Days | NA | 8.9% | 7.1% | 127 | 69 | *See Note |
| <i>*Data is reported one quarter in arrears.</i> | | | | | | |
| Provider Monitoring and Relations - Inter-Rater Reliability | | | | | | |
| Inter-Rater Reliability - Care Advocate | ≥90% | 97% | Reported annually | | | 95% |
| Inter-Rater Reliability - MD | ≥90% | 95% | Reported annually | | | 100% |
| Provider Monitoring and Relations - Peer-Review Audits* | | | | | | |
| PhD Peer Review Audit Results | ≥88% | 100% | No data available | | | |
| <i>*This measure will be removed in future reports as Quality re-evaluates this process.</i> | | | | | | |

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

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| | | Q4, 2021 | Q1, 2022 | Q2, 2022 | Q3, 2022 | Q4, 2022 |
|-------------------------------------|------|----------------|----------------|----------------|-----------------|----------------|
| Measure | Goal | Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sept 2022 | Oct - Dec 2022 |
| Claims | | | | | | |
| Claims Paid within 30 Calendar Days | ≥90% | 99.4% | 99.6% | 99.8% | 99.99% | 99.97% |
| Claims Paid within 90 Calendar Days | ≥99% | 99.7% | 99.9% | 99.9% | 99.99% | 100% |
| Dollar Accuracy | ≥99% | 99.0% | 98.9% | 99.8% | 99.78% | 99.19% |
| Procedural Accuracy | ≥97% | 98.3% | 99.7% | 98.7% | 99.43% | 99.27% |

Progress in Areas Not Meeting Performance During the Previous Quarter: Q3, 2022

Three performance measures were not met during Q3, 2022. However, activities to address these areas are outlined in the following narrative.

During 2021, Optum scored 72% for provider overall satisfaction, missing the established goal of ≥85%. Optum continues to seek provider input on initiatives, increase provider visits, meet with provider associations, and create trainings and webinars on topics identified by providers in the 2021 Provider Satisfaction Survey.

Provider Relations Advocates (PRA) engaged in informative efforts with providers throughout 2022 as a way to identify areas of opportunity related to the provider experience. These included one on one conversations with providers focused on getting to some root causes around barriers in provider capacity and administrative burdens they have asked Optum and the State to address. In Q4 2022, the Provider relations team held 109 provider visits. A provider roundtable was held on Nov. 16, 2022, themed ‘Integrating CANS into your Practice’. The provider network team and members of ELT are collaborating with IDHW on answers/remedies as information from these efforts come forth in future reports.

In the Q3 2022, report the performance metric result for member appeals acknowledgement compliance and determination compliance dropped below threshold and in Q4 Optum achieved 100% on both measures.

The written notification of adverse benefit determinations dropped below the 100% threshold to 98.94% in Q3 and is 96.23% in Q4. Optum identified and provided education to staff regarding extension letters to meet these thresholds moving forward.

Identification of Areas Not Meeting Performance During Q4, 2022

Optum Idaho 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.

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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 32 out of 34 (94%) key measures.

Optum did not meet performance goals for one measure: written notification of adverse benefit determination within turnaround time.

Written Notification of Adverse Benefit Determination

The contractual goal for response to written inquiries within 14 business days is 100%. During Q3 this dropped to 98.94% and then in Q4 to 96.23%. 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 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. The process will be monitored to ensure the contractual goal is met going forward.

Provider Overall Satisfaction

During 2021, Optum scored 72% for provider overall satisfaction, missing the established goal of 85%. This survey is conducted once a year and reported in detail in the Q1 2022 report. Optum continues to seek provider input on initiatives, increase provider visits, meet with provider associations and create trainings and webinars on topics identified by providers in the 2021 Provider Satisfaction survey. PRA's are regularly engaged in informative efforts with providers. These include one on one conversations with providers focused on getting to root causes around barriers in provider capacity and administrative burdens they have asked Optum and the State to address. The Provider Network team and members of Executive Leadership Team (ELT) are collaborating with IDHW on answers/remedies as information from these efforts come forth. The summary of findings will be presented to ELT and QAPI at a date to be determined.

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Member Satisfaction Survey Results

Methodology: Optum Idaho 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 Idaho does not survey members between the ages of 12 and 17.

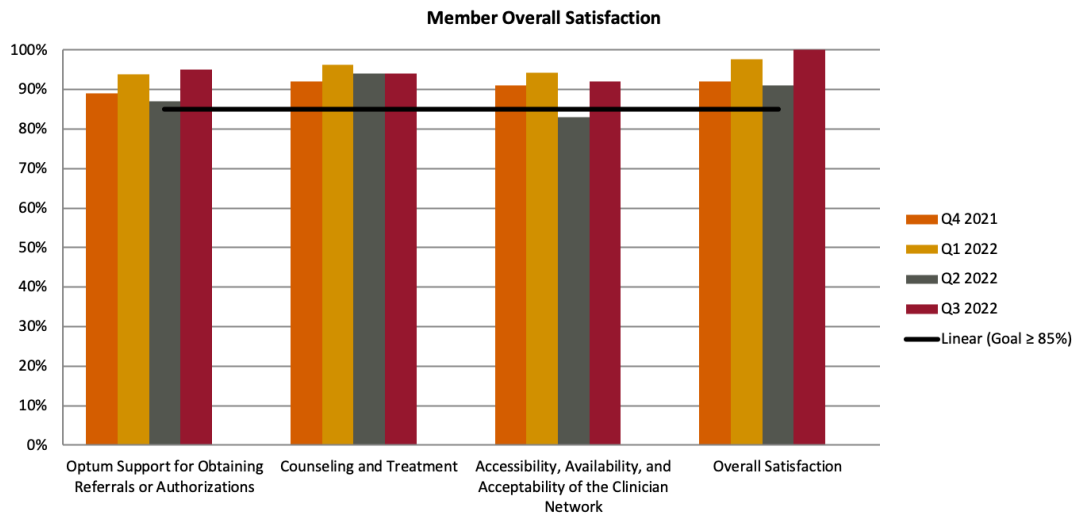
To be eligible for the survey, the member must have received services during the 90 days prior to the survey and have a valid telephone number on record. A random sample of individuals eligible for the survey was selected and called until meeting the desired quota, or the sample, was exhausted. Members 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 compiles data into the behavioral health digital dashboard. The data is available one month after the survey is completed, which creates a lag in reporting the data.

Analysis: Due to the lag in reporting, as described above, Q2, 2022 data is included in the report. The data is from surveys conducted with members who received services during Q1, 2021 and surveyed during Q2, 2022. The total number of members who responded to the survey was 38, which represents a response rate of 3%. During Q2, the overall satisfaction was 90.5%, Optum Idaho met the goal of $\geq 85\%$ in all categories except for Accessibility, Availability, and Acceptability at 83.3% and the Overall Satisfaction with Claims Process which fell to 75%. In regard to the claims section, there were four respondents to that question and one was not a favorable response so it dropped to 75%.

| Performance Metric | Q2 2021 | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
|---|---------|---------|---------|---------|---------|---------|
| Optum Support for Obtaining Referrals or Authorizations | 90% | 94% | 89% | 94% | 87% | 97% |
| Counseling and Treatment | 95% | 86% | 91% | 96% | 83% | 95% |
| Accessibility, Availability, and Acceptability of the Clinician Network | 90% | 88% | 92% | 94% | 94% | 92% |
| Overall Satisfaction | 82% | 91% | 97% | 98% | 91% | 100% |

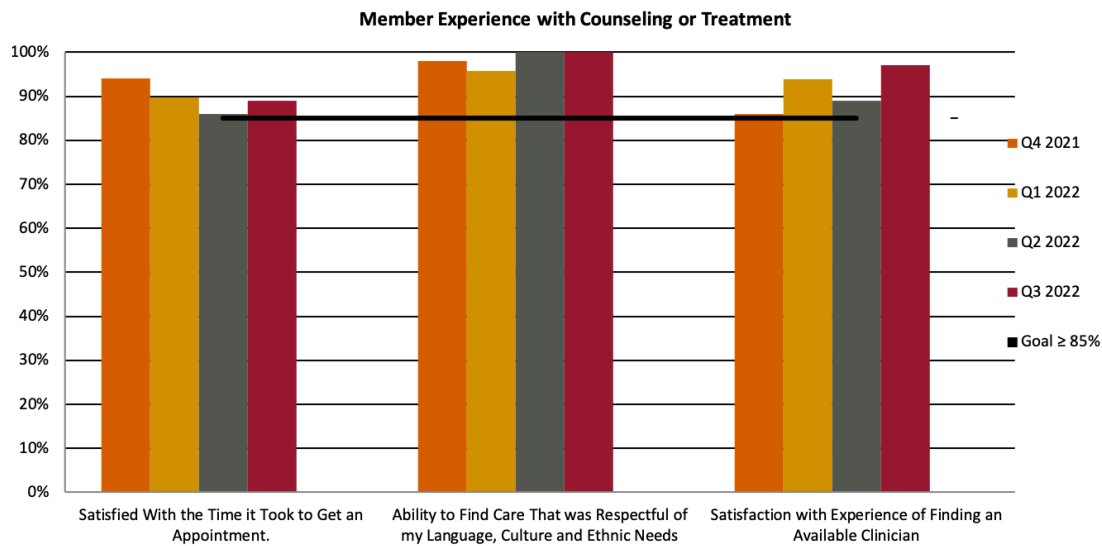
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Figure 1 – Member Overall Satisfaction



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: No identified barriers.

Opportunities and Interventions: No opportunities for improvement identified.

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

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Provider Satisfaction Survey Results

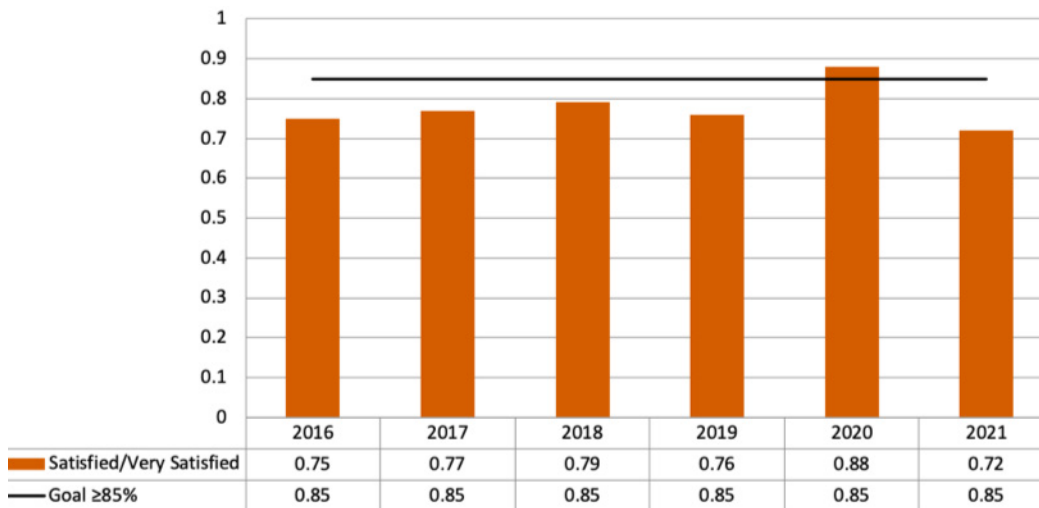
The goal of the research design of the Provider Satisfaction Survey is to provide representative and reliable measurement of providers’ experiences with attitudes toward, and suggestions for, Optum Idaho.

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 to participate in the survey annually.

Analysis: Providers completed the 2021 Provider Satisfaction Survey in November 2021, and the Quality Assurance Performance Improve Committee received the results April 2022. Overall provider satisfaction was not met at 72% (goal: ≥85%). In addition, the overall evaluation included Optum service improving, staying the same or getting worse: 82% of providers indicated that Optum service was improving or staying the same. This is a decrease from 93% in the 2020 survey. Sixty-two percent (62%) of providers indicated they received better, or the same experience compared to other behavioral healthcare companies (a decrease from 76% in 2020), and 89% of providers indicated that they were somewhat or very likely to remain in the Optum network (compared to 96% in the 2020).

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 2021 survey included 29% promoters (those who rated a nine or 10 on an 11-point scale), 35% passives (those who rated a seven or eight on an 11-point scale) and 37% detractors (those who rated a 0 to 6 on an 11-point scale). Optum Idaho’s NPS was -8 in 2021 (Promoters - Detractors), a decrease from two in 2020.

Figure 3 – Provider Overall Satisfaction with Optum



Barriers: Provider Overall Satisfaction was not met during 2021.

Opportunities and Interventions: Actions Plans to Address Overall Provider Satisfaction during 2022 included:

- » Assisted in the creation of trainings/webinars on specific issues identified by the providers in the 2021 Provider Satisfaction Survey.
- » Continued process for seeking provider input on initiatives and pilot, as appropriate.
- » Increased provider visits and meetings with providers and provider associations.
- » In Q3 2022, the Provider Relations Advocates attended 93 provider visits and 30 provider association/ board meetings. A Provider Roundtable was held on Oct. 27, 2022 on IHCBC: Therapeutic Behavioral Services.

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- **Network Services Goals for 2023**

- › Host at least two Provider Round Tables annually to increase engagement with the provider community.
- › Publish Quarterly Provider Newsletter.
- › Every Regional PRA will complete a minimum of thirty provider engagements per quarter that will be logged in the Provider Relations SharePoint.
- › Document provider reasons for leaving network to identify process improvement opportunities.

- **Telemental Health (TMH)/Virtual Visits**

- › Keep providers informed of potential TMH changes occurring as a result of state and federal Public Health Emergencies ending.