

2017 Quality Improvement Annual Evaluation

Objective Type:	Program Objectives:	Program Activities:	Activity Owner(s):	Activity Frequency	Outcome Status:					
					Objective Met All 4 Qtrs.	Activities Met	Partially Met	Not Met	Ongoing	Deferred
1. Performance Indicator / Telecom Metrics	Abandon Rate: Maintain no more than 5% ATTA: Maintain no more than 30 second to answer Prov Queue: Maintain no more than 5% Claims Queue: Maintain no more than 5%	Monitor telecom statistic on abandonment, ATTA and Provider Queue and Claims Queue by region and line of business quarterly. Implement PIP if needed.	Will Montes, Director Call Center (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly		x	x		x	
2. Performance Indicator / Member Satisfaction	Maintain at least 85% satisfaction level for all items and at least 15% response rate	Administer survey to non-affiliate members (Commercial Post-Treatment Survey). Implement performance improvement plan (PIP) if needed.	Stephen Gross, QI Manager (Survey)	Reported quarterly	x	x	x		x	
3. Performance Indicator / Appointment Accessibility by Risk	(see performance indicator report for specific standards)	Monitor appointment access rates. Implement PIP if needed.	Dee Lyons, Director Clinical Ops (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly	x	x	x		x	
4. Performance Indicator / Authorization Decision Timeliness	(see performance indicator report for specific standards)	Monitor length of time for authorization decisions for a requested behavioral health appointment.	Devan Cross, VP Clinical Ops (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly					x	
5. Performance Indicator / Potential Quality Indicators & Untoward Events	(see performance indicator report for specific standards)	Monitor PQIs and untoward events and report patterns or trends quarterly. Implement PIP if needed.	Heidi Garthwaite, Senior Care Manager (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly	x	x			x	
6. Performance Indicator / Provider Disputes, Grievances and Practitioner Complaints	(see performance indicator report for specific standards)	Monitor provider disputes and report patterns or trends quarterly. Implement PIP if needed.	Debora Peverada, A&G Supervisor (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly	x	x	x		x	
7. Performance Indicator / Credentialing	Maintain at least 90% completion rates at 90-days of the completed files	Monitor initial and re-credentialing and report quarterly. Implement PIP if needed.	Sue DeShong, Provider Relations Director (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly	x	x			x	
8. Performance Indicator / Network Availability	Maintain at least 95% compliance with the standard	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.	Sue DeShong, Provider Relations Director (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly	x	x	x		x	
9. Performance Indicator / Network Adequacy	(see performance indicator report for specific standards)	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.	Sue DeShong, Provider Relations Director (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly	x	x	x		x	
10. Performance Indicator / Network Adequacy - ABA providers	(see performance indicator report for specific standards)	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.	Sue DeShong, Provider Relations Director (PIP) Stephen Gross, QI Manager (Report)	Reported quarterly						

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12. Quality Improvement Project/ Follow-up after discharge from an inpatient hospitalization. (HEDIS measure: FUH)	Increase the % of Medicare and Commercial members who attend an aftercare appointment within 7 days of discharge. Benchmarks for Medicare/Commercial LOBs (HEDIS MY2013): AZ MC HMO: 22.16% CA MC HMO: 23.98% OR MC HMO: 2014/2015 n < 30 IPA:17.94% AZ COMM HMO: 24.49% CA COMM HMO/POS: 26.25% OR COMM PPO: 30.91% Goal: National 50th percentile per LOB	1) Clinical Ops Outbound Calls continue for all members discharging to facilitate follow up appointments 2) Facility Education (Facility Tip Sheet Poster mailed to ~400 facilities) 3) Member Preferred Contact fax form continues to be utilized 4) Activating MHN web site Provider Search for providers who are designated as having a Post-Discharge Appointment Availability specialty 5) Working with facilities to offer on site bridge appointments immediately following discharge. In addition, a number of interventions were started in Q3/Q4 of 2017; 1) Home Health provider Care Bridge offering intensive in-home brief treatment post discharge; 2) Tele-Health with non-MD BHPs; 3) initiation of text messaging programs (with vendors HealthCrowd and EPG); 4) HN vendor, Morpace, completed a program of sending electronic surveys and holding in-depth one-on-one interviews to assess member barriers to treatment, and 5) Completion and posting of new "Treating BH Conditions in PCP Settings" toolkit on MHN Provider Portal.	Kelli Lesser, Clinical QI Specialist Stephen Gross, QI Manager	Ongoing		x	x			x	
13. Quality Improvement Project/ Initiation and Engagement of Treatment for Alcohol and Other Drugs (HEDIS measure: IET-AOD)	Increase the % of members who have a follow-up appointment within 14 days of AOD diagnosis. Benchmark for Medicare LOBs (HEDIS MY2012): AZ MC HMO: 37.91% CA MC HMO: 15.91% OR MC PPO: 28.67% OR MC HMO: (denominator < 30) AZ COM HMO 36.77 CA COM HMO/POS 28.29 CA COM PPO 32.14 OR/WA COM PPO 33.47 Goal: reach National 50th percentile per LOB	1) IET-AOD PCP toolkits mailed to 700 AZ, CA, and OR high volume PCPs. 2) Letters mailed to over 2,300 PCPs containing their individual IET scores. PCPs were in AZ, CA and OR. Letters included information about the availability of the AOD toolkit on the HN provider website. In Q3/Q4 of 2017 an IET Provider incentive pilot was initiated with 4 high volume PPGs. To date 2 PPGs have confirmed participation but implementation has been slow due to staff turnover at the PPGs and process/workflow issues with the pilot forms and documentation. MHN is working with HN PR to provide onsite assistance and education with these issues. "Treating BH Conditions in PCP Setting" toolkit was posted on the MHN Provider Portal in Q4 2017. It will be posted and mailed to HN providers in Q1 of 2018. 2017 IET annual report card letters were mailed in December 2017. Morpace also conducted electronic and in-depth one-on-one interviews to assess member barriers to treatment.	Kelli Lesser, Clinical QI Specialist Stephen Gross, QI Manager	Ongoing		x		x		x	
14. Quality Improvement Project/ Metabolic Monitoring for Children & Adolescents on Antipsychotics (HEDIS measure: APM)	Increase the % of members ages 6-17 who are prescribed antipsychotics that have completed metabolic testing. Benchmarks for COMM LOBs (HEDIS MY2015) <u>Ages: 6-11</u> AZ COMM HMO: 28.57% AZ COMM PPO: 10.00% CA COMM HMO: 23.64% CA COMM HMO/POS: 21.88% CA COMM PPO: 35.00% OR COMM PPO: (denominator <30) <u>Ages 12-17</u> AZ COMM HMO: 36.84% AZ COMM PPO: 34.15% CA COMM HMO: 34.54% CA COMM HMO/POS: 32.34% CA COMM PPO: 31.94% OR COMM PPO: 33.33% Goal: reach National 75th percentile per LOB	1) Included articles about APM in both HN and MHN provider newsletters. 2) Sent letters every quarter to prescribing providers informing and reminding them of importance of metabolic testing for youth on antipsychotics. 3) Created "Treating BH Conditions in PCP Settings" provider toolkit to highlight importance of metabolic monitoring for patients with certain psychiatric conditions. 4) Used portion of joint HN/MHN May CME teleconference to touch on metabolic monitoring. 5) HN included APM on their HEDIS documentation requirements flyer for distribution to HN providers.	Kelli Lesser, Clinical QI Specialist Stephen Gross, QI Manager	Ongoing		x		x		x	
15. Quality Improvement Initiative/ MHN Practitioner website	Maintain and keep current the QI pages and documents of the MHN Practitioner website. This includes QI articles, Member Satisfaction surveys and Provider Satisfaction surveys.	Maintaining the Provider Newsroom web page; updating out of date articles and posting new articles. Posting updated QI documents, newsletters, toolkits, surveys and reporting of QI activities.	Kelli Lesser, Clinical QI Specialist	Complete	x	x				x	

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16. Service Experience / Language Assistance Program	Review cultural and linguistic appropriateness of services (CLAS), including access and compliancy	Monitor trends related to CLAS. Identify patterns and trends to intervene upon through the Language Assistance Program (LAP)	Jessie Blake, Clin Ops Director Kim Stotler, Compliance Analyst	Annually (December)	x	x			x	
17. Service Experience / Practitioner Satisfaction	Review satisfaction survey results of providers to ensure access, coordination and effectiveness of service	Administer survey to providers and report accordingly. Implement PIP if needed.	Stephen Gross, QI Manager (Report) Committee (Action Items)	Annually (December)	x	x			x	
18. Service Experience / Practitioner Appointment Availability	Review appointment availability survey results of providers to ensure timely access to routine appointments.	Administer survey to providers and report accordingly. Implement PIP if needed.	Stephen Gross, QI Manager (Report) Committee (Action Items)	Reports Annually (December)	x	x			x	
19. Service Experience / Clinical Practice Guidelines, MHN Position Statements and Level of Care Criteria	QIUMC to review and approve any new Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria	Bring to the QIUMC any Clinical Practice Guidelines, MHN Position Statements and/or LOC criteria needing review and approval	Jay Butterman, VP, Senior Medical Director	Quarterly	x	x			x	
20. Service Experience / Member Satisfaction Survey	Review members satisfaction survey (AMBHSS) results to ensure access, coordination and effectiveness of service	Administer survey to members and report accordingly. Implement PIP if needed.	Stephen Gross, QI Manager (Report) Committee (Action Items)	Annually (March)	x	x			x	
21. Service Experience / QIC Infrastructure	Review committee structure, reporting and membership to ensure effective oversight of program	Review, revise and approve the annual program description, work plan and evaluation to ensure optimal participation and oversight.	Stephen Gross, QI Manager (Report) Committee (Action Items)	Annually (March)	x	x			x	
22. Service Experience / QIPs	Review Quality Improvement Project (QIP) proposals and other interventions for effective oversight	Review, revise and approve QIP and other intervention activities to ensure optimal participation and oversight.	Stephen Gross, QI Manager (Report) Committee (Action Items)	Annually (March)	x	x			x	