



Q4, 2023: October to December

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

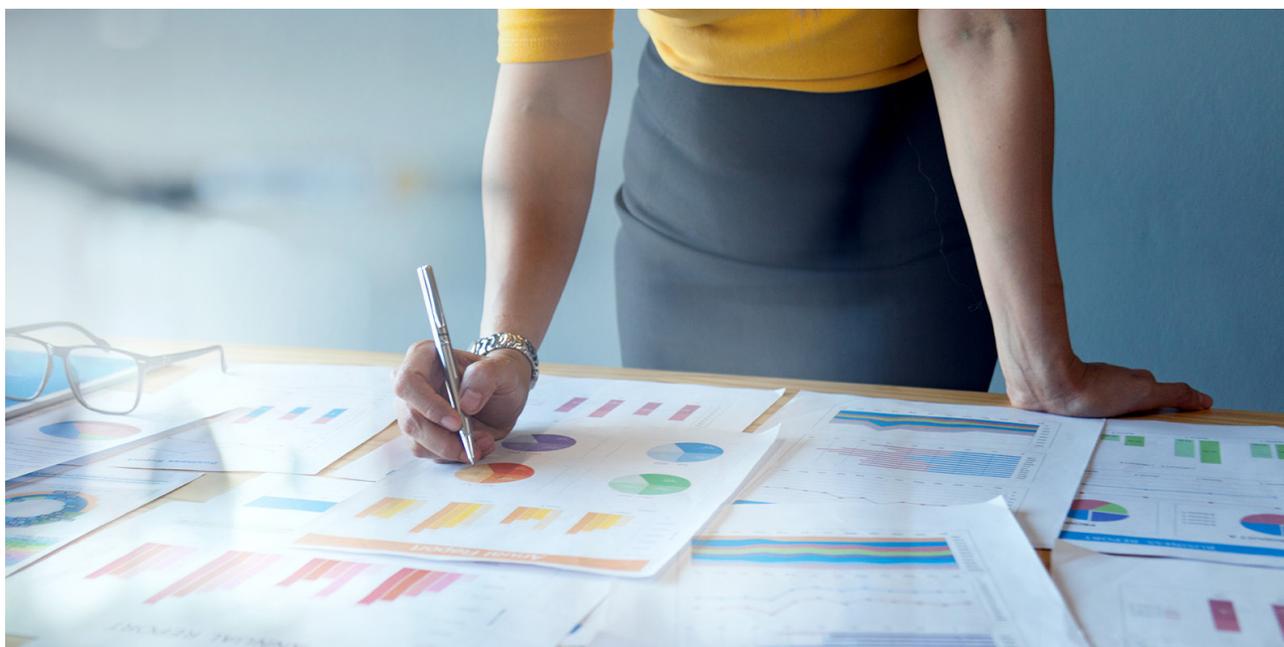


The Quality Management and Utilization Management (QMUM) Quarterly Report summarizes Optum Idaho's progress in accordance with the contract between the Idaho Department of Health and Welfare (IDHW), Division of Medicaid and Optum. This report highlights progress and efforts made, including: executive 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), 2023.

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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's comprehensive Quality Assurance and Performance Improvement (QAPI) program encompasses outcomes, quality assessment, quality management, quality assurance and performance improvement. The QAPI program is governed by the QAPI committee and includes data driven, focused performance improvement activities designed to meet the State of Idaho Department of Health and Welfare (IDHW) and federal requirements. These contractual and regulatory requirements drive Optum's key measures and outcomes for the IBHP.

Key performance measures have been identified and are tracked monthly. Each measure has a performance goal based on contractual, regulatory, or internal operational standards. For this reporting period, Optum met or exceeded performance goals for 32 of 34 (94%) key measures.

In the fourth quarter of 2023, Optum continued to meet and/or exceed performance goals for Optum member satisfaction, accessibility and availability, geographic availability of providers, member protections and safety, and provider monitoring and relations.

Optum met and/or exceeded eight of nine Utilization Management and Care Coordination performance goals yet fell below the established goal in the area of notification of adverse benefit determination compliance; refer to page 10 for additional details.

Member satisfaction has increased overall, with 100% of surveyed members reporting satisfaction with Optum's support in obtaining referrals or authorizations. Member and provider services calls increased in the percentage of calls answered within 30 seconds, while decreasing the abandonment rate and daily average hold time.

The annual provider satisfaction survey was conducted for 2023. Optum fell below the established goal of 85% for overall provider satisfaction at 76%; refer to page 13 for additional details.

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

Performance Metrics Summary

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

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

		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Member Satisfaction Survey Results					
Optum Support for Obtaining Referrals or Authorizations	≥85%	94%	100%	90%	*See note
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	87%	92%	85%	*See note
Experience with Counseling or Treatment	≥85%	90%	98%	88%	*See note
Overall Satisfaction	≥85%	90%	96%	90%	*See note
<i>*Based on Member Satisfaction Survey sampling methodology, Q3 2023, is the current data available.</i>					
Provider Satisfaction Survey Results					
Annual Overall Provider Satisfaction	≥85%	<i>Reported annually.</i>			76%
Accessibility & Availability - Idaho Behavioral Health Plan Membership					
Membership Numbers	NA	429,510	352,086	284,205	310,420

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		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Accessibility & Availability - Member Services Call Standards					
Total Number of Calls	NA	1,829	1,695	1,756	1,615
Percent Answered within 30 seconds	≥80%	88%	92%	96%	88%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	1.2%	0.7%	0.5%	1.7%
Daily Average Hold Time	≤120 Seconds	22	16	11	20
Accessibility & Availability - Customer Service (Provider Calls) Standards					
Total Number of Calls	NA	3,636	3,586	3,856	3,841
Percent Answered within 30 seconds	≥80%	90%	94%	95%	92%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	1.70%	1.02%	0.8%	1.6%
Daily Average Hold Time	≤120 Seconds	24	11	9	21
Accessibility & Availability - Response to Written Inquiries					
Percent Acknowledged ≤2 Business Days	100%	100%	100%	100%	100%
Accessibility & Availability - Appointment Wait Time, Access Standards					
Urgent Appointment Wait Time (hours)	48 hrs	10	18	20	9
Non-Urgent Appointment Wait Time (days)	10 days	3	4	3	2
Critical Appointment Wait Time (hours)	Within 6 hrs	3	0.14	3.51	1.42

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		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Geographic Availability of Providers					
Area 1 - Requires one provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties	100.0%	100%*	99%*	100%*	100%*
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%	100%*	100%*	100%*	100%*
*Performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number).					
Member Protections and Safety - Member Appeals					
Number of Appeals	NA	15	10	5	9
Non-Urgent Appeals	NA	15	10	5	9
Acknowledgment Compliance (within 5 calendar days)	100%	80%	100%	100%	100%
Determination Compliance (within 30 calendar days)	100%	87%	100%	100%	100%
Urgent Appeals	NA	0	0	0	0
Determination Compliance (within 72 hours)	100%	NA	NA	NA	NA

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		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Member Protections and Safety - Complaint Resolution and Tracking					
Total Number of Complaints	NA	13	16	15	6
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	100%	100%	100%	100%
Number of Quality Service Complaints	NA	10	7	8	1
Percent Quality of Service Resolved within Turnaround Time (business days)	100% within ≤10 days	100%	100%	100%	100%
Number of Quality of Care Complaints	NA	3	9	7	5
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	100%	100%	100%	100%
Member Protections and Safety - Critical Incidents					
Number of Critical Incidents Received	NA	14	12	14	12
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	100%	100%	100%	100%	100%
Provider Monitoring and Relations - Provider Quality Monitoring					
Number of Audits	NA	129	39	40	39
Percent of Audits that Passed with a Score of ≥85%	NA	95%	97%	85%	95%

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		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Provider Monitoring and Relations - Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)					
Percent PCP is Documented in Member Record	NA	100%	97%	100%	100%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	NA	74%	84%	76%	56%
Provider Monitoring and Relations - Provider Disputes					
Number of Provider Disputes	NA	195	111	91	119
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	100% w/in 30 days	93%	100%	93%	100%
Average Number of Days to Resolve Provider Disputes	≤30 days	18	16	19	19
Utilization Management and Care Coordination - Service Authorization Requests					
Percentage Determination Completed within 14 Days	100%	100%	100%	100%	100%
Utilization Management and Care Coordination - Notification of Adverse Benefit Determinations					
Number of Adverse Benefit Determinations (ABDs)	NA	92	111	165	199
Clinical ABDs	NA	49	74	128	181
Administrative ABDs	NA	43	37	37	18
Written Notification (within 14 calendar days)	100%	96.7%	100%	100%	98%

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		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Utilization Management and Care Coordination – Person-Centered Service Plan (PCSP)					
Number of PCSP Received	NA	157	251	233	309
Average Number of Business Days to Review	≤5	0.35	0.68	0.72	0.69
Utilization Management and Care Coordination – Field Care Coordination (FCC)					
Total Referrals to FCCs	NA	397	392	366	241
Average Number of Days Case Open to FCC	NA	38	43	42	46
Utilization Management and Care Coordination – Discharge Coordination: Post-Discharge Follow-Up					
Number of Inpatient Discharges	NA	942	1,030	858	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	NA	26%	27%	28%	*See Note
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	NA	17%	13%	11%	*See Note
<i>*Data is reported one quarter in arrears.</i>					
Utilization Management and Care Coordination – Re-admissions					
Number of Inpatient Discharges	NA	942	1,030	858	*See Note
Percent of Members Re-admitted within 30 Days	NA	11%	13%	13%	*See Note
<i>*Data is reported one quarter in arrears.</i>					

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		Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Goal	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Utilization Management and Care Coordination - Inter-Rater Reliability					
Inter-Rater Reliability - Care Advocate	≥90%	Reported annually			94%
Inter-Rater Reliability - MD	≥90%	Reported annually			95%
Claims					
Claims Paid within 30 Calendar Days	≥90%	99.97%	100%	100%	100%
Claims Paid within 90 Calendar Days	≥99%	100%	100%	100%	100%
Dollar Accuracy	≥99%	99.19%	100%	100%	100%
Procedural Accuracy	≥97%	99.27%	98.8%	99.8%	100%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q3, 2023

Optum did not meet the established goal of 100% of provider dispute determination notifications made within 30 calendar days of the date of the request during Q3, 2023. Six provider disputes submitted by one provider for extenuating circumstances were resolved in 38 days. The singular situation and circumstances related to a Medicaid credentialing error would not be anticipated to occur again in the future.

Identification of Areas Not Meeting Performance During Q4, 2023

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 work-flows in calculating turnaround time and status tracking through digital dashboard utilization.

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Member Satisfaction Survey Results

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

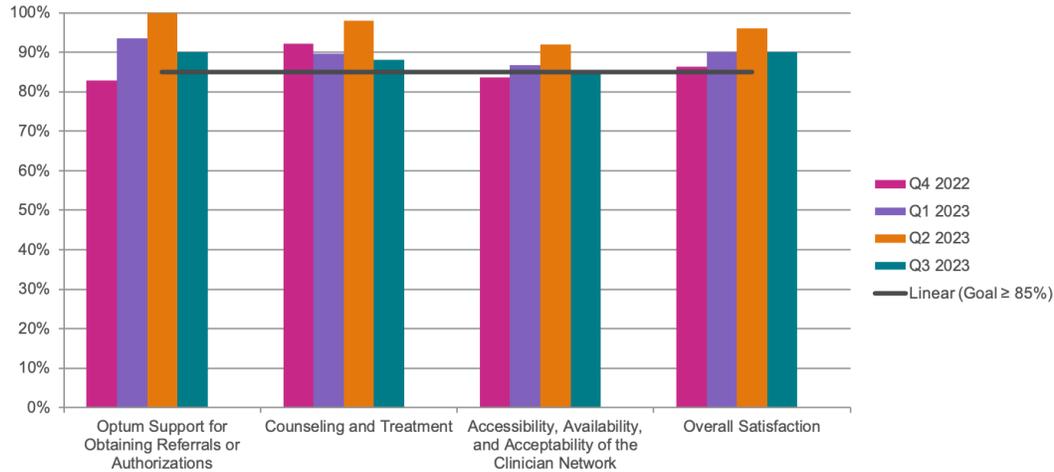
To be eligible for the survey, the member must have received services during the 90 days prior to the survey and have a valid telephone number on record. A random sample of individuals eligible for the survey was selected and called until meeting the desired quota, or the sample, was exhausted. Members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

Analysis: Due to the lag in reporting, as described above, Q3 2023 data is included in the report. The data is from surveys conducted with members who received services during Q2, 2023 and surveyed during Q3, 2023. The total number of members who responded to the survey was 50, which represents a response rate of 4%. During Q3, overall satisfaction was 90%. Optum met the goal of $\geq 85\%$ in the category of Counseling and Treatment at 88%, Optum Support for Obtaining Referrals or Authorizations at 90% and Accessibility, Availability, and Acceptability of the Clinician Network at 85%.

	Q1, 2023	Q2, 2023	Q3, 2023	Q4, 2023
Measure	Jan - Mar 2023	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023
Member Satisfaction Survey Results				
Optum Support for Obtaining Referrals or Authorizations	94%	100%	90%	*See Note
Counseling and Treatment	90%	92%	85%	*See Note
Accessibility, Availability, and Acceptability of the Clinician Network	87%	98%	88%	*See Note
Overall Satisfaction	90%	96%	90%	*See Note
<i>*Data is reported one quarter in arrears.</i>				

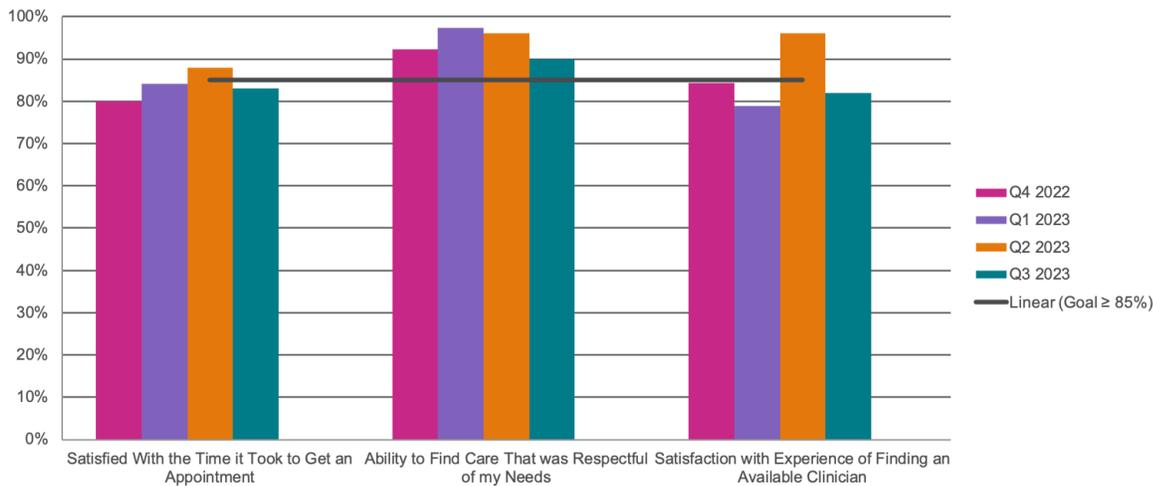
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Figure 1 – Member Overall Satisfaction



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.

Figure 2 – Member Experience with Counseling or Treatment



Barriers: No identified barriers.

Opportunities and Interventions: Optum continues to identify root causes and countermeasures to improve the member’s experience.

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

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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 provider experience with attitudes toward, and suggestions for, Optum Idaho.

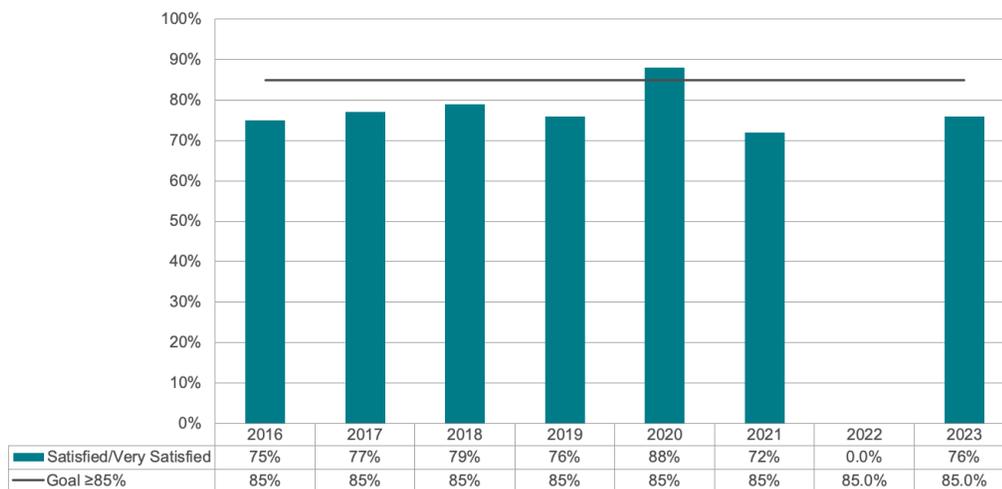
Methodology: Optum Idaho’s Provider Satisfaction Survey is designed to connect with all Optum Idaho network providers to give them an opportunity to participate in the research. Providers receive a link to the survey via email, and Market Probe conducts the survey annually.

Analysis: Providers participated in the 2023 Provider Satisfaction Survey in July and August 2023 with 153 completed surveys, resulting in a 7% response rate. The results of the survey were distributed to the Quality Assurance and Performance Improvement committee in March 2024. Overall provider satisfaction with Optum fell short of the established goal at 76% (goal: ≥85%).

In addition, the overall evaluation included Optum trend of service: 84% of providers indicated that Optum 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.

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 2023 survey included 35% promoters (those who rated a 9 or 10 on an 11-point scale), 32% passives (those who rated a 7 or 8 on an 11-point scale) and 33% detractors (those who rated a 0 to 6 on an 11-point scale). Optum Idaho’s NPS was +1 in 2023 (Promoters - Detractors).

Figure 3 – Provider Overall Satisfaction with Optum



Barriers: Providers have expressed that the administrative burden of providing Medicaid services has negatively impacted their satisfaction scores.

Opportunities and Interventions: 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, and taking steps to identify and advocate for IBHP changes that are causing strain on the provider network.

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