



Q1, 2024: January to March

# 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 1 (January to March), 2024.**

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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 33 of 34 (94%) key measures.

In the first quarter of 2024, Optum continued to meet and/or exceed performance goals for Optum accessibility and availability, geographic availability of providers, member protections and safety, and utilization management and care coordination.

Optum fell below the established goal in the area of provider dispute compliance; refer to [page 8](#) 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.

		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Member Satisfaction Survey Results</b>					
Optum Support for Obtaining Referrals or Authorizations	≥85%	100%	90%	82%	*See note
Accessibility, Availability, and Acceptability of the Clinician Network	≥85%	92%	85%	91%	*See note
Experience with Counseling or Treatment	≥85%	98%	88%	97%	*See note
Overall Satisfaction	≥85%	96%	90%	89%	*See note
<i>*Based on Member Satisfaction Survey sampling methodology, Q4 2023, is the current data available. .</i>					
<b>Provider Satisfaction Survey Results</b>					
Annual Overall Provider Satisfaction	≥85%	76%			Reported annually
<b>Accessibility &amp; Availability - Idaho Behavioral Health Plan Membership</b>					
Membership Numbers	NA	352,086	284,205	310,420	305,425

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		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Accessibility &amp; Availability - Member Services Call Standards</b>					
Total Number of Calls	NA	1,695	1,756	1,615	1,594
Percent Answered within 30 seconds	≥80%	92%	96%	88%	86%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	0.7%	0.5%	1.7%	2.2%
Daily Average Hold Time	≤120 Seconds	16	11	20	22
<b>Accessibility &amp; Availability - Customer Service (Provider Calls) Standards</b>					
Total Number of Calls	NA	3,586	3,856	3,841	3,436
Percent Answered within 30 seconds	≥80%	94%	95%	92%	93.55%
Abandonment Rate	≤3.5% internal, ≤7.0% contractual	1.02%	0.8%	1.6%	1.39%
Daily Average Hold Time	≤120 Seconds	11	9	21	14
<b>Accessibility &amp; Availability - Response to Written Inquiries</b>					
Percent Acknowledged ≤2 Business Days	100%	100%	100%	100%	100%
<b>Accessibility &amp; Availability - Appointment Wait Time, Access Standards</b>					
Urgent Appointment Wait Time (hours)	48 hrs	18	20	9	13
Non-Urgent Appointment Wait Time (days)	10 days	4	3	2	2
Critical Appointment Wait Time (hours)	Within 6 hrs	0.14	3.51	1.42	3.82

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		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Geographic Availability of Providers</b>					
<b>Area 1</b> - Requires one provider within 30 miles for Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties	<b>100.0%</b>	99%	100%	100%	100%
<b>Area 2</b> - 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)	<b>100.0%</b>	100%	100%	100%	100%
<b>Member Protections and Safety - Member Appeals</b>					
Number of Appeals	<b>NA</b>	10	5	9	2
Non-Urgent Appeals	<b>NA</b>	10	5	9	2
Acknowledgment Compliance (within <b>5</b> calendar days)	<b>100%</b>	100%	100%	100%	100%
Determination Compliance (within <b>30</b> calendar days)	<b>100%</b>	100%	100%	100%	100%
Urgent Appeals	<b>NA</b>	0	0	0	0
Determination Compliance (within <b>72</b> hours)	<b>100%</b>	NA	NA	NA	NA

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		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Member Protections and Safety - Complaint Resolution and Tracking</b>					
Total Number of Complaints	NA	16	15	6	4
Percent of Complaints Acknowledged within Turnaround Time (business days)	5 days	100%	100%	100%	100%
Number of Quality Service Complaints	NA	7	8	1	4
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	9	7	5	0
Percent Quality of Care Resolved within Turnaround Time (within calendar days)	≤30 days	100%	100%	100%	NA
<b>Member Protections and Safety - Critical Incidents</b>					
Number of Critical Incidents Received	NA	12	14	12	5
Percent Ad Hoc Reviews Completed within 5 Business Days from Notification of Incident	100%	100%	100%	100%	100%
<b>Provider Monitoring and Relations - Provider Quality Monitoring</b>					
Number of Audits	NA	39	40	39	28
Percent of Audits that Passed with a Score of ≥85%	NA	97%	85%	95%	100%

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		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Provider Monitoring and Relations - Provider and Primary Care Provider (PCP)</b>					
Percent PCP is Documented in Member Record	NA	97%	100%	100%	100%
Percent Documentation in Member Record that Communication/Collaboration Occurred Between Behavioral Health Provider and Primary Care Provider	NA	84%	76%	56%	59%
<b>Provider Monitoring and Relations - Provider Disputes</b>					
Number of Provider Disputes	NA	111	91	119	127
Percent Provider Dispute Determinations Made within 30 Calendar Days from Request	100% w/in 30 days	100%	93%	100%	99%
Average Number of Days to Resolve Provider Disputes	≤30 days	16	19	19	15
<b>Utilization Management and Care Coordination - Service Authorization Requests</b>					
Percentage Determination Completed within 14 Days	100%	100%	100%	100%	100%
<b>Utilization Management and Care Coordination - Notification of Adverse Benefit Determinations</b>					
Number of Adverse Benefit Determinations (ABDs)	NA	111	165	199	376
Clinical ABDs	NA	74	128	181	355
Administrative ABDs	NA	37	37	18	21
Written Notification (within 14 calendar days)	100%	100%	100%	98%	100%

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		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Utilization Management and Care Coordination - Person-Centered Service Plan (PCSP)</b>					
Number of PCSP Received	NA	251	233	309	301
Average Number of Business Days to Review	≤5	0.68	0.72	0.69	0.75
<b>Utilization Management and Care Coordination - Field Care Coordination (FCC)</b>					
Total Referrals to FCCs	NA	392	366	241	258
Average Number of Days Case Open to FCC	NA	43	42	46	45
<b>Utilization Management and Care Coordination - Discharge Coordination: Post-Discharge Follow-Up</b>					
Number of Inpatient Discharges	NA	1,035	860	831	863
Percent of Members with Follow-Up Appointment or Authorization within 7 Days After Discharge	NA	35%	31%	26%	23%
Percent of Members with Follow-Up Appointment or Authorization within 30 Days After Discharge	NA	18%	12%	14%	11%
<b>Utilization Management and Care Coordination - Re-admissions</b>					
Number of Inpatient Discharges	NA	1,035	860	831	863
Percent of Members Re-admitted within 30 Days	NA	13%	13%	13%	9%

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		Q2, 2023	Q3, 2023	Q4, 2023	Q1, 2024
Measure	Goal	Apr - Jun 2023	Jul - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
<b>Utilization Management and Care Coordination - Inter-Rater Reliability</b>					
Inter-Rater Reliability - Care Advocate	≥90%	94%			Reported annually
Inter-Rater Reliability - MD	≥90%	95%			Reported annually
<b>Claims</b>					
Claims Paid within 30 Calendar Days	≥90%	100%	100%	100%	100%
Claims Paid within 90 Calendar Days	≥99%	100%	100%	100%	100%
Dollar Accuracy	≥99%	100%	100%	100%	99.93%
Procedural Accuracy	≥97%	98.8%	99.8%	100%	99.89%
*Performance is viewed as meeting the goal due to established rounding methodology (rounding to the nearest whole number).					

### Progress in Areas Not Meeting Performance During the Previous Quarter: 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 workflows in calculating turnaround time and status tracking through digital dashboard utilization.

### Identification of Areas Not Meeting Performance During Q1, 2024

There was one provider dispute that was not resolved within 30 calendar days. This dispute was received as part of a project for a provider group. There were multiple claims as part of this project and this disputed claim was added to the project and not cancelled from the provider dispute worklist. Nonetheless, this dispute was resolved per the process and timelines of the claims team.

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