



**Behavioral Health  
Quality Improvement  
Program Description  
2016**

# Contents

- Introduction ..... 2
- Quality Improvement Program Authority ..... 2
- Quality Improvement Program Scope ..... 3
- QI Program Purpose and Goals..... 4
- QI Program Structure and Accountability..... 5
- QI Performance Measures and Activities ..... 16
- Quality Improvement Activities (QIA) ..... 22
- Delegation..... 24
- Confidentiality and Data Security..... 24
- Conflict of Interest..... 25

## **Introduction**

Peach State Health Plan, a National Committee for Quality Assurance (NCQA) accredited managed behavioral health organization (MBHO), administers publicly funded behavioral health contracts in multiple states for Medicaid, Medicare, Dual Demonstration and Health Insurance Exchange populations. Populations served include:

- a. Supplemental Security Income (SSI)
- b. Temporary Assistance for Needy Families (TANF)
- c. Children's Health Insurance Program (CHIP)
- d. Foster care programs
- e. Aged, Blind and Disabled (ABD)
- f. Health Insurance Marketplace (HIM) populations
- g. Programs for chronic/disabled populations
- h. Other federal block grant and state subvention funded programs

The Peach State Health Plan Quality Improvement (QI) program is based on the principles of continuous performance improvement (CPI) which is adopted and utilized throughout the organization. Peach State Health Plan believes quality is an organizational value synonymous with performance and incorporates monitoring, evaluation and analysis of:

- Access to clinical services for members and providers;
- Network adequacy and management;
- Utilization management;
- Operations measures; and
- Member and provider satisfaction rates and trends.

These data feeds assist the behavioral health QI program in the identification of focused and systemic performance improvement opportunities.

## **Quality Improvement Program Authority**

The Peach State Health Plan Board of Directors (IMHS in Texas) is the governing body for Peach State Health Plan. The Board delegates direct oversight of all QI functions to the Peach State Health Plan Quality Improvement Committee (QIC), which services as the Peach State Health Plan QI oversight body and has responsibilities for the day to day management of the QI Program. The Peach State Health Plan QIC is accountable to the Peach State Health Plan Board of Directors. The Peach State Health Plan QIC coordinates QI program activities and provides annual reports on QI activities to the board.

Peach State Health Plan is fully accredited as a Managed Behavioral Health Organization (MBHO) by the National Committee for Quality Assurance (NCQA).

## **Quality Improvement Program Scope**

Behavioral health and specialty therapy and rehabilitative services (STRS) networks include the following behavioral health/substance abuse treatment professionals and STRS providers:

- Psychiatrists;
- Licensed Psychologists;
- Licensed Marriage and Family Therapists;
- Licensed Professional Counselors;
- Nurse Practitioners;
- State Certified Drug and Alcohol Counselors;
- Licensed Clinical Social Workers;
- Speech Therapists;
- Physical Therapists; and
- Occupational Therapists and their assistants

Care is delivered in a variety of settings including:

- outpatient office;
- hospitals (including general hospitals and private psychiatric hospitals);
- partial hospital programs;
- residential treatment facilities;
- outpatient substance abuse programs;
- other community-based behavioral health programs;
- intensive outpatient therapy programs; and for STRS
- outpatient rehabilitative facilities;
- the Member's home; and
- other community-based rehabilitation programs.

QI activities address acute and chronic psychiatric and substance abuse disorders as referenced in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) of the American Psychiatric Association. The QI program addresses the major treatments, interventions, and diagnostic modalities currently utilized by behavioral health practitioners:

- psychiatric evaluation,
- pharmacotherapy,
- psychotherapy,
- group therapy,
- cognitive behavioral therapy,
- psychological testing, and
- other therapies that may be utilized by behavioral health providers.

The description of clinical programs, including objectives for serving members with special healthcare needs, is found in the Behavioral Health Clinical Program Description. The Behavioral Health Complex Case Management Program Description (Attachment A) is a stand-alone document that supports the Behavioral Health Clinical Program Description.

The scope of the STRS program, including covered services and provider types, is found in the Peach State Health Plan STRS program description (Attachment B). Peach State Health Plan's QI program and scope of QI activities includes the collection and analysis of STRS complaints and Quality of Care (QOC) concerns. The STRS Utilization Management Committee provides regular reports into the Peach State Health Plan Quality Improvement Committee (QIC) as a primary data feed.

The scope of QI activities also includes the interface between Peach State Health Plan and its members, client organizations and network practitioners. Practitioner specific quality data is integrated into the Credentialing Program for use in their credentialing process. Direct input and feedback from Peach State Health Plan members and providers is obtained through member and provider complaints, Quality of Care (QOC) concerns and satisfaction surveys.

The QI program description and the activities described below are supported by Peach State Health Plan's policies and procedures (P&Ps). Applicable Peach State Health Plan QI P&Ps are referenced in each section of this program description.

## **QI Program Purpose and Goals**

The purpose of the Peach State Health Plan QI program is to systematically monitor and evaluate the provision of behavioral health care services and the impact of these services on improved member outcomes. Following the Plan, Do, Study, Act (PDSA) and LEAN models

for CPI, the health plan uses data analysis to develop measurable interventions designed to improve member care and services. QI interventions are implemented with the target outcomes of increased member safety, improved functional outcomes, and increased satisfaction with services. The health plan QI Program Description outlines Peach State Health Plan's QI structure and processes, goals and objectives and identifies the cross functional responsibilities for supporting the QI Work Plan.

Peach State Health Plan is an MBHO dedicated to improving the lives of its members. The goals for Peach State Health Plan's QI program are:

1. Promote recovery from mental illness through excellent member care management;
2. Promote member recovery and resiliency to support improved healthcare outcomes;
3. Improve member and provider satisfaction with the health plan services; and
4. Produce actionable, valid and reliable data to drive decision making resulting in improved quality of services and member care.

### **QI Program Structure and Accountability**

Peach State Health Plan's QI committee structure supports the implementation of the QI program. Improved and measurable outcomes are the driving force of the QI program goals and objectives. The QI program structure:

- Promotes education and information sharing throughout the organization to create and maintain a culture of service and performance excellence;
- Develops and monitors key indicators of clinical and service quality, which reflect the needs of members, practitioners, providers, payers, accreditation agencies and regulatory bodies;
- Identifies performance thresholds, goals and benchmarks for identified process and performance measures; and
- Develops targeted improvement plans for any area not meeting performance expectations.

The QI process is coordinated through the QI Department. Each business unit is responsible for monitoring department specific quality indicators that act as data feeds into the QIC. Peach State Health Plan business units provide scheduled reports to the QIC and act as subject matter experts to the committee. The QIC is charged with monitoring and evaluation of clinical quality indicators, member and practitioner input, and review of identified member safety issues. The interdisciplinary committees

described below support the QI program. The QI Committee structure is designed to promote collaboration, coordination, and communication across disciplines and departments within the organization, with emphasis on the use of administrative, operational and clinical operations data in the QI program.

## **A. QI Committees and Data Feeds**

### **Board:**

The Board of Directors, as the chief governing body, is responsible for the review and approval of the Peach State Health Plan QI program. The Board of Directors delegates authority for the development and implementation of the QI program to the QIC and the Peach State Health Plan Chief Executive Officer (CEO). The Chief Medical Officer (CMO) or designee is delegated authority for oversight of the clinical activities of the quality improvement program, is the program's designated behavioral healthcare practitioner, and directly oversees QI activities.

### **National Advisory Committee:**

The National Advisory Committee (NAC) provides Peach State Health Plan with the perspective of persons with lived experience of mental illness and/or substance use disorders and with the perspective of their family members and community advocates. The NAC is co-chaired by the Director of Product Development and the Director of Quality Improvement. The NAC meets with and advises the Senior Management Team directly.

**Scope:** The primary responsibilities of the NAC are to inform Peach State Health Plan leadership regarding potential barriers to recovery and healthcare service access, and to provide feedback on quality and clinical strategy as they impact member experience and practices. The NAC subcommittee provides reports of committee activities and recommendations into the health plan QIC quarterly. Recommendations made by the NAC are considered for inclusion in development of targeted quality improvement initiatives.

**Committee Composition:** Members of the Peach State Health Plan NAC include:

- CEO
- COO
- CPO
- Sr. VP, Finance
- VP, Quality and Process Improvement
- VP, Compliance
- Members living with mental illness
- Members living with addictions

- Caregivers/family members
- Community organizations intended to support recovery in the community with special emphasis on culturally specific services
- Other advocates/advocacy organizations
- Individuals served by behavioral health services

**Meeting Frequency:** The NAC meets at least quarterly. Additional ad hoc meetings may be commenced at the chair's discretion.

**Quality Improvement Committee:**

**Scope:** The QIC is a high level committee that drives quality improvement throughout Peach State Health Plan. It is a multidisciplinary and cross- functional committee. The mission of the QIC is to develop, implement and oversee the activities of all components of the QI program. The QIC provides an objective, systematic and continuous process for assessing, monitoring and improving the quality of behavioral health services provided to members.

The QIC reports activities to the Board of Directors at least annually. The QIC also provides feedback to all sub-committees and any ad hoc work groups and task forces acting upon direction of the QIC. All sub-committees of the QIC officially report to the QIC after the minutes of the most recent meeting have been accepted by the subcommittee. Reports include a summary of activities performed and recommendations for action. The QIC refers appropriate clinical issues to the Utilization Management Committee or the health plan Peer Review process for input and review.

**QIC Data Feeds:** The QIC receives regular input from the following sources:

- Operations: Call center statistics, Network Management and adequacy reports; claims processing statistics.
- Clinical: Utilization Management (UM) reports; service utilization trends; denial, grievances and appeals; inter rater reliability reports; clinical program and pilot project outcomes.
- QI: Member and Provider complaints; quality of care (QOC) concern and critical incident (CI) trends; network credentialing activities; network accessibility, intensive case management (ICM) services, and provider/member satisfaction survey data; provider profiling; accreditation and audit reviews; HEDIS performance; and Quality Improvement Activity (QIA) reports.
- Regular medical system partner and state operations meeting summary reports;
- Quarterly and Annual Peach State Health Plan QIC sub-committee reports; and
- External audit and accreditation reports.



**Functions:**

- Review and approval of the annual QI Program Description, QI Annual Evaluation and QI Work Plan;
- Review and approval of behavioral health Medical Necessity Criteria (MNC);
- QI policy development and implementation;
- Oversee the collection, tracking and analysis of all QI Program data feeds;
- Track QI activities and make recommendations to staff and management as needed;
- Document all QIC conclusions, recommendations and actions taken;
- Ensure ongoing reporting of QI activities to Peach State Health Plan staff, practitioners, health plans and member organizations; and
- Regular review of the QI Work Plan including progress on core QI activities and QI initiative outcomes.

**Committee Composition:** Voting members of the QIC include the following:

- Chief Medical Officer, co-chairman
- Chief Executive Officer, co-chairman
- Vice President, Quality and Process Improvement, facilitator
- Sr. Vice President, Finance
- Chief Operating Officer
- Vice-President of Compliance and Regulatory Affairs
- Vice President of Clinical Operations
- Vice President, Network Management
- External Network Practitioners

**Meeting Frequency:** The QIC meets at least quarterly. Additional meetings may be scheduled at the request of the committee chair.

**Documentation:** Confidential minutes are maintained for all Quality Improvement Committee and sub-committee meetings.

**QIC Sub-Committees Credentialing**

**Committee:**

**Scope:** Credentialing and re-credentialing functions are performed by the

Credentialing Committee (CC). The CC reviews practitioner and provider credentials, assesses practitioner and provider quality indicators (Complaints, Critical Incidents (CIs) and Quality of Care (QOC) concerns) and makes determinations regarding practitioners' and providers' participation in the Peach State Health Plan network.

The CC is responsible for ensuring that the credentialing program meets appropriate timeliness guidelines for review and processing of credentialing and re-credentialing applications and appropriate communication with prospective and current practitioners about any change in network status. The CC provides activity reports to the QIC quarterly. Peach State Health Plan's peer review function is completed as a separate; executive session of the CC as needed related to credentialing, re-credentialing and quality of care review trends.

**Functions:**

- Apply established, nationally recognized criteria for both initial credentialing and re-credentialing;
- Analyze Network Management reports to determine network development needs and adequacy in making credentialing recommendations;
- Ensure the ongoing use of quality review information in making credentialing and re-credentialing recommendations;
- Receive and integrate practitioner and provider concerns and feedback on the Peach State Health Plan credentialing program into ongoing credentialing activities; and
- Recommend changes in the credentialing and re-credentialing criteria to ensure compliance with changes in federal, state, professional, accreditation, and payer guidelines.

The Peach State Health Plan CC is guided by the Credentialing Program Description and applicable policies and procedures: CPDM.001 – Credentialing Program Description; CPDM.002 – Initial Credentialing Process; CPDM.007 – Recredentialing Process.

**Committee Composition:** Voting members of the credentialing committee are:

- Chief Medical Officer, Chair
- Chief Medical Officer
- Network Providers (who have no other role in organization management)

**Meeting Frequency:** The CC meets bi-weekly.

**Utilization Management Committee (UMC):**

**Scope:** The UMC monitors trends in utilization as well as consistency and efficiency in conducting utilization related activities and case management.

**Functions:**

- Review and recommend clinically sound MNC at least annually;
- Evaluate medical necessity for behavioral health services based on established guidelines;
- Analyze clinical data indicators;
- Conduct and analyze inter-rater reliability exercises;
- Review and analyze trends in denials and appeals;
- Recommend clinical improvement activities identified by staff and UMC members and implement interventions, where appropriate;
- Oversee screening programs;
- Regular monitoring of potential over and underutilization in each Peach State Health Plan market; and
- Monitor clinical quality improvement initiatives and interventions.

**Committee Composition:**

- Vice President, Clinical Operations, Chair
- Medical Director(s)
- Clinical Supervisors
- Vice President, Quality and Process Improvement
- Vice President, Network Management

**Meeting Frequency:** The UMC meets a minimum of four times per year or more often if necessary at the discretion of the Chair. The health plan UMC is supported by the Peach State Health Plan Clinical Program Description, the Case Management Program Description (Attachment C), the Complex Case Management Program Description (Attachment A) and the applicable Clinical policies and procedures.

**Policy and Procedure Committee (P&P Committee):**

**Scope:** The QIC delegates ongoing review and approval of policies to this committee. Annually, the CEO signs a roster of updated policies affirming the review has taken place. The P&P Committee Reports quarterly to the QIC.

**Functions:**

- Conduct ongoing review of all health plan policies;
- Review and update policies in response to changes in regulation or standards;
- Accept updates to Centene policies regarding compliance, human resources and information technology;
- Work with the functional area subject matter experts to update policies to ensure consistency with applicable regulations and standards;
- Review and approval for archival of policies; and
- Maintain an accurate roster of current policies.

**Committee Composition:** This committee is chaired by the Vice President, Quality and Process Improvement. The P&P Committee includes subject matter experts from each functional area as voting members.

**Meeting Frequency:** The P&P Committee meets monthly. Ad hoc meetings may occur at the discretion of the committee chair.

### **SWAT Team**

**Scope:** The SWAT is a cross functional committee responsible for conducting root cause/barrier analysis, review of performance data and implementation of process and performance improvement action plans. The SWAT acts in direct response to the QIC and reports at least quarterly on ongoing and newly implemented improvement initiatives.

### **Functions:**

- Monitor clinical and non-clinical quality indicators for opportunities for improvement;
- Conduct root cause/barrier analysis for process and performance improvement activities;
- Establish and implement work plans targeting specific process and/or performance improvement initiatives; and
- Report initial findings and recommendations to the QIC at least quarterly.

### **Committee Composition:**

- Vice President, Quality and Process Improvement

- Director, Process Excellence
- Regional Clinical Director(s)
- Regional Directors, Network Management
- Senior Director, Decision Support Services
- Other functional area representatives as needed.

**Meeting Frequency:** The SWAT meets according to the project needs.

## **B. Health Plan QI Staffing Description and Key Personnel**

The QI Department is supported by an organizational structure that includes management and staff with the appropriate clinical and managed care skills required to effectively drive QI activities. The following organizational chart depicts the QI Department staffing and key personnel support:

**Chief Executive Officer (CEO):** The senior clinical person responsible for all clinical care aspects of the QI program. The CEO is a licensed psychologist who provides leadership, direction, and guidance for all clinical aspects of the operations, including the quality improvement program and the utilization management program. The CEO co- chairs the QIC.

**Chief Medical Officer (CMO) and Medical Director(s):** The CMO and Medical Directors are responsible for ensuring all clinical services are administered in a manner consistent with accepted standards of care and provides direction and oversight for all clinical quality improvement activities. The CMO co-chairs the QIC and chairs the Credentialing Committee. The Medical Directors are a behavioral health liaison to state and health plan Medical Directors to improve coordination and integration of care.

**Vice President, Quality and Process Improvement:** The Vice President, Quality and Process Improvement, must be a certified quality professional and is responsible for the structure, direction and implementation of the QI program. Act as the quality subject matter expert as a member of the Peach State Health Plan Senior Management Team. The Vice President ensures that measurement; evaluation, process and performance improvement activities are implemented in a way that is statistically, methodologically, and clinically sound. The Vice President chairs the P&P Committee and facilitates the QIC.

**Sr. Director, Process Excellence:** Process Improvement professional responsible for the oversight and management of enterprise wide process improvement activities. Ensures that process improvement activities are designed and implemented to support business infrastructure and systemic performance improvement.

**Director, Quality Improvement:** Quality Improvement professional responsible for the oversight and management of enterprise wide quality improvement activities. Ensures that quality improvement initiatives are designed and implemented in alignment continuous quality improvement (CPI) principles.

**QI Manager:** Quality professionals responsible for oversight and production of quality reporting; core quality business functions; market specific performance improvement projects and health plan support. Oversees the collection, review and resolution of complaints and quality of care concerns (QOCs) and critical incidents (CIs). Responsible for the management of regional quality metrics.

**Manager, Accreditation and Auditing:** Certified clinical quality professional responsible for the development and management of ongoing internal clinical and operational process audits; directly responsible for the ongoing preparation and submission of accreditation materials. Supports the Credentialing and Peer Review Committees.

**QI Analysts:** QI Department staff responsible for the collection, calculation and quantitative analysis of health plan data. The QI Analysts utilize improvement science approaches in the representation of data for use in state and health plan deliverables and QIC committee reports. The QI Analysts ensure that program data are tracked and reported accurately.

**HEDIS Analysts:** QI Department staff responsible for the collection, calculation and quantitative analysis of HEDIS performance. HEDIS Analysts prepare gap analyses and HEDIS projection reports to drive targeted improvements.

**HEDIS Coordinators:** Clinical quality staff working as project managers to develop implement and monitor enterprise wide and market specific HEDIS work plans. Act as a liaison to health plans and corporate customers in collaborative efforts to improve clinical outcomes.

**Process Improvement Specialists:** Lean/Six Sigma green or black belts dedicated to the day to day management of process improvement activities. Work with functional area management and subject matter experts in the mapping and redesign of processes to ensure maintenance of process improvements.

**Audit Coordinator:** QI Department staff dedicated to internal and external audit functions. Responsible for the design of audit tools and training of QI staff conducting internal and external audits. Responsible for, in conjunction with the Manager, Accreditation and Auditing, for conducting inter rater reliability (IRR) testing of all audit tools prior to audit commencement. Supports accreditation activities.

**Clinical QI Coordinator/QI Coordinator:** Support the operational aspects of the QI program including coordinating surveys, conducting chart reviews, and collecting and analyzing complaint, quality of care concern (QOC) and critical incident (CI) data. The

Clinical QI Coordinator must be a licensed clinician.

### **C. Peach State Health Plan QI Information Systems Support**

The Management Information Systems (MIS) supporting the QI program allow key personnel the necessary access and ability to manage the data required to support the measurement aspects of the QI activities.

Peach State Health Plan utilizes an Oracle-based Enterprise Data Warehouse (EDW) that allows for the collection, integration and reporting of clinical claim/ encounter data, financial information, medical management information (referrals, authorizations, case management, disease management), member services information (current and historical eligibility, demographics, primary care provider assignment, member outreach) and provider information (participation status, specialty, demographics) as required by the health plan's QI Program and other contractual requirements. Peach State Health Plan captures and utilizes data from both internal and subcontractor sources for administration, management and other reporting requirements and can also submit and receive data as well as interface with other systems as necessary.

The Business Objects reporting application is used to access the information stored in the EDW. By housing all of the information in the EDW, analysts are able to generate standard and ad hoc reports using standard query tools as well as Business Objects. Amisys data is refreshed nightly in the EDW to allow for analysis of the most current data available. Reports can also be generated directly from the data being produced and housed in Peach State Health Plan's care management systems. Internal data sources for Peach State Health Plan's MIS include:

**Amisys** – Claims payment system maintains datasets indefinitely, whether online or stored at an off-site facility. Data set structures are built to maintain history for claims, members, providers, authorizations and many other transactions. Retroactive adjustments to each of the datasets are kept online for historical review. Amisys uses a date spanning process to capture historical records such as provider contracting arrangements. Amisys has a separate data set built exclusively for auditing purposes. This dataset is built for redundancy and transactional tracking purposes.

**TruCare** – Enrollee-centric health management platform for collaborative care coordination, and case, behavioral health, disease, and utilization management. Integrated with Centelligence™ for access to supporting clinical data, TruCare allows medical management staff to capture utilization, care and population- based disease management data; proactively identify, stratify, and monitor high- risk enrollees; consistently determine appropriate levels of care through integration with InterQual Criteria and capture the impact of our programs and interventions. TruCare also houses an integrated Appeals Management module, supporting the appeals process from initial review through to resolution, and reporting on all events along the process. All Peach State Health Plan QOC concern and CI data is tracked and monitored through TruCare.

**Quality Spectrum Insight (QSI)** – An Inovalon software system used to monitor, profile and report on the treatment of specific episodes, care quality and care delivery patterns. QSI is NCQA-certified software; its primary use is for the purpose of building and

tabulating HEDIS performance measures. QSI enables the Plan to integrate claims, member, provider and supplemental data into a single repository, by applying a series of clinical rules and algorithms that automatically convert raw data into statistically meaningful information.

Additionally, the Inovalon product provides the Plan with an integrated clinical and financial view of care delivery, which enables the Plan to identify cost drivers, help guide best practices, and to manage variances in its efforts to improve performance.

QSI is updated on a monthly basis by using an interface that extracts claims, member, provider and financial data. The data is mapped into QSI and summarized. Peach State Health Plan QI staff are given access to view standard data summaries and drill down into the data or create ad-hoc queries. Peach State Health Plan obtains data and analytical support through the Corporate Information and Management Systems Department, Corporate Quality Improvement and Health Economics and other support resources as deemed necessary, which may include corporate and health plan resources.

#### **D. Cultural Sensitivity**

Peach State Health Plan's behavioral health service delivery model is tailored to the needs of all clients in the Medicaid, Children's Health Insurance Program (CHIP) and other population groups that Peach State Health Plan may serve.

Peach State Health Plan is dedicated to improving the lives of the members it serves through the delivery of culturally sensitive care. Members receiving services through state Medicaid and other publicly funded programs face multiple challenges in the navigation of the health care system. Peach State Health Plan's approach to cultural competency includes not only the provision of language assistance and disability related access improvements. Many of the members served in the Peach State Health Plan system of care face challenges such as homelessness, hearing impairments and developmental disabilities.

Peach State Health Plan adopts a definition of cultural competence which defines cultures in a broad sense as many things, in addition to race, language and ethnicity, contribute to a member's sense of self in relation to others and their community. Peach State Health Plan includes gender and/or sexual orientation; shared life experiences such as trauma, homelessness, physical disabilities, education and occupation in relation to cultural competency in order to accurately represent the diverse needs and challenges of members. For a behavioral health organization, understanding how these factors affect how a person seeks and uses behavioral health services is critical to providing culturally sensitive and competent care.

The Peach State Health Plan vision for culturally competent care is:

- Care is given with the understanding of, and respect for, the member's health related beliefs and cultural values.
- Peach State Health Plan staff respect health related beliefs, interpersonal communication styles and attitude of the members, families and communities they serve.



- Each functional unit within the organization applies a trained, tailored approach to culturally sensitive care in all member communications and interactions.
- All Peach State Health Plan providers and practitioners support and implement culturally sensitive care models to Peach State Health Plan members.

Peach State Health Plan understands the cultural competency, linguistic and disability-related access requirements of members it serves and is committed to ensuring that staff are educated about, remain aware of, and are sensitive to, the linguistic and disability-related needs and cultural differences of its Members. Peach State Health Plan staff is given a copy of the Cultural Competency plan during their training and also have access to the company's website where the policy and procedures are available as well.

## **QI Performance Measures and Activities**

The Peach State Health Plan QI program includes, but is not limited to, the routine monitoring and evaluation of performance in five key areas:

1. Access and Availability: Quarterly Appointment Availability surveys; member and provider complaints; QOC concerns; HEDIS Follow up after Hospitalization (FUH) performance; readmissions to inpatient care at 30 and 90 days post discharge; telephone access and network access evaluation;
2. Quality of Clinical Care: QIA monitoring and interim reports; clinical practice guideline (CPG) adherence studies; HEDIS: ADD, AMM, IET, SSD, SAA and IET measure performance;
3. Safety/Risk Management: QOC concern, complaint and critical incident trends; CC Committee and peer review activities;
4. Satisfaction: Member and provider satisfaction surveys; member and provider complaints; ICM program satisfaction surveys
5. Screening: Perinatal Depression Screening; Depression Screening using the PHQ-9 (NQF measure); ADHD Screening; substance abuse disorder (SUD) Screening.

Each key performance area includes specific process and performance measures, performance targets, and desired outcomes. A description of each activity along with its supporting policy and procedure is provided below.

### **Appointment Availability Surveys**

Peach State Health Plan's QI department conducts quarterly assessments of its network providers' adherence to appointment availability standards. Peach State Health Plan surveys the universe of credentialed facilities and providers as of January 1st of the measurement year. The sample is stratified by independently contracted practitioners and facilities to allow for consistently reliable results. The yearly sample is divided amongst the four measurement quarters. Peach State Health Plan defines urgent and routine appointments as follows:

- Urgent: within 24 hours
- Routine: within 7 days

Peach State Health Plan utilizes the standards reported above to ensure its network practitioners and facilities set the gold standard for access to behavioral health services. Peach State Health Plan's 2016 work plan goals target a 90% compliance rate with the appointment availability standards.

Peach State Health Plan presents appointment availability data to its customers in routine monthly and quarterly deliverables and annually as a part of the health plan QI Evaluation. Data is provided in the aggregate per measure and stratified by region or product, as applicable. Trends in compliance with appointment standards are reported to the Peach State Health Plan CC as part of the Quarterly Quality Monitoring report and used to inform the health plan Network Management strategy. The appointment viability process is supported by the following Peach State Health Plan policy and procedure: CQI.103 – Quality Improvement Evaluation of the Accessibility of Services.

### **Member and Provider Complaints**

Peach State Health Plan processes all provider complaints related to the administrative process and the behavioral health network. Complaints are categorized according to state specific regulations and NCQA standards to aid in the identification of issues and trends across the health plan service area. Peach State Health Plan monitors two key process measures related to complaint processing:

- All member and provider complaints will be acknowledged within 5 days
- All member and provider complaints will be resolved within 30 days

Peach State Health Plan tracks all complaints and includes longitudinal data in market specific reports. Complaints also inform the Peach State Health Plan Quality Monitoring Report and are used in conjunction with annual satisfaction survey trends to support resources for improvement activities. The health plan member and provider complaint process is supported by the following policies and procedures: CQI.123 – Member Complaints: Delegated; CQI.142 – Provider Complaints.

## **Patient Safety: Quality of Care (QOC) Concerns and Critical Incidents (CIs)**

QOC concerns are typically identified by Peach State Health Plan utilization managers, care coordinators and provider clinical management. QOC concerns include cases where actual or the potential for member harm or neglect is evident, such as delayed treatment, inappropriate personal interactions, and unsafe patient environment. CIs are identified similarly but may or may not contain a QOC issue. Examples of CIs include suicide, homicide, serious injury, and sexual abuse. The investigation of a case can include a review of medical records, the provider's own internal investigation results, or any other relevant information from various sources. Upon review of the additional information, the Peach State Health Plan Medical Director applies a severity level that categorizes cases by those that are immediately actionable and those that will be tracked for additional incidents.

### **QOC Level Definitions**

<b>Level 1</b>	No confirmed Quality of Care issue
<b>Level 2</b>	Confirmed Quality of Care issue with no evidence of adverse
<b>Level 3</b>	Confirmed Quality of Care issue with the potential for adverse
<b>Level 4</b>	Confirmed Quality of Care issue with adverse effect

QOC concerns at Levels 1 and 2 are placed on the Quality monitoring report when a provider reaches 5 or more in a month; Levels 3 and 4 are all entered into the report, as are all critical incidents. The Peach State Health Plan CC determines if a provider or practitioner requires a corrective action plan (CAP) and, if so, the process is implemented per the health plan's CAP policies and procedures. The Peach State Health Plan QOC concern/CI process is supported by the following policy and procedure: CQI.127 – Potential Quality of Care.

### **Follow up after Hospitalization (FUH)**

Peach State Health Plan identifies the HEDIS FUH measure as a key performance measure for the organization. Peach State Health Plan is fully responsible for the management of its members' behavioral health services, including assisting members in receiving timely outpatient behavioral health services following a discharge from an inpatient facility for a mental illness.

### **Measurement**

Population: All members ages 6 and up who are discharged from an inpatient facility for treatment of a mental health diagnosis.

Inclusion criteria: All members ages 6 and up. Members must be discharged to the community and with a mental health diagnosis.

Exclusion criteria: Any member below the age of 6. Any member as defined in the inclusion criteria who was discharged to a skilled nursing facility or other acute inpatient placement, including psychiatric residential treatment. Any member who readmits to the hospital for treatment of a physical health need. Any member who readmits to an acute facility for a mental health diagnosis within 30 days of discharge will not be included in that month's calculation. The discharge following the readmission, if not meeting the exclusion criteria above, will be included in the following measurement period.

Denominator description: The eligible population as identified above.

Numerator description: Members in the denominator who had an outpatient, intensive outpatient or partial hospitalization service within 7 days of discharge.

Data Source: Paid claims

Measurement period: Annually, January 1 – December 1.

Reporting frequency: Peach State Health Plan monitors progress on the FUH measure monthly and provides longitudinal analysis of rates quarterly.

Validation: Administrative data is validated through claims system front end edits for logic and consistency. Peach State Health Plan Clinical staff provide confirmation FUH compliance via calls and other outreach to provider officers/facilities where a member is scheduled for follow up.

Peach State Health Plan's QI work plan goal it to increase the rate of member follow up with an outpatient mental health provider within 7 days of discharge from an inpatient facility to meet or surpass the HEDIS national Medicaid 50<sup>th</sup> percentile:

- Minimum performance standard: 44.66% (HEDIS 50<sup>th</sup> percentile)
- Goal: 54.8% (HEDIS 75th percentile)
- Benchmark: 68.79% (HEDIS 90<sup>th</sup> percentile)

Peach State Health Plan reports progress on the FUH measure to its customers monthly and in the health plan QIC and Senior Management Team meetings.

### **Clinical Practice Guideline (CPGs) Adherence Studies**

The health plan measures adherence to the following clinical practice guidelines:

- *Practice Guideline for the Treatment of Patients with Major Depressive Disorder, third edition*, from the American Psychiatric Association;

- *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder*, from the American Academy of Child and Adolescent Psychiatry; and
- *Practice guideline for the Treatment of Patients with Schizophrenia, second edition*, from the American Psychiatric Association.

The following HEDIS measures are used to evaluate adherence to the selected CPGs:

1. Depression CPG: HEDIS Antidepressant Medication Management – Effective Acute Phase and Effective Continuation Phase
2. ADHD CPG: HEDIS Follow up Care for Children Prescribed ADHD Medication – Initiation and Continuation/Maintenance Phase
3. Schizophrenia CPG: HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia and HEDIS Diabetes Screening for People With Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications

Collection of data conforms to all applicable HEDIS technical specifications and is extracted from the QSI database. Peach State Health Plan works collaboratively with its health plan partners to set CPG study performance targets and identify opportunities for collaborative intervention. The CPG adherence study is supported by the following policy and procedure: CQI.129 – Clinical Practice Guidelines.

## **HEDIS**

The Healthcare Effectiveness Data and Information Set (HEDIS) is a suite of clinical quality measures utilized across the industry to assess the quality of service provision for MBHOs and Managed Care Organizations (MCOs). Peach State Health Plan has prioritized the following behavioral health HEDIS measures for collection, analysis and indicators for areas for improvement:

1. Follow up after Hospitalization (FUH)
2. Antidepressant Medication Management (AMM)
3. Follow up Care for Children Prescribed ADHD Medication (ADD)
4. Initiation and Engagement for Alcohol and Other Drugs (IET)
5. Adherence to Antipsychotic Medications for individuals With Schizophrenia (SAA)
6. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
7. Readmissions

All HEDIS data is programmed and extracted monthly from the Centene QSI database. The data, including member and provider level detail, are used by the health plan QI analysts to monitor performance and to identify areas for improvement. Results of interim and annual monitoring are reported to the QIC at least quarterly.

### **Satisfaction Surveys**

Peach State Health Plan conducts annual member and provider satisfaction surveys in each market it serves. Peach State Health Plan utilizes a national vendor, The Myer's Group (TMG), to administer SAMHSA's Mental Health Statistics Improvement Program (MHSIP) survey for adult members and SAMHSA's Youth Services Survey for Families (YSS-F) for families/guardians of child/adolescent members.

Survey responses are tracked over administration periods and analyzed with complaint and network management data to identify areas for improved member satisfaction.

The member satisfaction process is supported by the following policy and procedure: CQI.102 – Quality Improvement Evaluation of Member Satisfaction.

Peach State Health Plan's provider satisfaction survey was developed internally and with consult from TMG. Peach State Health Plan formally surveys its providers annually. Survey results are analyzed across administration periods and analyzed with complaints and network management reports to identify areas for improved provider satisfaction. The provider satisfaction survey process is reported to the QIC and is supported by the following policy and procedure: CQI.131 – Quality Improvement Evaluation of Provider Satisfaction.

Peach State Health Plan is dedicated to excellent care coordination and ensuring members are satisfied with care management services. Peach State Health Plan conducts ongoing Case Management surveys for members enrolled in CM services. Peach State Health Plan's QI Department collects, analyzes and reports quantifiable findings and trends to responses to the Clinical Department. Findings are reviewed in the UMC and used to drive improvements in this key clinical service. The ICM survey process is supported by the following policy and procedure: CCL.401.01 – ICM Satisfaction Survey Process.

All performance areas are monitored for consistency with the cultural and linguistic needs of the Peach State Health Plan membership. Data specific to each functional business unit that support the four key areas above are reported to the QIC and used by the QI Department in the development of process and performance improvement activities. Through ongoing evaluation and data analysis, actions for improvement are initiated when needed. The QI Work Plan is comprised of these categories and is reviewed at least quarterly in the Peach State Health Plan QIC. The QI Work Plan is updated, reviewed, and approved at least annually. All key performance areas and quality improvement activities are formally analyzed in the Annual QI Plan Evaluation and reported to the Peach State Health Plan QIC and Board of Directors.

## **Screening**

Peach State Health Plan establishes behavioral health screening programs to address co-occurring mental health and substance abuse disorders; co-morbid disorders such as diabetes and depression; and other screening programs to address the most prevalent disorders across Peach State Health Plan markets and populations. All screening programs are managed by the Peach State Health Plan Disease Management team and are evidence based; shared via newsletter, in person trainings and web postings with providers; and have complete program descriptions outlining:

- Screening Program Eligibility Requirements
- Screening/intervention frequency and duration recommendations
- Targeted conditions for screening
- Collection of practitioner/provider input into the screening program design
- Screening program promotion plan
- Evidence Base for program
- Scientific literature used to support program
- Embedded best practices specific to each program

Peach State Health Plan has developed and operationalized the following screening programs:

- Depression
- ADHD
- Substance Use Disorder
- Anxiety
- Perinatal Substance Abuse

Each screening program description includes the goals of the program and quantifiable metrics for evaluating successful clinical outcomes. Each screening program description can be found in Attachment D.

## **Quality Improvement Activities (QIA)**

The Peach State Health Plan QI Department utilizes data in its key performance areas, along with the routine data feeds into the Peach State Health Plan QIC, in the development and implementation of QIAs. QIAs may focus on clinical or non-clinical areas for improvement. QIAs are structured studies that use a research, improvement science approach to achieve the target outcomes. QIAs may target a specific population, market or service area but must show demonstrable improvement in member care and satisfaction.

The goal of a QIA is to identify programs, policies and processes that support high quality service delivery across Peach State Health Plan's networks. Progress on QIAs is tracked in the annual QI Work Plan and reported into the Peach State Health Plan QIC and formally analyzed annually in the Peach State Health Plan QI Program Evaluation. The QI department will implement (QIAs) as required by the State contract. When relevant, the QIC incorporates medical providers in committees and decision-making.

Peach State Health Plan utilizes traditional quality/risk/utilization management approaches to identify activities that are relevant to health plan programs or a specific member population and that describe an observable, measurable and manageable issue. Most often, initiatives are identified through analysis of key indicators of care and service based on reliable data which indicates the need for improvement in a particular clinical or non-clinical area. Baseline data may come from:

- performance profiling of contracted physicians, mid-level providers, ancillary providers and organizational providers;
- provider office site evaluations;
- focus studies;
- utilization information (over-underutilization performance indicators);
- sentinel event monitoring;
- trends in member complaints, grievances and/or appeals;
- issues identified during care coordination; and
- referrals from any source indicating potential problems, including those identified by affiliated providers and practitioners.

Other initiatives may be selected to test an innovative strategy or as required by contract. Projects and focus studies reflect the population served in terms of age groups, disease categories, and special risk status.

The QIC will assist to prioritize identified initiatives focusing on those with the greatest need or expected impact on health outcomes and member satisfaction. Performance improvement projects, focused studies and other QI initiatives are designed to achieve and sustain, through ongoing measurement and interventions, significant improvement over time in clinical and non-clinical care areas in accordance with principles of sound research design and appropriate statistical analysis.

Cross functional work groups are used to define the study question and the quantifiable indicators, criteria, and goals to ensure the project is measureable and able to show sustained improvement over time. Evidence-based guidelines, industry standards and



contractual requirements are used as the foundation for developing performance indicators, setting benchmarks and/or performance targets, and designing projects that assist providers, practitioners and members in managing health outcomes.

The QIC or other subcommittee may assist in barrier analysis and development of interventions for improvement. Data will be re-measured at predefined intervals to monitor progress and make changes to interventions as indicated. Once a best practice is identified, control monitoring reports will be implemented to monitor for changes in the process and need for re-intervention. Improvement that is maintained for one year is considered valid and may include but is not limited to the following:

- A pre-defined benchmark level of performance is achieved;
- A reduction of at least 10% in the number of members who do not achieve the outcome defined by the indicator (or, the number of instances in which the desired outcome is not achieved) is achieved; and
- The improvement is reasonably attributable to interventions undertaken by Plan.

The QIA process is supported by the following policy and procedure: CQI.155 – Quality Improvement Activity.

## **Delegation**

Peach State Health Plan may not perform all activities outlined in this document for each contracted client. The specific services performed are defined by contract with that organization.

## **Confidentiality and Data Security**

Peach State Health Plan is governed by a comprehensive confidentiality policy. All employees are provided a copy of this policy when upon hire and are required to review and adhere to its mandates as a condition of employment. Peach State Health Plan complies with the requirements of HIPAA and all staff members are trained in HIPAA regulations and the need to protect members' confidential, protected health information (PHI). Peach State Health Plan requires all employees, committee members and board members to sign a statement that they understand their responsibility to preserve confidentiality.

QIC activities and related committee documents and data are privileged and confidential information. QIC minutes may be reviewed by outside entities as required by contract or regulatory requirements. However, minutes and related documents are distributed only to staff members directly involved in specific QI or UM activities or processes. All printed documents except originals are destroyed after the committee meeting, and all minutes and related committee documents and data are maintained in a secured area. All committee members and staff are required to review and sign a confidentiality agreement annually.

No identifying practitioner or member information is used in the aggregate reporting of any QI or Peach State Health Plan functional business unit data to the QIC. All sampling for focused review and QIAs is random and all findings are reported in the aggregate to protect PHI.

All electronic copies of member PHI, practitioner information, or QI documents are maintained in a secure computer network, where access privileges are linked to a specific username and password. Peach State Health Plan QI and other staff members are assigned a specific set of access privileges upon hiring based on their job responsibilities and need for access. Any additional access requires that the employee's supervisor submit a signed access form to the information technology (IT) department with documentation of the employee's need for access. User access privileges are deleted whenever an employee ceases to be employed and any old or outdated computer equipment is memory-wiped prior to being donated or destroyed. IT procedures include a disaster recovery plan to guard against any catastrophic loss of data and to ensure data integrity.

### **Conflict of Interest**

Peach State Health Plan defines conflict of interest as participation in any review of cases when objectivity may not be maintained. No individual may participate in a quality of care or medical necessity decision regarding any case in which he or she has been professionally involved in the delivery of care. No individual may make denial determinations if he or she has or is perceived to have a conflict of interest such as having participated in developing or executing that member's treatment plan or being a member of the family. Physician Reviewers may not participate in decisions on cases where the physician reviewer is the consulting physician or where the physician reviewer's partner, associate or relative is involved in the care of the member.

Staff reimbursement is never tied to utilization of health care services, in order to prevent conflict of interest related to UM decision-making. All UM staff are required to sign a statement at least annually stating that they are free from any conflict of interest.