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Optum Idaho

Idaho Behavioral Health Plan
Quality Management and Utilization Management
Quarterly Report

Q1, 2021: January to March

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 1 (January to March), 2021.

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Executive Summary of Overall Progress

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

Key performance measures have been identified and are tracked on a monthly basis. Each measure has a performance goal based on contractual, regulatory or operational standards. For this reporting period, Optum Idaho met or exceeded performance goals for 30 out of 30 (100%) key measures.

Optum Idaho remained dedicated to achieving the right care, at the right time for members.

Performance Metrics Summary

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

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

		Q1, 2020	Q2, 2020	Q3, 2020	Q4, 2020	Q1, 2021
Measure	Goal	Jan – Mar 2020	Apr – Jun 2020	Jul – Sept 2020	Oct – Dec 2020	Jan – Mar 2021
Member Satisfaction Survey Results						
Optum Support for Obtaining Referrals or Authorizations	≥85%	90%	91%	92%	91%	*See note
Accessiblity, Availability, and Acceptability of the Clinician Network	≥85%	90%	93%	93%	92%	*See note
Experience with Counseling or Treatment	≥85%	95%	98%	95%	91%	*See note
Overall Satisfaction	≥85%	85%	95%	90%	92%	*See note
*Based on Member Satisfaction Survey sampling methodology, Q4, 2020 is the most current data available.						
Provider Satisfaction Survey Results						
Annual Overall Provider Satisfaction	≥85%	2019 Survey 76%	Survey completed annually will be reported in Q1, 2021.			88%
Accessibility & Availability – Idaho Behavioral Health Plan Membership						
Membership Numbers	**NA**	308,891	324,989	339,704	366,843	*See note
*Due to claims lag, data is reported one quarter in arrears.						

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

Measure	Goal	Q1, 2020 Jan – Mar 2020	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021
Accessibility & Availability – Member Services Call Standards						
Total Number of Calls	NA	2,390	1,578	1,471	1,560	1,524
Percent Answered within 30 seconds	≥80%	92%	90%	77%	78%	81%
Abandonment Rate	≤3.5% internal, ≤7% contractual	0.8%	0.9%	2.0%	2.1%	1.6%
Daily Average Hold Time	≤120 Seconds	11	15	27	28	24
Accessibility & Availability – Customer Service (Provider Calls) Standards						
Total Number of Calls	NA	4,521	3,440	3,051	2,585	2,867
Percent Answered within 30 seconds	≥80%	98%	98%	98%	97%	98%
Abandonment Rate	≤3.5% internal, ≤7% contractual	0.55%	0.29%	0.13%	0.47%	0.44%
Daily Average Hold Time	≤120 Seconds	3	3	3	5	4
Accessibility & Availability – Appointment Wait Time, Access Standards						
Urgent Appointment Wait Time (hours)	48 hrs	18	15	19	9	14
Non-Urgent Appointment Wait Time (days)	10 days	3	4	4	3	3
Critical Appointment Wait Time (hours)	Within 6 hrs	3	3	3	3	2

Measure	Goal	Q1, 2020 Jan – Mar 2020	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021
Geographic Availability of Providers						
Area 1 – Requires one provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties	**100.0%**	99.9%*	99.9%*	99.9%*	99.9%*	99.9%*
Area 2 – Requires one provider within 45 miles for the remaining 41 counties not included in Area 1 (37 remaining within the state of Idaho and 4 neighboring state counties)	**100.0%**	99.7%*	99.7%*	99.7%*	99.8%*	99.8%*

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

Measure	Goal	Jan – Mar 2020	Apr – Jun 2020	Jul – Sept 2020	Oct – Dec 2020	Jan – Mar 2021
Member Protections and Safety – Notification of Adverse Benefit Determinations						
Number of Adverse Benefit Determinations (ABDs)	**NA**	23	17	21	16	27
Clinical ABDs	**NA**	8	7	6	0	4
Administrative ABDs	**NA**	15	10	15	16	23
Written Notification (within **14** calendar days)	**100%**	100%	94.1%*	100%	100%	100%

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

Measure	Goal	Jan – Mar 2020	Apr – Jun 2020	Jul – Sept 2020	Oct – Dec 2020	Jan – Mar 2021
Member Protections and Safety – Member Appeals						
Number of Appeals	**NA**	3	0	0	0	0
Non-Urgent Appeals	**NA**	2	0	0	0	0
Acknowledgement Compliance (within **5** calendar days)	**100%**	100.0%	NA	NA	NA	NA
Determination Compliance (within **30** calendar days)	**100%**	100.0%	NA	NA	NA	NA
Urgent Appeals	**NA**	1	0	0	0	0
Determination Compliance (within **72** calendar days)	**100%**	100.0%	NA	NA	NA	NA

Measure	Goal	Q1, 2020 Jan – Mar 2020	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021
Member Protections and Safety – Complaint Resolution and Tracking						
Total Number of Compaints	NA	10	10	18	7	11
Percent of Complaints Acknowledged within Turnaround Time (business days)	**5 biz days**	100.0%	100.0%	100.0%	100.0%	100.0%
Number of Quality Service Complaints	NA	9	7	14	4	10
Percent Quality of Service Resolved within Turnaround Time (business days)	**100% within ≤10 biz days**	100.0%	100.0%	100.0%	100.0%	100.0%
Number of Quality of Care Complaints	NA	1	3	4	3	1
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	**≤30 cal days**	100.0%	100.0%	100.0%	100.0%	100.0%
Member Protections and Safety – Critical Incidents						
Number of Critical Incidents Received	NA	15	13	19	13	16
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	**100%**	100%	100%	100%	100%	100%
Member Protections and Safety – Response to Written Inquiries						
Percent Acknowledged ≤2 Business Days	**100%**	100%	100%	100%	100%	100%
Provider Monitoring and Relations – Provider Quality Monitoring						
Number of Audits	NA	182	57	98	121	164
Percent of Audits that Passed with a Score of ≥85%	NA	80.2%	84.2%	86.7%	79.3%	66%

Measure	Goal	Q1, 2020 Jan – Mar 2020	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021
Provider Monitoring and Relations – Coordination of Care Between Behavioral Health Provider and Primary Care Provider (PCP)						
Percent PCP is Documented in Member Record	**NA**	99%	98%	97%	99%	100%
Percent Documentation in Member Record that Communication/Collaboration Ocurred Between Behavioral Health Provider and Primary Care Provider	**NA**	73%	72%	85%	72%	75%
Provider Monitoring and Relations – Provider Disputes						
Number of Provide Disputes	**NA**	94	162	210	113	106
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	**100% w/in 30 cal days**	100%	100%	100%	100%	100%
Average Number of Days to Resolve Provider Disputes	**≤30 days**	6.5	7.1	11.6	12.5	14.1
Utilization Management and Care Coordination – Service Authorization Requests						
Percentage Determination Completed within 14 Days	**100%**	100%	100%	100%	100%	100%
Utilization Management and Care Coordination – Person-Centered Service Plan (PCSP)						
Number of PCSP Received	**NA**	102	198	297	263	132
Average Number of Days to Review	**≤5 biz days**	0.17	0.10	0.08	0.10	0.08
Utilization Management and Care Coordination – Field Care Coordination (FCC)						
Total Referrals to FCCs	**NA**	243	330	519	512	437
Average Number of Days Case Open to FCC	**NA**	37	42	48	47	29

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

Measure	Goal	Q1, 2020 Jan – Mar 2020	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021
Provider Monitoring and Relations – Discharge Coordination: Post-Discharge Follow-Up						
Number of Inpatient Discharges	**NA**	1,245	1,496	1,772	1,755	*See Note*
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	**NA**	43.0%	41.3%	37.2%	38.7%	*See Note*
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	**NA**	64.2%	61.0%	57.4%	58.5%	*See Note*
Data is reported one quarter in arrears.						
Provider Monitoring and Relations – Re-admissions						
Number of Inpatient Discharges	**NA**	1,245	1,496	1,772	1,755	*See Note*
Percent of Members Re-admitted within 30 Days	**NA**	11.2%	10.6%	10.7%	10.7%	*See Note*
Data is reported on quarter in arrears.						
Provider Monitoring and Relations – Inter-Rater Reliability						
Inter-Rater Reliability – **Care Advocate**	≥88%	Reported Annually			100%	Reported annually
Inter-Rater Reliability – **MD**	≥88%	Reported Annually			*See Note	Reported annually
MD IRR not available for this report.						
Provider Monitoring and Relations – Peer-Review Audits						
MD Peer Review Audit Results	≥88%	100%	100%	*See Note*	*See Note*	**See Note*
*Data unavailable for this report. **Data is reported one quarter in arrears.*						

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

Measure	Goal	Q1, 2020 Jan – Mar 2020	Q2, 2020 Apr – Jun 2020	Q3, 2020 Jul – Sept 2020	Q4, 2020 Oct – Dec 2020	Q1, 2021 Jan – Mar 2021
Claims						
Claims Paid within 30 Calendar Days	≥90%	99.9%	99.7%	99.7%	99.7%	99.9%
Claims Paid within 90 Calendar Days	≥99%	99.9%	99.8%	99.8%	99.9%	100.0%
Dollar Accuracy	≥99%	98.4%	99.0%	99.1%	99.0%	99.0%
Procedural Accuracy	≥97%	99.3%	99.0%	99.5%	99.4%	99.8%

Progress in Areas Not Meeting Performance During the Previous Quarter: Q4, 2020

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

- **Percent of Member Calls Answered within 30 Seconds** *(goal ≥80.0%)*: During Q4, this measure was 78%. ProtoCall is the vendor Optum partners with for our Member Access and Crisis Services line available 24/7/365. During Q4, ProtoCall indicated significant clinician resource constraints being exacerbated by the ongoing nature of COVID-19. During this time, Optum remained in close contact with ProtoCall to ensure their Idaho information and processes remained up to date for their phone clinicians, implemented performance guarantees within the contract, and remained apprised of onboarding and training of new staff. Due to the diligent and dedicated efforts of the ProtoCall team, this measure met performance in Q1, 2021.

Identification of Areas Not Meeting Performance During the Current Quarter: Q1, 2021

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

Member Satisfaction Survey Results

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

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

Analysis: Due to the lag in reporting as described above, Q4 data is included in the report. The data is from surveys that were conducted on members who received services during Q3, 2020 and surveyed during Q4, 2020. The total number of members who responded to the survey was 51 with a response rate of 5%. Translation services were not requested. During Q4, Optum Idaho met the goal of ≥85% in all measures as indicated below:

Performance Metric	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Optum Support for Obtaining Referrals or Authorizations	72%	83%	100%	93%	92%	N/A	91%	99%	90%	91%	92%	91%
Counseling and Treatment	96%	91%	100%	93%	97%	N/A	93%	97%	95%	98%	95%	91%
Accessibility, Availability, and Acceptability of the Clinician Network	89%	89%	99%	90%	92%	N/A	94%	90%	90%	93%	93%	92%
Overall Satisfaction	78%	78%	100%	91%	98%	N/A	90%	96%	85%	95%	90%	92%

Figure 1
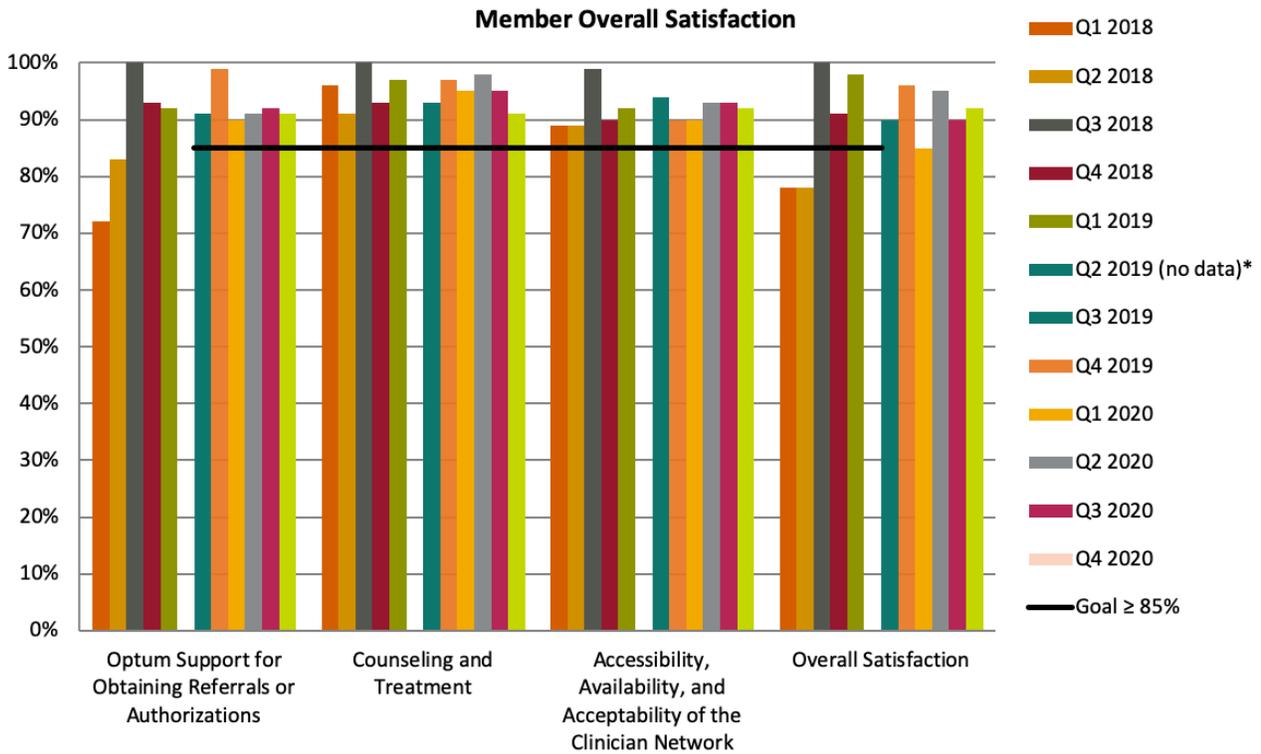
Member Overall Satisfaction

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

Categories: Optum Support for Obtaining Referrals or Authorizations; Counseling and Treatment; Accessibility, Availability, and Acceptability of the Clinician Network; Overall Satisfaction

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

In addition, the Member Satisfaction Survey includes specific questions related to the member's experiences with counseling and treatment. The results are in the graph, "Member Experience with Counseling or Treatment," below. The goal of ≥85% was met again in all domains.

Figure 2
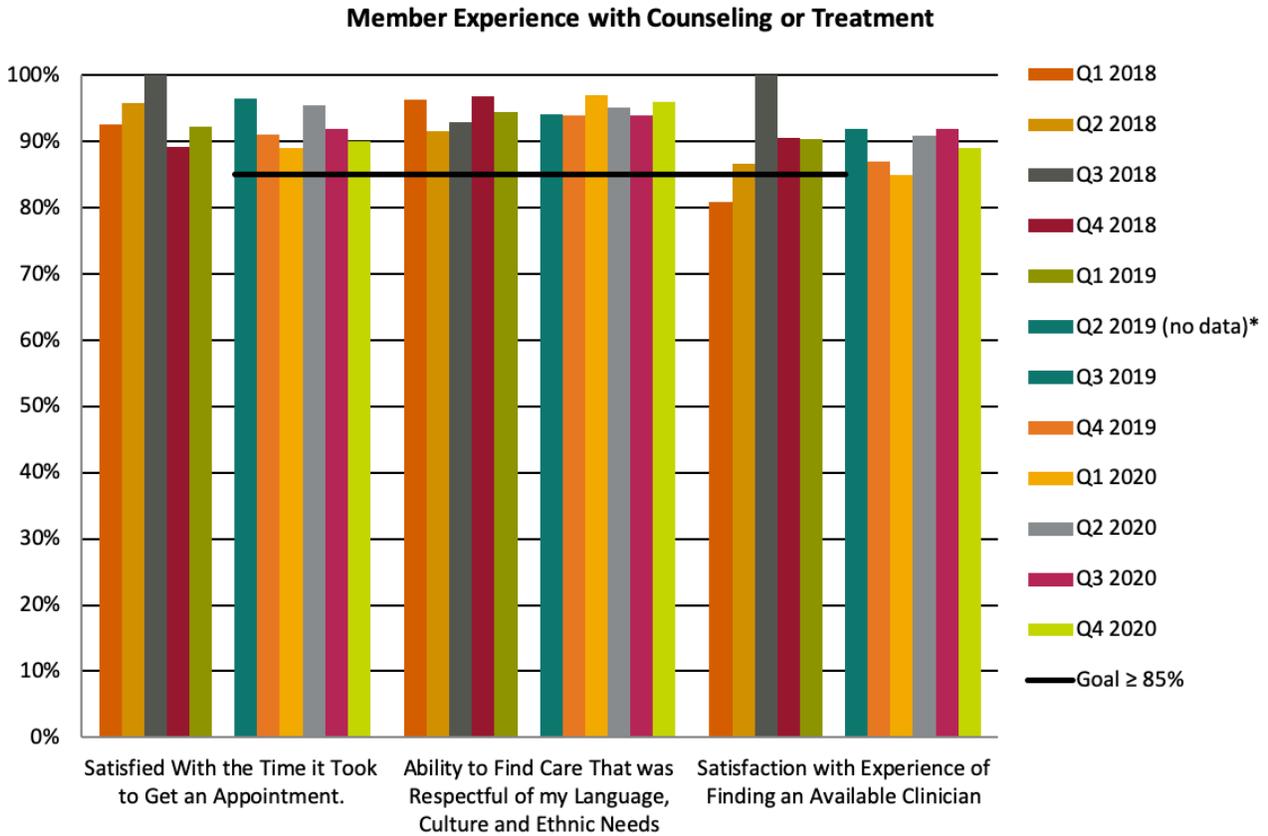
Member Experience with Counseling or Treatment

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

Barriers: No identified barriers.

Opportunities and Interventions: No opportunities for improvement were identified.

Provider Satisfaction Survey Results

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

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

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

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

Figure 3

Provider Overall Satisfaction with Optum

	2016	2017	2018	2019	2020
Satisfied/Very Satisfied	75%	77%	79%	76%	88%
Goal ≥85%	85%	85%	85%	85%	85%
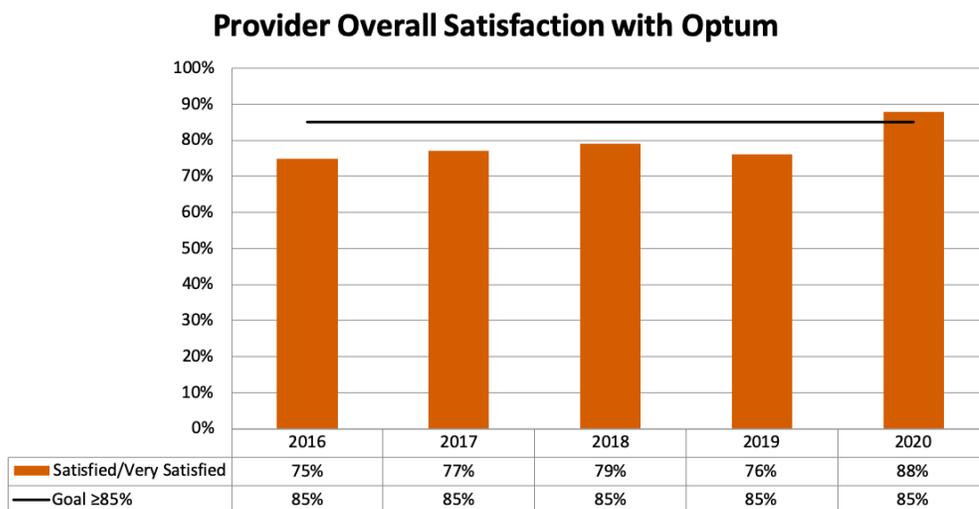
Barriers: While the annual survey results fell below ≥85.0%, Optum Idaho continues to monitor and identify trends and implemented interventions.

Opportunities and Interventions: Action Plans for 2021 include:

- *Overall Satisfaction with Optum Idaho*
  - » Create trainings/webinars on specific issues identified with survey.
  - » Continue process for seeking provider input on initiatives-pilot as appropriate.
  - » Increase provider visits and meetings with providers and provider associations.

- *Net Promoter Responses*
  - » Educate providers on the use of the Net Promotor Score.
  - » Collaborate with Optum Customer Service on surveys conducted during provider calls.

- *Network Services*

  » Trend provider requests and inquiries to identify process improvement opportunities.
  » Host Quarterly Meet and Greets.
  » Publish Quarterly Provider Newsletter.
  » Provider Relations Advocates to complete a minimum of 4 provider visits per quarter using the Provider Engagement Checklist to ensure consistency with provider visits throughout the state.
  » Include training on the Complaint process in Meet and Greets and via Provider Press.

- *Authorization Process*

  » Increase the time of notification for updates to LOCGs.
  » Continue to reach out to providers when there are any questions, concerns, or confusions about the SRFs they have submitted.
  » Continue to offer provider support to the SRF and UM process by meeting with and talking with providers.
  » Reach out to new PHPs and offer a review of the SRF submission process, what is required, and how it works.

- *Claims Process*

  » Customer service team to host twice a year 2-week long Net Promoter Score (NPS) Survey option to callers to get feedback on Claims calls.
  » Trend customer service calls to identify quality improvement opportunities.
  » Continue to monitor trends using twice weekly Claims Report in order to proactively notify providers of any issues or changes before they see on their remittances.
  » Ongoing collaboration with the national claims processing teams through monthly meetings to identify any claims issues, if any.

- *Telemental Health/Virtual Visits*

  » Develop post-pandemic policies to allow continued utilization of TMH where clinically appropriate.