

Idaho Behavioral Health Plan Quality Management and Utilization Management **Annual Evaluation**



The Quality Management and Utilization Management Annual Evaluation summarizes Optum Idaho's performance in accordance with the contract between the Idaho Department of Health and Welfare (IDHW), Division of Medicaid and Optum. This report highlights the outpatient behavioral health services covered by the State of Idaho and provided on behalf of Medicaid members, also known as the Idaho Behavioral Health Plan (IBHP). This report provides a summary of the year's activities and a year-over-year annual view of performance and outcomes data.

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Introduction and Overview

The Quality Management Utilization Management (QMUM) Annual Evaluation provides an analysis of the Medicaid outpatient mental health and substance use disorder services managed by the Idaho Behavioral Health Plan (IBHP) in the State of Idaho. The time frame of this evaluation includes activities beginning Jan. 1, 2023, through Dec. 31, 2023, and provides comparative performance from 2020–2023.

For Optum Idaho, Quality Improvement is not a department, but a central tenet in the way we conduct all aspects of our operations. We are continually monitoring multiple areas of our performance and our impact on members, families, stakeholders and providers. We are constantly looking for ways to improve. The core goal of our quality improvement program is straightforward: improved quality of care and service for members utilizing evidence-based best practices. To achieve this goal, Optum Idaho has structured a comprehensive Quality Assurance and Performance Improvement (QAPI) program that provides the framework for continuous monitoring and evaluation of all aspects of behavioral healthcare delivery and service.

The comprehensive QAPI program encompasses outcomes, quality assessment, quality management, quality assurance, and performance improvement. The QAPI program includes data driven, focused performance improvement activities designed to meet the Department of Health and Welfare (IDHW) and federal requirements. Performance improvement activities serve to direct and focus the Optum Idaho QAPI program and include clearly defined goals, measurable objectives, data feeds, responsible parties, frequency of activities and target completion dates. These performance improvement activities are delineated in the Outcomes Management and Quality Improvement Work Plan (OMQI).

Actions taken to improve quality will have at their base, the motivation of improving wellness, community participation, and quality of life for members and their families. We will apply QI techniques to analyze any barriers to progress and implement actions to improve performance over time.

Our Mission

The following mission statement was written and distributed by the Idaho Department of Health and Welfare (IDHW) and serves as a guiding declaration for the IBHP QMUM Program:

Our mission is to promote and protect the health and safety of Idahoans.

- Improve the quality of care provided to all behavioral health members;
- Improve behavioral health member satisfaction with services received; and
- Improve health outcomes for all behavioral health members.

This mission is actualized in the strategic goals developed by the Optum Idaho Leadership Team and monitored through three required Core Documents: Quality Assurance Performance Improvement (QAPI) Program Description, the Outcomes Management and Quality Improvement (OMQI) Work Plan, and the Quality Management Utilization Management Annual Evaluation (this document). These documents are reviewed, updated, and submitted to the QAPI committee each year for review and approval.

Quality Assurance/Performance Improvement Program Description

This QAPI Program Description represents Optum Idaho's blueprint for continuous quality improvement (CQI) throughout the entire organization, as well as the provider network and in all our interactions with the community. The QAPI Program Description establishes the groundwork that drives improvement for key measures identified in our OMQI Work Plan.

Measures from the Work Plan are monitored quarterly, and a written evaluation of our performance and outcomes are described in the annual Quality Management and Utilization Management (QMUM) Annual Evaluation. These documents are reviewed and revised on an annual basis by the Quality Manager, in collaboration with the QAPI Committee, the IDHW, providers, members, families and other stakeholders. It is designed to define the goals, scope, structure and function of the QAPI program.

Leadership and Staffing

The QAPI program includes leadership by executive staff, including the Chief Medical Officer, Clinical Director, Deputy Director, Quality Director, Compliance Director, and Provider Relations Director. The QAPI program personnel and information resources are readily available and adequate to meet program needs dedicated to quality improvement activities.

Support/Corporate Resources

In addition to the local staff, Optum Idaho is supported by corporate resources that provide a full spectrum of physical health, mental health and substance use disorder services, including state-of-the-art clinical assessment, referral and tracking information systems, statistical analysis software, a national provider network, research and health informatics and an established quality improvement program structure. These resources are available to Optum Idaho in addition to the quality and clinical oversight mechanisms which encourage sharing of best practices and new technologies.

Governing Body/Reporting Structure

Oversight of our QAPI Program is provided through a committee structure that is accountable to the ELT. The executive leadership of Optum Idaho fully delegates oversight of the QAPI Program to the QAPI Committee and quality management who provide the ELT with an annual evaluation of the QAPI program. The QAPI Committee has delegated full authority for the day-to-day operations and implementation of the program to appropriate committees/subcommittees.

Designated Behavioral Healthcare Practitioner

The Optum Idaho Chief Medical Officer plays an essential role in the quality improvement process and ensures that clinical activities are planned and developed within that framework. The Chief Medical Officer is the designated senior leader responsible for QAPI Program oversight, ensuring overall alignment of the program with the organization's vision and strategic goals. Working in collaboration with the Quality Manager, the Chief Medical Officer routinely advise the quality improvement program through chairing and/or participating in committees and subcommittees where they

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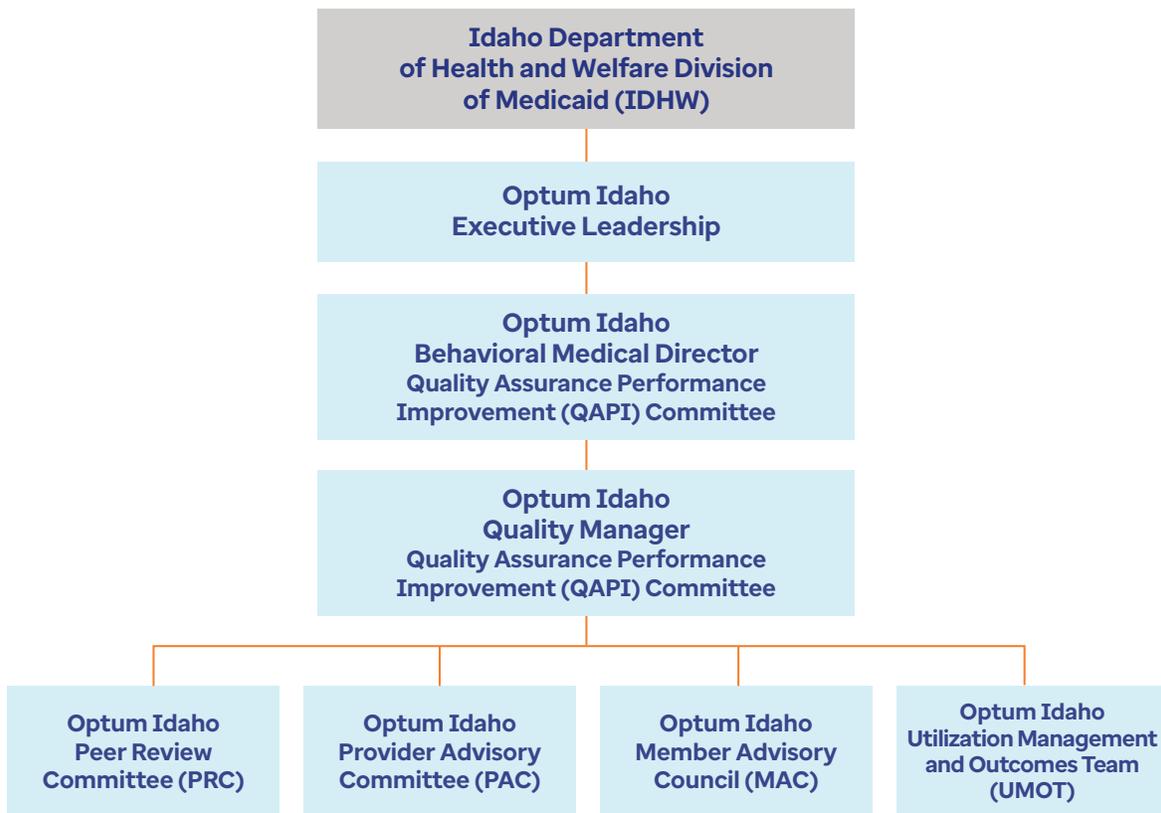
contribute to the analysis, prioritization and implementation of quality activities, including review and improvement of clinical safety.

Quality Improvement Program

The QAPI Program covers all quality improvement processes. Participation and input from staff and network practitioners contribute to the QAPI Program. Functional area leaders have substantial involvement in quality improvement activities along with other staff within Optum Idaho. This Quality Management Utilization Management Annual Evaluation demonstrates to internal and external stakeholders the outcomes and improvement activities, as well as an assessment of the overall effectiveness of the IBHP’s programs and services. The results of the ongoing quality monitoring and the annual review are used to restructure quality improvement activities for the upcoming year.

Quality Committees

Oversight of the Optum Idaho quality program is provided through a committee structure that is accountable and reports to the Optum Idaho ELT and the IDHW. The executive leadership of Optum Idaho delegates oversight of the QAPI program to the Optum Idaho QAPI Committee, co-chaired by the Chief Medical Officer and Quality Manager.



Optum Idaho QAPI Committee Role/Purpose

The QAPI Committee’s purpose is to oversee, organize, and evaluate all quality management activities in accordance with the contract between the Idaho Department of Health and Welfare (IDHW) Division of Medicaid and Optum, as well as applicable state and federal Medicaid managed care regulations. The Committee’s oversight includes quality assessment, outcomes, performance improvement and evaluation and the committee is responsible for the implementation of the Quality Assurance Performance Improvement Program Description and Outcomes Management and Quality Improvement Work Plan aligned with the Optum Idaho mission. Through the Utilization Management and The

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QAPI Committee's purpose is to oversee, organize, and evaluate all quality management activities in accordance with the contract between the Idaho Department of Health and Welfare (IDHW) Division of Medicaid and Optum, as well as applicable state and federal Medicaid managed care regulations. The Committee's oversight includes quality assessment, outcomes, performance improvement and evaluation. The committee is also responsible for the implementation of the Quality Assurance Performance Improvement Program Description and Outcomes Management and Quality Improvement Work Plan aligned with the Optum Idaho mission. Through the Utilization Management and Outcomes Team, overseen by the chief medical officer and designated behavioral health practitioner, a review and update of utilization management is conducted. Components of the review include the utilization management program structure, scope, processes, and information sources used to determine benefit coverage and medical necessity.

The QAPI Committee is also responsible for reviewing measurements, outcomes, and reports that show progress toward system transformation. Areas that do not show progress toward desired outcomes are targeted for improvement efforts through the establishment of cross functional teams to address systems issues on a periodic and time-limited basis.

Structure/Relation to Organization

The QAPI Committee reports to Executive Leadership and has authority to implement all actions related to the QAPI program. The following sub-committees provide summary reports to the QAPI Committee:

- Member Advisory Council (MAC)
- Peer Review Committee (PRC)
- Provider Advisory Committee (PAC)
- Utilization Management and Outcomes Team (UMOT)
- Cross Function Teams (convened as necessary)

Optum Idaho provides a detailed overview of the roles and responsibilities, membership and meeting schedule for the above QAPI sub-committees in the Optum Idaho policy titled, "Quality Assurance and Performance Improvement (QAPI) Committee Structure."

External Quality Review (EQR)

An External Quality Review (EQR) is the analysis and evaluation, by a third-party External Quality Review Organization (EQRO), of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries.

The Clinical Quality Department of Optum Idaho is responsible for coordinating and preparing reviews performed by IDHW's delegated EQRO. The EQR follows a federally set of prescribed and standardized protocols which are established by the Centers for Medicare & Medicaid Standards (CMS).

CMS required EQR protocols include:

- **Protocol 1.** Validation of performance improvement projects (PIP).
- **Protocol 2.** Validation of performance measures (PM's).
- **Protocol 3.** Review of compliance with Medicaid Managed Care Regulations
- **Protocol 4.** Validation of provider network adequacy (not required in 2019 EQR standards).
- **Appendix A.** Information systems capabilities assessment (ISCA).

On February 27, 2023, a virtual EQR site visit was conducted. The scope of the review was the state fiscal year 2022 which spanned from July 1, 2021, through June 30, 2022. The EQRO audited against the 2019 CMS-required protocol standards. As part of preparation for the anticipated 2023 updated requirements, the IDHW Division of Behavioral Health enlisted the EQRO to conduct a network adequacy "Secret Shopper" survey..

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The EQR Summaries and Responses

Protocol 1 Validation of Performance Improvement Projects

- Optum was clearly focused on the access to services delivered to the population in the Care Coordination PIP.
- The Care Coordination PIP is a project that should ensure members receive access to the care they require.
- The 1915i PIP is also a project that could ensure access to care for members.
- Both PIPs align with IDHW's quality strategy to expand access to appropriate and quality behavioral health services.
- Optum would benefit from some technical assistance regarding the design and implementation of PIP's.
- The area of PIP design has improved; however, the PIPs have not produced favorable results.

Optum identified their scope of influence to improve the validation of PIP's through inter/intra departmental education and collaboration in the PIP development process. As a result, the newly created PIP follows CMS' Protocol 1 structure and process. This new PIP uses the Plan Do Check Act (PDCA) steps. Optum values the analysis of PIP results to drive continuous quality improvement through PIP's and extend our openness in PIP partnerships to apply these best practices and standards.

Protocol 2 Validation of Performance Measures

- There was evidence of understanding of the PM's as data measurement studies or projects.
- Optum was fully committed to their members' quality of care.
- Each of these PM's contained a quality-of-care element. Optum was committed to ensuring quality care was received by their members and used the data available to make informed policy and practice decisions that will further impact members' quality of care in the future.
- It is also the opinion of the EQRO that these studies have become a part of Optum's day-to-day operation and no longer require validation by the EQRO.
- The EQRO would like to see IDHW and Optum work together to come up with two new PM's that could be evaluated by the EQR process during the next review year.
- Modify the 34 PM's submitted by Optum to include true measurement of program and provider effectiveness and not just process measures.

Optum identified new PM's. In supporting EQRO's "true measurement" feedback, the 1915(i) project was identified as an opportunity to develop "addendum" performance measures. Optum explored adding a member survey for qualitative and member involved measurements, created a year over year random sampling for analysis of intervention's effectiveness, and developed a comparative analysis among Person Centered Service Plan (PCSP) compliance/noncompliance rates with service utilization rates. No further development of these additional measurements continued beyond discussion in the cross functional 1915(i) PIP oversight meetings.

Protocol 3 Compliance with Medicaid Managed Care Regulations

- This plan is committed to providing a high level of care to its members. Optum has a commitment to timeliness, access, and quality of care.
- Optum provides reminders to all members regarding gaps in care and the timely need for services. Additionally, all grievance and appeal files were found to be completed in a timely manner.
- All Optum providers are credentialed and monitored according to required policies and procedures.
- The EQRO recommends ongoing evaluation of projects throughout the organization that can be fostered into performance improvement projects.
- The EQRO recommends that Optum work with the IDHW to determine additional PM's that can be used to measure successful delivery of services to Idaho Medicaid members.

Optum captures additional "successful delivery of services" measurements through the review, tracking, and monitoring the follow up appointment rates and readmission rates associated with the substance use disorder partial hospitalization programs (SUD PHP).

Appendix A Information Systems Capabilities Assessment (ISCA)

- EQRO review indicates no areas in need of improvement and no recommendations were made.

Secret Shopper Network Adequacy

- This reinforces a known issue in behavioral health, that the number of available providers with prescriptive authority for the Idaho Behavioral Health Plan members may not be sufficient to meet the demand for services.

EQR Summary

By following an EQR Continuous Readiness approach, Optum maintains ongoing monitoring on EQR protocol related measurements. For example, the “Outcomes Management Quality Improvement Work Plan” outlines key service and utilization metrics related to clinical and administrative effectiveness. This provides monitoring on a monthly, quarterly, and annual basis, and supports system-wide improvement opportunities. EQR readiness also utilizes the QAPI Committee where routine monitoring of key performance indicators provide measurements and tracking towards Optum’s quality of care to IBHP members.

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Optum Idaho Achievements

Continuation of Past Projects

SSI/SSDI, Outreach, Access, and Recovery (SOAR) Case Management

Optum Idaho partnered with IDHW in a joint effort to implement SOAR Case Management as a billable service. SOAR Case Management provides SSI/SSDI application assistance to both adults and children, experiencing homelessness or are at risk of homelessness and who have severe and persistent mental illness. Providers now have the capability to bill for this service.

Intensive Home and Community Based Services (IHCBS)

Optum Idaho partnered with IDHW and the Division of Behavioral Health to increase the availability and expand services for Intensive Home and Community Based Services (IHCBS) to members across the state. Providers were offered the opportunity to receive compensation for training on a new IHCBS modality called “Therapeutic Behavioral Services” which is now available under IHCBS. Optum Idaho created an IHCBS modality chart to assist providers in understanding the available modalities, and this has been updated in the provider manual. Optum is in the process now of developing trainings and flyers on IHCBS.

CANS Age Change

The CANS requirement age was changed from 19 to 18 as requested by the IDHW. The documents updated were as follows: Optum Idaho Provider Manual, Member Handbook, Fee Schedule, and the Covered Services Grid, the Level of Care Guidelines, the Youth Empowerment Services (YES) FAQ's, the TCC Toolkit, the IOP training course, the PHP training course, the Network Provider Orientation training course, and the CBRS training course.

New Projects

1915i Doc Updates

This project was to align Optum's documentation with the state plan, which requires members to receive one instance of respite per plan year and one independent assessment per plan year for the YES population to retain eligibility. The

Documents updated were as follows: Optum Idaho Provider Manual, Optum Idaho Member Handbook, Optum Idaho Medicaid Supplemental Clinical Criteria, YES FAQs, YES Program Access and Services guide, TCC Toolkit (and corresponding training), TCC Quick Reference Guide, How to Launch Respite guide, and How to Launch TCC guide.

Partial Hospitalization Program (PHP) Project

The PHP project was initiated to address appropriate utilization of substance use disorder (SUD) PHP and IOP. Level of care guidelines and requirements were aligned with ASAM and to promote more involvement from program medical directors and steps were taken to ensure that services were medically necessary. As a result, authorization timeframes for lengths of stay will be approved for 14 days for the initial authorization and concurrent stays will be approved for seven days beginning in 2024.

Public Health Emergency

This project was created to unwind the COVID-19 public health emergency allowances due to the Public Health Emergency (PHE) ending. Some provisions that Optum Idaho initiated with the PHE taking effect were suspension of some prior authorization and threshold authorizations, availability of telehealth for nearly all services, and rate increases for crisis services. We examined the post-PHE regulations to ensure compliance and made some permanent changes to the plan that were temporarily put in place during the PHE, including the rate increase for crisis services. Other changes made permanent post-PHE were that Skills Building/CBRS became a threshold service, where it was previously a service that required prior-authorization, and the list of services allowable via telehealth grew from what was allowed prior to the PHE.

Foster Parent Support

This project was initiated to identify areas where Optum could provide more information to Idaho foster parents to connect foster children more effectively in care to mental and behavioral health services. We created a foster parent-specific member page on the Optum Idaho website and participated in and sponsored various community matters media spotlights, including the Facebook Live segment on KIVI Channel 6 and news stories on channel 2 idahonews.com.

Community Programs

Direct to Need Support

Optum developed and delivered a new model for community program functions, switching from conference and event sponsorships to directly supporting projects that help members and other marginalized populations overcome social determinants of health (SDOH). Overall, Optum supported 38 unique organizations including 10 for education support, seven for housing, six for food, and four for transportation. The balance of support was for recovery/SUD, suicide prevention and youth.

Implementing these changes in the company's legacy "Give Cold Feet the Boot" holiday giving campaign, Optum focused on direct-to-need items for designated community schools in Idaho. By partnering with the State Department of Education, Optum made a much greater impact in helping students and families in need by providing items that each school specifically requested through participation in the community closets program. Optum donated \$50,000 to 10 Idaho schools across to assist with basic life necessities such as food, clothing, school supplies, personal hygiene and even community garden supplies.

Community Marketing

To better highlight and educate the public on non-government organizations that are working to reduce SDOH in Idaho, Optum began a "community marketing campaign." Each month Optum partnered with Idaho News 2 (KBOI) to promote a charitable organization and its cause. Optum's monetary donation to each group was designed to encourage "regenerative giving" by the public through greater awareness of the need shown in regular news stories featuring many of our community partners as well as Optum staff. Many of these stories can be found on KBOI's [website](#) under the Features tab "Hello Idaho!"

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In addition, Optum partnered with KIVI to provide monthly conversations on KIVI's Facebook page called "Optum Community Matters." These interviews were conducted with a representative from a non-profit and an Optum staff member to highlight the work being done in Idaho. Some of the organizations that were highlighted include the Idaho Food Bank, NAMI Idaho, Boise Hive, Wyakin Foundation and Idaho Resilience Project.

The inventory of self-help tools and resources to support our Hello Idaho! campaign to reduce stress, anxiety and isolation grew dramatically in 2023. By expanding into targeted population-specific mental health needs, such as veterans, expecting moms, and more Optum created new printable, one-page handouts based on feedback on how best to craft resources for their specific needs. Optum produced short informational videos about services provided by community partners statewide. All of these resources can be found on the Optum Hello Idaho! [page](#).

Community Conversations

In the second half of 2023, Optum met with public and community stakeholders to hear from our members and the organizations supporting them in two separate community conversations. A facilitated conversation based on the community resilience model was held at the Nampa Civic Center. Approximately 60 individuals participated in "How are you doing, Idaho?" providing input on how to address the needs of their community.

"What I Wish You Knew," was a facilitated youth mental health panel that featured teens from Twin Falls area high schools talking frankly about the mental health challenges they face and how adults can best help them cope. This event drew over 150 parents, school staff and students. Optum previously sponsored "What I Wish You Knew," in Canyon County in 2022 after a series of youth suicides. These youth conversations have been very powerful and sustaining in those communities, and Optum has committed to continue the series in all regions of the state in 2024.

Education and Training

Calendar year 2023 evidenced numerous accomplishments and contractual milestones on the part of Optum Idaho's Education and Training team.

New and Updated Trainings

Optum Idaho Education and Training released five new e-learning trainings on Relias based on provider network need and/or feedback from providers. The trainings released in 2023 were the Optum Idaho Intensive Outpatient Program (IOP), Optum Idaho Transitioned Aged Youth (TAY) Guide Video, Optum Idaho Documentation Throughout the Skills Building (SB)/CBRS Treatment Process, Optum Idaho Service Request Form (SRF) training, and the Optum Idaho Clinical Supervision 101.

Four e-learning trainings on Relias were updated based on provider network need and/or feedback from providers. The updated trainings in 2023 were the Optum Idaho Program Integrity Fraud Waste and Abuse (PNI), Optum Idaho Complaint and Appeal Routing and Tracking Application (CARTA) 2023, Optum Idaho Complaints Overview and Routing Process, and the Optum Idaho Partial Hospitalization Program (PHP).

Mental Health First Aid Trainings

In Q1 of 2023, the Training and Education team took over the Mental Health First Aid Initiative in partnership with SPARK! and expanded the initiative by having three Optum team members trained to be trainers in MHFA (two in Adult MHFA and one in Youth MHFA). This allowed Optum staff to train network providers in MHFA in addition to the community MHFA trainers throughout the state of Idaho. In Q3, Optum Idaho trained three additional staff in Youth MHFA to expand efforts within schools in 2024. There was a total of 97 MFHA trainings provided to 1,278 individuals throughout Idaho in 2023.

Crisis Prevention Institute (CPI) Trauma Verbal Intervention Foundation and Refresher Training

The Education and Training team initiated targeted efforts to providers who needed recertification in 2023. In comparison to 2022, there was a 27% increase in participation in the CPI Verbal Intervention Trauma Foundation LIVE Webinar. Additionally, there was a 218% increase in participation in the CPI Verbal Intervention Trauma Refresher LIVE Webinar, which is required every two years for recertification.

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Peer Services Learning Collaborative Calls

The peer learning collaborative continues to grow each year, with a 10% increase between 2022 and 2023. Peer learning collaborative call attendance was at 155 in 2021, 397 in 2022, and 435 in 2023. This reflects a 10% increase between 2022 and 2023.

Optum Idaho Endorsement Program

Optum Idaho provides an Endorsement Program to support the delivery of Targeted Care Coordination (TCC), Youth Support, Skills Training and Development (STAD), and Respite services. Optum Idaho has continued to increase the number of new endorsed providers from the previous year. In 2022, Optum Idaho added new endorsed providers with 35 in TCC, 112 in Respite, 47 in STAD, and 31 in Youth Support. In 2023, numbers increased to 68 in TCC, 145 in Respite, 65 in STAD, and 51 in Youth Support.

Provider Relations

Provider Recruitment and Retention

Provider recruitment was focused on specific areas of need within the Optum Idaho Provider Network, which resulted in net gains across all provider types. In 2023, Optum Idaho added 287 new providers including 197 master's level clinicians and 89 prescribers to the network. The Provider Relations team also continued to focus on retaining existing network providers. They worked with the IDHW to address provider concerns leading to network provider attrition and identified ways to reduce provider administrative burden. In response to the most frequently identified source of provider burden of stagnant reimbursement rates for some services, Optum conducted a market rate analysis and worked closely with IDHW to implement a provider rate increase for 30 IBHP services in 2023.

Telehealth Service Delivery

Optum Idaho continued to support and promote telehealth delivery of services to help ensure access to care was maintained. We worked closely with Medicaid partners to align efforts and communications. As a result of this collaborative approach, there were no reported disruptions to the provider network when the PHE ended on May 11th, 2023.

Provider Education

The Provider Relations team continued to encourage network providers to participate in trainings offered in-person or online, specific to the unique needs of the populations that they serve. Optum Idaho provided over 50 live virtual or in person trainings that included 1,020 network providers and stakeholders. Training webinars focused on crisis intervention, Mental Health First Aid, youth support, and peer learning collaboratives. Provider Roundtables were held throughout the year to provide education opportunities on topics that the network identified as most important to both them and the members they serve.

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Quality Performance Measures and Outcomes

Quality Performance Measures Summary and Highlights

Optum Idaho remains committed to IBHP members and families in transforming the behavioral health care system in Idaho and monitors performance measures on a continual basis to ensure the needs of Idaho Behavioral Health Plan (IBHP) members and providers are being met. 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 29 out of 34 (85 percent) key measures. Year over year, Optum Idaho continues to meet performance goals for geographic availability of providers, critical incident investigation and service authorization request timeframes, while exceeding performance goals for member satisfaction, customer service call standards, appointment wait times, person-centered service plan review and inter-rater reliability scores.

Included in this report is an analysis of Optum Idaho’s key operational functions and the metrics related to our performance measures for the past four years.

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

Member Satisfaction Survey Results

Optum Idaho monitors member satisfaction with its behavioral health services, and 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 telephonic interview with translation services 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-day period 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 of 50 responses is met, or the sample is exhausted. Members who have accessed services in multiple quarters are eligible for the survey once every six months. The surveys are conducted over a three-month period after the quarter in which the services were rendered.

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The Member Advisory Committee serves in an advisory capacity to Optum Idaho representing the voice of members and their families who use the services provided under the Idaho Behavioral Health Plan (IBHP). MAC members may consider the survey results and provide input into policy development to be incorporated into Optum Idaho’s policies and procedures.

Optum’s overall member satisfaction scores have increased in 2024, the highest it has been in four years, with 100% of surveyed members reporting satisfaction with Optum’s support in obtaining referrals or authorizations.

Measure	Goal	2020	2021	2021	2023
2020 – 2023 New Survey: Member Satisfaction Survey Results					
Optum Support for Obtaining Referrals or Authorizations	≥85%	91%	90%	90%	92%
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	93%	90%	89%	89%
Experience with Counseling and Treatment	≥85%	95%*	93%	94%	93%
Overall Satisfaction	≥85%	91%*	91%*	94%	91%
*After conducting an internal data audit, updates were made in the 2021, 2022 performance metrics. Final numbers determined using established rounding methodology (raising to the nearest whole number).					

Provider Satisfaction Survey Results

The goal of obtaining provider satisfaction information is to improve the provider experience with Optum Idaho by providing suggestions for improvement. Provider Relations Advocates (PRA’s) are regularly engaged in recruiting and information gathering efforts with network providers. These include one-on-one conversations with providers and the Provider Advisory Committee which are both allow a space for providers to share input and prioritization of initiatives or issues impacting the provider community as well as to present their recommendations for changes to procedures, enhancements to systems or to discuss and plan key initiatives.

After a hiatus in surveying providers in 2022 to have more conversations with the providers to better understand all gaps, providers once again participated in the 2023 Provider Satisfaction Survey in July and August 2023 with 153 completed surveys, resulting in a 7% response rate. Overall provider satisfaction with Optum fell short of the established goal at 76% (goal: ≥85%). In addition, the overall evaluation indicated that 84% of providers noted that Optum’s service was improving or staying the same, 66% of providers indicated they received better, or the same experience compared to other behavioral healthcare companies, and 87% of providers indicated that they were somewhat or very likely to remain in the Optum network. Providers have expressed that the administrative burden of providing Medicaid services has negatively impacted their satisfaction scores.

The Provider Relations team is increasing efforts towards improving the Net Promoter Score, creating, and capitalizing on opportunities to improve provider experience and encourage provider engagement, while taking steps to identify and advocate for IBHP changes that are causing strain on the provider network. Overall, providers indicated that Optum Idaho continues to improve with meeting the needs of the provider community and the service needs of IBHP members. The overall satisfaction increase is evidenced with more providers reporting that they would advise their colleagues to join the Optum Idaho network, and according to some indicators, provider ability to see more members is moving in a positive direction.

Measure	Goal	2020	2021	2021	2023
Provider Satisfaction Survey Results					
Overall Provider Satisfaction	≥85%	88%	72%	N/A*	76%
*Recruiting and information gathering for RCS completed in lieu of survey.					

Accessibility & Availability

Idaho Behavioral Health Plan Membership

The IDHW sends IBHP membership data to Optum Idaho monthly. “Membership” refers to IBHP members with the Medicaid benefit. “Utilizers” refers to the number of Medicaid members who use IBHP services.

Membership numbers dropped during 2023 by nearly 120,000 due to eligibility redetermination by the State of Idaho because of the termination of the Public Health Emergency.

Measure	Goal	2020	2021	2022	2023
Accessibility & Availability - Idaho Behavioral Health Plan Membership					
Membership Numbers	NA	383,601	419,467	420,707	310,420

Member Services Call Standards

Optum Idaho telephone access is provided 24 hours a day, seven days a week, 365 days per year, in partnership with our vendor, through our toll-free Member Access and Crisis Line, to ensure all member calls are answered. Optum Idaho is contractually obligated to track the percentage of member calls answered within 30 seconds, daily average hold time and call abandonment rate.

Every measurement within the member service call standards improved drastically in 2023, even as the number of member calls increased. This year boasted the highest percentage in the past four years of calls answered within 30 seconds. The abandonment rate and daily average hold times both decreased by at least half.

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Measure	Goal	2020	2021	2022	2023
Accessibility & Availability - Member Service Call Standards					
Total Number of Calls	NA	6,999	5,544	6,209	6,895
Percent Answered Within 30 Seconds	≥80%	84%	68%	81%	91%
Average Daily Hold Time	≤120 Seconds	20	44	35	17
Abandonment Rate	≤3.5% internal, ≤7% contractual	1.5%	4.1%	3.4%	1.0%
Daily Average Hold Time	≤120 Seconds	20	44	35	17

Customer Service (Provider Calls) Standards

Optum Idaho is contractually obligated to track the percent of provider calls answered within 30 seconds, daily average hold time and call abandonment rate. 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.

The total number of provider services calls increased which showed its effects on this year’s metrics compared to 2022, though, we are proud to say that these numbers are still well above each respective metric goal.

Measure	Goal	2020	2021	2022	2023
Accessibility & Availability - Customer Service (Provider) Call Standards					
Total Number of Calls	NA	13,597	11,250*	14,775	14,919
Percent Answered within 30 seconds	≥80%	98%	98%	95%	93%
Average Daily Hold Time	≤120 seconds	4	5	12	16
Abandonment Rate	≤3.5% internal, ≤7% contractual	0.4%	0.4%	0.9%	1.3%

*After conducting an internal data audit, updates were made in the 2021, 2022 performance metrics.

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Response to Written Inquiries

Optum Idaho's policy is to respond to all member and provider phone messages and email/written inquiries within 2 business days. Optum Idaho maintains and tracks this data in an internal database, and in 2023 was 100% compliant in meeting the acknowledgment goal of responding to written inquiries within at least 2 business days

Measure	Goal	2020	2021	2022	2023
Accessibility & Availability - Response to Written Inquiries					
Percent Acknowledged ≤2 Business Days	100%	100%	100%	96%	100%
<i>*After conducting an internal data audit, updates were made in the 2021, 2022 performance metrics.</i>					

Appointment Wait Times, Access Standards

Optum Idaho developed, maintains, and monitors a network with adequate numbers and types of clinicians and outpatient programs to ensure that all members have access to appropriate treatment. Optum requires that network providers adhere to specific access standards for urgent appointments being offered within 48 hours, non-urgent appointments being offered within 10 days of request and critical appointments being offered within six hours. Access to care is monitored via monthly provider telephone polling by the Provider Relations team. Criteria used in the polling will determine whether the providers are compliant with meeting the monthly access standards. We are pleased to report that our provider network remains well over our goal in these standards.

Measure	Goal	2020	2021	2022	2023
Accessibility & Availability - Appointment Wait Time, Access Standards					
Urgent Appointment Wait Time (hours)	48 hours	15.3*	10.5	9.8*	14.3
Non-Urgent Appointment Wait Time (days)	10 days	3.5	2.8	3.3*	3
Critical Appointment Wait Time (hours)	Within 6 hours	3	2	1.8*	2.02
<i>*After conducting an internal data audit, updates were made in the 2020, 2022 performance metrics. Final numbers determined using established rounding methodology (rounding to the nearest tenth).</i>					

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Geographic Availability of Providers

Optum Idaho utilizes software which accurately measures the accessibility of mental and behavioral health care networks based on the geographic locations of network providers relative to the locations of the members being served. Optum Idaho uses this software quarterly to calculate estimated driving distance, based on zip codes, between Optum membership and network providers.

Optum Idaho’s contract availability standards for Area 1 requires the network to contain at least one provider within 30 miles of Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville Counties. For the remaining 41 counties in Area 2 (37 remaining within the state of Idaho and four neighboring state counties), Optum Idaho’s standard is at least one provider within 45 miles.

Optum Idaho maintained 99.9% access to services in Area 1 throughout the year and over 99.8% in Area 2. Telehealth utilization was not factored in for coverage but is believed to expand coverage of Area 2 beyond 99.8%.

Measure	Goal	2020	2021	2022	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%	99.8%*	99.9%*	99.9%*	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%	99.8%*	99.8%*	99.9%*	99.8%
*Performance is viewed as meeting the goal due to established rounding methodology (raising to the nearest whole number). After conducting an internal data audit, updates were made in the 2020, 2021, 2022 performance metrics.					

Member Protections and Safety

Member Appeals

Optum Idaho recognizes the right of a member to appeal an adverse benefit determination (ABD) to a prior authorization request that resulted in member financial liability or denied services. All non-urgent appeals are required to be reviewed and resolved within 30 calendar days while urgent appeals are required to be reviewed and resolved within 72 hours.

In Q1, 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 Optum team members. In response to this finding, the Optum Idaho team worked diligently to finalize a dashboard which aided in streamlining all cases to better ensure turnaround times being met. The internal tracking changes implemented by the team have proven to be successful as reflected in meeting the goals throughout the remainder of 2023.

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Measure	Goal	2020	2021	2022	2023
Member Protections and Safety – Member Appeals					
Number of Appeals	NA	2*	3*	11	39
Non-Urgent Appeals	NA	1*	2*	11	39
Acknowledgment Compliance (within 5 calendar days)	100%	100%	100%	87%	95%
Determination Compliance (within 30 calendar Days)	100%	100%	100%	93%	97%
Urgent Appeals	NA	1*	1*	0	0
Determination Compliance (within 72 hours)	100%	100%	100%	NA	NA
*After conducting an internal data audit, updates were made in the 2020, 2021 performance metrics.					

Complaint Resolution and Tracking

A quality-of-service (QOS) complaint is investigated when a member, a member’s authorized representative or a provider expresses dissatisfaction concerning the administration of the IBHP and services received by Optum or a network provider. An issue related to the quality of clinical treatment services provided by an individual provider or agency in the Optum Idaho network is investigated as a quality-of-care (QOC) concern.

Optum Idaho maintains a process for recording and triaging QOC concerns and QOS complaints to ensure timely response and resolution in a manner that is consistent with contractual and operational standards. Both QOS complaints and QOC concerns are to be acknowledged in writing within 5 business days. QOS complaints are to be resolved and complainants sent a written resolution within 10 business days. QOC concerns are to be resolved within 30 calendar days with no resolution sent to the complainant pursuant to federal and state peer review regulations.

Staff training was prompted in 2022 to address non-compliance with the goal of acknowledging and resolving complaints. The effectiveness of the training is evidenced by once again meeting all goals for complaint resolution and tracking turnaround times.

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Measure	Goal	2020	2021	2022	2023
Member Protections and Safety – Complaint Resolution and Tracking					
Total Number of Complaints	NA	45	29	60	50
Percent of Complaints Acknowledged within Turnaround time	100% w/in 5 business days	100.0%	100.0%	98.8%	100.0%
Number of Quality of Service Complaints	NA	34	23	27	26
Percent Quality of Service Resolved within Turnaround Time	100% w/in ≤10 business days	100.0%	100.0%	97.5%	100.0%
Number of Quality of Care Complaints	NA	11	6	33	24
Percent Quality of Care Resolved within Turnaround Time	100% w/in ≤30 calendar days	100.0%	100.0%	100.0%	100.0%

Critical Incident

To improve the overall quality of care provided to our members, Optum Idaho utilizes peer reviews for occurrences related to members that have been identified as Critical Incidents (CI). Critical incidents, that meet one of twelve definitions, are serious, unexpected occurrences involving a member that is believed to represent a possible Quality of Care issue on the part of the practitioner/agency providing services, which has, or may have, deleterious effects on the member, including death or serious disability, that occurs during the course of or subsequent to a member receiving behavioral health treatment. Providers and Optum staff are required to report CI’s to Optum Idaho within one business day of being made aware of the incident.

An internal CI Ad-Hoc Committee review is completed within five business days, as per NCQA standards, to identify any quality-of-care concerns that may have led to the incident. If a concern is identified, the matter is taken to Optum Idaho’s Peer Review Committee (PRC) to review. The purpose of the PRC is to evaluate and improve the quality of behavioral health care services in accordance with applicable standards of care, regulations, and contractual requirements. The PRC reviews reported member-involved events such as critical incidents and identified quality-of-care concerns. At Optum Idaho, we take all CI reports very seriously, and continue to remain fully compliant in meeting with the medical, clinical and quality teams to determine care concerns as a result of the incident.

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Measure	Goal	2020	2021	2022	2023
Member Protections and Safety – Critical Incidents					
Number of Critical Incidents Received	NA	52*	51*	59	52
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	100.0%	100.0%	100.0%	100.0%	100.0%
*After conducting an internal data audit, updates were made in the 2020, 2021 performance metrics.					

Provider Monitoring and Relations

Provider Quality Monitoring

Optum Idaho performs site visits to monitor provider adherence to quality standards. The Optum Idaho provider performance team completes treatment record reviews and site audits. They provide a standardized review of providers and facilities covering access, clinical record keeping and quality of their delivery of mental and behavioral health services.

Following an audit, the provider will receive initial verbal feedback followed by a written report within 30 days of the site visit. Scores above 85 percent are considered passing, between 80-84 percent require submission of a corrective action plan (CAP), and 79 percent or below require submission of a CAP and participation in a re-audit within four to six months.

In April 2022, there was a change to the way in which audits were counted from counting by service type to counting per provider, which shows as a lessened the number of audits reported.

Measure	Goal	2020	2021	2022	2023
Provider Monitoring and Relations – Provider Quality Monitoring					
Number of Audits	NA	458	593	339*	247
Percent of Audits that Received Passing Score of ≥85%	≥85%	83%*	75%*	87%	93%
Percent of Audits that Required a Corrective Action Plan	NA	17%*	25%*	13%*	7%
*After conducting an internal data audit, updates were made in the 2020, 2021, 2022 performance metrics. Final numbers determined using established rounding methodology (rounding to the nearest whole number).					

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Coordination of Care Between Behavioral Health Provider and Primary Care Provider

Optum Idaho, as well as their accrediting organizations, expects providers to make a good faith effort at communicating with other mental and behavioral health clinicians or facilities and any medical care professionals who are treating the member as part of an overall approach to coordinating care. Providers are audited by the Optum Idaho provider performance team for compliance with coordination of care.

Measure	Goal	2020	2021	2022	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	98%	100%	96%	96%
Percent Documentation in Member Record that Communication/ Collaboration Occurred Between Behavioral Health Provider and PCP	NA	76%	80%	84%*	73%
*After conducting an internal data audit, updates were made in the 2020, 2021, 2022 performance metrics. Final numbers determined using established rounding methodology (rounding to the nearest whole number).					

Provider Disputes

Provider disputes are requests for reconsideration by a provider of a claim, or group of claims, for services provided that have been denied, adjusted, or contested for which the member has already received service. Optum Idaho requires that written resolution be sent within 30 calendar days following the receipt of the provider dispute request.

As referenced above in member appeals, an internal audit in Q1 revealed barriers and inefficiencies in completing provider disputes. The Optum Idaho team implemented the same remedies as for member appeals to ensure compliance. In Q3 Optum fell below the established goal in provider dispute determination compliance due to a Medicaid credentialing error.

Measure	Goal	2020	2021	2022	2023
Provider Monitoring and Relations - Provider Disputes					
Number of Provider Disputes	NA	575*	367*	204	516
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	100%	100.0%	100.0%	100.0%	97%
Average Number of Days to Resolve Provider Disputes	≤30 days	11*	15.8*	17.9*	18
*After conducting an internal data audit, updates were made in the 2020, 2021, 2022 performance metrics. Final numbers determined using established rounding methodology (rounding to the nearest whole number).					

Utilization Management and Care Coordination

The Utilization Management & Outcomes Team (UMOT) identifies areas of opportunity to develop a more robust service delivery system. These areas are identified via review of aggregate data, clinical information, policies and service outlier and outcome information such as service utilization and outcomes analysis, care coordination through outlier management and review of UM and clinical policies & procedures and guidelines.

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 facility admissions/discharges and facility readmissions, and timeliness of outpatient behavioral health care following facility discharges.

In 2023, U MOT work has been able to reach out to the provider community to offer information and education about the level of care guidelines, provider manual and fee schedule changes. The team brainstormed with the providers on other services that may be a better fit for the members’ needs as well as promoted leaders at agencies to offer training to staff on appropriate interventions and billing standards and practices.

Service Authorization Requests

Optum Idaho has formal systems and workflows in place designed to process requests for benefit coverage of services requiring prior and concurrent authorization and adheres to a 14-day turnaround time for processing non-urgent pre-service and concurrent requests and Optum Idaho was once again fully compliant with the goal of meeting this requirement at 100%.

In October, all service requests were moved to a digital platform which streamlined the process for both providers and the Optum teams. This change has decreased provider burden as they no longer need to sift through their clinical notes for pertinent information and is easier for them to navigate, and Optum staff no longer have to process the incoming documentation into a digital format.

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination – Service Authorization Requests					
Percentage Determination Completed within 14 Days	100%	100%	100%	100%	100%

Notification of Adverse Benefit Determinations (ABD)

An Adverse Benefit Determination (ABD) is defined as the denial or limited authorization of a service requiring prior authorization. When a service authorization request is received, Optum Idaho has 14 calendar days to review the case based on clinical or administrative guidelines, decide to authorize or deny services in total or in part, and mail the ABD notification letter.

Optum met and/or exceeded eight of nine Utilization Management and Care Coordination performance goals yet fell below the established goal in notification of adverse benefit determination compliance; refer to page 10 for additional details. Optum did not meet the established goal of 100% notification of adverse benefit determinations within 14 calendar days. Root causes for missing three notification turnaround timelines include: provider data entry errors which caused service request misrouting and transition of workflow ownership. Optum has implemented updated workflows in calculating turnaround time and status tracking through digital dashboard utilization.

Optum did not meet the established goal of 100% notification of adverse benefit determinations within 14 calendar days. Root causes for missing three notification turnaround timelines include provider data entry errors, which caused service request misrouting, a transition of workflow ownership, combined with an over two-fold increase in the number of ABD’s. Optum has implemented updated workflows in calculating turnaround time and status tracking through digital dashboard utilization which greatly improved process efficiency.

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination - Notification of Adverse Benefit Determinations (ABDs)					
Number of Adverse Benefit Determinations (ABDs)	NA	76*	138*	280	567
Clinical ABDs*	NA	21*	22	169	432
Administrative ABDs*	NA	55*	116*	111	135
Written Notification within 14 Calendar Days	100%	100%*	100%	98.8%*	98.7%
*After conducting an internal data audit, updates were made in the 2020, 2021, 2022 performance metrics. Final numbers determined using established rounding methodology (raise a number to the nearest tenth).					

Person-Centered Service Plan (PCSP)

All children and youth members in the YES Program are required to have a Person-Centered Service Plan (PCSP) developed by a Child and Family Team involving the member’s authorized representative, and the member’s treatment provider. A PCSP is member-directed, ongoing, and focuses on the strengths, interests, and needs of the individual. It reflects the services and supports that are important to the member and their family to meet the needs identified through a functional needs assessment.

Optum Idaho reviews completed PCSPs according to standards established in federal law to ensure the planning process includes people that were chosen by the member and their family, and the meetings are scheduled at times and locations that are convenient for the youth and their family. The PCSP includes strategies to address conflicts or disagreements, including clear conflict-of-interest guidelines for all planning participants, and methods for the member and family to request updates to the plan.

During 2022 - 2023, YES membership increased over, which may account for the increase in the number of PCSP's received. Even with receiving double the amount of PCSP's from the previous year, Optum Idaho remained well under the goal of reviewing these plans within 5 business days, which is yet another way Optum remains committed to YES services in the state.

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination - Person-Centered Service Plan (PCSP)					
Number of PCSPs Received	NA	860*	629*	563	950
Average Number of Business Days to Review	≤5 days	0.11	0.49	0.40	0.61
*After conducting an internal data audit, updates were made in the 2020, 2021 performance metrics.					

Field Care Coordination (FCC)

The Field Care Coordination (FCC) team includes regionally based clinicians across the state of Idaho. They provide local support in collaboration with providers to assist members with care coordination and discharge planning. This is achieved by focusing on consumers and families who are at greatest clinical risk, focusing on member wellness and member responsibility for their own health and well-being, and improving care coordination for members moving between services, especially those being discharged from 24-hour care settings.

The FCC team continued to meet with crisis centers weekly to facilitate the staffing of high need members and to provide consultation and referrals to decrease frequency and duration of stays. The team prioritized complex cases such as EPSDT cases which require more extensive involvement with Medicaid, families, regional children’s services, and often law enforcement. The FCCs also continued to provide support and direction to providers and stakeholders.

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination – Field Care Coordination (FCC)					
Total Referrals to FCCs	NA	1604	2,086*	1,701	1,396
Average Number of Days Case Open to FCC	NA	43.5*	37.0	41.8	42.3
<i>*After conducting an internal data audit, updates were made in the 2020, 2021, 2022 performance metrics.</i>					

Discharge Coordination; Post-Discharge Follow-Up

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination – Discharge Coordination; Post-Discharge Follow-Up					
Number of Inpatient Discharges	NA	6,268	5,337	3,524	3,668
Percent of Members with Follow-Up Appointment or Authorization within 7 Days after Discharge	NA	40%	38%	27%	30%
Percent of Member with Follow-Up Appointment or Authorization within 30 Days after Discharge	NA	60%	58%	15%*	15%*
<i>*Telligen’s role in hospitalizations has been reduced as such Optum Idaho is no longer notified about most hospitalizations. This reduces Optum Idaho’s ability to reach out and support members after hospitalization.</i>					

Re-Admissions

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination – Re-Admissions					
Number of Inpatient Discharges	NA	6,268	5,337	3,524	3,668
Percent of Members Re-Admitted within 30 Days	NA	11%	12%	12%	13%

Inter-Rater Reliability

Inter-Rater Reliability (IRR) is used to measure the consistency and accuracy of the application of clinical guideline criteria for utilization management (UM) decisions and recommendations by UM Care Advocates and MD and PhD psychologist peer reviewers. The assessment consists of 10 questions and participants must obtain a minimum of a 90 percent or higher score to pass.

Participants who do not pass on the first attempt are required to immediately conduct self-led training by reviewing available resources and questions missed. Those who do not pass on the second attempt are required to notify a supervisor and manager for further remediation.

Optum once again has demonstrated our clinical team remains aligned in clinical decision making.

Measure	Goal	2020	2021	2022	2023
Utilization Management and Care Coordination – Inter-Rater Reliability					
Inter-Rater Reliability – Care Advocate	≥90.0%	100%	97%	95%	94%
Inter-Rater Reliability – MD	≥90.0%	*	95%	100%	95%
<i>*MD Peer review audit results were not received from the national team due to data systems issues.</i>					

Claims

A claim is an application for payment for services provided to an IBHP member by a network provider. A clean claim excludes adjustments and/or resubmissions. Claims data is extracted by a third-party vendor, and, for the purpose of this report, all metrics include outcomes of clean claims paid within 30 and 90 calendar days and their respective dollar and procedural accuracy. This is measured from the received date to the paid date plus two days for mail time. Company holidays are included in the 30 and 90 calendar day turnaround time.

Dollar Accuracy Rate is measured by collecting a statistically significant random sample of claims processed. The data is reviewed to determine the percentage of correctly paid claim dollars compared to the total claim dollars paid, or in other words, the total paid dollars minus overpayments and underpayments, divided by the total paid dollars.

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

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is the percentage of claims processed without procedural errors, or the total number of claims audited minus the number of claims with non-financial errors, divided by the total claims audited. Optum’s improved all claims metrics for 2023, continuing the trend from 2022 of year over year improvements.

Measure	Goal	2020	2021	2022	2023
Claims					
Claims Paid within 30 Calendar Days	90%	99.8%*	99.6%*	99.8%	100%
Claims Paid within 90 Calendar Days	99%	99.9%*	99.9%*	99.9%	100%
Dollar Accuracy	99%	98.9%*	99.1%*	99.4%	99.8%
Procedural Accuracy	97%	99.3%*	99.0%	99.3%	99.5%
*After conducting an internal data audit, updates were made in the 2020, 2021 performance metrics. Final numbers determined using established rounding methodology (raise a number to the nearest tenth).					



Cultural Competency

Optum acknowledges that cultural competency is critical to achieving its aim of supporting member recovery and resiliency in ways that are important to them and their communities, as well as appropriate and relevant to their distinct cultural experiences. Our job as an organization is to equip our employees and providers with the knowledge and abilities, they need to help members with their individualized recovery and to engage and support them in a culturally and linguistically relevant manner. As a result, we make sure that cultural competency is emphasized in all aspects of our hiring, training, services, and quality improvement. Optum Idaho has created several cultural competency trainings for providers and staff to ensure they have the tools they need to support members from a cultural humility perspective.

The following seven goals document the methods Optum will use to promote culturally competent and culturally responsive care. The methods used to achieve the Cultural Competency Plan's goals will ensure that Optum's programs, activities, services, and benefits are equally available to all people regardless of race, color, national origin, disability, age, religion, gender identity, sexual orientation or socio-economic status.

- Determine policies and procedures to ensure that cultural responsiveness is integrated and represented across Optum Idaho and the provider network.
- Ensure that Optum Idaho actively hires, retains, and promotes a diverse workforce at all levels of the organization.
- Ensure that all Optum Idaho employees get ongoing education, training, and clinical consultation in culturally and linguistically appropriate service delivery and dispute resolution.
- Ensure that all network providers have ongoing education, training, and clinical consultation in culturally and linguistically appropriate service delivery and dispute resolution.
- Implement quality improvement activities to monitor cultural competency within the provider network, customer satisfaction, and identify service gaps in the system.
- Identify best practices for diversity and inclusion and promote these strategies and supports across Optum Idaho and the provider network.
- Provide language assistance services that are relevant to the needs of all people in the state of Idaho including those 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.

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Population Analysis

The Population Analysis is used to develop an understanding of the composition of the Optum Idaho member population and how it has changed over time. It allows Optum Idaho to understand the potential needs of the member related to language assistance.

Primary Language

The 2023 Member Satisfaction Survey results continue to demonstrate that members feel that 94% of the time, the care they received was respectful of their language, cultural and ethnic needs. In addition to English, representing 94% of the population, 16 distinct languages continue to be represented within our Idaho Medicaid population, including Spanish at 5%. Arabic, Russian, Chinese, French, Vietnamese and Romanian and others represent 1% of the Idaho Medicaid population, and in 2023 we saw the addition of Russian and Japanese.

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

Gender and Ethnicity

Membership in the IBHP is comprised of 47% male and 53% female members, with utilization shifting at 47% female compared to 43% male. Member ethnicity indication is by self-disclosure only by the member. Ethnic groups reported are Caucasian, Native American, Black, Hispanic and Asian Pacific Islander.

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Performance Improvement Projects

Performance Improvement Projects (PIPs) are designed to achieve, through ongoing measurements and intervention, significant improvement sustained over time in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and member satisfaction.

Care Coordination PIP

Optum Idaho’s Care Coordination PIP focused on coordination of care transitions and improved member and family engagement.

In 2023, three interventions were permanently implemented based on findings in the Care Coordination PIP. These interventions support members released from an inpatient treatment center in their transition to community-based treatment and reduce the likelihood of their readmittance.

- Optum identifies, refers, and coordinates community-based treatment services for members released from inpatient treatment. As a result, 289 members engaged with community-based services after they were released from inpatient care.
- Optum provides the Provider Express platform as a referral tool for networked providers. Daily maintenance and updates to the Express Access Provider List enhanced real time provider availability for member referral to community-based services. This tool improves the timely and efficient transition of care which contributed to the 289 members utilizing community-based services.
- Additionally, Optum trains providers and state agencies on the Optum Field Care Coordination (FCC) team services. This training includes best practice guidelines for interagency collaboration, specifically for members released from inpatient services. In total, the FCC team has met with over 700 stakeholders. These presentations and individual meetings aim to reduce gaps in services and to increase collaboration with community partners.

1915(i) PIP

The 1915(i) PIP was initiated in 2021 at request of CMS and IDHW. The PIP’s aim is to determine if implementing communication and education efforts to Youth Empowerment Services (YES) Program participants, families, and providers, while increasing Targeted Care Coordinator (TCC) workforce development efforts, would increase the

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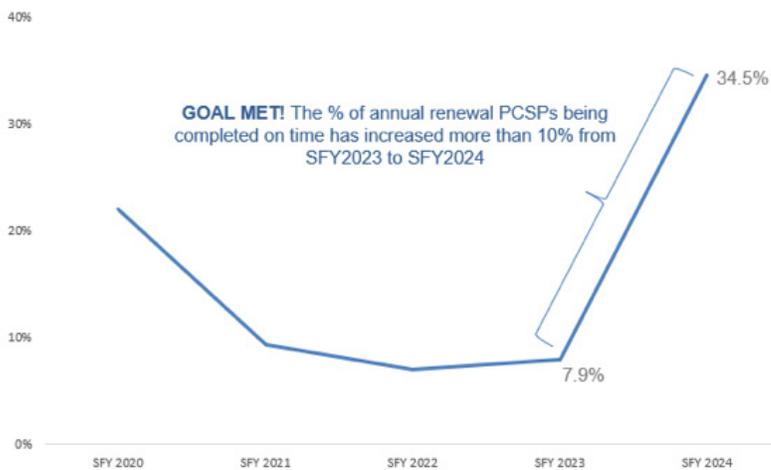
percentage of individuals completing their initial or renewal Person Centered Service Plans (PCSP's), year-over-year to the target of 86%, thereby, maintaining member eligibility and engagement in community-based services.

The goals for 2023 were aimed at increasing the rate of completion of renewal PCSP's by 10%, completion of initial PCSP's by 10%, and the number of TCC providers who are qualified to create a PCSP by 5%. The three interventions Optum implemented in 2023 to achieve these goals were:

- Identify and notify eligible members who need to complete the initial and renewal PCSPs. Scheduled letters and calls to all eligible members and their providers were placed at 30-, 60-, and 90-day intervals. In total, a member may receive up to 5 different notifications in a year.
- Train and recruit new TCC providers. The Optum Education and Training team streamlined the Relias training for new TCC providers allowing for a more seamless experience in becoming an official TCC provider. Recruitment efforts by the Provider Relations team helped to build the TCC network by supporting providers through the training process.

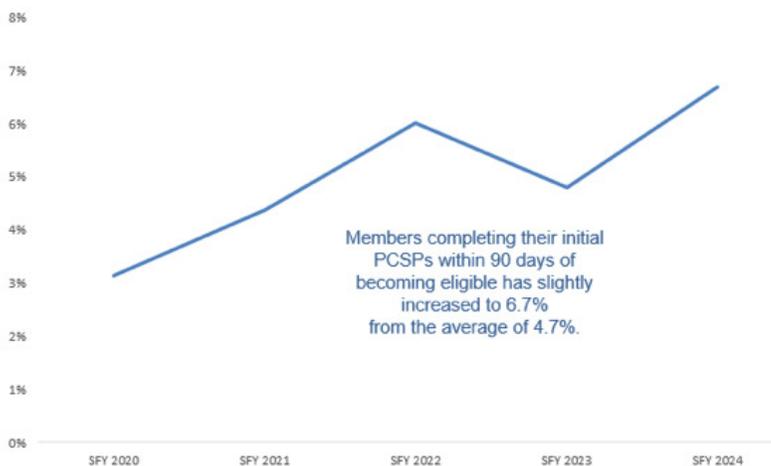
As of March 2024, the following outcomes have been realized:

Optum Idaho 1915(i) PIP – PCSP Annual Renewals



- From SFY2020 to 2023, the rate of 1915i eligible members completing their annual renewal of PCSPs on time decreased from 21.6% to 2%, despite all PIP interventions.
- However, a sharp increase was seen in the first quarter of SFY2024 and has continued to rise to a current rate of 35.5%
- The recent communication of requirements by the State through Optum's provider network and the State's YES Stakeholder meetings are likely factors that contributed to this improvement.

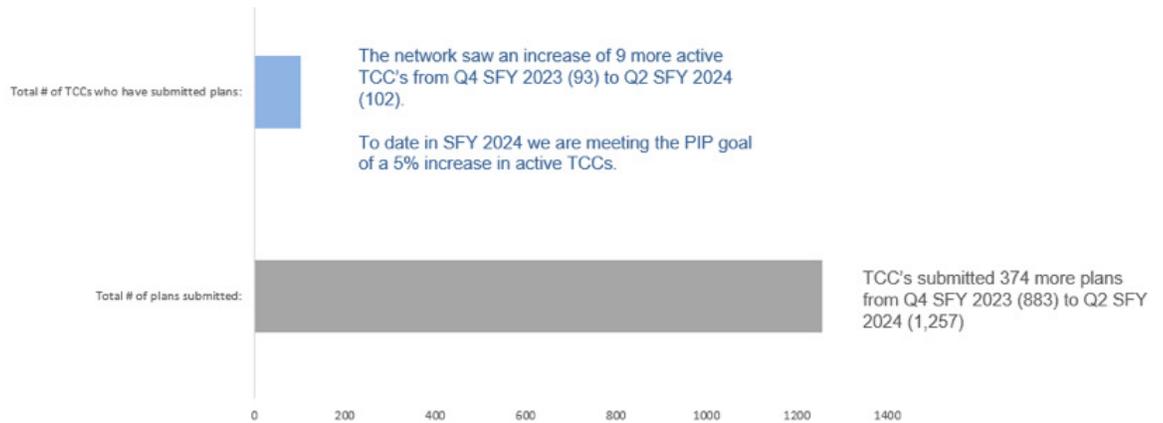
Optum Idaho 1915(i) PIP – PCSP Initial Renewals



- To meet the PIP goal of 10% increase YoY it will be important to continue to messaging of the requirements as well as outreach.
- It is also important to note that this measure may be significantly impacted by availability of TCC's
- Optum has approval from Medicaid to complete a survey of those provider's who have a TCC endorsement but have not submitted a PCSP in the last 18 months to understand barriers in that provider group.

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Optum Idaho 1915(i) PIP – TCC Network Activity



Through the completion of an inter-agency, multidisciplinary collaboration analysis, additional barriers can be identified to help establish improved strategies to improve the outcomes of this PIP and meet the CMS-established threshold.

Partial Hospitalization Program (PHP) PIP

On July 1st, 2023, Optum launched a new PIP focused on reducing PHP readmission rates, specific to the population receiving PHP treatment for substance use (SUD PHP). Through collaboration with participating SUD PHP providers, the team identified root causes, piloted interventions, and set goals for reducing SUD PHP readmission rates. After thorough research and analysis, it was discovered that there is a direct correlation between readmission rates (RAR) and post-discharge follow-up rates.

Working with our SUD PHP partners the following goals were established:

- **Goal 1:** Provider(s) with a RAR between 11% and 19% will reduce their RAR by 2%.
- **Goal 2:** Provider(s) with a RAR of 20% or higher will reduce RAR by 3%.
- **Goal 3:** Overall combined reduction of RAR by 1% combined.

In preparation for implementation of the intervention, Optum performed the following through collaboration with the providers: flyer development, monthly feedback sessions, provider training sessions for flyer distribution and monthly provider data discussion and intervention feedback. Optum conducted 3 provider training sessions regarding the intervention expectations and data collections.

On October 1st, 2023, the interventions were launched with the participating providers. As part of the SUD PHP discharge process, SUD PHP participants are educated on critical treatment transition expectations and benefits. This is accomplished through a standardized educational pamphlet given to and reviewed with each participant.

In 2024, the comparison data will allow more insight into the next steps of this PIP.