

Objective Type:	Program Objectives:	Program Activities:	Activity Owner(s):	Activity Frequency	Outcome Status:						Status / Comments:
					Objective Met All 4 Ctrs.	Activities Met	Partially Met	Not Met	Ongoing	Deferred	
1. Performance Indicator / Telecom Metrics	Abandon Rate: 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) QI Manager (Report)	Reported quarterly							
	ATTA: Maintain <= 30 secs. to answer										
	Prov Queue: Maintain no more than 5%										
	Claims Queue: Maintain no more than 5%										
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.	QI Manager (Survey)	Reported quarterly							
	SATISFACTION:										
	Provider Appt. Availability										
	Overall quality of provider										
	Ease of access to MHN										
	Overall experience with MHN										
	OUTCOMES:										
	Job										
	Marital/Family										
	Happiness/Well Being										
Problem Resolution											
3. Performance Indicator / Appointment Accessibility by Risk	Life Threatening Emergent (LTE) - Goal 100%	Monitor appointment access rates. Implement PIP if needed.	Dee Lyons, Director Clinical Ops (PIP) QI Manager (Report)	Reported quarterly							
	Non LTE - Goal >90%										
	Urgent - Goal >90%										
4. Performance Indicator / Authorization Decision Timeliness	Concurrent Urgent - Within 1 day	Monitor length of time for authorization decisions for a requested behavioral health appointment.	Devan Cross, VP Clinical Ops (PIP) QI Manager (Report)	Reported quarterly							
	Post-Service - Within 30 days										
	Post-Service w/Med Rec Rec'd - Within 15 days after medical records received										
	Post Service w/o Med Rec Rec'd - Within 15 days after 45 day waiting period if records requested and not received										
	Pre-Service Non-Urgent - Within 5 days										
Pre-Service Urgent - Within 1 day											
5. Performance Indicator / Potential Quality Indicators & Untoward Events	% of PQIs resolved within 30 Days	Monitor PQIs and untoward events and report patterns or trends quarterly. Implement PIP if needed.	Heidi Garthwaite, Senior Care Manager (PIP) QI Manager (Report)	Reported quarterly							
	% of Untoward Events resolved within 60 days										
6. Performance Indicator / Provider Disputes, Grievances and Practitioner Complaints	Disputes - % Resolved within MHN Timeliness Standards >= 95%	Monitor provider disputes and report patterns or trends quarterly. Implement PIP if needed.	Debora Peverada, A&G Supervisor (PIP) QI Manager (Report)	Reported quarterly							
	Grievances - % Resolved within 30 days										
	Complaints - % Resolved within 30 days										
7. Performance Indicator / Credentialing	Initial MD/DO: 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) QI Manager (Report)	Reported quarterly							
	Recredentialing: Maintain at least 90% completion rates within 3 yrs										
8. Performance Indicator / Network Availability	For Urban, Suburban or Rural - Maintain at least 95% compliance with the standard for all practitioner levels	Monitor network availability by discipline and region target quarterly. Implement PIP if needed.	Sue DeShong, Provider Relations Director (PIP) QI Manager (Report)	Reported quarterly							
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) QI Manager (Report)	Reported quarterly							

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10. Quality Improvement Project / Follow-up after Discharge from an Inpatient Hospitalization. (HEDIS measure: FUH)	Increase the % of members who attend an aftercare appointment within 7 days of discharge.  Benchmarks for Commercial & Medicare LOBs (HEDIS MY2015)  AZ COM HMO - 42.86 AZ COM HMO MKT - 52.94 AZ COM PPO - 44.78 AZ COM PPO MKT - 45.10 CA COM HMO/POS - 47.16 CA COM HMO/HSP MKT - 38.14 AZ MCR HMO - 32.97 CA MCR HMO - 24.23 OR/WA MCR HMO - 29.03 OR/WA MCR PPO - 25.00  Goal: reach 50th National Percentile per LOB	1) Continue to enhance, promote and implement telehealth opportunities. 2) Continue collaboration with Care Bridge to provider in-home post discharge services to qualified members. 3) Monitor CA regulatory bodies for approval of mobile phone giveaway pilot program activities within state of CA. 4) Distribute and post new 2017 "Treating BH Conditions in PCP Settings" toolkit. 5) Explore implementation of HealthCrowd and EPG text messaging capabilities to improve plan access and communication with members.	Kelli Lesser, Clinical QI Specialist QI Manager	Ongoing						FUH7 ROAR <sup>^</sup> scores as of 2/9/18, compared to benchmarks (Goal: 2016 50th %ile) *ROAR rates are tentative  AZ COMM HMO - 40.00 (58.69) AZ COMM HMO MKT - 37.63 (58.69) AZ COMM PPO - 45.00 (49.14) AZ COM PPO MKT - not reported (49.14) CA COMM HMO/POS - 35.71 (48.64) CA COMM HMO/HSP MKT - 36.03 (58.69) AZ MCR HMO - 33.33 (30.80) CA MCR HMO - 22.68 (30.80) OR/WA MCR HMO - 41.67 (30.80) OR/WA MCR PPO - 26.42 (33.89)  To date, rate increases from the baseline measurements have been seen in four LOBs; AZ COMM PPO, AZ MCR HMO and OR/WA MCR HMO and OR/WA MCR PPO. Two of the LOBs achieved the 50th percentile goal thus far; AZ MCR HMO and OR/WA MCR PPO. Rates shown exclude 513 bridge appointments but the 2016 50th %ile goal includes bridge appointments. QIP goal may be moved going forward so we can compare rates excluding bridge appointments to national rates also excluding bridge appointments.
11. Quality Improvement Project / Initiation and Engagement of Treatment for Alcohol and Other Drugs (HEDIS measure: IET)	Increase the % of members who have a follow-up appointment within 14 days of AOD diagnosis.  Benchmarks for Commercial & Medicare LOBs (HEDIS MY2015 Initiation Rates):  AZ COMM HMO - 25.16 AZ COMM HMO MKT - 18.35 AZ COMM PPO MKT - 29.65 CA COMM HMO - 24.12 CA COMM HMO/POS - 23.31 CA COMM HMO MKT - 19.17 AZ MCR HMO - 26.50 CA MCR HMO - 13.14 OR MCR HMO - 23.02 OR MCR PPO - 26.18  Goal: reach 50th National Percentile per LOB	1) Continue Implementation of IET Provider Pilot incentive program. Work with HN PR to address workflow issues with pilot and improve PPG engagement to increase and stabilize PPG participation. 2) Send annual IET annual report card letters with detail of their rates in relation to national commercial and Medicare rates. 3) Distribute and post new 2017 "Treating BH Conditions in PCP Settings" toolkit. 4) Explore implementation of HealthCrowd and EPG text messaging capabilities to improve plan access and communication with members.	Kelli Lesser, Clinical QI Specialist QI Manager	Ongoing						Total Initiation ROAR <sup>^</sup> scores as of 2/9/18 compared to benchmarks (Goal: 2016 50th %ile) *ROAR rates are tentative  AZ COMM HMO - 26.50 (32.77) AZ COMM HMO MKT - 36.21 (32.77) AZ COMM PPO MKT - 34.82 (34.40) CA COMM HMO - 28.42 (32.77) CA COMM HMO/POS - 27.45 (33.49) CA COMM HMO MKT - 25.43 (32.77) AZ MCR HMO - 22.59 (31.44) CA MCR HMO - 14.36 (31.44) OR MCR HMO - 27.55 (31.44) OR MCR PPO - 31.10 (34.66)  All LOBs saw an increase over the benchmark except for AZ MCR HMO. Two LOBs achieved the 50th percentile goal; AZ COMM HMO MKT and AZ COMM PPO MKT. Implementation of IET Provider Incentive Pilot program has experienced numerous delays, some related to staff changes at the PPGs, other related to workflow issues within the PPGs. NCQA is considering adding medication-assisted therapy (MAT) as part of compliance with the IET metric for MY2018.
12. 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 Commercial LOBs (HEDIS MY2015):  Ages 6-11 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 - 50.00 Ages 12-17 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 75th National Percentile per LOB	1) Continue distribution of quarterly letters to prescribing providers with member information included as a reminder to order and complete annual metabolic testing for their young patients prescribed antipsychotic medications. 2) Distribute and post new 2017 "Treating BH Conditions in PCP Settings" toolkit. 3) Explore implementation of HealthCrowd and EPG text messaging capabilities to improve plan access and communication with members.	Kelli Lesser, Clinical QI Specialist QI Manager	Ongoing						ROAR <sup>^</sup> scores as of 2/9/18 compared to benchmarks; *n<30 (Goal: 2016 75th %ile) *ROAR rates are tentative  Ages: 6-11 AZ COMM HMO - 00.00* (44.32) AZ COMM PPO - 100.00* (34.87) CA COMM HMO - 13.89 (44.32) CA COMM HMO/POS - 20.00 (33.33) CA COMM PPO - 44.44* (34.87) OR COMM PPO - 50.00* (34.87) Ages 12-17 AZ COMM HMO - 40.00* (47.57) AZ COMM PPO - 56.25* (38.46) CA COMM HMO - 37.50 (47.57) CA COMM HMO/POS - 38.12 (41.15) CA COMM PPO - 43.18 (38.46) OR COMM PPO - 38.46* (38.46)  Results were mixed. In the 6-11 age group, AZ COMM PPO, CA COMM PPO and OR COMM PPO all met the 75th percentile goal, but had very small denominators. Likewise, in the 12-17 age group, AZ, CA and OR COMM PPO exceeded the 75th National Percentile goal, but both AZ and OR COMM PPO also had small denominators. CA COMM HMO and CA COMM HMO/POS both decreased from the benchmark for 6-11 year olds. The remaining LOBs saw an improvement in rates over the baseline measurement but haven't achieved the 75th percentile goal.
13. Quality Improvement Initiative / Support Undertaking initiatives as they pertain to behavioral health metrics	1. UT #23 - Improve CA OPA stars measure for CA Comm HMO/POS for behavioral health to 3 stars by end of 2019. 2. UT #13i - Improve CA OPA stars measure for CA PPO and EPO for behavioral health to 3 stars by RY 2020. 3. UT #13b - Improve Total HEDIS score for CA PPO and EPO to 26.7 by RY 2020.	Focusing on improving HEDIS measures Follow Up After Hospitalization 7 days (FUH7). And, collaborating with HNQI on improving Initiation and Engagement of Treatment for Alcohol and Other Drugs (IET-AOD) and Antidepressant Medication Management (AMM).	Kelli Lesser, Clinical QI Specialist QI Manager	Ongoing						

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14. 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)							
15. 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.	QI Manager (Report) Committee (Action Items)	Annually (December)							
16. 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.	QI Manager (Report) Committee (Action Items)	Reports Annually (December)							
17. 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	Rafik Sidrak, Medical Director	Quarterly							
18. 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.	QI Manager (Report) Committee (Action Items)	Annually (March)							
19. 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.	QI Manager (Report) Committee (Action Items)	Annually (March)							
20. 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.	QI Manager (Report) Committee (Action Items)	Annually (March)							